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Using Drawings within Therapy

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Therapists, particularly art therapists, have long emphasized the unique role of nonverbal techniques within the clinical setting. Nonverbal therapeutic techniques involve invoking kinesthetic and visual cues to memories and mental images, thereby gaining access to suppressed emotions. Such techniques also provide the benefits of creativity and spontaneity, which serve to ameliorate and counteract feelings of hopelessness and worthlessness in the patient.

Keywords: Art therapy, drawings, nonverbal, therapeutic technique.

Current research lends support to the idea that the body may remember traumatic experiences even when the mind appears to have forgotten them. A number of recent studies focusing on the biology of post-traumatic stress disorder (PTSD) indicated that there are persistent and profound alternations in stress hormone secretion and memory processing in patients suffering from this disturbance (Van der Kolk, 1999; Yehuda, Mcfarlane & Shalev, 1998). It has also been demonstrated that through art, access may be gained to implicit memory systems and visual-kinesthetic schemata usually processed by the predominantly nonverbal right hemisphere of the brain (Johnson, 2000).

Based on my own (R. Lev-Wiesel) and other researchers' clinical observations (e.g. Derek, 1989; Forward, 1990), it would appear that the stronger the patient's feelings of self-blame, shame, anger, and doubt in his or her ability to maintain self-control, the more difficulty he or she has in talking about past traumatic experiences. These feelings are particularly strong among people who have suffered violence at the hands of members of their own family, on whom they lean and trust. Through my work as a family and group therapist, I have found that drawing often helps adults and children who have survived domestic violence to express the sensations, feelings, and thoughts associated with the trauma. Drawing also seems to help to reconstruct and reorganize the painful experience, allowing the client to acquire a sense of control over the intrusive thoughts, memories, and overwhelming negative feelings (e.g., fear and hate) towards the offenders. As a result, the ability of the client to verbalize their experiences and feelings improves.

An additional advantage of using drawing as a clinical tool is that drawings can assist therapists in detecting clients' consciously or unconsciously hidden conflicts and traumata which they may be reluctant to raise within the therapeutic setting. Survivors of domestic violence, particularly children who have undergone sexual abuse, are often hesitant to discuss their experience with a stranger – even if that stranger is

a therapist. This reluctance occurs for a variety of reasons, such as uncertainty as to whether the abuse really occurred, or the need to obtain the therapist's approval before relating the experience (often because a promise of secrecy has been forced upon them previously by the offender).

Many current theories in the interpretation of drawings have evolved largely from ideas generated in the work of Jung (1964) who emphasized the importance of symbols and the way they manifest their significance through drawings from the unconscious. Bach (1969) demonstrated that the unconscious contents in drawings could be deciphered psychologically. Furth (1988) pointed out that a systematic analysis of drawings, very similar to dream analysis, can further understanding and awareness of messages from the unconscious. Analytic interpretation of the expressions in the drawing, revealing one's weaknesses, fears, and negative traits, as well as one's strengths, accomplishments and untapped potential, gives insight into who one is.

Unconscious material originating in the psyche will remain in the psyche while manifesting itself externally in outer world difficulties. These difficulties and adaptations appear symbolically in drawings or in dreams. Following the symbol, a person approaches the complex in which the problem is woven, thus allowing the energy connected to the complex to flow. Since the energy can no longer remain stagnant, it begins to flow as the person encounters it, and it can then be brought to consciousness (Furth, 1988).

Projective drawings are obtained in an encounter between two individuals who must form some sort of relationship with each other, however brief. There are two primary situations in which drawings are used by clinicians: (1) as a projective technique, which is usually done by a diagnostician, someone other than an ongoing therapist, and as a one-time activity, and (2) in art therapy, in which a relationship develops of the same kind as one engendered in any other form of ongoing therapy. Information on the use of drawings in a psychotherapeutic context is scarce, although projective techniques such as the Draw-A-Person (Machover, 1949), the House-Tree-Person (Buck, 1966), and Kinetic Family (Burns & Kaufman, 1972) exercises are used often by therapists mostly for diagnostic purposes. Furth (1988) pointed out that a series of drawings with all their focal points must be assessed before a diagnostic or prognostic evaluation is possible.

Draw a Person Test

The Machover Draw-A-Person (DAP) test is one of the most frequently used assessment instruments (Pihl & Nimrod, 1976). Both intellectual and emotional functioning are purported to be measured by this seemingly uncomplicated test. Machover (1949) developed the DAP test as a measure of personality. It is based on the theory that the drawn figure is the subject, and that the paper represents the subject's environment. Of particular interest is the linking of special meaning to specific body parts. Through this link the drawings may be used to assist in identifying somatic and psychological problems. The request "draw a person" allows the patient to choose freely the age, sex, stance, action and expression of the figure. The drawer shows the figure according to his/her deep acquaintance with himself/herself.

Overall, interpreting the DAP test includes the study of four major body areas:

1. **The head** is considered to be the locus of the sense of self or the ego. The eyes and the ears receive stimuli or extra-personal data. The mouth serves as an inlet for taking things into the body and as an outlet for aggression, friendliness, and other feelings. The head is considered to provide the examiner with the most valid

insight into the subject's interaction with others as well as his/her self-concept.

2. **The hands, arms, shoulders, and chest** combine to form a functional unit to execute the commands of the brain or the impulses of the body. The examiner should note the size, shape, and strength which may indicate the degree of reaching out, aggression, and conflictual areas.

3. **The torso/trunk of the body** indicates strength features similar to those of the hands, arms, shoulders and chest. Here the clothing covers the body and is important symbolically as the facade which subjects present the world.

4. **Legs and feet** are considered to symbolize autonomy, self-movement, self-direction, and balance.

The interaction of the four major body areas is vital in order to accurately evaluate the drawing. The goal in the evaluation is to identify the areas of conflict, exaggeration, omission, and distortion. Examiners also should take into consideration the subject's background, family structure, and spontaneous comments during the drawing process, particularly comments regarding lack of control (Abraham, 1989; Furth, 1988; Hammer, 1997; Koppitz, 1968).

Based on children's drawings, Koppitz (1968) developed three different categories (30 items) in order to distinguish human figure indicators between those who suffer emotional difficulties and those who do not. The first category includes items reflecting the quality of the drawing (poor integration of parts, shading of face, shading of body and/or limbs, shading of hands and/or neck, gross asymmetry of limbs, figure slanting by 15 degrees or more, tiny figure, big figure, and transparencies). The second category includes: tiny head, crossed eyes, teeth, short arms, long arms, arms clinging to side of body, hands as big as head, hands cut off, legs pressed together, genitals, monster or grotesque figure, three or more figures spontaneously drawn, and clouds or rain. The third category includes the omission of eight basic items which can normally be expected in a human figure drawing (no eyes; no nose; no body; no mouth; no arms; no legs; no feet; no neck).

Lakin's (1956) use of the DAP test with the elderly and adolescents found that the drawings that the elderly created revealed the feeling of shrinking in contrast to the adolescents' drawings that showed the feeling of expanding. In another study, Johnson (1989) pointed out that hearing problems among deaf children appear in their human figure drawings through distorted, enlarged or omitted ears.

Some doubts have been raised about the validity of the DAP test (Blum, 1954), because of the techniques used to test reliability and validity (Pihl & Nimrod, 1976). Abraham (1989) argued that personality rather than arbitrary circumstances will determine the drawing process. This argument is supported by Graham's (1956) findings that after teaching students the meaning of their human figure drawings, their next drawings expressed the same indications as the previous ones. However, empirical research showed that DAP test correlated significantly with the Guilford-Zimmerman Temperament Survey (Cull & Hardy, 1971), Anxiety Indices (Johnson, 1971; Sopchak, 1970), and measures of depression and emotional disturbances (Koppitz, 1968; Glutting & Nester, 1986; Halinova, McLeodova & Sulcova, 1987; Johnson, 1989).

Use of Drawings in Treating Sexual Abuse Survivors

Sexual abuse means harming the physical body. Van der Kolk (1994) claimed that traumatic event is registered in the brain, meaning that which causes the body to respond similarly to the way it responded during the traumatic event; when current internal and external stimulus are associated with the past traumatic event, the body responds automatically in arousal or freezes often similarly to the same response that

occurred during the event itself. Van der Kolk (1994) called this reaction "the body keeps the score." The bodily injury, even if it is not seen externally, is experienced physically. As in other physical injuries, one cannot treat physical injuries by talking. Sexual abuse survivors, as well as survivors of other traumas, often say they cannot verbally describe their traumatic experience because it is beyond description. The scenes, the feelings, the emotions are beyond verbal limits. Creative means such as drawing, movement, drama, or music enable expressions since they combine the different senses.

The use of drawing as a tool to express conscious and unconscious conflicts bypasses the body's defensive mechanisms by utilizing the existing dissociative mechanisms; it encourages and strengthens the verbal expressions of the victim. The younger the victim was at the time of the trauma, the more limited his/her verbal abilities and his/her coping resources (such as hardiness, sense of coherence, and sense of potency). There is a greater need in these cases to use creative means that will enable the victim to describe the story by using the body. Drawing in this sense is a physical activity; the hand movement creates symbols (shape, color, size, and placement). Studies (e.g., Machover, 1949) have shown that the symbols presented in the drawings that relate to the traumatic event precede the child's cognitive insight. Later, awareness of these symbols enables the child to continue to acquire additional insights and understanding which are necessary for posttraumatic growth and change (Lev-Wiesel, 1999).

The description of the painful memories or parts of it, including interjected figures, such as the perpetrator himself/herself, can be presented through the drawings. Also, drawings often contain additional figure or similar symbols that, counted together, indicate the age in which the traumatic event had been experienced.

Findings of a study that investigated the richness of narratives given by children who lived in the shadow of a parent with drug-addiction (Lev-Wiesel & Raz, 2007) indicated that the children who were first asked to draw their life with the addicted parent added feelings and emotions to the facts in their narratives, compared to children of drug addicts who did not draw, but were only asked to give a narrative. The verbal ability and the readiness to share negative feelings such as suffering and pain increase significantly following the drawing session.

These findings strengthen theoretical models focusing on attitudes as a concept. Every attitude consists of three aspects: emotional, cognitive and behavioral. The emotional aspect is primary and is the foundation of the cognitive and behavioral aspects.

Additional comments:

1. Art therapy is relatively similar to the therapeutic process using dreams; beyond the overt plot, unconscious conflict is hidden and disguised by the different symbols that arise in the art.
2. Metaphorically, art therapy is similar to reading; there is the text and subtext. The reader relates to subtext as well as the text itself. As within the drawing, there is a text and a subtext; sometimes, the subtext can be revealed through the colors, the size and the interplay between the symbols.
3. Drawings should be viewed from all angles.
4. Drawing enables usage of all the senses, except taste, which were activated during the sexual abuse. The client touches (connecting with the canvas and the colors), sees (colors and symbols on the canvas), smells (the colors on the canvas), and hears (through the dialogue and narrative with the therapist). Thus, the drawings and the creation itself become a correctional experience for the sexual abuse.

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