

THE DEVELOPMENT OF CHILDREN'S
DRAWINGS WITH REFERENCE TO
POSSIBLE INDICATORS OF SEXUAL ABUSE

by

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DEDICATION

I DEDICATE THIS THESIS TO THE PROTECTION
OF CHILDREN FROM SEXUAL ABUSE

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DECLARATION

This thesis has been composed by the candidate and is the candidate's own work.

27 April 1998
Date

ABSTRACT

This longitudinal study investigated the normal drawing development of children assumed to be nonabused relative to indicators of possible sexual abuse. 306 Man, Woman and Self drawings were collected from 34 nonabused children, ages 5-10, in a primary school in Scotland over a one and one-half year period of time in three phases. Children were divided into three smaller agegroups, Primary One (ages 5-6) (N=12), Primary Three (ages 7-8) (N=10), and Primary Five (ages 9-10) (N=12).

Subjects were given Raven's Coloured Progressive Matrices (CPM) and the British Picture Vocabulary Scale (BPVS) as standardized measures of nonverbal and verbal mental ability, respectively. All drawings were scored using the Naglieri Draw-A-Person Test (DAP) which measure cognitive development.

Drawings were subsequently scored using the Hagood Scoring Chart for "Sex Abuse Indicators" ("SAI"s) purported to be linked with sexual abuse and "Anatomical Sex Abuse Indicators" ("ASAI"s) which were sexual parts of the anatomy including genitalia in various forms, also purported to be associated with sexual abuse. The terms "Sex Abuse Indicators" ("SAI"s) and "Anatomical Sex Abuse Indicators" ("ASAI"s) are placed within quotation marks throughout this thesis. While these terms are commonly used by professionals, they lack scientific support.

Drawing scores on the Naglieri DAP correlated significantly with those on the CPM and BPVS. There were no significant differences between scores of boys and girls on the DAP, but girls scored slightly higher. As predicted, there was a significant increase in DAP scores over time with older children scoring higher than younger children. It was also found that there were no significant differences between scores of the Man, Woman, and Self drawings.

"SAI"s did occur frequently in drawings of all nonabused children, with certain features appearing significantly more frequently than others and the data supported a developmental trend for a total of 14 different features. Ten "SAI"s did not appear in any of the 306 drawings and 15 other features occurred so infrequently that there appeared to be no connection with cognitive development. These latter 25 features therefore remain to be studied for possible links with sexual abuse or other related trauma. As predicted, there was a significant reduction of "SAI"s with age and also a significant decrease in "SAI"s over the three phases of the study.

Negative significant correlations were made between "SAI"s and the CPM, BPVS and DAP consistently demonstrating that "SAI"s were features of younger children's drawings. Analyses of "SAI"s for sex differences indicated no significant difference between boys and girls, but boys scored slightly higher than girls.

Anatomical Sex Abuse Indicators ("ASAI"s) were overlapping in nature and therefore only summary statistics were used. A total of 41 ("ASAI"s) appeared in 19 (6.2%) of the 306 drawings of nonabused children. These were drawn in the same drawing in some instances by eight different children, 23.5% of all children in the study (N=34). There were no clear differences between agegroups. Sex differences were found with 6 out of 8 subjects drawing "ASAI"s being female (75%). The claims of most previous writers that anatomical sexual features were linked with sexual abuse was not supported, unless these children had been sexually abused, which was impossible to determine due to the sensitive nature of the study.

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CHAPTER I - INTRODUCTION
THE DEVELOPMENT OF CHILDREN'S
DRAWINGS WITH REFERENCE TO
POSSIBLE INDICATORS OF SEXUAL ABUSE

Statement of the Problem and Purpose of the Study

The literature contains a considerable number of claims that certain characteristics of children's drawings are linked with a history of sexual abuse. Such representations may, however, also occur in normal children's artwork. This investigation looks specifically at the presence of these graphic representations in drawings of normal nonabused children.

This investigation will focus exclusively on children with no known history of sexual abuse. It will look at characteristics of drawings of nonabused children and attempt to determine which features purported to be linked with sexual abuse may in actual fact be more appropriately associated with normal cognitive development. Features in children's drawings purported to be linked with a history of sexual abuse will be identified in existing literature in order to learn to what extent they appear in drawings of nonabused children. The study will also seek to identify those characteristics which do not appear in drawings of nonabused children or occur very rarely which may yet be linked with sexual abuse or related trauma. Sex differences also will be considered.

This is a longitudinal study with several drawings collected from Scottish Primary School children ages five to ten in three stages. Previous studies of drawings of sexually abused children have not investigated artwork of children from a longitudinal perspective in order to understand the effects of development on characteristics of children's drawings.

This investigation also will discuss theories from both psychoanalytic and cognitive developmental perspectives and how both views relate to the understanding of drawings of sexually abused children. It will consider the

effects of Freud's Seduction Theory, its retraction, and the subsequent development of his Oedipal Theory on psychoanalytic interpretations of children's drawings. It will look at common assumptions of interpretation of children's drawings derived from adherence to the psychoanalytic method.

The study will review the history of the identification and categorization of features of children's drawings relative to cognitive development and how these features change considerably as children mature. Previous studies into drawings of sexually abused children have neglected to take this important aspect into consideration when interpreting such drawings. This research will attempt to determine which characteristics in children's drawings are perhaps more related to cognitive development than to a history of sexual abuse.

Projective theory, also derived from psychoanalysis, and the development of children's projective drawing tests will be discussed. The strengths and weaknesses of these tests will be explored and how problems with such an approach may have influenced the results of previous studies of drawings of sexually abused children. Interpretations of drawings of adults based on psychoanalytic theory frequently have been generalized to drawings of children without appropriate consideration of the influence of cognitive development on features of children's drawings at various ages. This phenomenon further confounds the possibility of accurately assessing children's drawings for the possibility of sexual abuse, especially if strengths, weaknesses, and limitations of these drawing tests are not fully acknowledged.

Existing accounts, both anecdotal and systematic, specific to drawings of sexually abused children will be reviewed. Methodological problems with such studies will be discussed. These studies have relied on direct comparisons with control groups matched on various criteria using subjects with wide age ranges. It is unlikely, however, that matching could account for considerable developmental differences in subjects within the groups being compared.

This research also looks at the importance of assessing levels of mental maturity using accepted standardized measures such as Raven's Coloured Progressive Matrices (CPM) and the British Picture Vocabulary Scale (BPVS) in addition to drawing assessment instruments, in particular the Naglieri Draw-A-Person Test (DAP). This factor likewise is seldom taken into consideration in assessing drawings of sexually abused children.

Many previous studies were made comparing groups of children who had been sexually abused and those with no known history of sexual abuse, but who had been treated for other psychological problems. Earlier studies made no direct comparisons with ordinary nonabused children with no emotional problems. More recent investigations, however, have included comparison groups of such nonabused children, but to date have not closely looked at variations in drawings due to the developmental maturity of these children.

Historical Background

The fact of child sexual abuse has been shown to exist for many years (Rush, 1980). Increasing awareness of the high incidence of child sexual abuse in the United States began approximately 45 years ago. Kinsey's earlier well-known studies indicated that 24% of females questioned had experienced some sort of sexual abuse before reaching adolescence (Kinsey, Pomeroy & Martin, 1949, 1952). In more recent years disclosures of sexual abuse have been made by adult and child victims alike at an ever-growing rate. Greater public awareness of child sexual abuse has occurred due to television programmes, newspaper, and magazine articles in the United States and more recently in the United Kingdom. Immediately after a nationwide broadcast of the Phil Donohue Show in 1978 on the topic of child sexual abuse there was a doubling of referrals to a national agency dealing with this problem (Kroth, 1979). Again, in 1984 the television film "Something About Amelia" in which well-known American actors dramatized an incestual family triggered yet more reports of sexual abuse. By that time treatment programmes had been established in most major

Deblinger, McLeer, Atkins, Ralphe, and Foa (1989) compared the rates of PTSD symptoms across sexually abused, physically abused, and nonabused psychiatrically hospitalized children and found that sexually abused children did indeed exhibit symptoms of PTSD with the significant addition of inappropriate sexual behaviours. In addition, the sexually abused children showed a tendency to exhibit more avoidant/dissociative symptoms as compared with the nonabused children. It is proposed by these researchers that the presence of inappropriate sexual behaviours may be an important factor in differentiating sexually abuse victims from other traumatized children.

In Kilgore's 1988 study, she listed symptoms consisting of depression, guilt and shame, low self-esteem, panic disorders, phobias, somatization, and hysteria. Interpersonal difficulties and social withdrawal were also commonly found. In addition, cognitive-perceptual symptoms including hallucinations, recurrent illusions, nightmares, detailed knowledge about sex, inability to concentrate at school, learning disabilities and language delays frequently occurred in survivors of sexual abuse. According to Kilgore, serious behavioural problems were also found in those who have a history of sexual abuse. These behaviours include suicide gestures, excessive masturbation, exhibitionism, sexual abuse of other children, running away, stealing, lying, excessive bathing, self-mutilation, fire setting, promiscuity, prostitution, enuresis and encopresis (wetting and soiling), delinquency, age inappropriate thumb-sucking, urinary infections, chronic stomach aches, and eating disorders.

Behaviour problems in children who had been sexually abused were studied by Freidrich, Beilke, and Urquiza (1986) and were compared with those of outpatient psychiatric children and normal children. Problems with depression, hyperactivity, delinquency, aggression, and somatic complaints were some of the difficulties significantly more frequent in the abused group. Sexual behaviour problems seemed to be more specific to sexually abused children, and it was suggested that further research was needed

focusing on this particular symptom.

Dysfunctional family dynamics are frequently present in families where sexual abuse has occurred, particularly in instances of intra-familial incest. Severe family problems such as isolation from the environment, undifferentiation in family members, and avoidance of growth and change which would enable children to establish outside contacts and eventually be able to leave home (Alexander, 1985). Behaviour problems of these children are further exacerbated by families where there was greater family conflict and lower family cohesion (Freidrich, Beilke, & Urquiza, 1988).

Relationship difficulties, developmental effects limiting the sibling's ability to form meaningful relationships within his or her peer group, and dysfunctional family dynamics are evident with these victims. Sibling incest, related to dysfunctional family dynamics, is estimated to occur five times as often as father-daughter incest (Conn-Caffaro & Caffaro, 1993).

Kendall-Tackett, Williams, and Finkelhor (1993) reviewed 45 studies which revealed that sexually abused children consistently had more psychological symptoms than nonabused children. In summarizing this review, the authors concluded that the most frequent symptoms were fears, behaviour problems, sexualized behaviours, poor self-esteem, and PTSD.

In the United States where children have been involved in therapeutic programmes for a number of years, there is an increasing awareness of the occurrence of dissociative disorders, especially Multiple-Personality-Disorder (MPD), in children who have been sexually abused (Putnam, 1989, 1993). Even though such awareness also existed in the 19th century and was known to Pierre Janet and other clinicians (Carson & Butcher, 1992), it is only now that it is being increasingly linked to the trauma of sexual abuse. This disorder is a more serious version of dissociation which can develop with more clear-cut symptoms in adulthood and until recently was believed to be rare. However, evidence is building in support of the occurrence of this disorder among victims of sexual abuse. Ross, Norton, and Wozney (1989) found that 79.2 percent of 236 cases diagnosed as MPD had a

history specifically of sexual abuse in childhood. Likewise, Putman, Guroff, Silberman, Barban, and Post (1986) reported childhood abuse of a sexual nature in 83% of the MPD cases in their study.

Developmental maturity is frequently affected by child abuse, whether it is physical, sexual, or emotional. It is proposed by Trikett & Putman (1993) that problems in both psychological and biological processes of pubertal development occur as a long-term result of sexual abuse.

An increasing awareness of the fact that young sexually abused children in some instances may themselves sexually abuse other children has recently surfaced and is referred to as "abuse-reactive behavior" (Cunningham & MacFarlane, 1991). It is yet unknown to what extent being a recipient of this behaviour may impact on a child psychologically.

In a review of the existing research into child sexual abuse Finkelhor (1987) stated that, although there had been few systematic evaluations of large samples of sexually abused children as yet which had assessed the prevalence of various symptoms, nonetheless the weight of the growing number of studies was impressive. It is clear that awareness of the effects of child sexual abuse on psychopathology and problems relative to behaviour, development, and relationships continue to emerge on an ever-increasing basis.

Theoretical Concerns, Weaknesses of Projective Drawing Instruments and Methodological Problems

This thesis will argue that the influence of psychoanalysis has affected the understanding of drawings of sexually abused children in a variety of ways. For years the incidence of the sexual abuse of children appears to have been obscured by the broad acceptance of such theory, and such acceptance has likewise created confusion in the interpretation of children's drawings where there may be a suspicion of sexual abuse.

Several researchers attempting to establish that there are differences in characteristics of drawings of children who have been sexually abused have used a variety of existing drawing instruments, or adaptations to such

instruments. Examples are the Draw-A-Person Test (Goodenough, 1926; Harris, 1963; Koppitz, 1968; Machover, 1949; Naglieri, 1988), the Kinetic-Family-Drawing Test (Burns, 1982) and the House-Tree-Person Test (Buck, 1948). In no study to date, to the knowledge of this investigator, has there been an in-depth review of these instruments in studies on drawings of sexually abused children nor a discussion of the considerable number of problems in using them, particularly where interpretation is concerned. This thesis will attempt to analyze some of the methodological problems in using these tests, particularly focusing on various forms of the Draw-A-Person Test, and to illustrate that common psychoanalytic assumptions about interpretations of drawings can lead to contradictory and unreliable results.

This research will argue further that design problems in existing research have themselves led to the further misunderstanding of children's drawings, particularly from the standpoint of normal development. The predominant use of matched groups, while identifying differences in drawing characteristics between wide agebands of nonabused and abused children, does not control for considerable differences in drawing ability in children at specific ages.

Significance of the Study

The need to understand to what extent children's drawings may or may not be used in the detection of sexual abuse is the primary purpose of this research. Protection of such children from the trauma of ongoing sexual abuse and the resulting sequelae of psychological difficulties is of paramount concern. The hope that children's drawings may be successfully used to aid in such protection has been the basis for previous research.

This study seeks to clarify the reasons for failure of previous studies to produce more solid evidence for such use of children's drawings and to establish the importance of a strong consideration of child development in future research. The focus of this study, in contrast with other studies, is exclusively on nonabused children's drawings from a developmental

perspective taking into consideration differences at each stage of development. Some of these characteristics may have been erroneously interpreted as being indicative of sexual abuse.

The present study will also seek to identify those features which do not occur in nonabused children's drawings in order to strengthen the possibility that they might yet be clues to sexual abuse. The opposite danger may be to overlook those features which in reality may be indicative of sexual abuse and thus not adequately provide protection and psychological treatment.

There are at least four possible explanations as to why drawings of sexually abused children appear to be different from those of nonabused children.

(1) Regression may be occurring where elements in drawings of sexually abused children are those commonly found in drawings of children at a much younger chronological age which may be due to delayed development because of the abuse (Trickett & Putman, 1993). A temporary regression might also be reflected in drawings during a therapeutic session because of anxiety the child may be feeling at the moment (Lowenfeld & Brittain, 1987). Such regression, however, has also been observed in ordinary nonabused children (Thomas & Silk, 1990).

(2) Some drawing features may be due to emotional trauma, or features of PTSD (Stronach-Bischel, 1990).

(3) Certain drawing features may be due to neurological trauma to the child as a result of head injury (Bender, 1949; Uhlin, 1969, 1979). To the knowledge of this investigator, this issue has not been explored to date specific to sexually abused children. In the clinical experience of this investigator it was not uncommon to find a history of severe physical abuse incurred by these children, including severe shaking, being thrown against walls, and direct assaults to the head.

(4) The appearance of certain features of drawings of sexually abused children may be those characteristics of drawings which are specific to the

act of sexual abuse. Examples in this case might be anatomical sexual details on drawings of the human figure and/or explicit portrayal of sexual behaviour.

Discussion

The major research questions in this longitudinal study focus on determining to what extent characteristics purported to be associated with a history of sexual abuse ("Sex Abuse Indicators") appear in drawings of children assumed to be nonabused. The study will look at the effects of cognitive development on the occurrence of these features. It will also attempt to determine whether some of these features rarely appear or do not appear at all in nonabused children's drawings. It will also determine to what extent sexual anatomical features ("Anatomical Sex Abuse Indicators") which are considered to be strong indicators of the possibility of sexual abuse appear in these drawings.

A better understanding of the appropriate uses of children's drawings in assessment is needed for those mental health professionals working with sexually abused children. Such an understanding is especially needed by clinicians who are or will be using art in the therapeutic process, as well as those in the legal system who attempt to protect children from sexual abuse. At least 16% of American art therapists are now specializing in working with sexually abused children (Gordon & Manning, 1991) and are having some success in the courtroom using children's artwork as increasingly respected evidence (Cohen-Liebman, 1994, 1995; Levick, Safran & Levine, 1990; Malchiodi, 1990).

The findings of this research should also further clarify to what extent art therapists, teachers, school counsellors, school psychologists, social workers, psychotherapists, and other mental-health professionals required to report suspicion of child abuse may use artwork to provide a basis for better detection of child sexual abuse. Such detection may result in the provision of greater protection for children as well as identifying them for therapeutic intervention in order to minimize current psychological damage

and the possibility of further psychological difficulties in adulthood. On the other hand, erroneous assumptions about certain features of children's drawings indicating a history of sexual abuse when they are in fact a matter of development need to be brought to light.

Accurate assessment of child sexual abuse under the best of circumstances is not clear or easily documented, but rather like assembling a jigsaw puzzle (Hobbs, Wynne, & Hanks, 1991). From the standpoint of investigations and legal procedures, it is becoming increasingly important to refine further the possibility of using children's drawings as part of the evidential jigsaw as these cases become increasingly complex.

CHAPTER II
LITERATURE REVIEW
CHILDREN'S DRAWINGS FROM
A PSYCHOANALYTIC PERSPECTIVE

Introduction

The early development of the field of art therapy began in the 1940's based on the concepts of psychoanalytic theory at that time in both the United States and the United Kingdom (Junge & Asawa, 1994; Waller, 1990). To a large extent, these concepts are still the primary theoretical basis for the practice of art therapy today (Art Therapy Credentials Board, 1994). The development of art therapy in other countries throughout the world has been spearheaded by either American or British art therapists trained in these theories as well. This chapter will consider various aspects of the evolution of psychoanalytic theory important to this research which appear to be related to the interpretation of children's drawings where there may be the possibility of sexual abuse. A high percent of published studies into drawings of sexually abused children has been carried out by art therapists, or others who rely on such art therapy theory. (See Chapter V). While there have been more recent modifications, a review of some of the older, and possibly outdated aspects of psychoanalytic theory is still essential because art therapists who have either carried out or influenced existing research have been and continue to be trained in these earlier concepts. It is important to explore difficulties emanating from adherence to these theories in order to minimize their continued misapplication in future research.

At least six aspects of such theory appear to have influenced approaches to interpretation and the design of existing studies into drawings of sexually abused children (see Chapter V). First is Sigmund

Freud's retraction of his seduction theory and subsequent development of the theory of the Oedipal Complex (Masson, 1984) which has led in some instances to the assumption that the appearance of genitalia in artwork was merely due to unconscious fantasies and the possibility of sexual abuse has been dismissed (Klein, 1948, 1949; Kramer, 1979). Second, conversely, the application of Freud's theory of dream interpretation has led some clinicians to interpret artwork in favour of sexual abuse when children drew certain objects which were alleged by Freud to be symbols of the phallus (Chase, 1987; Freud, 1953; Sidun, 1986). A third problem has resulted in the possible misapplication of Jung's concept of the transcendent function (Jung, 1935) whereby unconscious material is projected into artwork and integrated with consciousness. It is questionable to what extent this theory is appropriate for children, but it nevertheless has been a major tenet in the interpretation of children's drawings by those adhering to Jungian theory (Kalff, 1980; Naumburg, 1988; Pasto, 1964; Uhlin, 1979a). A fourth difficulty has arisen where certain features in children's drawings were related to a specific early stage of psychosexual development (e.g. oral, anal, and so on) and claimed to be related to sexual abuse (Malchiodi, 1990; Sidun, 1989, personal communication). Fifth, an understanding of the notion of projection espoused by Freud and his followers is also essential to properly understand the evolution of children's drawing instruments. The effects of this particular area of psychoanalytic theory on interpretation of children's drawings will be discussed in more detail in Chapter IV. A sixth major issue is that the analytic approach has consistently failed to consider the importance of the influence of cognitive development on what children draw and the way they draw it. This failure to closely look at characteristics in children's drawings reflecting a stage of normal cognitive development and

the need to do so in future research is the major argument of this thesis. (For further discussion, see Chapter's III).

Special consideration will be given to the analytic theories of Freud, Jung, and Klein because the evolution of theory applicable to the interpretation of drawings of children relies strongly on these points of view and such interpretations have frequently been used with drawings of sexually abused children (Kaufman and Wohl, 1992; Kramer, 1979; Naumburg 1988; Sagar, 1990; Stember, 1980; Uhlin, 1979a).

Freud's Seduction Theory

This section will discuss Freud's earliest understanding of the phenomenon of child sexual abuse and his Seduction Theory which he originally proposed in 1896 (Freud, 1896). Such theory has influenced not only the way art therapists have interpreted children's drawings, but clinical work in general carried out by psychiatrists, psychologists, counsellors, and social workers as well (Masson, 1984; Rush, 1980). Subsequent changes to his theory will be reviewed, namely the Oedipal Complex and aspects of psychosexual developmental theory which appear to be particularly relevant to the understanding of children's drawings where there may be concern about sexual abuse.

Based on his experiences in treating a considerable number of cases of patients with symptoms of hysteria, Freud developed his "seduction theory", according to which adults may seduce children into participating with them in a variety of sexual activities (Rush, 1980). Freud's original seduction theory (Freud, 1896; Masson, 1984; Rush, 1980) hypothesized that many psychiatric symptoms which he regularly encountered in his practice were due to his patients' history of sexual abuse of this kind in childhood. He later retracted this idea and developed the theory of the Oedipal and Electra complexes whereby children allegedly had sexual

fantasies regarding the parent of the opposite sex as a course of normal psychosexual development.

Freud originally believed the accounts of his female patients who were suffering from hysterical symptoms and who consistently reported that they were victims of childhood sexual molestation. He believed that he had firm evidence that there was a connection between sexual abuse and hysterical neurosis. At a Congress in Vienna on 21 April 1896, Freud presented his seduction theory before the Verein für Psychiatrie und Neurologie in a group of three papers entitled "The Aetiology of Hysteria". In this piece of work, he publicly challenged the notion that hysteria was hereditary and identified the specific excitement of the genitals resulting from sexual abuse in childhood as the trauma that brought on hysteria. He cited 18 cases to support his theory.

Freud challenged the members of the Congress:

"I therefore put forward the thesis that at the bottom of every case of hysteria there are one or more occurrences of premature sexual experience, occurrences which belong to the earliest years of childhood but which can be reproduced through the work of psychoanalysis in spite of the intervening decades. . ." (p. 203)

Freud concluded his presentation by saying:

"If you submit my assertion that the aetiology of hysteria lies in sexual life to the strictest examination, you will find that it is supported by the fact that in some eighteen cases of hysteria I have been able to discover this connection in every single symptom, and where the circumstances allowed, to confirm it by therapeutic success" (p. 199). "It seems to me certain that our children are far oftener exposed to sexual aggression than we should suppose" (p. 203).

Freud's paper was poorly received at the Congress and he was ridiculed by his colleagues for such a far-fetched theory and became increasingly uncomfortable with such incriminations. In light of what we

have now learned about the incidence of child sexual abuse and subsequent symptomatology, it appears that Freud was on the correct path in his early understanding of the phenomenon. It also appears tragic that in Freud's abandonment of this "seduction theory" in favour of his theory of the Oedipal Complex, he contributed to nearly a century of professional orthodoxy where clinicians influenced by the teaching of Freud failed to take their patients' disclosures of sexual abuse seriously.

After the major rejection of Freud's ideas he began modifying his original theory into what is now known as the Oedipal Complex. One year after his presentation, he wrote in a letter to Wilhelm Fliess that he realized that even he himself had sexual fantasies about his mother and recalled feeling jealousy toward his father (Masson, 1984).

Freud's Theory of the Oedipal Complex

As Freud revised his thinking, he began to work on his theory of the phallic stage of psychosexual development and developed his concept of the Oedipal Complex. He then argued that this complex was a necessary and universal aspect of childhood and postulated that it occurred during the stage of development when the genital organs begin to take on considerable importance. It occurred in both sexes, according to Freud, with boys being sexually attracted to their mothers and girls being sexually attracted to their fathers. A desire exists in all children to displace the parent of the same sex in order to possess the parent of the opposite sex. Self-manipulation and fantasies occur as the child begins to notice differences in the male and female sex organs by observing himself or herself and other family members.

After working on his theories for a considerable number of years, in 1933 he concluded "Almost all my women patients told me that they had been seduced by their fathers. I was driven to recognize in the end that these reports were untrue and so came to understand that the hysterical

symptoms are derived from phantasies and not from real occurrences" (Freud, 1966, p. 584). Peters (1976) succinctly summarized Freud's evolution of theory as follows:

... "that both cultural and personal factors combined to cause everyone, including Freud himself at times, to welcome the idea that reports of childhood sexual victimization could be regarded as fantasies. This position relieved the guilt of adults. In my opinion both Freud and his followers oversubscribed to the theory of childhood fantasy and overlooked incidents of the actual sexual victimization in childhood. Sexual assault upon children is ignored or discounted at the expense of the psychological well-being of the child victim".

Freudian Theory of the Oedipal Complex Relative to Interpretation of Children's Drawings

The change in direction of Freud's thinking has had considerable ramifications for the development of therapeutic work with children as well as for interpretations of their artwork. In the clinical experience of this investigator it has been observed that imagery in children's artwork which could have been indicative of a history of sexual abuse has sometimes been dismissed by analytically oriented clinicians as simply a depiction of unconscious "Oedipal fantasies" instead of considering that it could be an attempt on the part of the child to communicate that he or she has been abused. Art therapists and other clinicians using art in therapeutic work with children sometimes interpreted drawings of genitalia as reflecting sexual drives and unconscious sexual fantasies relative to the parent of the opposite sex (Kramer, 1979) (See Chapter V). When a child drew genitals, it was assumed that he or she had not been sexually abused, much in the same way as when adult survivors of sexual abuse relayed their memories to analytic therapists and were told it was only their fantasies.

Such concepts subsequently had major effects on interpretations of phallic symbols in children's drawings and the possibility of sexual abuse was commonly discounted. Knowing whether phallic images in artwork are

normal Oedipal fantasies appearing as a course of natural psychosexual development, or whether such images possibly reflect actual sexual abuse are thus major theoretical dilemmas currently faced by mental health professionals.

Freud's Stages of Psychosexual Development

It is important to consider Freud's stages of psychosexual development because those who interpret children's drawings frequently rely on these stages as a basis for such interpretation. It is also essential to realize that Freud developed such theory based only on recollections of his adult patients, not on direct work with children themselves.

Freud described normal psychosexual development as a progression through a series of stages and believed that the basic structure of one's personality is fairly set by the time the child is five or six years old (Nye, 1975). These stages are known as: (1) *oral*; (2) *anal*; (3) *phallic*; (4) *latency*; and (5) *genital* and are commonly taught on most basic psychology courses (Carson & Butcher, 1992). Physical-maturation processes, according to Freud, cause the primary focus of pleasure to shift from one area of the body to another (e.g. from mouth to anus to genital organs) and the final outcomes in terms of individual personality structure are influenced by socialization processes and how well basic human needs are gratified or frustrated in varying degrees. Freud cautioned against thinking that such a progression through each stage was definite and clear-cut, and claimed that overlapping occurred in such a way that two stages might exist at the same time. Freud further hypothesized that the child's progression through these stages results from a complex interaction between biological influences and environmental factors. While human biology influences the basic pattern of development, environmental factors such as relationships with parents and siblings determine the specific outcomes of the stages.

Influence of Freud's Developmental Theory on Interpretation of Children's Drawings

Certain features of children's artwork reflect, according to psychoanalytic art therapists, certain phases of psychosexual development (Kramer, 1979). Examples of such interpretations of children's artwork might be: (1) depiction of food is related to oral needs; (2) depiction of circles is reflective of the oral stage; (3) the use of brown may symbolically represent feces and thus be reflective of the anal stage; and (4) the inclusion of male phalluses in artwork of young children is a reflection of oedipal fantasies whereas in adolescence it may be a reflection of the genital phase. One example of this approach to interpretation specifically relevant to drawings of sexually abused children is American art therapist Sidun's (1986) conclusion from her research that the most significant feature in drawings of sexually abused children were the inclusion of circles. She attributed this to "orality" and believed that it was a major clue in determining from drawings whether a child had been sexually abused (Sidun, May, 1989, personal communication). For further discussion of Sidun's work, see Chapter V.

The assumptions of the Oedipal theory and of children's fantasies of the father's penis are reiterated by British trained art therapist Sagar (1990) in her work with sexually abused children when she states: "The stealing of the father's penis and the mother's partner may reflect in theft of material objects . . . Oedipal phantasies become realities, a confusing specialness is created for the child who knows and experiences too much too soon". (p. 113)

Influence of Freud's Theory of Dreams on Interpretation of Children Drawings

Freud developed an elaborate list of images appearing in dreams which he alleged were symbolic of genitalia. He claimed, for example, that

all elongated objects, such as sticks, tree-trunks and umbrellas may stand for the male organ. Long, sharp weapons such as knives, daggers and pikes were also listed. On the other hand objects such as boxes, cases, chests, cupboards, and ovens represented the uterus (Freud, 1953). With the increasing awareness of child sexual abuse in recent years, some art therapists of analytic persuasion now appear to go to the opposite extreme of those denying sexual abuse and sometimes interpret such symbols as indicators of possible sexual abuse (Chase, 1987; Kaufmann & Wohl, 1992; Sidun, 1986). Both Sidun and Chase, for example, included many of these symbols in their scoring chart for so-called indicators of sexual abuse found in children's drawings.

Freudian Theory and the Development of Art Therapy Theory in Working with Children

Edith Kramer (1971, 1977, 1979) was a major contributor to the field of art therapy as a profession in both the United States and the United Kingdom. She bridged her understanding of psychoanalysis with her background in art education. Kramer's book "Childhood and Art Therapy" (1979) has been a key textbook in the training of art therapists across the United States for a considerable number of years, along with her previous writings (Art Therapy Credentials Board, 1994). She strongly adhered to Freud's theories, even though Freud himself did not work with children. She also incorporated the ideas of Anna Freud (1946) and Klein (1948) who later developed work with children and generalized assumptions of Freud's work with adults to working with unconscious symbolism in children's art and play. She also claimed a high regard for developmentalist Victor Lowenfeld (1987), but did not closely link his stages of cognitive development and their influence on characteristics of children's drawings to her interpretations. Kramer's thinking on the use of

artwork with children relative to possible sexual abuse is discussed further in Chapter V.

Donald Uhlin, another American art educator involved in the development of the profession of art therapy, discussed the Oedipal Complex relative to children's artwork (Uhlin, 1979a). His interpretations were based on the Freudian assumption that a female child loves her father, seeks his affection, and rejects her mother, even to the point of wishing her mother dead. These wishes, according to Uhlin, were frequently reflected in children's paintings and drawings. He was one of the first to illustrate examples of paintings, drawings, and sculptures done by children known to have been sexually abused.

Uhlin demonstrated a basic understanding of the influence of cognitive development on children's drawings, but when it came to his interpretations of individual children's artwork, he did not appear to closely take into consideration the specific ages of the children discussed. Like Kramer, Uhlin had great admiration for the work of developmentalist Victor Lowenfeld, but he appeared to commit the same error of not linking these developmental stages closely with his interpretations of children's artwork.

Jungian Theory Relative to the Interpretation of Children's Drawings

Carl Gustav Jung began to distance his interpretations from Freud's theory of psychosexual development. In one of a series of lectures delivered at Fordham University in New York, Jung (1912) stated: "Now although no fault can be found with Freud's sexual terminology as such, since he logically gives all the stages of sexual development the general name of Sexuality, it nevertheless led to certain conclusions which in my view are untenable". "The incorrectness of the conception of infantile sexuality was no error of observation . . . the error lies in the conception" (Brome, 1978, p. 145). Jung believed that the "libido" as such was much broader than sexual energy alone, and that there was far more to consider

relative to the relationship with the mother than sexuality. The mother was also seen by Jung as "a protective and nourishing figure and not as the object of incestual wishes". Thus Jung placed considerable emphasis on a child's attachment to the mother as a matter of normal development, not an Oedipal symptom.

Jung also questioned Freud's developmental stages and broadly redefined these stages as (1) the pre-sexual stage; (2) the later years of childhood up to puberty; (3) the pubertal stage; and (4) the maturity stage (the adult life from puberty) (Brome, 1978). Jung did not elaborate on stages of early childhood development believing that the child is more likely to develop psychological problems later in life.

Jung wrote that unconscious material is revealed in artwork and through the process of the transcendent function it becomes integrated with conscious awareness (Jung, 1933, 1935). Symbolic content lying within the unconscious was projected into paintings and drawings. When interpreted by the therapist, or preferably by the client, a conscious understanding of such content was said to release blocked energy allowing the client to move to a higher level of functioning. Jung, however, did not believe that such integration was possible until mid-life or subsequently. Consciousness fully developed only when a person had matured and the need to bridge and integrate his or her "conscious" with an earlier established "unconscious" arose in order to resolve the resultant conflicts which had caused psychopathology (Brome, 1978).

Jung had his adult patients paint and draw their dreams in an effort to help them to become aware of their own unique unconscious symbols bringing them into conscious understanding (Jung, 1933). Jung did not do analytic work directly with children. Freud, while making a major contribution to the analysis of dreams, did not advocate the use of art in analytic work. He also used a more absolute system of symbolic meaning

without acknowledging that one's symbolism might be idiosyncratic nor did he work directly with children.

Other writers have attempted to translate Jung's theories to their assumptions of the unconscious relative to drawings of children (Kalff, 1980; Kellogg, 1970; Naumburg, 1988; Pasto, 1964; Uhlin, 1979a). Such assumptions from Jungian theory have also influenced the interpretation of children's drawings relative to sexual abuse.

Jungian Theory and the Development of Art Therapy Theory in Working with Children

Jung's theory was the foundation of the work of Margaret Naumburg, another pioneer in the development of the profession of art therapy. Naumburg, an artist, personally underwent both Freudian and Jungian analysis. She subsequently developed a method of art psychotherapy integrating unconscious material surfacing in paintings and drawings with conscious thought, based on Jung's concept of the "transcendent function". She claimed, as did Jung, that it helped the patient to obtain insight into whatever problems were presented (Naumburg, 1988). Naumburg integrated these theories with her knowledge of art education using art media in the therapeutic process. Like Kramer, she relied on the Freudian concepts of repression, projection, sublimation, and free-association. She was also interested in the use of art in diagnosis and correlated images found in patient artwork with those projected into Rorschach inkblots (Woltmann, 1952). She postulated that in accordance with the Jungian concept of the "transcendent function", one could tap into one's unconscious by the use of the mechanism of projection in finding images in "scribbles". Naumburg worked with young adults and adolescents, not adults after mid-life and therefore her application of Jung's concepts appear to be somewhat incongruent with Jung's contention that this process did not occur until later adulthood.

Naumburg's work strongly influenced Clara Jo Stember (1978, 1980) who was the first American art therapist to specialize in using art therapy with sexually abused children. Stember frequently used the "scribble" method advocated by Naumburg and found that frequently when children drew phalluses within such scribbles, upon further investigation it was found that in some instances they had indeed been sexually abused. (See Chapter IV for further discussion of Naumburg and Stember).

Another contributor to the evolving theory of American art therapy was Tarmo Pasto (1964). He attempted to bridge Jungian analytic theory with theories of child development when he developed his "Space-Frame" theory. He relied on a Jungian reference of symbolism and related it to the motor development of the child. He attempted to understand the developmental stages of the child's motor ability reflected in drawings and to fit it into concepts from Jungian psychoanalysis.

Pasto structured his theory into seven categories of development. These categories are similar to those of other cognitive developmental theorists relative to children's drawings (Kellogg, 1969; Lowenfeld, 1987) insofar as the characteristics of children's drawings are concerned at each age level. Pasto, however, adds an assumed interpretation related to the child's unconscious. Pasto's categories are (a) the *swing scribble* (12 to 18 months); (b) the *circle* (2-3 years); (c) the *cross* (3-4 years); (d) the *rectangle* (4 years); (e) the *homunculus* (5 years); (f) *reality* 6-10 years); and (g) *deterioration* from age 11). While his attempt to pull together Jung's theory with the development of children's drawings seems laudable, Pasto appears to disregard the fact that Jung's theories for the most part did not apply to children. Pasto provided no systematic evidence to support his theories.

Malchiodi (1990) who has written extensively on the use of art therapy in working with sexually abused children related Pasto's theory to such

children's drawings. Pasto speculated that at around two and a half years of age, the mother image and the circle become connected and remain this way for the rest of the life cycle. Thus, a child or individual who consistently repeats the circle in art expressions may be fixated at that psychological stage. Malchiodi speculated that Pasto may have provided a theoretical explanation of why Sidun (1986) found the circle image to be prevalent among sexually abused children. No consideration is given to the common use of the circle by ordinary children as a matter of development (Kellogg, 1980)(see Chapters V and VI).

Dora Kalff (1980), a Swiss psychoanalyst, developed therapeutic work with children with the use of small toys in a sandtray in addition to drawings. She studied with child psychologist Margaret Lowenfeld in 1956 to learn her well-known "World Technique" (Lowenfeld, 1979; Semeonoff, 1976). While Kalff borrowed ideas from Lowenfeld, she based her work primarily on Jungian analytic theory and silently interpreted children's symbols as they played with small toys or made paintings and drawings. She applied analytic interpretations regarding what the child was unconsciously trying to represent without asking the children what the drawings might mean. It is believed that Kalff actually worked with Jung's children in this manner, and therefore the assumption has been made that Jung condoned this approach (Ryce-Menuhin, 1992). Kalff's influence on clinicians throughout the world has been considerable.

Canadian art therapist John Allan (1988) wrote about counselling children in schools from a Jungian perspective. He discussed the adaptation of the Jungian technique of active imagination to the use of guided imagery with children who had been sexually abused and alleged that sexually abused children drew rosebushes differently than did nonabused children (Carter, Allan & Boldt, 1992).

It appears that theorists such as Naumburg (1988), Pasto (1964), Uhlin (1979), Kalff (1980), Case and Dalley (1990), and Allan (1988) who have attempted to integrate Jung's theories with drawings of young children have glossed over the fact that Jung himself did not work with children. Although Jung alleged that archetypal symbols were undoubtedly present in the child (Jung, 1972), he stated that the transcendent function did not occur in childhood and it therefore was not possible for the child to merge unconscious material with conscious understanding at that stage. It is also unlikely that adult meanings of symbols could be exactly the same for children because of a child's limited life experiences. Nevertheless therapeutic work has developed in some circles whereby children are not asked anything whatsoever about their drawings, and they are analyzed in accordance with Jung's theories of unconscious symbolism based on his work with adults (Kalff, 1980).

Object Relations Theory and the Development of Art Therapy Theory in Working with Children

Like the theories of Freud and Jung, Kleinian theories about infant sexuality were highly influential in the development of psychodynamic therapy not only in the field of art therapy, but other areas of psychotherapy as well (Case & Dalley, 1990; Kramer, 1979; Rubin, 1984). Most art therapists are trained in Freudian psychoanalytic theory and subsequent theories of Jung. In Britain art therapists rely almost solely on the object-relations theories of Klein (1949) and Winnicott (1971), especially when working with children. Melanie Klein modified Freud's theory of the Oedipal Complex stating that its resolution began in infants as early as six months old (Klein, 1949). She argued that the penis is introjected and forms the basis of the superego in infancy. She postulated that the phase of oral aggression was responsible for the child's unconscious knowledge of its parent's sexual activities. She largely discounted the influence of the

environment on the child's development. She claimed that little girls, even under ages two and three, were governed by the "primacy of the penis and were desperately driven to possess the coveted male genital" (Chassequet-Smirgel, 1970). Her theory did much to underline the approach of interpreting phalluses in children's artwork again as a reflection of Oedipal fantasies, not the possibility of sexual abuse. Klein claimed that children had an unconscious knowledge of their parents' sexual activities and they developed aggressive impulses to "stick" something into their mother's body long before they knew what a penis was (Wyss, 1966). The nipple of the mother's breast according to Klein was replaced by the father's penis which both boy and girl would like to incorporate during the phase of oral sadism". (Wyss, p. 213)

British art therapists Case and Dalley (1990) state that Klein used drawing extensively to gain access to the child's unconscious and that the artwork of children in therapy is the central means of focus for the safe communication of conscious and unconscious processes. British art therapy literature specifically relative to working with children has only recently been published (Case & Dalley, 1990; Schaverein, Weir, Halliday, & Nowell-Hall, 1987; Wood 1984). The theoretical framework largely relied upon in working with children is the use of Melanie Klein's stages of development. In the first book to be published in the United Kingdom devoted exclusively to the use of art therapy in working with children, Case and Dalley (1990) stated that ". . . it is useful to use the Kleinian terminology and her description of pre-latency children, who are still under the immediate and powerful influence of instinctual experiences and phantasies, whereas the child in the latency period has already desexualized these experiences and phantasies much more completely and worked them over in a different form." (p. 2).

Discussion

In reviewing aspects of psychoanalytic theory that provide the basis for certain developments in art therapy theory, it becomes apparent that there are several possible discrepancies in the application of such theory to the interpretation of children's drawings, particularly with respect to sexual abuse. The change in direction of Freud's thinking has had considerable ramifications for the development of therapeutic work in general and in particular where children's drawings are used to investigate alleged cases of child abuse. The question of whether phallic images in artwork are a reflection of normal Oedipal fantasies appearing as a course of natural psychosexual development, or whether such images possibly illustrate actual sexual abuse creates a major theoretical dilemma currently faced by mental health professionals.

The application of Freud's lists of dream symbolism of genitalia to children's drawings of ordinary objects has also served to complicate the situation of evaluating children's drawings when assessing for sexual abuse. Assumptions about Jung's theory relative to children's drawings have further confounded the issue. Kleinian object-relations theory embellishes Freud's Oedipal theory in its assumptions about the fantasy life of infants and very young children. British and American art therapy theory has evolved largely from these concepts and as such has also influenced others in the mental health professions who are likely to attempt to interpret children's drawings relative to possible sexual abuse. It is clear that psychoanalytic theory has had a profound impact on the work of clinicians coming from a variety of professional trainings, such as psychiatrists, psychologists, counsellors, social workers, and art therapists.

A major split has existed in the understanding of the significance of children's drawings between proponents of psychoanalytic theory and cognitive developmental theory. The former focuses on unconscious

material, frequently to the exclusion of apparently more rational explanations of children's drawings. The cognitive approach tends to ignore unconscious interpretation, and claims that representations in children's drawings are entirely a reflection of their experience and stages of cognitive development. The integration of these two views in regard to the interpretation of children's drawings, however, continues to be problematic.

There is a considerable body of knowledge relative to children's drawing development which appears to have been largely ignored by psychoanalytic theorists. It is apparent that consideration of the development of children's drawings must take into account not only psycho-sexual factors, but also cognitive development of children and its effects on concepts represented in their drawings. An in-depth account of stages in development of children's drawings relative to then increasing maturity of their cognitive abilities is discussed in the next chapter.

CHAPTER III

LITERATURE REVIEW

THEORY OF COGNITIVE DEVELOPMENT RELATIVE TO CHILDREN'S DRAWINGS

Introduction

Cognitive developmental theory seeks to understand the way in which children's thought processes evolve as they mature. It is assumed that there is a "normal" course of development common to all children, namely a sequence of stages which all children follow, although they go at varying speeds and some may go further than others (Donaldson, 1978). Children's drawings evolve with certain characteristics in a fairly predictable sequence of age-related stages and they have been used as measures of levels of cognitive maturity. This contrasts with the psychoanalytic perspective which was discussed in Chapter II, according to which children's drawings display unconscious symbolism and may be interpreted to gain a better understanding of the child's problems and to aid in the treatment of psychopathology.

This chapter will review the evolution of classifications of children's drawings according to cognitive developmental theory. The findings may give a different interpretation of the drawings children make at different ages, enabling an alternative view of supposed indicators of sexual abuse. This consideration is needed, given psychoanalytic explanations of children's drawings discussed in Chapter II. As is explained in Chapter V, previous investigators, in particular those following the practices of American art therapy (Art Therapy Credential Board, 1994), have tended to ignore the need for knowledge of cognitive developmental effects on children's drawings.

Historical Background

Early observations of the development of children's drawings were carried out by Ricci (1894). Ricci observed that the child starts drawing with an interlacing network of lines and then moves on to simple representational forms which become more and more detailed as the child grows older.

German researchers Lichtwark (1887) and Baldwin (1898) later investigated parallels between the child's development in drawing and popular evolutionary theories emerging at that period of time. They compared the development of young children's drawings to paleolithic cave drawings which were believed to reflect the early stages of the development of mankind. Anthropologists and psychologists continued to be fascinated with such comparisons for many years thereafter and thereby encouraged an interest in the stages of development in children's art.

Sully (1895), an English philosopher and psychologist, was the first to use the term "schemata" or "schema" for the child's simplified drawing concept. He was highly influenced by the work of Ricci and emphasized the mental concept of the child expressed by a simple representational symbol which stood for the object drawn. At around the same time Barnes (1893) organized, conducted and reported scholarly studies of child art noting a definite sequence of development according to chronological age. He also regarded children's drawings as symbolic language. Lukens (1896) likewise described the development of children's drawing in terms of chronological age and was followed by yet other investigators interested in such an approach. He described the first stage as the *scribbling stage* and stated that it occurs between ages one and four. From age four to eight, the *golden age* occurs and the child begins to tell a story about his or her pictures. Between the ages of nine and fourteen, the *critical period* begins

and the child tends to become overcritical of his or her artwork and thus artistic efforts become stagnated.

Until 1900, investigations into children's drawings were largely descriptive. After that date, however, efforts were made to systematically categorize drawing features relative to cognitive development. Levenstein (1904), for example, investigated storytelling in children's drawings. In early years he found children's drawings to be somewhat fragmentary, but as the child grew older, his or her drawing involved linear, panoramic, and time-sequence factors to elaborate the story.

Kerschensteiner (1905) studied thousands of drawings made by German schoolchildren and classified them into three basic content areas. These categories included schematic drawings, drawings in terms of visual appearance, and drawings which attempted representations of three-dimensional space (Thomas & Silk, 1990). Around the same time, Stern (1908) argued that the young child experiences himself as the center of space in his drawing and that an attempt is made to subordinate the environment to himself. This motivates the child to increasingly organize the space of the drawing surface. Stern also noticed a relationship between drawing and language development and drew the analogy that "scribbling is to drawing what babbling is to speech".

The concepts of *ideoplastic* and *physioplastic* were later introduced by Verworn (1907) to describe children's art development where the primary emphasis was on kinesthetic experience. The work of symbolists or expressionists in art, for example, might be considered "ideoplastic" artists. Physioplastic, according to Verworn, referred to the individual's relationship to his or her physical environment as experienced primarily through the senses.

Verworn described his notion of children's art development in four stages. The first was the *unconscious physioplastic* stage up until age four

where scribbling was the primary mode of children's drawing. His second stage was the *unconscious ideoplastic* stage in which the child used symbols to express ideas and occurred between the ages of four to nine years. Verworn's third stage was *conscious ideoplastic vs. physioplastic* which represented the growing intellect versus sensitivity of physical maturation. This stage described the artwork of children generally between the ages of 9 to 13. Verworn attempted to describe an integrative process bridging the development of unconscious and conscious processes with kinesthetic experience.

Efforts continued to be made by numerous researchers to observe and classify the development of children's drawings, resulting in a variety of different, but overlapping, categories. Rouma (1913), for example, studied drawings of school children over time and classified these into ten developmental stages. At the same time Luquet (1913, 1929) was classifying children's drawings and his work has been especially important because it embodied a unifying theory and subsequently influenced the work of Piaget. Luquet made the assumption that children's drawings were based on an internal mental model and postulated that children's drawings were essentially realistic in intention and that the drawer made an initial attempt to portray a recognizable representation of an object. He proposed developmental stages in organizational and graphic skills, including the child's realistic intentions (Thomas & Silk, 1990).

Krotzsch (1917) described a scribbling stage as one in which differentiated bodily movements are already expressed. Krotzsch maintained that the scribbling of children begins as rhythmical movements which are undifferentiated and uncontrolled. Gradually the child begins to appreciate that there is a relation between the conscious experience of muscular movement and the strokes on the paper. According to Krotzsch at that point

scribbling proper begins and the child gradually begins to give names while in the process of drawing (Lowenfeld, 1939).

During this period Burt (1921) was working to further refine categories of the development of children's art and organized his findings into seven categories. These were (1) *scribbling* (two to three years), (2) *line* (four years), (3) *descriptive symbolism* (five to six years), (4) *realism* (seven to nine years), (5) *visual realism* (ten to eleven years), (6) *repression* (eleven to fourteen years), and (7) *artistic revival* (ultimately to be experienced by some later on in life). Burt described a gradual growth from pure motor activity to linear storytelling. In the transition to maturity, realistic tendencies are initiated as well as the discovery of spatial depth and motion.

Piaget's Theory of Cognitive Development and Children's Drawings

A good deal of credit for the theory of cognitive development of children is given to Jean Piaget, a Swiss biologist and naturalist. Subsequently other theorists have been either inspired by the concepts of Piaget, or have largely borrowed from them. Nonetheless, Piaget's account of intellectual development, however, still dominates our current understanding of the development of children's drawings (Piaget and Inhelder, 1969; Dworetzky, 1984). While Piaget did not place much emphasis on children's drawing development, he nevertheless laid the foundation upon which subsequent theorists have based their ideas on developmental stages of children's drawings (Lowenfeld & Brittain, 1987; Uhlin, 1979). Piaget, as a result of his biological research, came to a conclusion similar to that of Freud's, namely that cognitive development in human beings was the result of the development of the brain and the nervous system combined with experiences that help the individual adapt to his or her environment (Nye, 1975). He argued that predictable stages of cognitive development occurred during specific periods of a child's life (Dworetzky, 1984), but did

not focus on the "unconscious" as did Freud and others adhering to psychoanalytic theory.

Piaget borrowed extensively from Luquet's (1929) earlier work and adopted his classification of stages in children's drawing development (Thomas & Silk, 1990). Piaget regarded drawing as a representation of the real world and was interested in children's drawings principally as a source of evidence to support his theories of the child's developing representation of the real world and especially the conception of space.

Piaget places the beginning of the development of children's drawings at the sensorimotor phase where symbolic play and mental imagery occur (Piaget & Inhelder, 1969). Symbolic play, according to Piaget, is the capacity to make something stand for or symbolize something else outside reality. Pretending takes place around the end of the first year and before the end of the second year. This is the time the child begins primitive attempts to draw. The child is not attempting to represent anything real, however, at this early age. He is simply playing with the act of drawing. As the development of language occurs during the preoperational stage, the child begins to represent objects and events by symbols, but is still "preoperational" in that the child seldom is able to distinguish between himself as agent and his goals as the effect of action. Piaget argued that children's drawings are convenient illustrations of their comprehension of three-dimensional space and a reflection of the child's developing representation of the world. Piaget, however, did not seriously attempt to investigate the development of children's drawings. Lowenfeld (1987), however, attempted to make some parallels of his observations of the development of children's drawings to Piaget's stages of development as will be discussed later in this chapter.

Thomas and Silk (1990) summarized Piaget's use of children's drawings as follows:

"While Piaget sometimes used children's drawings to illustrate his theory (especially those aspects concerned with the representation of space), studies of drawings were never central to the development of his theory, nor did they offer crucial tests of his propositions. Consequently, neither Piaget nor subsequent investigators influenced by his theories devoted much attention to children's drawings. By the 1970's, many contemporary textbooks on cognitive development and child psychology scarcely mentioned children's drawings" (Thomas & Silk, 1990, p. 29).

Lowenfeld and the Development of Children's Artwork Related to Piaget's Theory

Victor Lowenfeld has contributed to the understanding of the development of children's drawings beginning in his earlier work in 1939. Although now deceased, Lowenfeld's revisions to his book "Creative and Mental Growth" have been continued until as recently as 1987 (Lowenfeld, 1939; Lowenfeld & Brittain, 1987). Lowenfeld, an art educator, strongly believed that children's cognitive development was enhanced by the process of creative expression with art materials.

Lowenfeld attempted to relate the development of children's drawings closely with Piaget's stages of cognitive development and also took into consideration ideas of earlier writers. He agreed with Piaget and Inhelder (1969) that the period between one and two years of age is the time when children develop symbolic play and begin pretending. Lowenfeld's classification of the development of children's drawings, however, begins from ages two to four and the first stage is described as the *scribbling stage*.

Further subcategories are created as follows:

(1) The *disordered scribbling* stage occurs around age two where there is no attempt to portray the visual environment. Lowenfeld's category of disordered scribbling occurs during Piaget's sensorimotor stage. The child's motor activity utilizes large muscles with movement from the

shoulder and kinesthetic pleasure is experienced. No attempts are made to draw a human figure at this phase of the stage.

(2) The *controlled scribbling* stage follows when the child discovers that there is a connection between his motor activity and the marks on the paper. Moving onto the named scribbling phase at around the age of three and one-half, the child places scribbles purposely, utilizes previous marks on the page, and may begin to give empty space some sort of meaning. He begins to connect his scribbles with the world around him and moves from kinesthetic thinking to imaginative thinking. Communication is more with the self, however. It is quite clear that although parts may have some intent as they are being drawn, the child has no preconceived notion as to what his finished scribbling will look like (Lowenfeld & Brittain, 1987).

Lowenfeld discussed the dangers of interpretation of children's scribbles:

"Some individuals . . . look at children's drawings as an indication of inner feelings and inhibitions. When an adult looks at an ink blot, he can often see within this blot figures or forms that remind him of certain aspects of his own life. Adults can also look at scribbles in the same way and see certain forms or shapes, but this has very little to do with the child's meaning. Some of the circular motions and longitudinal lines may seem to tie together to make a person in the child's drawing, but adults should not try to find a visual reality there or try to give scribbles their own interpretation".
(Lowenfeld & Brittain, 1982, p. 193)

The next stage in Lowenfeld's system is the *pre-schematic* stage which occurs between ages four to seven. At this stage occurs the greatest variety of form symbols representing one and the same object. Schematic drawing begins to predominate and to become the means of expression and communication for the whole of the child's experience of form. In this stage first attempts at realistic art are made.

Lowenfeld's category for the artwork of children from seven to nine years old is the *schematic stage: the achievement of a form concept*. Here

the child develops a form concept which is repeated again and again. The organization of objects is two-dimensional and there is little or no overlapping of figures. X-ray drawings are common at this age and often there are multi-baselines. Human figure drawings are usually made up of geometric shapes and arms and legs show volume usually being correctly placed. Proportions depend on emotional value and there is a repeated schema for a particular person. The child establishes a baseline on which objects are placed and a skyline, with the space between representing air.

The *gang age* occurs between the ages of 9 and 12. At this stage the awareness of details continues and an increasing self-consciousness about drawing ability. Baselines disappear and overlapping of objects becomes more frequent. There is greater awareness of clothing details and less exaggeration, distortion and omission of body parts. Figures become more stiff, but body parts retain their meaning when separated.

Lowenfeld's work is used extensively in the training of art therapists and art educators as one of the best sources of understanding the links of child development with features in children's drawings, as well as themes at each stage of development and appropriate art media to use with children at various ages. His descriptions of the various styles, content, themes, and structure of children's drawings make it clear that considerable differences in children's drawings exist depending on their stage of development. It is interesting, however, that art therapists studying drawings of sexually abused children seem to consider such differences only in a very superficial way, if at all (see Chapter V).

Kellogg's Analysis of Drawings of Very Young Children

Art educator Rhoda Kellogg (1970) analyzed the early development of children's art between ages two and four in greater detail than do other writers. She claimed that:

". . . my investigation accords with Gestalt theory, which

stresses pattern and organization in perception. "Gestalt" means form, and Gestalt theory states that when a child looks at his or her scribbles, the retinas see millions of dots reflected from the lines and the paper. The child's brain must then organize these dots into meaningful Gestalts, that is, into shapes that "make sense". Gestalt theory also emphasizes the physiologic basis of perception. Perceptual organization is something that originates as a physiologic characteristic of the nervous system, in the view of this theory". (p. 11)

While Kellogg claimed to base her ideas on Gestalt psychology, she was also open to the possibility that, according to Jungian psychoanalytic theory, the recurring designs she found in preschool art could be considered archetypal symbols, namely the "mandalas" and "suns" (Jung, 1973; Hagood, 1985). She did not, however, go into any depth of discussion on theoretical issues, being more concerned with the careful classification of characteristics of children's drawings at very early stages of development.

Kellogg's conclusions were drawn from studying her collection of over one million drawings from nursery school children in California. She discussed the appearance of six basic diagrams, the *rectangle*, the *oval* (including the circle), the *triangle*, the *Greek cross*, and the *diagonal cross*. At age two, according to Kellogg, the child begins to create *combines*, where two diagrams are joined together, and then *aggregates* (units of three or more diagrams). Then between ages three and four, line formations described as being *mandalas* (symbols formed of a circle divided into quarters) begin to appear. She also discussed the appearance of *suns*, consisting of circles with lines crossing the perimeter. At this age, she noted the appearance of *radials*, defined as a formation with lines radiating from a point or a small area. She believed that the mandala, sun, and radial evolved out of the combines and aggregates.

Kellogg differed from Lowenfeld and Brittain (1987) in that she claimed that children indeed do begin to make human faces at ages three and four appearing first as aggregates. The development of the human figure progresses from humans with head only, including eyes, nose, and mouth to relatively complete human images. According to Kellogg the appearance of animals also emerges at this stage. At around five years of age children's drawings are done in such a way that it is frequently difficult to tell whether they are humans or animals. Kellogg briefly discussed the stage of development occurring between ages five to seven and labeled it *early pictorialism*. She grouped this early pictorialism into four categories describing the content of children's art: (a) animals; (b) buildings; (c) vegetation; and (d) transportation. Kellogg's discussion of the development of children's art seems to end at around age seven or eight, whereas Lowenfeld deals with artwork through adolescence.

The Emergence of Children's Drawing Tests to Measure Cognitive Development

Florence Goodenough (1926) was the first to systematically attempt to use children's drawings as an assessment of intellectual development. Harris (1963) elaborated on Goodenough's work, revising and extending her children's drawing test. He pointed out the growing recognition that a knowledge of the usual was essential for the recognition of the unusual.

Elizabeth Koppitz (1968) designed the Human-Figure-Drawing Test attempting to bridge the concepts of cognitive development and analytic interpretation. She took into consideration psychoanalytic writers such as Machover (1947) who alleged that children's drawings could be interpreted in the assessment of psychopathology. Most recently, Naglieri (1988) developed a Draw-A-Person test attempting to further refine and expand on the work of all of the preceding writers (for further discussion on the

development of the drawing tests of Goodenough, Machover, Harris, Koppitz and Naglieri, see Chapter IV).

Sex Differences in Children's Drawings

While it is important to take into consideration possible differences in the drawing development of boys and girls, there appears to be little research into such differences. Kerschensteiner (1905) found marked differences between the performances of the two sexes on all types of drawings. He claimed that boys exceeded girls in all instances except where girls excelled in certain kinds of decorative designs.

Goodenough (1926) discussed sex differences on the Draw-A-Man Test and contrary to Kerschensteiner (1905) noted superiority of girls' performance at every age except twelve with a tendency for greater variability among the boys. She itemized a list of characteristics both masculine and feminine which proved to be quantitatively different between boys and girls.

It was further substantiated that girls performed better on the Goodenough Draw-A-Man Test than boys by Zazzo (1948) who studied 5,000 children's drawings. Machover (1960) described sex differences in developmental patterns for each age. Her description was incompletely detailed for each age and her presentation was unquantified. In an effort to replicate Machover's claims in a more systematic fashion, McHugh (1963) studied the figure drawings of 320 girls and 306 boys aged seven through eleven years. Her findings did not corroborate Machover's and McHugh strongly questioned Machover's developmental interpretations. Specific findings claimed by Machover in relation to boys age eight, girls age nine, and boys and girls age eleven were not confirmed. The results of McHugh's study revealed that girls had a significantly greater tendency to draw the self-sex figure first at ages seven and ten but that the boys at age eleven had a significantly greater tendency to do so.

Although Kellogg (1970) collected over half a million children's drawings, she mentioned very little about sex differences. She stated that after approximately age five, cultural influences frequently affect a child's choice of subject matter depending on whether they are "masculine" or "feminine". From ages five to seven, for example, boys and girls draw certain subjects in somewhat different quantities. Planes and boats were more popular with boys whereas humans were drawn more often by girls.

Kellogg's work is now 27 years old, and in this author's experience, the subject matter of boys within this age range more currently appears to focus on dinosaurs, turtles, popular cartoon characters, and so on, reflecting the more recent cultural influences of popular television, films and computer games. Kellogg's work has been frequently criticized for her lack of systematic methodology. It seems, however, that her vast collection of data would have been useful to more closely observe differences between the development of artwork between boys and girls.

Rubin, Schacter, and Ragins (1983), in agreement with Goodenough's earlier work, found that Goodenough-Harris scores on the Draw-A-Person Test had more variability among boys than girls. This study investigated a series of four drawings within several days from 180 children ages four through twelve. Boys' scores were more variable than girls at all age levels, with the exception of ages nine and ten where girls actually exceeded boys in variability.

Naglieri (1988) found a small but statistically significant difference between boys and girls in a sample of 1,500 children with females scoring higher than males. He concluded that the difference had little practical significance and his findings were consistent with those for the Goodenough-Harris system which also found that there was no substantial difference for males and females between the ages of 5 and 17 years.

Previous investigators have not looked at sex differences in drawings of sexually abused children (see Chapter V). Analysis of the data in this study will take into consideration differences in drawings of boys and girls at various stages of development, as well as how such differences may or may not relate to the appearance of characteristics alleged to be indicative of sexual abuse.

Discussion

It is clear that children's drawing follows a progression of changes with time. Content, clarity, detail, accuracy, style, colour choices, composition, perspective, structure, and so on, are all influenced by the growth of the child's understanding of his or her world. Various aspects of their approach to drawings are affected, beginning in an earlier focus on themselves (egocentricity), with motor ability and kinesthetic pleasure strongly influencing their artwork, and passing through an increasing awareness of their environment and their relationships to it as they advance in years. A considerable number of the influences on a child's drawing have little to do with the state of the child's "unconscious". On the other hand, the question of how well developed a child's "unconscious" is may be a key factor influencing his or her drawings, though obviously it is a factor that is difficult to measure in an objective way. Children have enough difficulty discussing their problems as it is without requiring them to reveal unconscious reasons for what they draw. Assumed "interpretations" of what a child has drawn can be dangerous and misleading.

In summarizing various views of the development of children's drawings by a cognitive theory, it must be acknowledged that there is a danger in assuming too rigid age-related explanations of children's art. It should not be expected that given characteristics of children's drawings will always occur at certain age-levels. Children who have demonstrated a mastery of a certain skill-level typically may in one and the same drawing

revert to features characteristic of the drawings of much younger children (Thomas & Silk, 1990). In the clinical experience of this investigator, this is particularly problematic with sexually abused children, whose drawings may vary considerably relative to their developmental level within a one-hour therapy session. Artwork may appear age-appropriate in initial drawings, but later on during the same session may become more infantile and "regressed", particularly when the child is attempting to illustrate more traumatic issues. The child may even revert to scribbling or stabbing which is typical of drawing behaviour at the earliest phase of development.

It is apparent that cognitive development has considerable effects on the content, quality and characteristics of children's drawings, and that various investigators have contributed to the understanding of children's drawing development in ways that differ considerably from psychoanalysts who look for symbolic interpretations. However, theorists adopting a cognitive approach differ among themselves on how they see the evolution of children's drawing ability, as well as in their judgment of the likely content of their drawings at various ages.

The effects of cognitive development on the characteristics in children's drawings at various ages appear to be sadly neglected in the training and qualification criteria of art therapists. In Britain, little attention is given to how a child's developmental stage influences the characteristics of his or her drawings and psychoanalytic interpretations are applied (Case and Dalley, 1990). In the United States the greater part of literature that art therapists are required to know focuses almost exclusively on variations of psychoanalytic theory (Art Therapy Credentials Board, 1994). This partially explains why research into drawings of sexually abused children has been so problematic (see Chapter X for further discussion). The compounding of these problems with the confusion generated by psychoanalytic theory

makes it necessary to approach the interpretation of children's drawings relative to possible indicators of sexual abuse with a good deal of caution.

This thesis addresses the problem of whether or not alleged indicators of sexual abuse observed in the artwork of sexually abused children are due to normal developmental changes also present in the drawings of children who have not been abused. Both psychoanalytic theory and theories of cognitive development offer explanations as to what children draw and why. The former argues that the effects of unconscious processes on children's drawings, the latter argue for the effects of conscious processes. The following chapter will explore the development of instruments for rating children's drawing to further clarify how psychoanalytic projective theory and the theories of cognitive development have been applied to explain children's drawings. The strengths and weaknesses of these instruments and resultant difficulties which confound the interpretations of drawings of children who may or may not have been sexually abused will be discussed. The rationale for the choice of instruments used for this thesis will also be presented.

CHAPTER IV
REVIEW OF THE LITERATURE
CHILDREN'S DRAWING TESTS UTILIZING THE HUMAN FIGURE

Introduction

This chapter will discuss the concepts of projective theory and the development of children's drawing instruments, in particular those utilizing some form of the human figure. The strengths and weaknesses of these tests will be explored and how problems with such an approach may have influenced the results of previous studies of drawings of sexually abused children. Interpretations of children's drawings are frequently made without appropriate consideration of the influence of either cognitive or emotional development on features of children's drawings at various ages. Strengths, weaknesses, and limitations of these drawing tests are explored because previous studies have failed to take these into account, further confounding the possibility of accurately assessing children's drawings for the likelihood of sexual abuse.

Background and History of Projective Drawing Instruments

Instruments using drawings of the human figure have evolved over this past century with an initial underpinning of projective theory derived from psychoanalysis and self-psychology. Projective theory has been based on the work of Sigmund Freud who first introduced the term "projection" in 1894 in his paper "The Anxiety Neurosis" (Freud, 1940). He said it was a phenomenon whereby the "psyche" felt itself to be unequal to the task of mastering internal sexual excitation. This resulted in the "psyche" acting as if it had projected this excitation into the outer world. In a subsequent paper entitled "On the Defense of Neuropsychoses" (Freud, 1940), Freud elaborated on his theory of projection by stating that projection is a process of ascribing one's own drives, feelings and sentiments to other people or to the outside world as a defensive process that permits one to be unaware of these

"undesirable" phenomena in oneself. The latter concept of projection became firmly established in psychoanalytic theory as one of the most important defense mechanisms.

Freud (1919) later expanded on this aspect of projection in his writings in "Totem and Taboo", namely that:

" . . . projection is not specially created for the purpose of defense, it also comes into being when there are no conflicts. The projection of inner perceptions to the outside is a primitive mechanism which, for instance, also influences our sense-perceptions, so that it normally has the greatest share, in shaping our outer world. Under conditions that have not yet been sufficiently determined even inner perceptions of ideational and emotional processes are projected outwardly, like sense perceptions, and are used to shape the outer world, whereas they ought to remain in the inner world" (p. 107-108).

It was found in later research that when subjects were made to feel a variety of emotions and given pictures from the Thematic Apperception Test (Murray, 1943) under controlled conditions, they subsequently projected such feelings into their stories about the pictures (Bellak, 1944). From this work it became obvious that positive as well as negative sentiments were capable of being projected.

The use of unstructured projective instruments is aimed at uncovering unconscious processes (Rapaport, 1952), and consists of using ambiguous stimuli, such as an inkblot in the Rorschach Test, to elicit a perceptual organizing process which has continuity with perception in everyday life. Association processes are also triggered by such stimuli as the subject draws upon relevant concepts from internal ideas and images. It was Rapaport's thesis that both perception and association are always involved and integrated in responses to the Rorschach Test. Rapaport also believed that more highly structured tests such as the Wechsler Intelligence Scale (Wechsler, 1949) yielded information on "fixed tools of thought" utilizing the application of known

concepts and he advocated the use of both structured and unstructured tests rather than arguing that one type was superior to the other.

The widest use of the term "projection" has been made in the field of clinical psychology in the development of projective techniques (Semeonoff, 1976). Examples of early techniques are the Thematic Apperception Test (Murray, 1943), Sentence Completion Tests (Stein, 1947), and the Rorschach Inkblot Test (Rorschach, 1932). The subject is presented with a number of ambiguous stimuli, such as inkblots or pictures, and then asked to respond to these stimuli. The basic assumption in the use of these tests is that the subject projects his own experience, indications of which will appear in responses to the stimuli. This notion is carried further into the use of drawings, and projective drawing tests such as the House-Tree-Person Test (Buck, 1948; Hammer, 1958), the Kinetic-Family-Drawing (Burns, 1982), and the Draw-A-Person Test (Machover, 1949; Koppitz, 1968) which have been developed based on the same assumption that the subject will project unconscious feelings, behaviours, and conflicts into his or her artwork. A major problem, if we assume this theory is valid is that it would seem that "projection" into ambiguous stimuli would be occurring for the clinician as well. This presents a serious problem when looking at drawings of very young children with the possibility that the clinician may "project" his or her need to read sexual abuse into the ambiguity of paintings and drawings typical of such children.

Abt and Bellak (1952) point out that the projective hypothesis had to be handled with considerable care. They cautioned against extrapolating interpretations beyond the limits for which projective tests were designed. Bellak stated:

"Behind the projective hypothesis itself stands a whole matrix of assumptions which probably differ from one projective psychologist to another and which have largely been kept implicit. If projective psychology is to grow in acceptance and validity, it is



essential that these assumptions be made fully explicit and it is necessary that they be tested to ascertain whether they have established validity and generality within the area of inquiry in which they are being employed. It is clear that the conditions of their testing must be made public and repeatable upon demand if the data they provide are to be admitted to the general body of concepts and propositions which will prove useful in personality study and in clinical psychology evaluation" (p. 5).

Bellak (1944) expressed the concern of a considerable body of professional workers who likewise saw the need for considering the validity and reliability of projective procedures. Underlying these concerns were a series of reservations about the theory behind the concept of projection. It is interesting to note that, while Bellak wrote these observations over 50 years ago, the split between analytical and nonanalytical psychology continues to be reflected in the use of children's drawings as projective tools. Clinical professionals continue to remain ignorant of the importance of the points raised by Bellak with many investigators still relying primarily or even exclusively on psychoanalytically based interpretations.

Unconscious Projection of Images into Artwork.

Many writers have elaborated on the theory of unconscious projection in relation to drawings, paintings, and sculpture. Margaret Naumburg (1988), for example, developed a method called "Dynamically Oriented Art Therapy" derived from Freud and Jung's work in analyzing dreams and mental images. Naumburg used drawing and painting as a method of translating these images from the unconscious into a tangible form expressing inner experience in terms of pictorial rather than verbal expression. She argued that such symbolic images more easily escaped repression than did verbal expressions. Inner images were projected into exteriorized designs and then interpreted by the patient and he or she projected into artwork what might be too threatening to put into words. Naumburg used ambiguous stimuli created by her patients themselves in

the form of "scribble drawings" onto which the patient was believed to project unconscious material and proceeded to create a drawing or painting further developing it from the basic images projected onto the "scribble". From the artwork, free associations were made by the patient as to what the images might mean. She emphasized that there was a difference in the use of spontaneous artwork in diagnosis and drawing tests used by psychologists. Artwork created spontaneously contained unconscious projections while the drawings created by patients under drawing test conditions are always prompted. Spontaneous drawings are in no way controlled by the therapist whereas in drawing tests specific types of responses are demanded within particular, defined limits. The patient is encouraged to free-associate to the artwork and in so doing uncovers hidden meaning particular to the individual person. Projective drawing tests, on the other hand, are typically scored and measured against more standardized criteria. It is to Naumburg's credit that she left the interpretation primarily with the creator of the artwork rather than insist that her own interpretation was the accurate one, as did other psychoanalytically oriented psychotherapists. Naumburg also made comparisons between the content of patient artwork and the images selected on the Rorschach Test and found that there were similarities in images painted or drawn and those perceived in inkblots (Naumburg, 1988).

Another form of interpretation commonly found in art therapy case studies is the use of metaphor. This approach is frequently seen in the interpretation of sexually abused children's drawings. Wohl and Kaufman (1985) provide a good example of how this approach is used. They discuss the drawing of a person by a disturbed nine-year-old girl as follows: "The helpless arms, rigid and lacking any flexibility at the elbow appear unbalanced in both size and line quality, echoing Pat's unbalanced way of reaching into the world for support. Moreover, the

absence of well-defined hands and fingers further substantiates her limited ability to reach, touch, and receive nurturance." (p. 26) The major problem with this approach is that it appears that any feature in a child's drawing can be made to mean something to suit the perceptions of the therapist and there is no limit as to how far one can go. The authors continue: ". . . a heavily shaded belt represents a conflict between the expression and the control of sexuality. Since Pat's two older half-sisters had been raped repeatedly by Pat's father, the projection of this conflict onto the Human Figure Drawing is understandable and sadly, to be expected". The authors do not state whether the child verified any of their assumptions about her drawing. The intuitive subjectivity of the interpreter is paramount with no verification from the child or even observations from others. In the clinical experience of this investigator, it is not uncommon to have various therapists interpret the same drawing in considerably different ways during case staffing meetings. In addition, when the child is questioned, the meaning may be considerably different again, often surprisingly straightforward with no such "hidden meaning". This approach leaves so-called unconscious content wide open to any number of possible conclusions.

Schilder (1935) discussed drawings of a person by describing the physiological and psychoanalytic basis for the "body image" as the person's self-concept. He noted that the body image is a configuration composed of many organic, physical, and physiological sensations experienced within one's body and as such is reflected in the drawing of a person. A major problem with Schilder's theory and other subscribing to analytic theory is that whether one unconsciously portrays one's "self" or anything else is difficult to directly verify.

One of the most elaborate studies of preschool children's art and its meaning relative to personality and the use of colour was the illustrated two-volume report by Alschuler and Hattwick (1947). These researchers

attempted to relate the paintings of 150 nursery school children to certain of their behavioural characteristics. Harris (1963) criticized this research by saying that in view of the very large amount of material available for each of the 150 children in the study, the authors should have used statistical methods appropriate for the study of individual cases, together with some interchild comparisons. While the investigators presented the statistics on which the conclusions of Volume I presumably were based, along with biographical data for each child, there is considerable confusion between what may be true for an individual and what is characteristic of the group to which he or she belongs. Harris (1963) disagreed with this approach by stating: "There is no good reason to suppose that the symbolic language of children is universal: it may well differ from one child to another. If this is true, the only generalizations possible are in terms of principles, not of specific symbols" (p. 41).

Alschuler and Hattwick (1947) did not control for the use of media in their study of paintings of young children thereby throwing into considerable doubt the conclusions drawn about the children's personalities. For example, Biehler (1953), in a study with nursery school children found that they tended to apply colours in direct relationship to how these were placed on the easel tray. Corcoran (1954) similarly studied children's paintings and controlled for the media used. He observed that three-year-old children systematically chose paints from left to right, or right to left, at the base of the easel without any apparent regard to what colours they were using.

Many other authors with a psychoanalytic perspective who claim that their interpretations have been validated against clinical experience present no specific methodology to support their claims. This appears to be especially true in recent literature on drawings of sexually abused children (Kaufmann & Wohl, 1992)(See Chapter V) and the commonly used Kinetic-Family-Drawing (Burns, 1982). The use of the terms

"validity and reliability", "research", and "developmental" are bandied about as loosely as the interpretations themselves. Statistical support of such so-called validity and reliability is rarely presented, and if it is, there is frequently no way in which it can be systematically replicated.

Many of the interpretations in recent literature suggested for children's drawings relate to Freud's ideas about sexuality as a universal component of human motivation. A typical example is that depictions of the nose and thumbs are often interpreted as having phallic significance - a possible indication of castration anxieties. Drawings in which the mouth has been emphasized are often interpreted as expressions of "orality" - related to compulsive eating and dieting, or to hypersexualization in the young child and an indicator of possible sexual abuse. Omission of the mouth can also mean over-concern with oral gratification or the keeping of the "secret" - namely regarding sexual abuse (Thomas & Silk, 1990).

In some instances, alleged symbols with specific meanings are altered to mean something different in other drawings by the very same authors (Allan, 1988; Kaufmann & Wohl, 1992). Interpretations are presented with varying principles even within the same case study. Some analytically trained child psychotherapists do not believe in asking the child about the interpretation and claim that after a sufficient number of years of training and experience, they are in a position to be able to correctly understand the child's unconscious and interpret the child's symbols (Case and Dalley, 1990). Until five years ago, British Art Therapists had a one-year postgraduate diploma with only 50 hours of supervised experience. The dangers surrounding the interpretation of children's drawings with so little training are obvious.

In the development of early analytic theory, assumptions about children's minds were based on work with adults. Anna Freud, as discussed previously, adapted Sigmund Freud's ideas based on his work

with adult psychiatric patients to the early development of psychoanalytic work with children. Likewise, Melanie Klein carried through the concept of "Oedipal fantasies" to the extent of claiming that images of the father's penis resided within the unconscious of infants as young as six months of age. Unfortunately, the interpretation of artwork followed a similar pattern. Generalizations were likewise made from the artwork of adult psychiatric populations alleging that such symbols or characteristics of adult drawings had similar meaning in those of very young children (Buck, 1948; Hammer, 1958; Machover, 1949). A blatant example of such generalizations was that of Buck's House-Tree-Person Test (1948) which was created from drawings of adult psychiatric patients and standardized on adults with very low intelligence. Such adults could hardly be said to have a similar "unconscious" to that of a five-year-old child, for example. Piaget argued that as a child matures, his or her perception adapts to fit more and more with that of other people. The child is incapable of thinking in the adult sense until his percepts have become socialized (Piaget, 1926). Freud himself defined the "unconscious" as being a repository of repressed memories accumulated from birth through one's own life experiences (Nye, 1975). Jungian psychoanalytic theory also assumes that there is a "personal unconscious" which is created over one's lifetime by an accumulation of personal experiences (Brome, 1978).

Art therapists trained and currently practicing in both the United States and Great Britain rely heavily on Naumburg's approach, as do other analytically oriented art therapists and psychologists, and, as demonstrated above, have been taught to interpret children's drawings intuitively. The works of Alschuler & Hattwick (1947), Buck (1948), Hammer (1958), Machover (1949) and others who derive their interpretations from psychoanalytic theory are commonly taught in American and British art therapy training programmes. Focus on

aspects of child development in any detailed or systematic way is minimal, if it exists at all. Art therapists in the U.K. are increasingly developing their skills in working with sexually abused children, and are sometimes, as are American art therapists, involved in court cases relative to allegations of sexual abuse (Cohen-Liebman, 1994, 1995; Hagood, 1991; Levick, Safran & Levine 1990; Malchiodi, 1990). Other psychotherapists, counsellors and caring professionals borrow from psychoanalytic concepts as well, and the implications for the possibility of misunderstanding the meanings of drawings of sexually abused children are considerable.

In the literature on drawings of sexually abused children (Chapter V), whether anecdotal or research-based, references are consistently made to the use of various children's projective drawing instruments using drawings of the human figure. In no case has there been a through discussion of the problems inherent in these drawing instruments, much less how these would be likely to affect the results of studies utilizing them. The common assumption is that their use is valid. Various versions of the Draw-A-Person Test, Kinetic-Family-Drawings, and the House-Tree- Person Test are the instruments most relied upon in looking at these drawings.

Because this study focuses on the Draw-A-Person Test, the following is an analysis of its evolution and development. Problems with various versions of the Draw-A-Person Test are discussed relative to issues of validity, reliability, and interpretation.

Development of the Draw-A-Person Test.

Several major works have been developed utilizing drawings of the human figure as measures of various aspects of a child's intellectual or emotional state. The major contributors to this area are Goodenough (1926), Machover (1949), Harris (1963), Koppitz (1968), and Naglieri (1988). Authors differed, however, in their theoretical bases for

designing their tests, some relying exclusively on the idea of using drawings as measures of cognitive development (Goodenough, 1926; Harris, 1963; Naglieri, 1988) and others using drawings basing their work as a basis for interpretation of distortions of the child's self-image (Machover, 1949) or a combination of both approaches (Koppitz, 1968).

Goodenough Draw-A-Man Test

Florence Goodenough (1926) was primarily concerned with the assessment of intelligence through children's drawings and believed that these drawings also had possible uses in evaluating the emotional state of a child. She did not analyze children's drawings in search of such emotional indicators focusing primarily on drawings as a measure of the child's intellectual ability. She did not, however, rule out the possibility of using children's drawings in a more interpretive manner. She concluded that in drawings of young children there is a relationship between concept development and general intelligence. Her Draw-A-Man Test is essentially a maturation test as well as a performance test independent of verbal function, language ability or educational attainment. Her method relied on noting the presence or absence of body parts, clothing, and particular details. Goodenough's work became a classic and is highly regarded as being well-standardized and validated. It still is widely used in schools and for research purposes. Harris (1963) who subsequently added to her work on the Draw-A-Person Test found it to be so carefully designed and executed that he believed that relatively little could be done to improve it.

Goodenough collected 4,000 drawings from primary school children in New Jersey. From these, 100 drawings were randomly selected for preliminary study. She then used several larger groups of children from various geographical areas of the United States, along with various ethnic groups, and finally standardized her test on a total of 3,593 children ranging in age from four to ten years. Test-retest reliability for

drawings collected on the following day was established at .77. Goodenough also obtained fairly solid correlations with the Stanford-Binet ranging from .55 (for age 8 only) to .699 to .863. for the remaining age groups. In addition, she found a significant correlation between test scores and grade placement in school.

Goodenough (1926) concluded her research by stating that while her preference was toward the use of children's drawings as a measure of intelligence, she hoped that her work would pave the way for more in-depth considerations of the use of the human figure in the study of child development, the child's interests and personality traits. She avoided, however, any discussion of psychoanalytic interpretation of the meanings of children's drawings.

Machover's Draw-A-Person Test

Karen Machover (1949, 1953), developed her version of the Draw-A-Person Test for use with both adults and children. She presumed that children's drawings were based on a projection of the child's self-image into drawings of a human figure. She believed that these were expressions of more permanent aspects of the child's personality rather than reflecting temporary emotional states. Machover operated under the theoretical assumption that distortions in children's drawings may be literal or symbolic representation of inadequacies or distortions in the child's self-image.

Machover (1949) described her views in detail:

"When an individual attempts to solve the problem of the directive to 'draw a person', he is compelled to draw from other sources. External figures are too varied in their body attributes to lend themselves to a spontaneous, composite, objective representative of a person. Some process of selection involving identification through projection and introjection enters at some point. The individual must draw consciously, and no doubt unconsciously, upon his whole system of psychic values. . . ." (p. 5).

Machover's scoring system was qualitative rather than quantitative and was built upon a personality description of the subjects. She allowed for both explicit depiction and for disguised and symbolic expression. She did not, however, make clear her definition of "disguised and symbolic expression". Machover reported that her work was based on a "substantial file of drawings" but provided no data on how many drawings, or how substantial these files were, much less information about the ages, intelligence verified by other measures, and so on of the makers of these drawings. Machover focused on the qualitative aspects related to psychopathology in human figure drawings, interpreting certain characteristics in children's drawings. Examples of such interpretations are: (1) shading suggested preoccupation, fixation, and anxiety; and (2) emphasis on buttons suggested dependency. She did not, however, address the obvious fact that adolescents are typically anxious and frequently use shading in their drawings as a matter of development (Lowenfeld & Brittain, 1987) and very young children who emphasize buttons indeed are dependent as well as preoccupied with learning to dress themselves. Machover does not appear to address these fairly obvious alternate interpretations in any way.

While Machover's Draw-a-Person Test was largely based on her clinical experience with male adolescent and adult psychiatric patients, she extended her interpretations also to children. She frequently generalized interpretations based on her work with older patients to drawings of children much younger with no apparent consideration of the vast developmental differences.

Elizabeth Koppitz (1968), who later developed her body of work on the Human-Figure-Drawing, criticized Machover's use of numerous hypotheses based on psychoanalytic theory regarding signs on figure drawings because she offered no scoring system and no controlled research data to support her claims. A good number of Koppitz' findings

did not substantiate Machover's hypotheses, and she also cited numerous other studies which likewise did not concur with Machover's claims. It is interesting to note, however, that while Koppitz clearly criticized Machover's work, she nevertheless used many of Machover's interpretations as the basis for a major part of her own work.

Machover claimed that if there was a discrepancy between the Draw-A-Man and other measures of intelligence, it must be due to an expression of personality. Harris (1963) believed that a systematic review of the scattered clinical reports suggested considerable inconsistencies, gaps, and contradictions, which should be cleared up if such systems are to be helpful. He too found Machover's ideas, though interesting, to be presented so unsystematically that it was difficult to use them even in research. With the fundamental assumption for the use of Machover's technique being that the drawing of a person represents an unconscious projection of the self-image, assumptions of analogy have been utilized without question concerning their validity.

Subsequent studies involving human figure drawings that were designed to test Machover's hypotheses have been at best inconclusive. Blum (1954) studied the drawings of adult neuropsychiatric patients and concluded that the Machover Draw-A-Person technique was not valid. He concluded, however, that its highly questionable validity proved to be no worse than any other commonly used clinical personality assessment procedures. Harris (1973) criticized Machover's technique by stating that while her categories were overlapping and the sources of authority for her conclusions were sometimes indicated, in most instances, no source was given at all. Harris also pointed out, as mentioned above, that when using projective tests the examiner can likewise "project" into his or her interpretations of the subject's drawings unless well-developed criteria for classifying and interpreting the subject's responses exist.

Levy (1950) advocated the use of figure drawing as a projective test and stated that Machover contributed to his writings. He also pointed out that she was preeminently associated with such an approach and her "word-of-mouth" influence had been basic and pervasive. He cautioned, however, against arriving at conclusions from insufficient premises. He warned that the technique of analyzing drawings was "without sufficient experimental validation and frequently misleads the unwary into plausible misstatements about the personality of the person whose drawings are being studied . . . drawing analysis is especially vulnerable to misuse for a number of reasons. Since there is no complicated scoring system to master and no long apprenticeship to serve, the drawing test is an especially attractive instrument for the impulsive or reckless individual" (p. 258). He argued that even though there was a lack of adequate information about validity, it did not negate the clinical utility of this technique. He discussed the possibility that a figure drawing was not only:

"a projection of the body image or self-concept, but it may also be a projection of attitudes toward someone else in the environment, a projection of ideal self-image, a result of external circumstance, an expression of habit patterns, an expression of emotional tone, a projection of the subject's attitudes toward the examiner and the situation, an expression of his attitudes toward life and society in general. It is usually a combination of all of these. Further, the drawing may be a conscious expression or it may include deeply disguised symbols expressive of unconscious phenomena. The only definitive statement that can be made is that the clinician must avoid an arbitrary, naive, or dogmatic approach to the "draw-a-person technique" (p. 260).

Once again, the issue of the developmental effects on human figure drawings was omitted in Levy's work. Unfortunately, in spite of his cautions to the contrary, Levy proceeded to give examples of human figure drawings and then to list questionable meanings such as "if the eyes are very large and if those of the male figure have lashes, the subject is almost surely a homosexual" (p. 278), thereby falling right back

into the same dangerous trap as did other psychoanalytically oriented clinicians, such as Machover.

Goodenough-Harris Draw-A-Person Test.

Dale B. Harris (1963) modified Florence Goodenough's method by adding two alternative tests within the same session, namely the drawing of a woman and the self, and included adolescents in his study sample. He brought the review of the literature up to date in a very thorough and complete manner also revising Goodenough's ideas of intelligence and conceptual maturity. Most investigators who use drawings of the human figure as a projective test ignore or minimize the developmental aspects of figure drawings while Harris in turn considered only developmental items and seriously doubted the projective significance of signs on these drawings altogether.

Harris discussed American psychological literature between 1940 and 1955 when the major focus was on the projective use of drawings and pointed out that the amount of such research had reduced considerably since that time. He noted that studies of children's drawings in the previous two decades appeared to have made a considerable regression from the earlier more systematic studies to more "clinical" subjective judgments. He criticized most studies for being somewhat diffuse in terms of theory and for relying on intuitive impressionism rather than scientific analysis:

"If we use the child's drawing as a normative psychometric instrument in the study of personality, we find that the validity coefficients are so low as to make individual prediction impossible. On the other hand, intimate knowledge of a child's experience and attitudes makes many of the details and special features of his drawing quite meaningful. However, the great variety of ways in which possible drawing elements can be (and are, in fact), combined by children make it virtually impossible for one to read predictively from the drawing to the child, despite the seeming success of occasional 'blind interpretations' . . . Drawings many times confirm or throw light on suspected trends

in the detailed clinical study of cases: they are not psychometric instruments" (p. 25).

While Harris credited Goodenough for pointing the way to the use of drawings in the study of personality and cited several studies looking at drawing characteristics of abnormal populations, he nonetheless emphasized the dangers of "blind" analysis of children's drawings and said that what appears to the naive adult analyst as a "bizarre" feature may have a straightforward and perfectly sensible explanation in light of the child's thought and intention. This investigator noted similar phenomena while collecting drawings for the present study. Some children spontaneously made explanations of what might be considered an indicator of emotional disturbance. One child, for example, drew a dark sky which would likely be analyzed as indicative of depression. The child, however, cheerfully explained that it was nighttime. Another child drew himself with a red face, which analytically might be interpreted as anger. The face had a smile on it, and the child said the red meant he was happy.

Harris defined intellectual maturity as the ability to form concepts of increasingly abstract character. Intellectual activity, according to Harris, requires:

"(1) the ability to *perceive*, i.e., to discriminate likenesses and differences; (2) the ability to *abstract*, i.e., to classify objects according to such likenesses and differences; and (3) the ability to *generalize*, i.e. to assign an object newly experienced to a correct class, according to discriminated features, properties, or attributes. These three functions, taken together, comprise the process of *concept formation*" (p. 5).

Harris' revision increased the specificity of the scoring of Goodenough's earlier test. He also devoted considerable effort to a new standardization of the test which far exceeds the original (Dunn, 1972). Harris converted the IQ computation from the older mental age/chronological age ratio to the deviation IQ concept. In addition he introduced a drawing quality score.

Harris' work, however, was subsequently criticized by Dunn (1972) regarding the manner in which reliability and validity of the scales were handled with too much reliance on descriptions of Goodenough's methods. Harris addressed his own procedures only minimally, and published few correlations with his method and that of Goodenough (1926). He developed the new scales based on 2,975 children representative of the occupational distribution of the U.S. in 1950. Keller Pringle (1972) further pointed out that Harris failed to address the need for longitudinal studies using his revised scales. Keller Pringle believed, however, that criticisms of Harris' work did not seriously distract from his overall contribution to the understanding of children's drawings.

Harris summarized his views on the analytic approach to interpreting children's drawings as follows:

"Such a basis for evaluation introduces both clinical flexibility and statistical unreliability into the interpretation. Evaluations are not based on the accumulation of points, as in a scale: rather they are based on impressions of "gestalt" effects produced by the arrangement and interrelationships (often only vaguely and very subjectively appraised), of the elements proposed" (p. 42).

Harris noted that children's drawings changed over the previous decades regarding which features were included. For example, he stated that children of the 1950's, in contrast to those of the 1920's, gave less attention to the mouth, nose and chin. He speculated that these differences must be due to the increase in the emphasis of more free art expression in art education as well as a revolution in the attitudes of adults toward children. Thus, he reasoned, drawings of children in the second half of the century were freer, more spontaneous and expressive, as well as more observant. Naomi Stewart (1953) also noted that the Draw-A-Man Test was primarily a measure of intelligence and that the norms of many tests had shown changes after twenty-five or thirty years. She argued the need for re-evaluating and re-standardizing

Goodenough's work. This consideration was one factor which motivated Harris to expand on Goodenough's work and bring it up to date.

Harris, along with Kellogg (1970), pointed out the variability of children's drawings over time as another feature seldom taken into account by Machover and others who operated from a psychodynamic perspective.

Children's concepts of the human figure were, according to Harris, an index of their intellectual maturity which were generally categorized into verbal and abstract abilities. He discussed the dangers of relying on drawings alone as measures of intelligence. Several studies had indicated that children with brain injury (Bender, 1949) and general maladjustment, particularly delinquency, (Brill, 1935, 1937; Hinrichs, 1935) typically scored lower on the Draw-A-Man Test than on the Stanford-Binet. Harris concluded that it appeared that when a Draw-A-Person score was markedly lower than that earned on the Binet, it might be an indication of emotional or nervous instability, or possibly of brain damage. If there are many incongruities or other unusual features in the drawing, the likelihood of personality disturbance is increased, especially if the Binet test shows the child to be of normal or near-normal intelligence.

It is interesting to note that of all of the literature reviewed for this dissertation relative to drawings of sexually abused children only three studies have considered measures of intelligence (Hibbard, Roghmann, & Hoekelmann, 1987; Hibbard & Hartman, 1990a; Sidun, 1986). Even these studies did not link these measures directly to individual children's drawings, but used them only to establish matched groups. The remaining writers advocated the use of drawings for possible clues of sexual abuse with various interpretations and no accounting for mental maturity whatsoever. Nor was any mention made for the possibility of brain injury influencing drawings of sexually abused children.

Koppitz' Human-Figure-Drawing Test

Elizabeth Koppitz (1968) made a major contribution to the understanding of children's drawings from both a developmental and analytic perspective. She emphasized the importance of looking at developmental maturity as well as analytic interpretation of the child's inner self attitudes and self image. While her method of using the Human-Figure-Drawing to measure intellectual development correlates well with other children's drawing tests purporting to measure the same phenomena, her analytic interpretations of "emotional indicators" appear to be primarily based on Machover's earlier work and as such are not backed up empirically. Koppitz (1968) devised two scales for the evaluation of children's drawings of a person, one measuring developmental aspects and the other emotional aspects. Both scales are brief and fairly easy to score with the items to be scored being simple and relatively objective. She obtained inter-rater reliability as determined by two psychologists who had 95% agreement. Thirty developmental items were based on the Goodenough-Harris scales as well as on Koppitz' own clinical experience and scored with the use of detailed definitions and examples of each. The sample used for the study of "emotional indicators" consisted of 114 psychiatric patients, 82 boys and 32 girls who showed behavioural disorders. The age range was from 5 years to 12 years 11 months. Their IQ scores ranged from borderline to the superior level, as measured by either the WISC (Weschler, 1949) or the Stanford-Binet (Terman & Merrill, 1960). She later correlated scores from the Human-Figure-Drawings with IQ scores and said that the findings revealed that all correlations for each age levels were significant. She designed her portion of the test measuring "emotional indicators" by listing 38 signs selected from the work of Machover (1949) and Hammer (1958) linked with emotional disturbance and depicted in 16% or less of drawings of normal children. She also carried out a normative study for

both the "developmental indicators" and the "emotional indicators" with 1856 public school children. Subjects represented a wide range of socio-economic backgrounds and represented a variety of cultural and ethnic groups. Koppitz included 10 case studies illustrating subjective interpretation and the need to take into account many aspects of the child's age, intelligence, behaviour, and presenting problems.

Harris (1973) criticized Koppitz work for several reasons. For the emotional indicators there were no published "norms" in the usual sense and Harris concluded that it added little that is objective or quantifiable to the subjective or "clinical" use of drawings. He credited Koppitz for contributing usefully to the literature of research into children's drawings, but cautioned against it being used as a diagnostic or even as a screening device for personality study, for it had not been constructed according to the accepted concepts and assumptions of measurement. Harris recommended that it must be used along with other qualitative or quantitative evidence, to illuminate and clarify the clinical picture where disturbances are already known or suspected. Koppitz herself agreed with Harris on this particular point.

Koppitz compared the work of investigators like Machover (1949) and Harris (1963) with her own and discussed the polarity of their viewpoints. In Koppitz' view, Harris underestimated the psychoanalytic significance of Human Figure Drawings as symbols of unconscious content and Machover overestimated such significance. Harris and Machover both claimed that some of the same items on Human Figure Drawings of children could be used as indicators of mental maturity and of emotional conflict respectively, but Koppitz found it necessary to distinguish between the two. Koppitz stated:

"In the writer's own experience, it is indeed possible for some items on HFD's to have both developmental and projective significance, but not necessarily for the same children nor at the same age level. For instance, an omission of the neck or feet on

HFD's is not unusual for normal five year old boys; from a developmental point of view, one cannot or should not expect these items to be present at that age level. Their absence cannot therefore be considered to have clinical significance. But by age ten, one would normally expect children to draw figures with feet and a neck, so that the absence of these items would most likely indicate immaturity or emotional problems and become clinically significant. It appears therefore that a meaningful interpretation of HFD's of children presupposes a thorough knowledge of both developmental and emotional indicators on drawings at each age level and a clear differentiation between the two" (p. 2).

This differentiation as discussed by Koppitz continues to be somewhat ignored by subsequent writers dealing with drawings of sexually abused children (Allan, 1988; Kaufmann & Wohl, 1992; Wohl & Kaufmann, 1985). The existing literature on drawings of sexually abused children, for the most part, repeatedly discusses features assumed to be linked with a history of sexual abuse with little or no specific discussion on aspects of the children's development relative to his or her drawings (See Chapter V).

Koppitz (1968) continued to challenge assumptions by Machover, but nevertheless made claims for meanings of children's drawings which appear to be Koppitz' own projections and more metaphorical than objective. One such example is:

"This type of omission of the legs seems to show the child's unwillingness or inability to 'stand up and be counted' so to speak. The two boys who made the drawings were so insecure and anxious that they sought comfort by withdrawing from reality into fantasy. In effect, their legs were too weak to support them; all they could do was to hide or lie down and escape into daydreaming" (p. 68).

While Koppitz was careful to state when she did or did not agree with Machover in her findings, she still relied on anecdotal accounts of a few children in her study to back up her differing interpretations. She did not, however, make any statistical comparisons of her findings with those of Machover, discussing them only in general terms.

Koppitz stated that no one-to-one relationship exists between any single sign on Human-Figure-Drawings and a definite personality trait or behaviour on the part of the child. She then went on to make it clear that her conclusions are not to be used as a "cookbook" for the interpretation of drawings, which she considered deplorable, since it is often employed mechanically by less trained or experienced examiners. She, like other writers, nevertheless listed various characteristics or "emotional indicators" in a manner which in fact likewise easily lends itself to being a "cookbook". Each "emotional indicator" is discussed with possible interpretations describing various associations which have been made. The danger is that clinicians with large caseloads typically are very busy and can quite easily turn to her "list" of interpretations without reading the earlier disclaimer.

Koppitz went on to list her emotional indicators and what they meant according to the "descriptions and associations of other writers", but did not specifically say who these writers were, nor the source of evidence. A typical example of Koppitz' style of possible interpretations is: "Big head. . . on a HFD has been variously associated with intellectual striving, brain disease and brain injury, intellectual inadequacy, immaturity, aggression, mental retardation, migraine headaches, and concern over school achievement" (p.69). This lists a considerable number of possible interpretations with no discussion of the particular sources for the various associations. While she carefully pointed out that it is not possible to determine which of these many possible aspects is revealed by the drawing of a large head, she said "it is important to emphasize that not all associations with a large head are necessarily negative or pathological" (p. 69). Nor does she discuss the need for further research with populations such as the brain injured, those suffering from migraines, and so on in order to delineate between such possible interpretations. The possibility for clinicians to continue to

subjectively assign whatever interpretation may conveniently fit a particular case is thereby further encouraged. Another confusing example is Koppitz' argument that "hidden hands" increased in drawings of children as they got older or were hidden because the child did not know how to draw hands very well. She nevertheless concluded that "hidden hands" were indeed a sign of evasiveness and normal in pre-adolescent children. Hiding of the hands on younger children, however, according to Koppitz was connected with extreme withdrawal, anxiety, and guilt. Her arguments continue to be confusing and inconsistent leaving the reader in a quandary as to which indicator in the child's drawing really clearly meant anything. She also freely uses the terms "older" and "younger" with no operational definitions.

In Koppitz' method, drawings are scored for both emotional and developmental indicators independently of the child's participation and there is no discussion as to what the child said about the drawing. Nor does the nature of the administration of her test lend itself to gaining any insight from the child himself or herself relative to interpretation. The child is simply instructed to draw a whole person and not a stick figure or a cartoon figure (which interestingly is precisely what very young children are likely to do as a matter of normal development). There is no post-drawing interview and minimum notes are made of unusual behaviour or comments. Koppitz does not state how such observational data were analyzed.

Naglieri Draw-A-Person Test

Naglieri (1988), like Harris (1963), saw the need to re-evaluate the Draw-A-Person Test and bring it up-to-date. Criticisms of the Goodenough-Harris scoring system, namely that the test and the norms had again become outdated, prompted his development of the newer test. Sattler (1982) and Scott (1981) had also suggested refinement of the norms into half-year and quarter-year intervals in order to increase

the precision of the scale. Sattler also advocated that any revision should include "modernization of the scoring guidelines for the Draw-A-Woman element of the Draw-A-Person Test" (p. 250). Naglieri thus refined his version of the Draw-A-Person Test into half-year and quarter-year intervals, incorporating material from the work of Goodenough (1926), Harris (1963), Koppitz (1968) and Machover (1949) and attempted to create a more contemporary test. He collected drawings from children approximately 20 or more years later than did the earlier tests, thus accounting for changes in the development of children as reflected in their drawings since the previous two decades. Naglieri also sought to reduce the ambiguity of the Goodenough-Harris (1963) scoring criteria as suggested by Scott (1981) and Phillips, Smith and Broadhurst (1973). Harris (1963) had not developed the use of the "self" drawing, nor did he standardize it. He also used different scoring criteria for the "Man" and "Woman" drawings. In Naglieri's test, the same scoring criteria are used for all three drawings (Man, Woman, and Self).

Naglieri argued that the use of a drawing test was nonthreatening and was especially useful for children who are resistant to more traditional examination procedures. His test also is less influenced by linguistic variables than tests such as the WISC-R (Weschler, 1974). The test can be administered either individually or in groups. The use of Naglieri's test to estimate intelligence does not preclude the use of the drawings in using projective interpretations in systems such as Buck (1948), Hammer (1958), Koppitz (1968), and Machover, (1949) and he suggests directly referring to each of these scoring methods for such interpretations relative to personality or psychopathology. Naglieri, however, makes no attempt whatsoever to interpret the results of his test of children's drawings in any other way than as a statement of developmental maturity and has made no scoring system for so-called "emotional indicators".

The drawings used to standardize the Naglieri DAP were collected in the autumn of 1984 from 4,468 individuals aged 5 to 17 years of age. From these, 2,622 subjects were selected from the larger source to adequately represent the U.S. population in terms of age, sex, geographic region, race, and ethnicity. It was designed to reduce the influence of current styles of dress, especially in areas which might influence the results of the Man and Woman drawings. This type of test is also useful because it may not be as culturally loaded as are other tests (Sattler, 1982).

Correlations of the Draw-A-Person Test with Other Tests of Cognitive Development

While in the last few decades there has been a great deal of experimentation with human figure drawings used as a clinical tool, investigators seldom have correlated results attained by the use of such drawings with other modes of evaluation. Some exceptions were investigators such as Williams (1935) and Yepsen (1929) who reported correlations between the Goodenough Draw-A-Man Test and the Stanford-Binet scale as +.60, and +.72 respectively. Studies with abnormal populations, such as Pechoux, Kohler, & Girard (1947) reported that Goodenough Draw-A-Man scores correlated with the Stanford-Binet at +.26 for girls and +.38 for boys. Hanvick (1953) later reported that 25 psychiatric patients aged five to twelve had significantly lower mean IQ's on the Goodenough than on the WISC.

According to Harris (1963), the objectivity and reliability of Goodenough's scoring method have been firmly established but that its value as an index of intelligence, is not so firm. Validity coefficients are uniformly positive but range from very modest (the low 20's) to quite substantial (the 70's and 80's) depending on the age of the subjects, the age range included in the sample and the measure used as a criterion.

The correlation values show, however, that the test measures intellectual more successfully than esthetic or personality factors.

Naglieri (1988) designed his Draw-A-Person test using a standard score with a mean of 100 and a standard deviation of 15 for each separate drawing and for the total of the three drawings. These scores have the advantage of making it possible to compare these results with those from other measures using the same standard scores, such as the Wechsler Intelligence Scale for Children-Revised (WISC-R)(Wechsler, 1974). He advocated the use of a total score based on all three drawings, "A Man", "A Woman", and "A Self" claiming that the total score has higher reliability and the individual drawings having lower reliability. He established a precedent for standardizing "Self" drawings which Harris did not include in his work. Harris used the scoring scale of either the "Man" or "Woman" depending on the sex of the child, but no empirical relationships had been worked out and he considered the self-portrait as only a tentative measure of maturity. Naglieri (1988) rectified this problem and standardized the scores on "Self" drawings. He also built in the use of "Age Equivalents" which facilitate comparisons between children without the use of their chronological age. The limitation, however, with the use of the "Age Equivalent" is that there is a ceiling effect at the upper age levels of the normative sample. In older children, caution must be exercised in using age-equivalent scores which will be misleading.

Naglieri relied on the fairly high correlations of his method with that of the Goodenough-Harris (1963) scoring method. Correlations between the Goodenough and the Stanford-Binet (Terman, 1960) had been substantiated much earlier (Goodenough, 1926), along with later correlations with the Goodenough-Harris and the WISC-R (Wechsler, 1974). Naglieri correlated his Draw-A-Person Test, however, with his own Matrix Analogies Test-Short Form (MAT-SF)(Naglieri, 1985) and the

Multilevel Academic Survey Test (MAST) (Howell, Zucker, & Moorehead, 1985) with somewhat poorer results. Correlations with the MAT-SF were quite low ranging from .28 to .31. Correlations with the MAST likewise were even lower ranging from .19 to .27. No correlations were directly made by Naglieri with more time-tested instruments such as the WISC-R or the Stanford-Binet. Nor were any correlations made with the Ravens or the Peabody Picture Vocabulary Scale which rely on graphic items used for testing intelligence. Direct correlations between the Goodenough-Harris and the Naglieri, however, yielded much higher levels, ranging from .80 to .87 on the Man, the Woman, and the Self. The need for using additional measures of mental maturity in conjunction with the Naglieri Draw-A-Person Test remain obvious. Naglieri repeatedly advocated the use of other measures of mental maturity on performance tasks in addition to his drawing test.

In spite of weaknesses discussed previously, this researcher concluded that Naglieri's Draw-A-Person was best suited for purposes of this study. Naglieri's Draw-A-Person Test appears to be the most appropriate choice for five reasons:

- (1) It provides the most recent version of the Draw-A-Person Test, as advocated by Stewart (1953) and Harris (1963). It is especially important to use a more recent version in studying drawings relative to sexual abuse because of the increasing exposure of children to films, television and videotapes with increasingly explicit portrayal of sex-related material which could influence changes in children's drawings.

- (2) The Naglieri Draw-A-Person Test uses three drawings, rather than one or two as has been done in earlier drawing tests (Goodenough, 1926; Harris, 1963; Koppitz, 1968; and Machover, 1949). Naglieri argued that composite scoring of items on all three drawings provides more possible items and therefore greater validity. His scoring method was

designed so that drawings of a "Man", "Woman", and "Self" could all be scored by the same scoring chart for ease of scoring and data entry.

(3) Definitions and illustrations on the Naglieri Draw-A-Person Scoring Chart provide a basis for comparison with items on the Hagood Scoring Chart for Sex Abuse Indicators in the analysis of the results. It should assist in determining which features may be developmental in nature rather than indicators of sexual abuse.

(4) The Naglieri Draw-A-Person Test provides a scoring procedure and scoring sheet with a format easily adaptable to the development of the Hagood Scoring Chart for Sex Abuse Indicators. The use of both the Naglieri scoring method and the Hagood scoring method for scoring the same drawings creates a consistent format for ease of scoring and data entry.

(5) The Naglieri Draw-A-Person Test can be correlated with Raven's Progressive Matrices and the British Picture Vocabulary Scale to determine its accuracy of assessment of cognitive development, such correlations not having been previously established. As mentioned previously, children sometimes do not score as well on drawing tests as on other more established intelligence tests. A baseline of measures of cognitive development should provide a basis for determining whether there is a link between mental maturity and the depiction of Sex Abuse Indicators.

Discussion

In the above review of projective theory and projective drawing tests using human figure drawings, it is apparent that there are numerous problems in the interpretation of children's drawings. As has been reiterated throughout this thesis, the major problem with relying on the analytic approach alone in interpreting children's drawings is that many features of drawings which are supposed to be clinically significant are also known to

reflect normal stages cognitive development. Projective theory is no exception.

The use of metaphor may be helpful in working clinically with an abused child, but is open to subjective distortion by the clinician's beliefs. One of many possible examples is the case where omission of hands and arms, which allegedly indicates feelings of "helplessness". This is a feature commonly seen in drawings of very young children. Children under five years of age frequently leave out hands, arms, and fingers. They also omit or include a number of other features that are commonly interpreted as clinically significant. Omission of pupils in the eyes is frequently interpreted as "denial of reality" and a possible indicator of psychosis. As discussed in this chapter, clinicians focusing on drawings of sexually abused children commonly report these types of interpretations in the literature. Such "clinical" interpretation derived from drawings of very young children can easily contribute to an erroneous conclusion that a child has been sexually abused.

This chapter has discussed projective drawing tests commonly used in working with children, and pointed out their strengths and weaknesses. The strengths appear to lie in the measurement of cognitive maturity and correlations with other nongraphic instruments have supported their use in this area, although with some reservations. The weaknesses mainly concern the influence of subjective interpretations. Differences in the training and experience of the clinician, the possibility of the clinician's own projections influencing the interpretation, and the tendency, in many cases, for the clinician to ignore independent evidence of the stage of cognitive development of the child are all factors which may influence the accuracy of such interpretations. Such potential weaknesses are not addressed by the majority of investigations into drawings of sexually abused children (see Chapter V).

Chantler, Pelco, and Mertin (1993) investigated whether Human Figure Drawings (Koppitz, 1968) and the Louisville Behavior Checklist (Miller, 1981) could be used to accurately identify sexually abused children, mental health clinic-referred, and ordinary children in the community. They argued that differences in scores between groups of children are easily attainable, but identifying individual children as victims of sexual abuse is more problematic. Three groups of children ages 6-12 were involved in the study: (1) sexually abused; (2) behavioural/academic problems; and (3) nonabused. Instruments used were the Louisville Behavior Checklist which also contained a Sexual Problems Subscale and the Emotional Indicator Scoring system for Human Figure Drawings (Koppitz, 1968) which included flag items deemed to be particularly sensitive to emotional maladjustment. As a group, sexually abused children earned higher Louisville subscale scores and drew more Koppitz Emotional Indicators in their Human Figure Drawings than did either the Clinic or Community groups. The variability of individual scores within each group on both the checklist and drawing measures, however, was such that a number of individual children in the Sexually Abused group actually earned lower Emotional Indicator scores than some of the children in the Clinic and Community groups. The investigators concluded that such an observation highlights the importance of investigating the clinical utility of assessment instruments. There is clearly a need for a more in-depth understanding of these instruments, their development, validity and reliability, and above all an evaluation of their most appropriate use.

Burgess and Hartman (1993) discussed the use of children's drawings in assessing child sexual abuse and other trauma. They concluded that "despite numerous studies which appear to attest to the clinical and diagnostic usefulness of children's drawings, it is curious that research has not advanced in the area of the use of children's drawings

for diagnostic or therapeutic outcomes. The answer seems to lie in the need for independent reliability and validity of projective tests for psychodiagnosis in children".

Art therapists are generally not required to make an extensive study of projective drawing tests. American art therapists are only required to read Machover's work to pass their qualifying examination for art therapy registration (Art Therapy Credentials Board, 1994). British art therapists, as was discussed in Chapter II, rely on analytic developmental theories, namely from the Object-Relations approach. Other investigators likewise appear to ignore instruments which have clearly demonstrated that there are considerable differences in children's drawings as they mature.

The following chapter will review existing literature claiming that certain characteristics in children's drawings are linked with a history of sexual abuse.

CHAPTER V
LITERATURE REVIEW
DRAWINGS OF SEXUALLY ABUSED CHILDREN

Introduction

In recent years clinicians working with sexually abused children have reported observations that certain characteristics appeared peculiar to these children's artwork. Little systematic research was initially carried out to substantiate these assumptions and none included comparisons with children who had no history of sexual abuse. Graphic indicators in drawings have been compared with somewhat poor results between groups of sexually abused children and those who were in psychiatric treatment for other emotional problems (Burgess, McCausland, & Wolbert, 1981; Cohen & Phelps, 1985; Johnston, 1979; Kelley, 1985; Sidun, 1986; Sidun & Rosenthal, 1987; Yates, Beutler, & Crago, 1985). The latter comparison groups were likely to be contaminated with the possibility that emotionally disturbed subjects could be victims of undisclosed sexual abuse. Comparisons including normal children judged to be nonabused began to appear in 1987 (Chase, 1987; Hibbard, Roghmann & Hoekelman, 1987; Hibbard & Hartman, 1990a & b). Even in more recent investigations involving nonabused children there has been almost unanimous neglect in the close observation of the influence of normal development on characteristics of children's drawings .

Historical Review of Anecdotal Accounts of Contents of Children's Artwork Relative to Sexual Abuse

As discussed in Chapter II, early art therapists were trained extensively in psychoanalytic theory which was steeped in the concept of the Oedipal Complex. In the clinical experience of this investigator using art with sexually abused children, art therapy colleagues with such training sometimes dismissed the appearance of genitalia in children's artwork as a reflection of unconscious fantasies of the father's penis (Klein, 1948). As

will be discussed later in this chapter, increasingly frequent reporting of the appearance of genitalia in the artwork of children who had been sexually abused supported the possibility that children drawing such pictures might be doing so as a result of actual sexual abuse rather than merely projecting their "Oedipal fantasies" into their artwork.

Edith Kramer (1971, 1975, 1979) was a major contributor to the field of art therapy as a profession in both the United States and the United Kingdom. She bridged her understanding of psychoanalysis with her background in art education. A classical illustration of how her background in the Freudian concepts of childhood sexuality influenced her interpretation of children's artwork is reflected in her case study of a nine-year-old child named "Samantha". Kramer (1979) described the child's drawings as repeatedly depicting genitalia and believed that the child had not been sexually abused because her artwork was well organized. Kramer gave a graphic description of more sexual details in this particular case that are known to be related to child sexual abuse (i.e., the act of fellatio and sexualized behaviour toward other children), but dismissed them as nine year-old Samantha's attempt to use her artistic talent "in the service of taming and civilizing her sexuality" and that some process of "sublimation" must be at work as well as a metaphorical "intercourse" with her doctor. Kramer wrote:

"Although their bodies were strangely condensed and sexualized, their faces belonged to real persons - her doctor and herself, and later on her siblings. The sexual play enacted with these images seems tender rather than aggressive, serene rather than climactic. This seems to indicate that the experiences which found expression on Samantha's sculptures had actually been tender rather than crudely sexual ones. It seems unlikely that she had been sexually abused. When children who have been so treated communicate these experiences in the art the work is rarely well organized; chaotic and fragmented work prevails. Samantha's work is bizarre but well

integrated. We can rather assume that Samantha's primitive mentality made her perceive any positive relationship in sexual terms. She evidently conceived of her relationship to Dr. M as a kind of intercourse". (p. 114)

Kramer further developed her argument about Samantha's work as an attempt to "impose a private kind of organization upon a chaotic inner world buffeted by archaic libidinal and aggressive strivings" (p. 117). While she quickly dismissed the possibility of sexual abuse in Samantha's case, her description of the child's artwork contained repeated suggestions not only of intercourse, but of fellatio and sexual acts with other children. The child's artwork appeared to contain sexual knowledge which may be well beyond the ordinary sexual curiosity of a normally developing nine-year old child.

Kramer attributed much of the development of her theoretical framework to her reliance on Freudian psychoanalytic theory. She also stated: "My understanding of child development in art and of methods of teaching art to children owes much to Victor Lowenfeld" (p. xv)(Kramer, 1979). Lowenfeld, as discussed in Chapter III, clearly described drawing characteristics which were typical at various stages of children's cognitive development, relating them to Piaget's theory. While Kramer broadly discusses developmental tasks from a Freudian perspective, she does not appear to consider expected characteristics of children's artwork specific to cognitive development. After a thorough review of Kramer's writings (1971, 1977, 1979) this investigator found no discussion of these stages of development directly related to specific drawing features expected at each stage.

Uhlen (1979a) illustrated examples of paintings, drawings, and sculptures done by children with whom he worked who were known to have been sexually abused. The paintings and drawings which showed scribbling out of the body, distorted illustration of the body, or no hands were interpreted to symbolize self-obliteration, poor body image, or

helplessness respectively, according to Uhlin who used accepted analytic interpretations of such characteristics. Clay sculptures of human heads created by victims of sexual abuse often portrayed exaggerated facial features such as bulging eyes and exceptionally large noses resembling replicas of engorged sexual organs. The lower part of the body was also omitted in examples of artwork of sexually abused children illustrated by Uhlin. While Uhlin demonstrated a considerable understanding of the effects of cognitive development on children's drawings, he did not refer to these principles when discussing artwork of sexually abused children.

Stember (1980) used art therapy extensively with sexually abused children and found that drawings sometimes revealed the possibility of sexual abuse which was substantiated upon further assessment. She frequently used scribble drawings in the same way as Rorschach inkblots are used as stimuli to elicit images using the process of unconscious projection. Life-like male genitalia were sometimes depicted in the scribbles and subsequent disclosure indicated that sometimes the child indeed had been sexually abused. Stember also observed that these children often created disorganized drawings, clown images, and people with no mouth. Horizontal scribbling frequently changed to vertical scribbling and then as therapy progressed, drawings became more organized. Such characteristics, however, were only generally discussed without focusing on the age levels of these children and how the child's cognitive development might also affect the artwork. For example, it is normal for very young children to use horizontal and vertical scribbling before they progress to more sophisticated attempts to name and draw objects (Lowenfeld & Brittain, 1987). Stember did, however, briefly mention age-inappropriateness as a feature of sexually abused children's drawings. She made a considerable contribution in leading the way for the use of art therapy in helping these children emotionally resolve their trauma. She stated:

"Art therapy is a way of using art materials to help damaged people form a supportive alliance that permits expression of their emotions. . . Sexually abused children need appropriate ways to ventilate their anger, hostility, fear, and other feelings that may be inhibited or repressed. Painting the fantasies of the mind can be the first externalization, the first way of bringing healing and growth to occur" (p. 59).

Goodwin (1982) developed a Draw-the-Perpetrator task and observed that children refused to draw about sexual abuse as frequently as they refused to talk about the event. She stated that frequently the victim crossed out repeated attempts to draw the perpetrator, drew a figure with an obvious phallus, or finally gave up. Goodwin found the use of drawings helpful in evaluating sexual abuse with children under 12. She did not find as much success, however, in using drawings with adolescents. She nevertheless concluded her article by stating:

"Such drawings, by themselves, are not sufficient to make a diagnostic decision. It is the child's increasing sense of being able to communicate and her experience of being understood that are helpful to the clinician in reconstructing what is happening in the family. The discovery of a workable avenue of communication is also helpful in reducing the anxiety of a child whose enmeshment in family secrets has often blocked verbal means of asking for help" (p. 55).

As a result of her observation of children's artmaking in clinical sessions, Goodwin (1982) subsequently carried out 19 consecutive interviews with girls aged 5 to 16 who were suspected incest victims. She claimed that the drawings were of diagnostic value in understanding the child's fears and anxieties, her view of her family, and her self-image. Goodwin observed what appeared to be images of male phalluses incorporated into more "acceptable" objects such as trees. Goodwin described an eight-year-old girl's depiction of a dream in which she was camping inside a zipped-up tent with a phallic-appearing tree intrusively

overlapping the tent. Some children again drew the perpetrator with an obvious phallus, but identified it as a "decoration" or said it was "nothing".

Silvercloud (1982) unsystematically listed several features she observed in clinical work with sexually abused children. Their drawings frequently included characteristics such as stab marks, crossed out windows, heavy lines, red houses, phallic shapes, and highly sexualized drawings. She also made no attempt to discuss the effects of age relative to the children's drawings. Like Stember, she saw the value of using art media to help children work through their feelings. Silvercloud stated the following:

"Art expression, as a projective tool, is a great aid to free association. It opens doors to blocked memories, ideas and emotions. The unconscious, where all information is potentially accessible, gives clues, mostly allegorical, to whatever issues are currently troublesome. When expressed visually, these clues become verbalized more naturally. The harmful event stored in the memory as an image, is recalled and externalized as an image, and then is put into words. The artwork, however crude, transmits the message unmistakably and is less threatening to the client than is talking face to face. Such graphic indicators are invaluable when working with the sexually abused (whether they are children or are adults who were abused as children) when powerlessness and betrayal magnify the harmful effects of the physical violation of space and person" (p. 86).

Wohl and Kaufman, (1985, 1992) wrote two popular American books addressed to clinicians who use art in their therapeutic work with children. The books are filled with lengthy accounts of children's drawings and interpretations relative to sexual abuse. Particular attention is focused on drawings of children from homes where both physical and sexual abuse have occurred, and again sweeping analytic interpretations are made, sometimes bordering on the absurd. One example of such interpretations by Kaufmann and Wohl (1992) is as follows:

". . . we observe a strange thinning of the hair at the crown.

This phenomenon is one which has not been documented elsewhere, but it is one that the authors have seen as a detail frequently present in the Person Drawings of sexually abused youngsters. As such, we believe it may be a significant indice of sexual trauma" (p. 63).

Kaufmann and Wohl typically carried out their interpretations metaphorically and did not work with nonabused children. The major problem with this approach is that it is entirely without limit. One can establish whatever one likes to support a particular analytic view. (See further discussion of the use of metaphor in Chapter IV).

Another typical interpretation by Kaufmann & Wohl (1992) about "tree" drawings of sexually abused children is as follows:

"Elmer's inability to adequately defend against the flooding of his inner tensions is projected by the number of clouds present on both renderings (Jolles, 1971). The very existence of this hole, or scar, indicates an earlier trauma, suggesting a possible reason for Elmer's agitation. Last, we cannot help but notice the thin and transparent roots which look pitifully incapable of stabilizing a tree of that size. They connote how tenuously Elmer is maintaining his grasp of reality and just how flimsy his hold on it may be" (p. 61).

Elmer is a seven-year old child and there is no mention of the developmental aspects of the quality or content of his drawing, much less what the boy himself had to say. The basis for Kaufman and Wohl's tree interpretations is the work of Hammer (1958) which relies on interpretations from Buck's (1948) House-Tree-Person Test (HTP) which was developed using drawings of adult psychiatric populations. The test was subsequently standardized on adults with extremely low intelligence who allegedly thought like children. It was then argued that such interpretations could be generalized to children's drawings. Unfortunately, this drawing instrument is still taught throughout American art therapy programmes and widely used.

It is interesting that the title of Wohl and Kaufmann's second book is "Casualties of Childhood: A Developmental Perspective on Sexual Abuse

Using Projective Drawings". A brief discussion of cognitive development reflected in children's drawings comprises only two pages of the entire book and is presented in a vague and unsystematic manner. "Age-inappropriateness" is then mentioned sporadically throughout the book.

Miller, Veltkamp, and Janson (1987) advocated the use of projective measures in the clinical evaluation of sexually abused children. While they praised the use of human figure drawings because they allowed for assessment of cognitive abilities as well as for analysis of personality, they did not systematically include both of these aspects as part of their own assessment procedure to ascertain whether a child may have been sexually abused. They recommended the use of a series of topics which might stimulate projective material relative to sexual abuse, specifically relative to feelings. The authors rightly cautioned against the use of leading questions in the use of such projective approaches. They too worked from an analytic perspective, stating that unconscious motivation becomes crucial in the evaluation process. They also advocated the use of fables in addition to drawings to open an avenue for the child to demonstrate and discuss the abuse.

Moore (1989) alleged that a review of large numbers of drawings of learning disabled children, many of whom had suffered sexual and physical abuse, revealed certain characteristics in the eyes, nose, neck, and so on. Unfortunately, to the knowledge of this investigator, Moore has not yet published any empirical support for her claims about such drawings. A number of these alleged indicators are included for analysis in the present study in order to learn whether they appear in drawings of nonabused children.

Riordan and Verdel (1991) reiterated the importance of the use of children's drawings in diagnosing child sexual abuse, in particular by school counsellors who allegedly would need little training in art to use drawing instruments such as the Draw-A-Person (DAP) (Harris, 1963) or

the Kinetic-Family-Drawing (KFD) (Burns, 1982). They listed various characteristics of human figure drawings which purported to be indicative of symptoms commonly experienced by children who had been sexually abused. They claimed, for example, that an overemphasized, elongated neck indicated difficulty in maintaining control of sexuality, and that a nose overemphasized by size or linear contrast indicated phallic preoccupation. These conclusions were drawn from a review of the work of Stember (1980), Beutler, Crago, and Yates (1985), Kaufmann & Wohl (1985), Buck (1977) and Di Leo (1983). Riordan and Verdel stated that the most important features included in drawings of sexually abused children were the genitals themselves, but nevertheless were primarily relying on similar analytic assumptions as do those whose work they reviewed.

In the above publications based primarily on psychoanalytic concepts, developmental phases of these children's creations are only superficially discussed, if at all. Drawings appear to be somewhat wildly analyzed, and interpretations commonly used in such approaches for adults are generalized to the assessment of drawings of young children.

Systematic Studies of Features of Drawings of Sexually Abused Children

Johnston (1979) evaluated drawings by 10 sexually abused children ages 5 through 11 using the KFD and judged that the drawings revealed dysfunctional family systems. Two of the 10 children included representations of the male sex organ. Isolation was said to be manifested by the drawing of the family members in separate compartments on the paper and role reversal was metaphorically interpreted in drawings where the child made him or herself larger than the mother figure. Johnston made no attempt to evaluate the validity of the KFD before using it. Considerable weaknesses in this instrument are not addressed (Buros, 1973). She did not take into consideration developmental aspects of the drawings, even though the age range was considerable. While Johnston's study involved too few children over too wide an age range, it nevertheless was one of the

earliest writings relative to unusual features in drawings of sexually abused children.

Kelley (1984) examined 120 pictures drawn by 10 sexually abused children between the ages of 3 and 10. Analysis showed that, of the self-portraits drawn, 20 percent portrayed prominent genitalia, 40 percent placed an added emphasis on the pelvic region, 43 percent emphasized the upper portion of their bodies, and 30 percent drew themselves without hands. The only discussion of developmental aspects of the children's drawings was her claim that pictures drawn in the earlier stages of treatment are often below expected developmental levels. However, during later phases children often draw more age-appropriate pictures" (p. 426). There was no attempt to empirically back up such a statement.

Kelley (1985) later noted certain characteristics in drawings of sexually abused children. Shading of parts of the body, focus on genitals, omission of upper extremities and emphasis on the mouth were some of the features she discussed relative to their drawings of the human figure. She argued that pediatric nurses should take these aspects of children's drawings into consideration when they use art to help sexually abused children to communicate.

The first significant study to appear in art therapy literature in the United States was that of Cohen and Phelps (1985) who compared sets of drawings of 166 children, with a wide age range of 4-18 years. 89 subjects were known to have been sexually abused and 77 subjects were children who were being treated for other emotional problems. While statistically significant differences were found in the frequency of rated graphic indicators between the two groups on both the HTP and the KFD, by the admission of the investigators, considerable problems with poor interrater reliability made the results inconclusive. The rating scale contained vague descriptions and illustrations of what was to be scored and it is not surprising that there were such problems with obtaining reliability. The

comparison group consisted of psychiatrically hospitalized children and it was suggested that the use of a "normal" comparison group should be incorporated into future studies. The only accounting for development was in matching groups for age. It was therefore not possible to determine if differences were due to a history of sexual abuse or as a matter of development.

Yates, Buetler & Crago (1985) compared drawings of 18 girls who were incest victims and 17 girls who were disturbed, but not incest victims. The age range (considerably broad for such a small sample) of the first group was 3.5 to 17 years old, and the age range of the second group was 4 to 17 years old. The list of characteristics to be rated were derived from the clinical literature and consisted of 15 dimensions. The investigators were unclear as to how such subjective definitions of pathology were specifically scored when looking at children's drawings. These were hyposexualization (failure to attend to sexual features), hypersexualization (overelaboration of sexual features), degree of immaturity, level of anxiety, control of impulse, amount of confusion between love and anger, quality of rationalization, quality of compartmentalization, quality of projection, quality of acting out defenses, quality of somatization, quality of denial, quality of repression, and quality of sublimation. The only item of a developmental nature was "degree of immaturity" which likewise was not defined. The two dimensions measured which proved to be statistically significant were measures of "impulse control" and "repression", which suggested that incest interferes with the child's ability to utilize repression and to control impulses. These two dimensions were not clearly defined either, nor were specific features of the children's drawings alleged to be indicative of such pathology, leaving out the possibility for replication. The researchers however, did discuss these limitations and suggested additional research using more objective, clearly defined research hypotheses and dependent variables applicable to the study of incest.

In a retrospective study, Sidun (1986) along with Chase (1987) developed a coding manual based on existing literature on artwork of sexually abused children at that time. Many items on the coding manual appear to be based on psychoanalytic theory, such as canes, cigarettes, and so on (see Chapter II). Sidun rated and compared Human-Figure-Drawings (HFD's)(Koppitz, 1968) of 30 known sexually abused adolescents with drawings of 30 adolescents who had been treated for emotional disturbance with no known history of sexual abuse. The age range for all subjects was 13 through 17 years. Only one drawing was collected for each subject. A wide range of intelligence was represented with subjects in one group having IQ scores from 75 to 118 and the other group having IQ scores ranging between 75 and 123. Both groups were matched for IQ, but possible effects of such considerable differences in intelligence on the artwork were not discussed. Sidun hypothesized that the abused group would draw more "oversexualized and undifferentiated figures", more "indicators of anxiety", and more "indicators of poor self-esteem". These "indicators" were assumed to be the correct interpretation of certain characteristics to be scored in the drawings. No statistically significant differences were found, however, in measuring these features.

It was further hypothesized that drawings of the sexually abused group would contain a greater frequency of wedges, phallic-like objects, and circles than drawings of the nonabused group again based on common Freudian interpretations of such items as discussed in Chapter II. In a composite analysis of the data, a greater number of such characteristics was found in artwork of the sexually abused group. When these characteristics were analyzed independently, however, the only characteristic found to be statistically significant was the use of "enclosed circles", which is not operationally defined. Sidun analytically interpreted these circles as indicative of "oral regression" (personal communication, April, 1989). According to Kellogg (1970) circles and enclosed circles are

typical of children ages two to seven as a matter of cognitive development, but this possible explanation was not discussed Sidun.

Results also indicated that line pressure was heavier in drawings of sexually abused adolescents than in drawings of nonabused subjects. No mention was made about what media were used and the possible differences in thickness or hardness of pencils which are most commonly used for drawing tests. Such differences in materials obviously could affect the appearance of line pressure when drawings were scored retrospectively.

Another graphic indicator Sidun expected from drawings of sexually abused subjects was exaggeration of trouser flies. Nonabused adolescents actually drew trouser flies more often than did the abused group. The investigator reasoned that adolescence is a natural time for heightened concern about sexuality and therefore not specific to abused subjects. Here is an example of a so-called indicator of sexual abuse which appeared to be more associated with normal development. It was further concluded in Sidun's study that the strongest graphic indicators seen as red flags for possible sexual abuse in adolescence were omitted hands, omitted fingers, head only, enclosed circles, and heavy line pressure. It is interesting that Sidun gave no further consideration to the possibility that these features could be linked with cognitive development, as they are features commonly seen in drawings of younger children (Kellogg, 1970; Lowenfeld & Brittain, 1987). Even from a psychoanalytic perspective, a major problem with using these particular graphic indicators as clues to possible sexual abuse is that they allegedly reflect feelings of "anxiety and helplessness" which would very likely exist in emotionally disturbed adolescents whether or not they had been sexually abused.

A major weakness of this study was that the artwork of highly-functioning normal adolescents were not used. Sidun did strongly suggest that it was imperative to include such artwork in future research.

Another weakness of this study was that it was archival over a period of 10 years. HFD's (Koppitz, 1968) and WISC or WISC-R (Weschler, 1949, 1974) tests were administered upon psychiatric admission by a variety of clinicians, and demographic data was collected by numerous staff members, which greatly diminished the degree of control in gathering the data. Another problem was that of obtaining interrater reliability. Several training sessions were undertaken and obtaining interrater reliability was extremely difficult (personal communication, April 1989). The coding manual developed by both Sidun (1986) and Chase (1987) contains what appears to be loose and ambiguous definitions of items to be scored, and is likely to have contributed to the problem of poor interrater reliability. In spite of the numerous difficulties with this study, it was one of the first systematic studies attempted by an art therapist and the most extensive at that time.

Chase (1987), a colleague of Sidun's, introduced a comparison group of normal nonabused children into her research design when she compared the HFD's and KFD's of 34 female subjects, ages 5-16, who were victims of incest with those of 26 matched emotionally disturbed subjects and 34 matched subjects with no known adjustment disorders. Chase used the same scoring manual for HFD's as was used in Sidun's study (1986). The scoring manual was especially designed for both studies to measure indicators of sexual abuse, but as mentioned above, items appeared loosely defined which would make judgment very difficult. Nonetheless, significant differences were found in that drawings of sexually abused children were less mature than those of nonabused children and adolescents, as well as less mature than children who were emotionally disturbed. "Maturity" was judged by scores on the Koppitz HFD and the human figure drawings of the sexually abused subjects contained fewer details specific to the drawing of the human figure. The findings that drawings of sexually abused children reflected a lower level of cognitive development was an important one, but no direct link with this aspect was made with the appearance of so-called

indicators of sexual abuse. Results showed that there were significant differences in developmental levels as measured by Koppitz' scale with sexually abused children scoring at a lower level than did the other groups. No other measures of mental maturity, however, were used in addition to the Koppitz' drawing method.

In the KFD's, Chase found that differences in "self-nurturance" and "nurturance of mother" were significantly different with the sexually abused children showing less "nurturance" on both measures than those with no adjustment difficulties. Chase relied on such interpretations as determined by the KFD again based on psychoanalytic assumptions. There was also a significant difference in the size of siblings with the well adjusted children depicting siblings larger than did the sexually abused children. The investigator also relied on earlier interpretations of Koppitz and Machover (See Chapter V) stating that size is related to self-esteem. On the other hand, Johnston (1979) who used the KFD with sexually abused children interpreted different sizes of family members as role-reversal. It was concluded that the HFD's may be more informative than the KFD's in that data on more measures differentiated between the abused and nonabused samples using the former instrument.

Hibbard, Roghmann & Hoekelman (1987) compared drawings of 57 children with an alleged history of sexual abuse (narrowing the age range to ages 3-7) with the drawings of 55 nonabused children matched for age, sex, race, and socioeconomic background. Subjects were asked to make two Goodenough-Harris DAP's, one of each sex, and to complete a human figure outline of a person. All drawings were scored for the inclusion of five body parts: (1) eyes; (2) navel; (3) vulva/vagina; (4) penis; and (5) anus. The children were interviewed and asked to identify the body parts. Five sexually abused children drew genitalia and only one nonabused child did so. The results were summarized by stating that sexually abused children were 6.8 times more likely to draw genitalia than were comparison children.

They concluded that few children drew genitalia, but that those who did were likely to have been sexually abused. While the age range of children in this investigation was narrower than previous studies, there nevertheless are considerable differences between drawings of 3-year-old children and those of 7-year-olds. The authors appear to give no close attention to the effects of development on their findings. Genitalia appeared in drawings of the youngest children (ages 3, 4 & 5). The investigators, however, were careful to state that while a drawing may alert one to the possibility of sexual abuse, it does not prove it. Another conclusion of this study was that genitalia were drawn more often in the completion drawings than in the drawings of a man and a woman.

Hibbard and Hartman (1990) later replicated the earlier study (Hibbard, Roghmann & Hoekelman, 1987). They compared drawings of matched groups of 109 children alleged to have been sexually abused with those of 109 children who had been screened to determine that there was no known history of sexual abuse. They again collected from each subject two drawings of a person (a man and a woman), in the same session, as well as two completion drawings, one outline of a large "mature" person and one an outline of a smaller "immature person". Comparison groups matched for age, sex, race, and level of education consisted of children ranging from ages 3 to 8 (mean age 5.2 years). The developmental maturity of these children was measured by the Goodenough-Harris DAP (Harris, 1963) and the Peabody Picture Vocabulary Test (PPVT)(Dunn & Dunn, 1981). Contrary to Chase's findings, no differences in drawing maturity between sexually abused and nonabused children were identified using only the DAP scores. PPVT scores, however, were higher in nonabused children. Six out of 109 children allegedly sexually abused drew genitalia on the completion drawings. Only one child in the nonabused group did so. Drawing breasts and navels was not associated with a

history of abuse. It is important to note, however, that the completion drawings depicted genitalia in instances where the DAP's did not.

Drachnik (1989, 1994) claimed that depiction of the tongue was a graphic symbol of sexual abuse. She reviewed anthropological and art historical information that might support the idea of the tongue as a symbol of sexual abuse. She retrospectively examined drawings of 263 children between the ages of 2-1/2 and 18 years which she had collected over 15 years. 57 of these children had been identified as having been sexually abused with 12 having been identified as suspected victims. Children under age four were eliminated, leaving the age range at 4-18 years, and of the remaining 43 children with a history of sexual abuse, the drawings of 14 children displayed one or more tongues. Three children of the 12 suspected victims drew tongues as well. Of the remaining 194 children not known to have been sexually abused, only two drawings contained a protruding tongue. Unfortunately there was no attempt to work out any statistical analysis. Drachnik also supervised numerous other art therapists working with sexually abused children who stated that they frequently saw this phenomenon as well. She rightly cautioned against the automatic assumption that sexual abuse has occurred when children depicted tongues and the need for further investigation. She did not, however, account for the ages at which the appearance of tongues occurred to consider the possible effects of development.

Developmental Considerations in Drawings of Sexually Abused Children

Koppitz (1968), in her well-known developmental study of children's drawings, found that HFD's of normal children ages 5-12 rarely included genitalia. Conclusions were based on the drawings of over 1800 school children. In examining body parts drawn by 5 to 12-year-old "normal" school children, Koppitz reported that only two of 925 girls (one 7 years of age and one 9 years of age) and nine of 931 boys (six 5 years of age and one each 6, 7, and 9 years of age) included genitalia.

Koppitz developed a list of "emotional indicators" which she claimed occurred more frequently in children with a history of psychological disturbance. While she did not control for sexual abuse specifically, she informally linked certain features with sexual abuse or sexual preoccupation, examples being: (a) legs pressed together and (b) genitals.

DiLeo (1973) also studied children's drawings from a developmental perspective and noted after reviewing thousands of children's figure drawings that the representation of genitalia was rare. He reasoned that when it did occur it was because the child had been made more aware of the sex organs due either to surgery or seduction by older adults or children. Di Leo also believed that the generalized neglect of genitalia in drawings of the vast majority of children from diverse environments suggested that it may be due to the sexual latency which, according to psychoanalytic theory, prevailed during early childhood. He also noted that girls' drawings showed evidence of sexual and social awareness at an earlier age than did boys (Di Leo, 1970). It is important to note that Koppitz and DiLeo carried out their work over 25 years ago before children were exposed to so much sexual material in films and videos as has been the case in more recent years.

Burgess, McCausland, and Wolbert (1981) believed that sexual abuse should be suspected in children whose drawings markedly shifted from age-appropriate figures to disorganized objects and showed repeated sexual figures. However, these conclusions were not systematically validated.

Kelley (1985) later observed that pictures drawn by sexually abused children in the early phases of therapy frequently appeared below expected developmental levels, but that during the later stages of therapy, children drew more age-appropriate pictures. She did not address that these changes might also be due to developmental changes over the course of

therapy. Nor did she use a standardized test or systematically present any scores representing the developmental levels of these children. Her arguments are presented in anecdotal form with illustrations of a few children's drawings.

Burgess (1988) carried out a retrospective study on two groups of children, aged 3-7, matched for age, ethnicity, family structure, and gender. One group consisted of nine children with a history of sexual abuse and the other group was made up of eight children with no history of sexual abuse or age-inappropriate sexual behaviour. Children in the latter group were exposed to the stressful events of visiting the dentist for dental care education. Seven drawings were collected from all children in the study with the following topics: favourite weather, self now, self younger, the family doing something, the event, a house and tree, and a free drawing. Drawings were scored for 43 characteristics, the definitions of which were loosely described, but the investigator claims that there was interrater reliability of 1.0 between three judges for all items, which seems highly unlikely. Data was presented in percentages only with no levels of statistical significance reported. Results were that sexually abused children had more sexualized body parts than the nonabused children (22% vs 0%), shaded body parts of self now drawing (22% vs. 0%), shaded body parts of "self now" drawing (22% vs. 0%), and sad expressionless moods of drawing of "self now" (22% vs. 0%). It seems strange, however, that published statistical results were numerically identical for all comparisons, and the analysis should be questioned.

Burgess further claimed that nonabused children actually created drawings at a lower level of development than did the sexually abused children. Upon closer examination, however, of the drawing assessment instrument designed by the investigator and her colleagues, there were only two measures of developmental level which were: "are the drawings (a) age-appropriate (organized), or (b) regressed for age (disorganized)?"

There was no formal attempt to determine actual developmental levels for the children by using any form of standardized instrument, nor any description as to what "disorganized" and "organized" actually meant. The author also referred to the presence of a neck in the drawing of a 5-year-old as an indicator of self-esteem. There is no acknowledgement that the absence of a neck is commonly found in most children that young. She also argued "that omission of body parts indicate that the abused children feel violated and vulnerable" with no apparent basis for such an interpretation. She then counter-argued that the very same characteristics in nonabused children's drawings are representative of the child's developmental achievement, leaving the reader with a considerable amount of confusion.

Hibbard and Hartman (1990b) found no statistically significant differences in Koppitz Emotional Indicators in drawings of sexually abused children compared with nonabused children, even though they previously had found significant differences in scores on the PPVT with nonabused children scoring higher (Hibbard & Hartman, 1990a). A focus of this study was to examine test-retest reliability of Koppitz' scoring of emotional indicators. Subjects ranged in age from 5 to 8 years. 65 children suspected of having been sexually abused comprised one group and the other group was made up of 64 children who had been screened for any concerns about sexual abuse. The children were asked to make two drawings of a person. On the second drawing, a picture of a person of the sex opposite to the first drawing was requested. The results were that there were few clinically significant differences between groups and no statistically significant differences were found for emotional indicators allegedly linked with sexual abuse (legs pressed together, big hands, and genitals). It was found that the test-retest reliability on emotional indicators on drawings obtained at approximately the same time was high and thus supported Koppitz' recommendation that one drawing was sufficient to

examine emotional indicators. It would be interesting to see, however, what differences might have occurred if the drawings had been collected on different days instead of at the same time. The investigators also challenged Koppitz' claim that "omission of body parts" was valid for both sexes between the ages of 5 and 12 because 33 of the 36 subjects who scored this indicator were 6 years old or under.

Methodological Problems in Studies on Drawings of Sexually Abused Children

Some of the problems arising in the studies reviewed in this chapter relative to the use of children's drawings in the assessment of sexual abuse are discussed by Robin (1991) relative to the accurate assessment of child sexual abuse, including the use of children's drawings, anatomically correct dolls, and studying children's behaviour. He rightly argues that difficulties arise in evaluating whether or not a child has been sexually abused by using "indicators" of abuse, particularly when lists of such "indicators" include emotional and behavioural symptoms that are widely found in other clinical populations. He also discusses the problem which occurs when such symptoms in fact are a part of normal child development, but assumed to be linked with sexual abuse.

Differences in drawing abilities of children at each age level assessed, e.g., drawings of 3-year-olds versus 8-year-olds, or even 15-year-olds, were not seriously taken into account in studies using groups matched for age. While an attempt to control for development was made by matching ages of the subjects, no accounting for specific differences in what children at various ages drew was made. Frequencies measuring the total quantities of certain characteristics occurring in each comparison group, such as no pupils in eyes, no mouth, no neck, transparencies, no hands, heavy lines, etc., were calculated. Specific ages where these characteristics occurred were not a consideration. This is an especially important issue for studies of drawings of sexually abused children where certain features in drawings

are assumed to be linked with sexual abuse. According to Isaac & Michael (1985) : "Matching has many disadvantages and is now generally discouraged" (p. 81) and ". . . the technique of matching subjects to form pairs for later comparison tends to create more control problems than it solves. Therefore, the matching technique is coming under increasing criticism . . ." (p. 99).

It was apparent that verbal descriptions of characteristics of drawings to be scored in many of the studies reviewed were indeed vague and confusing. Illustrations of drawing features to be scored, when and if they were presented were ambiguous in several instances (Cohen & Phelps, 1985; Sidun, 1986; Chase 1987). Isaac and Michael further pointed out that: ". . . the problem of obtaining satisfactory measures of variables which influence the dependent variable, so that they can be reliably and validly used. Many such variables reported in the literature are too vague, ill-defined, or over-determined to identify or measure objectively" (p. 99).

Variability of children's drawings on a day-to-day basis, discussed at length by Rhoda Kellogg (1970) has not been accounted for in most studies, much less variations likely to occur over longer periods of time. Kellogg found in her collection of over a million children's drawings that a child's rendition of the human figure changed considerably when drawn on a daily basis. Rubin, Shacter and Ragins (1983) similarly found considerable variations in drawings created at different times, and that these variations also increased and decreased at certain age levels of the children whose drawings were studied with the highest variability occurring among 8-year-olds.

Measurements of mental maturity made with instruments which are known and respected for their validity and reliability, such as the WISC, Stanford-Binet, Ravens, and picture vocabulary scales [i.e., the British Picture Vocabulary Scale (Dunn, Dunn & Whetton, 1982) and the PPVT], were not used to correlate the effects of mental maturity on children's

drawings in most of the literature discussed above, other than as criteria for matching groups, with the exception of Hibbard et al. (1990a, b).

Discussion

The present study does not use matched groups, but three groups of nonabused children representing different age bands (5-7; 8-9; 9-10). It will attempt to isolate which, if any, alleged indicators of sexual abuse are developmental in nature and determine those characteristics which do not appear in drawings of nonabused children which may be features linked with sexual abuse and need to be investigated further.

This study will include additional measures of mental maturity other than just a drawing test. Correlations will be made between mental maturity and the number of indicators of sexual abuse appearing in drawings. Reliability will be tested between drawings of a Man, Woman, and Self drawn within one session, as well as drawings created over a one year period of time.

A scoring chart will be created with specific features to be scored derived from existing literature on drawings of sexually abused children. The scoring chart will contain specific descriptions and illustrations of items to be scored in an attempt to eliminate vague definitions commonly used in previous studies, such as "large", "long", "out of proportion with rest of picture", "unusual", and so forth which may have a variety of interpretations. This process should increase the likelihood of greater interrater reliability.

Scoring of drawings for genitalia was simplistic in some studies (Hibbard, et al., 1987, 1990a, b) and the possible variations of such genitalia or other sexual features are considerable. A separate scoring chart looking for anatomical sexual features with greater detail than previous studies will be created for this investigation. Broad terms like "breast", "penis", etc. will be more closely defined with several possible variations.

Methodological problems were considerable in all of the above studies. Using matched groups of children from wide age ranges, failure to take into account measures of cognitive development, not taking into consideration sex differences, unclear methodology making replication nearly impossible, loosely designed scoring charts, and use of drawing instruments with poor validity and reliability (e.g. the HTP and the KFD) (Buros, 1972) were among the numerous problems. This research has been designed in an attempt to overcome some of these difficulties with the major goal that of focusing on developmental aspects of drawings relative to possible indicators of sexual abuse.

CHAPTER VI

METHODOLOGY

Research Design

This longitudinal study investigates the normal drawing development of children assumed to be nonabused relative to characteristics of drawings found in the literature purporting to be linked with a history of sexual abuse. 306 drawings using the Naglieri Draw-A-Person Test (DAP) (Naglieri, 1988) assessing developmental maturity were collected from 34 children in a primary school in Scotland over three intervals in order to establish a developmental baseline determining the content of normal children's drawings from ages five through ten and to determine whether and to what extent features previously found in drawings of sexually abused children appear in drawings of nonabused children.

Nonabused subjects were divided into three age groups, ages 5-6 (N=12), 7-8 (N=10), and 9-10 (N=12). Subjects were given the Ravens Coloured Progressive Matrices (CPM)(Raven, 1958) and the British Picture Vocabulary Scale (BPVS)(Dunn, Dunn, & Whetton, 1982) as additional measures of mental ability and scores were then correlated with the DAP. The Naglieri DAP, consisting of three drawings, a Man, a Woman, and a Self, having a standardized scoring method consisting of 64 drawing items measuring cognitive development. All Man, Woman, and Self drawings were scored using the Naglieri DAP scoring method.

The Hagood Scoring Chart for "Sex Abuse Indicators" ("SAI"s) (See Appendix) consists of 14 categories of 39 items designed to measure the frequency of drawing features purporting to be linked with a history of sexual abuse including some items repeatedly observed by this investigator and colleagues in drawings of sexually abused children over a 12 year period of time. All Man, Woman, and Self drawings of nonabused children were again scored using the Hagood Scoring Chart and analyzed for the

appearance of features assumed to be linked with sexual abuse. An additional 19 items were scored for "Anatomical Sex Abuse Indicators" ("ASAI"s), including genitalia in various forms.

The focus of this study is strictly on drawings of nonabused children from various age bands. The design for this thesis was chosen in an attempt to overcome some of the methodological weaknesses of previous studies, especially the consistent use of matched groups with wide age ranges and lack of focus on developmental aspects of children's drawings. A longitudinal study to measure differences over time as well as to look at several drawings for each child was also considered important. Measures of verbal and spatial abilities as well as sex differences were omitted from nearly all of the previous studies and therefore built into the design for this investigation. The purpose was to determine whether or not certain features alleged to be indicative of sexual abuse do actually appear in drawings of nonabused children and are linked with cognitive development. In the event some features do not appear at all, or rarely, it was important to identify them as well.

Pilot Work

Pilot work was carried out by the investigator in California during the earliest stage of the research in order to become familiar with a school setting and the administration of children's drawing tests to very young children. This informal experiment involved 30 children, ages 4-6, in a Kindergarten class in Sacramento, California. The children were asked to draw a picture including a house, a tree, and a person and then to elaborate by adding whatever they wanted. The drawings were created in three small groups of approximately 10 children each. The investigator observed the process noting possible influences of children on each others' work, problems in clarity of instructions, rapport building, the need to encourage children to complete their drawings, and so on.

A second drawing was collected which consisted of whatever subject the children chose. It had been explained to the children prior to the drawing session that all of their drawings would be taken with the researcher to Scotland. The children were shown pictures of castles and presented with a brief geography lesson about Scotland. While the drawings were not formally analyzed, it was interesting to observe that the first drawing requested of a House, a Tree and a Person did not include castles. However, on the second drawing task when the children were told that they could draw anything they wanted, nearly all of the drawings were of castles. Thus, the effects of immediate prior events on children's drawings and how such events may be influential became obvious.

The investigator subsequently carried out a similar experiment with Scottish children, this time using all instruments intended for collection of the data for the research. The purpose of this exercise was to become familiar with the administration of both drawing and mental maturity instruments, to gain experience in rapport building, to test the use of art materials, to observe the children in the process of making their drawings, and to gain more experience in handling logistical difficulties arising during collection of the drawings. This experience also allowed the investigator, who is American, to become more familiar with Scottish children and Scottish accents in order to better be able to communicate with and relate to the children in the study.

One group of four ordinary nonabused children, ages 4-5, were used from the University of Edinburgh Psychology Department nursery. Full releases from parents had been obtained by the University for these children to participate on research projects conducted within the Psychology Department. Only first names and dates of birth were provided to the investigator to assure anonymity. Children were asked by the Nursery Leader if they wanted to participate and in one instance a child was

initially resistant to taking part because she did not know the investigator. Special care and attention was made by both the investigator and university nursery staff to make the child feel comfortable, to build rapport, and to be certain that she was not under any duress. After this rapport-building session, she willingly joined in for the following drawing sessions and appeared to enjoy the process for the remaining sessions.

Sessions were videotaped and studied to learn possible mistakes the investigator might be making in administering the tests and to better systematize the collection of the data. The tape was then made available to teaching staff at the primary school where the data were to be collected so that they would better understand the research to be undertaken. This helped to enlist their cooperation and support.

The children were given Raven's Coloured Progressive Matrices (CPM), the British Picture Vocabulary Scale (BPVS), the Naglieri Draw-A-Person Test (DAP) and asked to do spontaneous free-drawings. They were allowed to see themselves on the video monitor after each session which contributed to rapport-building and served as a reward for their participation. Once again, the influence of immediate prior events became apparent as all children drew daisies during one session and when asked why they had done so, they all said that it was because they had drawn them the day before in nursery school.

Ethical Concerns

Because of the high sensitivity surrounding child sexual abuse throughout the United Kingdom at the time of this research, it was important to be exceptionally cautious in all ethical aspects of the study. Because at the outset of the research an attempt was made to obtain federal funding from the National Institute of Mental Health in Washington, D.C., it was necessary to refer to both American and British guidelines for ethics in conducting research. In reviewing the Code of Federal Regulations (1983)

from the United States and the Code of Conduct, (British Psychological Society, 1991) it was interesting to note that similarities in ethical guidelines from both countries were considerable. The research proposal was approved by the Department of Psychology Ethics Committee before being submitted to the Scottish Education Department for final approval for access to a primary school.

Access to Subjects

Initially, the investigator had planned to include drawings of children with a history of sexual abuse for comparison with drawings of nonabused children. Before the data collection, the investigator contacted numerous social workers throughout Scotland and England about the possibility of gaining access to the sexually abused children with whom they worked. Due to the political climate in the United Kingdom regarding child sexual abuse, namely several mishandled cases which resulted in ongoing national media coverage and legal investigations, there resulted a considerable amount of reluctance among mental health professionals to participate. Access to British children with a history of sexual abuse appeared exceedingly difficult and in some cases impossible. Difficulty in gaining access to sexually abused children for research purposes in Britain at that time was also addressed by Babiker (1991).

An art therapy colleague in California, Sandra Stendronsky was contacted and asked to assist in the collection of a large number of drawings of children alleged to have been sexually abused. The investigator travelled to Sacramento, California to train her in the collection of the data. Stendronsky was chosen because she had considerable experience in therapeutic work with sexually abused children and easy access to many such children. Consent had been provided to the Children's Residential Centre by parents or legal guardians for the children to participate in research. Because of the long distance between Edinburgh

and Sacramento, it proved impossible to maintain close ongoing supervision of the data collection resulting in problems with the data. After the drawings were collected, and the demographic information gathered, it was also learned that some children had not actually been sexually abused, and several had little or no strong substantiation of allegations of sexual abuse. As a result, it unfortunately was necessary to omit their drawings from the study.

Obtaining Primary School Staff Participation for Collection of Drawings of Nonabused Children

In order to gain access to children in Scotland who had not been abused, the investigator eventually gained the support of a Headmaster in a primary school in the Edinburgh area to work with the staff and children at his school, namely Bonnyrigg Primary School. Upon receipt of approval from the Scottish Education Department (See Appendix), the investigator organized several meetings with the teaching staff at Bonnyrigg Primary School to acquaint them with the purpose of the research and to establish how the research might be carried out with minimal interference in the children's school work. Scheduling research sessions around school holidays and special events required ongoing negotiation between the researcher and the teaching staff.

Prior to the data collection a special meeting was called with representatives of the School Board at Bonnyrigg Primary School who were parents themselves. The nature of the research was discussed thoroughly with feedback from parent members as to their concerns and suggestions. They also agreed to support the research, should other parental concerns arise. Compounding the problems with access to subjects, parents were fearful of anything that could cause suspicion that they might be abusing their children and the possibility of interference from social workers. The media had been regularly reporting the aftermath of the Cleveland Incident

in England and more recently, in the Orkney Islands of Scotland, not to mention other similar incidents throughout the United Kingdom since Cleveland. Consent procedures in gaining access to nonabused children had to be carried out in a very sensitive fashion (See Appendix). It was therefore necessary to carefully emphasize the developmental aspects of the study and not to strongly focus on the issue of child sexual abuse in order to gain consent from parents of nonabused children.

Sampling Design

Children from alternate level classrooms were selected to afford a good representation of children ages 5 to 10. At the outset of the collection of drawings the agebands were as follows: Primary One, ages 4 years 10 months to 6 years, (N=12); Primary Three, ages 6 years, 11 months to 7 years, 8 months (N=10); and Primary Five, ages 9 years 2 months to 9 years 8 months (N=12). The collection of drawings was for approximately a one-year duration, and children's ages increased proportionately with each phase of the data collection. All children in this school were requested to participate in the study, but were ultimately selected upon the basis that parental consent was gained. Unfortunately, due to the collection of the data in a school situation, pure random selection was not possible. As mentioned above, a total of 53 children were granted permission from their parents to participate. At the outset, it was intended that Primary Seven children would be included in the study, and data was collected from them at Phase I. These children moved on into high school the following school term thus being unavailable for the remainder of the study and it was decided to omit them from the study. Three children were lost through attrition when they moved to another city before all data were collected and thus were eliminated from the study. The number of children in Primary One was originally 19, considerably more than in the other two agegroups. Therefore 12 children Primary One were randomly selected to remain in the

study. The remaining seven Primary One children and all data from seven Primary One children were later omitted. In order to maintain rapport and to honour the agreement made at the outset that all children whose parents gave consent could participate, it was necessary to allow all Primary One children to participate throughout the duration of the study even though seven children's drawings would not be used.

Demographic Data

Subjects were selected from a primary school in the town of Bonnyrigg, Lothian Region, Scotland. Due to the sensitivity of the study, it was not possible to screen all children for the possibility of a history of sexual abuse, as was done in some previous studies. Bonnyrigg Primary School was chosen because it was believed to provide a reasonable example of the ordinary child population. The population of Bonnyrigg, located in Lothian Region in Scotland in 1991, the time that data collection for this study began, was 13,449 (General Register Office, Scotland, 1995).

All children in the study were white of Scottish nationality. While very few children at Bonnyrigg Primary School as a whole were of other ethnic origin, none were subjects for this study due either to lack of parental consent, or because they were in grade levels not included in the study. Nevertheless, the high percentage of white children in the study were a fair representation of the town of Bonnyrigg as a whole with 99.4% of the population being white. The family constitution of children in the study differed slightly from the overall statistics for the town of Bonnyrigg in that there were 15% lone parents of the study children and only 6.8% of single parent families in the town as a whole. Because of the sensitivity of the study relative to child abuse, personal questions to elicit more demographic information were not presented to either the children or to their parents. Brief socioeconomic backgrounds of subjects who participated in this study were thus provided anonymously by Bonnyrigg Primary School staff and

coded to retain anonymity. This consisted of the occupation of the breadwinner of the family and a very basic breakdown of the family constitution.

Population statistics for the town of Bonnyrigg and demographic information on children who participated in the research at Bonnyrigg Primary School are presented below:

TABLE 1.

MAIN INDUSTRIES OF EMPLOYMENT IN BONNYRIGG, LOTHIAN REGION,
SCOTLAND IN 1991

Agriculture	.64%
Energy & Water	1.27%
Mining	1.75%
Manufacturing	12.58%
Construction	10.03%
Distribution & Catering	17.68%
Transport	5.57%
Banking, Finance	11.78%
Govt. & Other Services	38.06%
Management & Administration	11.46%
Professional and Technical	12.42%
Clerical and Secretarial	21.34%
Craft and Related Occupations	17.20%
Personal and Protective Services	13.22%
Sales	8.12%
Plant and Machine Operators	7.80%
Unemployed - Males (Ages 16-64)	9.09%
Unemployed - Females (Ages 16-59)	5.14%

TABLE 2.

ETHNIC MAKEUP OF BONNYRIGG, LOTHIAN REGION, SCOTLAND IN 1991

White	99.47%
Other	.53%
Black	8.20%
Indian, Pakistani, etc.	62.00%
Chinese	26.27%

TABLE 3.

FAMILY COMPOSITION OF BONNYRIGG, LOTHIAN REGION, SCOTLAND IN 1991

No family	22.83%
Married, no children	30.73%
Married, with children	39.04%
Cohabiting, no children	2.77%
Cohabiting, with children	1.51%
Lone parent with children	6.80%

TABLE 4.
OCCUPATIONAL DISTRIBUTION OF PARENTS OF SUBJECTS, BONNYRIGG
PRIMARY SCHOOL

Agriculture	(N=0)	0.0%
Energy & Water	(N=1)	2.9%
Mining	(N=0)	0.0%
Manufacturing	(N=1)	2.9%
Construction	(N=9)	26.5%
Distribution & Catering	(N=2)	5.9%
Transport	(N=1)	2.9%
Banking, Finance	(N=6)	17.9%
Govt. & Other Services	(N=9)	26.4%
Homemaking (Unemployed Females)	(N=5)	14.6%

TABLE 5.
TYPES OF EMPLOYMENT OF PARENTS OF BONNYRIGG SUBJECTS
COLLAPSED INTO FOUR CATEGORIES

Professional	(N= 6)	17.6%
White Collar	(N= 14)	41.2%
Blue Collar	(N= 9)	26.5%
Unemployed	(N= 5)	14.7%

TABLE 6.
FAMILY CONSTITUTION OF SUBJECTS - BONNYRIGG PRIMARY SCHOOL

<u>PARENTS</u>	<u>YES(%)</u>	<u>NO(%)</u>
<u>Both Parents (natural)</u>	85%	15%
Stepmother	0	100%
Stepfather	0	100%
<u>One Parent Only</u>	<u>Mother</u>	<u>Father</u> <u>Other</u>
	15%	0 0
<u>Subjects with Siblings</u>	<u>One</u>	<u>Two</u> <u>None</u>
	59%	9% 32%

3. Informed Parental Consent for Nonabused Subjects

A consent form was designed and sent out to all parents with a cover letter from the Headmaster encouraging parents to allow their children to participate in the study because he believed it was very important (see Appendix). Parents with concerns were invited to come to the school and meet with the investigator who would be available on two different

mornings. One mother arrived with several questions, but was reassured on all accounts and willingly gave consent. Consent was requested from parents of 86 children. 53 gave consent, 31 did not reply and 2 refused consent. This provided a 61% positive response. Once the collection of the data began, however, one parent protested the use of individual testing using the Ravens and British Picture Vocabulary Test on the grounds that the results might be placed in the child's file at school. Data collection ceased temporarily while assurances were sent out to all parents whose children were participating that all data would be unidentifiable and would be retained at Edinburgh University, not within the children's school files (see Appendix). It would be used for research purposes only, and there was no way the child's name would appear on any of the data. This provided clear boundaries to parents who were anxious about the possibility of test scores affecting the children's evaluation at school. It also provided reassurance relative to total anonymity. Parents who might have further questions were invited to speak with the Headmaster and the investigator. There were no further questions or problems with parents throughout the remainder of the research.

4. Assurance of Confidentiality

A master list of the children's code numbers, first names, and dates of birth was provided by the school secretary and maintained on school premises. No names were placed on any of the children's drawings. The youngest children in the study were given a code number with a dinosaur sticker to pin on their wall at home to help them to remember their number. The older children were told to memorize their numbers, but it was necessary throughout the study to double check the code numbers because the children forgot them from time to time.

5. Informed Consent of the Nonabused Children

Each child was told at the outset of the study that the purpose of doing the artwork was ultimately to help other children. It was further explained that the investigator was trying to learn what different children drew at different ages and this information would in turn help those who worked with troubled children to better understand them and thus be better able to help them. The children were also told that they didn't have to participate if they didn't want to, even if their parents said they could. They were informed that they would be doing several drawings both in pencil and with coloured markers as well as taking two simple tests involving puzzles and pictures (Raven's Coloured Progressive Matrices and the British Picture Vocabulary Scale). The number of drawing sessions and the period of time for participation over the following year were also explained. All children clearly stated that they wanted to participate in the study and their enthusiasm to continue remained throughout the period of data collection.

Selection of Instruments for the Study

In previous studies, drawing instruments were used measuring cognitive and emotional development which were outdated and reflected contents of children's drawings specific to the culture at that period in time (Goodenough, 1926; Harris, 1963; Koppitz, 1968; and Machover, 1949). The Draw-A-Person Test (DAP) (Naglieri, 1988) was selected for this study after a review of other existing Draw-A-Person instruments available to date as discussed in Chapter IV. The use of total scores of all three drawings (Man, Woman and Self) within the Naglieri Draw-A-Person system provides more total items creating greater validity. As mentioned above, Naglieri's Draw-A-Person Test also correlated highly with that of the Goodenough-Harris Test. With the obvious difficulties in relying on the Draw-A-Person test alone, additional measures of mental maturity, namely the Ravens Progressive Matrices (CPM)(Raven, 1958) measuring spatial

ability and the British Picture Vocabulary Scale (BPVS) measuring verbal ability were selected for this study. These instruments also were selected in order to keep the theme of the research around the use of drawings in order to appeal to the children in the study.

The CPM consists of a series of coloured patterns presented as puzzles and is very appealing to children. The child is asked to pick a piece of the "puzzle" which best fits the various patterns which become progressively more difficult. The British Picture Vocabulary Scale contains a number of drawings and the child is asked to match a given vocabulary word with one of the drawings. Both instruments are widely used and have a history of fairly good reliability and validity. It was decided that scores of the Draw-A-Person, CPM, and BPVS would be correlated to establish a more solid measure of the cognitive development of the children in the study.

In spite of the previously discussed problems in the use of projective drawing instruments, this researcher ultimately chose to use Naglieri's Draw-A-Person Test along with the CPM and the BPVS for several reasons:

1. To use standard instructions and scoring methods to afford the possibility of replication.
2. To test the findings of other writers on drawings of sexually abused children who have used human figure drawings relative to alleged indicators of sexual abuse.
3. To use the scoring system from the Naglieri Draw-A-Person test as a model for scoring methods used in this study, namely the Hagood Scoring Chart which is designed to specifically look for characteristics of children's drawings alleged to be linked with sexual abuse and to be used as an adjunct to the Naglieri Draw-A-Person for ease of scoring and data entry.

4. To use a recently standardized instrument as a contemporary measure of children's drawings.

Schedule of Data Collection

Collection of data using the CPM and the BPVS took a total of four months. Drawings then were collected longitudinally from children in a Primary One class, a Primary Three class and a Primary Five class in three phases over approximately a one-year period of time. All drawings were subsequently collected in three phases, with it taking longer between Phases I and II (8 months) than between Phases II and III (4 months). The time difference between Phases I and III, however was a little over one year. Differences in time between each phase were the result of problems in arrangements with teachers for access to subjects and various holiday breaks when the children were not available. Because of the logistics of working in a school setting, the actual ages in years and months for children in each agegroup at each phase of data collection varied slightly. Children were tested in the same order during each phase as much as possible, accounting for student absences or classroom priorities for individual children.

TABLE 7.
SCHEDULE FOR THE DATA COLLECTION

<u>September - December, 1991:</u>	Raven's CPM and BPVS
<u>PHASE I - January - March, 1992:</u>	Man, Woman, Self and Free-Drawing
<u>PHASE II - September-December, 1992:</u>	Man, Woman, Self and Free-Drawing
<u>PHASE III - January-May, 1993:</u>	Man, Woman, Self and Free-Drawing

Procedures

Standardized procedures were used, namely the use of the same set of instructions for all subjects, same drawing materials, the same settings, and so on. Children were seated in groups of four around a table in a small room to obtain privacy and to avoid interruptions during the data collection.

The same investigator was used for the collection of all drawings to maintain consistency in the administering of the tests.

Instructions to Subjects:

The instructions given to all children in the study were given by the same person, namely the investigator. The children were asked to draw a Man, a Woman, and a Self on separate sheets of paper within a predrawn outline. Drawings were done in the above order. Instructions were "I want you to draw a Man (Woman, Self). I want you to draw the whole person and to do the very best you can". When children asked further questions, the investigator repeated the instructions and told the children it was their drawing and to use their best judgment, thereby avoiding specifying any more details about the drawings expected. A five minute time period was allowed, but in all instances, the drawings were completed before that time. The children were discouraged from copying from each other and this rarely was a problem with the Man, Woman, and Self drawings. The investigator waited until all children had completed their drawings before collecting them.

As a reward for doing pencil drawings, the children were then given a sheet of larger paper and coloured felt markers and allowed to create a free drawing of whatever they wanted to. No specific time limit was given, but it was found that children would take as long as they could to avoid going back to their classes. The investigator had to hurry them along, especially if it was just before lunch, or the end of the day. Since coloured drawings were only used as rewards and not a systematic part of the study, possible effects of such pressure on the art products were not an issue. The effects of immediate prior events were all observed in these drawings throughout the data collection as holiday themes and subjects being studied in the classroom appeared in many of the free drawings. Children were more prone to look at each other's artwork during this period.

Materials

Each sheet of paper used for the drawings was pre-marked on the reverse side for proper identification of subjects and details of each drawing as follows:

PHASE:	CODE:
SESSION:	D.O.B.:
DATE OF TEST:	M/F:

For the Draw-A-Person Test, all pencil drawings were made on a sheet of white paper with an predrawn outline (6" x 9") with Grade HB graphite pencils. Pencils were sharpened on a regular basis. The children consistently preferred to draw using coloured media. Thus free-drawings were subsequently done in colours as an incentive and reward for the pencil drawings. Art media for these drawings consisted of washable Crayola brand coloured felt-tip markers. It was ethically important to use art materials which were washable and non-toxic. Colours consisted of a standard palette of red, pink, orange, green, blue, yellow, violet, brown and black. When markers ran out of ink, new ones were supplied. Standard 12" x 18" white art paper was used for all drawings using coloured markers.

Scoring Procedures

Naglieri Draw-A-Person Test

The Naglieri Draw-A-Person Test includes a scoring chart with illustrations and verbal descriptions of items to be scored or not to be scored for each drawing. An accompanying scoring sheet is used for each drawing and the Man, Woman and Self drawings are each scored separately (See Appendix).

Hagood Scoring Chart for "Sex Abuse Indicators" ("SAI"s) and "Anatomical Sex Abuse Indicators" ("ASAI"s)

The Hagood scoring sheet and scoring chart were designed in a similar format to the Naglieri Draw-A-Person in order to provide more consistency and ease in scoring and entering data into the computer. Resultant scores

are named "Sex Abuse Indicators" ("SAI"s) and "Anatomical Sex Abuse Indicators" ("ASAI"s). "Sex Abuse Indicators" are defined as particular art characteristics or motifs typically found in the artwork of sexually abused children, as determined by the review of existing literature and the clinical experience of this investigator and colleagues. "Anatomical Sex Abuse Indicators" are features of the anatomy directly related to sexuality, e.g. breasts, anus, genitals, and so on.

The terms "Sex Abuse Indicator", "SAI", "Anatomical Sex Abuse Indicator" and "ASAI" will appear within quotation marks throughout this thesis to indicate that such indicators have only been purported to be linked with sexual abuse with little evidence to date to support such an assumption.

Establishing Reliability

The Naglieri Draw-A-Person Test (Naglieri, 1988) contains a self-instructional program training method whereby if the directions are followed and the instructional drawings are accurately scored, an appropriate level of proficiency with the scoring system can be reached. Six steps were involved in this process:

"Step 1: Begin learning the DAP scoring system by reading the Description of the DAP Scoring System' in Chapter 4.

Step 2. Study the 14 criteria and 64 items to become familiar with the scoring rules.

Step 3. Using blank Record Form pages, score the six drawings in "Worked Examples and Comments" presented on pages 34-45. Compare your item scores to the scored examples, and review the comments for each example.

Step 4. Score the five drawings in Competency Test I (Pages 46-52) using the DAP scoring system. Record your scorings on blank Record Form pages, and compare your item scores to the correct scores given

after the drawings. To reach a minimum competency of 90% correct, 288 item agreements over the five drawings are needed (5 drawings x 64 items x .90 = 288) or no more than 32 disagreements.

Step 5. Review item scores and comments for each drawing, especially any items about which there has been disagreement.

Step 6. Should additional practice or training be necessary, five more drawings are provided in Competency Test II (pages 53-59), for which the same competency level (90% agreement) should be reached " (p. 33).

The investigator, after working with the children for two years, knew them well and recognized styles in drawing peculiar to some children. In order to decrease potential experimenter bias, it was important to have someone other than the designer and administrator of the research score the drawings. The investigator first taught herself the Naglieri scoring method and then gave an initial briefing to a fourth-year Psychology student who scored the Naglieri drawings, training herself with the use of Naglieri's self-instructional programme going through all phases listed above, including the additional practice (Step 6), until she reached a 95% confidence level. At mid-point of scoring the drawings, she self-trained again to refresh her scoring accuracy. Drawings were given to the rater in mixed sets, varying the age levels and phases of drawings randomly. Codes were covered over so that identification ages of subjects was not possible. Even though this programme appeared to be rigorous, 10 percent of the drawings were randomly selected and scored by the investigator in order to establish at least a 90% interrater reliability. A few drawings, however, contained elements which made them considerably more difficult to score. Bizarre features, or additional figures were occasionally added to these drawings which complicated the scoring since such features were not accounted for in the Naglieri scoring system. In such instances, both raters met to ascertain the difficulty and to come to

agreement on how they should best be scored in order to obtain the most accurate assessment of developmental level. For example, if one drawing contained two persons, or in one instance a two-headed person, it was decided that the portion of the drawing which was the most developmentally advanced was chosen to score in order to give the child the optimal advantage. The investigator double-checked raw scores, calculated all total raw scores of the Man, Woman, and Self drawings, ages at each phase of the data collection, and entered and double-checked all data into the SPSS for Windows 6.0 programme.

Content and Construct Validity of the Hagood Scoring Chart

The Hagood Scoring Chart (see Appendix) was designed specifically for this study. Since it is not a standardized instrument, as is the Naglieri scoring method, it is therefore important to have some criteria to establish content validity (British Psychological Society, 1992).

Items discussed in the literature as being linked with sexual abuse both in anecdotal accounts and systematic research are used in the Hagood Scoring Chart (See Table I). Items frequently reported in the literature by analytically oriented clinicians to be indicative of sexual abuse are incorporated into the scoring chart and analyzed for frequency and occurrence in drawings of nonabused children at various developmental stages. Some items also included in the Hagood Scoring Chart were those repeatedly observed by this investigator and colleagues. The investigator has had considerable experience in working with sexually abused children from ages 3 through 17 in both California and Scotland over the past 12 years. Over this period of time, artwork has been observed from approximately 75 children known to have been sexually abused. Therapeutic work was carried out in a variety of settings including counselling centres, private work, schools, and various treatment programmes specializing in work with sexually abused children in both

California and Scotland. Various features were repeatedly observed by the investigator and other colleagues in drawings of these children which appeared unusual. The investigator, however, had not had experience in working with ordinary nonabused children. Two colleagues in California, Sandra Stendronsky and Barbara Hugo, art therapists who similarly had several years of experience working with sexually abused children, were consulted for verification that they too had seen such features.

A separate section of the Hagood Scoring Chart included features of various aspects of genitalia and other anatomical features relative to sexuality. The literature frequently addresses the inclusion of genitalia but does not describe what aspects of it are involved in any great detail (Hibbard, Roghmann & Hoekelman, 1987; Hibbard and Hartman, 1990). The purpose of this more refined scoring method was to clarify this issue. Because the Hagood Scoring Chart is newly designed at the present time it serves as a pilot for further research which, if carried out, will clarify the quality of validity to a greater extent.

TABLE 8.

SOURCES FOR "SEX ABUSE INDICATORS" ("SAI"S) AND "ANATOMICAL SEX ABUSE INDICATORS" ("ASAI"S)

1. ARMS	
a) Detail 1	Phallic shaped arms (one if in profile). Arms narrow toward trunk, hand represented by two large "fingers". Do not score if more or less than two "fingers". Hagood, Hugo, & Stendronsky (Clinical Observation)
2. DETACHMENT	
a) Detach 1	Head completely detached from neck, or if no neck, completely detached from trunk at any point, or head attached to neck, but neck completely detached from trunk. Burgess (1988)
3. EYES	
a) Detail 1	Two eyes represented as wedges (corners turned up). Moore (1989)
b) Detail 2	Two eyes, pupils crossed toward centre. Moore (1989), Drachnik (1989)

- c) Detail 3 Two eyes with angular pupils-not crossed toward centre. Moore (1989)
- d) Detail 4 Two eyes with verticle pupils (line only). Moore (1989)
- e) Detail 5 Large circular eyes not crossed toward centre. Chase (1987)
4. HANDS
- a) Absence 1 No hands, hands completely absent. Chase (1987), Chantler et. al. (1991) Sidun & Rosenthal (1986)
- b) Detail 1 Hands hidden (in pockets, behind back, etc. Uhlin (1980), Burgess & Hartman (1993)
- c) Detail 2 Hands with no fingers. Sidun & Rosehall (1986). Chase (1987)
- d) Detail 3 Hands (one or both) with one finger or thumb out of proportion (Moore, 1989)
5. HAIR
- a) Detail 1 Hair shapes protruding from top of head and flowing down side in phallic shape (resembling anatomically correct male genitalia). Chase (1987)
6. HEAD
- a) Absence 1 Head complete absent. (Uhlin, 1979).
- b) Detail 1 Head only, or head and neck only. No representation of the trunk. Sidun & Rosenthal (1986), Chase (1987)
- c) Detail 2 Head disproportionately smaller than trunk (head measures less than 1/5 the length of the body). Chantler et. al (1991)
7. NECK
- a) Absence Neck completely missing. Stember (1980)
- b) Proportion 1 Neck disproportionately long. Kaufman & Wohl (1992)
- c) Detail 2 Triangular neck. Hagood, Hugo, Stendronsky. (Clinical Observation)
8. LEGS
- a) Detail 1 Legs apart at groin area and drawn directly to beltline or beltline area. Genital area completely absent. If drawing contains a skirt, legs are at outer edges of skirt. Burgess (1988), Faller (1988)

- b) Proportion 2 Distance between crotch and beltline narrow. Minimal or near missing genital area. Burgess (1988)
- c) Detail 3 Legs pressed tightly together. Uhlin (1979)
Hibbard & Hartman (1990)
- d) Detail 4 Legs repeatedly redrawn (more than two legs).
Faller (1988), Moore (1989), Riordan & Verdel (1991)
- e) Detail 5 Phallic shaped legs (feet with two "toes" and legs narrowing toward the trunk.
Hagood, Hugo, & Stendronsky (Clinical Observation)
9. MOUTH
- a) Absent No representation of mouth. Moore (1989);
Hibbard & Hartman (1991)
- b) Detail 1 Mouth present, tongue protruding.
Drachnik (1989, 1994)
- c) Detail 2 Mouth wide open (open more than 1/5 length of face). Kelley (1985), Chase (1987)
- d) Detail 3 Exaggerated full lips. May or may not be heavily shaded. Buck (1977), Kelley (1985), Chase (1987)
- e) Detail 4 Puppet mouth turned upward. Moore (1989)
- f) Detail 5 Clearly jagged lipline (no lips). Hagood, Hugo & Stendronsky (Clinical Observation)
- g) Detail 6 Mouth turned downward. Burgess (1988),
10. TEETH
- a) Detail 1 Teeth exaggerated (straight edges, pointed edges, and/or animal-like fangs).
Uhlin (1979)
11. NOSE
- a) Detail 1 Linear (verticle) nose (single line only).
Moore (1989)
- b) Detail 2 Question mark nose. Moore (1988)
- c) Detail 3 Phallic-like nose. Uhlin, (1979), Moore (1989).
12. FACE
- a) Detail 1 Complete absence of facial features (blank face). Uhlin (1979)
- b) Detail 2 Crossed-out, shaded-out or scribbled-out face. Hibbard & Hartman (1990).

13. TRUNK

- a) Detail 1 Entire person or body crossed or scribbled out. Uhlin (1979)
- b) Detail 2 Trunk drawn from waist up only. No representation below waist. Uhlin (1979) Burgess & Hartman (1993)

14. SPECIAL

- a) Detail 1 Clown drawn instead of person. Stember (1980)

15. ANATOMICAL SEX ABUSE INDICATORS

- a) Detail 1 Explicit sexualization (e.g. arrows to genitalia). Miller et al. (1981)
- b) Detail 2 Nudity (no clothing over entire body). Chase (1987)
- c) Detail 3 Anus. Hibbard et al. (1987, 1991)
- d) Detail 4 Breasts (any indication). Hibbard et al. (1987, 1991)
- e) Detail 5 Heavy shading, scratching out, darkening, or obliterating breasts. Moore (1992)
- f) Detail 6 Nipple present. Hibbard et al. (1987, 1991)
- g) Detail 7 Aeriola present (open or filled-in circle, more than a single dot). Hibbard et al. (1987, 1991)
- h) Detail 8 Breasts hanging (clearly female breasts). Hibbard et al. (1987, 1991)
- i) Detail 9 Female genitalia (any indication). Hibbard et al. (1987, 1991), Di Leo (1973)
- j) Detail 10 Female genitalia with labia. Hibbard et al. (1987, 1991), Di Leo (1973)
- k) Detail 11 Male genitalia (any indication). Hibbard et al. (1987, 1991) Di Leo (1973)
- l) Detail 12 Male genitalia including testicles. Hibbard et al. (1987, 1991) Di Leo (1973)
- m) Detail 13 Male genitalia including penis. Hibbard et al. (1987, 1991) Di Leo (1973)
- n) Detail 14 Male genitalia including head of penis. Hibbard et al. (1987, 1991), Di Leo (1973)

- | | |
|--------------|--|
| o) Detail 15 | Male genitalia with hole in end of penis.
Hibbard et al. (1987, 1991), Di Leo (1973) |
| p) Detail 16 | Ejaculation or urination depicted.
Hagood, Hugo, & Stendronsky (Clinical Observation) |
| q) Detail 17 | Penis erect (width at least 1/5 length of penis). Hibbard et al. (1987, 1991) |
| r) Detail 18 | Genitalia represented by circle only.
Hibbard, Roghmann & Hoekelman (1987) |
| s) Detail 19 | Heavy shading, scratching out, darkening, or obliterating genitalia (male or female) (Moore, 1989) |

A final review of the literature was made by the investigator to determine what features in the most recent publications were purported to be indicative of sexual abuse and these were added to the Hagood Scoring Chart prior to scoring the drawings. Every effort has been made to include only graphic characteristics cited in the literature or observed in the clinical experience of this investigator and/or colleagues as specifically relevant to sexual abuse. In the development of the Hagood Scoring Chart, analytic interpretations are not in any way involved in the scoring process, (nor does the Naglieri Draw-A-Person Test contain such qualitative measures). Such measures were not appropriate due to the high sensitivity of the issue of child sexual abuse and the unfeasibility of asking the children questions of a personal nature, either about themselves or their families. Such questioning could have endangered parental consent to participate in the study. The point of the research is not to interpret what any of these "signs" mean, but rather to discover whether they occur, how often they occur, and at what stages of development.

Development of the Hagood Scoring Chart and Interrater Reliability

Because the development of the Hagood Scoring Method previously had not been done, it was essential to establish interrater reliability on the objective scoring aspects of the test whereby at least two independent raters attained an acceptable level of agreement on scoring the items of the

test. Several phases of scoring by the investigator and a research assistant (a fourth-year honours psychology student) were carried out until an overall average of 96% agreement was obtained.

The rater was instructed to study the 14 criteria and 39 items to become familiar with the Hagood Scoring Chart for "Sex Abuse Indicators" ("SAI"s). The investigator then discussed all items with the rater and clarified any questions. The rater was then given 20 drawings which were randomly selected from drawings of nonabused children at various ages and stages of the longitudinal study. Some Man, Woman, and Self drawings collected from sexually abused children in America were also randomly placed within the set of drawings. Coding identifiers were removed so that the rater was blind to ages of the subjects, phases of the data collection or which drawings were those of sexually abused subjects.

All phases through the modification stage used different drawings for each revision to afford the greatest variety of drawings from which to find any problems with the scoring chart. Each set of 20 drawings was scored by the rater and the investigator and scores were calculated to determine agreement. The goal for agreement was at least 90%. As early as the first phase, 95% agreement was the average. All items where there was no agreement were thoroughly discussed to ascertain the reason scores were not the same. In some instances, the verbal definitions on the Hagood Scoring Chart were not clear enough, and modifications were made. In other instances, the illustrations of items to be scored were not drawn clearly enough, and again modifications were made.

A new group of 20 drawings was scored similarly by both the rater and the investigator and more revisions made to the Hagood Scoring Chart. A third group of 20 drawings was again scored and revisions once again made for the final time.

After final modifications were complete, the final scoring process for only drawings of nonabused children was carried out in five more stages:

Stage I - 21 drawings. All were scored blind by both the rater and the investigator and an average of 96% agreement was obtained. Items where there was disagreement were discussed and the rater retrained.

Stage II - 38 Drawings. All were scored blind by both the rater and the investigator and an average of 96% agreement was again obtained. Again items where there was disagreement, the rater was retrained.

Stage III - 40 Drawings. The rater scored all 40. The investigator scored 20% and calculated the agreement again at an average of 96%.

Stage IV - 162 Drawings. The rater score all 162 drawings and the investigator scored 20% (32 drawings). Again the agreement was calculated at 96%.

Stage V - The remaining drawings were scored by the rater and 20% scored by the investigator. Again agreement was calculated at an average of 96%.

After completion of the data collection, scoring, and reliability checks, all variables were named and labeled using the computer programme SPSS 6.0 for Windows (Statistics for the Psychological and Social Sciences, 1993). Scores were then entered by the investigator and double-checked for accuracy.

Research Questions

The major research questions of this thesis are:

(1) How do measures of mental maturity (Raven's Coloured Progressive Matrices (CPM)(Raven, 1958) and the British Picture Vocabulary Scale (BPVS)(Dunn, Dunn, & Whetton, 1982) correlate with scores on the Naglieri Draw-A-Person Test, which likewise purports to measure mental maturity?

(2) Do drawing characteristics purported to be linked with sexual abuse ["Sex Abuse Indicators" ("SAI"s) and "Anatomical Sex Abuse Indicators" ("ASAI"s)] appear in drawings of nonabused children, and if so to what extent?

(3) Are these indicators linked with cognitive development?

(4) Do some features occur rarely or not at all, showing possible links with sexual abuse?

(5) In instances where they do appear, do they occur more frequently in younger children's drawings than in those of older children, or vice versa?

(6) What sex differences may there be?

The analysis of the data will be presented in the next three chapters. Chapter VII will focus on statistical analysis and results relative to the Naglieri Draw-A-Person Test (DAP), Raven's Coloured Progressive Matrices (CPM) and the British Picture Vocabulary Scale (BPVS). Chapter VIII will present analysis of the data on "Sex Abuse Indicators" ("SAI"s) which may be linked with cognitive development, and Chapter IX will present analyses of "SAI"s which are not linked with cognitive development and may yet be associated with sexual abuse, as well as the appearance of "Anatomical Sex Abuse Indicators" ("ASAI"s) in drawings of nonabused children.

CHAPTER VII

RESULTS

ANALYSIS OF DRAWINGS OF NONABUSED CHILDREN RELATIVE TO COGNITIVE DEVELOPMENT

Introduction

This chapter will present the results of the analysis of the data on drawings of nonabused children relative to cognitive development. Three measures of mental maturity are analyzed: (1) Raven's Coloured Progressive Matrices (CPM); (2) the British Picture Vocabulary Scale (BPVS); and (3) the Naglieri Draw-A-Person Test (DAP).

Mean scores and standard deviations were calculated prior to comparative analyses using several statistical tests. T-tests for paired samples were computed to determine whether or not DAP scores increased with age as claimed by Goodenough (1926), Harris (1973), Koppitz (1978) and Naglieri (1988) and whether they increased over time between Phases I, II, and III. The Pearson Test for Correlations between scores on the DAP, CPM, and the BPVS was used in order to test claims made by Naglieri and others that DAP scores correlate well with other more standard measures of cognitive development. A determination as to whether either the CPM or the BPVS provides a higher correlation with the DAP also was made. Analysis of the data also compared Naglieri's assumption that the use of scores on all three Man, Woman, and Self drawings made within one session provides greater validity against Koppitz' claim that only one drawing is sufficient because scores on subsequent drawings in the same session are more or less the same.

To provide for ease of comparison and clearer presentation of the data, when appropriate, raw scores on the CPM, BPVS, and DAP were first converted to standard z-scores and then to t-scores (Moore, 1983; Welkowitz, Ewen, & Cohen, 1976). In all of the hypothesis testing, the .05

level of probability was utilized. All Pearson correlations between the CPM, BPVS, and DAP were made from Phase I DAP scores only due to time proximity in the collection of data. Analysis for sex differences and agegroups were made using the t-test for independent groups and other analyses for mean differences utilized the t-test for paired samples. Both types of t-tests were at the 95% confidence interval.

All data were checked for assumptions of normality of distributions by using the SPSS Histogram displaying the normality curve. In instances where the normality was not clear by use of the histogram alone, further use of the Lilliefors Test for Normality was used (Foster, 1993; Norusis, 1993). Subsequent decisions of appropriateness of parametric or non-parametric statistical tests for analysis were made on the basis of the results of these tests for normality.

The assumption of stratified random selection was met as much as possible under the circumstances of the nature of the study. All children in alternate grade levels were first selected and then allowed to participate on the basis of parental consent. As discussed in Chapter VI, there was an excess of subjects for Primary One and Primary Five. Random selection was carried out to narrow down the number of children to obtain more equal group sizes.

The assumption of independence of scores was met for all scores on the CPM and the BPVS because they were administered to subjects individually and thus results were not influenced by other subjects. For the DAP, drawings were collected in groups of four children, with the investigator closely monitoring subjects to prevent them from copying from each other, thus satisfying the assumption of independence as much as possible.

Sources for format of presentation, rationale of choice of instruments, and procedures were: American Psychological Association (1984); Davis &

Parker (1979); Harrison (1979); Huck, Cormier and Bounds (1974); Isaac and Michael (1985); Moore (1983); Neale and Liebert (1980); and Welkowitz, Ewen, and Cohen (1976). Sources of information on computer use of the SPSS for Windows Statistical Programme, Release 6.0, were: Foster (1993); Norusis (1993); and Edinburgh University SPSS Courses.

A more in-depth discussion of the results presented in this chapter related to theory, methodology, and previous findings will appear in Chapter X.

Analysis of the Data

Changes in DAP Scores Over Time

Research Question 1: Is there a significant increase in DAP scores over time amongst Phases I, II, and III when analyzed by agegroups and for all subjects combined?

Results: Means and standard deviations were first computed for total DAP raw scores for Phases I, II, and III for each agegroup and all subjects combined (N=34). As discussed in Chapter VI, the time difference between Phases I and II is approximately 8 months and the time difference between Phases II and III is approximately 4 months. The overall time difference between Phase I at the outset of the data collection and Phase III at the completion of the data collection is approximately 12 months.

TABLE 1.
MEAN AND STANDARD DEVIATION OF DAP RAW SCORES FOR PHASES I, II,
AND III BY AGEGROUP AND FOR ALL SUBJECTS COMBINED

<u>AGEGROUPS</u>		<u>MEAN</u>	<u>SD</u>
Primary One (N=12)	Phase 1	70.67	17.91
	Phase 2	93.50	17.43
	Phase 3	94.67	22.78
Primary Three (N=10)	Phase 1	111.30	32.49
	Phase 2	123.70	17.82
	Phase 3	124.70	23.54

Primary Five (N=12)	Phase 1	142.92	14.64
	Phase 2	158.58	12.00
	Phase 3	158.00	5.69
All Subjects (N=34)	Phase 1	108.12	37.68
	Phase 2	125.35	31.74
	Phase 3	125.85	32.63

A two-tailed t-test for paired samples was computed for changes over time for each agegroup and for all ages combined as shown in Table 2 below. Mean differences were significant between Phases I and II (8 months) for Primary One and Primary Five subjects, but not for those in Primary Three. There were no significant differences in scores between Phases II and III (4 months) for any agegroup. This would be expected because the time interval between Phase II and Phase III was approximately 1/2 of the time between Phase I and Phase II as explained in Chapter VI. Mean differences were also significant between Phases I and III (12 months). Analysis for all subjects combined (N=34) demonstrated that there was a significant increase in Composite Man-Woman-Self Raw Scores on the DAP between Phase I and Phase II. As expected, analysis of the Phase II and III (4 months) comparisons showed that there was no significant increase in DAP Composite Man-Woman-Self Raw Scores. The difference in DAP Composite Man-Woman-Self Raw Scores for all subjects between Phase 1 and Phase 3 (12 months) (Table 2) was also significant.

TABLE 2.
DIFFERENCES IN COMPOSITE DAP RAW SCORES BETWEEN PHASE I, II, AND III BY
AGEGROUP AND FOR ALL SUBJECTS COMBINED

	t-value	df	2-tail sig.
<u>PHASE I - II (8 months)</u>			
Primary One (N=12)	-5.41	11	p<.000
Primary Three (N=10)	-1.37	9	p<.204
Primary Five (N=12)	-5.37	11	p<.000
All Subjects (N=34)	-5.38	33	p<.000

PHASE I - III (12 months)

Primary One(N=12)	-5.52	11	p=<.000
Primary Three (N=10)	-2.21	9	p=<.054
Primary Five (N=12)	-3.87	11	p=<.003
All Subjects (N=34)	-5.38	33	p=<.000

PHASE II - III (4 months)

Primary One (N=12)	-.25	11	p=<.810
Primary Three (N=10)	-.24	9	p=<.813
Primary Five (N=12)	.20	11	p=<.847
All Subjects (N=34)	.10	33	p=<.924

*Significant at .05 level.

Differences in DAP Scores by Agegroup

Research Question 2: Is there a significant increase in DAP scores when analyzed by agegroups? Do scores increase with age?

Results: T-tests for independent samples were computed for differences between Primary One and Primary Three subjects for all three phases. Differences between Primary Three and Primary Five subjects were likewise calculated. As shown in Table 3, in both analyses, there were significant differences in DAP scores between agegroups in all three phases.

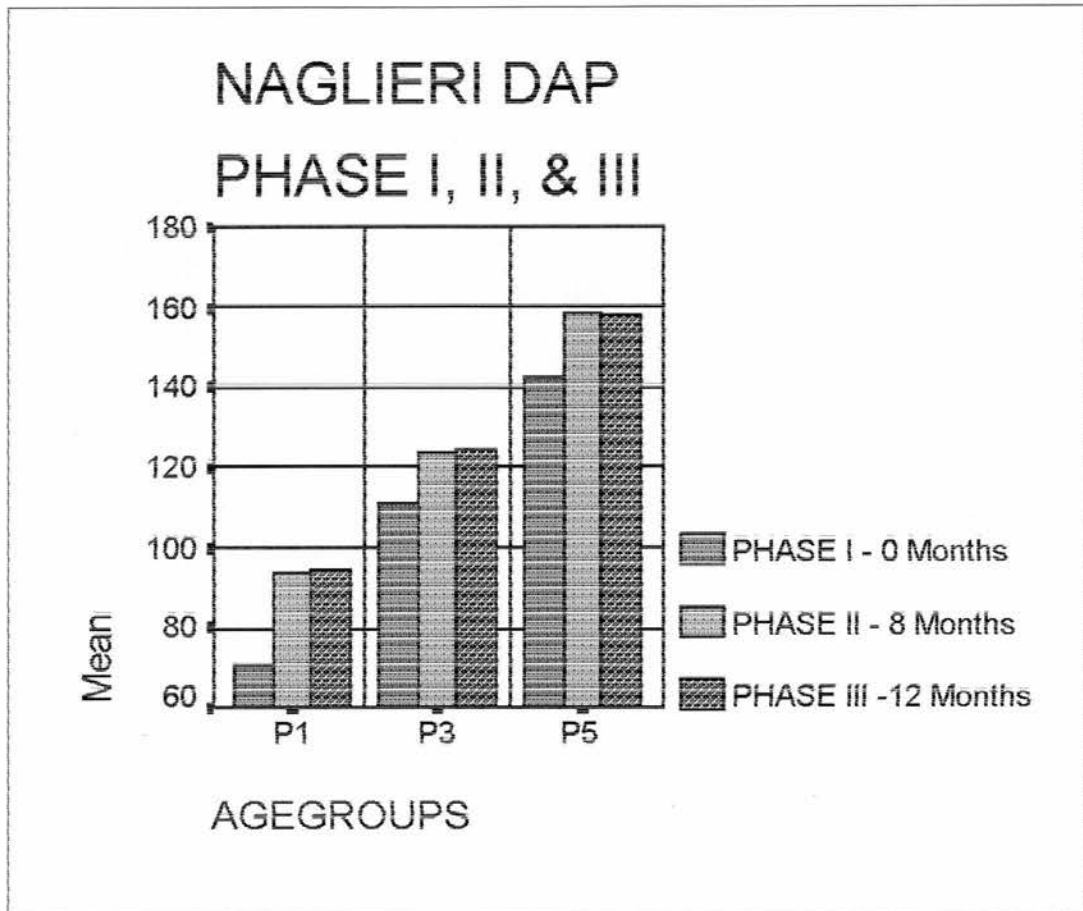
TABLE 3.

DIFFERENCES IN DAP RAW SCORES BETWEEN AGEGROUPS BY PHASE

	t-value	df	2-tail sig.
<u>P1 - P3</u>			
Phase I	-3.72	20	p=<.001
Phase II	-4.01	20	p=<.001
Phase III	-3.03	20	p=<.007
<u>P3 - P5</u>			
Phase I	-3.03	20	p=<.007
Phase II	-5.47	20	p=<.000
Phase III	-4.76	20	p=<.000

Results of analyses for both Research Question 1 and Research Question 2 consistently demonstrated that DAP scores increased both over time and by age, as illustrated in Figure 1 below:

Figure 1



Correlations Between DAP Scores and Other Measures of Cognitive Development

Research Question 3: Is there a significant correlation between scores on Raven's CPM and DAP composite scores? Between scores on the BPVS and DAP composite scores?

Results: Mean T-scores were first calculated by agegroup for the CPM, BPVS and DAP as shown below in Table 4. In all instances scores increased with age.

TABLE 4.
MEAN T-SCORES OF CPM, BPVS, AND DAP BY AGEGROUP

	CPM	BPVS	DAP
PRIMARY ONE (N=12)	39.23	41.90	40.18
PRIMARY THREE (N=10)	50.82	50.97	50.78
PRIMARY FIVE (N=12)	60.08	57.29	59.17

A two-tailed Pearson test for correlations (95% confidence interval) was performed by agegroups (Table 5) demonstrating that while correlations between scores on Raven's CPM and the DAP (Phase I) were not significant for Primary One and Primary Three subjects, they were nonetheless relatively strong. Correlations, however, for Primary Five children were significant. Correlations between the CPM and DAP for all subjects combined (N=34) were significant.

Correlations were subsequently computed between scores on the BPVS and the DAP by agegroup (Table 5) and it was found that while correlations were relatively strong, they were not significant. The correlations for all subjects combined, however, were significant.

TABLE 5.
COMPARISONS BETWEEN PEARSON CORRELATIONS OF THE CPM AND BPVS WITH DAP SCORES BY AGEGROUP AND COMPOSITE DAP SCORES

	CPM/DAP	BPVS/DAP
P1: (N=12)	r=.5071 p< .092.	r=.2949, p< .352.
P3: (N=10)	r=.4488 p< .193.	r=.5213 p< .122.
P5: (N=12)	r=.6831, p< .014.	r=.4497 p< .142.
ALL SUBJECTS (N=34)	r= .8600 p< .000*	r= .7316 p< .000*

*Significant at .05 level.

Sex Differences in Measures of Cognitive Development

Research Question 5: Are there significant differences in scores between boys and girls on the CPM, the BPVS and the DAP?

Results: Means and standard deviations of raw scores on the CPM BPVS, and DAP were calculated for boys and girls. As shown in Table 6, it was demonstrated that there were no significant differences between boys and girls on CPM, BPVS, or DAP (Phase I) scores.

TABLE 6.
MEAN, STANDARD DEVIATION, AND DIFFERENCES BETWEEN CPM, BPVS, AND
DAP RAW SCORES BY SEX

		MEAN	SD
<u>CPM</u>	Male (N=17)	22.71	8.10
	Female (N=17)	22.18	8.13
(t=.19, df=32, p=<.850)			
<u>BPVS</u>	Male (N=17)	16.82	4.23
	Female (N=17)	16.76	4.24
(t=.04, df= 32, p=<.968)			
<u>DAP</u> (Phase I)	Male	104.06	40.09
	Female	112.18	35.86
(t=-.62, df=32, p=<.538)			

Differences in Man, Woman, and Self Scores

Research Question 6: Are there significant differences between scores on Man, Woman, and Self drawings when analyzed for sex differences for Phases I, II, and III for all ages combined?

Results: Table 7 contains means and standard deviations for boys and girls were calculated for Man, Woman, and Self raw scores for Phases I, II, and III for all ages combined (N=34). T-tests for independent samples also demonstrated that there were no significant differences between boys and girls for any of the Man, Woman and Self drawings in any of the three phases.

TABLE 7.
MEAN, STANDARD DEVIATION, AND SEX DIFFERENCES BETWEEN MAN, WOMAN,
AND SELF DRAWINGS PHASES I, II, AND III - ALL SUBJECTS (N=34)

	<u>MALES</u>		<u>FEMALES</u>	
	Mean	SD	Mean	SD
<u>PHASE I</u>				
MAN	36.35	14.40	37.65	12.83
(t= -.28, df=32, p=<.784)				
WOMAN	33.88	13.30	37.00	11.92
(t= -.72, df= 32, p=<.477)				
SELF	33.82	13.72	37.53	11.88
(t= -.84, df=32, p=<.406)				

PHASE II

MAN	41.35	11.40	44.00	10.02
		(t= -.72, df= 32, p=<.477)		
WOMAN	39.59	11.72	42.76	10.53
		(t= -.83, df=32, p=<.412)		
SELF	41.18	13.63	42.29	9.88
		(t= -.27, df=32, p=<.786)		

PHASE III

MAN	41.82	13.27	43.94	11.87
		(t= -.49, df=32, p=<.627)		
WOMAN	42.00	10.30	42.94	12.03
		(t= -.25, df=32, p=<.808)		
SELF	38.59	11.19	43.12	10.62
		(t= -1.2, df=32, p=<.235)		

Research Question 7. Are scores on Man, Woman, and Self drawings more or less equivalent? Are there differences between the scores of the Man, Woman, and Self drawings created within the same session?

Results: Means and standard deviations were first calculated for scores on the Man, Woman and Self drawings for all three phases (Table 8).

TABLE 8.
MEAN AND STANDARD DEVIATION FOR MAN, WOMAN, AND SELF RAW
SCORES FOR PHASES I, II, AND III - ALL SUBJECTS (N=34)

	MEAN	SD
<u>PHASE I</u>		
MAN	37.00	13.45
WOMAN	35.44	12.54
SELF	35.68	12.78
<u>PHASE II</u>		
MAN	42.68	10.65
WOMAN	41.18	11.09
SELF	41.74	11.73

PHASE III

MAN	42.88	12.45
WOMAN	42.47	11.04
SELF	40.85	10.99

Further analysis was made using a two-tailed t-test for mean differences for independent samples and it was demonstrated that for all subjects combined (N=34) there were no varying levels of significance between scores on Man, Woman, and Self drawings in any of the three phases of the study, but none was significant (Table 9). Koppitz' hypothesis that the contributions of Man, Woman, and Self drawings are more or less equivalent was thus substantiated.

TABLE 9.

MEAN DIFFERENCES IN MAN, WOMAN, AND SELF DRAWINGS, PHASES I, II, AND III FOR ALL SUBJECTS (N=34)

	PHASE I	PHASE II	PHASE III
Man-Woman	t=1.84 df=33 p<.074	t=1.59 df=33 p<.120	t=.38 df=33 p<.708
Man-Self	t=1.44 df=33 p<.160	t=.74 df=33 p<.467	t=1.60 df=33 p<.119
Woman-Self	t=-.25, df=33 p<.806	t=-.53 df=33 p<.597	t=1.72 df=33 p<.095

Summary

The overall results of the analysis of the data relative to measures of cognitive development substantiated the claims of Naglieri and others that DAP scores reflecting increased cognitive development in children did increase with age and over time. It was also determined that scores on the Naglieri DAP correlated well with other measures of mental maturity. DAP/CPM correlation coefficients proved to be slightly higher than those of the DAP/BPVS. Sex differences also proved to be negligible for all three

measures. Man, Woman, and Self scores did not differ significantly supporting Koppitz' contention that the use of only one drawing is sufficient, because scores do not differ greatly from one to another when drawn during the same session. The advantage of Koppitz' approach may be a more efficient use of time and materials. On the other hand, Naglieri's claim that the use of all three scores combined provides higher validity due to the greater number of scorable items logically holds true, and this approach would provide a more accurate picture of the child's actual mental maturity as well as more refined discrimination between scores of various subjects. The following chapter will present the results of analysis of the data for presumed "Sex-Abuse-Indicators" ("SAI"s) specifically related to cognitive development and to the findings of this chapter.

CHAPTER VIII - RESULTS

SEX ABUSE INDICATORS ("SAI'S) IN DRAWINGS OF NONABUSED CHILDREN RELATIVE TO COGNITIVE DEVELOPMENT

Introduction

This chapter will present the results of analysis of the data relative to features in children's drawings alleged to be indicative of a history of sexual abuse, namely "Sex Abuse Indicators" ("SAI's) specifically to their relationship to cognitive development. The terms "Sex Abuse Indicator" and "SAI" are placed in quotation marks because there has been only an assumption that they are indicators linked with sexual abuse. The results of this thesis, as will be demonstrated, show that this is not necessarily the case.

Analysis of scores is based on the same drawings as were analyzed in Chapter VII, but DAP scores analyzed in this chapter were derived from the use of the Hagood Scoring Chart for "SAI's (See Appendix) which was developed to consist of drawing features purported to be linked with a history of sexual abuse.

All correlations of drawing scores for "SAI'S with measures of cognitive development, i.e., Raven's Coloured Progressive Matrices (CPM), the British Picture Vocabulary Scale (BPVS), and the Naglieri Draw-A-Person Test (DAP) are made using DAP scores for Phase I only, due to time proximity in the collection of data.

In order to test the claims of numerous writers that certain characteristics in children's drawings are indicative of a history of sexual abuse, descriptive statistics were calculated to determine whether or not "SAI's appeared in drawings of children who have not been abused. T-tests for paired samples were used to analyze for agegroup differences and changes over time. Pearson Tests for Correlations were used for comparisons between "SAI's and measures of cognitive development, namely the CPM, the BPVS and the DAP in order to test whether there is a cognitive developmental link with the

appearance of "SAI"s. T-tests for independent samples at the 95% confidence interval were also used for sex differences and agegroup comparisons. Chi-square analysis identified "SAI" items which were significantly related to cognitive development in that they appeared more frequently at the outset of the study and decreased significantly over time and by age. In all of the hypothesis testing, the .05 level of probability was utilized. Further refinement of these analyses was made using the Mantel-Haenszel test for linear association.

All data were checked for assumptions of normality of distributions by using the SPSS Histogram displaying the normality curve. In instances where the normality was not clear by use of the histogram alone, further use of the Lilliefors Test for Normality was used (Foster, 1993; Norusis, 1993). Subsequent decisions of appropriateness of parametric statistical tests were made on the basis of these tests for normality. Assumptions of stratified random selection and independence of scores is discussed in Chapter VII and applies to all data analyzed in this chapter as well.

Sources for format of presentation and rationale of choice of statistical tests were the same as in Chapter VII. All data was analyzed and charts created by use of the SPSS for Windows Statistical Programme, Release 6.0 (Norusis, 1993).

A more in-depth discussion of the results related to theory, methodology, and previous findings will appear in Chapter X.

Analysis of the Data

"Sex Abuse Indicators" ("SAI"s) Appearing in Drawings of Nonabused Children

Research Question 1: Do drawing characteristics purported to be indicative of a history of sexual abuse ("SAI"s) appear in drawings of ordinary children assumed not to have been abused? Are there significant differences in the number of "SAI"s appearing between Phase I, Phase II, and Phase III when analyzed by agegroup and for all subjects combined? Do scores significantly increase or decrease over time? Is there a link with cognitive development?

Results: Descriptive statistics of mean and standard deviations were computed and it was determined that out of 39 possible "SAI" items, a considerable number of "SAI"s do appear in drawings of nonabused children as shown in Table 1. Further analysis for each subject individually also demonstrated that all nonabused children in the study (N=34) included "SAI"s in their drawings in varying numbers, thus supporting the hypothesis that many so-called indicators of sexual abuse do appear in drawings of normal nonabused children.

TABLE 1.
FREQUENCY COUNT OF "SAI"S APPEARING IN NONABUSED CHILDREN'S
DRAWINGS BY SUBJECT AND AGE GROUP FOR PHASES I, II, AND III

AGE GROUP	SUBJECT	PHASE I	PHASE II	PHASE III
<u>PRIMARY ONE</u>				
(N=12)				
<u>MEAN</u>		8.33	6.50	7.00
<u>SD</u>		2.64	2.94	3.10
	1	8.00	8.00	10.00 +
	2	7.00	8.00	9.00 +
	3	12.00	9.00	7.00 -
	4	6.00	5.00	3.00 -
	5	8.00	7.00	9.00 +
	6	11.00	7.00	9.00 -
	7	4.00	3.00	2.00 -
	8	7.00	12.00	12.00 +
	9	13.00	8.00	7.00 -
	10	10.00	6.00	8.00 -
	11	7.00	4.00	4.00 -
	12	7.00	1.00	4.00 -
TOTAL NO. OF "SAI"S		100.00	78.00	84.00
<u>PRIMARY ONE CHANGE OVER TIME:</u>		66% DECREASED 33% INCREASED		
<u>PRIMARY THREE</u>				
(N=10)				
<u>MEAN</u>		5.70	4.50	2.51
<u>SD</u>		3.62	4.90	3.28
	13	5.00	7.00	2.00 -
	15	7.00	4.00	3.00 -
	16	6.00	5.00	6.00 o
	17	9.00	6.00	2.00 +

AGEGROUP	SUBJECT	PHASE I	PHASE II	PHASE III
	19	4.00	2.00	7.00 +
	20	1.00	.00	1.00 o
	21	1.00	4.00	2.00 +
	22	9.00	4.00	7.00 -
TOTAL "SAI"S		57.00	45.00	49.00

PRIMARY THREE CHANGE OVER TIME: 50% DECREASED
 30% INCREASED
 20% NO CHANGE

<u>PRIMARY FIVE</u>	<u>MEAN</u>	2.92	2.92	1.67
(N=12)	<u>SD</u>	2.50	2.15	1.67
	23	6.00	5.00	.00 -
	24	.00	.00	1.00 +
	25	6.00	4.00	4.00 -
	26	5.00	6.00	3.00 -
	27	1.00	.00	1.00 o
	28	3.00	1.00	1.00 -
	29	.00	4.00	3.00 +
	30	.00	3.00	.00 o
	31	.00	3.00	5.00 +
	32	1.00	.00	1.00 o
	33	3.00	5.00	.00 -
	34	2.00	4.00	1.00 -
TOTAL "SAI"S		35.00	35.00	20.00

PRIMARY FIVE CHANGE OVER TIME: 50% DECREASED
 25% INCREASED
 25% NO CHANGE

Grand Total For All Subjects(N=34)

Sum	192.00	158.00	153.00
Mean	5.65	4.65	4.50

- = Decreased
 + = Increased
 o = No Change

As shown in Table 1 above, in most instances "SAI" scores decreased over time, unless noted otherwise. In order to compute whether differences were statistically significant, T-tests for paired samples were calculated for changes over time for all subjects combined and for each agegroup separately (Table 2). As discussed in Chapter VII, the time difference between Phases I and II is approximately 8 months and between Phases II and III approximately 4 months. The total time difference between Phases I and III is approximately

12 months. Analyses for all children combined (N=34) were carried out and differences were found for Phase I-II comparisons and Phase I-III comparisons indicating that significant decreases in the number of "SAI"s occurred. Analyses for each agegroup separately, however, yielded no significant differences.

TABLE 2.
DIFFERENCES IN "SAI"S BETWEEN PHASES I, II, AND III BY AGEGROUP AND FOR ALL SUBJECTS (N=34)

	t-value	df	2-tail sig.	
<u>PHASE I - II (8 months)</u>				
Primary One (N=12)	2.11	11	p=< .059	NS
Primary Three (N=10)	1.50	9	p=< .168	NS
Primary Five (N=12)	.00	11	p=< 1.000	NS
All Subjects Combined (N=34)	2.19	33	p=<.036	*
<u>PHASE II - III (4 months)</u>				
Primary One (N=12)	-1.00	11	p=< .339	NS
Primary Three (N=10)	-.41	9	p=< .689	NS
Primary Five (N=12)	1.76	11	p=< .105	NS
All Subjects Combined (N=34)	.34	33	p=< .734	NS
<u>PHASE I - III (12 months)</u>				
Primary One (N=12)	1.44	11	p= <.177	NS
Primary Three (N=10)	1.15	9	p=< .280	NS
Primary Five (N=12)	1.95	11	p=<.077	NS
All Subjects Combined (N=34)	2.64	33	p=<.013	*

* Significant at .05 level

NS = Not significant

Research Question 2. Are there significant changes in "SAI"s when analyzed by agegroups?

Results: T-tests for independent samples were computed. As shown in Table 3, there were no significant differences found in "SAI"s between Primary One and Primary Three in all three phases. Primary Three and Primary Five comparisons however revealed significant differences between Phase I and Phase III (approximately one year).

TABLE 3.
DIFFERENCES IN COMPOSITE "SAI"S BY AGEGROUP AND FOR ALL AGES COMBINED

	t-value	df	2-tail sig.	
<u>P1 - P3</u>				
Phase I (Outset)	1.97	20	.063	NS
Phase II (8 Months Later)	1.70	20	.105	NS
Phase III (4 Months)	1.54	20	.139	NS

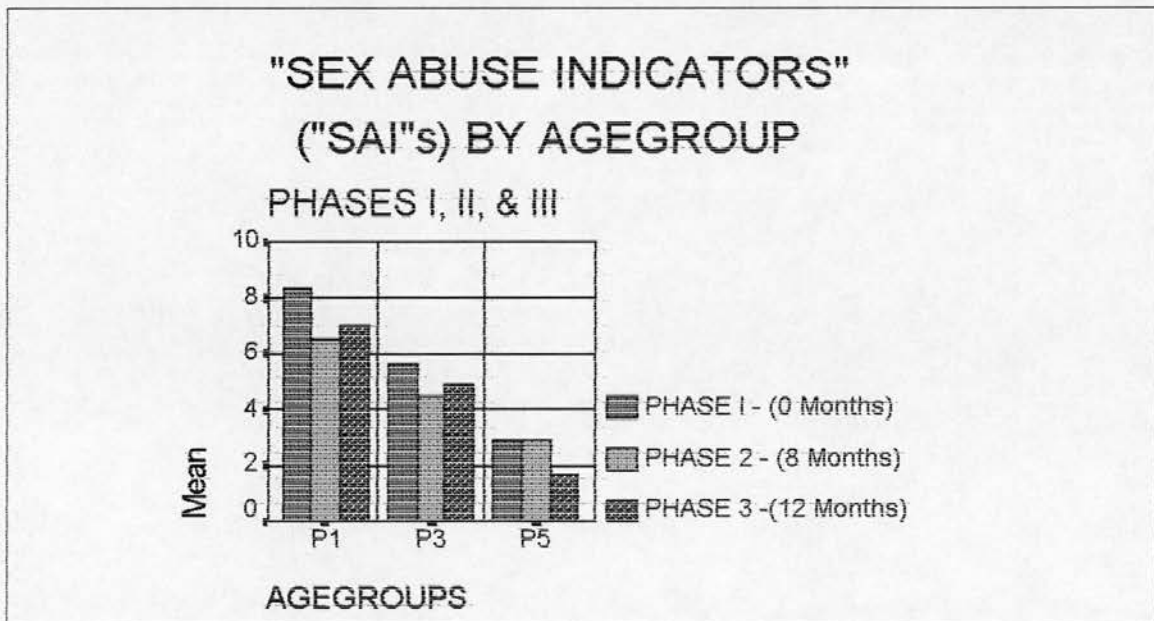
P3 - P5					
Phase I (Outset)	2.13	20	.046	*	
Phase II (8 Months Later)	1.60	20	.126	NS	
Phase III (4 Months Later)	2.99	20	.007	*	
P1 - P5					
Phase I (Outset)	5.16	22	.000	*	
Phase II (8 Months)	3.41	22	.003	*	
Phase III (4 Months)	5.24	22	.000	*	

* Significant at .05 level.

NS = Not Significant

Results of both Research Questions 1 and 2 were contrary to those found for the Naglieri DAP (Chapter VII) in that they decreased instead of increasing over time and by age. In both instances, the hypothesis that "SAI"s were features of younger children's drawings at a lower level of mental maturity was supported as shown in Figure 1 below.

FIGURE 1.



Correlations Between "SAI"s and Measures of Mental Maturity

Research Question 3. Are there significant correlations between the appearance of "SAI"s and scores on the CPM, BPVS and DAP?

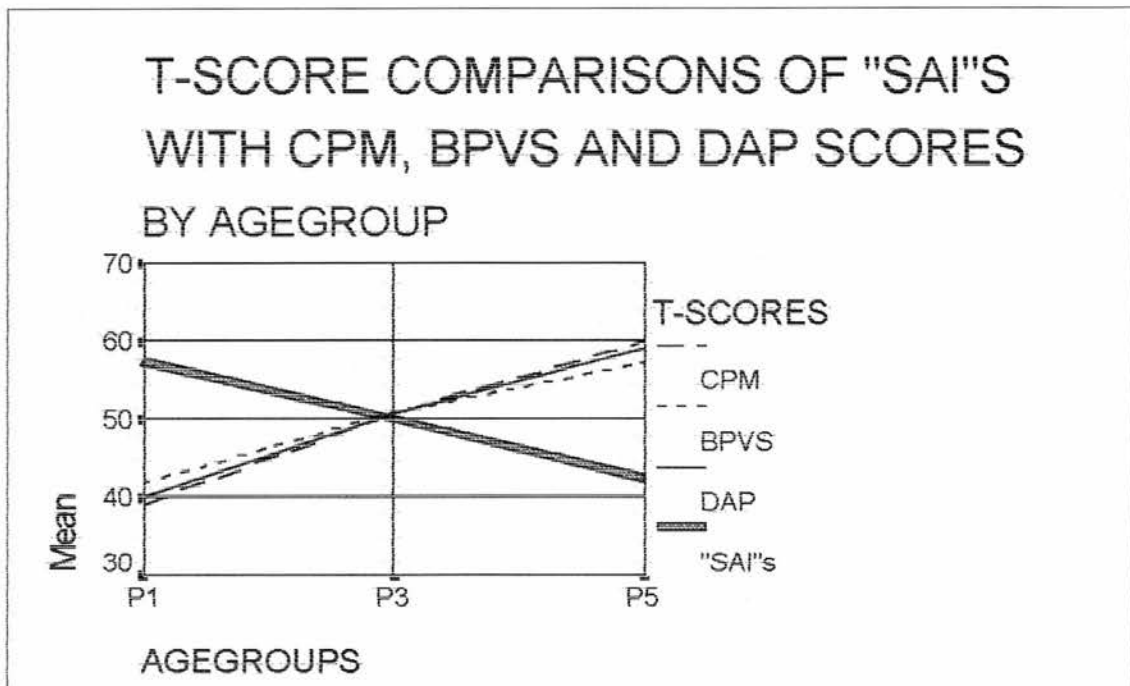
Results: T-scores were first calculated for the CPM, BPVS, DAP and "SAI"s (Phase I only) as shown below in Table 4.

TABLE 4.
T-SCORES OF CPM, BPVS, DAP AND "SAI'S BY AGEGROUP (PHASE ONE ONLY)

SUBJECT	CPM	BPVT	DAP	"SAI"
<u>PRIMARY ONE</u>				
1	43.19	43.30	39.56	56.45
2	41.94	50.49	38.76	53.71
3	36.94	31.30	31.33	67.40
4	41.94	43.30	51.23	50.97
5	40.69	38.50	37.17	56.45
6	44.44	40.90	41.15	64.66
7	43.19	40.90	45.13	45.49
8	39.44	38.50	44.86	53.71
9	31.93	40.90	35.58	70.14
10	34.44	43.30	36.90	61.92
11	36.94	50.49	40.35	53.71
12	35.69	40.90	40.09	53.71
<u>PRIMARY THREE</u>				
13	58.21	50.49	56.01	48.23
14	40.69	28.91	34.78	67.40
15	55.70	52.89	40.09	53.71
16	49.45	55.29	43.54	50.97
17	41.94	50.49	49.11	59.18
18	61.96	60.09	59.99	42.75
19	46.95	52.89	59.19	45.49
20	49.45	43.30	55.48	37.27
21	49.45	50.49	56.54	37.27
22	54.45	64.89	53.09	59.18
<u>PRIMARY FIVE</u>				
23	56.95	62.49	54.15	50.97
24	61.96	62.49	59.19	34.53
25	54.45	50.49	50.97	50.97
26	58.21	45.70	59.19	48.23
27	61.96	62.49	61.05	37.27
28	59.46	62.49	62.11	42.75
29	61.96	67.28	63.97	34.53
30	64.46	69.68	62.64	37.27
31	58.21	50.49	56.81	53.71
32	59.46	55.29	62.38	37.27
33	63.21	50.49	56.54	42.75
34	60.71	48.10	61.05	40.01

Figure 2 below graphically illustrates the parallel increase over time in T-scores for all three measures of mental maturity, the CPM, BPVS, and DAP, and the contrasting expected decrease in T-scores for "SAI"s.

Figure 2.



Two-tailed Pearson tests for correlations between "SAI"s and scores on the CPM, BPVS, and DAP (Man, Woman and Self Drawings) were calculated and the results are shown in Table 6 below. As expected, when analyzed by agegroup, "SAI"s were negatively correlated with measures of cognitive development in all cases, with the exception of one positive correlation between the BPVS and a Self Drawing (Primary Three). Primary Five children, however, had significant negative correlations in several instances, as noted on Table 5. Analyses for all subjects combined (N=34) revealed that negative correlations were significant for all measures of mental maturity. The higher the score of mental maturity, the fewer "SAI"s appeared, again supporting the theory that "SAI"s are linked with a lower level of cognitive development and not necessarily with sexual abuse. For all ages combined, Pearson correlation coefficients were all significant ($p < .000$) with the highest being the "SAI"/DAP correlation, except for Woman drawings. The next strongest coefficient was that of the "SAI"/CPM correlation and the "SAI"/BPVS correlation the lowest, yet all strongly significant.

TABLE 5.
 PEARSON CORRELATIONS BETWEEN "SAI'S AND CPM AND BPVS SCORES BY
 AGEGROUP FOR MAN, WOMAN, SELF, AND COMPOSITE SCORES

	MAN	WOMAN	SELF	COMPOSITE (MWS)
<u>Primary One (N=12)</u>				
"SAI"/CPM	r= -.2677 p= <.400	r= -.5421 p= <.069	r= -.5441 p= <.067	r= -.5008 p= <.097
"SAI"/BPVS	r= -.1202 p= <.710	r= -.5282 p= <.078	r= -.5255 p= <.079	r= -.3948 p= <.204
"SAI"/DAP	r= -.2264 p= <.479	r= -.7715 p= <.003 *	r= -.6145 p= <.034 *	r= -.7415 p= <.006 *
<u>Primary Three (N=10)</u>				
"SAI"/CPM	r= -.4000 p= <.252	r= -.4099 p= <.239	r= -.1749 p= <.629	r= -.4095 p= <.240
"SAI"/BPVS	r= -.1579 p= <.663	r= -.5836 p= <.077	r= .0504 p= <.890	r= -.2530 p= <.481
"SAI"/DAP	r= -.5741 p= <.083	r= -.8096 p= <.005 *	r= -.5612 p= <.091	r= -.7355 p= <.015 *
<u>Primary Five (N=12)</u>				
"SAI"/CPM	r= -.5412 p= <.069	r= -.7817 p= <.003 *	r= -.6875 p= <.013 *	r= -.7738 p= <.003 *
"SAI"/BPVS	r= -.4365 p= <.156	r= -.7245 p= <.008 *	r= -.2440 p= <.445	r= -.5498 p= <.064
"SAI"/DAP	r= -.7234 p= <.008 *	r= -.6039 p= <.038 *	r= -.6763 p= <.016 *	r= -.7715 p= <.003 *
<u>All Ages (N=34)</u>				
"SAI"/CPM	r= -.7285 p= <.000 *	r= -.6455 p= <.000 *	r= -.6554 p= <.000 *	r= -.7360 p= <.000 *
"SAI"/BPVS	r= -.5713 p= <.000 *	r= -.7276 p= <.000 *	r= -.4832 p= <.004 *	r= -.6321 p= <.000 *
"SAI"/DAP	r= -.7647 p= <.000 *	r= -.7736 p= <.000 *	r= -.7544 p= <.000 *	r= -.8419 p= <.000 *

* Significant at .05 level

Sex Differences in Frequency of "Sex Abuse Indicators":

Research Question 5. Are there significant differences in the number of "SAI's appearing in drawings of boys as compared with those appearing in drawings of girls?

Results: Means and standard deviations were computed for males (N=17) and females (N=17) on Man, Woman, and Self drawings for Phases I, II, and III.

Two-tailed tests for equality of means for independent samples were computed and, as expected, it was demonstrated that boys consistently scored higher than girls (Table 6). There were, however, no overall significant differences between "SAI" scores of boys and girls for all three phases, with only two exceptions. In Phase II boys scored higher on Woman Drawings and in Phase III boys scored higher on Self drawings. This finding is consistent with that in Chapter VII where girls conversely scored higher than boys on the Naglieri DAP.

TABLE 6.
MEAN, STANDARD DEVIATION, AND SEX DIFFERENCES IN "SAI" SCORES FOR MAN,
WOMAN, SELF DRAWINGS FOR PHASES I, II, AND III

		MEAN	SD		
<u>PHASE I</u>					
<u>MAN</u>	male	2.2941	1.404		
	female	2.1176	1.764		
		(t=.32, df=32, p=<.749)			NS
<u>WOMAN</u>	male	1.8824	1.317		
	female	1.5294	1.125		
		(t=.84, df=32, p=<.407)			NS
<u>SELF</u>	male	2.2941	1.687		
	female	1.6471	1.272		
		(t=1.26, df=32, p=<.216)			NS
<u>COMPOSITE MWS SCORES</u>					
	male	6.1176	3.655		
	female	5.1765	3.695		
		(t=.75, df=32, p=<.461)			NS
<u>PHASE II</u>					
<u>MAN</u>	male	1.6471	1.169		
	female	1.6471	1.169		
		(t=.00, df=32, p=<1.000)			NS
<u>WOMAN</u>	male	2.0000	1.118		
	female	.9412	.748		
		(t=3.25, df=32, p=<.003)			*
<u>SELF</u>	male	1.8824	1.317		
	female	1.1176	.993		
		(t= 1.91, df=32, p=<.065)			NS

COMPOSITE (MWS) SCORES

male	5.5294	3.105
female	3.7647	2.488

($t=1.83$, $df=32$, $p<.077$) NS

PHASE III

<u>MAN</u>	male	1.7647	1.251
	female	1.5882	1.326

($t=.40$, $df=32$, $p<.692$) NS

<u>WOMAN</u>	male	1.4706	1.328
	female	1.1765	1.629

($t=.58$, $df=32$, $p<.568$) NS

<u>SELF</u>	male	2.0588	1.345
	female	1.0000	1.173

($t=2.45$, $df=32$, $p<.020$) *

COMPOSITE (MWS) SCORES

male	5.2941	3.387
female	3.7059	3.549

($t=1.33$, $df=32$, $p<.191$) NS

*Significant at .05 level

NS = Not Significant

Research Question 6: Are there differences in the number of "SAI"s occurring in Man, Woman, and Self drawings? Which drawing, if any, yields the highest number of "SAI"s?

Results: Means, standard deviations and frequency counts were calculated for "SAI"s in Man, Woman, and Self drawings for Phases I, II, and III as shown in Table 7 below. It was found consistently that more "SAI"s appeared in Man drawings than in Woman and Self drawings.

TABLE 7.

FREQUENCY OF "SAI"S FOR MAN, WOMAN, SELF DRAWINGS BY PHASE FOR ALL SUBJECTS COMBINED (N=34)

	Mean	SD	Sum
<u>PHASE I</u>			
MAN	2.21	1.57	75.00
WOMAN	1.71	1.22	58.00
SELF	1.97	1.51	67.00

PHASE II

MAN	1.65	1.15	56.00
WOMAN	1.47	1.08	50.00
SELF	1.50	1.21	51.00

PHASE III

MAN	1.68	1.27	57.00
WOMAN	1.32	1.47	45.00
SELF	1.53	1.35	52.00

T-Tests for paired samples were calculated to determine whether there were significant differences for "SAI"s between Man, Woman and Self drawings. It was demonstrated that while for Phases I, II, and III there were more "SAI"s in Man drawings, these differences were not significant except for the Man-Woman comparison in Phase I (Table 8).

TABLE 8.

DIFFERENCES IN "SAI"s BETWEEN MAN, WOMAN, AND SELF DRAWINGS

<u>PHASE I</u>	<u>t</u>	<u>df</u>	<u>2-tailed sig.</u>
<u>MAN-WOMAN</u>	2.57	33	.015 *
<u>MAN-SELF</u>	.81	33	.422 NS
<u>WOMAN-SELF</u>	1.64	33	.110 NS
<u>PHASE II</u>			
<u>MAN-WOMAN</u>	1.19	33	.244 NS
<u>MAN-SELF</u>	.78	33	.443 NS
<u>WOMAN-SELF</u>	.68	33	.500 NS
<u>PHASE III</u>			
<u>MAN-WOMAN</u>	-1.51	33	.141 NS
<u>MAN-SELF</u>	-.18	33	.861 NS
<u>WOMAN-SELF</u>	-1.23	33	.228 NS

* Significant at .05 level

NS= Not Significant

"SAI"s Related to Cognitive Development

Research Question 7: Are there are some "SAI"s appearing at a significantly greater frequency in drawings of nonabused children which are clearly related to cognitive development? Which ones are they?

Results: Chi-square analysis using the Mantel-Haenszel test for linear association identified four features with a significant decrease between

agegroups with younger children drawing more "SAI"s than older children. In one instance, the items was non-significant but nevertheless declined with age. These items and their descriptions are presented in Table 9 below.

TABLE 9.
SIGNIFICANT DEVELOPMENTAL "SAI"S (COMBINED MAN-WOMAN-SELF SCORES)
DECREASING WITH AGE BY PHASE

ITEM	DESCRIPTION	PHASE I		PHASE II		PHASE III	
		X	P	X	P	X	P
4A	Hands Absent	6.1579	.0130*	1.8155	.1778 NS	8.1699	.0042*
7C	Neck Absent	5.1765	.1228 NS	10.2844	.0013*	15.0597	.0000*
8A	Legs Apart	13.3413	.0002*	12.6328	.0003*	10.7967	.0010*
11A	Linear Nose	2.2283	.1355 NS	4.9056	.0267*	2.3506	.1252 NS

*Significant at .05 level.
NS=Not significant.

Four more "SAI" items which declined with age in two out of three phases were identified, but were not significant. These items and their definitions are listed in Table 10 below:

TABLE 10.
NONSIGNIFICANT DEVELOPMENTAL "SAI"S (COMBINED MAN-WOMAN-SELF SCORES)
DECREASING WITH AGE BY PHASE

ITEM	DESCRIPTION	PHASE I	PHASE II	PHASE III
1A	Phallic Arms	O	X	X
2A	Head Detached	X	X	NC
3E	Large Circular Eyes	X	NC	X
6C	Head Disproportionately Smaller	X	X	NC

X = Nonsignificant decrease.
NC = No change.
O = Nonoccurring

Further analysis for combined Man, Woman, Self scores by agegroup and by phase identified six items which increased with age in at least two out of three phases, but increases were not statistically significant. These items are presented in Table 11 below:

TABLE 11.
 NONSIGNIFICANT DEVELOPMENTAL "SAI'S (COMBINED MAN-WOMAN-SELF SCORES)
 INCREASING WITH AGE BY PHASE

ITEM	DESCRIPTION	PHASE I	PHASE II	PHASE III
3B	Angular Pupils	I	I	I
4D	One Finger Disproportionate	I	I	X
8C	Legs Pressed Together	I	I	X
9D	Exaggerated Full Lips	I	I	I
9E	Puppet Mouth	I	I	O
11C	Phallic-like Nose	I	I	NC

I = Nonsignificant Increase

X = Nonsignificant Decrease

O = Nonoccurring

NC = No Change

Summary:

Analyses of the data relevant to "Sex Abuse Indicators" ("SAI's) appearing in drawings of nonabused children supported the hypotheses of this investigation that "SAI's do appear in drawings of nonabused children and at least some "SAI's appear to be related to cognitive development. Analyses of all "SAI's combined demonstrated that they decreased with age and over time and thus were characteristics of younger children's drawings. This was further supported by all "SAI's combined being negatively correlated with scores on several measures of mental maturity, namely the CPM, BPVS, and DAP. Analysis for sex differences in all "SAI's combined demonstrated that boys consistently drew more "SAI's than girls, but differences were not significant, except in two instances (Phase II Woman drawings and Phase III Self drawings). This would be expected in view of the converse findings in Chapter VII that girls scored higher on Naglieri's Draw-A-Person Test than did boys.

Analyses were carried out to identify which drawing (Man, Woman, or Self) yielded the greatest number of "SAI's and it was found that for all three phases Man drawings had consistently higher scores, but in all but one instance not significantly so. It was found that there were no significant differences in the number of "SAI's between Man, Woman, and Self drawings, again supporting Koppitz' claim that the use of one drawing was sufficient.

Four specific "SAI"s were identified which were clearly related to cognitive development in that they declined with age to a significant degree. Six additional "SAI"s were identified as decreasing in two out of three phases when analyzed by agegroups, but not at a significant level. Six "SAI"s were also identified as increasing in two out of three phases when compared by agegroups, but likewise results were not at a significant level. These findings supported the main hypothesis of this thesis that some "SAI"s purported to be linked with sexual abuse would be primarily related to cognitive development.

The following chapter will focus on those aspects of children's drawings which may yet be linked with a history of sexual abuse, as has been claimed by various investigators. It will present data on "SAI"s which did not appear at all in any of the drawings of nonabused children as well as data for "SAI"s which rarely appeared, but were clearly not developmental in nature. An exploration of the results of data analysis on "Anatomical Sex Abuse Indicators" ("ASAI"s) appearing in drawings of nonabused children also will be presented.

CHAPTER IX

RESULTS

IDENTIFICATION OF "SEX ABUSE INDICATORS" ("SAI'S") AND ANATOMICAL "SEX ABUSE INDICATORS" ("ASAI'S") WHICH MAY BE LINKED WITH SEXUAL ABUSE

Introduction

This chapter will focus on those features of children's drawings which may yet be associated with a history of sexual abuse or related trauma. The first part of Chapter IX presents the analysis of data relative to those "Sex Abuse Indicators" ("SAI's) which do not appear at all in any of the 306 Man, Woman, and Self drawings of nonabused children. Data on those features which occur rarely and appear to have little or no relationship to cognitive development are also presented. Sources for format of presentation and rationale of choice of statistical tests were the same as in Chapters VII and VIII. All data were analyzed and charts created by use of the SPSS for Windows Statistical Programme, Release 6.0 (Norusis, 1993).

The terms "Sex Abuse Indicator" and "SAI" are placed within quotation marks because there has been only an assumption that they are linked with sexual abuse (see Chapter VIII). The second part of this chapter presents the data on the presence of "Anatomical Sex Abuse Indicators" ("ASAI's) appearing in drawings of nonabused children. The terms "Anatomical Sex Abuse Indicator" and "ASAI" likewise are placed within quotation marks because of lack of evidence that such anatomical features are indicators specifically linked with sexual abuse.

Because there were so few "ASAI's occurring in drawings of nonabused children, results are shown primarily with descriptive statistics and by presentation of the actual drawings which contained "ASAI's. Neither the assumption of independence nor the assumption of normality could be met for "ASAI" data because scored items for detailed aspects of the human

anatomy purported to be seen in drawings of sexually abused children are overlapping in nature (e.g. genitalia, genitalia with ejaculate, and so on). Comparisons are thus made using summary statistics. Analyses for correlations likewise were not possible and data for individual subjects are therefore presented.

As discussed in the Methodology section, the primary purpose for collecting "ASAI" data was for further comparison with drawings of sexually abused children, which proved not to be feasible for this study. It nevertheless provided valuable information in looking at drawings of nonabused children, and demonstrated problems with such an approach which clearly need to be addressed in any future research along this line.

A more elaborate discussion of the results presented in this chapter related to theory, methodology, previous findings and suggestions for future research will appear in Chapter X.

"Sex Abuse Indicators" ("SAI"s): Nonoccurring in Drawings of Nonabused Children

Research Question 1: Are there "SAI"s which do not appear at all in drawings of nonabused children? If so, which ones?

Results: Frequency counts were computed, and it was found that 10 "SAI"s did not appear in any of the 306 drawings of nonabused children in any of the three phases of the data collection. The hypotheses by various investigators (See Chapter VI) that these "SAI"s may in fact be linked with sexual abuse or related trauma was thus supported. These items and their definitions are listed below in Table 1.

TABLE 1.

SEX ABUSE INDICATORS ("SAI"S) NOT APPEARING IN ANY DRAWINGS OF NONABUSED CHILDREN

<u>ITEM</u>	<u>DESCRIPTION</u>
6B	Head only, or head and neck only.
7B	Triangular neck.
8D	Legs repeatedly redrawn (more than two legs)
8E	Phallic shaped legs.

9B	Tongue protruding.
12A	Complete absence of facial features.
12B	Crossed-out, shaded out, or scribbled-out face.
13A	Entire person or body crossed out or scribbled out.
13B	Trunk drawn from waist up only.

"Sex Abuse Indicators" ("SAI"s): Rarely Occurring in Drawings of Nonabused Children

Research Question 2. Which "SAI"s appeared only rarely in drawings of nonabused children?

Results: Table 2 below presents frequency counts and percentages of 15 "SAI"s appearing rarely which were calculated on all 306 drawings (102 drawings for each of the three phases). Chi-square analysis using the Mantel-Haenszel test for linear association demonstrated that there was no clear developmental pattern for increase or decrease of scores on these particular items when analyzed by agegroup. Frequencies and percentages for these "SAI"s in drawings of nonabused children were very low. Analysis by phase, however, demonstrated some changes over time with some scores, however, increasing or decreasing. Scores were so low that no significance could be ascertained nor was any clear pattern observable. While Item 4C (no fingers) is part of Naglieri's developmental criteria, it appeared only in Phase I and more frequently in P3 children. Based on data from this study, it was therefore not considered to be developmental in nature. The hypothesis that some "SAI"s may be linked with sexual abuse or related trauma was thus supported insofar as they occurred so rarely.

TABLE 2.
FREQUENCY COUNT AND PERCENTAGE OF RARELY APPEARING "SEX ABUSE INDICATORS" "SAI"S) IN DRAWINGS OF NONABUSED CHILDREN BY PHASE

NO. OF DRAWINGS		(102)		(102)		(102)		
ITEM	DESCRIPTION	PHASE I		PHASE II		PHASE III		
		No.	%	No.	%	No.	%	CHANGE
3A	Eyes as wedges	1	.98	0	.00	0	.00	D
3C	Eyes with angular pupils	0	.00	1	.98	2	1.96	I
3D	Eyes with vertical pupils	1	.98	1	.98	0	.00	D

		No.	%	No.	%	No.	%	CHANGE
4B	Hands hidden	0	.00	0	.00	1	.98	I
4C	Hands with no fingers	6	5.88	0	.00	0	.00	D
5A	Phallic shaped hair	0	.00	1	.98	0	.00	NC
7A	Neck disproportionately long	5	4.90	6	5.88	8	7.82	I
8B	Minimal genital area	2	1.96	3	2.94	3	2.94	I
9A	No mouth	4	3.92	0	.00	2	1.96	D
9C	Mouth wide open	1	.98	0	.00	1	.98	NC
9F	Jagged lipline	0	.00	1	.98	1	.98	I
9G	Mouth turned downward	1	.98	1	.98	2	1.96	I
10A	Teeth exaggerated	1	.98	3	2.94	2	1.96	NC
11B	Question mark nose	3	2.94	1	.98	2	1.96	D
14A	Clown instead of person	0	.00	0	.00	2	1.96	I

D = Decreased

I = Increased

NC = No Change

"Anatomical Sex Abuse Indicators" ("ASAI"s) Appearing in Drawings of Nonabused Children

Research Question 3. Do "Anatomical Sex Abuse Indicators" ("ASAI"s) which are drawing characteristics specifically anatomical in nature relative to sexual parts of the human body appear in drawings of nonabused children? If so at what frequencies and at what ages? Are there differences in agegroups? Are there sex differences?

Results: Descriptive statistics were computed for frequency counts of "ASAI"s for each subject within each agegroup for 306 drawings in Phases I, II, and III. CPM scores are also listed for each subject to determine whether there are any links with cognitive development. Items scored represent various types of anatomical details and are overlapping. As shown in Table 3, the results showed that eight out of 34 children in the study (23.5%) drew two or more anatomical sexual features. No "ASAI"s appeared in any of the drawings of the remaining 26 children. There were two Primary One children, three Primary Three children, and three Primary Five children who drew anatomical sexual features in varying forms. There was no pattern identified for phase or agegroup differences. It was also found that cognitive development as measured by the CPM did not appear to be a factor in the

appearance of "ASAI"s. Some children drawing "ASAI"s scored in the higher end of CPM scores and some scored in the lower end.

There were considerable sex differences with 75% more girls drawing "ASAI"s than boys. The two children drawing "ASAI"s in Primary One were girls; two out of three children in Primary Three were girls; and two out of three children in Primary Five were girls. A total of 32 (78%) "ASAI"s were drawn by girls with only 9 (22%) "ASAI"s drawn by boys.

While there were only 41 "ASAI"s found in the 306 drawings of nonabused children, nevertheless they did appear. The claims of previous writers that the presence of genitalia, breasts, or other anatomical sexual features are linked with sexual abuse was not supported, unless these eight children actually had been sexually abused. As discussed in Chapter VI, due to the nature of the study, it was not possible to screen subjects for a history of sexual abuse.

TABLE 3.

FREQUENCY COUNTS AND SEX DIFFERENCES OF "ANATOMICAL SEX ABUSE INDICATORS" ("ASAI"S) FOR PHASES I, II, AND III BY AGE GROUP

<u>SUBJECT</u>	<u>RAVEN'S CPM</u>	<u>PHASE I</u>	<u>PHASE II</u>	<u>PHASE III</u>	<u>TOTAL</u>
<u>PRIMARY ONE (N=12)</u>					
1	43.19	.00	.00	.00	
2	41.94	.00	.00	.00	
3	36.94	.00	.00	.00	
* 4	41.94	2.00	.00	2.00	4.00 (Male)
5	40.69	.00	.00	.00	
6	44.44	.00	.00	.00	
7	43.19	.00	.00	.00	
8	39.44	.00	.00	.00	
9	31.93	.00	.00	.00	
* 10	34.44	6.00	.00	.00	6.00 (Female)
11	36.94	.00	.00	.00	
12	35.69	.00	.00	.00	
					TOTAL P1 "ASAI"S = 10
<u>PRIMARY THREE (N=10)</u>					
13	58.21	.00	.00	.00	
* 14	40.69	2.00	5.00	3.00	10.00 (Female)
* 15	55.70	2.00	.00	.00	2.00 (Male)
16	49.45	.00	.00	.00	
* 17	41.94	.00	.00	6.00	6.00 (Female)
18	61.96	.00	.00	.00	

19	46.95	.00	.00	.00	
20	49.45	.00	.00	.00	
22	54.45	.00	.00	.00	
					TOTAL P3 "ASAI"S = 18
<u>PRIMARY FIVE (N=12)</u>					
23	56.95	.00	.00	.00	
24	61.96	.00	.00	.00	
25	54.45	.00	.00	.00	
* 26	58.21	1.00	3.00	3.00	7.00 (Male)
27	61.96	.00	.00	.00	
* 28	59.46	1.00	1.00	.00	2.00 (Female)
29	61.96	.00	.00	.00	
* 30	64.46	4.00	.00	.00	4.00 (Female)
31	58.21	.00	.00	.00	
32	59.46	.00	.00	.00	
33	63.21	.00	.00	.00	
34	60.71	.00	.00	.00	
					TOTAL P5 "ASAI"S = 13
<u>TOTAL "ASAI"S - GIRLS = 28</u>					
<u>TOTAL "ASAI"S - BOYS = 13</u>					
<u>TOTAL "ASAI"S FOR ALL SUBJECTS = 41</u>					

Research Question 4: Is there a link between high-scorers of "SAI"s with the occurrence of "ASAI"s? Did those scoring highest on "SAI"s also score on "ASAI"s?

Results: Frequency counts of the total number of "SAI"s and "ASAI"s by subject for Phase I, II, and III are presented in Table 4 below. Comparisons of composite scores for "SAI"s and "ASAI"s do not reveal any consistent pattern. One of the high "SAI" scorers in Primary One (Subject 10), for example, drew the most "ASAI"s, but five children with higher "SAI" scores drew no "ASAI"s. The two Primary Three highest "SAI" scorers (Subjects 14 and 17) also had the highest "ASAI" scores. The highest Primary Five "SAI" scorer (Subject 26) also had the highest "ASAI" score but the other two "ASAI" scorers (Subjects 28 and 30) drew few "SAI"s. Primary Five subjects, however, would be expected to draw fewer "SAI"s but they also drew fewer "ASAI"s than did Primary Three subjects. The data is too sparse to draw any

generalizable conclusions about the connection between high "SAI" scores and "ASAI" scores, but suggests a need for further exploration.

TABLE 4.

FREQUENCY COUNT - "SAI"S AND "ASAI"S- PHASE I, II, AND III - COMPOSITE

SUBJECT	"SAI"S	"ASAI"S
<u>PRIMARY ONE</u>		
1	25.00	.00
2	23.00	.00
3	28.00	.00
*4	16.00	4.00
5	24.00	.00
*6	27.00	.00
7	9.00	.00
8	31.00	.00
9	28.00	.00
*10	24.00	6.00
11	15.00	.00
12	12.00	.00
<u>PRIMARY THREE</u>		
13	15.00	.00
*14	35.00	10.00
*15	17.00	2.00
16	17.00	.00
*17	26.00	6.00
18	8.00	.00
19	12.00	.00
20	2.00	.00
21	7.00	.00
22	20.00	.00
<u>PRIMARY FIVE</u>		
23	11.00	.00
24	1.00	.00
25	15.00	.00
*26	17.00	7.00
27	2.00	.00
*28	6.00	2.00
29	7.00	.00
*30	4.00	4.00
31	15.00	.00
32	2.00	.00
33	8.00	.00
34	7.00	.00

Research Question 5: Do some "ASAI"s occur at higher frequencies than others? Do more detailed "ASAI"s appear in drawings of nonabused children and if so, which ones?

Results: "ASAI"s were counted in order to determine how many of them were main categories, and how many were of subcategories. The results are presented in Table 5.

TABLE 5.
SUMMARY OF "ASAI"S BY CATEGORY AND SUBCATEGORY

	<u>DESCRIPTION</u>	<u>NO.</u>
<u>GENITALIA</u>		
Item P	Ejaculation or urination depicted	3
Item R	Genitalia represented by circle	2
Item S	Heavy shading or obliterating genitalia	3
<u>MALE GENITALIA</u>		
Item K	Male Genitalia (any indication)	8
<u>Subcategories of Male Genitalia - More Detail</u>		
Item L	Male genitalia including testicals	0
Item M	Male genitalia including penis	4
Item N	Male genitalia including head of penis	0
Item Q	Penis erect	2
<u>FEMALE GENITALIA</u>		
Item I	Female genitalia (any indication)	2
<u>Subcategories of Female Genitalia - More Detail</u>		
Item J	Female genitalia with labia	1
<u>BREASTS</u>		
Item D	Breasts (any indication)	7
<u>Subcategories of Breasts - More Detail</u>		
Item E	Heavy shading or obliterating breasts	1
Item F	Nipple present	1
Item G	Aeriola present	1
Item H	Breasts hanging	2
<u>OTHER</u>		
Item B	Nudity	3

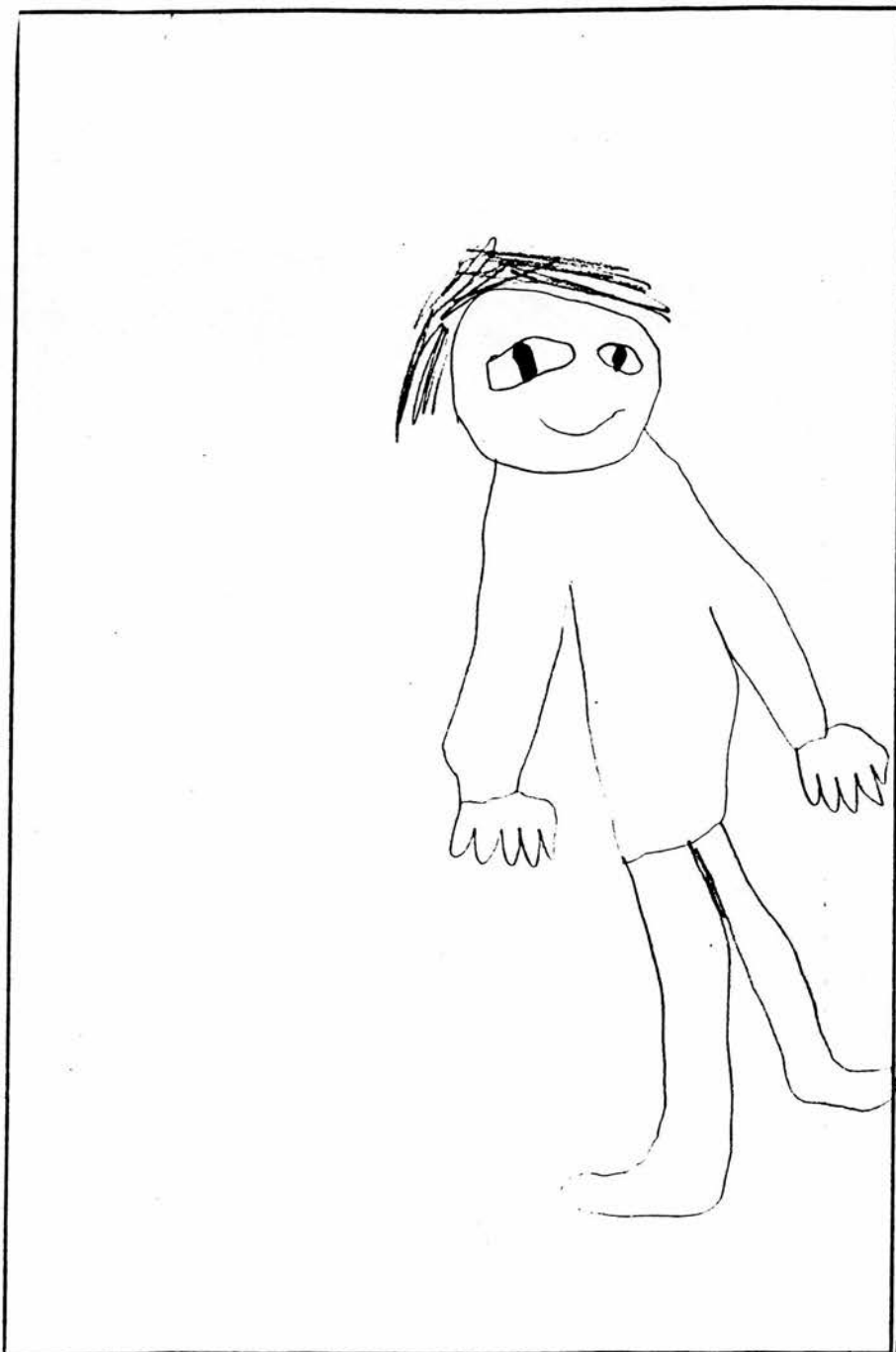
As can be seen in Figures 1-19 below, in some instances it was extremely difficult to determine what the features actually represented. For example, in some drawings it was difficult to distinguish whether the child

drew a penis, female genitalia, or urination, or both (Figures 10, 15, & 19). In others, it was questionable whether the child had drawn a naval or a penis, and the judgment of the raters was made by taking into consideration other drawings by the same child. The circular shape, for example, (Figures 3, 4, & 5) appears to be a naval in two drawings, but the circular shape in the second drawing by the same child appeared to be female genitalia represented by a circle because it was a drawing of a Woman and included breasts (Figure 4). Figure 7 (Subject 14) would have been confusing to score, but the investigator noted the subject's spontaneous comment that the large figure on the right side of the drawing was a leg kicking outward and hence foreshortened, not a large penis as it might appear. A penis was nevertheless scored because of the inclusion of an apparently smaller one between the legs, but large enough to be considered erect. Figure 12 (Subject 17) was confusing because the breasts could also be eyes. Because of the obvious genitalia, breasts and aeriola were scored. Scoring of details of the genitalia also would have been clarified by feedback from the subjects.

It became apparent through the scoring process of these drawings that the necessity for querying subjects about details in their drawings is essential for truly valid interpretations of these anatomical sexual features and should be incorporated into methodology of any future research along this line, as well as further refinement of this aspect of the scoring system.

All 19 drawings which contained "ASAI"s are reproduced on the following pages (Figures 1-19).

Figure 1.

**WOMAN**

Primary One, Subject No. 4, Female, Phase I

"ASA's: Details K. S

Figure 2.

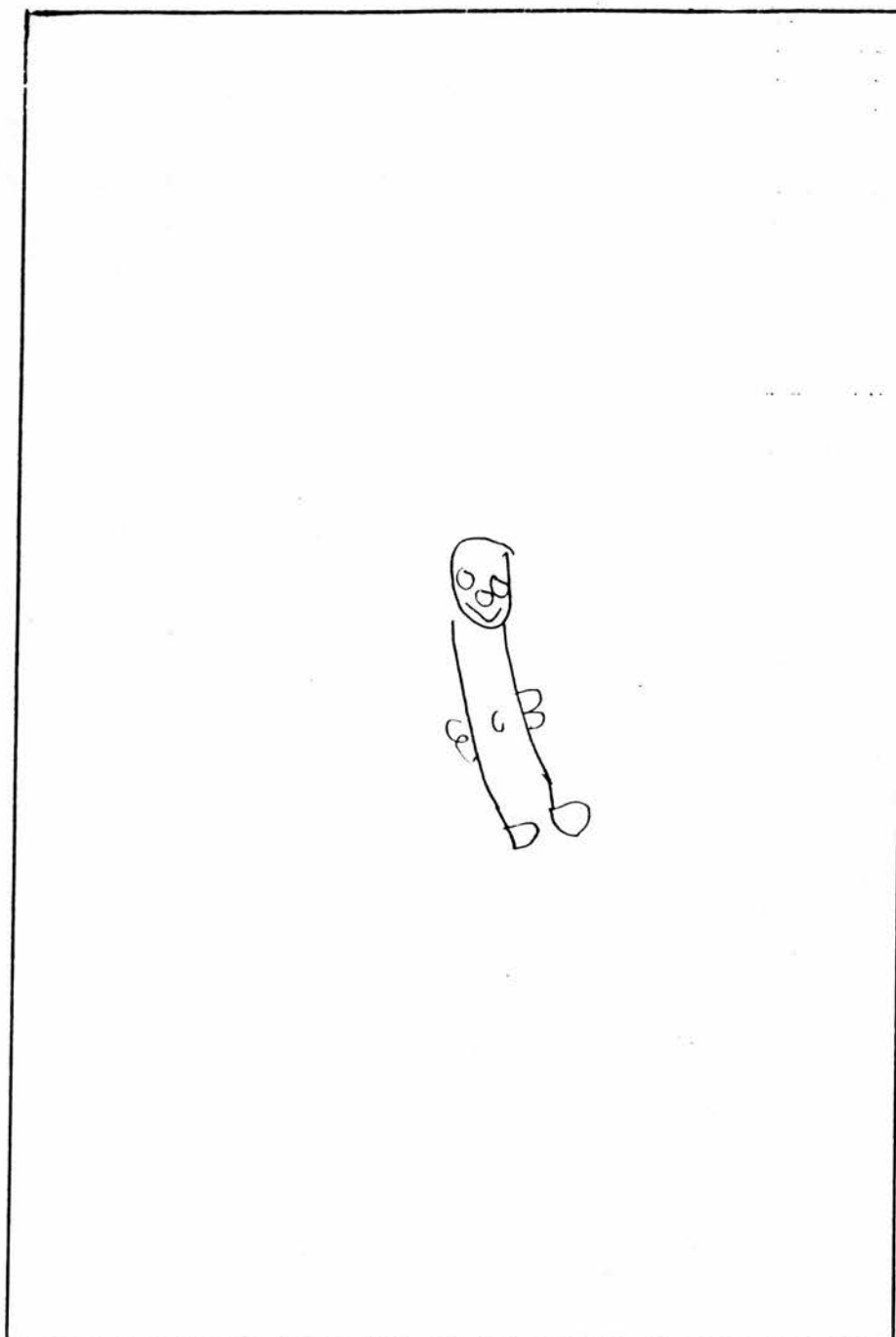


WOMAN

Primary One, Subject No. 4, Female, Phase III

"ASAI"s: Details D. H

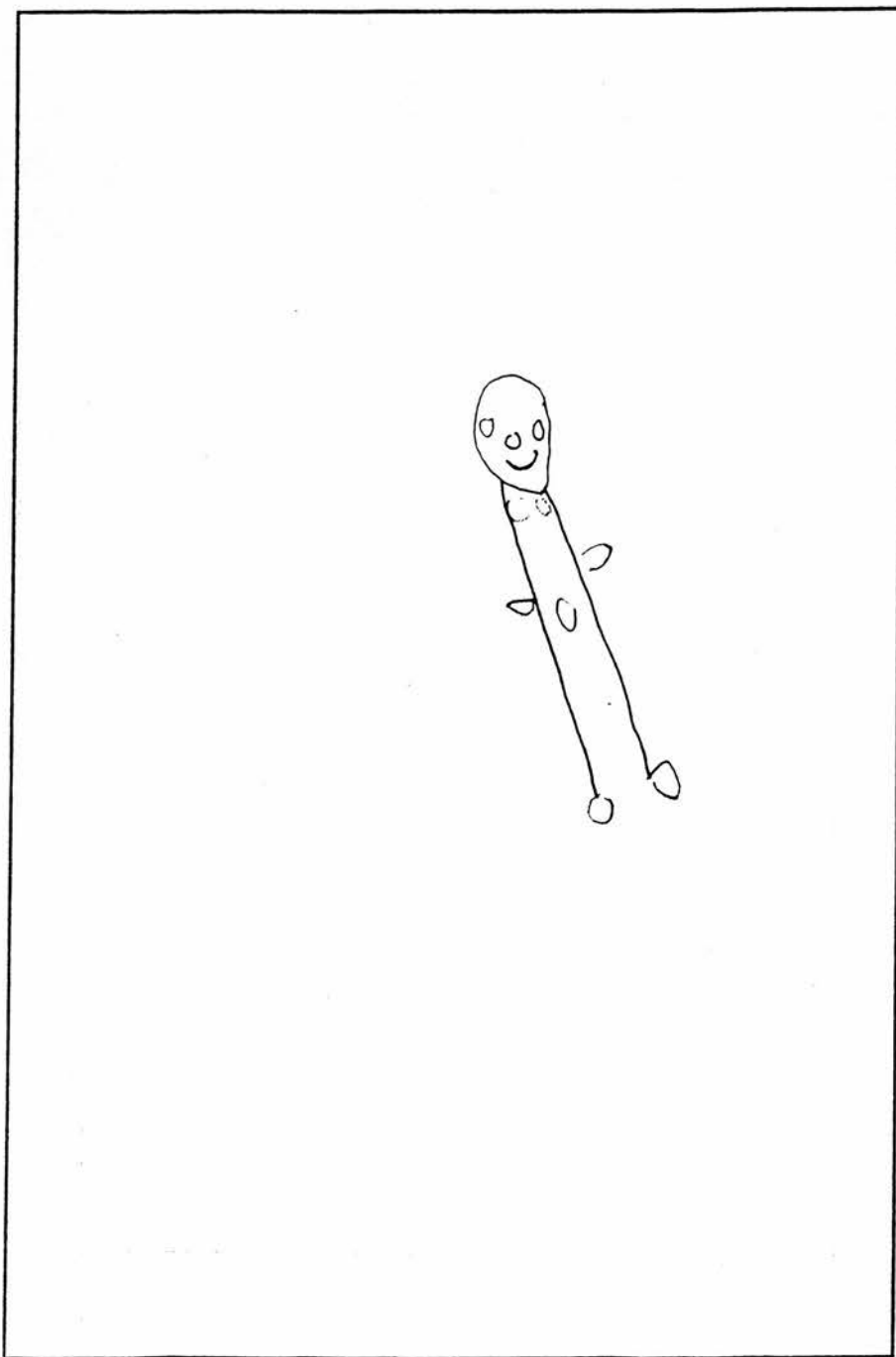
Figure 3.



MAN

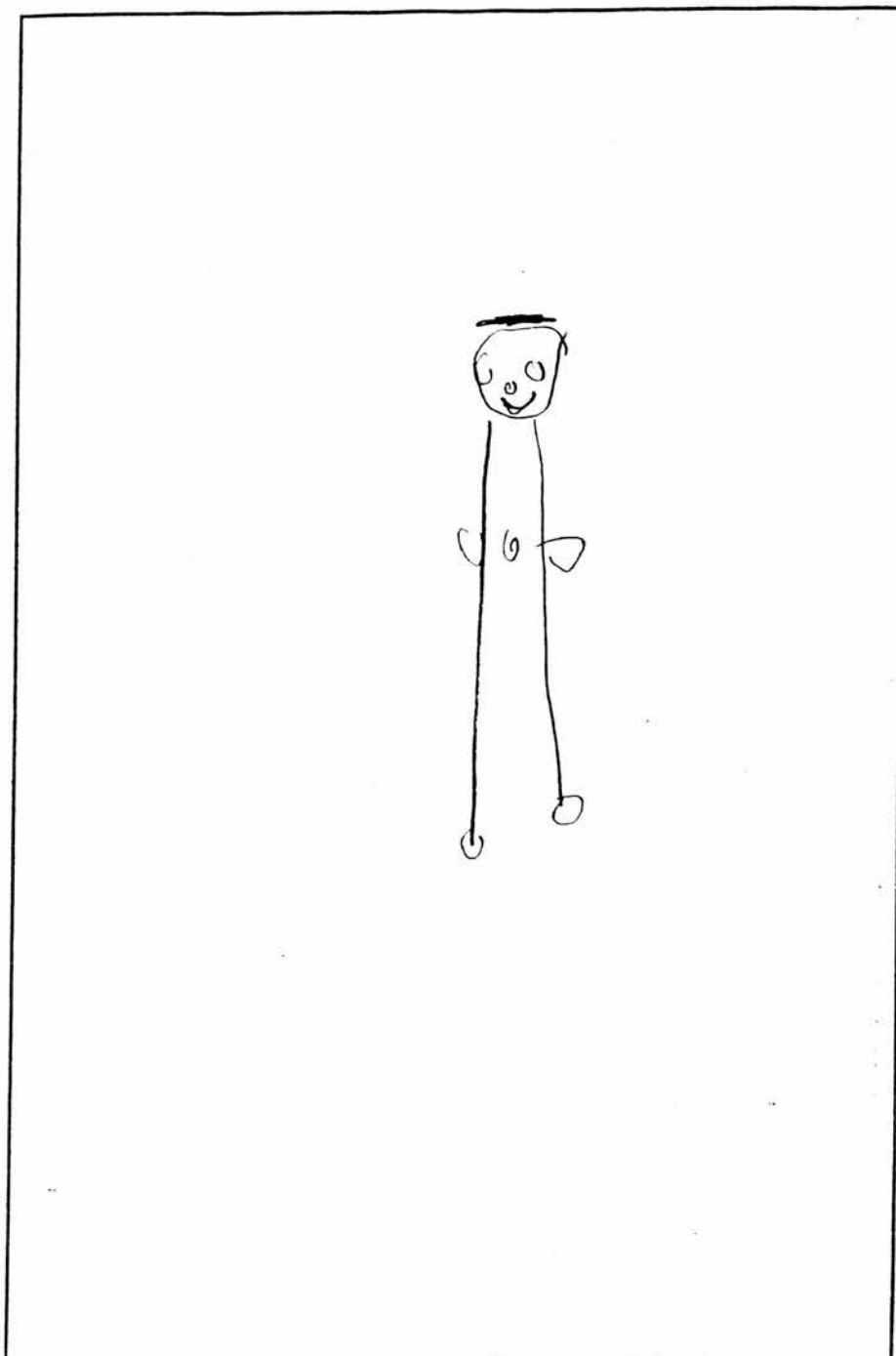
Primary One, Subject No. 10, Female, Phase I

"ASAI"s: Detail B

Figure 4.**WOMAN**

Primary One, Subject No. 10, Female, Phase I

"ASAI"s: Details B. D. I. & R

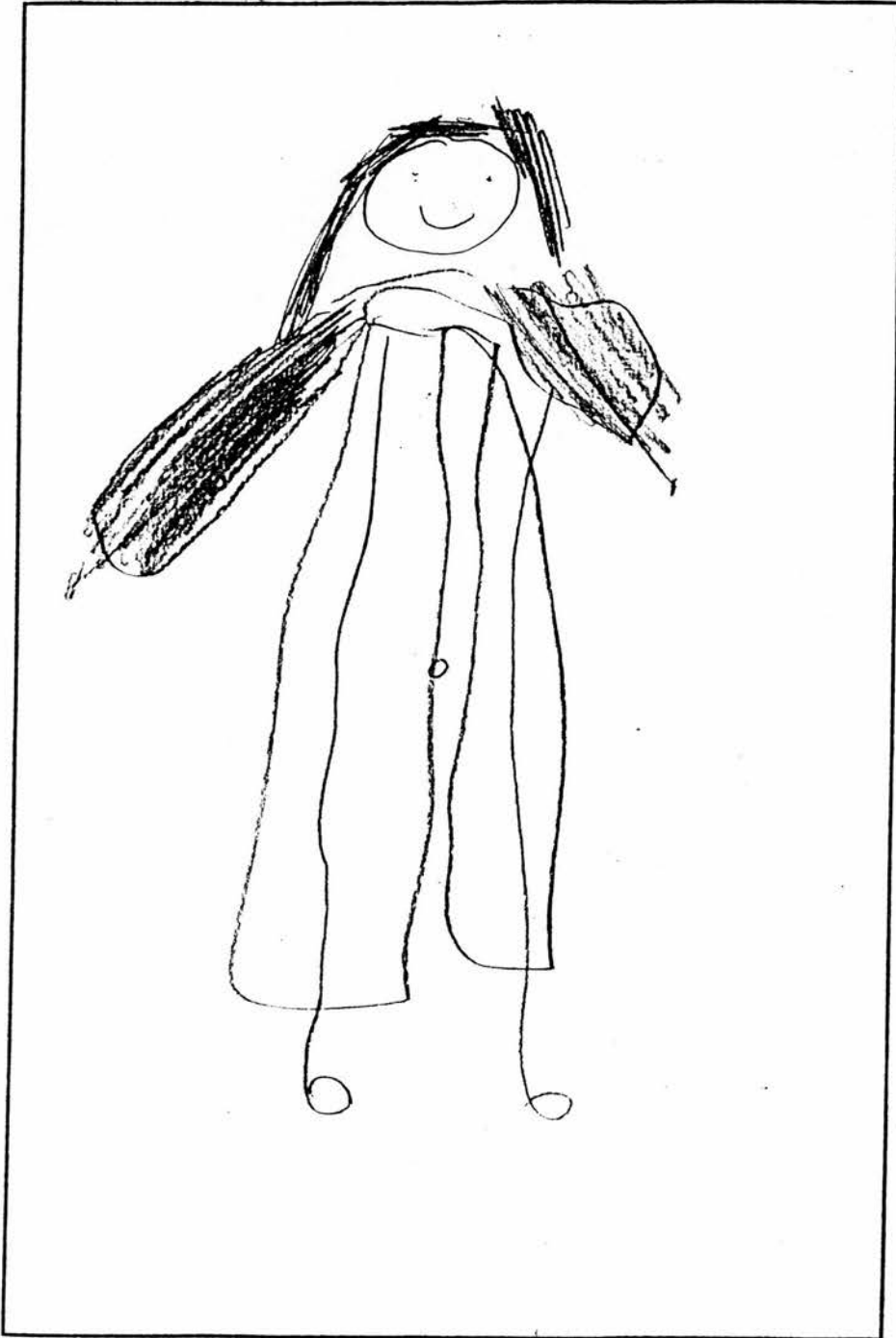
Figure 5.

SELF

Primary One, Subject No. 10, Female, Phase I

"ASAI"s: Detail B

Figure 6.

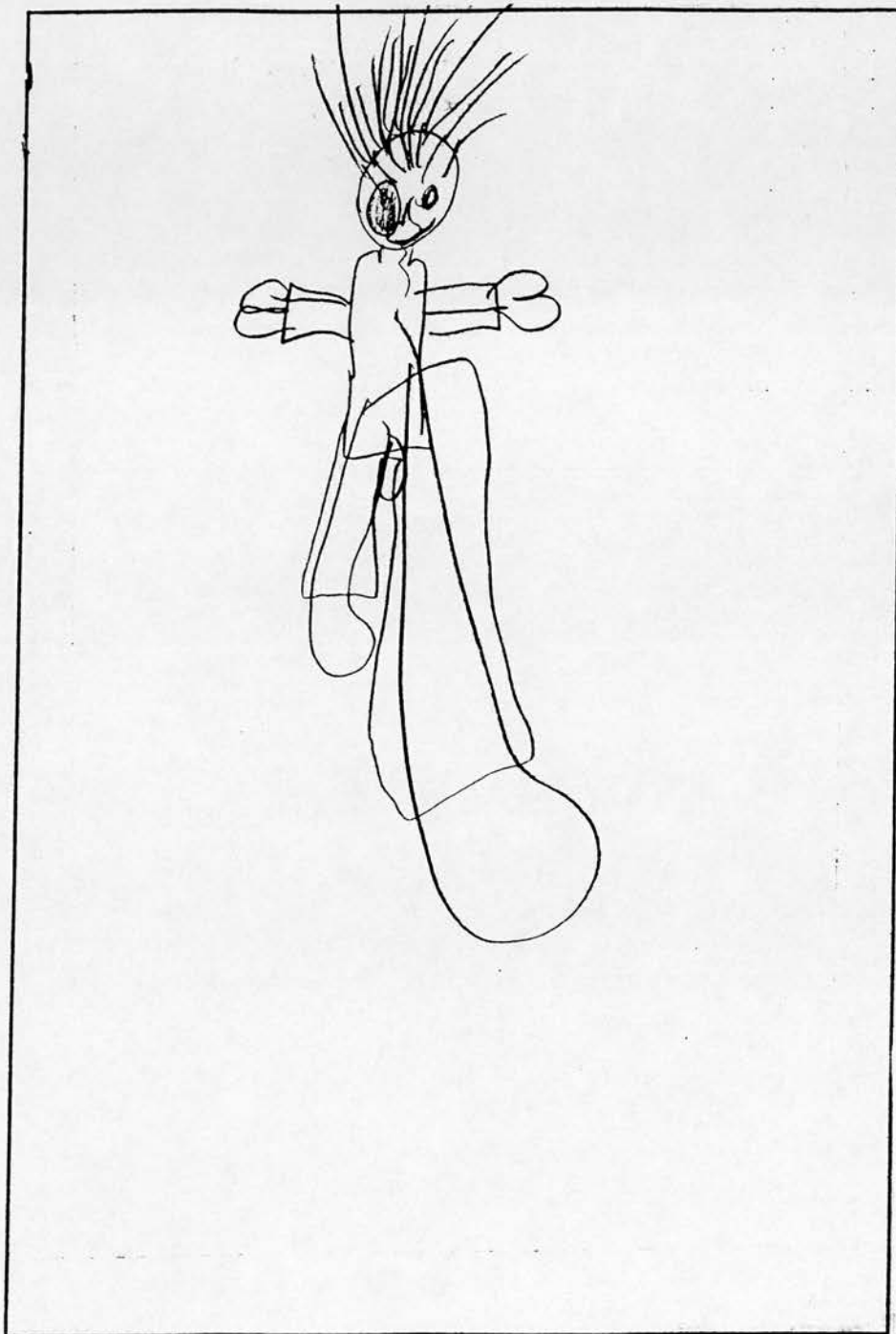


SELF

Primary Three, Subject No. 14, Female, Phase I

"ASAI"s: Details I & R

Figure 7.

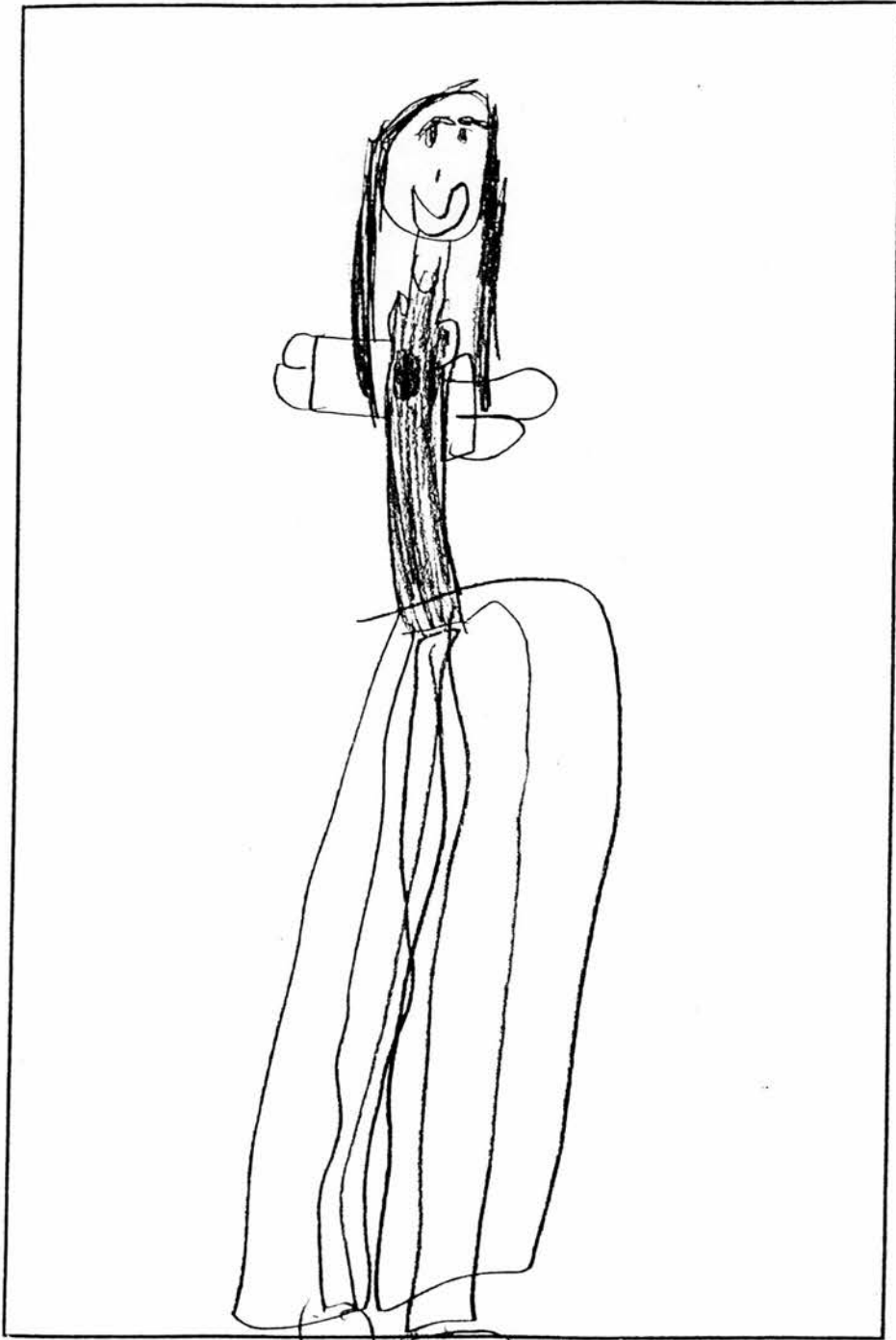


MAN

Primary Three, Subject No. 14, Female, Phase II

"ASAI"s: Details K, M, & Q

Figure 8.

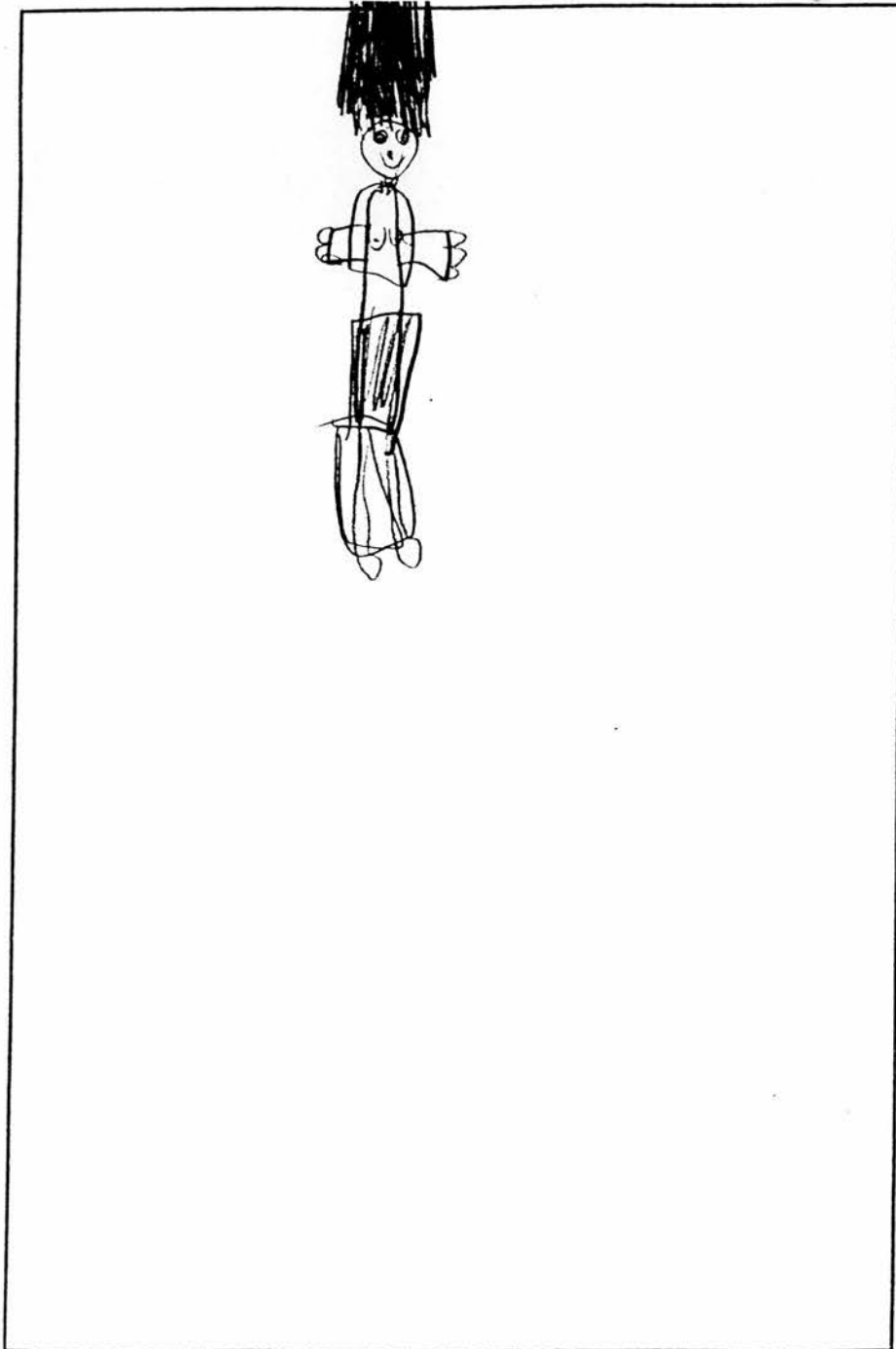


SELF

Primary Three, Subject No. 14, Female, Phase II

"ASA"s: Details D & E

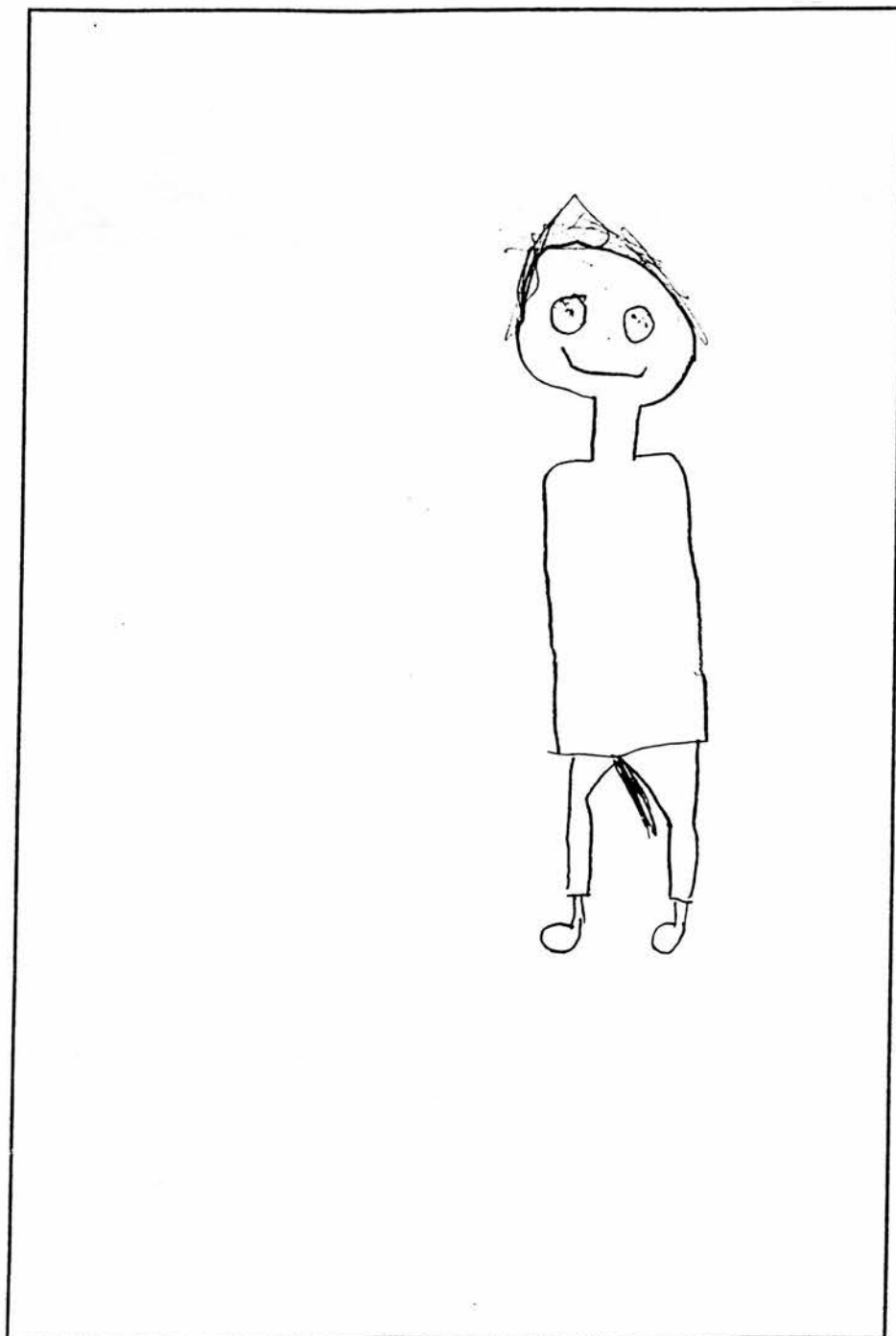
Figure 9.



SELF

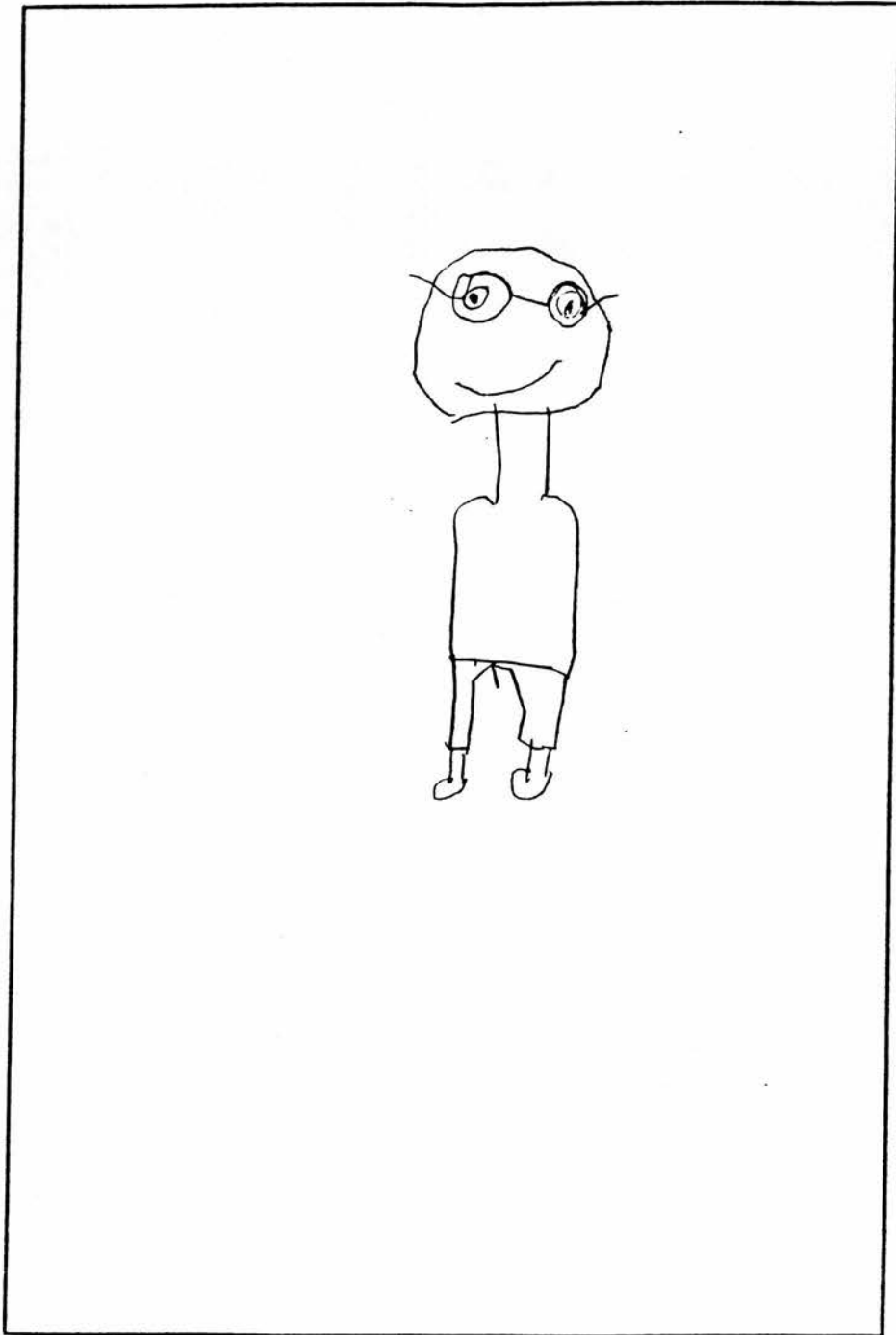
Primary Three, Subject No. 14, Female, Phase III

"ASA's": Details D, F, & H

Figure 10.**WOMAN**

Primary Three, Subject No. 15, Male, Phase I

"ASAI"s: Detail P

Figure 11.

SELF

Primary Three, Subject No. 15, Male, Phase I

"ASAI"s: Detail K

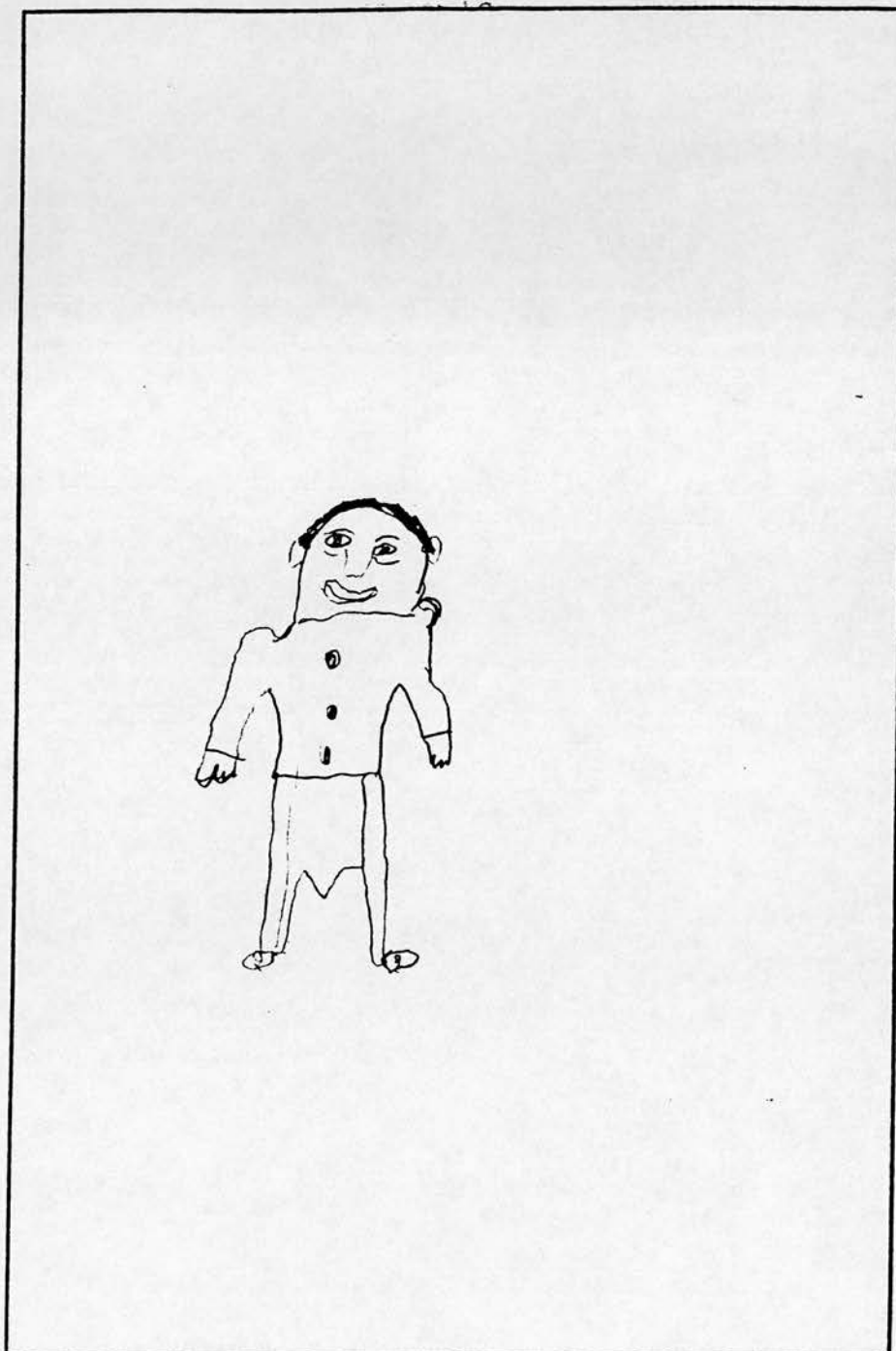
Figure 12.

SELF

Primary Three, Subject No. 17, Female, Phase III

"ASAI"s: Details G. K. M. Q. & S

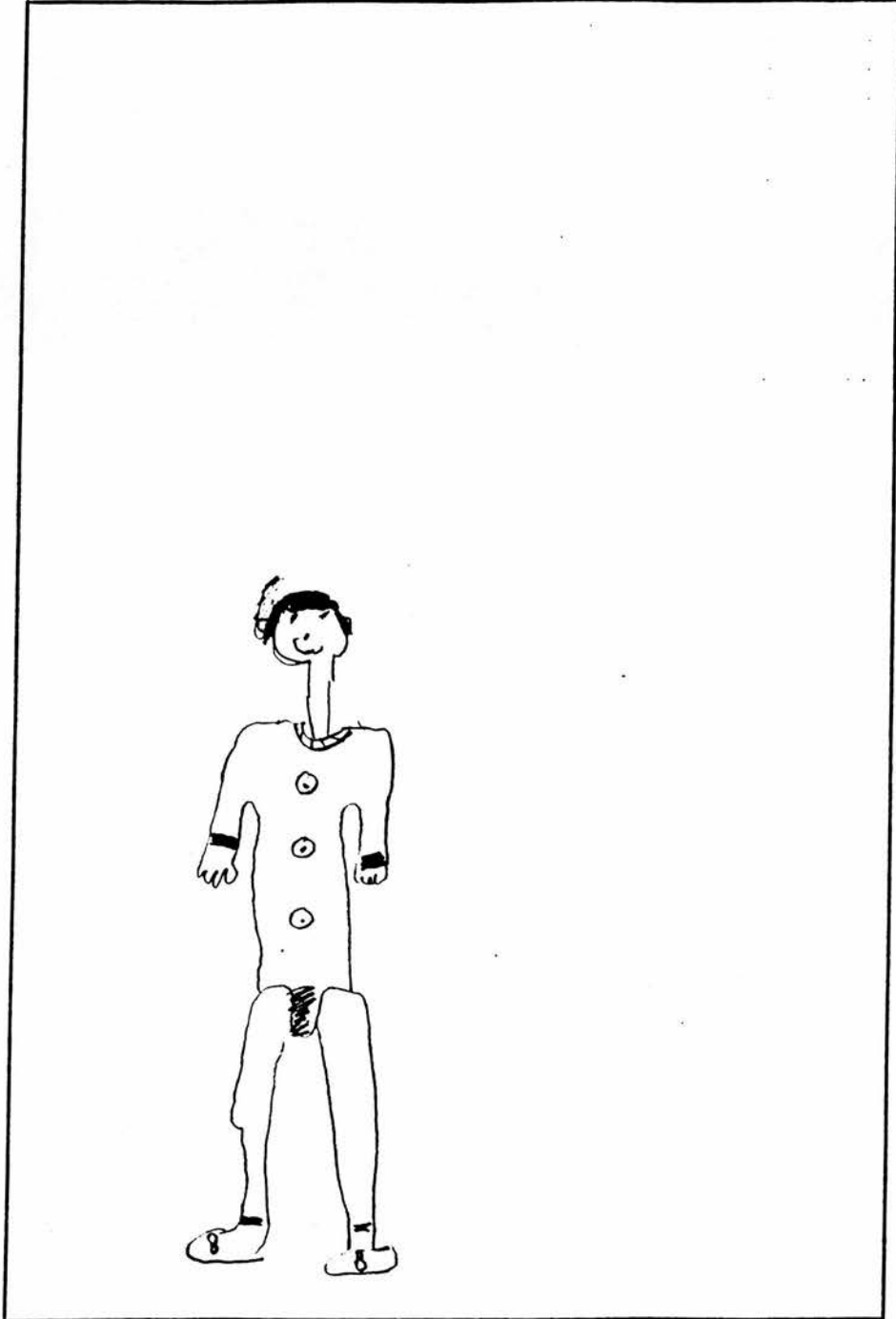
Figure 13.



SELF

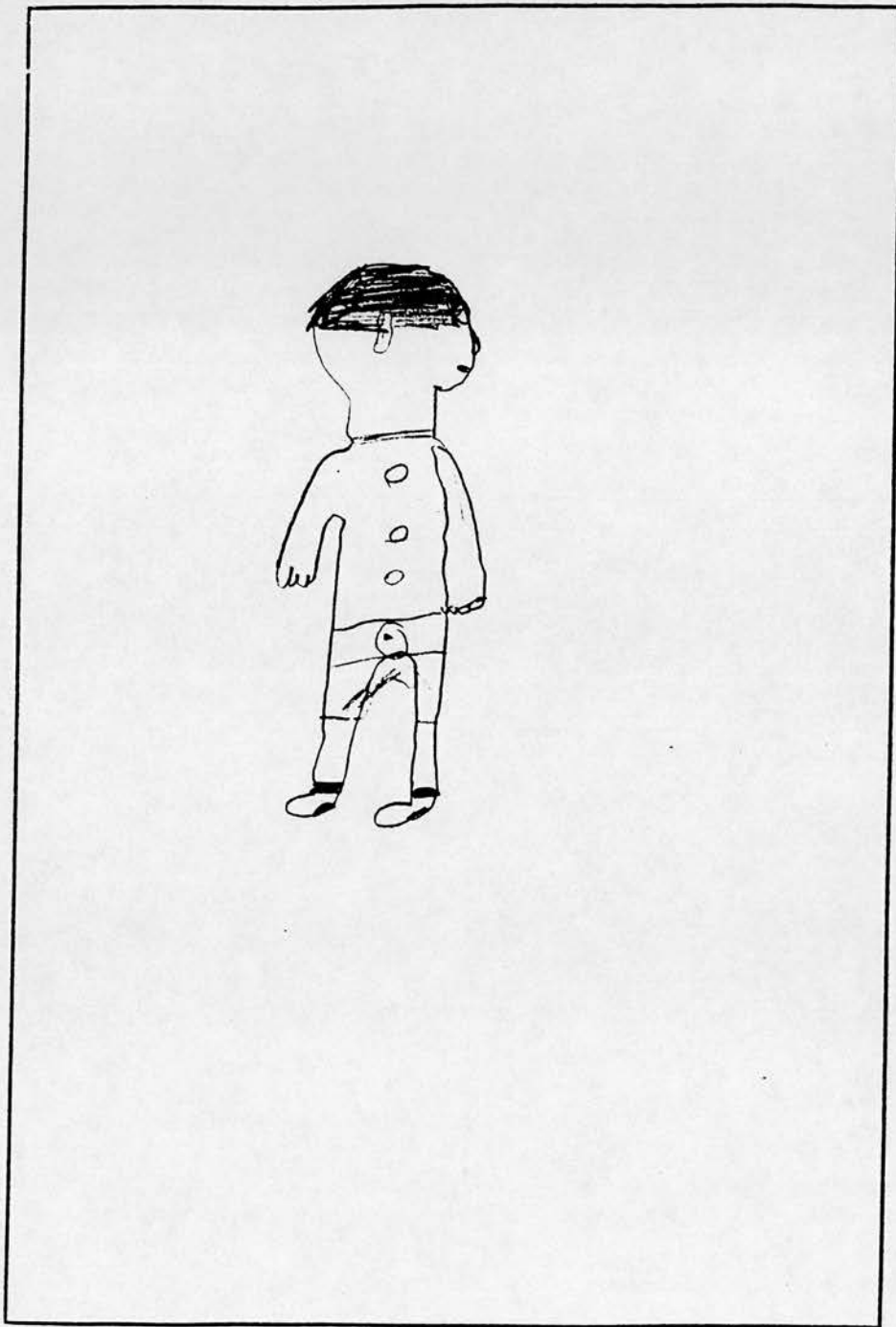
Primary Five, Subject No. 26, Male, Phase I

"ASAI"s: Detail K

Figure 14.**MAN**

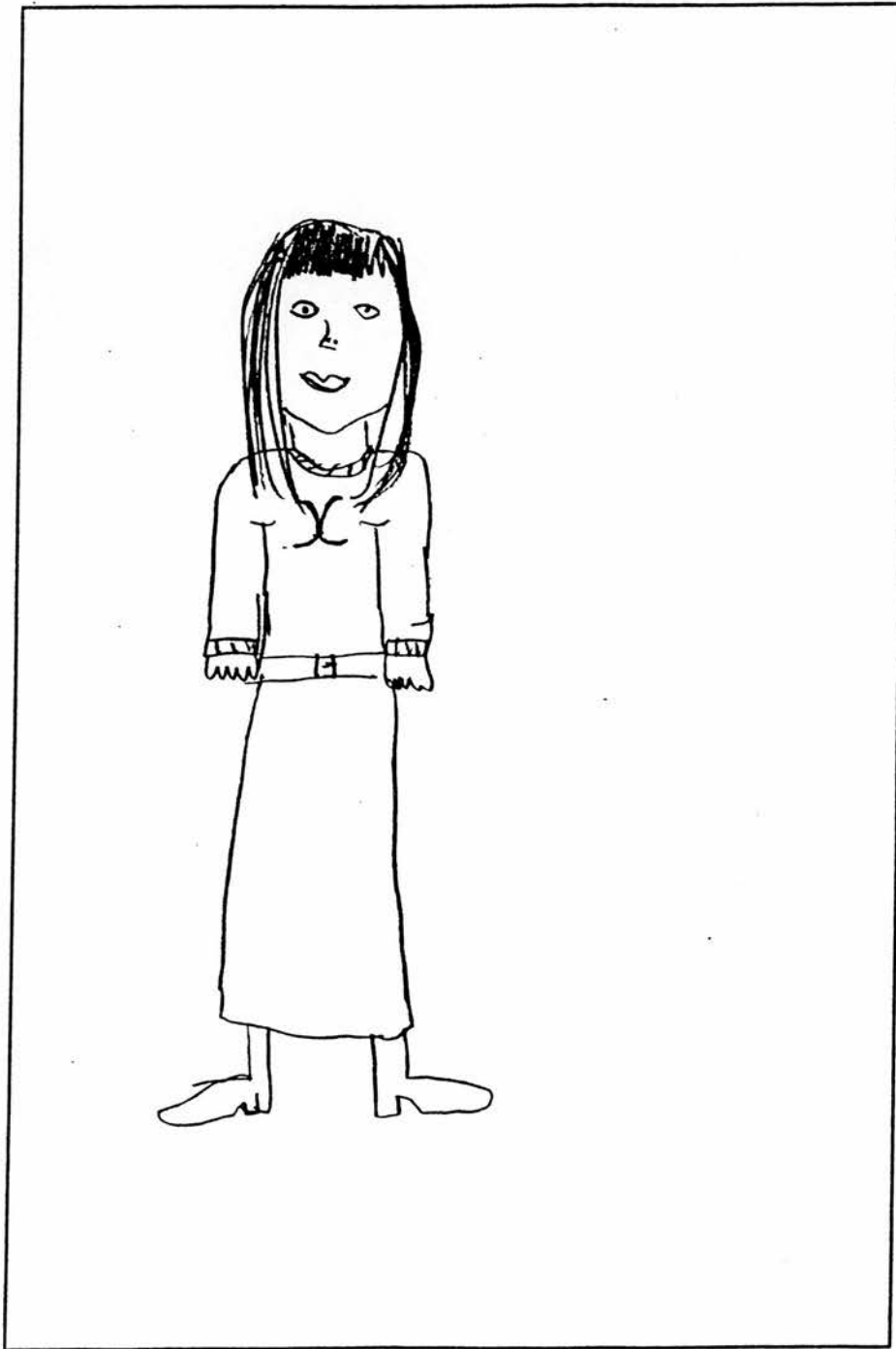
Primary Five, Subject No. 26, Male, Phase II

"ASAI"s: Details K. M. & S

Figure 15.**SELF**

Primary Five. Subject No. 26. Male. Phase III

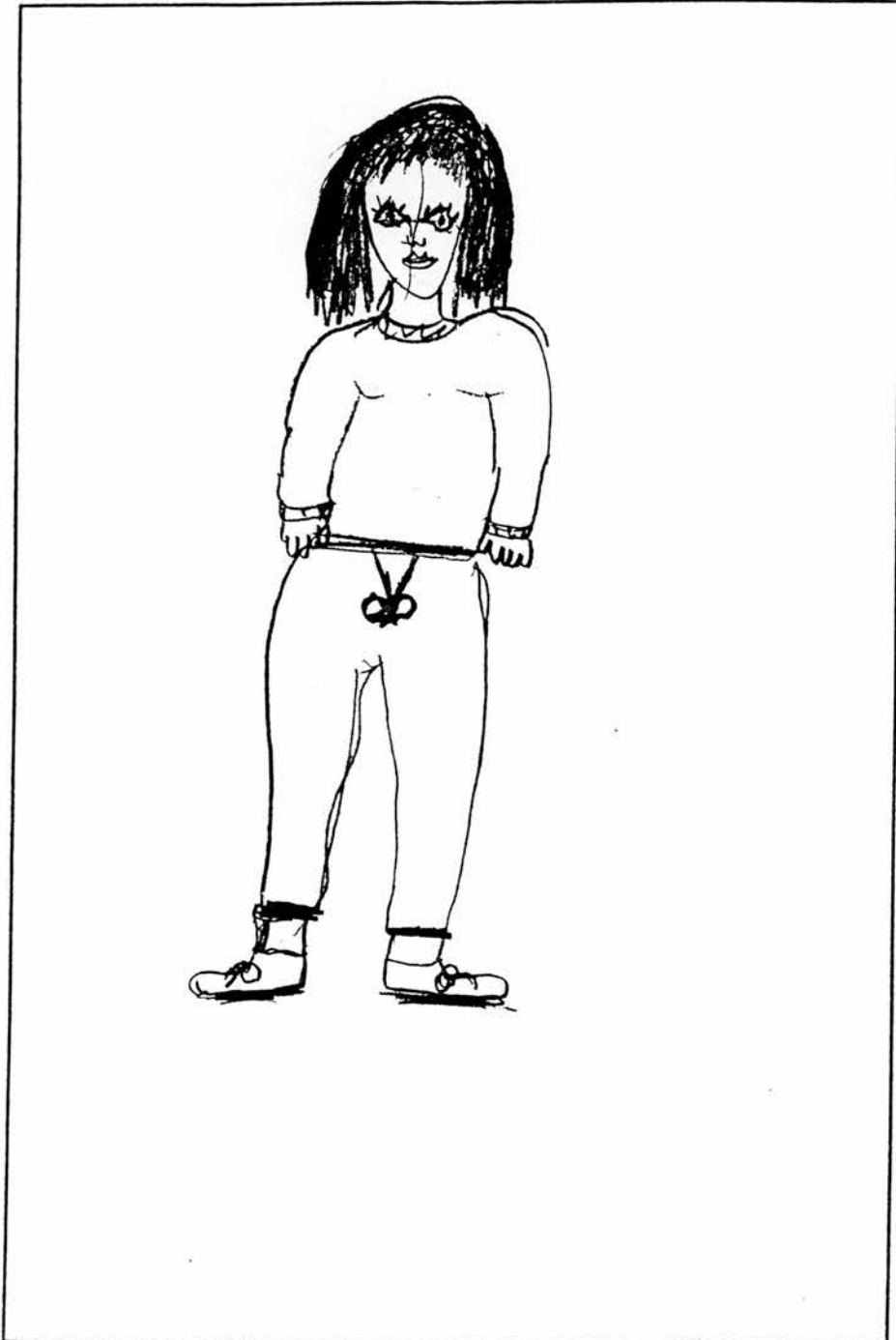
"ASAI"s: Details K. M. & P

Figure 16.**WOMAN**

Primary Five, Subject No. 28, Female, Phase I

"ASAI"s Detail D

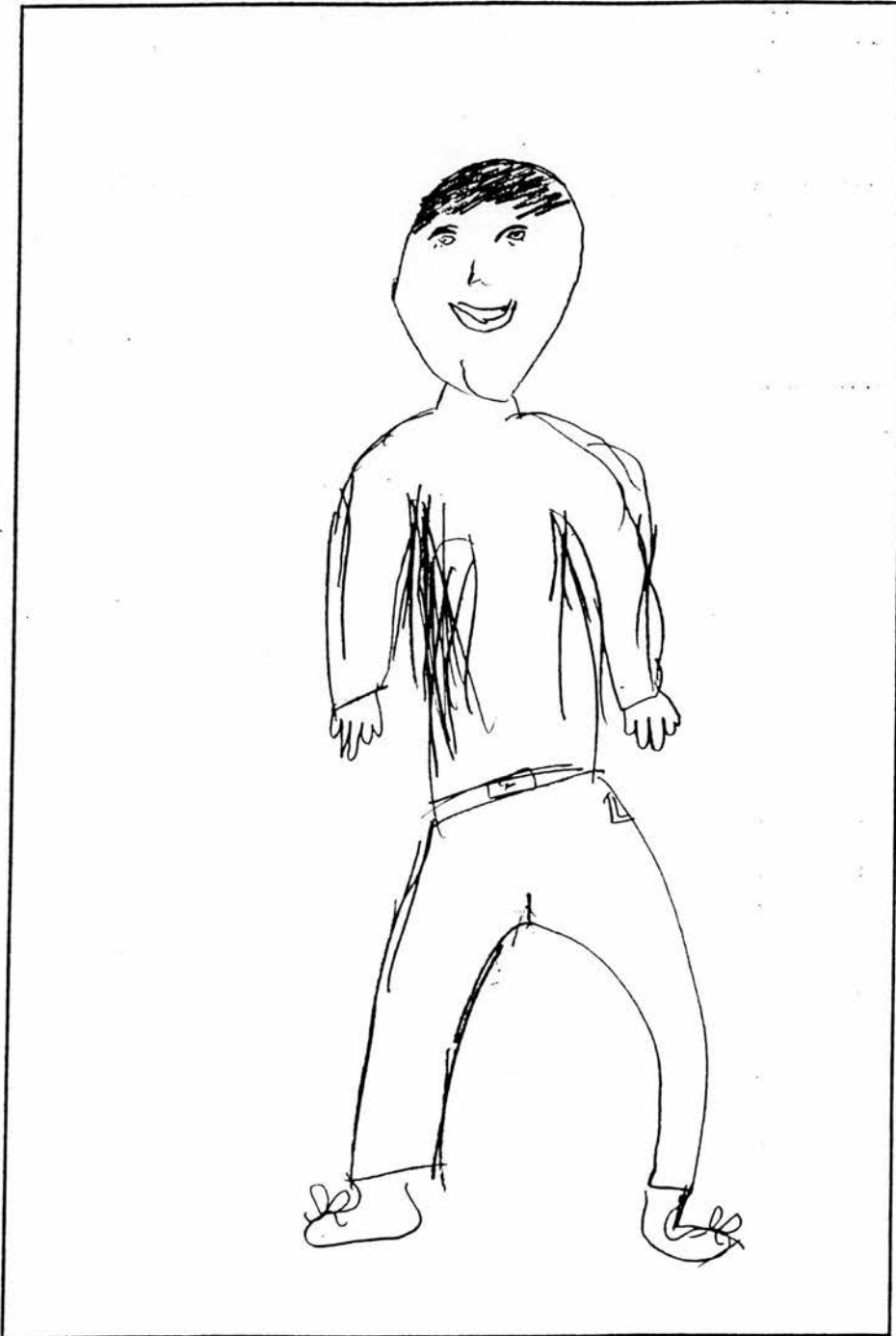
Figure 17.



SELF

Primary Five, Subject No. 28, Female, Phase II

"ASAI"s: Detail D

Figure 18.

MAN

Primary Five, Subject No. 30, Female, Phase I

"ASAI"s: Detail K

Figure 19.**WOMAN**

Primary Five, Subject No. 30, Female, Phase I

"ASAI"s: Details I, J, & P

Research Question 6: In which of the three drawings (Man, Woman, and Self) did the greatest frequency of "ASAI"s appear?

Results: Frequency counts of "ASAI"s by phase for Man, Woman, and Self drawings by agegroup and phase are shown in Table 6. Contrary to the findings in Chapter VIII where Man drawings contained the most "Sex Abuse Indicators" ("SAI"s) Self drawings had an overall higher number of "Anatomical Sex Abuse Indicators" ("ASAI"s) for all three phases combined. Primary Three children in Phase III drew the largest number of "ASAI"s with no clear pattern either for agegroups or longitudinally, which does not support the idea that "ASAI"s would increase with age.

TABLE 6.
FREQUENCY OF "ASAI"s IN MAN, WOMAN, AND SELF DRAWINGS BY PHASE
AND AGEGROUP

	PHASE I	PHASE II	PHASE III	TOTAL
<u>MAN</u>				
Primary One	1	0	0	1
Primary Three	0	3	0	3
Primary Five	1	3	0	8
TOTAL	2	6	0	
<u>WOMAN</u>				
Primary One	6	0	2	8
Primary Three	1	0	0	1
Primary Five	2	0	0	2
TOTAL	9	0	2	11
<u>SELF</u>				
Primary One	1	0	0	1
Primary Three	3	2	9	14
Primary Five	3	1	3	7
TOTAL	7	3	12	22

Sex Differences in "ASAI"s Appearing in Drawings of Nonabused Children

Research Question 7: Are there differences in the number of "ASAI"s appearing in drawings of boys as compared with those appearing in drawings of girls?

Results: Differences between boys and girls and between agegroups were calculated and are shown in Table 7 with "ASAI"s appearing in all three

agegroups and in drawings of both boys and girls. The combined totals for all three agegroups showed that girls drew more than twice as many "ASAI"s than boys (girls=68%) (boys=32%). When analyzed by agegroups, however, P1 and P3 girls drew more "ASAI"s than did boys in those grades. The reverse was true, however, for P5 children where the only male subject drew nearly as many "ASAI"s as did both of the two female subjects combined. The number of children who drew "ASAI"s was so small, however, that no generalizations could be made.

TABLE 7.
SEX DIFFERENCES IN DRAWINGS OF "ANATOMICAL SEX ABUSE INDICATORS" ("ASAI"s)
BY AGEGROUP FOR PHASES I, II, AND III COMBINED

P1	Males (N=7)	4.00
	Females (N=5)	6.00
P3	Males (N=5)	2.00
	Females (N=5)	16.00
P5	Males (N=5)	7.00
	Females (N=7)	6.00
TOTALS:		MALES: 13.00 (N=17)(32%)
		FEMALES: 28.00 (N=17)(68%)

Summary

The findings presented in this chapter demonstrated that 10 "Sex Abuse Indicators" ("SAI"s) did not appear at any time in 306 drawings of nonabused children. Another 15 features ("SAI"s) were identified which appeared at an extremely low rate. Some of these items, however, increased over time and some decreased suggesting that there might be a developmental trend. These items appeared so rarely, however, that no conclusions regarding a link with cognitive development should be drawn. These 25 "SAI"s which were purported by several investigators to be associated with a history of

sexual abuse either did not occur or rarely appeared in drawings of nonabused children. Further investigation into drawings of children with a known history of sexual abuse is necessary to determine if in actual fact they are linked with a history of sexual abuse and/or related trauma.

Data for "Anatomical Sex Abuse Indicators" ("ASAI"s) were computed and it was determined that 23.5% of the children in the study (8 out of 34) drew one or more "ASAI"s. Only 19 (6.2%) drawings out of a total of 306 contained a total of 41 "ASAI"s, many of which appeared in drawings of the same children. Two P1 children, three P3 children and three P5 children drew "ASAI"s demonstrating no clear differences between agegroups.

Analysis for sex differences revealed that 68% of the "ASAI"s were drawn by girls and 32% drawn by boys. Twice as many "ASAI"s were drawn by P1 and P3 girls than by boys in those grades. The reverse was true, however, for P5 children where as many "ASAI"s appeared in one male subject's drawing as in two female subjects' drawings combined. The count, however, reflected overlapping items and so few "ASAI"s were drawn that no generalizations could be made. The data also suggested that no direct association could clearly be made linking "ASAI" scores with high "SAI" scores. Analysis of Man, Woman, and Self drawings for all three phases combined demonstrated that "ASAI"s appeared more frequently in Self drawings.

According to most previous writers, the appearance of anatomical sexual features, such as breasts, genitals, and so on are purported to be the strongest link with sexual abuse and should raise the highest level of suspicion. As discussed above, 23.5% of the nonabused children drew "ASAI"s which would not support these contentions, unless these children actually had been sexually abused. Unfortunately a determination could not be made of a history of sexual abuse because of the sensitivity of this study.

The following chapter will discuss in more detail the results of Data Analysis Chapters VII, VIII, and IX relative to theoretical and methodological

issues. Results will be related to findings of previous investigators. Strengths, weaknesses, and limitations of the present study will be discussed as well as recommendations for future research.

CHAPTER X

DISCUSSION

Introduction

This final chapter of the thesis will review the results of the data analysis in Chapters VII, VIII, and IX, relating them to theoretical and methodological concerns. It will also review the findings of previous investigators presented in earlier chapters. Limitations and weaknesses of the study will be explored relative to their internal and external validities. Other possible confounding variables will be considered in addition to a discussion of the generalizability of the results to other populations. Implications for the application of these findings by professionals working with sexually abused children will be discussed with suggestions for future research.

The purpose of this thesis was to determine whether and to what extent characteristics of children's drawings alleged to be indicative of a history of sexual abuse might also appear in drawings of nonabused children with no known history of such abuse. It was important not only to determine whether these features actually appeared in drawings of nonabused children, but to learn whether they might be features of ordinary cognitive development as well. It was also essential to identify those drawing characteristics which did not appear at all or rarely appeared in drawings of nonabused children and may yet be associated with sexual abuse. It was not within the scope of this thesis, however, to study drawings collected from sexually abused children.

This thesis explored various difficulties in using children's drawings as a valid assessment of possible sexual abuse. Those theories relevant to child development, namely psychoanalytic and cognitive (Chapters II and III), were reviewed to gain a greater understanding of possible reasons for the lack of empirical support for the use of children's drawings in identifying sexual abuse. The development of projective drawing

instruments and their use in the assessment of cognitive development in children were explored in Chapter IV. Existing anecdotal and systematic studies into drawings of sexually abused children were reviewed in Chapter V. A description of the methodological procedures used in this research are presented in Chapter VI. The results of the data analysis presented in Chapters VII, VIII, and IX will be related to the conclusions of the earlier chapters.

Interpretation of Children's Drawings from a Psychoanalytic Perspective and Theoretical Implications

Various aspects of psychoanalytic theory have influenced the literature and research into drawings of sexually abused children. In Chapter II we looked closely for possible reasons why existing research has been so problematic. The particular theories reviewed for this thesis were early and somewhat outdated, but they were chosen for review because they still form the basis of existing art therapy training in both the United Kingdom and the United States (Art Therapy Credentials Board, 1994; Waller, 1990). The field of art therapy is rapidly developing in numerous other countries as well, largely by art therapists who were trained in either American or British universities.

A major implication of this review is that art therapy training needs to become more up-to-date incorporating modern psychoanalytic approaches to psychotherapy and reliable research methodology. To continue to rely on outdated theory perpetuates problems not only in research, but in therapeutic interventions that depend on this research. Art therapy has had considerable difficulty in gaining acceptance from more mainstream schools of psychology, and in the experience of this investigator, one of the major reasons is the outdated thinking it uses. The development of research methodology in art therapy is in its early stages. Most investigations still rely on case studies, single subjects designs, or matched groups with serious methodological flaws. There is

a considerable resistance to the use of more rigorous methodology because most art therapists come from a fine art background and prefer to use more intuitive and phenomenological approaches. This may be appropriate for some investigations, but for the practice of using children's drawings for child sexual abuse investigations, use of less rigorous approaches is unacceptable.

Analysis of Drawings of Nonabused Children Relative to Cognitive Development

Chapter III reviewed the importance of taking the effects of cognitive development on characteristics of children's drawings into consideration when interpreting drawings for clinical purposes. Chapter IV looked at the use of projective drawing tests, taking into consideration the strengths and weaknesses of each test reviewed. As both Stewart (1953) and Harris (1963) advocated, it was judged important to use the more contemporary Naglieri Draw-A-Person Test (1988) to determine the effects of cognitive development on characteristics in children's drawings purported to be linked with sexual abuse. Naglieri's (1988) contention that as children grew older they drew more detailed items of the human figure and attained progressively higher scores on the Draw-A-Person Test was tested and substantiated by the results of this study as presented in Chapter VII. Similar claims by previous writers such as Barnes (1893), Goodenough (1926), Ricci (1894), Harris (1963), and Koppitz (1968) were also supported in that it was found that DAP scores did increase when analyzed both by age and over time. There were significant agegroup differences in all three phases, and significant longitudinal differences in scores between Phases I and II and Phases I and III. No significant difference was found between Phases II and III, such results most likely being explained by the much shorter time between tests.

Claims by previous writers (Goodenough, 1926; Harris, 1963; Koppitz, 1968; Naglieri, 1988; Williams, 1935; and Yepsen, 1929) that there were correlations between scores on Draw-A-Person Tests and other measures of mental maturity were also supported by the findings of this study. As discussed in Chapter IV, Naglieri himself did not compare results obtained by the use of his instrument specifically with Raven's Coloured Progressive Matrices (CPM) (Raven, 1958) and the British Picture Vocabulary Scale (BPVS) (Dunn, Dunn & Whetton, 1982), as he chose to use his own matrices test for cognitive ability instead (Naglieri, 1985). Even though he carried out his work in the United States, Naglieri likewise did not use the more culture-specific Peabody Picture Vocabulary Test. Nevertheless, the results of this study nevertheless supported his claim that there was a correlation between the DAP and more widely accepted measures of cognitive development. The data analysis revealed correlations between the CPM and the BPVS which were significant when all subjects were combined. Correlations dropped below a level of significance, however, when subjects were analyzed by agegroup, most likely due to the small sample size. Man, Woman, and Self drawings were correlated separately with the CPM and also found to be significant when analyzed for all ages combined. The finding that the DAP correlated more highly with the CPM measuring spatial ability than with the BPVS which assessed for verbal ability would be expected and supports Piaget's (1969) contention that children's drawings represented their developing conception of space.

The claim of Koppitz that the use of one drawing alone was sufficient to assess for cognitive development was also supported in that scores on subsequent drawings were typically the same or close to the score on the first drawing. In the use of Naglieri's scoring method for cognitive development, it was demonstrated that scores on Man, Woman, and Self drawings were more or less equivalent because although the actual

scores differed slightly, there were no statistically significant differences between the total scores for each drawing. Alternatively, the use of scores from all three drawings yielded a higher number of total possible scores which supported Naglieri's argument that all three drawings should be used because this would afford a larger number of obtainable scores. From this perspective, use of several drawings would actually be more valid. Nevertheless, it may be that the use of only one drawing, with Koppitz' instructions to "Draw a Person", may be adequate in future research into drawings of sexually abused children in saving both time and resources.

Analysis of the data for sex differences in children's drawings also supported the claims of Florence Goodenough (1926) that there were few sex differences in DAP scores, with girls tending to do slightly better than boys. Similar findings relative to sex differences of Zazzo (1948) and Naglieri (1988) were also supported.

Theoretical Implications

The historical review of investigations into children's drawings presented in Chapter III consistently led to the conclusion that characteristics of drawings change as children mature. Lowenfeld and Brittain (1987) consolidated the findings of previous writers and updated their work periodically to reflect ongoing research into children's drawings relative to cognitive development. They have likewise argued that children at each developmental stage tend to have fairly predictable characteristics in their drawings and that changes in these characteristics are directly related to the stages of cognitive development espoused by Piaget, with an increasing amount of detail appearing in drawings as children mature. The findings from this study as presented in Chapter VII largely supported these views.

As discussed in Chapter V, researchers such as Goodenough, Harris, Koppitz and Naglieri attempted systematically to develop

instruments which would measure these changes and related them specifically to cognitive development. Writers such as Machover (1949), on the other hand, attempted to find interpretive meaning relative to children's drawings based on the assumptions of psychoanalytic theories of the unconscious. A portion of Koppitz' instrument also used psychoanalytic interpretation. The findings in Chapter VII specific to children's drawing instruments substantiated the alternative cognitive developmental perspective in all instances.

Methodological Implications

It was necessary to substantiate the validity of Naglieri's more recent drawing test which has not previously been used in research into drawings of sexually abused children. At the time of this writing, previous studies using the Draw-A-Person Tests, reviewed in Chapter IV, were anywhere from 30 to 72 years old (Goodenough, 1926; Koppitz, 1968). A contemporary instrument was needed to validly delineate between characteristics of children's drawings that clearly relate to cognitive development and those characteristics which may turn out to be linked with a history of sexual abuse or other related trauma. The use of the Naglieri Draw-A-Person Test as such an instrument was supported in all instances by the findings in Chapter VII.

The finding that the CPM correlated more highly with DAP scores than did the BPVS is congruent with Naglieri, who found that correlations of his DAP with his own Matrices Analogies Test (MAT-SF), likewise measuring spatial ability, were higher than those for the Multilevel Academic Survey Test (MAST) (Howell, Zucker, & Morehead (1985), which measures verbal aptitude. It would appear that the use of the CPM alone may be sufficient, and that the further use of the BPVS may be eliminated in future studies of children's drawings relative to sexual abuse to save time and resources.

As discussed previously in Chapter V, research into drawings of sexually abused children rarely used dependable measures of cognitive development. Nor did anecdotal accounts based on clinical work reflect the use of such tests in assessing for sexual abuse. Since troubled children tend not to do as well on drawing tests as they do on other measures (Hanvik, 1953; Pechoux, 1947), it is essential that such standardized instruments be utilized both for purposes of research and in clinical work with these children. The results of this study supported the use of the Naglieri DAP as a contemporary measure of mental maturity using exclusively drawings. Its closer correlation with scores on the Raven's Coloured Progressive Matrices (CPM) than with the BPVS make a case for combining the Naglieri and the CPM for such purposes. A wide discrepancy between DAP scores and other measures of intelligence might be a supporting factor where there are concerns that sexual abuse may have taken place.

"Sex Abuse Indicators" ("SAI"s) in Drawings of Nonabused Children Relative to Cognitive Development

The data presented in Chapter VIII tested the claims of numerous writers that certain characteristics in children's drawings are indicative of a history of sexual abuse, and the extent to which they appeared in drawings of nonabused children. It was also necessary to determine which of these "Sex Abuse Indicators" ("SAI"s), if any, might be specifically related to cognitive development.

The findings demonstrated that all nonabused children in the study drew a considerable number of "SAI"s, with younger children clearly drawing more "SAI"s than older children. There were also significant longitudinal differences in the number of "SAI"s appearing between Phases I, II, and III when analyzed for all agegroups combined, with "SAI"s decreasing over time. Six "SAI"s, however, increased with age and time, but not significantly so. This also suggests a developmental link.

Separate analyses for each agegroup demonstrated some differences, but these were not significant. Differences between wider agebands, however, namely Primary One and Primary Five children, were significant for all three phases.

As expected, findings on the developmental trends of "SAI"s were negatively correlated to those of the Naglieri DAP scoring with scores consistently declining with age and time whereas Naglieri scores increased with age and time. Because some "SAI"s were found to be strongly related to cognitive development, it therefore appears that these particular "SAI"s are useless for determining sexual abuse in younger children. Their presence in drawings of older children, however, might be linked with such abuse in accordance with the observations and findings of Burgess (1988), Chase (1987), Cohen-Liebman (1995), Hibbard & Hartman (1990), Kelley (1985), Malchiodi (1990), and Stember, (1980) who found that sexually abused children typically drew at a lower level of maturity. The argument of this thesis that it is essential to take age into account was thus strongly substantiated.

As expected, "SAI"s were negatively correlated to a significant level with other standardized and well established measures of mental maturity, namely Raven's Coloured Progressive Matrices (CPM) and the British Picture Vocabulary Scale (BPVS). Again, the claims of previous writers that characteristics commonly seen in drawings of sexually abused children are linked with a lower level of cognitive development were supported (Sidun, 1986; Chase, 1987).

Sex differences in the appearance of "SAI"s were, as expected, in favour of boys drawing more "SAI"s than girls. This also would be expected in view of the fact the girls conversely did better than boys on the Naglieri DAP. Boys' drawings showed more characteristics of the drawings of younger children, but not significantly so.

Results identified certain "SAI"s as having a developmental component. There were significant differences in the appearance of four items at different ages with these particular features decreasing with age. There were also significant changes over time in the occurrence of these "SAI"s, again substantiating that cognitive development played a substantial part. Nonsignificant trends in either increase or decrease of some "SAI"s were also found. The need to take into account developmental factors in interpreting children's drawings was supported in that a total of 14 specific items were found to be related to cognitive development.

Table 1 below summarizes presumed "SAI"s identified in this study to be associated with cognitive development.

TABLE 1.
PRESUMED "SEX ABUSE INDICATORS" ("SAI"s) ASSOCIATED WITH COGNITIVE DEVELOPMENT

	<u>ITEM</u>	<u>INVESTIGATOR</u>
*	Hands Absent	Chase (1987), Chantler et.al. (1991), Sidun & Rosenthal (1986)
*	Neck Absent	Stember (1980)
*	Legs Apart	Burgess (1988), Faller (1988)
*	Linear Nose	Moore (1989)
NSD	Phallic Arms	Hagood (Clinical Observation)
NSD	Head Detached	Burgess (1988)
NSD	Large Circular Eyes	Chase (1987)
NSD	Head Disproportionately Smaller	Chantler et. al (1991)
NSI	Angular Pupils	Moore (1989)
NSI	One Finger Disproportionate	Moore (1989)
NSI	Legs Pressed Together	Uhlin (1979), Hibbard & Hartman (1990)
NSI	Exaggerated Full Lips	Buck (1977)
NSI	Puppet Mouth	Moore (1989)
NSI	Phallic-like Nose	Uhlin, 1979), Moore (1989)

* Significant at .05 level

NSD = Non-significant decrease

NSI = Non-significant increase

Theoretical Implications

The finding that 14 items purported to be indicative of sexual abuse were related to cognitive development challenges the assumptions of writers of psychoanalytic persuasion who, when interpreting childrens drawings, did not appear to take seriously into account the effects of such

development (Kramer, 1979; Wohl & Kaufmann, 1985, 1992). Claims of various investigators that these particular features were due to sexual abuse were likewise not supported by the findings of this study.

Methodological Implications

The findings in Chapter VIII supported the hypothesis that it would have been difficult, if not impossible, to identify empirically "SAI"s related to cognitive development if this study had used a matched group design, as consistently has been done by previous investigators who matched groups by age, socioeconomic background or other demographic factors. In a recently published article American art therapist Trowbridge (1995) argued that one of the strengths of the many studies she reviewed relative to drawings of sexually abused children was the use of matched groups. Her view is not supported by the results of this thesis in that it was essential to control for age in order to determine which presumed "SAI"s were, in fact, indicators of cognitive development, or alternatively signs of a history of sexual abuse.

The so-called "SAI"s identified in this study as being linked with cognitive development, upon retrospective review by this investigator, actually had been presented in one way or another in the scoring manuals of Goodenough (1926), Harris (1963), Koppitz (1968) and Naglieri (1988), lending further support to the findings of this study. Previous writers on drawings of sexually abused children (including this investigator), in most instances, apparently had not referred to any of these sources before concluding that these features were relative to sexual abuse. The features used in the Hagood Scoring Chart for this study were gleaned from existing literature alleging that such features were likely to be indicators of sexual abuse.

Summary of "Sex Abuse Indicators" ("SAI"s) Which May Yet Be Linked with Sexual Abuse or Related Trauma

The results in Chapter IX did support the claims of some of these writers, however, in that it was demonstrated that 10 recorded "SAI"s did not appear at any time in all 306 drawings of nonabused children. Another 15 features were also identified that appeared at an extremely low rate. Those rarely appearing items were so few that any link to cognitive development was impossible to determine. It is therefore possible that these 25 particular features listed in Table 2 below may appear in drawings of sexually abused children as consequences of their abuse or other related trauma. The data supported the claims of investigators listed below that these particular features actually may in some way be linked with sexual abuse.

TABLE 2.

"SAI"S LINKED WITH POSSIBLE SEXUAL ABUSE OR RELATED TRAUMA

<u>NON-OCCURRING ITEMS</u>	<u>INVESTIGATOR</u>
Head absent.	Uhlin (1979)
Head only, or head and neck only.	Uhlin (1979); Sidun & Rosenthal (1986), Chase (1987)
Triangular neck.	Hagood, Hugo, Stendronsky (Clinical Observations)
Legs repeatedly redrawn (more than two legs)	Faller (1988), Moore (1989) Riordan & Verdel (1991)
Phallic shaped legs.	Hagood, Hugo, Stendronsky (Clinical Observations)
Tongue protruding.	Drachnik (1989, 1994)
Complete absence of facial features.	Uhlin (1979)
Crossed-out, shaded out, or scribbled-out face.	Hibbard & Hartman (1990) Hagood (Clinical Observation)
Entire person or body crossed out or scribbled out.	Uhlin (1979)
Trunk drawn from waist up only.	Uhlin (1979), Burgess & Hartman (1993)
<u>RARELY OCCURRING ITEMS</u>	
Eyes as wedges	Moore (1989)
Eyes with angular pupils	Moore (1989)
Eyes with vertical pupils	Moore (1989)
Hands hidden	Uhlin (1979), Burgess & Hartman (1993)
Hands with no fingers	Sidun & Rosenthal (1986), Chase (1987)
Phallic shaped hair	Chase (1987)
Neck disproportionately long	Kaufmann & Wohl (1992)

Minimal genital area	Burgess (1988)
No mouth	Hartman (1991)
Mouth wide open	Kelley (1985), Chase (1987)
Jagged lipline	Hagood, Hugo, Stendronsky (Clinical Observation)
Mouth turned downward	Burgess (1988)
Teeth exaggerated	Uhlen (1979)
Question mark nose	Moore (1988), Hagood (Clinical Observation)
Clown instead of person	Stember (1980)

"Anatomical Sex Abuse Indicators" ("ASAI"s)

Chapter IX presented the data on the occurrence of so-called "Anatomical Sex Abuse Indicators" ("ASAI"s) in drawings of nonabused children. These features were overlapping in nature and represented more detailed aspects of anatomical sexual parts of the body (e.g., penis, breasts, etc.), which previously had not been considered. It was found that 23.5% of all of the children in the study (8 children out of 34) drew one or more "ASAI"s. On the other hand, out of 306 drawings which afforded the possibility of incorporating genitalia or other sexual features, there were only 19 (6.21%) drawings which contained a total of 41 "ASAI"s with some of these drawings containing several "ASAI"s (See Chapter IX). The rare occurrence of "ASAI"s in the total number of drawings of nonabused children collected for this study lends support to the claims of previous writers (Di Leo, 1969; Koppitz, 1968; Hibbard et al, 1987, 1990a, 1990b) who have argued that the appearance of genitalia and other anatomical sexual features rarely appeared in nonabused children's drawings and were strong indicators of possible sexual abuse. On the other hand 23.5% of the children in the present study assumed to be nonabused actually drew them, which is fairly high. Other investigators working only with sexually abused children have observed that "ASAI"s appeared frequently in their drawings, including this investigator (Goodwin, 1982; Hagood, 1992; Kelley, 1985; Stember, 1980). Further comparison between drawings of nonabused and sexually abused children is obviously needed.

It was also found that, in contrast to the finding that boys drew more "SAI"s, three times as many girls as boys drew "ASAI"s. Further analysis also demonstrated that "ASAI"s appeared more frequently in Self drawings, but not significantly so. The data was so sparse, however, that any generalizations would be invalid.

The findings in this study relative to "Anatomical Sex Abuse Indicators" could be interpreted in at least two ways: (1) that the eight children who drew "ASAI"s could have been sexually abused, or (2) that genitalia and related anatomical parts may have appeared as a matter of sexual curiosity in ordinary children. There was no discernable pattern of association with an increasing awareness of sexuality which might be expected in children as they grew older. Primary Three children drew the most "ASAI"s, not Primary Five children, as might be expected.

A major difficulty in scoring specific "ASAI"s was the lack of feedback from the children who drew the pictures. As can be seen in Chapter IX, these features were scored to the best of the raters' abilities, but hearing what the child had to say would have made the scoring more valid. This conclusion supports the argument of Chapters II, IV, and V that interpreting children's drawings without hearing what the child has to say is problematic. Due to the sensitivity of the topic of this study at the present time in Scotland, however, it was not possible to query the children who made these drawings regarding any sexual content in their drawings.

It could be argued that a limitation to this study was that it was not possible to screen children for a history of sexual abuse. It was important, however, to use a primary school which represented the normal population in order to learn what is likely to appear in the artwork of children in an ordinary classroom. Given the claims of existing literature, however, regarding the numbers of children who are being sexually abused, it is certainly possible that some children in this study

have had such a background (Baker & Duncan, 1985; National Center on Child Abuse Prevention Research, 1994).

Theoretical Implications

The psychoanalytic view that children projected their "Oedipal fantasies" into their artwork was not supported by the results of this study. Freudian and Kleinian theory that instinctive sexual drives lying within all children's unconscious had sometimes led, until recently, to the conclusion that when children painted or drew erotic material, it was as a result of a natural phenomenon belonging to all children. The majority of children (76.5%) in this study did not create representations of any anatomical sexual features at all. Some children (23.5%), however, assumed to be nonabused, did draw genitalia, breasts, and so on (as mentioned previously. Whether or not these children had been sexually abused, however, was impossible to ascertain.

Methodological Implications

The purpose of designing the part of the Hagood Scoring Chart measuring "ASAI"s was to look at how much detail would be found on various sexual parts of the human anatomy when drawn by nonabused children. It was the initial intention to compare them with drawings of children with a substantiated history of sexual abuse. It was observed in data collected from American children that some sexually abused children placed a great deal of detail in their drawings of anatomical sexual features, but unfortunately the data was not useable for this study. Further investigation along this line is recommended to determine differences in the degree of such detail between nonabused and sexually abused children. The data, however, on nonabused children revealed that drawings frequently contained more than one "ASAI" in varying degrees of detail. Because of the overlapping nature of the items scored, statistical analysis was extremely limited.

Strengths of the Study: Methodological Problems and How Some Were Overcome by the Use of This Design

The design of this study allowed for the comparison of agegroups in order to be able to identify which features in children's drawings were associated with cognitive development, in preference to the commonly used matched-group design used in previous studies.

The longitudinal design in this study assisted in determining which features in children's drawings were related to cognitive development, in that the study not only accounted for agegroup differences but also for changes over time. These changes also substantiated that certain indicators were in, actual fact, linked with cognitive development.

This study used other measures of cognitive development in addition to a drawing instrument to substantiate that the scores on the drawing tests correlated with such measures. Previous studies, with few exceptions, did not use such an approach.

Sex differences were explored to learn whether features commonly seen in drawings of sexually abused children might be due to peculiarities in drawings of boys or girls. Such differences were ruled out in this particular study as being an important consideration, with the exception of anatomical features where the number of girls exceeded the number of boys to a considerable extent.

This study focused exclusively on drawings of nonabused children which had not been done previously. The findings highlight the importance of the problem with anecdotal studies which make judgments from drawings of only sexually abused children and not normal nonabused children. The dangers of making psychoanalytic assumptions without realizing how many of these features are commonly drawn by ordinary children are also reiterated.

Limitations of The Study

Threats to Internal Validity

As discussed in Chapter VI, in some instances, the children's attention span appeared to decline as the study progressed. Children were sometimes anxious to hurry through their drawings because they wanted to return to class to observe a film or to go to lunch. Children sometimes appeared eager to complete the Man, Woman, and Self drawings which were in pencil, in order to be able to do the coloured drawings which they preferred and which were used as a reward. This could have influenced the number of items included in the drawings and affected the overall score measuring cognitive development. Results of this particular study, however, were in line with the expectations of other drawing tests measuring cognitive maturity, in that scores increased significantly over time and with age, as would be expected. As the predicted results of items increasing over time discussed in Chapter VII concur with previous findings on Draw-A-Person tests, it can conversely be assumed that the significant decline in "SAI"s over time in this particular study was not due to loss of attention span. Otherwise, the results of the Naglieri Test would have been influenced in the same way.

Poor attention span is an important consideration in the use of drawing instruments with abused children who in many instances cannot concentrate, due to their high anxiety. A major question in the use of drawings is whether lower scores are indicative of possible sexual abuse, or due to poor attention span in otherwise ordinary, nonabused, children. Low scores alone cannot be used as a criteria for assumed sexual abuse. Controlling for this aspect of children's drawings relative to sexual abuse, to the knowledge of this investigator, has not been addressed to date.

Practice Effects

Practice effects also could have influenced the items placed in children's drawings and their subsequent higher scores on the Naglieri

DAP in later phases of the data collection. The period of time between the drawing phases, however, was long enough that this was not likely to be the case.

Effects of Immediate Prior Events

During the collection of data for this study, it became obvious to the investigator that children in primary schools regularly have assignments in artwork, or even other subjects, at school which will directly influence choices of objects to be placed in a painting or drawing. It was noted, for example, that films observed by the children, school art projects, and special seasons of the year sometimes influenced the content of their coloured free drawings which were used as rewards. The three pencil drawings of a Man, Woman, and Self, however, did not appear to be so influenced in that they didn't contain objects other than the human figure for the most part, and if so, these were not scored.

Effects of Location of the Data Collection

The fact that drawings were collected from children in a Primary School setting could have affected the content of their drawings differently than what has been observed in drawings of sexually abused children who are frequently in therapeutic programmes focusing on issues of sexual abuse. Because of possible censure from school staff, sexual content, such as "ASAI"s, could have been limited. In previous studies into drawings of sexually abused children, drawings were not commonly collected in a school setting. In those cases where children had been in therapy for their sexual abuse, they would have more free to draw without any such criticism. Such features in drawings also could have inadvertently been influenced by their therapists in encouraging them to talk about their history of abuse, or by other such children who were free to do so.

Time-Consistency in the Data Collection.

As discussed in Chapter VI, time differences between phases varied slightly between children due to logistical difficulties of collecting data in a school setting. If children were ill, or on holiday they were asked to do drawings when they returned. Holiday breaks also effected the timing of the gathering of the data, but every effort was made to keep it as consistent as possible. Nevertheless, it must be kept in mind that this could have influenced internal validity to some small extent.

Threats to External Validity

Generalizability

The Bonnyrigg Primary School population was selected in order to obtain a sample of children likely to be found in an ordinary primary school setting. Findings in this study are generalizable to populations with comparable socioeconomic compositions as discussed in Chapter VI. In view of the heavy influence of American media on Scottish children, this investigator would argue that the results of this study also may be generalizable to other British and American populations, or other English-speaking countries with strong American influence such as Canada, Australia, New Zealand, and so on with a similar socioeconomic composition.

Cultural influences on drawings of Scottish children could have been a slight factor, but only minimally as the items measured were linked to the human figure. The Naglieri Draw-A-Person tested for very basic features of clothing only, but focused more on parts of the body, e.g. hands, arms, eyes, etc. The Hagood Scoring Chart for Sex Abuse Indicators likewise tested for variations of aspects of the human figure. Characteristics of clothing which were scored were minimal and taken specifically from the literature on features found in drawings of sexually abused children. The potential for cultural influences would have been

greater if the analyzed data had included drawings of houses, trees, and other more culture-specific items.

The generalizability may also be limited as a consequence of the small sample used in this study. Future research needs to replicate these methods with larger numbers of children.

Loss Due to Attrition

Few children were lost due to attrition and the number of participants throughout all three phases of the data collection made it possible to maintain sufficient numbers in each agegroup for valid statistical analysis.

Other Possible Confounding Variables

Effects of Drawing Ability on Children's Drawings

None of the studies looking at drawings of sexually abused children, including the present investigation, controlled for children's drawing ability. Florence Goodenough (1926) attempted to ascertain whether children who possessed special artistic talent made higher scores on her Draw-A-Person test than children of equal general ability and found that they in actual fact did not do so. She searched intensely for talented child artists and found that they were indeed rare. She stated that

"Examination of drawings which make unusually high scores on the test leads to the opinion that keen powers of analytic observation, coupled with a good memory for details, are more potent factors in producing high scores than is artistic ability in the ordinary sense of the term" (p. 53).

Suggestions for Future Research

Because some "SAI"s proved to be linked with cognitive development, while others may yet be found to be linked with a history of sexual abuse or related trauma, it needs to be further determined why certain "SAI"s are not in drawings of nonabused children and what their possible meaning might be. An additional component of the results of this study was the identification of those features that appeared rarely, or not at all in a considerable number of drawings of nonabused children. Further

research is obviously needed to investigate drawings of children with a well-substantiated history of sexual abuse for comparison purposes. Further investigation is also needed to learn which of the features not found at all in drawings of nonabused children may appear in drawings of sexually abused children. To understand unconscious meanings of these features in a systematic fashion, however, will continue to be impossible and will remain pure conjecture. On the other hand, there may be specifically conscious reasons sexually abused children draw these features and methodology needs to be designed to learn what they may be, such as nonleading, post-drawing interviews. Further investigation into drawings of nonabused children and adolescents older than those selected for this study would also be interesting with respect to the inclusion of anatomical sexual features, to determine to what extent these may be linked with the changes of puberty. As discussed previously, the degree of detail of anatomical sex abuse indicators needs to be compared between drawings of nonabused and sexually abused children.

Practical Considerations

Dissemination of knowledge from this study is needed to inform psychologists, psychiatrists, art therapists, counsellors, social workers, and any other professionals who use children's drawings where there is suspicion of sexual abuse.

Legal professionals who work in Family Law or on behalf of children who may or may not have been sexually abused in instances where artwork may be used as evidence would benefit from knowing the results of this study. An awareness that some features in children's drawings alleged to be linked with sexual abuse are developmental in nature, whereas others may be more directly specific to sexual abuse, is obviously needed. The findings in this study, however, clearly demonstrated that nonabused children drew these features to a considerable extent, even though as stated above, a few in the population

studied may have been sexually abused, which does remain a possibility. The appearance of anatomical sexual features in drawings of children in this study across all ages may also be a reflection of a normal developing interest in sex, and not necessarily be linked with a history of sexual abuse. Unless drawings are more explicitly related to sexual abuse and are corroborated by the child's explanation as being an illustration of their abuse, assumptions tested in this thesis would indicate that indicators, even representations of genitalia, are not evidence of a history of sexual abuse. This is consistent with the conclusions of all previous investigators that drawings alone cannot advance sufficient evidence in the investigation of abuse.

The findings of this study should be addressed in the training of professionals commonly using artwork with children regarding the responsible use of drawing instruments, with stress on the many limitations that may lead to erroneous interpretations. The dissemination of knowledge of developmental aspects of children's drawings is essential in order to avoid many of the common assumptions made by previous investigators as to what may be evidence of sexual abuse. Art therapists are increasingly being called upon to testify in court hearings on behalf of children where there is suspicion of sexual abuse (Levick, Safran, & Levine, 1990; Malchiodi, 1990).

An understanding of the limitations of the subjective interpretations of psychoanalytic theory, when applied to children's drawings, needs to be incorporated into art therapy training programmes, as well as other programmes to train future professionals who are using drawings in their work with children.

Major Theoretical Implications Relative to this Study

The results of this research strongly support the need for empirically sound theory-building that incorporates the views of both psychoanalytic and developmental schools of thought, particularly when it comes to

understanding children's drawings. Verworn began looking at an integrative approach as early as 1907. Pasto made such an attempt with his "Space-Frame Theory" on artwork of very young children in 1964 and Koppitz appeared to be approaching this idea with her well-known work in 1968. She was able to identify many features which previously had been assumed to have analytic meaning and to demonstrate that they were closely related to the cognitive development of children. She created two different scoring charts, one for Developmental Indicators and one for Emotional Indicators. The idea for the design of the Hagood Scoring Chart was largely based on Koppitz' approach. Koppitz, however, fell into the trap of claiming that there were specific meanings attached to those features that she called "emotional indicators". These interpretations were taken from Machover's work (1949), which has been repeatedly criticized for its lack of empirical validity. The children in Koppitz' study were not directly interviewed as to the meaning of these "emotional indicators", and assumptions were based entirely on their clinical case material. The need to elicit information more directly from children regarding the meanings of their own drawings remains paramount.

The fact that the indicators of sexual abuse gleaned from existing research fall into two basic categories, namely: (1) those linked with cognitive development and (2) those which may be linked with sexual abuse, reiterates the need to develop methodology which will support an integrative approach.

Current Issues Relative to Drawings of Sexually Abused Children

Aside from considerations of methodological problems in previous research into drawings of sexually abused children, many broader issues relative to sexual abuse make the development of better ways of detection of such abuse increasingly important and more difficult. Because criminal justice systems tend to protect offenders more than their

victims, it has been increasingly difficult to establish legally whether or not a child has been sexually abused, much less to prosecute the offender and thereby protect other children as well. Newly arising issues such as the controversy over the "false memory syndrome" (Loftus, 1993), complicate the problem of detecting sexual abuse and its effects considerably. Dangers obviously arise in asking "leading" questions about these children's drawings and suggesting to an easily influenced child that he or she has been abused when it may not be so.

Effects of Sexual Abuse on Children's Development

Freud (1896) noted the effects on child development and the apparent acceleration of sexual development occurring in his patients who claimed they had been sexually abused as children. He stated: "Precocity of somatic sexual development may often be observed, and it is even possible that it can be promoted by too early sexual stimulation" (p. 212). Freud further postulated: ". . . all these grotesque and yet tragic incongruities reveal themselves as stamped on the later development of the individual and of his neurosis, in countless permanent effects which deserved to be traced in the greatest detail" (p. 215).

A review of current literature related to the developmental effects of child sexual abuse revealed that little attention has been given specifically to this topic. A considerable amount, however, has been written about the psychopathology that results from sexual abuse in childhood, as well as behaviour problems, such as were reviewed in Chapter I.

Researchers, however, are arguing the need for a developmental approach in dealing with the treatment of victims of sexual abuse (Finkelhor & Dziuba-Leatherman 1994 ; Wolfe, 1993).

Mary Sue Moore (1990) discussed the effects of development on children's drawings, reviewing Koppitz' Human-Figure-Drawing Test. She stated that developmental scores may be markers of unresolved emotional distress, especially when the child's score is several years

below his or her expected chronological age. Using a psychoanalytic framework, she argued that it is possible that an event or series of traumatic events overwhelmed the child's defenses at the age indicated by the drawing developmental score, although she did not refer specifically to sexual abuse, nor did she offer any empirical support for her views.

Developmental differences between the behaviour of children suspected to have been sexually abused and those with no known history of sexual abuse were studied by Black, Dubowitz, and Harrington (1994) using the Child Behavior Checklist (Achenbach & Edelbrock, 1983). They found that sexually abused children were rated by parents as having more internalizing and externalizing behavioural problems than nonabused children, with older children exhibiting more behaviour problems than younger children, but acknowledged that some of these behaviour problems may be linked with the age of the child.

Few studies have included measures of intelligence to measure cognitive development of sexually abused children. Mannarino and Cohen (1986) studied 45 sexually abused children administering the Stanford-Binet (3rd ed.) to children under age six or the Wechsler Intelligence Scale for Children-Revised (WISC-R) to children above age six. The mean IQ was 92.9 but there was no comparison group in this study. Waterman and Lusk (1993) compared 82 children who reported ritualistic sexual abuse with a matched group of 34 nonabused children and found that nonabused children were higher in verbal intelligence than the children reporting abuse, but all mean scores were above the normative population.

Kilgore (1988) discussed the effect of early childhood sexual abuse on self and ego development to provide a object-relations theoretical framework for clinical practice with children. She relied on Winnicott's ego-developmental theory attempting to relate the impact of child sexual

abuse to various stages of the child's psychological development. Other clinicians working with adult survivors of sexual abuse have relied on similar models of object-relations theory commonly used in the treatment of Borderline Personality Disorder (BPD). Cole and Putman (1992) used the perspective of developmental psychopathology to incorporate the roles of coping strategies and developmental levels into an explanation of the formation of post-abuse psychopathology, in particular BPD. A link between a history of child sexual abuse and BPD is becoming more strongly established with recent research beginning to make an empirical association. Waller (1994), for example, studied 115 eating-disordered women. A secondary diagnosis of BPD was associated with a reported history of sexual abuse with the first experience at less than 14 years. Reported abuse at a younger age was associated with a greater level of symptoms of BPD. Until Marsha Linehan's recent work on "Dialectical Behaviour Therapy", a developmental approach from an object-relations theoretical framework has been a predominant form of treatment with adult survivors of sexual abuse with symptoms of BPD (Kernberg, 1975; Masterson, 1988).

Finkelhor and Dziuba-Leatherman (1994) in their review of the current state of child abuse, including sexual abuse, claim that in order to protect children and help them if they have already been victimized, we have a long way to go. They argue that the field of child abuse needs a more developmental perspective on child victimization and that this would include strategies for victimization avoidance that are appropriate at different stages of development. They also emphasize the importance of differentiating how children, with all their individual differences, react and cope at different stages of development. They further argue that it is only through such an approach that we can understand how victimization leaves its mark on children's lives.

The present investigation has focused specifically on the need to take child development into consideration and has demonstrated that claims by some investigators have been erroneous. Many so-called indicators of sexual abuse have appeared in drawings of nonabused children and shown to be linked with cognitive development, not sexual abuse. On the other hand, some features purported to be linked with sexual abuse did not appear, or rarely appeared in drawings of nonabused children and are in need of further investigation. Without such a developmental approach, these features would not have been identified.

Summary

One of the major intentions of this research was to understand why identifying characteristics in children's drawings linked with sexual abuse has been so problematic. A review of various aspects of psychoanalytic theory which form the basis for therapeutic work for a large number of clinicians pointed out that adherence to many of these theories in interpreting drawings of young children has been confusing and in some instances may have led to erroneous allegations of sexual abuse or, on the contrary, to overlooking the possibility of sexual abuse when it actually might have happened. These theories are considerably outdated, but they are still the basis for most art therapy training.

A review of the literature on cognitive development of children related to their drawings pointed out a very different line in looking at what children's drawings might mean. An attempt was made to describe the effects of cognitive development on the characteristics of children's drawings at various stages and to demonstrate how important it is for clinicians to consistently apply this level of understanding to interpretation along with any interpretations derived from a more analytic perspective.

Harris (1963) emphasized the value of looking at the developmental process in ordinary children as a basis upon which to judge so-called "pathology" of certain groups. He stated:

"Another major step ahead has been the growing recognition that a knowledge of the usual is essential for the recognition of the unusual. Many reputedly abnormal or unusual features in the drawings of individual children or of small, selected groups lose their apparent significance when the age and sex of the subjects and the conditions under which the drawings were made become known. All this serves to emphasize how valuable were these early descriptive studies of drawings by large groups of school children as a basis for more recent work". (p. 19)

It is curious that another 35 years have passed since Harris' work and that those seeking to find characteristics in children's drawings relative to sexual abuse have continued to overlook the importance of child development. The use of artwork sexually abused children in the therapeutic process may remain useful (Goodwin, 1982; Stember, 1980; Silvercloud, 1980; Malchiodi, 1990; Hagood, 1994) but its use as a diagnostic tool will remain problematic unless features linked with a history of sexual abuse are identified more systematically and features which are linked with cognitive development are recognized and not mistakenly used to support false allegations of sexual abuse. It is hoped that this study has laid the groundwork for replication with larger groups of children, including specifically those who are known to have been sexually abused, and that those features peculiar to a history of sexual abuse may continue to be teased out in an effort to more appropriately identify, and hopefully protect, those children who indeed are being sexually abused.

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APPENDIX



Director W. D. C. Sample,
40 Torphichen Street,
Edinburgh EH3 8JJ
Telephone: 031-229 9168
Direct Dial: 031-479 2175
Fax: 031-229 0059

Our reference PS/A/55/2(647)

Your reference MA/MM

Date 7 May 1991

Mr T Pitcairn
University of Edinburgh
Department of Social Policy & Social Work
Adam Ferguson Building
George Square
EDINBURGH EH8 9LL

Dear Mr Pitcairn

RESEARCH : SEX ABUSE DEVELOPMENT PATTERN IN DRAWINGS - MS M HAGOOD

I refer to your letter of 6 March 1991 requesting research facilities at Bonnyrigg Primary School on behalf of Ms M Hagood.

The subject of Ms Hagood's project is particularly sensitive but provided it is handled carefully the Research Evaluation Committee have agreed it may proceed.

I will now advise the Head Teacher that you have been given permission to approach him concerning the project and would ask you and Ms Hagood to discuss the matter thoroughly with Mr Porteous. When children are involved in an exercise of this nature it is necessary to obtain the permission of the parents in writing. Mr Porteous will advise you how best this can be arranged.

When the research is completed, it will be helpful to receive a copy of Ms Hagood's findings and I look forward to hearing from her in due course.

Yours sincerely

Depute Director of Education
Chairman, Research Evaluation Committee

If telephoning please ask for

Mrs Anderson



DEPARTMENT of PSYCHOLOGY

The University of Edinburgh
7 George Square
Edinburgh EH8 9JZ

Fax 031 667 0150

Telex 727442 (UNIVED G)

Telephone 031 650 1000

or direct dial 031 650-3339

2 September 1991

My name is Maralynn Hagood. I am an art therapist doing postgraduate research into children's drawings at the University of Edinburgh, Department of Psychology. I am seeking your approval to include your child in my study at Bonnyrigg Primary School.

I am interested in drawings of normal children to learn what types of things they draw at certain developmental stages. Drawings will not be identified in any way with your child's name and will be identified only with code numbers to provide total anonymity.

The drawings will be done in the classroom as part of the normal routine. The drawings will be collected again in two additional 6 month intervals with children being asked to draw the same pictures they drew previously. After collecting these drawings, characteristics common to each age group will be analyzed.

A totally separate set of drawings will be collected from children not at Bonnyrigg Primary School who are reported to have been abused. Characteristics of these children's drawings at various stages of development will then be compared with those collected at Bonnyrigg.

Most children enjoy drawing, but if at any time your child chooses not to participate, his or her wishes will be respected. If at any time you wish to withdraw your child from the study, you are free to do so.

This research has been approved by the Lothian Regional Council Department of Education, Mr. Malcolm Porteous, Headmaster of Bonnyrigg Primary School, and has the full support of teachers and the School Board at Bonnyrigg. Dr. Tom Pitcairn, Senior Lecturer in the Department of Psychology, and Mrs. Lorraine Waterhouse, Lecturer in the Department of Social Policy and Social Work are supervising the project. Both are experienced researchers on behalf of children. The research also has been approved by the Psychology Department Ethics Committee.

I will be very grateful for your child to participate and believe that he or she will be making a contribution toward understanding the development of children's drawings. If you are willing to have your child participate in the study, please complete and return the consent form below in the enclosed envelope directly to the Head Teacher at Bonnyrigg.

I will be available at Bonnyrigg Primary School on Tuesday morning, 10 September, from 9:00 to 10:00 A.M. and again on Thursday afternoon, 12 September, from 2:30 to 4:00 P.M. to answer any questions you may have about the research. If you have further questions, please feel free to contact me at the Department of Psychology, University of Edinburgh, 7 George Square, Edinburgh EH8 9JZ, Telephone: 031-650-3339.

CONSENT FORM

I hereby give/do not give (circle one) permission for my child _____ to participate in the study carried out at Bonnyrigg Primary School by the University of Edinburgh, Department of Psychology.

Signature: _____ Date: _____

Please return this form in the enclosed envelope to the Head Teacher at Bonnyrigg Primary School. Thank you.



COCKPEN ROAD
BONNYRIGG
MIDLOTHIAN EH19 3HR
Telephone: 031-663 7784
MALCOLM PORTEOUS, M.A., Head Teacher

2 September 1991

Dear Parents,

I thought it best to send a brief covering note with the letter from Mrs Hagood about the aspect of her research study which is going to involve some of the pupils at this school. I very much hope that you will be willing to cooperate. The study once completed will give valuable guidance to workers who have the difficult task of investigating child abuse. It will be clear to everybody from stories in the press how badly needed are more sensitive methods of carrying out such investigation. The pupils here however need not be aware of this. The tasks that they will be set in the study will be along the lines of a normal drawing lesson. To test out likely parental reaction to her proposals Mrs Hagood had the opportunity last term to meet members of Bonnyrigg School Board and they took the unanimous view that they would be ready for their children to be involved. If you are still concerned about what is proposed I hope you will get in touch with Mrs Hagood (please note the arrangements in her letter) and she will be happy to discuss things with you.

Yours sincerely,

M. D. Porteous

Head Teacher

Dear Parents,

I am writing to the parents of certain of the pupils who were due, following parental agreement, to participate in a special research project being undertaken by Mrs Maralynn Hagood. I decided temporarily to suspend her study when it was realised that part of her work was involving brief testing on an individual basis. I realise that parents did not have this explained to them when they were asked to give permission. These tests are designed to give a measure of developmental maturity and are required to help in the interpretation of the drawings. The tests themselves are quite unproblematic and those children who were tested enjoyed them, finding them an interesting challenge. Frankly I do not think you have anything to worry about from the nature of the tests themselves. Of course the fact that these tests are done on an individual basis must give rise to doubts about anonymity. However when the researcher reaches the stage of assessing the results children will be identified by code number only. None of the results will be available to the school or anybody outside the University research department.

I hope you will be ready to accept my reassurance. However if you would prefer to withdraw your child at this stage just send a note and I will simply remove his or her name from the list. Mrs Hagood will be in school from 9 to 10 am on Wednesday 20th November and will be ready to answer any questions if you care to look in, or phone at the above number.

Yours sincerely,

M. J. Pothers

Head Teacher.

21 October 1993

Dear Parent:

I would like to express my appreciation to you for allowing your child to participate in my research into the development of children's drawings. The children were enthusiastic and very cooperative through all of the drawing sessions. From this research we now know a great deal more about the normal development pattern of children's drawings.

I would very much appreciate it if you would give permission to use your child's drawings for academic and scientific publications, as well as for teaching purposes. Complete and total confidentiality will be guaranteed at all times. The only reference to Bonnyrigg Primary School will be in the list of organizations which have cooperated in the study. If you are willing, please sign below and return to Bonnyrigg Primary School in the enclosed envelope.

Once again, thank you for your assistance in this research.

Yours sincerely,

Maralynn Hagood Ph.D. Candidate

Dr. Tom Pitcairn, Supervisor








* * * * *

I hereby give my consent to Maralynn Hagood Ph.D. Candidate,
Department of Psychology, University of Edinburgh to use the drawings of my child for the
purposes of academic books, scientific journals, and teaching. I understand that at all times
total confidentiality will be respected.

PARENT'S SIGNATURE

DATE

Scoring Chart

<p>1. ARMS</p> <p>a) Presence Any representation; only one needed.</p> <p>b) Detail 1 Both arms (one if in profile) in two dimensions: arms are not drawn using one line, but have length and width.</p> <p>c) Detail 2 Both arms (one if in profile) at side pointing downward, or in action. As long as the arms point downward, credit may be given.</p> <p>d) Proportion* Length greater than width in both arms; two-dimensional arms required. Score if a-d are credited.</p> <p>e) Bonus</p>	<p>c) Detail 2 Any detail (e.g., pupil, lash, eyebrow, eyeglasses) added for <i>both</i> eyes (one if in profile).</p> <p>d) Proportion* Horizontal greater than vertical dimension in <i>both</i> eyes (one if in profile). Score if a-d are credited.</p> <p>e) Bonus</p>
<p>2. ATTACHMENT</p> <p>a) Attach 1 Head attached to neck or trunk.</p> <p>b) Attach 2 Two arms (one if in profile) attached to trunk at any point.</p> <p>c) Attach 3 Two arms and two legs (one each if in profile) attached to trunk at any point. (Two feet without legs does not pass this item.)</p> <p>d) Attach 4 Arms and legs attached to trunk at appropriate places. For credit, both arms (one if in profile) must be connected to the top half of the trunk, and both legs (one if in profile) must be attached to the bottom half of the trunk. Measure the length of the trunk from the top, where it meets the head or neck, to the bottom, where it meets the legs or crotch.</p> <p>e) Bonus Score if a-d are credited.</p>	<p>6. FEET</p> <p>a) Presence Any representation, only one needed.</p> <p>b) Detail 1 Feet are drawn in two dimensions, not one line.</p> <p>c) Detail 2 Any detail on <i>both</i> feet (e.g., lace, toe, heel, etc.)</p> <p>d) Proportion* Length greater than width (or height) in <i>at least</i> one foot. Two-dimensional foot, not one line.</p> <p>e) Bonus Score if a-d are credited.</p>
<p>3. CLOTHING</p> <p>a) Presence Any representation of one item shown in any manner (e.g., shading or buttons).</p> <p>b) Detail 1 Clothing without transparencies: no body parts show through the clothing.</p> <p>c) Detail 2 Any two articles of clothing (<i>except</i> eyeglasses) shown in any way (e.g., row of buttons indicating shirt, pants, etc.).</p> <p>d) Detail 3 Three articles of any type (<i>except</i> eyeglasses), e.g., pockets indicating pants, shoes (two shoes = one article), shirt, hat, necklace, watch.</p> <p>e) Bonus Score if a-d are credited.</p>	<p>7. FINGERS</p> <p>a) Presence Any representation; any number of fingers on hand (e.g., circle at end of arm).</p> <p>b) Detail 1 Five fingers on either hand, drawn in any manner.</p> <p>c) Detail 2 Five fingers on <i>both</i> hands (one if in profile), drawn in any manner. Note: thumb counts as a finger.</p> <p>d) Detail 3 Thumb clearly present in <i>both</i> hands; may be indicated by opposition to the fingers; location of the thumb is not important; mitten hand with a thumb is creditable.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Credit 7d</p> </div> <div style="text-align: center;">  <p>Do Not Credit 7d</p> </div> </div> <p>e) Proportion 1 All fingers in two dimensions, not one line.</p> <p>f) Proportion 2* Length greater than width in more than half of two-dimensional fingers. Score if a-f are credited.</p> <p>g) Bonus</p>
<p>4. EARS</p> <p>a) Presence Any representation; only one needed.</p> <p>b) Detail 1 Both ears shown (one if in profile).</p> <p>c) Detail 2 Any detail in one ear: earring, lobe, etc.</p> <p>d) Proportion* Vertical greater than horizontal dimension in <i>both</i> ears (one if in profile).</p> <p>e) Bonus Score if a-d are credited.</p>	<p>8. HAIR</p> <p>a) Presence Any representation, however crude.</p> <p>b) Detail 1 Hair, however crude, on more than top of head. This includes sides of head and other areas (beard, mustache, etc.).</p> <p>c) Detail 2 Hair clearly has distinct style or detail (e.g., part in hair, pony tail, bows, tied with bandana, etc.). See below.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Credit 8a</p> </div> <div style="text-align: center;">  <p>8a and b</p> </div> <div style="text-align: center;">  <p>8a, b, c, and d</p> </div> </div> <p>d) Bonus Score if a-c are credited.</p>
<p>5. EYES</p> <p>a) Presence Any representation; only one needed.</p> <p>b) Detail 1 <i>Both</i> eyes (one if in profile) drawn in two dimensions: open or filled-in circle, but more than a single dot.</p>	<p>9. HEAD</p> <p>a) Presence Any representation.</p> <p>b) Proportion* Vertical greater than horizontal dimension.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Credit 9b</p> </div> <div style="text-align: center;">  <p>Do Not Credit 9b</p> </div> </div>

* For proportion items, measure and compare the longest dimensions - any difference is sufficient for credit.

Measurement of the vertical and horizontal dimensions of the head is sometimes obscured by the hair, a hat, etc. If the entire outline of the head is visible, score as indicated above. If, however, a portion of the outline of the head is blocked by hair, measure to the top of the hair as the vertical dimension. Measure vertical and horizontal dimensions in this manner in these special cases:



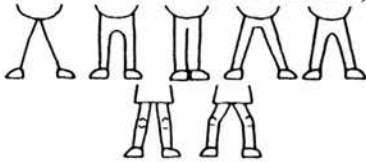
c) Bonus

Score if a and b are credited.

10. LEGS

- a) Presence
- b) Detail

Any representation, only one needed. Either: knee (a break in the leg or other obvious indication) or crotch (legs converge and meet at a point at or below the trunk). See below.



Credit 10b

Do Not Credit 10b

c) Proportion*

Length greater than width in both legs; two-dimensional legs required. See below.



Credit 10c



Do Not Credit 10c

d) Bonus

Score if a-c are credited.

11. MOUTH

- a) Presence
- b) Detail

Any representation. Any detail: lips, teeth, two-dimensional mouth or other elaboration.



Credit 11b

Do Not Credit 11b

c) Proportion*

Horizontal greater than vertical dimension; two-dimensional mouth required.



Credit 11c



Do Not Credit 11c

d) Bonus

Score if a-c are credited.

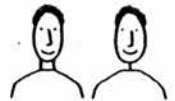
12. NECK

- a) Presence
- b) Detail 1
- c) Detail 2

Any representation. Neck in two dimensions, not one line. Neck and head or neck and trunk drawn in continuous line. If the neck is cut by a shirt or neckline but is obviously drawn to meet this criterion, give credit. See below.



Credit 12c



Do Not Credit 12c

d) Bonus

Score if a-c are credited.

13. NOSE

- a) Presence
- b) Detail

Any representation. Nostril or other detail present.



Credit 13b



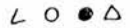
Do Not Credit 13b

c) Proportion*

Vertical greater than horizontal dimension. See below.



Credit 13c



Do Not Credit 13c

d) Bonus

Score if a-c are credited.

14. TRUNK

- a) Presence
- b) Detail

Any representation. Any detail (e.g., waist, belt, chest, shoulder) shown in any manner.



Credit 14b



Do Not Credit 14b

c) Proportion*

Length greater than width.



Credit 14c



Do Not Credit 14c

d) Bonus

Score if a-c are credited.

Maximum Drawing Score: 64

* For proportion items, measure and compare the longest dimensions - any difference is sufficient for credit.

DRAW A PERSON
A. Quantitative Scoring System

RECORD FORM

Jack A. Naglieri

Examinee Information

Name _____ Sex _____

Grade _____

Date of testing yr mo day

Date of birth yr mo day

Age yr mo day

Examiner _____

Score Summary

Drawing	Raw Score	Standard Score	Percentile	% Confidence Interval	
				Standard Scores	Percentiles
Man (M)	_____	_____	_____	(± _____) _____ to _____	_____ to _____
Woman (W)	_____	_____	_____	(± _____) _____ to _____	_____ to _____
Self (S)	_____	_____	_____	(± _____) _____ to _____	_____ to _____
Total (M + W + S)	_____	_____	_____	(± _____) _____ to _____	_____ to _____
Total Test Classification: _____					

1. ARMS (1) Presence <input type="checkbox"/> (1) Detail 1 <input type="checkbox"/> (1) Detail 2 <input type="checkbox"/> (1) Proportion <input type="checkbox"/> (1) Bonus <input type="checkbox"/>	Max = 5 Total <input type="checkbox"/>
2. ATTACHMENT (1) Attach 1 <input type="checkbox"/> (1) Attach 2 <input type="checkbox"/> (1) Attach 3 <input type="checkbox"/> (1) Attach 4 <input type="checkbox"/> (1) Bonus <input type="checkbox"/>	Max = 5 Total <input type="checkbox"/>
3. CLOTHING (1) Presence <input type="checkbox"/> (1) Detail 1 <input type="checkbox"/> (1) Detail 2 <input type="checkbox"/> (1) Detail 3 <input type="checkbox"/> (1) Bonus <input type="checkbox"/>	Max = 5 Total <input type="checkbox"/>
4. EARS (1) Presence <input type="checkbox"/> (1) Detail 1 <input type="checkbox"/> (1) Detail 2 <input type="checkbox"/> (1) Proportion <input type="checkbox"/> (1) Bonus <input type="checkbox"/>	Max = 5 Total <input type="checkbox"/>
5. EYES (1) Presence <input type="checkbox"/> (1) Detail 1 <input type="checkbox"/> (1) Detail 2 <input type="checkbox"/> (1) Proportion <input type="checkbox"/> (1) Bonus <input type="checkbox"/>	Max = 5 Total <input type="checkbox"/>
6. FEET (1) Presence <input type="checkbox"/> (1) Detail 1 <input type="checkbox"/> (1) Detail 2 <input type="checkbox"/> (1) Proportion <input type="checkbox"/> (1) Bonus <input type="checkbox"/>	Max = 5 Total <input type="checkbox"/>
7. FINGERS (1) Presence <input type="checkbox"/> (1) Detail 1 <input type="checkbox"/> (1) Detail 2 <input type="checkbox"/> (1) Detail 3 <input type="checkbox"/> (1) Proportion 1 <input type="checkbox"/> (1) Proportion 2 <input type="checkbox"/> (1) Bonus <input type="checkbox"/>	Max = 7 Total <input type="checkbox"/>
8. HAIR (1) Presence <input type="checkbox"/> (1) Detail 1 <input type="checkbox"/> (1) Detail 2 <input type="checkbox"/> (1) Bonus <input type="checkbox"/>	Max = 4 Total <input type="checkbox"/>
9. HEAD (1) Presence <input type="checkbox"/> (1) Proportion <input type="checkbox"/> (1) Bonus <input type="checkbox"/>	Max = 1 Total <input type="checkbox"/>
10. LEGS (1) Presence <input type="checkbox"/> (1) Detail <input type="checkbox"/> (1) Proportion <input type="checkbox"/> (1) Bonus <input type="checkbox"/>	Max = 4 Total <input type="checkbox"/>
11. MOUTH (1) Presence <input type="checkbox"/> (1) Detail <input type="checkbox"/> (1) Proportion <input type="checkbox"/> (1) Bonus <input type="checkbox"/>	Max = 4 Total <input type="checkbox"/>
12. NECK (1) Presence <input type="checkbox"/> (1) Detail 1 <input type="checkbox"/> (1) Detail 2 <input type="checkbox"/> (1) Bonus <input type="checkbox"/>	Max = 4 Total <input type="checkbox"/>
13. NOSE (1) Presence <input type="checkbox"/> (1) Detail <input type="checkbox"/> (1) Proportion <input type="checkbox"/> (1) Bonus <input type="checkbox"/>	Max = 4 Total <input type="checkbox"/>
14. TRUNK (1) Presence <input type="checkbox"/> (1) Detail <input type="checkbox"/> (1) Proportion <input type="checkbox"/> (1) Bonus <input type="checkbox"/>	Max = 4 Total <input type="checkbox"/>
Use the DAP Scoring System in the Manual (Chapter 4) or on the DAP Scoring Chart to determine item scores.	WORKING TIME (Maximum = 5 min) <input type="checkbox"/>
	TOTAL MAN RAW SCORE (Maximum = 64) <input type="checkbox"/>

HAGOOD DRAW-A-PERSON SCORING CHART

1. ARMS

- a) Detail 1 Phallic shaped arms (one if in profile). Arms narrow toward trunk, hand represented by two large "fingers". Do not score if more or less than two "fingers".



Credit 1a

2. DETACHMENT

- a) Detach 1 Head completely detached from neck, or if no neck, head completely detached from trunk at any point, or head attached to neck, but neck completely detached from trunk.



Credit 2a

3. EYES

- a) Detail 1 Two eyes represented as wedges (corners turned up).



Credit 3a

Do Not Credit 3a

- b) Detail 2 Two eyes with pupils crossed toward centre.



Credit 3b

- c) Detail 3 Two eyes with angular pupils - not crossed toward centre.



Credit 3c

- d) Detail 4 Two eyes with vertical pupils (line only) - not crossed toward centre.



Credit 3d

Do Not Credit 3d

- e) Detail 5 Large circular eyes not crossed toward centre. Largest eye must measure at least 1/4 length of face. Do not score eyeglasses.

4. HANDS

- a) Absence No hands, hands completely absent.
 b) Detail 1 Hands hidden (in pockets, behind back, etc.)
 c) Detail 2 Hands with no fingers. Do not score if ARMS, Detail 1 above is scored.

- d) Detail 3

Hands (one or both) with one finger or thumb out of proportion, i.e. sticking straight up, or clearly straight out to the side. Thumb must be at 90 degree angle (if in doubt, do not score) Finger must be twice as long as others.



Credit 4d

Do not Credit 4d

5. HAIR

- a) Detail 1 Hair shapes protruding from top of head and flowing down side in phallic shape (resembling anatomically correct male genitalia)



Credit 5a

6. HEAD

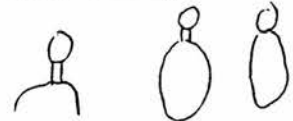
- a) Absence 1 Head completely absent.

- b) Detail 1 Head only, or head and neck only. No representation of the trunk.



Credit 6b

- c) Detail 2 Head disproportionately smaller than trunk (head measures less than 1/5 the length of the body).



Credit 6c

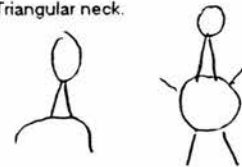
7. NECK

- a) Proportion 1 Neck disproportionately long (neck longer than 2/3 length of head)



Credit 7a

- b) Detail 2 Triangular neck.



Credit 7b

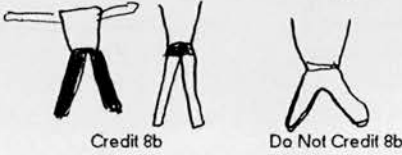
- c) Detail 3 Neck completely missing.

8. LEGS

a) Detail 1 Legs apart at groin area and drawn directly to bellline or bellline area. Genital area completely absent. If drawing contains a skirt, legs are both at outer edges of skirt. Do not credit if genitals present.



b) Proportion 2 Distance between crotch and bellline narrow (measures 1/8 length of shorter leg). Minimal or near missing genital area.



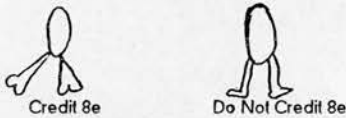
c) Detail 3 Legs pressed tightly together.



d) Detail 4 Legs repeatedly redrawn (more than two legs).



e) Detail 5 Phallic shaped legs (feet with two "toes" and legs narrowing toward the trunk. (Similar to ARMS Detail 2). Do not credit if more or less than two "toes".



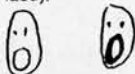
9. MOUTH

a) Absent No representation of mouth.
b) Detail 1 Mouth present, tongue protruding.



Credit 9b

c) Detail 2 Mouth wide open (open more than 1/5 length of face).



Credit 9c

d) Detail 3 Exaggerated full lips. May or may not be heavily shaded.



Credit 9d Do Not Credit 9d

e) Detail 4 Puppet mouth - mouth turned upward.



Credit 9e

f) Detail 5 Clearly jagged lipline (no lips).



Credit 9f

g) Detail 6 Mouth turned downward.



Credit 9g

10. TEETH

a) Detail 1 Teeth exaggerated (straight edges, pointed edges and/or animal-like fangs).



Credit 10a

11. NOSE

a) Detail 1 Linear (verticle) nose (single line drawing only).



Credit 11a

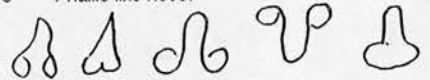
b) Detail 2 Question mark nose.



Credit 11b

Do Not Credit 11b

c) Detail 3 Phallic-like nose.



Credit 11c

12. FACE

a) Detail 1 Complete absence of facial features (blank face).

b) Detail 2 Crossed-out, shaded out or scribbled-out face.



Credit 12b

13. TRUNK

a) Detail 1 Entire person or body only crossed or scribbled out.



Credit 13a

- b) Detail 2 Trunk drawn from waist up only.
No representation below waist.



Credit 13b

14. SPECIAL

- a) Detail 1 Clown drawn instead of person.

15. SEXUAL FEATURES

- a) Detail 1 Explicit sexualization (e.g. arrows to genitalia).
- b) Detail 2 Nudity (no clothing over entire body).
- c) Detail 3 Anus.
- d) Detail 4 Breasts (any indication).
- e) Detail 5 Heavy shading, scratching out, darkening or obliterating breasts.
- f) Detail 6 Nipple present.
- g) Detail 7 Areola present (open or filled-in circle, more than a single dot).
- h) Detail 8 Breasts hanging (clearly female breasts).
- i) Detail 9 Female genitalia (any indication).
- j) Detail 10 Female genitalia with labia.
- k) Detail 11 Male genitalia (any indication).
- l) Detail 12 Male genitalia including testicles.
- m) Detail 13 Male genitalia including penis.
- n) Detail 14 Male genitalia including head of penis.
- o) Detail 15 Male genitalia with hole in end of penis.
- p) Detail 16 Ejaculation or urination depicted.
- q) Detail 17 Penis erect (width at least 1/5 length of penis).
- r) Detail 18 Genitalia represented by circle only.
- s) Detail 19 Heavy shading, scratching out, darkening, or obliterating genitalia (male or female).

HAGOOD DRAW-A-PERSON SCORING SHEET

1. ARMS

a) Detail 1 { }

2. DETACHMENT

a) Detach 1 { }

3. EYES

a) Detail 1 { } b) Detail 2 { } c) Detail 3 { } d) Detail 4 { } e) Detail 5 { }

4. HANDS

a) Absence { } b) Detail 1 { } c) Detail 2 { } d) Detail 3 { }

5. HAIR

a) Detail 1 { }

6. HEAD

a) Absence { } b) Detail 1 { } c) Detail 2 { }

7. NECK

a) Proportion 1 { } b) Detail 2 { } c) Detail 3 { }

8. LEGS

a) Detail 1 { } b) Proportion 2 { } c) Detail 3 { } d) Detail 4 { } e) Detail 5 { }

9. MOUTH

a) Absence { } b) Detail 1 { } c) Detail 2 { } d) Detail 3 { } e) Detail 4 { }
f) Detail 5 { } g) Detail 6

10. TEETH

a) Detail { }

11. NOSE

a) Detail 1 { } b) Detail 2 { } c) Detail 3 { }

12. FACE

a) Detail 1 { } b) Detail 2 { }

13. TRUNK

a) Detail 1 { } Detail 2 { }

14. SPECIAL

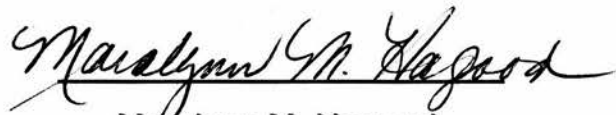
a) Detail 1 { }

15. SEXUAL FEATURES

a) Detail 1 { } b) Detail 2 { } c) Detail 3 { } d) Detail 4 { } e) Detail 5 { }
f) Detail 6 { } g) Detail 7 { } h) Detail 8 { } i) Detail 9 { } j) Detail 10 { }
k) Detail 11 { } l) Detail 12 { } m) Detail 13 { } n) Detail 14 { }
o) Detail 15 { } p) Detail 16 { } q) Detail 17 { } r) Detail 18 { } s) Detail 19

STATEMENT

Permission has been granted from all publishers to include journal articles and book chapter in the Appendix of this Ph.D. thesis.

A handwritten signature in cursive script, reading "Maralynn M. Hagood". The signature is written in black ink and is positioned above the printed name.

Maralynn M. Hagood

December 1996

A STUDY OF JUNG'S MANDALA AND ITS RELATIONSHIP TO ART PSYCHOTHERAPY*

MARALYNN HAGOOD

MS, MFCC, ATR†

Carl Gustav Jung claimed that the mandala, or circular art form, had a calming and centering effect upon its maker or viewer. He wrote (1973):

The pictures differ widely, according to the stage of the therapeutic process; but certain important stages correspond to definite motifs. Without going into therapeutic details, I would only like to say that a rearranging of the personality is involved. A kind of new centering. That is why mandalas most appear in connection with chaotic, psychic states of disorientation or panic. Then they have the purpose of reducing the confusion to order, though this is never the conscious intention of the patients. At all events, they express order, balance, and wholeness. Patients themselves often emphasize the beneficial or soothing effect of such pictures.

(pp. 76-77)

Jung traveled around the world examining various cultures and discovered that the mandala existed in all cultures. In his work with mental patients, he learned that mandalas frequently appeared in dreams and paintings of those with whom he worked. Jung used the mandala in his own personal therapy as well and believed it to be a visible statement of his psychic state at the moment it was created. As Jung considered the

process of creating a mandala to be healing, he would also often interpret symbolism appearing within the mandala. He used such interpretations as a bridge from the unconscious to the conscious. He encouraged his patients at the appropriate time in their therapy to learn to interpret their own symbols, and thus used the mandala as a bridge from dependence on himself, the therapist, to greater autonomy for the patient.

Art psychotherapists today often employ the mandala as a basic tool for self-awareness, conflict resolution, and as a basis for various other art psychotherapeutic techniques in a variety of situations.

The Jungian school of thought is often criticized for being too mystical and unscientific. Reitman (1951) challenged Jung's universal quality of symbols and claimed, "The Jungian method is a priori and not empirical."

This investigator has sought to examine Jung's theory of the mandala and to empirically explore Jung's choice of the circle as a context for art expression leading to psychological healing. Hence, this study is an attempt to determine whether or not there are measurable differences between artwork executed within a circular construct and artwork created within a square.

*Adapted from the author's master's thesis *A study of Jung's Mandala and its relationship to art psychotherapy*, based on research carried out and completed at California State University, Hayward and presented at the 11th Triennial Congress of the International Society for the Study of Art and Psychopathology, University of London, Goldsmith's College, London, England on September 3, 1985.

†Maralynn Hagood Slegelis, currently in private practice, has taught art therapy courses and workshops at California State University, Hayward, and is a doctoral student at the University of San Francisco. She is grateful to the many staff and students without whose assistance this study would not have been possible.

HISTORY OF THE MANDALA

The mandala, a universal art form, means "magic circle" or "center" in Sanskrit. It is found throughout all civilizations and appears in many forms such as art, architecture, religion, and in nature itself. The mandala is alluded to in literature, and many dance forms have been based upon the circular form. For the purposes of this paper, the mandala refers to any art form that is executed within a circular context.

The history of the mandala extends itself from its beginnings in nature through the development of art and architecture throughout time into the present day where the mandala is still used as an art form, meditative tool, and as a basis for certain techniques in art psychotherapy.

JUNG AND THE MANDALA

Carl Gustav Jung was the first psychotherapist to make use of the mandala. He maintained his own personal journal of mandalas, discovered them being drawn by his patients, and traveled around the world finding the mandala in cultures everywhere. He believed that the mandala was a pictorial statement of the psyche and a key to the process of individuation, a major concept in Jungian theory. To Jung, the mandala was a universal archetype—a visual symbol capable of being expressed by all people.

After Jung's decision to become a psychiatrist, he worked at the Burgholzi Mental Hospital and University Clinic in Zurich, Switzerland. There he became fascinated with the phenomenon of the mandala. It was there that he discovered that mandalas appeared in the dreams and artwork of the patients with whom he worked, as well as patients of other psychiatrists. Mandalas seemed to take place during periods of intense chaos and confusion. He began using them as a part of treatment, believing that such use would hasten the healing process. Often, at a point in his patients' treatment, Jung would encourage a transition from talking to painting. He believed that this created a therapeutic step forward whereby patients would become less dependent on the therapist for interpretation of dreams, and could thereby learn to more independently understand their own symbols (Jung, 1933).

Jung painted his first mandala in 1916 at the

end of a three-year period of disorientation following his break from Sigmund Freud in 1913. Jung suffered hallucinations and depression during this three-year period, and it is believed that he experienced a manic-depressive episode at the time (Brome, 1978). Jung's own experiences were a catalyst for the formation of many of his theories. Before his awareness of the universality of the mandala, he had found himself dwelling on such mandala themes as symmetrical dream cities, crosses, sun-wheels, and mystic roses. His writings of this phenomenon occurred while he was still working with Freud (Jung, 1956).

In 1918 and 1919, while Jung was commandant of a British war prisoner's camp in French Switzerland, he began to gain insight into the meaning of his mandala drawings. He wrote (1963):

I sketched every morning in a notebook a small circular drawing, a mandala, which seemed to correspond with my inner situation at the time. With the help of these drawings, I could observe my psychic transformations from day to day . . . my mandalas were cryptograms in which I saw the self—that is, my whole being actively at work. To be sure at first I could only dimly understand them; but they seemed to be highly significant, and I guarded them like precious pearls. I had the distinct feeling that they were something central and in time I acquired through them a living conception of the self . . . (p. 195)

Jung guarded the knowledge of his work with mandalas very carefully. He wanted to be sure that mandalas were produced spontaneously by the patients without any suggestion from the therapist. Thirteen years later, Jung began writing about the use of the mandala. Through his studies of the various cultures of the world, he became aware (1973) that:

mandalas were drawn, painted, carved in stone and built, at all times and in all parts of the world.

(p. 69)

One of Jung's key theoretical teachings was that of individuation, which he defined as a life-long quest for wholeness. Integration of the conscious and unconscious was to be attained and the creation of the mandala was believed to facilitate such a process. The concept of the "union of opposites," another of Jung's major theoretical tenets, lends itself to the use of the

mandala. Archetypal figures often appear in spontaneously drawn mandalas, indicating a struggle within the person between opposite parts of his or her personality. Once again, bringing these opposites together was believed by Jung to heal and make the person whole.

The mandala was considered by Jung to be an archetype coming from the collective unconscious where he believed culturally inherited images and symbols resided. He was able to collect vast references of the occurrence of the mandala in art and literature from a wide variety of cultures throughout the ages. He (1964) more precisely explained his notion of the collective unconscious as the

biological, prehistoric, and unconscious development of the mind in archaic man, whose psyche was still close to that of the animal.

Just as the human body contains structure based on the general anatomical pattern of the mammal, wrote Jung, so the mind contains products of the primitive mind, seen as "collective images" or "primordial images." He also believed that the instincts as physiological urges manifested themselves through the archetypes.

Jung believed the mandala to be an archetype of the "Self," which he defined as an organizing center from which comes psychic growth. This inner center was a guiding factor different from the conscious personality that enabled a person to become a more complete human being (1964).

Jung wrote about the process of the mandala and described the experience as coming from two sources: (a) the unconscious, which produces fantasies spontaneously, and (b) life, which brings an intuitive awareness of the self.

... the mandala symbol is not only a means of expression, but works an effect. It reacts upon its maker. (Wilhelm, 1962, p. 102)

The process of the mandala is explained by Jung as being the creation of a picture that develops spontaneously from itself and often totally independently of the intent of the maker. He noticed that there were recurring patterns, depending on the stage of therapeutic process. There were wide variations among patients, but certain motifs seemed to be connected with var-

ious stages of therapy. Patients were thus able to better integrate their subconscious with their conscious. Jung believed that such integration of these two functions of the mind hastened the attainment of good mental health.

Regarding his own mandalas, Jung wrote:

I no longer know how many mandalas I drew at this time. There were a great many. While I was working on them, the question arose repeatedly: What is this process leading to? Where is its goal? From my own experience, I knew by now that I could not presume to choose a goal which would seem trustworthy to me. It has been proven to me that I had to abandon the idea of the ego . . . (Storr, 1983, p. 234)

Jung (1973) continued to write on the process of creating a mandala:

The pictures represent a kind of ideogram of unconscious contents. I have naturally used this method on myself too and can affirm that one can paint very complicated pictures without having the least idea of their real meaning. While painting them, the picture seems to develop out of itself and often in opposition to one's conscious intentions. It is interesting to observe how the execution of the picture frequently thwarts one's expectations in the most surprising way . . . (p. 68)

Jung also initiated the use of mandalas in personal journals. Art psychotherapists often encourage their clients to free-associate with words, write poetry, or make notations of whatever thoughts may arise in connection with the mandala.

Jung believed that the mandala was especially helpful to the psychotic as it provided a safe context within which consciousness is symbolically protected from being split apart by the unconscious. He maintained that the very process of painting or drawing within a circular form was helpful in preventing such splitting and helped to integrate the conflicting psychic forces at work in his patients. He was able to weave the concept of the mandala throughout his complex theories of psychoanalysis. What began as a simple personal awareness in his own doodles broadened to a major study of the circular motif and ultimately led to the acceptance of its use in art psychotherapy.

THE USE OF THE MANDALA IN ART PSYCHOTHERAPY

The mandala is used in various ways in art psychotherapy. In addition to the Jungian usage, mandalas are used in journals for self-therapy, individually, with groups, and with couples. The mandala is an effective therapeutic tool with many populations including psychiatric and geriatric populations, and also in school settings. The mandala provides a projective device created by clients themselves. In groups, it provides a graphic illustration of existing group dynamics as well as individual issues.

Jung described constructing a mandala as an expression of a self-healing process. He believed that the psyche maintained its own sanity and nurtured its own growth through the process of creating a mandala. He said that the mandala was a symbol of the "innermost god-like essence of man." Through the mandala, according to Jung, one can work to unite opposite forces in one's life.

In creating a mandala, one becomes involved in the process to the extent that it is difficult to determine whether the artist or the process itself is in control. No two mandalas emerge the same unless deliberately copied. Shapes, forms, and lines create suggestions of further shapes, forms, and lines. Various colors may be used and may be used to better understand emotional states. One becomes involved, spontaneously allowing the creative forces within to dictate each step. Meaning may be either in conscious awareness, or totally unconscious until a later time. The completed mandala provides a matrix upon which further projections of unconscious material come to the fore. The maker has, in essence, made his or her own personal "Rorschach." The experience in and of itself often creates a calming and relaxing effect on the artist.

Jung listed nine basic characteristic themes recurrent in the mandalas created by his psychiatric patients (1973, p. 77). The use of the mandala with psychiatric populations was also researched by Joan Kellogg (1978). After observing hundreds of mandalas, she also found recurring patterns, but, in contrast to Jung, viewed them as falling into 13 basic categories (Kellogg, 1984). The number of categories is not as important to Kellogg as is the cyclical nature of the categories.

Kellogg observed that each category represented an archetypal stepping-stone or stage through which one passes, entering the cycle again at a higher level (Kellogg & DiLeo, 1982).

Kellogg describes the mandala as a still picture taken out of context from a moving picture of the life process of the person. She explains the process of making a mandala (1978):

Because of the intense focusing when working with the mandala, an altered state of consciousness, an almost hypnotic state may ensue. The mandala then works itself differently than one's conscious desires. In a sort of biofeedback manner, one gives reign to that part of one's self that is able to express the contents of consciousness. Then, on reflecting on the finished product, one participates critically.

(p. 36)

Kellogg also developed a system of analyzing color implications within the mandala based on the research of German psychiatrist Max Luscher. Luscher (1969) developed an intricate diagnostic system linking color choices with current feeling states and psychological concerns.

As suggested by Betensky, mandalas may be processed within the phenomenological model of psychotherapy. Betensky (1977) has the client make a drawing and then secures it to the wall at a distance. The client tells the therapist whatever comes to mind about what is seen, or what is experienced during the drawing process. The therapist may question the client with the goal of eliciting more meaningful connections with the artwork. When the client exhausts all possible interpretations, the therapist may then give feedback based on personal observations, keeping in mind that his or her own personal projections may be present. Although Betensky uses her method with artwork in general, it may be effectively applied to the making of mandalas.

Margaret Keyes (1978) uses the concept of the mandala in her work with clients with relationship issues. She calls this process the "dialogue mandala" and uses it with intimate couples, encouraging them to paint a mandala together. Therapist and clients alike may gain a great deal of insight regarding how each partner functions and feels in relation to each other. Problem areas may be dealt with and cohesiveness between the partners is enhanced.

Another use of the mandala with couples is carried out within a group setting where each partner creates his or her own individual mandala and explores both the intra-personal and inter-personal processes of the relationship. Each partner discusses what is going on at the moment, as well as where they would like to be in their relationship to each other. The similarities and differences between the partners become more evident and may be dealt with more effectively (Ireland & Brekke, 1980).

Mandalas may be used in group therapy by having individual group members draw their own mandala and then share each experience of creating the mandala with others in the group. Individual personal meaning and current issues often become the focus of attention and the mandala becomes a catalyst for group participation. Often, group members who tend not to participate verbally become more willing to share and to be a part of the group.

A large mandala may be executed jointly by group members (Richmond, 1977). The art therapist cuts a large circle out of butcher paper. The group then works together to create a mural "in-the-round," either creating its own theme or one suggested by the art therapist. A discussion of feelings after the mural is drawn, issues of negotiation, greater understanding of the dynamics of the group, and improvement of group cohesiveness are some of the benefits to be gained by this technique. The circular shape of the paper seems to invite more joining than a rectangular shape with corners. Clients with socialization difficulties tend to pull back into those corners and participate less in the group. The circle invites them gently to join the group process. Music may be used as a background to the mural construction to elicit various feeling states or to provide an appropriate mood for the theme (De Leo, Grof, & Kellogg, 1977).

Various versions of the mandala are used with a variety of populations. A popular place for its use is in psychiatric hospitals, but the mandala has also been used in nursing homes, rehabilitation centers, and in private practice. It has been successfully used with the mentally handicapped, including chronic emotionally disabled, autistic, and the physically handicapped (Frame, 1982). It is also used as a tool for personal growth and self-exploration with the normal neurotic.

In summary, the mandala has been adapted by art psychotherapists for use in a variety of ways. Jungian analysts use art expression in the traditional manner espoused by Jung himself. Other psychotherapists encourage its use in self-therapy, individual therapy, couples therapy, and group settings. Its use as a vehicle for self-awareness, integration of conscious and subconscious material, and as a tool for the facilitation of relationships and group cohesiveness, has been established. As a result, the mandala is considered to be a viable modality in art psychotherapy today.

DESIGN AND PROCEDURES

Introduction

The purpose of this study is to test the views held by writers of existing literature that drawing within a circle is calming and relaxing. Mandalas are frequently used by art psychotherapists in working with various populations. A mandala is a piece of art drawn or painted within a circle.

To measure such a phenomenon, angles were used to determine possible differences in emotional states between subjects who drew within a circle and those who drew within a square. Angles are interpreted by many art psychotherapists as depictions of frustration and anger (or associated feelings), whereas curvilinear expressions often indicate a state of relaxation.

The question as to whether lines "possess" emotional qualities has been systematically investigated by a number of workers, according to Bolander (1977). One of the earliest of such studies was performed by Lundholm (1921) in a series of experiments. She was able to show that emotions can be associated exclusively with certain pure line forms, and she categorized feeling tonality on the basis of the kinesthetic expression of affective states by certain types of lines. She wrote:

When sharp angles predominate in a line of the active type, it seems to acquire an unpleasant feeling tone, as well as an increased intensity in its movements. Thus a jolly and a furious line differ in the frequency of the acute angles. Beauty in a pure line is expressed by unity of direction, continuity, roundness of curves, lack of angles, and periodical repetition of similar elements.

(p. 20)

Karen Bolander (1977) wrote that lines have expressed emotional tone since the beginning of history. In addition, she wrote that angular lines are usually an expression of hostility, either overt or controlled. Regarding the angular wave, she wrote:

The angular wave, which in its compressed form schematizes canine teeth, is symbolic either of extreme aggression, or extreme fear, or both.

(pp. 162-173)

Hammer (1958) has done extensive studies of projective drawings and wrote that jagged lines are associated with hostility. Harris (1964) has studied the relationship of children's drawings to their intellectual maturity and personality. Harris also stated that the size and quality of line, including the degree of angularity, are considered to be highly significant avenues for projecting unconscious motives or needs.

The association of sharp angled triangles with pain is made by Leonhart, Rothberg, and Seiden (1984) in relation to victims of cystic fibrosis. They found that the art expression of these victims reflected both emotional and physical distress in an intertwined manner, and that it was difficult to differentiate between the two.

The association of sharp-angled triangles with sharp pain was not difficult to make. (pp. 72-73)

Art psychotherapists are trained to interpret possible emotional meanings to lines drawn by their clients. Hale (1980) gave instructions to his art students on the importance of understanding line quality and its emotional message:

Let your eye follow where the artist's line leads, but ask why he has chosen specific kinds of lines for specific purposes. What is the emotional feeling that the line transmits? (p. 27)

The literature is consistent in supporting that angular lines indicate a variety of negative affective states. Sharp angles, angular lines, angular waves, jagged lines, and sharp-angled triangles are among the descriptions of such lines used by various writers. Such unpleasant feeling tones range from extreme aggression or extreme fear to hostility or fear. Hence this investigator reasoned that since the mandala (circular artwork) is

credited as a calming and relaxing medium, there might be measurable differences in the number of angular lines drawn within a circle and the number of such lines drawn within a square.

Hypothesis to be Tested

The hypothesis under consideration states that the number of angles drawn within circles will be fewer than the number of angles drawn within squares.

Population/Sample

The subject population for this experiment was a community college class in a large city in the San Francisco Bay Area. The group was intact, having a history and future together. The researcher was acquainted with the instructor. The research activity was integrated into the class curriculum. Direct participation in research activities was not required by either the instructor or the investigator. The group consisted primarily of young adults between the ages 18 to 25. Where minors (age 17) volunteered, a consent form was requested from parents in full compliance with research ethics.

The population consisted of 32 male and female students of a variety of ethnic origins, including Blacks, Asians, and Caucasians. This particular class was selected because of its cross-cultural nature, in keeping with Jung's belief that the mandala is a universal archetype common to all cultures. The emphasis of the class was on inter-personal communications.

Prior to the implementation of the experiment, a protocol was submitted and approved by the Human Subjects Committee at California State University, Hayward, to insure compliance with ethical standards appropriate for research with human subjects. Issues such as personal privacy and confidentiality were fully respected in order to minimize risks to subjects. Random selection of circular contexts and square contexts was used. No identification of subjects was placed on the drawings, and participants placed their own drawings in a large portfolio at the end of the experiment to further maintain anonymity.

General Methodology

Subjects were asked to select a number to in-

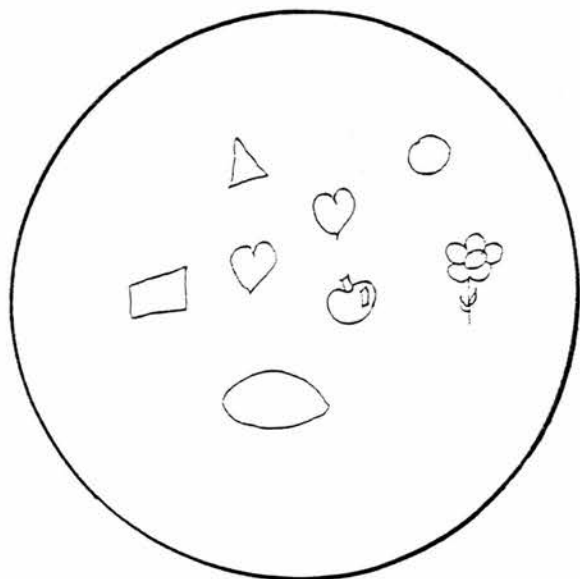


Figure 1.

sure randomization. Those who chose a number *one* from a container of numbers were asked to take a square. Those who chose a number *two* were requested to take a circle. Subjects were then instructed to sit anywhere they wished in the room, but were asked not to move around the room during the drawing period, or to exchange drawings. They were told that they could leave the experiment at any time should they so desire.

Instructions for making mandalas were read to the class (Kellogg, 1978). Subjects were instructed to each take a ball-point pen provided by the investigator and make a form in the center—any form. They were then to dwell on that form and to let it grow spontaneously, drawing whatever shapes or images came to mind. There was no right or wrong way to draw. The outside perimeters of the circles and squares were not to be regarded as a fence, but rather as a guide. Participants were given permission to go outside the context if they so desired. A time period of exactly two minutes was given, and subjects were subsequently asked to stop and to place their drawings into the portfolio.

At the completion of the experiment, the investigator briefly explained its purpose. The hy-

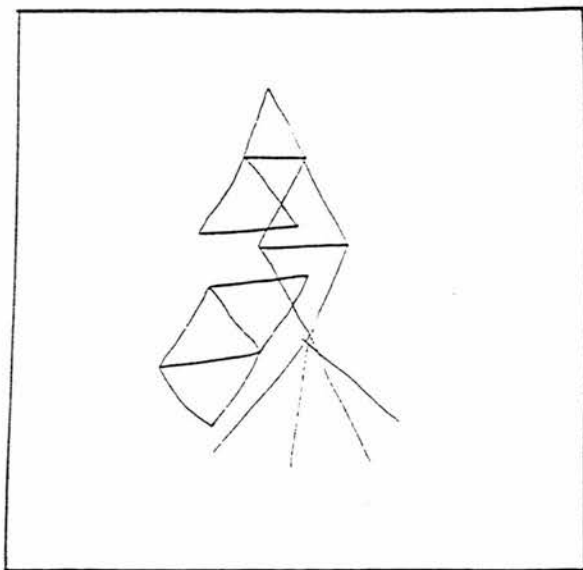


Figure 2.

pothesis was shared as well as a condensed version of Jung's theory that drawing in a circle was calming and soothing. Subjects then understood that angles would be the unit of measurement.

Materials

The circular contexts provided were 10" in diameter drawn in heavy black ink on white paper, size 12" × 18". The square contexts were 10" × 10" drawn in heavy black ink on white paper 12" × 18" in size. Ball-point pens, all of a standard brand and size, were provided for all subjects. Randomization was assured by having subjects select one numbered piece of paper each from a container, thus eliminating the possibility of subjects seeing which number they were selecting.

Convention for Handling the Data

A description of angles to be rated was made with graphic examples illustrating clear definitions of what was meant by "angle." The rater was given further instruction by the investigator by examining four samples of the drawings that contained a good variety of the types of angles to

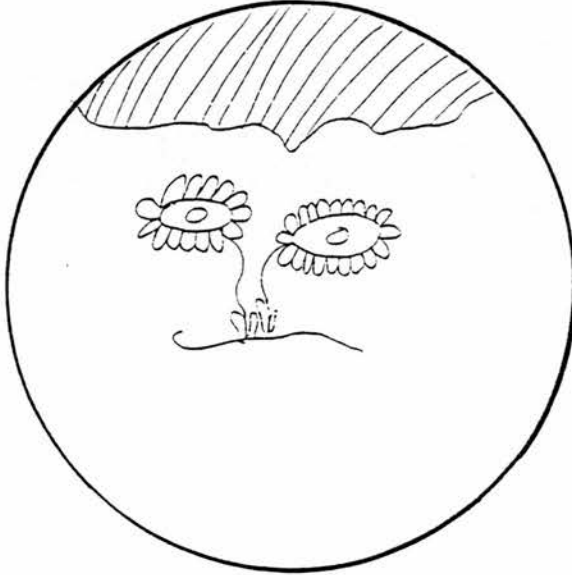


Figure 3.

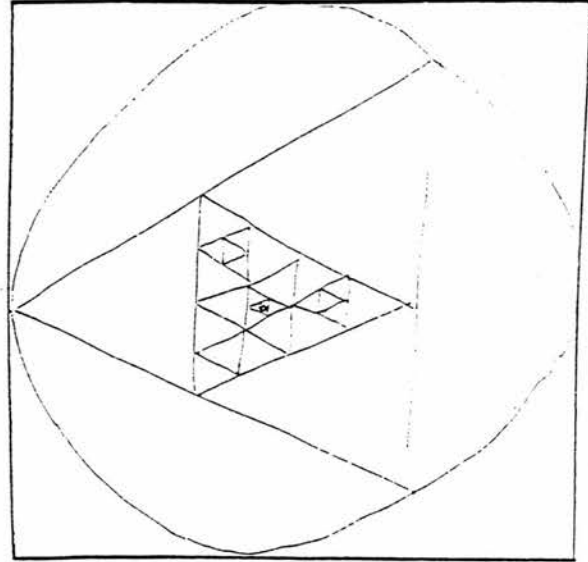


Figure 4.

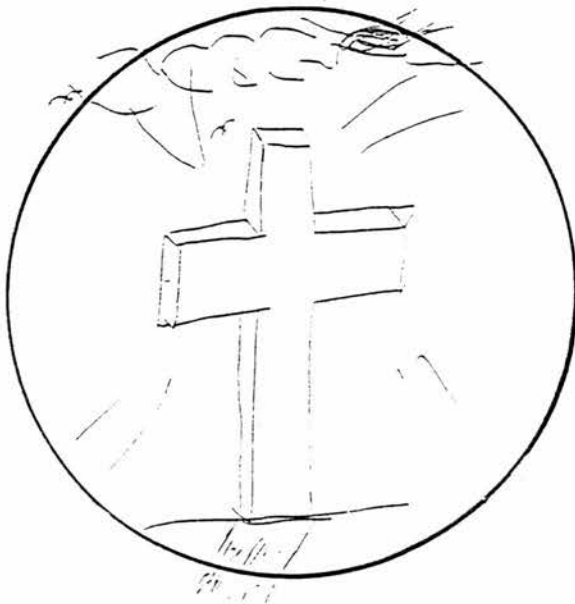


Figure 5.

be rated. The quantity of angles was marked on each drawing by the rater, and the totals of angles found within the squares and circles alike were entered on the rating sheet.

Results

A frequency distribution indicated that both groups consisted of skewed distributions. A non-parametric statistical test was thus chosen, namely the Mann-Whitney U Test (Siegel, 1956).

On analysis of the data utilizing the Mann-Whitney U Test, it was determined that there were significantly fewer angles within the circles than within the squares. A U-value of less than 83 is required for significance at the .05 level. This research determined a value of 78; thus significance is assured. The experimental hypothesis is not rejected. Figures 1 and 2 are typical examples of these drawings.

Post-Hoc Observations

After further examination of the drawings, this investigator discovered that there were other trends in differences between the two groups of drawings. For example, there were several drawings depicting faces in the circular context, both

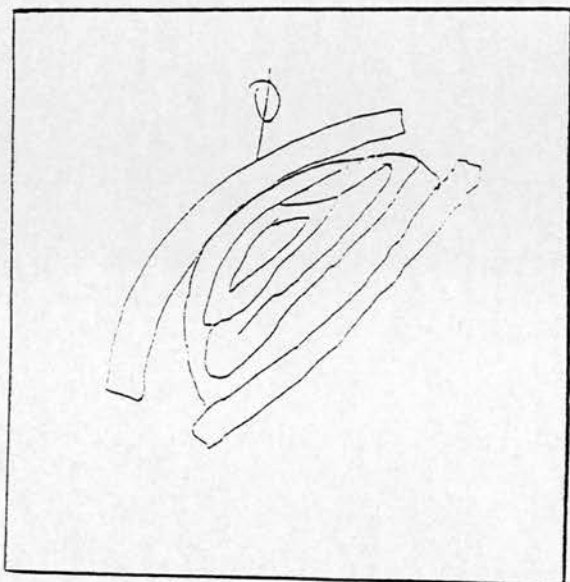


Figure 6.

obvious and subliminal (Figure 3). The only face drawn within a square was created after the subject had made a circle inside the original square context (Figure 4). Faces were drawn more often within circles (41%) than squares (7%), ($\chi^2 = 3.39$, $P < .10$). The incidence of realistic content appeared to be slightly greater in circular drawings (Figure 5) while the reverse trend was true for drawings executed within squares (Figure 6). There was also a trend toward more positive affect in the circles than squares (30% versus 18%), and more negative affect in squares than circles (33% versus 7%), (see Figures 5 and 6). How trustworthy these comparisons are must be questioned, however, due to evaluation by the investigator herself. Nevertheless, they do pose interesting questions for further research.

SUMMARY

Discussion

On examination of Jung's theory that creating artwork within a circle has a calming and soothing effect, the findings of this study appear to be congruent with Jung's claims for the mandala. The difference in the number of angles drawn

within circles and the number of angles drawn within squares was statistically significant and the hypothesis that there would be fewer angles drawn in circles than in squares was retained. In view of research establishing that angular line quality frequently expresses negative affect, the investigator infers that fewer angles drawn within circles support Jung's claim for the effect of the mandala upon the maker's affectual experience.

From a theoretical perspective, the post-hoc observations also support Jung's thesis that artwork within a circle promotes psychological healing. The circle appeared to promote drawings of the face, which is congruent with Jung's concept of the "Self." Realistic drawings are preferable for reality orientation of psychotic populations. Thus, it may be possible that the use of the mandala with these patients elicits more realistic drawing than does drawing within a square. Jung used the mandala especially with such patients.

Positive affect seemed to be demonstrated by the content seen within circles more frequently than content within squares. In the judgment of the investigator, themes seemed to be happier and more positive in general. However, in cases where it may be desirable to access angry or hostile feelings, the choice of a square context might be preferred. Perseverative drawings appeared more frequently within squares. Perseveration in patient artwork usually indicates a lesser degree of psychological well-being. Further research in these areas might better determine to what extent these observations are due to the contexts or to other factors.

Limitations and Recommendations for Further Research

A possible limitation of this study was that the experiment might have been extended to include a second phase where each subject then drew within the alternate context. For example, those who drew within circles might have drawn within squares during the second portion of the experiment, and vice versa. It is suggested by the researcher that further studies be carried out with other populations (e.g., various ethnic groups or psychiatric groups). A study of possible sex differences might be made. The length of time of the actual drawing experience might also be al-

tered. The post-hoc data are suggestive of several other possible areas for research as discussed above.

The data obtained in retaining the hypothesis of this particular experiment are generalizable to similar groups (i.e., of comparably mixed college students). There is, however, no reason to believe that comparable findings would not result in the study of other populations.

Conclusions

The process of research is an important one because it makes a theory more concrete, real, and in the present. It allows one to get away from simple abstractions and makes the concepts more credible.

This researcher has benefited from the investigative process by seeing Jung and his theory in a more tangible way. Jung's theory is often criticized for being too vague. Cognitively-oriented psychotherapists sometimes shy away from Jungian theory claiming that it is too complex and difficult to understand and thus better left to the artistic and religious. Jung sometimes has not gained the respect he deserves among the more scientific schools of thought.

The plight of art psychotherapy has been somewhat similar to that of Jungian theory due to the limited amount of scientific research presently existing in such a relatively new field. The difficulty of reducing artwork to measurable data is but one of the dilemmas of such research. Art psychotherapy, too, struggles to be heard as a credible approach to psychological healing. While art therapists see the positive results of their work on an ongoing basis, they are frequently not taken seriously by their colleagues of verbal therapy persuasion.

Jung himself was well aware of the difficulties of bridging the worlds of the artistic and the scientific. He held a high regard for the scientific method, as long as it was not viewed as the only source of truth. He wrote:

Science is not, indeed, a perfect instrument, but it is a superior and indispensable one that works harm only when taken as an end in itself. Scientific method must serve; it errs when it usurps a throne. It must be ready to serve all branches of science, because each, by reason of its insufficiency, has need of support from the others. Science is the tool

of the Western mind and with it more doors are opened than with bare hands. It is part and parcel of our knowledge and obscures our insight only when it holds that the understanding given by it is the only kind there is. (Wilhelm, 1962, p. 82)

It has been the intent of this researcher to contribute in some way to bridging the gap between the worlds of the scientist and the artist by attempting to demonstrate that many times one world is trying, basically, to say the same thing as the other.

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REFLECTIONS

ART THERAPY RESEARCH IN ENGLAND: IMPRESSIONS OF AN AMERICAN ART THERAPIST

MARALYNN M. HAGOOD, MFCC, ATR*

During the summer of 1987 I flew to England in pursuit of information regarding the status of research in art therapy and the receptiveness of art therapists there to my doing research in that country for a doctoral dissertation.

My British colleagues received me with enthusiasm. I met with six art therapists representing a good cross-section of the mental health field—three members of the art therapy faculty at Goldsmith's College, the University of London, an art therapist in London (working in the area of chronic schizophrenia as well as providing marriage and family counseling services), an art therapist at the Netherne Psychiatric Hospital south of London, and an art therapist in Oxford (working in the areas of child education and child psychiatry).

My first meeting was with Joan Woddis and Andrea Gilroy, both lecturers at the Art Therapy Unit of Goldsmith's College. Joan Woddis, after many years as an art teacher/therapist, is now a full-time senior lecturer at Goldsmith's, a practicing group-analytic psychotherapist, and chairperson of the British Association of Art Therapists. She also has published articles in the British art therapy literature.

Andrea Gilroy, also a senior lecturer at Goldsmith's, has been corresponding with me since we met at the 11th Triennial Congress for the Arts and Psychopathology in 1985. She is currently working

on her doctoral thesis investigating the occupational motivation of art therapists and art teachers and the influence of training and clinical practice on their artwork.

Both women were gracious and most encouraging about my returning to obtain dissertation data. They informed me that there was very little research in art therapy in Great Britain, even less than in the United States. They recommended that I visit the Netherne Psychiatric Hospital where art therapy is practiced, which I was able to do.

The three of us spent a very enjoyable, albeit sometimes frustrating, time attempting to understand each other's professional jargon. We jokingly concluded that perhaps, in some instances, we weren't speaking the same language after all.

My next meeting was with Diane Waller, who heads the Art Therapy Unit at Goldsmith's and is President of the British Association of Art Therapists. She has had several articles published in *Inscape*, the official journal of the British Association of Art Therapists, and is writing a book on the history and development of art therapy as a profession in Britain based on her PhD research at Sussex University. Ms. Waller agreed that there was a great need for empirical studies in art therapy. We also exchanged many ideas regarding group art therapy.

At a meeting with James Low, a practicing art

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therapist working with groups of schizophrenic clients, and also a Marriage Guidance Counselor, he expressed concern about the current trend of the British government to de-hospitalize psychiatric patients (as has been done in the United States). We exchanged ideas on the direction of art therapy in Great Britain as well as on philosophical issues. I learned that many of the theories used in family therapy in the United States are not commonly used—Haley, Jackson, Satir, and others are known in England, but the structural approach of family therapy, such as Minuchin's theory (Minuchin & Fishman, 1981), is still mainstream. However, the systemic approach is becoming more popular due to its perceived greater flexibility. Bion's group therapy models also have been incorporated into family therapy and psychodynamic approaches have a strong hold on the therapeutic community. Anna Freud, Melanie Klein, and other object-relations theorists are held in high regard.

At my visit to the Netherne Psychiatric Hospital with Robert Eyres, Staff Art Therapist, I learned that art therapy had its beginnings there in 1946 when an artist, Edward Adamson, first began to encourage mental patients to use art materials. Adamson is known in England for his collection of over 60,000 patient paintings and drawings, some of which had been on exhibit at the Netherne for many years, but are now in a private collection just outside of Cambridge.

Mr. Eyres graciously invited me into his studio and gave me an overview of what he did in a very old mental hospital. He was keenly interested in the prospect of research as he has difficulty justifying the hiring of additional art therapists without more tangible evidence of the effectiveness of art therapy. He was also interested in doing research, but had reservations about the practicality of conducting it where he is working. His research consists primarily of developing case studies to present to the psychiatric staff. He, too, sees the effectiveness of art in the therapeutic process, and, like art therapists in the United States, sometimes has difficulty convincing other members of the mental health field of its unique merits. He is expanding his professional experience to counsel families of his hospital patients. He told me that some art therapists in the United Kingdom eventually move into using other therapeutic modalities as an extension of their art therapy training. This is often due to the fact that by and large it is only the National Health Service that recognizes and pays art

therapists as in a distinct profession. Thus, many art therapists find work in other areas, such as Social Services, under whatever appropriate heading is available.

Muriel Greenway, RA Th. (Registered Art Therapist), whom I had met during my previous visit to London, works with children in a school setting and is currently setting up a treatment program at the local psychiatric hospital for the treatment of sexually abused children. Although she has been primarily an art educator, she holds a diploma in art therapy and has gained a great deal of respect for her work in art therapy with the school system in the Oxford area. At this visit, she shared slides of the work she has done with children whose artwork indicated sexual abuse, and spoke of her frustration at not being able to use them as reliable evidence.

I visited the library at the Hertfordshire College of Art and Design at St. Albans, north of London, which contains the most complete collection of the literature on art therapy in the United Kingdom. However, the shelves held fewer books on art therapy than one can find in most colleges offering art therapy courses in the United States. Filled with case studies dating back to the opening of the Hertfordshire art therapy program in 1973, the collection featured only one doctoral dissertation by an art therapist. It was an experimental study on the artwork of severely retarded children (Dubowski, 1983). The master's theses consisted primarily of case studies, as in the United States.

Review of Selected British Publications

Inscape, a publication of the British Association of Art Therapists and the official art therapy journal in Great Britain, offers articles that are primarily case studies and papers dealing with general professional issues.

Textbooks available in the United States were not on the St. Albans library shelves. Most of the works there had a strong psychodynamic approach. Freud, Jung, Bion, Anna Freud, Kris, Adler, and Laing appear to be the major sources of the body of psychotherapeutic knowledge in Great Britain.

Edward Adamson's book, *Art as Healing* (1984), includes a colorful collection of some of the artwork done by his former patients at the Netherne Hospital. Adamson was trained as an artist and exhibited his work in both London and Paris. He retired from the Netherne Hospital after spending many years (since

1946) working with the mentally ill, and now runs a private practice in his own studio, as well as keeping up with his collection. Adamson does not take up the issue of research in art therapy in his book, but his gigantic collection of artwork as well as his pioneering efforts to gain acceptance of art therapy in Great Britain have certainly made an impressive contribution.

Art as Therapy, edited by Tessa Dalley (1984) is a British textbook on the subject and represents an overview of art therapy in England. Ms. Dalley briefly addresses the issue of research. Art therapists in British practice are strongly against interpreting patient artwork without the input of the patient. Emphasis seems to be against diagnosis solely using artwork, and efforts of some art therapists in the United States to exclusively use artwork are viewed negatively. Dalley writes:

To view that disturbed, fragmented painting is necessarily connected with disturbed personality is only a matter of speculation, with no means of testing its validity, since such claims have been based solely on the observational accounts of individual practitioners.

She admits that research in Britain has been sporadic and unsystematic, and comments on the dilemma of finding conclusive statistical results in art therapy research. She concludes, however, that

It is essential that the effectiveness of art therapy be evaluated by specific data in the future, in order that the field may develop more productively and so that we may determine how much emphasis should be placed on it in treatment. (p. xxvi)

Michael Edwards, in his 1981 work, discusses the status of art therapy at that time. On art therapy research, he writes that, in his opinion, mechanical and statistical instruments of measure are yet unable to handle the complexities involved. He states that though research in art therapy is still in its infancy and research results mean different things to different professional groups, he is sure it will ultimately find a comprehensive methodology.

Patricia Nowell Hall's master's thesis (1984) was a rough attempt to systematically evaluate the effects of group art therapy and to compare these effects with Yalom's (1975, p.3) goals for group therapy in general. Ms. Hall relies largely on a questionnaire method, using self-report as a measure. She discusses

the limitations of research in art therapy in general, and feels that the experimental approach to such research is fundamentally incompatible with the nature of psychotherapy. She raises issues around ethical problems in controlled studies, although she does not state what those ethical issues are. She states that not much attention has been paid by the scientific and quantitative method to the individual's experience. She believes that existing methods may be improved or radically altered, referring to a "dramaturgical" model based on intense observation. She quotes from a paper by Parlett (1982) of the University of Edinburgh in which is raised the issue of using the "heuristic" design of evaluation methodology in which the emerging themes are identified early enough to serve as effective organizing principles—rather than getting 'locked into' a pre-structured design."

John Evans writing (1979) of his experiences at the Hertfordshire College of Art and Design where he had lectured since 1973, discusses the development of the program and the frustrations of insufficient funding by the National Health Service at the time. An ongoing controversy in Great Britain (as it has been in the United States) is that occupational therapists receive funding, whereas art therapists often do not. Evans also comments on the need for the program to advance to the MA or MS level in the coming years as "only in this way can research begin to develop, an essential if the practice of art therapy is to grow in influence."

Diane Waller, in her article (1979), summarizes briefly the art therapy program at Goldsmith's, which emanated from a meeting at the Eliza Doolittle Pub in London before 1971, and grew into a program that enrolls an average of 25 students per year. The focus in art therapy at Goldsmith's in 1979 was primarily on children's artwork and its therapeutic use. However, the course now includes working with adults in all areas of the National Health and Social Services. Students with primarily an art background and, occasionally, those with a psychology or education background are admitted. Some professionals with experience in a related area are also included. The program has access to a wide variety of placement sites and, because of this, Waller states, it is in a fortunate position to carry out projects to investigate the effectiveness of art therapy. Waller emphasizes the need for research:

Art therapy is a new profession and as such is much concerned with monitoring its development at all

levels. This makes for an exciting, if precarious existence and makes an involvement in research a necessity for all—and vital for those concerned with training.

Jeanne Males (1980), writing on the issues of research in art therapy and the various methodologies available for the researcher, states that objective assessment is indeed a useful and valuable approach to art therapy research, and takes to task Michael Edwards' view that empirical research is inappropriate for art therapy. She makes a case for the importance of fact finding so that "art therapy can communicate its usefulness to other professions with the ultimate effect of benefitting the client in the everyday treatment situation." Males advocates the use of observational methods in looking for behavioral outcomes as a basis for art therapy research.

Gerry McNeilly (1983, 1984) discusses the use of directive and nondirective approaches in group art therapy. He argues that the directive approach has a tendency to uncover powerful feelings too rapidly and is often a process of control by the therapist in order to avoid dealing with transference and countertransference. It also allows for the development of too much dependency of group members on the therapist. He prefers the natural process of clients in a group analytic approach whereby group members are required to do more interacting and experience transference in a multiplicity of relationships.

Joan Woddis (1986) makes some interesting observations from a British standpoint of American art therapists in her paper, "Judging by Appearances." She addresses the fundamental difference between the historical roots of the two countries and stresses that she believes this contributes to our different approaches in art therapy:

The British traveller in the United States is aware that Americans' sense of the present and the future overrides their considerations of the past, which they often see in terms of nostalgia rather than instruction, and an energetic immediacy, based on the scientific prescription that every problem has a solution, inhabits the prevailing culture. This seems to be reflected in much of the current art therapy practice, where a search for meanings and answers is in progress.

Woddis has deep concern that the direction American art therapists are taking is dangerous because it appears to isolate the artwork from the total picture of the client in its efforts to use the artwork as a

diagnostic tool. She feels that we are contributing to the dehumanizing qualities of the medical model and sees a need to look at more than just the artwork—for example, the relationship between the therapist and the client, the creative process itself, and focusing on the assets of the client rather than the incapacities. I believe that these concerns also need to be taken into consideration in art psychotherapy research. I also believe that ethical concerns are paramount in designing any research involving human subjects. Issues such as feedback to the subject, the research having some direct benefit to the subject, and using other parameters in addition to the artwork in assessment procedures should be incorporated into research.

Ms. Woddis makes an excellent point on how the differences in our roots affect our approaches to psychotherapy. I was made acutely aware of my own lack of roots, particularly while staying in Biggar, Scotland, the small village from where my ancestors came. I agree that we Americans tend to be somewhat superficial and simplistic at times because of that lack, and it will be one of my goals in working abroad to take a look at some of the more in-depth approaches so strongly advocated by many British art therapists.

Conclusions

My overall impression of art psychotherapy research in England is that considerably less has been done there than in the United States. Art therapy research practiced in the United States has been, for the most part, poorly designed, consisting mostly of anecdotes and case studies. In both countries many published articles by art therapists that claim to be research have not made serious attempts at empirical control. During the 1920s and 1930s effort was made by psychologists here and abroad to study the relationships between art and psychology, with a great deal of focus in Europe on the art of the mentally disturbed. Much research in the United States that has carried more sound empirical foundations has been done by psychologists, not art therapists.

The relationships I have established with the art therapy professions in Great Britain have been very rewarding. We share many ideas and concerns, and as a result I see exciting possibilities in the further exchange of ideas to affirm the viability of art psychotherapy as the respected therapeutic modality it is.

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LETTER TO THE EDITOR

Shortly after my paper, entitled "Art Therapy Research in England: Impressions of an American Art Therapist," appeared in the Winter issue of *The Arts in Psychotherapy* (Volume 17, No. 1, 1990), I attended the Second Annual Conference on "Arts Therapies Research" at City University in London held April 5-6, 1990. As I began reviewing the presentations offered, I had difficulty choosing from so many excellent subjects. There were over 30 papers with topics covering a wide range of issues pertaining to research in art therapy, music therapy, dance/movement therapy, and drama therapy. Many focused on art therapy research in particular, and I was struck by how much progress had been made since my visit in 1987. I thus feel obliged to add this postscript to my earlier article.

The interest and enthusiasm shared at the two-day conference were very high and the papers presented were rich with information. The agonies and pleasures of doing research were discussed and a good deal of support was exchanged. Topics addressed specific to the process of art therapy research were: (a) having appropriate, knowledgeable, and supportive supervision, (b) struggling through the proposal and design phase of the research, (c) the personal growth and development of an art therapist gained as a result of the research process, (d) overcoming fear and anxiety of managing statistical data, and (e) the sometimes positive and sometimes negative aspects of finding results not expected.

Themes of several papers presented on issues of creative arts therapy methodology were: (a) "new-paradigm" research, (b) the quantity versus quality dichotomy and its possible integration, (c) borrowing methodologies from other professions, (d) obtaining

financing from funding bodies expecting more traditional experimental designs, and (e) the need for more education in research methodology for creative arts therapy students.

It appears that the issues involved in doing research in the creative arts therapies in Great Britain are parallel to those in the United States. Future employment for art therapists in Great Britain will depend on research, particularly in the areas of outcome and cost-effectiveness studies because the National Health Service and Departments of Health and Social Services are undergoing massive reorganization. Creative arts therapists are now having to do outcome studies within their own agencies to justify funding for their work. There are approximately ten art therapists in England and Scotland currently working on their doctorates.

Once again, my belief is reinforced that art therapists from various countries have an incredible amount to learn from each other. I am discovering that what I have learned as an American art therapist is being very much enriched by my experience in Great Britain. British art therapists have learned much from the American art therapy experience, sometimes agreeing with it and sometimes not. I am convinced that we American art therapists can only benefit from reaching out and doing likewise.

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United Kingdom)*

GROUP ART THERAPY WITH MOTHERS OF SEXUALLY ABUSED CHILDREN

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The importance of psychotherapy for mothers of children who have been sexually abused cannot be overemphasized. Improvement in the mother's psychological well-being may well alter the family system in the direction of healthier functioning for all members. In addition, successful treatment of the mother will minimize the recycling of child sexual abuse into the next generation (Sgroi, 1982).

When incest or other forms of sexual abuse are disclosed and reported to legal authorities, not only the victimized child but the whole family is thrown into a state of crisis. It is common for the molesting parent ("perpetrator" or "offender" in legal terms) to initially deny an accusation. The mother of the child may side with the father (Porter, 1984) and accuse her daughter of lying. Or, the mother may side with the child and begin a long period of blame and anger toward her husband. Oftentimes the role of the mother in an incestual family is not addressed. Yet, as in all families, each member plays an integral part in maintaining the family system (Satir, 1972).

One of the goals in psychotherapy for a mother of a victim of sexual abuse, whether it be incest or other forms of sexual assault, is to learn which piece of the family puzzle she represents, and how she inadvertently, or in some cases knowingly has played into the drama. However, to place responsibility on the mother for the actual molestation is nonproductive. As with an alcoholic, the full responsibility for the molester's behavior belongs to him. To blame the mother takes the heat off the offender and is not productive to his treatment. Instead, facilitating greater self-awareness, personal growth, behavioral changes, and developing the mother's protective abilities should be primary

therapeutic goals.

It has been this author's experience that most of these mothers carry around a good deal of pain from their own past, as well as difficulty managing their lives in the present. Many of the mothers were sexually molested themselves during childhood (Graham, 1984). Her child's victimization frequently brings up issues previously unaddressed or repressed by herself. It is of utmost importance that such mothers work through their own molestation issues (Serrano, 1989).

Whether or not sexually abused themselves, these women typically exhibit symptoms of extremely low self-esteem, poor self-identity, and a general lack of assertiveness. They frequently experience feelings of guilt, intense anger, helplessness, and hopelessness. They are also much in need of improved parenting skills because their own childhoods were usually lived within dysfunctional families. They are frequently unable to provide their children with adequate supervision and protection simply because they did not receive it themselves from their own mothers. They had no role-model to follow in being an adequately protective mother. In addition to having therapy, these mothers should be encouraged to attend parenting classes; if available, they can be helpful.

Perhaps the most difficult hurdle at the outset of treatment is in helping these women break through their strong denial defenses (Sgroi, 1982). Often many genuinely have difficulty believing their child's disclosure and will attempt to get her to retract the story of her abuse in an effort to make the problem disappear. Much of this inability to perceive the reality of the molestation is genuine. The mother

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literally *cannot* perceive it differently. It is not difficult to understand why denial can be so strong, as the mother may have her life radically changed if the allegations are true and the husband or boyfriend is ordered out of the home. If with no other means of support and without marketable skills, she will probably become part of the welfare system.

It is true that there are some mothers who were aware of their daughters' molestation and did nothing about it. They may actually flee from their perceptions by "blacking out," actually leaving the home, or even becoming suicidal (Bentovim, Elton, Hildebrand, Tranter, & Vizard, 1988). In this author's clinical experience, these women were in the minority.

It is necessary for therapists to build the self-esteem of these women and to reflect belief in their ability to grow and change in order to dissipate their ongoing denial. Gentle confrontation can then follow. Heavy confrontation without underlying emotional support often serves to lock the mother more deeply into her denial system and feeds into her sense of being victimized. Assisting the mother to understand that she did not wake up in the morning and decide that she wanted her daughter to be molested gives her more self-acceptance so that she can reduce the strength of her denial. In a group therapy setting, when she realizes that other mothers have experienced similar circumstances and she begins to gain their reassurance, her denial may be considerably decreased.

Most of these women require improved socialization skills because they have been isolated from relationships outside of the immediate family. This reflects a common characteristic of closed dysfunctional family systems (Minuchin, 1974). In such families there is little interaction outside the immediate family network and therefore no learning of healthier ways of functioning. In addition, after the sexual abuse has been disclosed, they may have become even more isolated out of fear of others learning about the abuse. Hence, the family pathology becomes reinforced and is believed to be "normal." It is not unusual to see the amazement on their faces when these women discover that not everyone in the world lives as they have lived. Encouraging mothers within a group to exchange telephone numbers and to socialize during the week with other members outside of group sessions is quite beneficial.

Marital relationships are difficult as these women tend to be overnurturers toward their childlike and

often passive husbands, and to carry the bulk of the responsibility for the family. They tend to be over-protective of their husbands and their children ("Hidden Epidemic," 1984). They also exhibit many codependent behaviors found in alcoholic marriages (Beattie, 1987). Codependency is a word derived from chemical dependency treatment programs in the late seventies. Beattie defined a codependent person as "one who has let another person's behavior affect him or her, and who is obsessed with controlling that person's behavior" (p. 31). Because of the irresponsibility of her husband, the wife is often forced into the role of rescuing and taking on too much responsibility, thus enabling the husband's behavior to continue. Many offending spouses suffer from alcohol or substance abuse, and the women have learned the role of codependency in order to survive.

According to Stern and Meyer (1980), there are three types of marital relationships observed in these women: (a) "dependent-dominating," where there is an inadequate man and a stronger dominating woman; (b) "possessive-passive," where the father controls the marital relationship and family, and the mother tends to be downtrodden and passive; and (c) "dependent-dependent," (or "incestrogenic"), where one or both of the parents had been sexually abused when children by their parents or other family members. In this latter case, these adults cling to each other, cannot meet each other's needs or those of their children, and look to their children for love and parenting.

Mothers and daughters frequently reverse roles. The phenomenon of the "parentified child" is seen where the child controls the relationship and the mother behaves in a childlike and dependent manner, leaning excessively on the child for emotional support (Machotka, Pittman, & Kalman, 1967). Guilt feelings tend to make the mother more susceptible to manipulation by the child. Mothers have also reported feelings of shock, numbness, anger, horror, fear of losing their minds, and so on, when learning that their husbands or boyfriends had been molesting their daughter(s). The daughter frequently feels so responsible for her mother's feelings that she won't tell her of the abuse from fear of hurting her. In addition, as many of these mothers are not emotionally available to their daughters (Faller, 1988), there is a good deal of fear that the child will not be believed. The child senses that if she tells, the family may break up, and this usually adds to her burden of guilt. The offender frequently threatens physical harm to the child or to

other family members if she tells anyone, or he makes her believe that the abuse is her fault.

Improving the mother-daughter bond is a key strategy in unraveling the incestual family process (Giarretto, 1978). The mother's feelings toward her daughter frequently have been negative over a long period of time, perhaps inadvertently setting the scenario for the incest to take place. Such mothers typically had poor relationships with their own mothers. Brooks (1983) reported that mothers of incest victims unconsciously project hostility toward their own mothers onto their daughters. This difficulty in the relationship between mother and daughter creates a weakening of the maternal bond and makes it easy for the daughter to turn to her father or other male father-figure to meet her emotional needs. She thus becomes more vulnerable to the possibility of incest. Herman and Hirschman (1980) noted that the most striking feature commonly seen in incestuous families is an almost uniform estrangement between mother and daughter prior to the occurrence of overt incest.

Machotka et al. (1967) also discussed various aspects of mother-daughter relationships in incestuous families. They described these mothers as absent both physically and emotionally. The daughter is frequently left alone with her father. According to Finkelhor (1987), the majority of research demonstrates that children whose mothers are unavailable, either as a result of employment outside of the home, illness, or disability, are at considerably higher risk for sexual abuse. In addition, Machotka et al. reported that the primary goal of therapy should be on basic family psychopathology rather than on past or recent incest issues. In the experience of the author of the present paper a combination of both is essential.

Some mothers who also were victims of incest have developed a borderline personality organization, making their therapeutic treatment very difficult (Mark, 1980). An intense fear of intimacy and of abandonment make it difficult for them to remain in relationship to the therapist, particularly in one-on-one therapy (Austin, 1980). Anger at the therapist for not being able to supply an endless source of emotional support or for confronting her is common, and the therapist becomes the "bad" mother. A high incidence of missed appointments and other forms of resistance can also create countertransference issues for the therapist, who may in turn begin to feel abused. Treatment of these women in group therapy minimizes this problem.

Physical and mental abuse within families are

often mingled with sexual abuse. Some wives suffer both physical and mental battering from the husbands who are molesting their daughters. Likewise, children of these dysfunctional families may be subjected to this abuse, or to further sexual assault from other family friends and/or relatives. The therapist must be constantly vigilant to notice any further abuses, sexual or physical, and to see that they are appropriately reported to legal authorities. If a mother is suffering from physical assault, she may need the additional services of a battered women's shelter. She must understand her role in the dynamics of the "battered wife syndrome" (Martin, 1977), and must learn how to protect herself.

Chemical dependency frequently complicates the picture as mothers with drug and alcohol problems require special consideration for referral to appropriate recovery programs as well as regular attendance at Alcoholics Anonymous and/or Narcotics Anonymous groups. Occasionally, a mother may be dependent on the molesting father for her supply of drugs or alcohol, which only adds to treatment difficulties. In such a case, her ability to protect her children may be minimal or nonexistent. Confronting her with her addiction jeopardizes her attendance in therapy as well as her daughter's. Unless such mothers are court-ordered into a treatment program with stringent controls over their drug use, it may be next to impossible to work with them.

Group Art Therapy

Following is a description of an ongoing art therapy group consisting of women who were mothers of victims of sexual abuse (Hagood-Slegelis, 1986). The group was attended on a weekly basis by between 5 to 12 clients within an agency that specialized in the treatment of sexually abused children and their families. The group had previously been primarily a verbal therapy group. Art therapy was initiated and integrated into the usual therapeutic issues and served as a catalyst for group interaction. The artwork frequently uncovered feelings and problems that had been previously withheld on a verbal level, and also served as a source of increasing self-awareness.

The women in this particular group were from a variety of career backgrounds. Represented were executive secretaries, teachers, nurses, electronic assemblywomen, food service workers, and homemakers. Most women were well-groomed and had pleasant

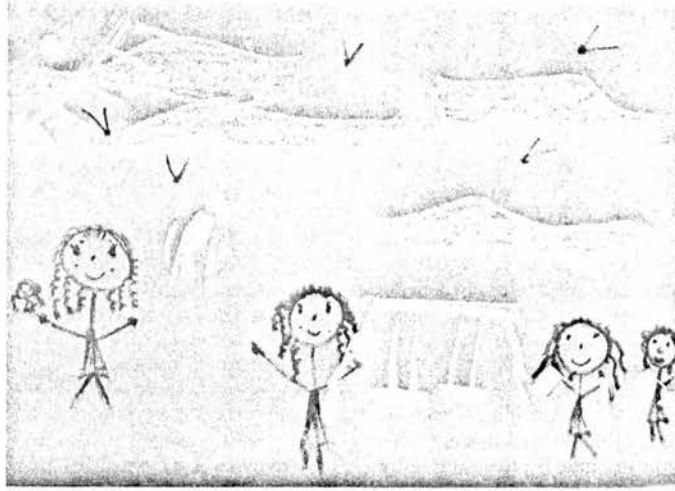


Figure 1.

personalities. Happy chattering was heard among the group members. Several women were excessively overweight and it was usually learned that they had been sexually abused themselves and used the overweight as a defense against unwanted sexual advances. Eating disorders are common among women who have been sexually abused in childhood (Kilgore, 1988).

Denial of actual feelings was frequently demonstrated during art therapy sessions where drawings were made depicting extreme happiness (Figures 1, 2, 3, 4). In reality, the circumstances these women experienced were such that it would have been virtually impossible to experience the joy shown in the artwork.

Feelings of anger and jealousy frequently are harbored by mothers toward daughters who have been incestually involved with their fathers (Bentovim et al., 1988), but such feelings were seldom openly expressed in this group. Angry feelings were often symbolically represented in artwork portraying their relationship with their daughters, but verbally denied (Figure 5). It is important to the therapeutic process for these women to learn to acknowledge and express these feelings in order for them to develop healthier, more authentic relationships with their daughters.

The women in the group exhibited a view of

themselves as having little control over their lives. This perception was due not only to their own sense of learned helplessness, but was reality-based in fact. The constant intrusion of professionals from within the legal and mental health systems, such as district attorneys, probation officers, social workers, child protection workers, detectives, parole officers, and welfare workers, gave these women an extreme sense of helplessness and reinforced their feelings of being victimized. In addition, they were expected to be involved in a treatment program where staff members and counselors also had an integral role in managing their lives. It was necessary to encourage these women to discuss their legal problems with each other outside of the group because the entire group time was taken up with complaining and little actual therapy could take place.

Once these women realized the serious consequences of the molestation to their daughters' mental health, considerable guilt was expressed over not having consciously realized that the incest was going on. In some instances, clues had actually been given by their daughters, such as preoccupation with cleanliness, layering of clothing, indirect attempts to verbally disclose the abuse to their mother, failing in schoolwork, nightmares, and so on. Unfortunately, because of the horror of the possibility of incest, some

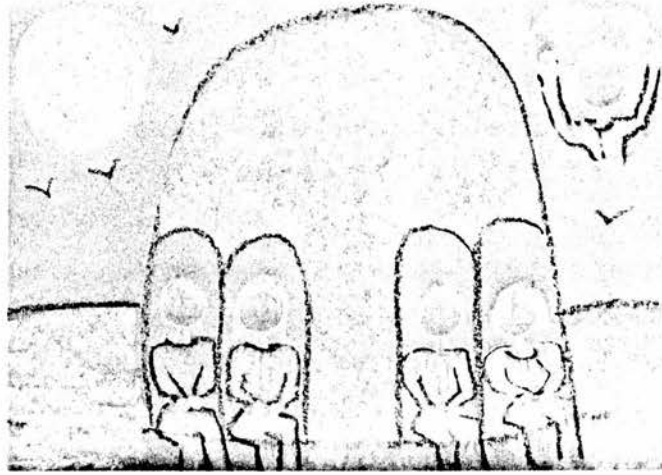


Figure 2.

mothers could not see these rather obvious symptoms. Much support was required for the women to be able to forgive themselves for their denial mechanisms

unconsciously at work. Help was also needed in uncovering ways they unknowingly might have colluded with the incest, such as being absent from home

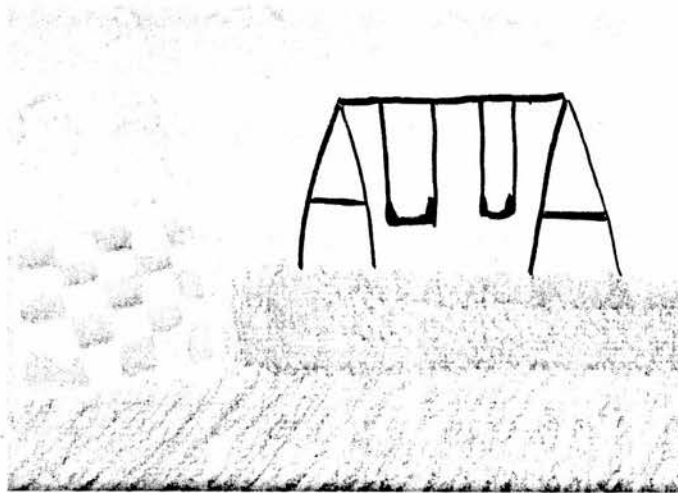


Figure 3.



Figure 4.

a great deal, leaving their children alone with their father, refusing sex with their husbands (for a variety of reasons not necessarily their fault), being unavail-

able emotionally, missing clues given by their daughters, and so on. It was important to stress that the purpose of understanding the part these mothers

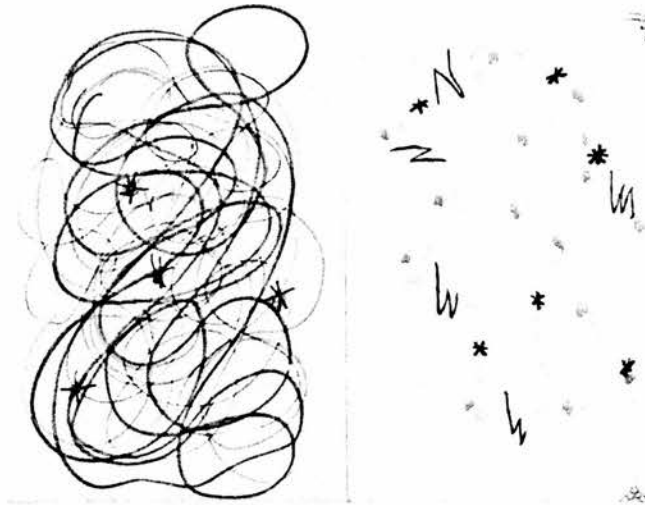


Figure 5.

played in the family scenario was not to blame and accuse them, but rather to help them to gain insight and in so doing prevent the sexual abuse of their children from reoccurring.

Art Therapy Techniques

In art therapy sessions, whenever it was felt that it would be more therapeutic to let the women take their artwork home or to share it with their individual therapists, they were encouraged to do so. It was always pointed out that the artwork was primarily theirs, and they were given the choice of what to do with it. This was therapeutic in and of itself as it taught the women to feel entitled to ask for what they wanted — an issue they constantly needed to work on. They were encouraged to keep their art projects in an appropriate place at home as a reinforcer of the issues they had explored in the group.

Magazine Collage — "This is Me"

Group members were provided with a variety of magazines, scissors, glue sticks, and large sheets of newsprint. They were requested to create individual collages depicting themselves using the theme "This is Me" (Dalley, 1984). The therapeutic goal of this session was to help them develop a sense of identity. It was important to begin focusing on the identity of these women as individuals to help them get beyond the stigma and guilt of being "mothers of victims of sexual abuse." This was not intended to lure them back into denial about their role in the drama of sexual abuse, but rather to help them rebuild their shattered self-images. The pictures were subsequently shared and feedback from members of the group was encouraged. Insight was gained as to how the women viewed themselves versus how others saw them.

Dialogue Painting

Watercolor paints, an assortment of paintbrushes, and art paper were provided. Members were asked to pair off and to communicate with their partner graphically without the use of words (Keyes, 1983). The therapeutic goal of this session was to improve socialization skills and to learn to feel more comfortable with each other. It was interesting to notice two particular women in the group who were sisters and had a symbiotically close relationship. During each session, they sat clinging to each other and were

fearful to relate with anyone else in the group. Each was asked to choose someone else as a partner in order to begin learning to relate to the other women in the group. As a result, they began to feel more comfortable with other group members and in subsequent sessions no longer sat together. The women in the group shared their feelings about working with others and group cohesiveness continued to develop.

Individual Drawing — "As I See Myself Today"

The women were asked to make a drawing as a statement of how they viewed themselves at that time. Media used were oil pastels on newsprint. The drawings were shared and feedback was given as to progress members had made since they first joined the group. Emphasis was again placed on the importance of seeing themselves with their own individual identity, and reducing the tendency to stigmatize themselves as mothers of sexually abused children. Much support and positive comments were expressed, enhancing their self-esteem.

Group Mandala Mural — "Merry Christmas"

Group murals are a very effective form of art psychotherapy focusing on the dynamics of group members' interactions with each other (Liebmann, 1986). At the end of the last session before Christmas, the women were provided with a large round of butcher paper five feet in diameter, and oil pastels. They were instructed to make a group Christmas ornament (or mandala). In Jungian terms, the mandala is a symbol of the self or wholeness. As a group process, it depicts the self of the group and again reinforces group cohesiveness (Slegelis, 1987). The women were able to make an easy transition into a playful state. The activity also served as a reward for their hard work in therapy during the previous sessions. They enthusiastically decided to hang the colorful mural in the reception area of the agency and it continued to be a source of improved self-esteem as other clients and staff members made positive comments about it.

Visual Imagery — Fantasy Drawing

The group participated in visual imagery (Leuner, 1969) in which they were guided to fantasize taking a trip to the beach all alone and writing one's name over and over in the sand as the waves rolled in and washed

it away. Several new members had been incorporated into the group during this session. They were experiencing considerable anxiety, and the older members were feeling somewhat invaded. Mothers of victims of sexual abuse are accustomed to being in closed family systems and typically have a difficult time letting new members into their already established circles. Such closed systems serve to reinforce pathological ways of relating. In some situations, this author has seen mothers try to prevent anyone new from coming into their group. It was important for these women to experience accepting new members in a nonthreatening way as well as for the new ones to feel included.

The seashore theme was carried over into the drawing as members were asked to write their name and to create a piece of art around it in whatever way they chose. They were provided with oil pastels and assorted colored construction paper from which they selected whatever color they wanted. As members shared their artwork, cohesiveness once again began to take place very effectively and the new members were more easily integrated into the group. Issues around incest were shown even in these drawings and the similarities between the new women and the older members were apparent, which created a feeling of mutuality.

Kinetic-Family-Drawing

During this session, the women were asked to make a Kinetic-Family Drawing depicting themselves with their family in the process of doing something together (Burns & Kaufman, 1970). Various colors of construction paper and oil pastels were provided. Family issues were addressed and the drawings provided clues for further assessment, and served as a catalyst for verbal interaction. Once again the drawings showed a good deal of happiness within the family, which actually was not the case. The desire to deny and minimize the pain was clearly portrayed (Figures 1, 2, 3, 4).

Triangulation

A didactic presentation was made to the group explaining the theory of triangulation in dysfunctional families (Bowen, 1978). An example of triangulation is the occurrence of one family member going to another member to express frustration toward a third

family member instead of going directly to the person with whom he or she has a problem. It was explained that it was much healthier to go directly to the person to resolve problems. The women were then asked to draw all of the triangles in their family that they could think of and illustrate these family members with faces or symbols of their choice. The drawings were then shared and the women began to realize how much triangulation was going on within their families.

Genogram Collage

The genogram, an effective tool used in family therapy, was adapted to an art therapy exercise (Lieberman, 1979). The group was instructed to create a genogram with colored construction paper. They were to select whatever color they wanted as a base for their artwork and then to cut out or tear other variously colored pieces as symbols for family members. They were asked to portray their grandparent's generation, their parent's generation, their own generation, and their current family as best they could. Similarities between the generations were compared and the women learned how much family behavior had been passed down from one generation to the next, and how the cycle of molestation could continue if the family did not participate in treatment.

Codependency Role-Play

Members were asked to pair off and to draw together with color crayons on one large sheet of drawing paper. They were instructed to play the roles of overnurturer and dependent spouse as they jointly drew a picture of their mutual choosing. The object of this session was to help the women to get in touch with feelings they tended to promote in their childlike and dependent husbands. One partner played the part of controlling and directing the other, being critical, doing the work for the other, and feeling angry and impatient. The member playing the opposite role began to experience feelings of helplessness, guilt, and low self-esteem. Then they were asked to reverse roles with each other on the opposite side of the art paper. The group was then asked to share the artwork and feelings experienced during the exercise. Most women had not been aware of how their husbands might feel when they exhibited such behavior and seemed surprised to experience these feelings for

themselves. Helping these women to understand their codependent behaviors is an integral part of improving their marital relationships.

My Mother/My Daughter

Members were asked to draw, using felt-tip markers on the left side of their art paper, their relationship with their mothers and remembered feelings during childhood. On the right half of the drawing paper they were instructed to draw their present relationships with their daughters and resultant feelings.

Interestingly, when the mothers in the group were asked to compare their relationships with their daughters to their relationships with their own mothers, once again denial seemed to occur. Relationships with daughters were usually described as being positive and much better than were their relationships with their mothers. Figure 5, drawn by one of the women in the mothers' group, illustrates feelings toward her own mother on the left side and feelings toward her daughter on the right. She described her feelings toward her daughter as being more positive. However, graphic indicators of anger are seen with sharp angles and jagged lines, usually an expression of hostility. Again, it was interpreted that this mother was in denial about her true feelings toward her daughter. Generally speaking, negative feelings toward their mothers were more easily addressed. These women seemed determined to make their relationships with their daughters better than the ones they had experienced as children with their own mothers, and perhaps to some degree they actually were.

Individual Mandalas

The purpose of making individual mandalas was to teach the women how to create their own personal art journal. They were instructed to do this by daily drawing or painting a mandala and free-associating or writing poetry about whatever came to mind while creating or observing the mandala (Jung, 1973). Using a dinner plate as a guide, they drew a circular outline. They then started in the center of the circle and spontaneously created whatever images came to mind (Kellogg, 1984).

While she was working on her drawing, one woman began talking about her anger over her daughter's molestation. As her feelings emerged, she began creating bright red flames issuing from the circumfer-



Figure 6.

ence of her mandala (Figure 6). She expressed amazement at what she had created and said she really hadn't been aware of what she was doing. Another mother was faced with the dilemma of leaving the therapy session to go home and inform her six-year-old daughter that her daddy was going to have to go to prison for six years. Her mandala portrayed the deep feelings of love and sadness she felt for her husband (Figure 7). In previous sessions, she had been unable to express any emotion whatsoever. When asked how she saw herself in the picture, she sobbed for ten minutes while the other women in the group gave her considerable affection and emotional support.

Lost in a Storm

This session centered around visual imagery (Leuner, 1969) representing each mother alone and lost at sea in a terrible storm, the parallel being the dilemma in which they had found themselves as mothers of sexually abused children. They were then asked to illustrate what it was like in the storm. Next they were asked to portray how they escaped from the storm and how it felt. Sadness, anger, loneliness, and fear were openly expressed by the women. The second phase of the drawing moved them into feelings of empowerment and hope (Figure 8).

Life Mandala

During the last session of this group the women were asked to create a "Life Mandala." Visual



Figure 7.

imagery was used to encourage them to reminisce about their lives from birth to age 5, from age 6 to age 13, from age 14 to age 20, and so on in five to seven year increments. They were then instructed to create a mandala with each layer of color and design representing a span of their lives, working from the center outward. The purpose of the project was to integrate their memories and feelings about their lives



Figure 8.

in an abstract manner. Periods of their lives were shared and brief comparisons were made of the similarities and differences of the evolution of each woman's life.

Conclusion

It has been demonstrated how group art therapy can be used in working with mothers of children who have been sexually abused. Some advantages of the use of art therapy include: (a) more members are drawn into the group process, (b) encouragement from peers can take place, and (c) a sometimes playful atmosphere can be created. Art therapy encourages expression of deep feelings with group members viewing each other's artwork, sharing their insights, and giving supportive feedback. Artwork thus provides a visual experience of issues, and becomes a catalyst for group process. Visual clues for the therapist appear that may otherwise not be so obvious on a verbal level. Greater self-awareness and more interaction are additional benefits from group art therapy. Problems in individual therapy also can be brought into the group and more easily resolved with the support of the group.

The psychological well-being of the mother of a sexually abused child is essential to the overall treatment of her child. The mother is deeply traumatized along with her child and the achievement of her mental health paves the way for her child's recovery. Many of these mothers have never known adequate parenting skills, nor have they achieved healthy self-esteem. The attainment of therapeutic goals benefits both mother and child and may indeed stop the vicious repetitive cycle of incest within that family for generations to come.

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STATUS OF CHILD SEXUAL ABUSE IN THE UNITED KINGDOM AND IMPLICATIONS FOR BRITISH ART THERAPISTS

by *Maralynn M. Hagood*, M.F.C.C., A.T.R.

The purpose of this paper is to describe the status of child sexual abuse in the United Kingdom and the growing possibilities for the use of art therapy in the development of treatment strategies for sexually abused children and their families. The observations and conclusions in this writing are based on my impressions as an American art therapist now living and working in Britain carrying out research into the artwork of sexually abused children and training professionals on therapeutic issues pertaining to child sexual abuse with particular emphasis on the use of art therapy.

In the summer of 1987, I visited England and Scotland in order to explore the feasibility of doing research into the artwork of sexually abused children in either of these two countries. I met with lecturers at the Art Therapy Unit at Goldsmith's College of the University of London, along with several other British art therapists and asked for feedback as to how receptive British mental health agencies might be to my proposed research (Hagood, 1990a). It was suggested to me that cultural differences between Britain and America in attitudes toward sexuality might be an important consideration due to a general British hesitance to be open about sexual issues. Such reluctance might prove to be an obstacle in investigating the area of child sexual abuse.

However, by the end of my visit that summer, while in Scotland, the "Cleveland Affair" filled British newspapers and my questions began to be answered more fully.

Earlier that year in Cleveland, England, two paediatricians, Dr. Marietta Higgs and Dr. Geoffrey Wyatt had substantiated and reported suspicions of many cases of alleged child sexual abuse which had been referred to them from a variety of sources. Unfortunately because of the large number of cases, the social work and legal systems were overloaded and the removal of many children from their homes was poorly executed. Front pages of newspapers were literally filled

with articles about child sexual abuse and a variety of reactions ricocheted throughout the entire United Kingdom. The two paediatricians were scapegoated, but the "pandora's box" of child sexual abuse in Great Britain was now wide open.

The following summer (1988) I returned to Britain at the invitation of the N.S.P.C.C. (National Society for the Prevention of Cruelty to Children) in Central England. I visited six child protection teams and discussed my experiences as a psychotherapist and art therapist working with sexually abused children and their families in California. We exchanged many ideas and I learned a good deal about methods being used and developed in intervention and investigations work in Britain at that time. Several social workers had been using artwork with sexually abused children and shared their drawings with me, wondering if they were on the "right" track.

The N.S.P.C.C. is a charity with teams throughout England and uses a multidisciplinary approach in direct work with children and adults who have been sexually abused. Team members also provide consultation services for other professionals in the immediate area. In 1988, work with sexually abused children generally included disclosure interviews and short-term therapy (averaging 8 weeks at the most). A collaborative effort was being made to reach pockets of people affected by sexual abuse in the surrounding area who needed support groups. A high level of frustration and anxiety existed among these social workers who were suddenly being asked to perform duties for which they had little training or experience. The urgent need for social workers to take up the treatment of an ever-growing number of sexually abused children was rapidly becoming an emotionally loaded issue. Social workers had developed excellent skills in intervention on the behalf of the sexually abused child, but not in the therapeutic treatment of these children and their families. Some social workers disclosed that they had been sexually abused themselves, and fear was expressed at having to uncover some of their own painful issues. The need for a support system for such professionals was becoming increasingly

apparent.

I was given tours by the N.S.P.C.C. through child therapy and disclosure rooms which had been set up similarly to those found in the United States. Such a room was typically filled with an assortment of toys and art materials. A group of women in a nearby village had created sets of hand-made anatomically correct dolls which were extremely attractive. One social worker had already visited treatment programs in American and had brought back many ideas on setting up the play/art therapy room used for investigation and brief therapy. Other professionals typically watched behind a one-way mirror and disclosure work was observed by witnesses to what the child revealed.

I presented a one-day workshop sponsored by the N.S.P.C.C. in Warrington, England entitled "Child Sex Abuse, the Use of Art in the Healing Process". It was attended by approximately 50 social workers and art therapists from both England and Scotland. The workshop covered therapeutic issues in working with sexually abused children and art therapy techniques appropriate to these issues. Art therapy experientials were included wherein participants were asked to recall some of their own childhood memories. As an American, it was most interesting for me to observe how much British culture was depicted in the artwork. Memories of playing in parks unique to England, weddings in cathedrals, and other British traditions were clearly reflected in the crayon drawings. The auditorium floor was filled with participants as they created their artwork and shared their reactions and feelings about the art process. It was emphasized that professionals attending the workshop would not leave as "art therapists" unless they had had extensive training in art therapy. Members of the audience who were not art therapists were encouraged to look into further training at existing art therapy programs in London, St. Albans, and Sheffield in England. Approximately ten art therapists from England and Scotland met with me at the end of the workshop to discuss art therapy in the United Kingdom compared with art therapy in the United States. Apprehensions were shared regarding newly evolving expectations on British art therapists as the new crisis in child sexual abuse unfolded. Anxieties were expressed that participants from other disciplines might use art therapy without adequate training and thus dilute its specialty - a concern frequently dealt with by American art therapists as well.

My overall impression at that time was that while excellent inroads were being made in protecting children and providing them with humane treatment dur-

ing the investigation stage (with the possible exception of the Cleveland Affair), actual psychotherapeutic treatment for these children and their families appeared to be rarely available. Herein lies a major cultural difference between Britain and America. Resorting to counselling and psychotherapy in the U.K. is somewhat rare with the emphasis being on reliance on family and friends for emotional support with personal privacy being highly valued. As a general rule, only in cases of serious mental illness do people seek psychological help. Such therapy is done by clinical psychologists and psychiatrists, the numbers of which are proportionately much smaller than in the United States. A stigma also exists among social workers seeking mental health assistance. By contrast, the stigma of seeking psychotherapy in the United States appears to have been reduced to the point that it has become quite acceptable to be in psychotherapy or self-help groups.

After my stay in Central England, I met with several art therapists, mental health workers, and a psychiatrist in Oxford, England and shared slides of artwork of sexually abused children with whom I had worked in California. There I learned that art therapists in the London area were becoming increasingly involved with clients who were victims of sexual abuse. Some were now receiving such referrals from the National Health Service for private work. Art therapists at that meeting expressed amazement and interest in the wide variety of therapeutic approaches being used in America in working with sexually abused children.

Travelling north to both Glasgow and Edinburgh in Scotland in 1988, I continued to visit protection teams and psychiatric hospitals, such as the R.S.S.P.C.C. (Royal Scottish Society for the Prevention of Cruelty to Children), (the Scottish counterpart to the N.S.P.C.C.), Fern Tower Adolescent Unit in Glasgow and the Royal Hospital for Sick Children in Edinburgh. Feelings of anxiety about testifying in court on behalf of sexually abused children were openly expressed. I came away further inspired to push forward in my research into the artwork of sexually abused children and to hopefully contribute to the validation of artwork as evidence in the courtroom.

On June 29th and 30th, 1988, I was privileged to attend a two-day conference sponsored by the University of Glasgow on a variety of legal and clinical issues in working in the field of child sexual abuse. Approximately 300 British psychiatrists, social workers and other mental health and legal professionals were in attendance. Well-known speakers from the United States with expertise in child sexual abuse,

namely David Finkelhor, Kee MacFarlane, and Lucy Berliner, presented papers along with key mental health professionals from both England and Scotland. Groundwork was being laid for dealing with newly evolving problems in investigations work, disclosure techniques, clinical issues, and working more effectively with the legal system to minimize damage to children in the courtroom. Interestingly, two days after this conference, the newspapers told the story of a Scottish judge taking his wig off and stepping down to console a child who was testifying!

While in Edinburgh, I began initial contacts with faculty at the Department of Psychology at the University of Edinburgh to discuss the possibility of returning to Scotland to do Ph.D. research on the artwork of sexually abused children, specifically in Scotland. I was greeted with a good deal of enthusiasm and encouragement.

Child sexual abuse was literally on the lips of people everywhere I went that summer. I had many interesting discussions with British lay people at bed and breakfast houses as well, and was exposed to the thinking of the general population who, as in America, tend to draw their conclusions from the media. A broad spectrum of comments ranged from the desire to see sex offenders executed, denial that sexual abuse of children was occurring in such high proportions, and the belief that the two Cleveland paediatricians should be jailed for creating such a scandal. On the other hand, many listened with a good deal of compassion and openness to my experiences in working with these children and their families in the United States.

At the end of my visit in 1988, the results of the "Cleveland Inquiry" by Judge Butler-Sloss, as well as suggestions for major changes in the mental health and legal systems in the United Kingdom, were revealed when the famed "Cleveland Report" was released during the first week of July ("Ministers Act on Child Abuse", 1988 and "Cleveland Inquiry", 1988). The House of Parliament also earmarked a considerable amount of money designated for training social workers, police, and mental health professionals on issues of child sexual abuse. It was my hope to return to continue training professionals while I carried out my Ph.D. research.

Having been admitted to the Department of Psychology at the University of Edinburgh as a Postgraduate Research Student, I moved to Scotland in June, 1989. The initial stages of developing the research design and contacts in the community were begun. Many art therapists, social workers and psy-

chologists have expressed interest in the research and have offered a good deal of assistance and support. British art therapy colleagues were also most supportive and encouraging in assisting me to become registered with the British Association of Art Therapists and I felt very welcome at monthly meetings with Scottish art therapists in Edinburgh.

Developing Perspectives on Sexual Abuse

A major problem in the U.K., as mentioned before, continues to be that shortly after disclosure work, the child is not likely to receive long-term therapy, nor are the parents. Specialists in the U.S. almost unanimously have learned that these families need anywhere from 2-4 years of intensive individual and group therapy for a lasting change to be made.

The Great Ormond Street Hospital in London has been a forerunner in developing a treatment programme for sexually abused children and their families, including offending fathers operating primarily from a family systems perspective (Bentovim et al, 1988). They have recently been involved in a study looking at the effectiveness of combining family and group therapy compared with family therapy alone where sexual abuse is the presenting problem.

A strong feminist movement in the U.K. raises many arguments against the perceived view of family systems theory that mothers of sexually abused children carry blame for the abuse. The issue of blame, however, is contrary to most major family systems theories where blame itself is a dynamic in dysfunctional families. Some British feminists are also unable to believe that in some cases women are the sex offenders. The feminist controversy continues to reverberate throughout Britain at the time of this writing, and in the opinion of this author at times feeds into the overall problem of denial.

Increasing levels of training on issues of child sexual abuse have been carried out all over Britain by both British mental health professionals and visiting Americans in the past two years, with several conferences being held as well. The 3rd Conference on the Sexual Victimization of Children was conducted at Reading University in Reading, England in September, 1989 with a subsequent conference scheduled for September, 1991. A broad range of topics were addressed with presenters from both the United Kingdom and the United States. One issue which received a considerable amount of attention was that of satanic ritual abuse, which is being discovered on an ever-increasing basis throughout the United Kingdom. Artwork and symbols typically used by rit-

ually abused children were presented. Since the conference, a special investigation unit was formed in Manchester, England specializing in investigating ritual abuse cases. At the time of this writing, an alleged incidence of ritual abuse is currently being investigated in the Orkney Islands of Scotland.

Dr. Elizabeth Kubler-Ross visited Edinburgh in the spring of 1990 and spoke to a large audience of mental health professionals including in her presentation issues of child sexual abuse. She shared how she uses artwork with the children she treats. She later returned to Scotland and offered workshops to adult survivors of sexual abuse. A three-day presentation training social work and nursing students at Edinburgh University in April, 1990 was made by another American psychiatrist. Northorpe Hall Trust is currently developing and expanding an innovative therapeutic project for sexually abused families in West Yorkshire, England. In Glasgow, Scotland, the NCH (National Children's Homes) Family Centre is now working to establish 13 centers in the U.K. in the next two years providing counseling to victims of child sexual abuse. These newly evolving programs are only a small sample of work currently going on throughout the U.K. in efforts to expand training of professionals and services to victims of child sexual abuse. Barnardo's in Edinburgh is also beginning to develop more specialized work with sexually abused children.

The BBC (British Broadcasting Company) airs British and American television dramas on incest and molestation issues on a regular basis, as well as panel discussions by professionals both in England and Scotland. Dr. Marietta Higgs recently appeared on the Kilroy Show to explain to the public for the first time what actually had happened in the Cleveland Affair and to respond to reactions from the audience. She has now been barred from practicing medicine any longer with sexually abused children and currently works in a neonatal clinic. She recently lectured to approximately 200 medical students at the University of Edinburgh and continues to actively work in many ways for the cause of sexually abused children in Britain. In spite of increasing awareness of the extent of child sexual abuse, widespread desire to deny the problem still has a stronghold throughout Britain. At the time of this writing, two alleged cases of satanic ritual abuse are in the headlines - one in England and one in Scotland. Unfortunately, the sensationalism surrounding such a problem is continuing to feed into the denial process of Britain as a whole.

Implications for British Art Therapists

I see many opportunities for art therapists in the U.K. to join in the much needed treatment of victims of sexual abuse, their mothers, adolescent victim/offenders and adult offenders. Art therapy accesses painful issues that sexually abused children and family members want very much not to deal with. Repression of that victimization results in serious psychological damage later on. Such treatment not only is healing to the survivor of sexual abuse, but is a powerful preventative measure to hopefully minimize the later development of more serious psychiatric problems such as dissociation, major depression, sexual dysfunction, borderline personality disorder (and other serious psychiatric disorders). Relationship problems, family dysfunction, and worse yet, the possible repeat of the cycle of sexual abuse in generations to come are all problems to be dealt with. Art therapy has a great deal to offer in such preventative therapy.

I believe that British art therapists have a unique opportunity to develop techniques especially applicable to issues of sexual abuse. Clara Jo Stember was the first art therapist in America to specialize in working with sexually abused children (Stember, 1980) and has been followed by many others professionals (Kelley, 1984, 1984; Marrion, 1990; Naitove, 1982). Many American and Canadian art therapists (Knibbe, 1990) are now successfully specializing in such work using art therapy effectively with sexually abused children, individually as well as in groups. As a result of her research, Marrion (1990) compiled a list of a considerable number of art therapists in both Canada and the United States specializing in work with both sexually abused children and adolescents. A recent survey of American art therapists revealed that 16% of them are now specializing exclusively in work in the field of child sexual abuse (Gordon & Manning, 1991). Art therapy also has been used effectively in group work with mothers of victims of sexual abuse (Hagood, 1991a). An Australian colleague with whom I worked in California took art therapy techniques back to Australia where she has continued to do pioneering work in the field of child sexual abuse. Scottish art therapists are beginning to see issues of child sexual abuse appear more frequently in therapeutic sessions. Students at Goldsmith's College Art Therapy Unit at the University of London are beginning to focus on this area for projects required for the Diploma in Art Therapy. The art therapy program in St. Albans recently employed an American art therapist as lecturer who is now living and practicing in England, having specializing in art therapy with sexually abused

children through the National Health Service for the past four years.

Art therapy used in work with sex offenders has been a powerful tool in breaking through denial and repression (Naitove, 1988). In my own work with adolescent victim/ offenders, these boys frequently commented that looking at problems in their artwork enabled them to see them more clearly and come up with better solutions (Hagood, 1991b). These adolescents were eager to do art therapy and usually enjoyed the process. Adult offenders also have been enthusiastic about using art therapy. I personally have seen sex offenders break into tears upon looking at their own drawings. These men had been minimizing the sexual abuse they had perpetrated onto their victims and as a result of their artwork began to realize what they had done. They were helped to bridge feelings with their own childhood victimization and to begin to develop empathy for their victims, a major therapeutic issue for sex offenders. Conning other group members also became much more difficult to do. As I near completion of this writing, Perth Prison has just employed the first art therapist to work with sex offenders in Scotland.

Research into characteristics of artwork of sexually abused children has been carried out in the United States by American art therapists (Sidun, 1986; Chase, 1987; Cohen & Rosenthal, 1987) and other mental health professionals (Hibbard, Roghmann, and Hoekelman, 1987; Hibbard and Hartman, 1990). Interest in such research is now increasing in the United Kingdom. A social worker in Southern England recently carried out a research project on the artwork of abused children including victims of sexual abuse (Martin, 1989). A high-school art teacher in Glasgow, Scotland is attempting to carry out such research based on drawings he has seen over the years reflecting adolescent emotional problems. However, there is a need for research into the artwork of sexually abused children to be conducted by art therapists themselves who have training in art therapy and a more in-depth understanding of the artwork of their clients. Another cultural difference between American and British art therapy exists in that American art therapists emphasize the use of artwork in diagnosis to a far greater extent than do British art therapists who tend to focus more on the process itself (Woddis, 1986). However, the question of the use of children's drawings as evidence in courtroom hearings is increasingly becoming an issue in the U.K.

One of the problems I see for British art therapists in beginning to work in the area of child sexual abuse

might be the need to move from using predominantly non-directive approaches to including more directive treatment. Cognitive and behavioral approaches in working with sexually abused children as well as adolescent and adult offenders have been used in treatment programs in the United States. It was discovered at the Kempe National Center for Prevention and Treatment of Child Abuse and Neglect in Colorado that children who were victims of sexual abuse and treated with psychoanalytic methods a decade ago are now re-entering the system as adolescent offenders. The argument is strongly made for the treatment of behavioral aspects of offending, as well as cognitive distortions which are common in offenders, and the need to reevaluate modes of therapy incorporating cognitive-behavioral approaches (Ryan, 1988). In working with sexually abused children, as well as other family members, if some directive therapy is not used, issues dealing with sexual abuse tend to be avoided. In my use of art therapy with this population, I have found some directive therapy to be essential, alternating it with time spent doing non-directive artwork. Otherwise therapeutic issues tend to be avoided, repressed and denied. Sensitive timing and respect for needed defense mechanisms, of course, remain of the utmost importance. My impression, after attending the conference on Research in the Creative Arts Therapies in London in April, 1990, (Hagood, 1990b), is that directive art therapy is now becoming more accepted among British art therapists. For example, art therapist Marian Liebmann uses art therapy with troubled adolescent offenders in a necessarily directive way (Liebmann, 1990).

On the other hand, some adult survivors of sexual abuse have much difficulty in the area of objects relations, particularly borderline issues (Mark, 1980) and art therapists who work within that theoretical model have much to contribute in helping these women, and men as well, to heal old traumas on a more long-term in-depth basis.

Kilgore (1988) developed a theoretical framework integrating early childhood characteristics of sexual abuse with theories of self psychology and ego-development psychology. Berliner and Wheeler (1988) discuss the incorporation of social learning theory and cognitive and behavioral patterns resulting from social learning processes in the treatment of sexually abused children.

The longer I am in Britain, the fewer major differences I see in theoretical models, political issues, research dilemmas, techniques and approaches between American art therapists and British art therapists. The

historical development of art therapy in the two countries has been parallel in many ways. At the Annual General Meeting of the British Association of Art Therapists in 1990 a proposal was made to establish regular conferences focusing on the development of new and original theory in art therapy, building on the development of recent years of published theoretical material. With Britain being in the early stages of dealing with the problem of child sexual abuse, art therapists are in a unique position to develop therapeutic approaches appropriate to the treatment of sexually abused children, their mothers, adult survivors and offenders. Much can be done in joining the fight against child sexual abuse and the resultant psychological and psychiatric damage done to these children and surviving adults.

The fear that other mental health professionals will learn art therapy approaches and use them without adequate training in art therapy is one that has been heatedly debated both in the United States and in Britain. In my training of social workers, probation officers, and psychotherapists, it is apparent that many of them are already using art in working with sexually abused children. It is my role to give them guidance as to appropriate ways to use artwork and to remind them of their limitations and ethical responsibilities in not using any modality beyond the scope of their training and experience.

My personal philosophy is that we art therapists have consistently borrowed from other psychological theorists to establish our own body of knowledge. Art therapy approaches have evolved from Freud, Winnicott, Jung, Mahler, Bion, and Yalom, along with many others, in both Britain and the United States. Art therapy models using Gestalt, humanistic-phenomenological, family systems, and cognitive-behavioral approaches seem to have been developed to a greater extent in the United States. To study these theorists and borrow from their methods no more qualifies us as art therapists to be psychoanalysts, Jungian analysts, and so on than for other professionals who have little training in art therapy to call themselves art therapists. Methodology used in art therapy research also continues to be borrowed from other professions in the hope of ultimately developing our own unique designs. Professionals from these fields have generously shared their approaches with us. To reciprocate by sharing our expertise with them only stands to enhance us as credible professionals and raise the visibility of art therapy in the mental health field.

British art therapists working in the area of child sexual abuse can provide a challenging opportunity to

develop art therapy skills, to adapt them to a highly specialized field, as well as to share this knowledge with others. It also could result in the creation of more job opportunities for art therapists as agencies such as children's hospitals, psychiatric hospitals, the N.S.P.C.C., Barnardo's, County Councils, Social Work Departments, the R.S.S.P.C.C., the N.C.H. and other British social work agencies seek to expand and develop treatment programmes and resources.

Using art therapy with sexually abused children, unfortunately, may also include the dilemma of seeing sexual abuse depicted in children's artwork, and perhaps not having courts accept it as evidence. It also will open the door for more art therapists having to testify in court, one they (along with other professionals) appear to dread. Nevertheless, the total involvement of art therapists on behalf of the protection and treatment of sexually abused children and their families stands only to enhance the potential, visibility, and recognition of the profession of art therapy in the United Kingdom.

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Diagnosis or Dilemma

Drawings of Sexually Abused Children

Maralynni M. Hagood

INTRODUCTION

The incidence of child sexual abuse in both the United States and Great Britain has been reported in increasing numbers over the past 20 years (American Humane Association, 1984; Miles, 1989). In Cleveland, England, in 1987, a national scandal arose (The Cleveland Incident) from the reporting of a large number of alleged cases of child sexual abuse by two paediatricians ("Cleveland Inquiry", 1988). This resulted in the traumatic and, in some cases, inappropriate removal of many children from their homes by child protection authorities. The National Society for the Prevention of Cruelty to Children (N.S.P.C.C.) released figures which reflected twice as many cases reported from April 1988 to April 1989 as were reported in the preceding year (Miles, 1989). The alleged case of ritual sexual abuse in the Orkney Islands in Scotland currently is being investigated in a hearing which will continue through June 1992. The need for better diagnostic tools on behalf of sexually abused children in the United Kingdom has become increasingly apparent.

Psychotherapists and Art Therapists working with children identified as having been sexually abused have noticed certain graphic indicators seemingly peculiar to the artwork of these children. The use of art therapy in the treatment of sexually abused children has been well substantiated. Studies have been carried out to determine what characteristics appear more frequently in the drawings of children who have been sexually abused.

RESEARCH INTO DRAWINGS OF SEXUALLY ABUSED CHILDREN

Goodwin (1982) carried out 19 consecutive interviews with girls age 5 to 16 who were suspected incest victims. The drawings were of diagnostic value in understanding the child's fears and anxieties, her view of her family, and her self-image. Images of male phalluses were incorporated into more "acceptable" subjects, such as phallic trees. Goodwin described an 8-year-old girl's depiction of a dream in which she was

camping inside a zipped-up tent with a phallic-appearing tree intrusively overlapping the tent. Some children with whom Goodwin worked who were known to have been sexually abused drew the perpetrator with an obvious phallus, but identified it as a "decoration" or said it was "nothing". Goodwin developed the Draw-the-Perpetrator task where she observed that children refused to draw about the sexual abuse as frequently as they refused to talk about the event. Frequently the victim crossed out their repeated attempts to draw the perpetrator and finally gave up or they drew a figure with an obvious phallus. Goodwin found the use of drawings helpful in evaluating sexual abuse with children under 12. She did not find as much success in using drawings with adolescents. She nevertheless concludes her article by stating:

"Such drawings, by themselves, are not sufficient to make a diagnostic decision. It is the child's increasing sense of being able to communicate and her experience of being understood that are helpful to the clinician in reconstructing what is happening in the family. The discovery of a workable avenue of communication is also helpful in reducing the anxiety of a child whose enmeshment in family secrets has often blocked verbal means of asking for help".

Kelly (1984) examined 120 pictures drawn by 10 sexually abused children. Analysis showed that, of the self-portrait drawn, 20 percent portrayed prominent genitalia, 40 percent placed an added emphasis on the pelvic region, 43 percent emphasised the upper portion of their bodies and 30 percent drew themselves without hands. A major problem with this study was that only 10 subjects were used, which is too small for generalisation to other groups.

Koppitz (1968) found that Human-Figure-Drawings of normal children ages 5-12 rarely included genitalia. Conclusions were based on the drawings of over 1,800 school children in this age range. In examining body parts drawn by 5 to 12-year-old "normal" school children, Koppitz reported that only two of 925 girls (one 7-year-old and one 9-year-old) and nine of 931 boys (six aged 5 and one each 6, 7 and 9 years old) included genitalia. These conclusions also were based on only one drawing from each child.

DiLeo (1973) noted after reviewing thousands of ordinary children's figure drawings that the representation of genitalia was rare and reasoned that it was because the child had been made precociously aware of the high emotional charge invested in the sex organs due either to surgery or seduction by adults or older children.

Silvercloud (1982) unsystematically listed several features re-occurring in the artwork of children known to be sexually abused from her clinical experience. Items such as stab marks, crossed out windows, heavy lines, red houses, and so on, were discussed.

Stember (1980) used art therapy extensively with sexually abused children and found that drawings sometimes revealed the possibility of sexual abuse which was substantiated upon further assessment. Sexually abused children often created

disorganised drawings and clown images. Horizontal scribbling frequently changed to vertical scribbling and then drawings became more organised through the process of therapy.

Kelley (1985) noted that pictures drawn by sexually abused children in the early phases of therapy were often below expected developmental levels, but that during the later stages of therapy children drew more age-appropriate pictures. Burgess, McCausland and Wolbert (1981) believed that sexual abuse should be suspected in children whose drawings markedly shift from age-appropriate figures to disorganised objects or show repeated sexual figures. However, these conclusions were not systematically validated. Hibbard, Roghmann and Hockelman (1990), however, found no significant differences in the developmental levels of sexually abused children compared with those of non-abused children as measured in Human-Figure-Drawings.

Johnston (1979) evaluated 10 sexually abused children ages 5 through 11 using the Kinetic-Family-Drawing and found that the drawings revealed dysfunctional family systems. Two of the 10 children included representations of the male sex organ. Isolation was manifested by the drawing of the family members in separate compartments on the paper and role reversal was interpreted in the drawing when the child made herself larger than the mother figure. Other possible causes of size differences, such as level of anxiety, importance, or self-esteem (Thomas & Silk, 1990) were not discussed.

Empirical studies have been carried out comparing artwork between groups of sexually abused children and those who were in psychiatric treatment for other emotional problems. Cobern and Phelps (1985) compared sets of drawings of 166 children, aged 4-18 years, 89 of whom were known to have been sexually abused and 77 of whom were children who were being treated for other emotional problems.

Statistically significant differences were found in the frequency of rated graphic indicators between the two groups on both the House-Tree-Person Test and the Kinetic-Family-Drawing. Poor inter-rater reliability, however, made the results inconclusive, and developmental differences in the subjects were not taken into account. Again, the comparison group consisted of psychiatrically hospitalised children and it was suggested that the use of a "normal" comparison group be incorporated into future studies.

In an archival study, Sidun (1986) along with Chase (1987) developed a coding manual for artwork of sexually abused children from existing literature. They rated and compared Human-Figure-Drawings of 30 known sexually abused adolescents with drawings of 30 adolescents being treated for emotional disturbance with no known history of sexual abuse. A wide range of intelligence was represented with subjects in one group having I.Q. scores of 75 to 118 and the other group having I.Q. scores ranging between 75 and 123. Both groups were matched for I.Q. but possible effects of differences in intelligence on the artwork was not accounted for. Sidun

hypothesised that the abused group would draw more over-sexualised and undifferentiated figures, with more indicators of anxiety, and more indicators of poor self-esteem. No statistically significant differences were found, however, in measuring these characteristics.

It was further hypothesised that drawings of the sexually abused group would contain a greater frequency of wedges, phallic-like objects, and circles than drawings of the non-abused group. In a composite analysis of the data, a greater number of such characteristics was found in artwork of the sexually abused group. When these characteristics were analysed independently, however, the only characteristic found to be statistically significant was the use of enclosed circles, which was interpreted as indicative of "oral regression". The use of enclosed circles is also a developmental characteristic in drawings of very young children (Kellogg, 1969; Lowenfeld & Brittain, 1982). Results also indicated that line pressure was heavier in drawings of sexually abused adolescents than in drawings of non-abused subjects. Another graphic indicator expected in drawings of sexually abused subjects was exaggeration of trouser flies. Non-abused adolescents actually drew trouser flies more often than the abused group. The investigator reasoned that adolescence is a natural time for heightened concern for sexuality and therefore not specific to abused subjects. It was concluded, however, that the strongest graphic indicators seen as possible sexual abuse in adolescence were omitted hands, omitted fingers, head only, enclosed circles, and heavy line pressure. A major problem with using these graphic indicators as clues to possible sexual abuse is that they may also reflect feelings of anxiety and helplessness (Koppitz, 1968) which would very likely exist in emotionally disturbed adolescents whether or not they had been sexually abused.

Yates, Butler & Crago (1985) compared drawings of a group of 18 girls who were incest victims and 17 girls who were disturbed but not incest victims. The age range of the first group was 3.5 to 17 years old, and the age range of the second group was 4 to 17 years old. The list of characteristics to be rated were derived from the clinical literature and consisted of 15 dimensions. These were hyposexualisation (failure to attend to sexual features), hypersexualisation (overelaboration of sexual features), degree of immaturity, level of anxiety, control of impulse, amount of confusion between love and anger, quality of somatisation, quality of denial, quality of repression, and quality of sublimation. The only two dimensions measured which proved to be statistically significant were measures of impulse control and repression, which suggested that incest interferes with the child's ability to utilise repression and to control impulses. The issue of developmental differences between this wide age-range also was not addressed, nor were any correlations with intelligence made.

Two studies have been done to date using normal children assumed not to have been sexually abused as controls.

Chase (1987) compared the Human-Figure-Drawings and Kinetic-Family-Drawings

of 34 female subjects, ages 5-16, who were victims of incest with those of 26 matched emotionally disturbed subjects and 34 matched subjects with no known adjustment disorders. One drawing per subject was collected for each projective drawing instrument. Using the same scoring manual as was used in Sidun's study (Sidun, 1986), significant differences were found in drawings between sexually abused subjects and emotionally disturbed subjects, as well as sexually abused subjects and non-abused subjects. There were also differences in developmental scores using Koppitz' developmental rating method with sexually abused children having significantly lower developmental scores than either normal non-abused or emotionally disturbed children.

Hibbard, Roghmann & Hoekelman (1987) compared the drawings of 57 children, ages 3-7, referred for alleged sexual abuse with the drawings of 55 non-abused children matched for age, sex, race, and socioeconomic background. Subjects were asked to draw two Human-Figure-Drawings, one of each sex, and asked to complete a human figure outline. Drawings were scored for the inclusion of five body parts: eyes, navel, vulva/vagina, penis, and anus. The results were that sexually abused children were 6.8 times more likely to draw genitalia than were comparison children. They concluded that few children drew genitalia and those who did were likely to have been sexually abused. However, while a drawing may alert one to the possibility of sexual abuse, it does not prove it. Because genitalia were drawn more often in the completion drawing, it is strongly recommended that such a drawing be used in future studies.

Hibbard et al. (1990) replicated their earlier study. They compared drawings of 109 children alleged to have been sexually abused with drawings of 109 children with no known history of sexual abuse. They collected two Human-Figure-Drawings drawn in the same session, and one Complete-A-Man drawing per subject. Matched comparison groups consisted of children ranging from ages 3 to 8. In this second study, the developmental maturity of these children was measured by the Goodenough-Harris Draw-A-Man Test and the Peabody Picture Vocabulary Test. Correlations of scores from these two tests were high in the non-abused children's group, but low with the children who allegedly had been sexually abused. Six out of 109 children allegedly sexually abused drew genitalia on the completion drawings. Only one child in the non-abused group did so. The conclusion, on such meagre evidence, that sexually abused children were six times more likely to draw genitalia in drawings than were non-abused children seems inconclusive. Hibbard et al. made similar sweeping conclusions in their earlier study.

In several of these studies, graphic indicators have been compared between groups of sexually abused children and those who were in psychiatric treatment for other emotional problems. The latter groups are likely to be contaminated with a good possibility of emotionally disturbed subjects being victims of undisclosed sexual abuse. Few comparisons with normal children judged to be non-abused have been published to date. Most studies have been based on only one drawing per subject.

Variability of children's drawings on a day-to-day basis, discussed at length by Kellogg (1969) has not been accounted for in most studies. Kellogg found in her collection of 200,000 children's drawings, that a child's rendition of the human figure varied considerably when drawn on a daily basis. Rubin (1984) similarly found considerable variations in drawings created at different times, and that these variations also increased and decreased at certain age levels of the children whose drawings were studied. Interestingly, studies on drawings of sexually abused children continue to use one, or very few drawings and none has been longitudinal to date.

Measurements of mental maturity made with instruments which are known and respected for their validity and reliability, such as the WISC, Stanford-Binet, and Ravens were not used to correlate the effects of mental maturity on children's drawings in the vast majority of the studies discussed above.

Vast differences in drawing abilities of children at each age level assessed, e.g. drawings of three-year-olds versus eight-year-olds, or even fifteen-year-olds, were not taken into account in most studies using matched groups. Frequencies measuring certain characteristics, such as no pupils in eyes, no mouth, transparencies, no hands, heavy lines, etc., were calculated without taking into consideration the fact that young children may include these characteristics in their drawings, not as an element of abuse, but rather as the course of normal development.

An American book recently published is full of lengthy accounts of children's drawings without adequate discussions of developmental aspects of these children's artwork (Wohl & Kaufman, 1985). Particular attention is focussed on drawings of children from abusive homes and again sweeping analytic interpretations are made. Developmental phases of these children's creations are only superficially discussed and interpretations commonly used for adults are used in assessing drawings of young children.

PROBLEMS WITH PROJECTIVE DRAWING INSTRUMENTS

Projective drawing instruments are widely used by Clinical Psychologists, Educational Psychologists, Social Workers, Art Therapists, and other professionals who work with children. Drawing tests are used as a preliminary assessment tool and are often interpreted on an analytic basis. Frequently only one drawing is used. Drawings are often discussed with other professionals on their own merit without corroboration by the child. Problems of validity and reliability abound and are a major drawback in using children's drawings as an accurate assessment instrument.

The fact that the Human-Figure-Drawing (H-F-D) used most often in these studies, was developed in years prior to 1968 has not been taken into consideration. The level of exposure of children to sexually explicit material in the many years following the development of the H-F-D, as well as other projective drawing tests, is not addressed in most of these studies. The effects of sex education, "modern" parenting methods,

films, videotapes and so on are discussed only by Hibbard et al. (1990). What is now reflected in children's drawings as "normal" in 1992 might be considerably different than what was typical of children's drawings at an earlier period of time when the establishment of many children's projective drawing tests was carried out. The use of old projective drawing tests as a valid measure of children's drawings today regarding assessment of child sexual abuse becomes highly questionable.

ANALYTIC THEORY AS RELATED TO DRAWINGS OF SEXUALLY ABUSED CHILDREN

Sigmund Freud's seduction theory and oedipal complex have influenced the thinking and training of Psychotherapists including Art Therapists throughout the world (Masson, 1984). Problems arise in assessing phallic images in children's artwork in view of the currently debated issue of Freud's seduction theory and his revision of his original belief that female patients suffering from hysterical symptoms usually had been sexually abused as children. Freud presented his seduction theory in a group of three papers entitled "The Aetiology of Hysteria" (Freud, 1896) in which he publicly challenged the notion that hysteria was hereditary and identified excitement of the genitals resulting from sexual abuse in childhood as the trauma that brought on hysteria.

One year after Freud proposed his theory, he began to doubt that actual sexual abuse in childhood was the basis for hysterical symptoms (Rosenfeld, 1987). Masson (1984) argues that Freud's reversal of opinion and creation of the oedipal complex was due to Freud's cowardice in dealing with a doubting medical community. This debate still reverberates among mental health professionals.

Edith Kramer, one of the early founders of art therapy, was trained extensively in Freudian psychoanalytic theory subsequently influencing the training of art therapists in the United States, Great Britain, and those involved in the early development of art therapy in many other countries in the world. Kramer (1969) worked with a child whose drawings depicted genitalia and claimed that the child had not been molested because her artwork was well organized. This case study is described on several pages of graphic detail of the repeated phallic imagery of the nine-year-old child's work. Kramer's book was the standard textbook in art therapy training programmes across the United States in the mid-1980's. In the clinical experience of this writer, the artwork of vast numbers of children known to have been sexually abused was frequently not fragmented and chaotic, but for the most part was well-organised.

Carl Jung developed his theory of the transcendent function describing it as a process whereby the unconscious is revealed in artwork and becomes integrated with the conscious (Jung, 1935). Jung had his patients paint and draw their dreams in an effort to help them to become aware of unconscious symbols and to bring them into their conscious understanding (Jung, 1933).

Margaret Naumburg (1967), another major contributor to art therapy theory draws from psychoanalytic theories of both Freud and Jung. She defines art therapy as a process whereby thoughts and feelings are derived from the unconscious and often reach expression in images rather than in words.

"By means of pictorial projection, art therapy encourages a method of symbolic communication between patient and therapist. Its images may, as in psychoanalytic procedures, also deal with the data of dreams, phantasies, day dreams, fears, conflicts and childhood memories. The techniques of art therapy are based on the knowledge that every individual, whether trained or untrained in art, has a latent capacity to project his inner conflicts into visual form" (Page 1). "Art therapy accepts as basic to its treatment methods the psychoanalytic approach to the mechanisms of repression, projection, identification, sublimation, and condensation". (Page 2).

Naumburg (1953) dedicated an entire book to a case study of a woman who had been a victim of sexual abuse in her childhood. Anatomically correct male genitalia appear repeatedly in the paintings and drawings of the patient whose recollections of such abuse were repressed until her imagery unlocked her memories.

A phenomenon which frequently occurs in the paintings, drawings, and sculptures of young sexually abused children is the depiction of anatomically correct male genitalia. Such artwork sometimes includes ejaculation and is created at a level of



Fig. 1.
5 years old
"A Cloud"

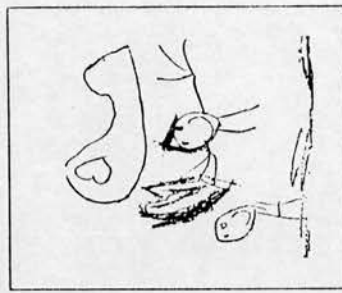


Fig. 2.
5 years old
"A Cloud"

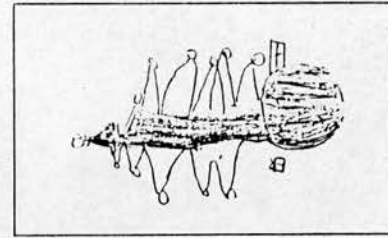


Fig. 3.
4 years old
"A Christmas Tree"

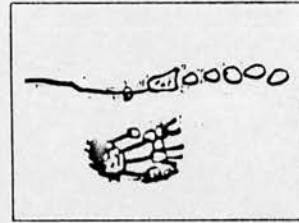


Fig. 4.
4 years old
"A Girl and a House"

realism far beyond developmental appropriateness. These children usually name the genitalia as some other object, such as a tree, a cloud, a heart, a rainbow, etc. (Goodwin, 1982; Uhlin, 1979). However, the size, shape, and proportions of these "sublimated" genitalia leave little to the imagination (Figures 1-4). This particular characteristic in children's artwork may be one which would arouse a high level of suspicion of sexual abuse. To depict such realism at so young an age seems highly unusual. The naming of these phalluses as some other object might be due to two explanations. The first might be that the child is conscious of what he or she has drawn but attempts to disguise this knowledge. The second possibility might be that the phallus as the traumatic object is unconsciously portrayed. A considerable amount of further investigation needs to be done to understand this phenomenon and to learn whether it occurs in drawings of non-abused children as well.

ADDITIONAL PROBLEMS IN ASSESSMENT OF CHILDREN'S DRAWINGS

Sweeping statements are frequently made about children's drawings without considering the following phenomena:

Effects of Immediate Prior Events

What has gone on in the child's life immediately prior to doing the drawing? For example, does a particular flower the child draws have deep significance, or has he or she just come from an art class in nursery school where everyone was painting daisies?

Effects of Therapeutic Treatment versus Ordinary Developmental Maturing during the Process of Therapy

It is easy to assume that changes in artwork are due to therapy, but in actual fact may be due to developmental maturation which would occur without therapy. For example, a child may draw legs apart at the initial phase of therapy, but later draw them together. Is this due to resolution of the trauma of sexual abuse, or to mental development?

Projection into Children's Drawings - The Child's Intention versus our own Projection

It is important to get a description from the child wherever possible. When a clinician suspects sexual abuse, it is easy to project "evidence" into children's drawings. The problem in working with sexually abused children is that these children are very often unable to verbalise such a trauma, and it is easy for an over-anxious clinician to read more into the artwork than may actually be there. On the other hand, it is equally easy to overlook clues that may indeed indicate that sexual abuse has occurred.

Psychoanalytic Interpretations Appropriate for Adults carried over to Children's Drawings

Can psychoanalytic symbols commonly used with adult patients be similarly used in working with children? For example, are interpretations commonly made by users of the House-Tree-Person Test (Buck, 1948) which may apply to drawings of adults appropriate for drawings of young children? Existing literature on case studies suggests that this is often the case.

IMPLICATIONS FOR CLINICIANS WORKING WITH SEXUALLY ABUSED CHILDREN

The British Psychological Society recently expressed its concerns regarding the ability of psychologists to assess child sexual abuse lest British Psychologists have their own Cleveland (Howitt, 1990). The dilemma in using children's drawings as indicators of possible sexual abuse is apparent. Caution and common sense cannot be over-emphasised as British clinicians treat children who are alleged to have been sexually abused on an ever-increasing basis.

Many variables must be taken into account. Indicators listed in the literature as characteristics of artwork of sexually abused children are frequently seen at various stages of development in the ordinary non-abused population. They also appear in drawings of children with other emotional problems, perhaps suffering from forms of abuse other than sexual. Analytic interpretations used in working with adults or older children cannot be generalised to younger children's drawings. Knowing events which may have occurred immediately prior to seeing a child may help clarify why the child depicted certain elements in his or her drawing. Listening to what the child has to say about a drawing is important, but one must take into account the reluctance of most children to disclose sexual abuse. The child may be trying to communicate indirectly and be unable to verbally describe what could be happening.

The development of more valid and contemporary projective instruments using children's drawings is essential. Methodologically sound studies must be carried out to better understand differences in drawings of non-abused and sexually abused children.

The theoretical dilemma currently faced by mental health professionals as to whether phallic images in children's artwork are normal oedipal fantasies or images reflecting actual sexual abuse is in need of resolution. Such a major theoretical question will not be easily answered. Meanwhile, we are faced with the immediate task of adequately protecting the children with whom we come into contact.

At the present time, it has been consistently demonstrated that drawings alone cannot be used as evidence that sexual abuse has occurred. Hopefully, with time, the use of children's artwork will become increasingly valuable in detecting sexual abuse and we will become better equipped to protect children from the long-term psychologically damaging effects of such abuse.

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LETTER

To the Editor:

I am writing to you with the hope that *The Arts in Psychotherapy* will consider beginning a special column whereby art therapists in both America and Britain might begin a dialogue in which theoretical and practical concerns are shared. As an American art therapist I have lived and worked in Britain for the past 4 years and have been made increasingly aware of some of the similarities, differences, strengths and weaknesses of the practice of art therapy on both sides of the Atlantic. It seems to me that issues such as theoretical approaches and theory-building, economic concerns, directions in research, working with various populations and pioneering work in other countries around the world might be some of many possible topics to be addressed.

I moved to Scotland as a Ph.D. student at the University of Edinburgh 4 years ago, having previously been trained and registered in art therapy in California. I taught art therapy for nearly 3 years at California State University in Hayward and practiced art therapy for a number of years before my move to Scotland. Two years ago I began teaching art therapy at Edinburgh University, Department of Continuing Education, to Scottish and English students as well as a few from other countries. I have tried to integrate theories and approaches from both America and Britain in my lectures and in so doing have been comparing and contrasting them to the best of my ability.

My overall impression is that British art therapists naturally rely strongly on theories of important British psychotherapists. Examples are object relations theorists Melanie Klein and Winnicott as well as psychiatrists and psychoanalysts such as Marion Milner, Irene Champernowne, Ralph Pickford and R. D. Laing, all of whom in one way or another have influenced the development and practice of British art therapy. The work of American art therapists Edith Kramer and Margaret Naumberg have also had considerable influence. Freud and Jung remain popular

and art therapy training appears to focus on primarily psychodynamic approaches.

American art therapy also has adhered to psychodynamic approaches, but more recently has integrated its work with more contemporary therapeutic and counseling theories. The terms counseling and psychotherapy tend to be used more interchangeably in the United States than in Britain at the present time. Theories of therapists such as Fritz Perls, Carl Rogers, Virginia Satir, Jay Haley and other family therapists, along with many others during the 60s and 70s on the West Coast of America similarly have impacted on the evolution of American art therapy. Furthermore, the trend in the mid-80s was to integrate theories and "generic" and "eclectic" approaches became more popular. Janie Rhyne's Gestalt art therapy, Mala Betensky's humanistic/phenomenological approach, Helen Landgarten's family systems work in art therapy, Rawley Silver's work in cognitive art therapy and Harriet Wadson's use of "eclectic blending" combining a variety of theoretical positions are some of the advances in American art therapy having developed from these influences. Psychotherapy and counseling training programs in Britain are now beginning to focus more on these contemporary theorists, but my impression is that mainstream British art therapy tends to be somewhat reluctant to move in this direction. Art therapists who do not use primarily analytic approaches sometimes feel left out and unsupported as they experiment with other ways of working that perhaps better suit their places of work and the populations with whom they practice art therapy.

Many differences in American and British art therapy stem from cultural and systemic variations—far more than I had imagined would exist between two countries that seemingly speak the "same language." These variations strongly influence attitudes about psychotherapy in general in each country as well as who the recipients of art therapy are likely to be.

British professional jargon is sometimes considerably different than that in America and will need to be clearly defined if we begin an exchange. Cultural differences come into play with America, a relatively new country with little historical foundation, always struggling to come up with something innovative, and Britain, a very old and traditional country by comparison, looking for validation from the past as well as the present. Stereotypes about each country exist on both sides of the Atlantic, but I believe that a number of so-called differences may also stem from misperceptions. It is to be hoped that with increasing dialogue these problems will begin to diminish.

Efforts to define theories in art therapy that will stand on their own merit are being made in both countries. As American and British art therapists struggle with theory-building, we stand only to gain from an exchange that will allow us to have our own ideas challenged and broaden our perspectives.

Research in art therapy has made considerable inroads in Britain over the past few years. The emphasis on research in American art therapy is apparent as more research articles are appearing in journals. But are Americans aware of the kinds of creative arts therapy research being done in Britain? I was considerably impressed with the directions that are being taken as British art therapists are being held more accountable for the effectiveness of their work (Hagood, 1990).

The term "Anglo-American split" is discussed by British art therapist Andrea Gilroy as she expresses her frustrations over reading research articles in American art therapy journals and sees them as being somewhat naive and unhelpful (Waller & Gilroy, 1992). Many of these studies are the product of master's theses and do not come from art therapists with considerable experience. On the other hand, art therapists who carry out research in Britain often are considerably clinically experienced before they begin their investigations.

Joan Woddis, British lecturer and writer in art therapy, expresses her disillusionment with aspects of American art therapy that emphasize the medical model looking for disease and using art for diagnosis of such pathology, directly equating certain symbols with specific psychopathology (Woddis, 1986). My training in America in the early 80s involved the same premises—namely that certain symbols meant particular pathologies. The dangers of such assumptions fortunately have been made more apparent in recent

years, but some American case studies still seem to reveal this kind of thinking.

As an American in Britain, I too feel frustrated when I teach Gestalt, family systems and cognitive-behavioral approaches in art therapy, but am aware of little of it being practiced here. There are many settings throughout Britain where these approaches would be tremendously beneficial. Reading lists given to students in British programs seem to me to be extremely limited, and the amount of training and experience required to become registered is considerably less than in America. Having said that, Britain is now moving from one to two-year diplomas and developing courses for registered art therapy practitioners to expand on their knowledge.

I personally grow impatient with the British debate over directive versus non-directive art therapy as though there is only one way, namely non-directive. I have seen the powerful impact on clients from a variety of populations in my years of practice using directive theme-oriented art therapy appropriate to each client's needs. It is my impression that this approach tends to be frowned upon in this country. On the other hand, the richness of the object-relations approaches and in-depth work on transference and countertransference I see being developed in Britain (Schaverein, 1992) leaves me feeling envious that my American training did not focus more deeply on these aspects of art therapy.

Populations with which art therapy is practiced vary somewhat between the two countries and there is much for us to learn from each other in these areas as well. Medical art therapy, art therapy with sexually abused children and art therapy with eating disorders are some examples of areas that appear to have been considerably further developed in the United States. These issues are increasingly coming to the fore in Britain and British art therapists can learn from Americans in these areas. On the other hand, a good deal of work has been done in Britain working with those suffering from schizophrenia and developmental disability that may very well contribute to American practice with these populations. Although there are cultural differences, it has been my experience in working with British clients that human nature and the dynamics of problems typically brought to therapy sessions appear to be basically the same on both sides of the Atlantic.

There are many parallels in the history and development of art therapy in America and Great Britain

(Waller, 1991). Political issues, struggles for recognition, difficulties in gaining employment and adequate salaries are but some of the issues we have in common. At a time when the world's economy is suffering, art therapists on both sides of the Atlantic express discouragement about art therapy within their respective countries. Funding for diploma programs is extremely difficult to obtain in Britain and several American art therapy training programs are currently being cut (Malchiodi, 1993). Britain is moving away from the National Health Service toward privatization and America is currently doing the opposite, namely moving away from private medicine to a National Health Service. Now would be an excellent time to learn from each other in these areas because the practice of art therapy in the future in both countries will be deeply affected by these changes.

American art therapists are currently reaching out to teach art therapy in Mexico, Lithuania, Italy, Sweden and many other countries. Likewise, British art therapists have been doing pioneering in several other European Community countries such as Ireland, Italy and Switzerland, Eastern Block countries such as Bulgaria and Hungary, as well as more distant locations such as Australia, Canada and Hong Kong. International networking has begun with art therapists from a considerable number of countries around the world—44 at my last count.

The vast majority of art therapists the world over

are trained either in the United States or Great Britain. In spite of the current discouragement on both sides of the Atlantic, there may be considerable ramifications for the future development of art therapy within America and Britain respectively if we begin a more thorough dialogue. By combining this possibility with the implications for art therapy around our ever-shrinking world, coming together and integrating our ideas may very well create some very exciting times ahead!

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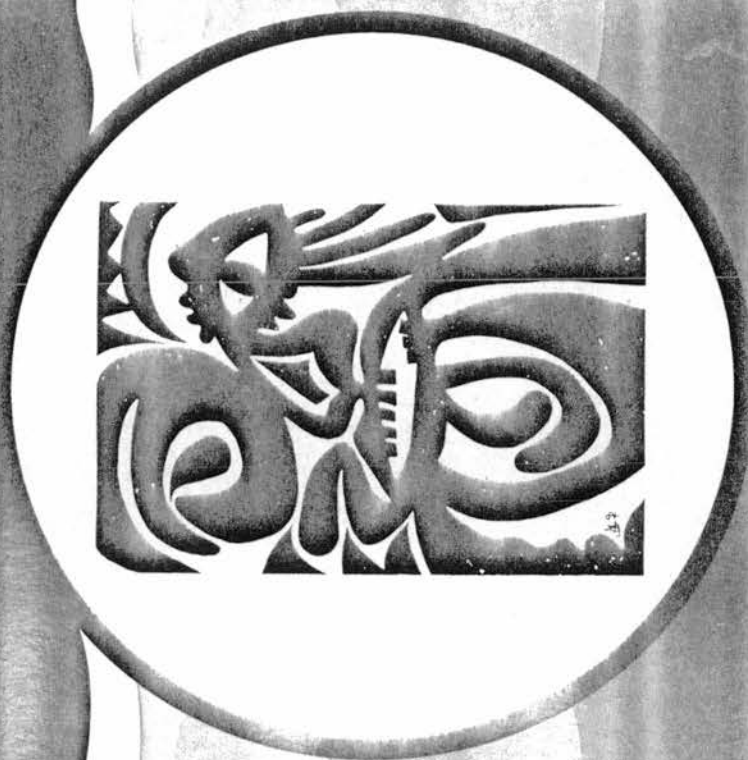
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Art Therapy with Offenders

Edited by Marian Liebmann

Foreword by Judge Stephen Tumim



Art Therapy with Offenders

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JKP

If the Prison Service is to fulfil its stated duty 'to help prisoners lead law-abiding and useful lives in custody and after release', this book must be one of the more important guides on how to achieve it... art therapy with offenders seems both necessary and desirable at this stage of regime development, and each chapter in this book provides fresh ideas for it.

*His Honour Judge Stephen Tumim
HM Chief Inspector of Prisons*

This is the first collection of art therapy work concerned exclusively with offenders. It describes how the use of art therapy has grown in adult prisons, young offender institutions, secure psychiatric units and probation centres. Examples of work by women and men of many different backgrounds show how art therapy can contribute to the understanding of offenders, and to their own understanding of themselves. This opens up the possibility of personal change, and of developing a more constructive life style.

At a time of great concern about the damaging effects of crime, this book shows a positive way forward. It is illustrated with black and white photographs and many line drawings. The authors are all experienced art therapists who explore different ways of working, both in groups and with individuals.

Marian Liebmann is a qualified teacher, art therapist and probation officer. She has worked in the field of criminal justice for many years, at a probation day centre, with victims of crime, in a probation field team and in mediation. She is the author of *Art Therapy for Groups* and the editor of *Art Therapy in Practice* (1990 published by JKP).

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Group Art Therapy with Adolescent Sex Offenders

An American Experience

Maralynn Hagood

Introduction

As a Scot-American, I have lived in the United Kingdom for nearly five years. I am of Scottish descent, born in California in the San Francisco Bay Area. I received my training in both art therapy and counselling psychology at California State University in the cities of Hayward and Sacramento. Prior to my move to Britain, my work consisted of seven years of therapeutic work, using both art therapy and counselling approaches with a large number of children who had been sexually abused, their mothers, and adolescent and adult sex offenders. I worked in centres where the treatment of problems related to sexual abuse was the central focus, and methods of therapeutic work were continuously being developed. In most instances, I was the only art therapist working in these centres, and I found incorporating art therapy into verbal treatment methods very challenging. Feedback I received from adolescent sex offenders was that they loved art therapy, because they could actually see their problems in front of them, instead of only talking about them.

This chapter is based on my own training and experience with adolescent sex offenders, as well as information gleaned from existing literature on the subject. My work was carried out in treatment programmes in California, where there is the highest incidence of disclosure of sexual abuse in the United States. These programmes specialised in the treatment of families of sexually abused children, including adolescent sex offenders.

My move to Britain was precipitated by a chain of events beginning in 1985, when I presented a paper at Goldsmith's College, the University of London, at the Eleventh Triennial Congress for the Study of the Arts in Psychopathology. Friendships began at that point with several British art therapists and I decided that I would very much like to live in Britain.

I returned in 1987, and looked into the possibility of doing PhD research at a university in the United Kingdom, investigating drawings of sexually abused children. I had seen the effectiveness of art therapy in helping these children to express their feelings and resolve problems. I had also had the painful experience of having children draw sexually explicit pictures, only to have them rejected as evidence in the court system. Coincidentally, during that visit, the Cleveland Incident was splashed across newspapers all over Britain, and discussions on child sexual abuse were everywhere. Surely Cleveland had it wrong – there couldn't be so much child sexual abuse in the United Kingdom!

In the summer of 1988, I was invited by the National Society for the Prevention of Cruelty to Children (NSPCC) in Warrington, England, to consult with and train art therapists, social workers, and probation officers, who were doing pioneering work in the area of child sexual abuse. I subsequently journeyed north that summer to Scotland for my very first time, to attend the dedication of the new Biggar Museum by Princess Anne. (Biggar is the village from where my ancestors emigrated to America.) During that visit to Scotland, I visited the Department of Psychology at Edinburgh University and expressed my research interests. I was eventually accepted into the Psychology Department to investigate the development of children's drawings, with reference to sexual abuse. I moved to Edinburgh in the summer of 1989.

Since my move to Scotland, I have been involved in training a considerable number of professionals in both England and Scotland on therapeutic issues of child sexual abuse, focusing mainly on the use of art therapy. As I led workshops on therapeutic work with adolescent sex offenders, I discovered that British professionals working with these boys were on the same 'wavelength' as myself.

Data now emerging from research in child sexual abuse in Britain generally reflects trends similar to the findings in America. The main difference appears to be the paucity of resources and therapeutic work in Britain, and the virtual non-existence of diversion programmes. This sadly remains the situation in most of the United Kingdom.

Adolescent sex offenders on both sides of the Atlantic report feelings of powerlessness, low self-esteem, shame, guilt, fear, embarrassment and anger. These feelings often translate themselves into behaviour problems, depression, vulnerability to drug and alcohol dependence, and susceptibility to suicide, not to mention the possible recycling of the abuse into sexually offending others. These appear to be human issues regardless of culture.

With heavy prison sentences and little possibility of therapeutic intervention, the helplessness, denial and rage of a British adolescent sex offender may be even more intense than his American counterpart, who has opportunity of a considerable amount of therapeutic help. The young American sex offenders, with whom I worked prior to my move to Scotland, were distressed when they learned that a British boy in such a situation could get little or no help at all. While there obviously are cultural differences between America and Britain in dealing with the trauma of child sexual abuse, it is my belief that the similarities far outweigh the differences. Sexually abused children, which most of these adolescent offenders are, appear to feel victimised regardless of nationality.

Currently, throughout the United States, a large number of psychotherapists, including art therapists, are very knowledgeable about treatment issues in the area of child sexual abuse. Groups for adolescent sex offenders are available in most large cities, and many individual therapists have been trained to work with them as well. A major cultural difference exists between America and Britain in that in the United States there is no longer a great deal of stigma attached to gaining therapeutic help. Slowly, however, I perceive that receiving counselling in Britain is now becoming more acceptable.

In America, in states such as California, treatment programmes are partially funded by criminal compensation money actually paid by criminal offenders as part of their sentence. This has created resources to provide counselling and psychotherapy for victims of sexual abuse and their families. The need for such work in Britain is obvious, but as previously mentioned, little is available to date (National Children's Bureau Findings 1991).

It seems obvious that work in America cannot be transplanted with a 'cookie cutter' into this culture, but I believe many approaches and techniques can be incorporated into the newly evolving work in Britain. Treatment methods in working with survivors of sexual abuse, both children and adults, are currently being developed within the United Kingdom on an ever-increasing basis, and many ideas stemming from American approaches to treatment are gradually being adapted to the British system and culture (Pattison 1991/2).

A recent survey of American art therapists revealed that 16 per cent of American art therapists are now specialising in work in the area of child sexual abuse (Gordon and Manning, 1991). Another survey of 553 sexual abuse treatment programmes throughout the United States indicated that, in more than half of these programmes, art therapy was used, along with insight therapy, play therapy, behaviour modification, cognitive restructuring, and relapse prevention (Keller, Ciccinielli & Gardner 1989). A large number of art therapists in Canada are also developing expertise in working in the area of child sexual abuse (Knibbe 1990; Marrison 1990). The implications for British art therapists in developing methods of working with adolescent sex offenders, as well as others affected by sexual abuse, seem obvious (Hagood 1992b).

Art therapy with adolescent sex offenders

Art therapists usually have training and experience in a variety of theories and techniques. In Britain, it is my impression that psychodynamic approaches are fairly mainstream (Hagood 1990). Art therapy training programmes in Britain appear to draw largely on the work of Freud, Jung, Klein, Winnicott, Naumburg, and Kramer, all of whom are psychoanalytically oriented. At the present time, however, there is a call for the expansion of theoretical approaches in British art therapy.

Much literature in the United States on art therapy with adolescents is also psychoanalytic in approach (Linesch 1988). It must be emphasised, however, that in working with adolescent sex offenders, psychodynamic approaches alone do not appear to be adequate. They may be effective in helping with resolution of feelings or in gaining insight, but there is an addictive component to sexual offending which must be addressed. In America, for example, many children who were initially treated with primarily psychoanalytic approaches, later reappeared in the system as the next crop of sex offenders (Ryan 1988). They were often helped to work through their feelings related to their own abuse with art therapy (Stember 1980). At that time, however, American mental health professionals were not aware of the phenomenon of sexual offending behaviour in young children, and hence it was not sufficiently addressed.

It is now believed that low success rates in treatment of paedophiles may be partially attributed to the fact that only recently have American therapists begun to treat paedophilia as an addiction (Nelson 1992). Techniques drawn from psychodynamic theory are invaluable. Nevertheless, it increasingly

appears that the addictive component of sexual molestation must be incorporated into treatment (Chissick, 1993).

Art therapy approaches focusing on cognitive and behavioural aspects of these boys' difficulties can be effective in increasing awareness of the situations and behaviours which lead them into molesting behaviour. Their understanding of the cycle of sexual offending behaviour can be made clearer by having these boys paint or draw the situations which reinforce each other and lead to sex offending. Art therapy can help them find ways to change their lifestyle so that they are not so vulnerable to repeating the offence.

Problem-solving is especially effective using art (Liebmann 1990). Art can provide a means for them to illustrate various situations and to create healthier solutions. Family art therapy techniques are also valuable in helping these boys with their difficult relationships with other family members. (Landgarten 1987, Linesch 1992).

Regardless of theoretical approach, however, it is essential to be familiar with issues which are directly relevant to working with adolescent sex offenders. In understanding these issues, art therapy approaches may be particularly useful. They can enable adolescent sex offenders to gain insight, resolve their feelings, correct their irrational thinking and, it is hoped, find better ways to manage their behaviour.

From a psychodynamic perspective, art expression tends to access feelings better than words alone. Art therapy can help to retrieve childhood memories and to gain insight into the present situation. Care must be taken, however, not to allow an increasing awareness of these boys' own childhood abuse and trauma to become an excuse for offending others. The use of art helps the therapist to be more aware of defence mechanisms, such as denial and minimisation, which are heavily relied on by these boys.

It is not unusual to see adolescent offenders break down and cry with the impact of looking at what they have created. They need much support when this happens, because it is embarrassing to cry in front of their male peers. Encouraging other boys in the group to be supportive is also important and, it is hoped, will help them to develop empathy.

Art therapy may provide a place for the symbolic resolution of conflicts. The defence mechanism of denial is more difficult to maintain, as artwork frequently reveals the situation more clearly. Drawings also provide a permanent record of the therapeutic process and can be referred to in order to assess the progression of therapy.

Creating artwork is an enjoyable activity and easily seems to hold the attention of troubled children. Poor attention span is common with these

boys, and the artwork appears to help focus on issues as they emerge, and to enable group members to see problems visually. It encourages sharing and feedback, and often pulls everyone into the group process. In my experience, art therapy in groups enables members to realise that they are not alone in their situation, problems and feelings.

Case study of a group

The following case study describes art therapy used with a group of adolescent sex offenders with whom I worked prior to moving to Britain. In my experience with these boys, I found them to be much like other troubled adolescents with whom I had worked, with the major difference being their sexual offending behaviour. Hence, it was not difficult to translate my previous experience to doing art therapy with these young sex offenders.

The duration of contact with these boys was ten months. The length of each weekly session was one hour and twenty minutes, and the average group consisted of seven boys with ages ranging from eleven to seventeen years of age. These boys lived in various situations, some at home, some in residential treatment centres, and some in foster homes. The groups were held on premises rented by the treatment programme where I worked, and the boys came from a variety of locations in the immediate area.

I worked with a male co-therapist, who had previously done a considerable amount of counselling with delinquent boys, including young sex offenders. It was mutually agreed that we would work together in combining verbal counselling approaches and art therapy.

Treatment programmes in California usually included weekly sessions of individual therapy, group therapy, and family therapy when families were available. Treatment staff met each week to discuss the work done in groups, and to consult with individual therapists who also worked with these boys. This made it possible to check out inconsistencies in what the boys said in the group with other staff members, in order to minimise the occurrence of 'conning'.

The group was structured, with rules established by the therapists and group members alike. It was agreed that there would be no destruction of anyone else's artwork. Issues of confidentiality were discussed, and what was shared within the group was not to be told to anyone outside it. However, it was also explained to the boys that what happened in the group and the artwork would be discussed with other therapists in the programme who were involved in their treatment in order to help them better. Rules about behaviour during group sessions were established and enforced. 'Outlawed' behaviour included arriving late, missing sessions, physical or verbal abuse

towards other members of the group, and the use of alcohol and/or drugs prior to coming to the group.

Thorough discussions with the boys regarding any possibilities of future sex offending were essential in order to try and prevent its reoccurrence. The main group rules regarding reoffending were:

1. That each boy would under no circumstances offend again.
2. That any future offences would have to be reported.
3. That there would be consequences of any remolesting, such as further sentencing, longer probation, or, if old enough, prison.

Within the group rules and structure, however, much latitude was given to encourage open sharing of feelings between members of the group, to allow for a natural unfolding of issues, and to work with the dynamics of the group as they occurred. As issues emerged, we encouraged the boys to depict them with coloured drawings and to share them with each other.

Newsprint and coloured markers were used throughout these group sessions. It was necessary to choose art materials which were portable and required minimal cleaning up because of time constraints and borrowed premises. Many other art materials are good to use with this client group, such as paints, magazine collage, sugar paper, clay, and oil pastels, to name but a few.

My approach with these boys was a mix of directive and non-directive work. As issues emerged spontaneously from the non-directive flow of group interaction, they were given as themes for drawings. After the drawings were completed, each boy shared what was depicted in his artwork. The other boys were encouraged to comment and to give feedback.

As a result of the artwork, feelings frequently emerged which had previously been blocked, and an opportunity was created to help the boys develop empathy for each other. As questions were asked, more verbalisation of problems and feelings unfolded. These boys had learned to suppress their feelings at a very early age because they had almost always been abused themselves in some way. Physical abuse, emotional abuse, and/or sexual abuse were commonly experienced in their early development.

In order to survive, their emotions had become blunted, and little empathy was displayed towards each other. Art therapy was used in a cathartic way, to help these boys ventilate their anger, pain, and sadness. The artwork was a major factor in eliciting the feelings that these boys were so adept at concealing, or even allowing themselves to experience.

Special problems arose during these therapeutic sessions, including poor attention span, hyperactivity, changing the subject, and distracting behaviour such as rocking and banging chairs, especially when discussing anxiety-producing subjects. Interestingly, these kinds of behaviour tended to diminish during the artmaking process.

These boys were adept at showing little emotional connection to what they verbalised. They learned to present to the group what they thought would impress the therapist and enable them to leave the group sooner. Time was spent helping the boys learn to negotiate, to be assertive instead of aggressive or passive, and to realise that acting in 'the opposite way to what people wanted' was not a free choice. By automatically rebelling, they were not leaving themselves free to choose. It was essential to focus on the positive qualities that each boy possessed, and to try and help him eliminate behaviour which was self-defeating as well as extremely harmful to others.

Artwork sometimes reflected blatant sexually explicit material in what appeared to be an attempt to shock us as therapists, especially in the early stages of the sessions. The boys expended a considerable amount of energy in testing group rules and our patience. In previous work with troubled adolescent boys, I had learned that much of this testing was an effort to drive me away, lest they became emotionally attached to me and then abandoned. One boy asked me if I was going to leave him 'like everyone else had done'. Developing a trusting and predictable relationship with these boys was essential. It was important for therapists not to miss group sessions without telling the boys ahead of time, in order to minimise their feelings of abandonment.

Some professionals in American treatment programmes advocate repeated and detailed disclosures in the group, of the actual molestation. It was found, however, that this fed into sexual fantasies which usually precipitated sexual offending, and thus was not encouraged in this group. For this reason, explicit sexual artwork was also discouraged.

Gaining a sense of empowerment over offending behaviour was the most important therapeutic issue. It was emphasised that each boy had total responsibility for not sexually offending: any offending behaviour could not be blamed on anyone else. Blaming parents, the victim, or the system for their own offences was simply not tolerated. One boy in the group illustrated his fears of re-molesting and his need for someone else to stop him from doing so (Figure 9.1). The stick figure is saying, 'Stay away from my daughter', and some accompanying text warns, 'Watch your kids or have someone watch them for you while you are gone, if you trust them. And

make sure they aren't doing anything funny either, when there are older people around. Watch over them carefully too.' This boy needed to learn to develop his own sense of control, and to build in mechanisms to keep him from reoffending.

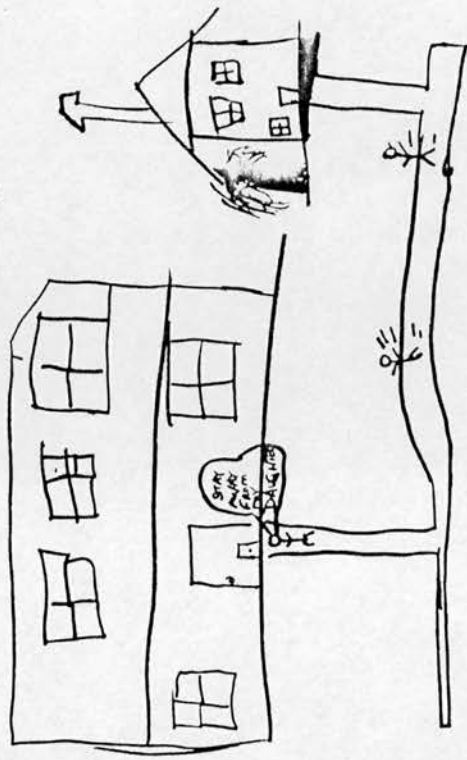


Figure 9.1 'Stay away from my daughter' – a boy's fear of re-molesting

It is believed that molesting other children is a re-enactment of the offender's own victimisation and a power issue ('getting-back' at the abuser). Sexually abusing another child provides temporary relief of negative feelings, and so becomes self-reinforcing and addictive. We discussed and reiterated the options available if they were tempted to reoffend, such as contacting the therapist (or other designated persons) for support, and agreeing not to be alone with any younger child – ever.

There was a tendency for these boys to isolate themselves from other people. They were asked to create a picture illustrating what they typically did during a 24-hour period of time. Figure 9.2 illustrates an analysis of time management by one of the young offenders. He depicted boredom, with nothing in life to do but work, chores, sleep, and occasional time spent with music and parties. The purpose of this exercise was to help the boys gain insight into how they set themselves up for isolation and depression, which are known precursors to sex offending.

The boys were asked to make a picture about how they felt about being in the group. Resistance to being in the group, and the desire to escape dealing with issues of sexual abuse, are illustrated in Figure 9.3, entitled 1



Figure 9.2 Time management, reflecting isolation and boredom

think of driving away. This boy expected to be reprimanded for not wanting to be in the group, but instead was congratulated for his honesty. Much to his surprise, it was supportively acknowledged that his desire not to be there was understandable, and that it was indeed difficult to talk about sexual abuse.

Missing therapy sessions for reasons that were untrue occurred from time to time. One boy missed a session and told the group the following week that he had been ill. I personally had seen him waiting for a bus just outside the location where the group was held. He had lied to his foster parents that he was going to therapy, but went somewhere else instead. This incident provided an opportunity to confront him about his lying and conning behaviour. Group members were encouraged to express how it felt to have been lied to. Needless to say, they didn't like it, and also said that it made



Figure 9.3 Feelings about being in the group

them feel stupid for having believed him, and that they could no longer trust him. When supported, the boy was able to admit he had been lying.

In working with this group, I quickly learned that being conned by sex offenders is common, until a therapist becomes more experienced. These boys are 'experts' at conning and manipulating. As I learned to listen to my 'gut reaction' when stories didn't add up, and to notice inconsistencies between what was said and what was actually depicted in the artwork, I was conned less frequently.

I learned that these boys often felt angry toward therapists if they could manipulate them easily. Too much sympathy made therapists vulnerable to this manipulation. Balancing being supportive, caring and empathic, with consistent, firm limit-setting and gentle confrontation, was essential. Often feedback from peers was more readily heard. My co-therapist and I worked together as catalysts, but the group was encouraged to do most of the therapy.

Children who have been abused frequently adopt a habitual 'victim position'. This is an attitude resulting from 'learned helplessness' over a long period of time, leading to a tendency to perceive the world from a victim's perspective.

The boys felt little control over their environment and believed that negative things just 'happened' to them. Working with these young people to help them become more assertive and see how they set themselves up for many of their difficulties was an ongoing part of therapy. As trust gradually developed in the group, defences softened and the boys became willing to be more open. The artwork began to change and themes of abandonment, loneliness, and current problems emerged. Figure 9.4 clearly depicts a boy's own victimisation as a child and his parents' refusal to believe him.

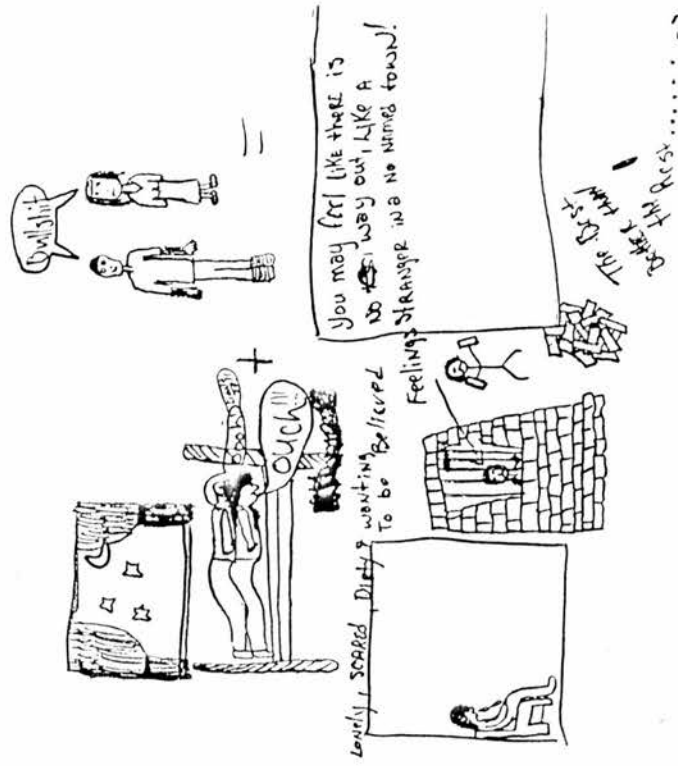


Figure 9.4 Victimisation as a child, and unbelieving parents

He portrayed himself locked inside a brick wall, feeling lonely, scared, dirty, and unbelieving. As he spoke about the drawing, he burst into tears and expressed his feelings very openly in the group for the first time. The other boys began their distracting behaviour and were unable to be supportive.

The remainder of the session was used in working with them to hear what the boy was saying and begin learning to empathise.

Relationships with girls were fraught with difficulties. One very attractive boy in the group could only relate to girls through promiscuous sex. Extremely low self-esteem, fear of rejection, and problems with social skills tend to create a fear of relationships with girls (Katz 1990). Another boy in the group was invited to attend a high school dance by an attractive cheerleader. We encouraged him to accept the invitation, hoping he might develop healthier age-appropriate relationships. His self-esteem was so low that, even though he was a very likeable and handsome boy, he was unable to accept the invitation.

Other symptoms of low self-esteem were apparent in the boys in this group, in the 'put-downs' they made to themselves as well as to each other. Unfortunately, such low self-esteem made it easier to gratify sexual needs with younger children. Some of these boys had offended sexually while childminding, instead of spending their spare time in appropriate relationships with peers.

Difficulties in developing relationships with each other were demonstrated, as the boys created a large mural together on the topic of 'Friends'. Most of the images reflected concerns with money, drugs and other superficial values, with little evidence of the 'camaderie' usually involved in healthy friendships. Another attempt was made to bring these boys together as a cohesive group, by having them do a fantasy mural, imagining they were taking a trip into outer space together. 'Hypersexuality' was expressed, as the boys focused only on their individual rocketships, which were replete with explicitly phallic images. There was little interaction with each other during the process.

Because of their poor impulse control, depression and isolation, as well as the negative circumstances in which these boys found themselves, it was important to be alert for signs of suicidal tendencies. One boy in the group consistently chose only black for all his drawings. After several weeks, I consulted his counsellor at the residential treatment centre where he lived, and found that the boy had in fact been verbalising suicidal feelings.

Artwork cannot in itself be used for diagnosis, but clues often appear which alert the art therapist to do further assessment. Wrist slashing, dead people, graveyards, whirlpools, consistent use of black, brown, grey and dark blue are frequently seen in the artwork of suicidal people. If such symbols appear in an adolescent offender's artwork, it cannot be automatically

assumed that he is suicidal, but such images should serve as a red flag, showing that further assessment is needed.

There was a considerable amount of ignorance in the group regarding accurate sexual information, as well as a multitude of misconceptions about sex and love. The boys' understanding of reproduction, birth control, sexually transmitted diseases, safe sex, and personal responsibility for self and others was minimal, and for the most part erroneous. Much sexual knowledge had been learned from other children and involved 'street' language. In therapeutic work, frank and open discussions about sex, with accurate information, were essential. Initially these boys felt uncomfortable with me as a female therapist, but ended up respecting me as they listened to my perspective on relationships with girls.

Abandonment by parents, whether physical, emotional or both, was a theme recurring in the artwork of these boys. Figure 9.5 illustrates the efforts by one boy to reach out to his parents with love, only to be rejected.

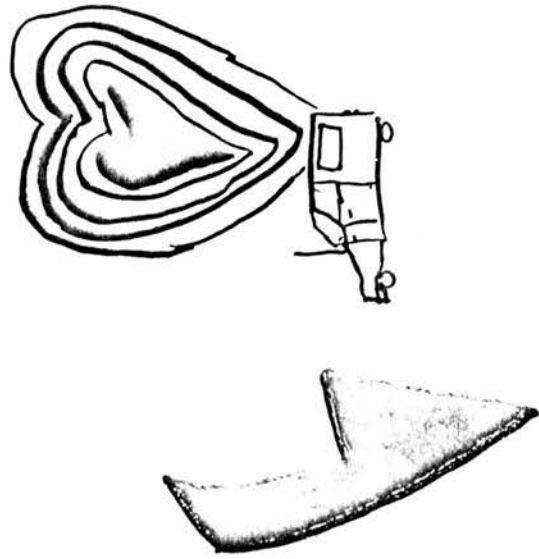


Figure 9.5 Feelings of abandonment by parents

This boy had been promised repeatedly that his parents would take him home to live with them. He waited in constant hope and disappointment, as he continued to be left in residential care.

The relationships of these adolescent sex offenders with their fathers were explored. One boy told the group constantly that everything at home was wonderful. Figure 9.6, however, illustrates his situation somewhat differently, with a strong separation between himself and his parents.

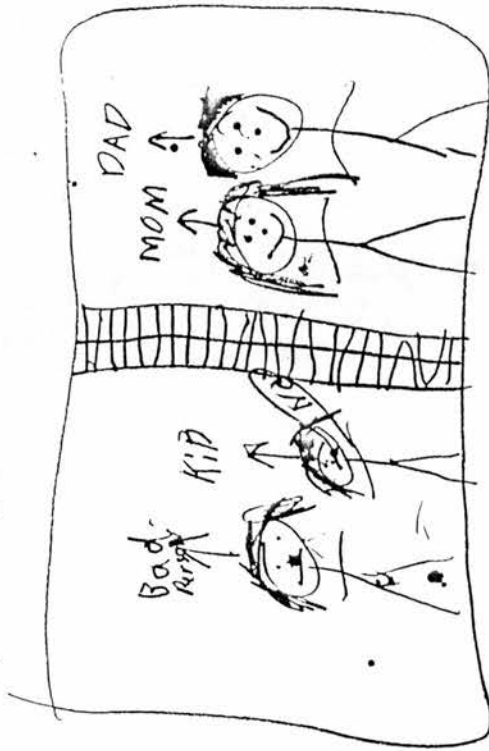


Figure 9.6 Separation between boy and parents

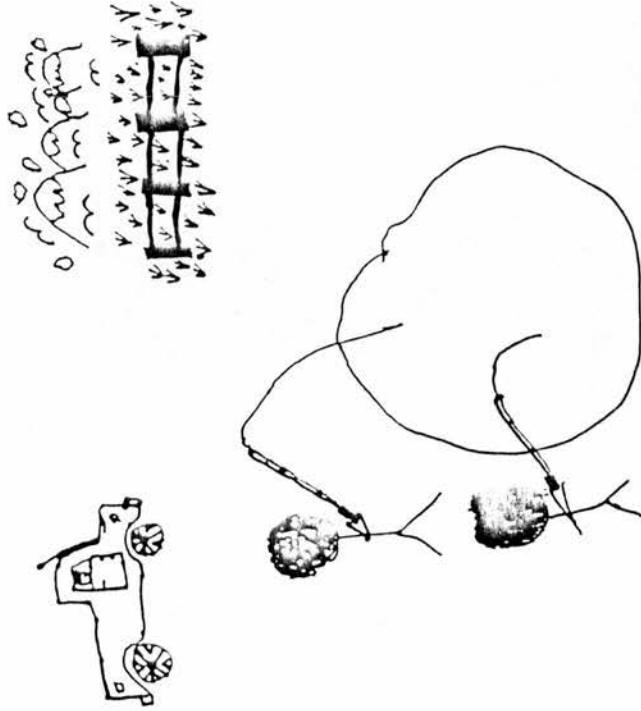


Figure 9.7 Boy fishing with father whose back is turned

In Figure 9.7, the same boy depicts going fishing with his father. This boy had repeatedly told others that his relationship with his father was wonderful. When asked to talk about his picture, he said his father's back was turned on him, and began to cry, revealing that he always felt emotionally shut out by his father.

I found that images appearing in the artwork of adolescent sex offenders often included blood, gore, sadistic and/or satanic themes. Figure 9.8 illustrates one boy's desire for a girlfriend ('I need a girlfriend because I'm tired of being lonely' at top left of picture), with various graffiti, including an inverted peace sign (top right) and the esoteric 'sign of 333 or 777' (centre). It was not clear whether these symbols were linked to satanism and ritual abuse, or whether they were derived from 'heavy-metal' music.

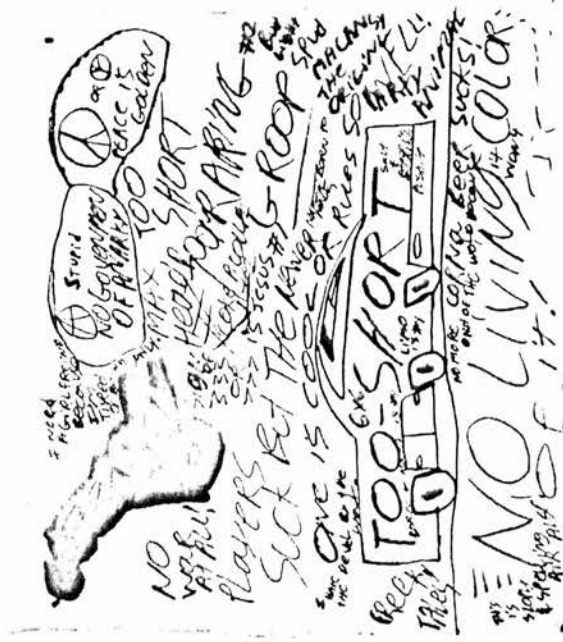


Figure 9.8 Graffiti – boy's name in phallic shape

The phallic shape in the upper left-hand corner was the result of the boy printing his name in graffiti. He appeared to be unaware of the phallus, nor did any of the group members comment on it. Phallic shapes incorporated into artwork are commonly seen in paintings and drawings of sexually abused children (Hagood 1992a), and these boys were no exception.

Most of them listened to 'heavy-metal' music, which could have influenced the inclusion of satanic symbols in their drawings. Graffiti, normally enjoyed by teenage boys and sometimes used in art therapy, tended to encourage the use of these symbols. The problem was how to assess whether the drawings were influenced by 'heavy-metal' music, or whether the child was actually involved in satanism (Speltz 1990).

One boy in the group alluded repeatedly to his mysterious activities outside the group, and said they would shock us if we knew about them. His drawing (Figure 9.9) shows several well-known symbols of satanism, such as: the inverted Christian cross, with three 6s around it; the swastika; the inverted pentagram; and behind a hooded figure holding an axe. This boy also had a haunted and 'electrocuted' look about him. Shortly after completing this drawing, he disappeared from the area, nowhere to be found. It was suspected that he had been involved in some sort of ritual abuse.



Figure 9.9 Symbols often linked with ritual abuse

Depicting blood and gore is another means of defence against feelings, and may also be an attempt to shock the therapist. Normal, non-abused boys go through phases in their development when they may also draw such material (Uhlir 1984). It is important, therefore, not jump to conclusions about satanism, but to consult appropriate professionals if there is serious concern.

Ritual abuse has emerged in therapeutic work in both the United States and Britain. The psychological damage to children involved in this form of sexual abuse is extreme, resulting sometimes in multiple personality disorder (MPD). American psychotherapists and art therapists are currently developing their work with this group (Cohen, Giller and Lynn 1991, Putman 1989). Numerous accounts by British psychotherapists working with survivors of sexual abuse are now appearing, as symptoms of this disorder are emerging on this side of the Atlantic as well.



Conclusion

Therapeutic work with boys who have been victims of sexual abuse, and have repeated the behaviour by molesting other children, may be viewed as extremely difficult or as very challenging and rewarding. In my experience, it has been a mix of both. Within each one of these boys was a hurt child who needed nurturing and much help to overcome the results of his own victimisation, and to enable him to learn to manage his life in such a way that he would hopefully no longer molest other children.

Since I had previously worked with a number of troubled adolescent boys, I found it surprisingly easy to like these boys. I had previously worked with a large number of survivors of sexual abuse, and had indeed experienced angry feelings toward sex offenders in general. Because I did not work with any of these boys' victims, and realised how similar these boys were to their victims, I was able to view them in a similar way to the other sexually abused children with whom I had worked. It was nevertheless important not to become too sympathetic and forget their sexual offences.

Evidence is increasingly demonstrating that most sex offending begins in adolescence, or even earlier (Becker 1988). The need for treatment is crucial at this age to prevent the establishment of an entrenched pattern of molesting as these adolescents grow into adulthood. A general lack of 'outcome studies' in the effectiveness of therapeutic work with adolescent sex offenders, leaves us with the dilemma of not knowing whether working with this client group is worthwhile (Keller, Ciccinielli and Gardner 1989). As research in art therapy is expanding, there is ample opportunity to demonstrate its effectiveness in the therapeutic process with adolescent sex offenders. It is my belief that we must start somewhere in developing methods of working with these young boys, in the hope that the cycle of child molestation might be reduced.

As my work with this adolescent offenders' group drew to an end, I was preparing for my move to Britain. When the boys were told that adolescent sex offenders in Britain received little or no help, they were very upset. I

USE A  AND AN OPEN MIND 

REPEATERS ARE PEOPLE TOO SO TREAT THEM LIKE SO. REMIND THEM FROM TIME TO TIME THAT THEY ARE IN GOOD HANDS TRY TO ENCOURAGE THEM TO CONTINUE COUNSELLING, LONG TERM COUNSELLING. IN ORDER TO TALK TO THEM YOU MUST BE KIND OR THEY WON'T OPEN UP. YOU ALSO MUST HAVE PATIENCE

Good
Luck

TEEN OFFENDER GROUP IS HELPING ME LEARN FROM WHAT I DID, I LIKE EVERYBODY IN THE GROUP, & THEIR FRIENDS.

good luck



~~THE~~ I LIKE YOU

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asked them to create some drawings illustrating how they felt about it. The posters (Figures 9.10 and 9.11) expressed these boys' feelings about the therapeutic help they had received, and their hope that British adolescent sex offenders too would be helped.

The letters say:

Use a velvet hand and an open mind. [The drawing of the head has 'hinges' labelled.]

Perpetrators are people too, so treat them like so. Remind them from time to time that they are in good hands. Try to encourage them to continue counseling, long term counseling. In order to talk to them, you must be kind, or they won't open up. You also MUST have patience.

and:

Teen offender group is helping me learn from what I did. I like everybody in the group, they're my friends.

Good luck. I like you.

I terminated my work with this group, convinced that art therapy was effective in helping these young sex offenders deal with their problems. The use of art therapy supplemented counselling in a comfortable way, and the boys in the group readily and easily accepted its use. They participated willingly and enthusiastically in creating the images which illustrated their dilemmas, not only to us as therapists, but also, even better, more clearly to themselves.

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