

“SERIAL DRAWING”: A THERAPEUTIC APPROACH WITH YOUNG CHILDREN*

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Abstract

The serial drawing technique is described and examples are used from two cases. With the moderately disturbed youngster, significant change tends to occur over ten sessions. The drawings often reflect a movement from initial feelings of violence, grief, loss of control and helplessness to self-disclosure of very painful experiences. Finally, feelings of growth, mastery and competence in relating to the outside world are manifested both in the drawings and improved behavior.

Résumé

On décrit la technique de dessins de série à l'aide d'exemples choisis parmi deux cas. Dans le cas d'un enfant modérément dérangé, on note un changement significatif après dix séances. Les dessins reflètent souvent une transition partant des sentiments de violence, de chagrin, de perte de contrôle et de faiblesse et aboutissent à une révélation d'expériences fort douloureuses. Maturité, autorité et compétence face au monde extérieur se manifestent finalement en même temps dans les dessins et dans le comportement de l'enfant.

BACKGROUND

During the early sixties, while the writer was a graduate student in child-clinical psychology at San Jose State University in California, he became exposed to a therapeutic technique called “serial drawing”. The origins of this method were not traceable though it was generally believed to have stemmed from the C.G. Jung Institute of Los Angeles. In talking about dreams and other forms of symbolic expression (i.e., paintings and drawings) Jung (1966) emphasized the importance of viewing them as a whole, over time, rather than in isolation. He thought that a clearer and more accurate view of the unconscious “at work” would thus be manifested as would its healing potential.

More recently, the writer has had the chance to conduct seminars in Vancouver, B.C., over a four year period, with day-care supervisors, pre-school and primary teachers and counsellors. These were clinically oriented seminars in that the teachers and counsellors would bring in for discussion problem situations from their daily work experiences. For example, questions arose as to how to handle the destructive child, the fearful child or the depressed child in the school or day-care setting. The behavior of these disturbed children was viewed as a signal for help. The problem was how to provide sufficient time to help the child and what methods of treatment to use. The teachers and counsellors felt they would like to

handle these children on their own without having to resort to outside referrals. We used a number of treatment methods, one of which was serial drawing.

METHOD

Serial drawing involves seeing a child alone for a 15-20 minute period and asking the child to “draw-a-picture”. The child is selected on the basis of persistent pathological behavior or concern on the part of the teacher or counsellor. How often the child is seen depends on the degree of disturbance. For the very disturbed child it might be necessary to see the child every day for 15 minutes while for a moderately disturbed child once a week can be sufficient. If at all possible, the child should be seen at the same time each week and in the same place. The location should be away from the other children but if this is impossible then some corner or “protected” location in a classroom is adequate. Clearly defined space and time dimensions are important variables in this treatment method. They provide the protective boundaries in which psychological change can occur. Without this, inner growth does not seem to happen (Allan, 1977).

When the child is with the counsellor, it is important to find the creative media which best suits this child and which the child will be able to get involved in. Usually 8 × 11 paper, a pencil or crayons are sufficient and one can say to the child: “Susan, this will be our time together and I

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wonder if you can draw me a picture. Any picture that you want to do." For some children the medium of expression is paint, others plasticine, while for others it is story-telling (Allan, 1978a).

In the early phases, the helper's role is essentially that of the listener. That is, the helper does not ask questions during the drawing process, but responds to the child and waits for the child to talk. There may then be periods of long silence. At the end of the session, the helper may ask:

"What's going on in the picture?"

"What happens next (i.e., what's the outcome?)" and

"Does it have a title?"

Notes are not taken because it is important that the helper is there totally for the child. Name of the child, date and title are written on the back of the picture.

Purpose

The purpose of this method is twofold. It provides an opportunity:

1) to rework some aspects of the parent-child (adult-child) attachment relationship. The writer (Allan, 1976) believes along with Bowlby (1958), Harlow (1958), Scott (1968) and others that attachment bonding is the prime organizer of behavior in our species and that disturbed behavior reflects a disruption of the primary attachment bond. By providing opportunities for the re-establishment of one-to-one attachment, tensions can be released, feelings of security re-established and normal behavior can resume. That is, in these one-to-one sessions the child begins to feel truly cared for, liked and respected. This sense of well being is slowly internalized, lessens the need to act out, to get attention, and results in a healthy movement away from adults into normal play with other children.

2) To allow the child's unconscious to be expressed in symbolic form and to tap into the 'healing' potential of the psyche (Allan, 1978b). By this, it is meant that when a child is given the opportunity to paint, draw, tell-a-story or work with clay the images he makes or uses will tend to directly reflect unconscious psychological processes. The expression of these conflicts via symbolic outlets allows for movement and growth in the unconscious. The fearful and destructive images, often used in the early phases, tend, over time, to be replaced by positive, restorative symbols, i.e., images depicting birth, mother-child attachment and smiling self-portraits (Allan & MacDonald, 1975).

It is the *serial* nature of the exercise (i.e., regular meetings) and the fact that the child shares this material with an understanding adult that allows for the growth.

Duration of Sessions

It is impossible to tell just how long a child will need to be seen in this way. The termination point comes when the child's behavior improves and when he is no longer causing any concern. Usually, the child tells the adult: "I don't want to come any more — things are better." Even pre-schoolers will say this. Every once in a while, a child will say this — as a resistance — when problems still exist. It is important that the helper really holds firmly to their inner convictions: (You may think things are better, Susan, and they are a bit but I still think you need to see me alone for a little while longer.)

Sometimes with pre-schoolers only one or two sessions are required, while with severely disturbed children six to nine months might be needed before significant behaviour change is observed. Usually, significant growth occurs, with mildly to moderately disturbed youngsters, with 6 to 10 sessions.

Stages

The themes of the drawings usually go through three distinct phases which correspond to the three stages in the duration of the process, i.e., initial, middle and terminal stages. Naturally, this movement often can only be seen in retrospect when the serial nature is observed by placing the child's drawings out, in line, in chronological sequence. While this development through drawing is obviously so very different for each individual child, there are some common patterns. Examples will now be drawn from the protocols of two children. Sam (6 years) and Billie (7 years) both demonstrated severe behavioural problems in their classrooms. Both came from "broken homes". Sam had literally moved about 14 times in his life and Billie's mother had just deserted the family.

(a) Initial Stage (First 2-3 sessions)

There seems to be three main aspects to the initial drawings. The pictures:

- (1) *Give a View of the Child's Internal World.*
For example, Sam's drawings depicted long distance moving trucks smashing into little cars, killing people, crossing the lane dividers of freeways and crashing into houses on the other side. Billie's pictures showed "The Whole World on Fire" — Volcanoes everywhere, cracking and tearing the earth apart, houses being blown up, people trapped in them, rockets and bombs exploding. The central themes in both cases were devastation, disaster and hopelessness. Things were happening in the child's world that were out of his control.
- (2) *Reflect the 'Stuck' or 'Blocked' Position.* The

themes of the first three drawings tend to be the same — reflecting the overwhelming effects of the child's trauma. The helplessness is clearly revealed and in Sam's case so was part of the cause — i.e., all the "moving" trucks. Another aspect here is that of *the inability to separate ambivalent feelings*. There may be some rudimentary attempt on the part of hero figures to escape destruction or to do something positive. However, in this phase, the negative or destructive force always wins. With Billie the trapped figures tried to escape, they got out of the house but were immediately blown up by an exploding bomb.

- (3) *Represent the Vehicle for Establishing the Initial Interaction with the Helper*. The child frequently uses the drawing to start to build a relationship with the adult. Sam began to draw many road maps and mazes and began to challenge the counsellor to find his way out: "Bet you can't get out of that one?" Billie kept asking his counsellor: "Can you guess what I'm drawing?" It seems that underneath the children were asking: "Do you understand me?" "Do you know what has happened to me?" and "Are you smart enough to help me?" Billie also always asked his helper to write her name on the front of his drawing.

(b) *Middle Stage* (4-7 sessions)

- (1) *Separation of Ambivalence*. In this phase, it is as if certain painful feelings are separated out from other feelings and expressed in pure form. For example, Sam continued to draw freeways but this time "the trucks disappeared down great holes in the middle of the road." The emphasis in feeling tone became that of depression. With Billie, the main focus was that of rage — a giant pouring out a mass of fury and anger from his mouth. Another feeling expressed by Billie was that of grief and sadness — an army of ants carried a huge teardrop off to a safe place so it "could cry without hurting anyone."

Other later drawings had both positive and negative forces co-existing as equals — "a log, hurtling towards earth, containing explosives but prevented from crashing by a thousand birds holding it up." In another drawing, Billie showed "a mean tree throwing a spear at Jack Pumpkinhead but a snowman quickly puts a shield over Jack's head which protects him."

- (2) *Deeper Relationship to Helper*. The helper now tends to be incorporated into the drawing as a positive helpful image. Sam began drawing "a man flying helicopters with logs and supplies to repair the holes in the

roads." Billie drew a "friendly giant rescuing a boy from the floods that came to earth after the fire."

- (3) *Child Talks About or Shares a Deep Issue*. With the establishment of the therapeutic relationship, the child begins to trust the helper and shares some deep feelings and thoughts. Sam talked about his sadness over moving so many times, how he did not like it, how it hurt to make and lose friends and how frightening a new school was. Billie started to draw "help" signs (five in one picture) and he revealed how the hero in the picture "had wanted to kill himself a year ago" (i.e., when his mother left) and how "he still thought about killing himself sometimes". At this point in the therapeutic relationship, it is important that the teacher or helper begins to relate the content of the drawings directly to the child's life (i.e., to use some interpretation). For example, in the above situation: "I guess when your mother left home it really hurt you and at times you wished you were dead and wouldn't have to be in so much pain." (For a more detailed account of this dialoguing process, see Allan, 1978b)

(c) *Termination Stage* (8-10 sessions)

Once the deeper feelings and pain have been expressed symbolically and/or shared verbally, there tends to be quite a rapid movement towards a resolution.

- (1) *Images of Mastery, Self-Control and Worth*. The drawings now begin to reflect feelings of competency and coping. For Sam, the freeway traffic was back to normal, all the cars and trucks were running smoothly, the road dividers in place, the 'repairs' to the road finished and there were even 'control towers' to regulate and keep a watchful eye on the traffic.
- (2) *Emergence of Positive Imagery*. There was no wars, explosions, or severe conflicts now. Billie drew "Hawaiian Scenes" — a big bright sun, coconut and pineapple trees, there were smiles on everyone's faces and 'mother and baby' fishes.
- (3) *Humor*. Dangerous 'forces' or imagery are now related to humourously. Billie re-drew the dangerous log (of picture no. 7) that was going to blow the world up but this time there was a swordfish cutting it up into tiny pieces, and next to it a basket full of used and broken sword-fish blades — that had been blunted in the process!
- (4) *A Central Self-Symbol*. Sam drew a series of self-portraits — a big smile on his face with a cigar sticking out of the corner of his mouth. Often, these drawings were protected by a

frame or border. There were, too, the emergence of mandala forms such as a square, circle or triangle around the central image. Billie drew his 'grandmother' lying on a towel in Hawaii, she was in a bikini and near her was a dish of pineapple and coconut. The rectangular border of the towel protected her and reflected the sunlight in rays — so that the 'grandmother' was highlighted in the drawing.

These drawings reflect the internalization of positive images. That is, Sam now carried around himself a positive image of Sam and Billie re-established connection to the mother archetype (Neumann, 1966) in the form of his inner 'grandmother'.

- (5) *Removal of Attachment to the Helper.* In this phase, the child now withdraws some libido from the helper. For example, in the picture of Sam's self-portrait, there was a tiny portrait of the helper in the background. The helper no longer had the prominence of the helicopter pilot. With Billie, he had always asked the counsellor to write her name on every picture he drew; first on the front, then the back, but in the last drawings this was not requested.
- (6) *Termination.* After these drawings, the child usually says: "I don't want to come any more" and at this point the helper, too, becomes aware that there is no need to continue seeing the child. There is the feeling of resolution both internally and externally. Positive inner images ("introjects") have been restored and behavioural problems in the classroom, or daycare that lead to the referral are often no longer present.

DISCUSSION

The purpose of this paper was to describe the use of the serial drawing technique and to outline the common stages in the process. The method is particularly suited to young children in the pre-school and primary grades. Its theoretical basis lies in the work of Jung (1966) who felt that in times of stress one could turn to the unconscious to look for a source of new direction and healing. He emphasized the importance of the counsellor's caring relationship and belief in the client's ability to solve his own problems if the appropriate setting is provided. To Jung, (1966) modification of behaviour comes from within the client if the unconscious is allowed to speak through the forms of symbols and fantasies.

In these children's drawings one can see the unconscious unfolding in its own time to point to: (a) the developing sense of trust in the counsellor, (b) the emergence of positive inner images and feelings, and (c) the movement away from the

counsellor and towards emotional, self-sufficiency.

Growth occurs because the unconscious fantasies are made tangible through the drawing process and because of the therapeutic relationship (transference). These aspects will now be discussed in greater detail.

Drawings. The question had to be asked: "Why drawing? Why not just talking and listening?" The drawings are important for a number of reasons:

- (a) Using their hands helps children relax when with an adult,
- (b) Often young children find it hard to talk directly about a problem or concern. Drawing tends to give an uncensored view of their inner psychological world and how they are perceiving and responding to the world around them. It is a natural medium for many children and one that can be easily used by school counsellors,
- (c) To Jung, (1966) the creative act itself has therapeutic value and one that facilitates healing. When talking about the structure of the psyche, June (1968) postulates two main systems: The Ego and the Self. The Ego is the centre of consciousness and for the main, communicates via verbal languages (words) while the Self represents the deeper, emotional layers of the psyche. The Self has a different language system, namely that of images, symbols and metaphors as is commonly found in dreams and fantasies. Drawing allows for the safe expression of feelings through this symbolic mode and also helps a child develop some sense of mastery and control over the unconscious impulses through the *process* or *act* of drawing. The symbol then becomes a container of a particular type of feeling. Often interpretation is not necessary because the meaning is already known and understood on a symbolic level (i.e., in the Self system of the child.)

With pre-schoolers who tend to do a lot of scribbling without much obvious symbolic or representational content, at the end of the session the counsellor can ask: "Does your picture have a story?" Also, if some particular marking stands out to the counsellor he should comment on it:

Counsellor: "I noticed you spent a lot of time drawing a thick blue line."

Child: "Yes — that's the store where I got lost when I was 3 years."

Child-Counsellor Attachment Bond. It must be emphasized that to Jung (1966) the key ingredient in therapeutic change lies in the nature of the attachment bond that develops between the child and the counsellor. It is this that activates the healing potential of the psyche while the drawing

and symbolizing aspects facilitate the growth. The support provided by the therapeutic relationship, strengthens the child's ego which then starts to repair the psychological damage or trauma it has experienced. The "serial drawings" clearly reflect this reparation process for in them one can see the child's ego stating the initial feelings of turmoil and despair and working to undo the harm done, to restore, revive and reconstruct positive self-images.

A critical variable here is the quality of the one-to-one attachment. Even though it is only for 15-20 minutes a session, the counsellor is essentially totally there for the child, with no other distractions. This caring relationship activates or reactivates the inner feeling of being loved and cared for. Over the sessions, this external relationship slowly becomes internalized and the feelings of being loved begin to act within the child outside of the counselling sessions.

This process has been referred to as the "introjection of a positive love object" (Klein, 1976) and results in a greatly improved self-concept which reduces acting out behaviour and undue dependency needs.

With some children this whole process can happen through the relationship and drawings with very little active intervention by the counsellor. It has been the writer's experience, however, that the more seriously disturbed children sometimes get stuck in the middle phase where they are unable to separate primitive ambivalences. In particular, the aggressive instincts keep destroying the positive, growthful impulses. If this occurs the counsellor needs to be more active and needs to use interpretive and confrontive techniques.

The Counsellor's Role. With the more seriously disturbed child, the counsellor's input needs to change during the different stages. For example:

- (a) During the initial stage, the counsellor needs to be conscious of building rapport, of being quiet at times, of waiting for and following the child's leads and limiting himself at the end of the session to a few descriptive questions relating to the content of the picture (Allan, 1978b). During this time, the counsellor should be raising some silent hypotheses: "What does this drawing tell me about the child's life space and perception of the world?" "What is the child trying (or not trying) to communicate to me?" "How does the child approach the task?" "What non-verbal feelings am I picking up?" etc.
- (b) In the middle stage the skilled counsellor can be more active and at the end of the session can start to relate the drawings to the reality of the child's outer world and to the nature of the present therapeutic relationship. It is

important to use the content of the drawings as the initial bridge into the empathic response. For example, with Sam, one could say:

"I see you have drawn a lot of moving vans crashing into cars, houses and people . . . I guess you've moved a lot in your life and it's really upset you and left you feeling pretty hurt and angry."

or, at another time,

"I see the helicopter pilot is repairing the hole in the road . . . I guess at times you feel I'm helping you mend some of your hurts."

This use of interpretation seems to greatly facilitate transference and growth. It becomes particularly important to use when a child becomes "stuck" in strong ambivalent feelings that he is unable to separate on his own. In these drawings, the positive, growing images or symbols (babies, young children, flowers, trees) are constantly being destroyed by negative forces (explosions, guns, knives, logs, trucks). It is the repetition of an ambivalent theme over four to five sessions, coupled with the counsellor's internal feeling ("This child is stuck") that is the stimulus for the counsellor to reflect and interpret into the dynamics of the process. For example, if Billie kept on drawing "mean trees throwing spears at little Jack Pumpkinhead", the counsellor could say something like:

"Billie, I've noticed this is the fourth time that the mean tree has tried to kill Jack . . . I guess the tree is very angry at Jack and wants to hurt him . . . Perhaps part of you is still really angry at your Mum for leaving home and this anger 'pops up' in you every now and again and makes you wreck things . . . I wonder if there's anything we can do for the tree to make him feel better so he won't need to continually hurt Jack."

In this way it is possible to dialogue with the images of the drawings and the child's outer reality at the same time. What is occurring in the drawing is a symbolic representation of an inner psychological struggle. Rapport, timing and accuracy of the interpretation are key variables here if the interpretation is to be accepted and understood by the child. Resolution and behaviour change can be initiated and invoked on a symbolic level, hence the counsellor's request to the tree. Here the counsellor is acknowledging the angry part of the child (as symbolized by the "mean tree") and offering to help it.

Before using the more advanced techniques, the counsellor needs to be well versed in the child's family history, some psychodynamic principles and be able to consistently respond at level 4 on the Carkhuff empathy scale (Carkhuff, 1969). Whether to reflect and interpret the children's drawings is usually a question relating to the art of counselling.

- (c) In the termination stage, the counsellor needs

to emphasize the positive aspects in the pictures. For example, with Billie he could say:

"The grandmother really looks happy, she has lots of good food near her . . . the dangerous log is losing its powers."

and to tie these into the child:

"You seem to be feeling so much better these days . . . the teacher tells me you are enjoying school, making friends and doing your work."

Another aspect of this stage is for the counsellor to review the child's progress with him:

"Remember when you first came into see me Billie, life was pretty hard for you wasn't it? But by drawing and talking with me about some of your thoughts and feelings you have changed a lot."

The counsellor needs to leave the child with an awareness of how to ask for help. For example, a closing question could be:

"Billie, if something upsets you in the future, what do you think you would do about it?"

and so work with his response until the counsellor feels the child has a number of options open to him.

RESEARCH

This was essentially an exploratory study out of which a number of research questions arose. What produced the change? — Was it the drawing process? — Was it the therapeutic relationship? Or was it a combination of both? What effect did the degree of skill of the counsellor have on the process? We are presently exploring these questions by seeing children under a number of conditions. For example:

- (a) Children drawing on their own.
- (b) Children drawing in the presence of a counsellor who basically just accepts the drawings and uses questions sparingly, and
- (c) Children drawing in the presence of a skilled counsellor who uses reflections of feeling and interpretations when appropriate.

Another question being examined is that of

content analysis of the drawings taken from different stages in the process. For example, can child counsellors' consistently spot and place drawings taken from the different stages?

It is hoped that this description and delineation of the process of *serial drawing* will encourage other school counsellors to try this approach and to report their findings.

References

- Allan, J.A.B. & Macdonald, R.T. The use of fantasy enactment in the treatment of an emerging autistic child. *Journal of Analytical Psychology*, 1975, 20, 57-68.
- Allan, J.A.B. The identification and treatment of difficult babies: Early signs of disruption in parent-infant attachment bonds. *Canadian Nurse*, 1976, 72 (12), 11-16.
- Allan, J.A.B. The use of Creative drama with acting out sixth and seventh grade boys and girls. *Canadian Counsellor*, 1977, 11 (3), 135-143.
- Allan, J.A.B. Serial storytelling: A therapeutic approach with an early adolescent. *Canadian Counsellor*, January, 1978a, 12 (2), in press.
- Allan, J.A.B. Facilitating emotional and symbolic communication in young children. *Journal of Canadian Association for Young Children*, May, 1978b, in press.
- Bowlby, J. The nature of the child's tie to his mother. *International Journal of Psychoanalysis*, 1958, 39, 350-373.
- Carkhuff, R.R. *Helping and human relations. Vol. II*. New York: Holt, Rinehart and Winston, 1969.
- Harlow, H. The nature of love. *American Psychologist*, 1958, 13, 673-685.
- Jung, C.G. *The practice of psychotherapy*. New York: Pantheon Books, 1966.
- Jung, C.G. *The structure and dynamics of the psyche*. New York: Pantheon Books, 1968.
- Klein, M. *The psychoanalysis of children*. New York: Dell, 1976.
- Neumann, E. *The great mother*. New York: Bollingen Press, 1966.
- Scott, J.P. *Early experience and the organization of behavior*. Belmont, Calif.: Wadsworth, 1968.