

**THE CLINICAL UTILITY OF THE KINETIC SCHOOL
DRAWING (KSD)**

A thesis submitted in partial fulfilment of the requirements for the
degree of

MASTERS OF ARTS IN CLINICAL PSYCHOLOGY

of

RHODES UNIVERSITY

by

RAGHSHANDA MOHAMMED

May 2016

ABSTRACT

This study aimed to establish the clinical utility of the Kinetic School Drawing (KSD) projective technique. It attempted to do so by using an existing self-report measure of children's self-perceptions in the school environment (Harter's Self-Perception Profile for Children) by which to corroborate the projections derived from the KSD's. Following the development of this measure (in 1984) limited research has been undertaken to assess its validity, reliability and clinical utility despite promising initial findings. The KSD has therefore not received much attention and as a result, it has yet to be established as a useful psychological assessment tool. This study sought to revive interest and discussion around the KSD. Qualitative methods and specifically thematic analysis was employed to explore the usefulness of the KSD in an attempt to address the gap in the literature in a meaningful way. The sample consisted of 26 grade 5 learners from a private school in the Eastern Cape. The themes were presented under the following headings: scholastic competence, athletic competence, social competence, physical appearance and behavioural conduct.

Keywords: projective techniques, projection, Kinetic School Drawing (KSD), Self-Perception Profile for Children (SPPC).

TABLE OF CONTENTS

ABSTRACT	ii
TABLE OF CONTENTS	iii
LIST OF FIGURES	vi
ACKNOWLEDGEMENTS	viii
CHAPTER 1: INTRODUCTION	1
CHAPTER 2: LITERATURE REVIEW	2
2.1. Projective techniques	2
2.1.1. Definition and background	2
2.1.2. History, development and theoretical framework	3
2.2. The controversial climate surrounding the use of projective techniques	6
2.2.1. Validity, reliability and clinical utility of projective techniques	6
2.2.2. Tracking the (continued) use of projective techniques	8
2.2.3. Understanding the large discrepancy between research and practice	10
2.3. A brief overview of some well-known projective techniques	11
2.3.1. The Rorschach Inkblot Test	11
2.3.2. The Thematic Apperception Test	12
2.3.3. The Human Figure Drawings	12
2.4. The Kinetic School Drawing	14
2.4.1. Background and rationale	14
2.4.2. History of scoring and interpretation of HFD's, the KFD and KCD	18
2.5. Self-perception in children	19
2.5.1. Definitions and background	19
2.5.2. The Self-Perception Profile for Children	20
2.6. Research question and rationale	21
CHAPTER 3: METHODOLOGY	23
3.1. Research design	23
3.2. Unit of analysis and sampling procedures	23
3.3. Procedures for data collection	25
3.4. Measures	26

3.4.1. The Kinetic School Drawing	26
3.4.2. The Self-Perception Profile for Children	27
3.4.3. The Self-Perception Profile for Teachers	28
3.5. Procedures for data analysis	28
3.6. Ethical considerations	29
3.7. Reliability and validity of current study	30
CHAPTER 4: RESULTS AND DISCUSSION	31
4.1 Introduction	31
4.2 Scholastic competence	33
4.2.1. Inside academic	35
4.2.2. Inside non-academic	38
4.2.3. Outside non-academic	41
4.2.4 Interesting trend observed	44
4.3. Athletic competence	46
4.4. Social competence	51
4.4.1. Similar/ dissimilar activities	52
4.4.2. Problems indicated in child-teacher relationship	56
4.4.3. Engaged/ not engaged in activity with other	60
4.5. Physical appearance	63
4.6. Behavioural conduct	66
4.7 Conclusion	69
CHAPTER 5: CONCLUSION	
5.1. Limitations	73
5.2. Recommendations	73
5.3. Conclusion	74
REFERENCE LIST	75
APPENDICES	80
Appendix A: Letter of consent to parents/ guardians	80
Appendix B: Administration instructions	82
Appendix C: KSD interpretation guidelines	84

Appendix D: SPPC domains	88
Appendix E: Ethical approval letter	89

LIST OF FIGURES

Figure 4.	Domain/ Theme Titles and Associated Indicators. Chart of the themes to follow with indicators used to represent each theme in the analysis.	33
Figure 4.1.	Scholastic Competence Domain. Chart illustrating proportions of participants' in various categories and teacher appraisals of their scholastic competence.	35
Figure 4.1.1.	Drawing Example. Inside-academic, high academic competency score and higher teacher appraisal of academic competency.	37
Figure 4.1.2.	Drawing Example. Inside-academic, high academic competency score, lower teacher appraisal of academic competency.	38
Figure 4.1.3.	Drawing Example. Inside-academic, medium academic competence and higher teacher appraisal of academic competency.	39
Figure 4.1.4.	Drawing Example. Inside non-academic, high academic competency score and higher teacher appraisal of academic competency.	41
Figure 4.1.5.	Drawing Example. Inside non-academic, medium to low academic competence scores and similar or higher teacher appraisal of academic competency.	42
Figure 4.1.6.	Drawing Example. Outside non-academic, high academic competence score, higher teacher appraisal of academic competency.	43
Figure 4.1.7.	Drawing Example. Outside non-academic, medium to low range academic competency score and higher teacher appraisal of academic competency.	44
Figure 4.1.8.	Drawing Example. Outside non-academic, high academic competence scores, higher teacher appraisals of academic competency.	46
Figure 4.2.	Athletic Competence Domain. The distribution of participants involved in athletic activities and associated teacher appraisals of athletic competence.	47
Figure 4.2.1.	Drawing Example. Engaged in an athletic activity, high athletic competence score, athletic competence is ranked as one of the top two competencies overall and higher teacher appraisals of academic competency.	49
Figure 4.2.2.	Drawing Example. Engaged in academic activity and medium academic competency score.	50
Figure 4.2.3.	Drawing Example. Not engaged in athletic activity and athletic competence valued as one of their lowest competencies overall.	51

The Clinical Utility of the Kinetic School Drawing (KSD)

Figure 4.3. (a) Social Competence Domain. Chart depicting the distributions of participants across indicators and associated teacher appraisals for these categories.	52
Figure 4.3.1. Drawing Example. Similar activity to peers and high social competence score.	54
Figure 4.3.2. Drawing Example. Activity similar to peers, medium to low social competence scores, higher teacher appraisal of social competency.	55
Figure 4.3.3. Drawing Example. Dissimilar activity to peers and high social competence scores.	56
Figure 4.3.4. Drawing Example. No peers drawn and higher teacher appraisal of social competency.	57
Figure 4.3.5. Drawing Example. No child teacher relationship problems indicated.	58
Figure 4.3.6. Drawing Example. Indications of relationship problems with the teacher.	59
Figure 4.3.7. Drawing Example. Neutral relationship with the teacher.	60
Figure 4.3. (b) Social Competence Domain. Chart depicting additional indicator in social competence domain and associated teacher appraisals.	61
Figure 4.3.8. Drawing Example. Engaged in activity with other and high social competence scores.	62
Figure 4.3.9. Drawing Example. Not engaged in activity with other and medium social competency scores.	63
Figure 4.4. Physical Appearance Domain. Chart depicting the distribution of participants across the body concerns indicator and associated teacher appraisals.	64
Figure 4.4.1. Drawing Example. Evidence for body concerns present.	65
Figure 4.4.2. Drawing Example. No evidence for body concerns present.	66
Figure 4.5. Behavioural Conduct Domain. Chart depicting proportions of participants involved in desirable and undesirable activities and associated teacher appraisals.	67
Figure 4.5.1. Drawing Example. Engaged in a desirable activity.	68
Figure 4.5.2. Drawing Example. Engaged in undesirable activity.	69

ACKNOWLEDGEMENTS

To my parents (Lolita and Ismail Mohammed), for always encouraging my academic pursuits, this thesis is dedicated to you. I can plunge fearlessly into my passions because I know you are always there to catch me. I cannot express my gratitude enough.

To my Ma Esme, thank you for imparting on me your love of books and enjoyment of reading. Today I am able to reap the rewards of seeds you planted decades ago. You are infinitely special to me.

To my supervisor Jan Knoetze, who has made this experience as painless as is possible, you are a rock star! I truly appreciate your ideas, inputs and consistent guidance. Thank you.

To Farzaana Mohammed and Tyler Anthony, thank you for being a constant source of encouragement and support. Your efforts have not gone unnoticed and I am very grateful to have you in my life.

CHAPTER 1

INTRODUCTION

The research study presented here is interested in exploring the clinical utility of children's drawings of their school environment. This study is interested in seeing how these drawings may reveal aspects of the way children perceive themselves (self-perception) in this sphere (school) of their lives. The drawing technique used is known as the Kinetic School Drawing (KSD) developed by Prout and Celmer in 1974. The measure of self-perception is called the Self-Perception Profile for Children (SPPC) developed by Susan Harter (2012). These measures are used to make an argument for the usefulness of the KSD in an attempt to revive interest in and discussion around a technique that showed potential immediately following its development but has not received much research attention ever since.

The literature review (Chapter 2) broadly contextualises the concepts of interest in an attempt to prime the reader to the areas of interest to this study. This includes a discussion of the history and development of projective techniques, the arguments for and against the use of projective techniques, a discussion of some well-known projective techniques and a look at the measures used in this study (i.e. the KSD and SPPC). The literature review chapter concludes with the research question and rationale.

This is followed by the methodology section (Chapter 3). This section attempts to explain how the research question is operationalised. This section comments on the research design, sample and sampling procedures, procedures for data collection, the measures used in this study, data analysis, ethical considerations and the reliability and validity of this study.

The results and discussion section (Chapter 4) reports the findings of the analysis. Each cluster of findings is presented and potential explanations for the findings are discussed. The findings are illustrated with examples of the drawings and figures (charts).

The conclusion and recommendations for future research is then presented (Chapter 5). The primary findings of this study are summarised and reiterated. Additionally, the limitations of this research is discussed and recommendations for future research in this field is put forth.

CHAPTER 2

LITERATURE REVIEW

This chapter attempts to provide a context for this research study. Generally, broad definitions will be provided and key concepts described to prime the reader to the relevant areas central to this research. This chapter proceeds to put forth a discussion of projective techniques, the controversy associated with the use of projective techniques, a brief overview of some well-known projective techniques, the Kinetic School Drawing Technique (KSD) and the Self-Perception Profile for Children (SPPC). This chapter concludes with the research question and rationale.

2.1. Projective techniques

2.1.1. Definition and background.

Projective techniques are broadly defined as an approach to assessing personality that relies on the use of unstructured and ambiguous stimuli (Bain, Amod & Gericke, 2013; Graham & Naglieri, 2003). Projective techniques are based on the rationale that when an individual is confronted with an ambiguous stimulus and required to respond to it in a particular way, the individual cannot help but reveal aspects of the self in the process of forming a response (Sadock & Sadock, 2007). Aspects of the self may be revealed in how the individual approaches the ambiguity but also in the content of the response (Sadock & Sadock, 2007). Thus, the process involved in responding and the content of the response are thought to reveal information about the self. The rationale underpinning the processes, by which projective techniques are argued to function, is known as the projective hypothesis and it is firmly located within the psychoanalytic framework (Miller & Nickerson, 2006).

The projective hypothesis fundamentally proposes that rich and useful information can be gleaned through the process of the respondent attempting to structure and make sense of the ambiguity posed by the task; resulting in aspects of the self being projected (personality, attitudes and self-concept) onto the task (Donaghue, 2000). The hallmark of the projective technique (which is intrinsically influenced by psychoanalytic theory) is said to lie in its ability to bypass ego (conscious) defences so as to uncover aspects of the self that the individual may be unaware of or unable to communicate in other ways (Clatworthy, Simon & Tiedeman, 1999; Elin & Nucho, 1979; Lillienfield, Wood & Garb, 2000). According to Bellak (1958) “behavior on projective tests is presumably diagnostically useful because it is

expected to be a fairly representative sample of the subject's manifest and latent functioning and behaviour in general" (p. 42). The projections obtained through the use of projective techniques are broadly understood to offer the assessor information about the respondent's personality.

According to Donaghue (2000) this class of assessment techniques are primarily interested in aspects of the personality (such as self-worth, self-esteem and self-perception) which are not readily accessible through more specific/structured measures (i.e. less ambiguous) because of their unconscious nature. Projective techniques do not attempt to measure the phenomenon of the personality, but rather aims to uncover feelings, attitudes and motivations that may be difficult to access in more conventional ways, such as an in-depth interview (Donaghue, 2000). In other words, projective techniques arguably allow assessors to tentatively comment on aspects of the respondent's self (personality) that cannot be easily measured in other ways.

It is also important to note here that the term "projective technique" is used throughout this research report specifically to denote a particular position in the projective "test" versus "technique" or "method" debate (Viglione & Rivera, 2003). The debate referred to here is pivoted around whether projective procedures qualify to be termed a psychological test or whether it is more accurately described as a "technique" or "method" (Viglione & Rivera, 2003). A psychological "test" is argued to possess standardised methods of administration, scoring, interpretation and has been shown to possess validity. Conversely, a "method" is understood as a way of collecting behavioural observations (Viglione & Rivera, 2003). The term "projective technique" is thus applied here to indicate that projective procedures are understood as a method as opposed to a test in this discussion.

2.1.2. History, development and theoretical framework.

According to Sargent (1945) projective techniques were in use prior to 1939. However, they only became known as such and gained credence after Frank's 1939 article titled "Projective methods for the study of personality" (Craik, 1986). The Projective hypothesis and by extension projective techniques can be confidently located within the psychoanalytic framework (Bellak, 1958; Craik, 1986; Graham & Naglieri, 2003). The word "projection" is a psychoanalytic term first coined by Freud in 1895 (Garland, 2001; Pellegrini, 2010). Psychoanalytically, projection is broadly understood as an unconscious defence mechanism where an individual attributes their own feelings, thoughts and attitudes to another because

they are too threatening to the self and give rise to increased anxiety (Sadock & Sadock, 2007). Historically, projection was seen as a pathological psychological process however, it has now become known and widely accepted as a normal and commonly used defence mechanism (Garland, 2001). Projective techniques can therefore be seen as making use of this defence mechanism in an attempt to generate hypotheses about an individual's personality.

Kline (1983) describes projection as a defence mechanism employed by the ego to protect itself from anxiety by externalising uncomfortable feelings and ascribing them to others. In an attempt to transform the formal (theoretical) psychoanalytic definition of "projection" above into an operational understanding of how projective techniques are believed to work, the following explanation is offered: The ambiguous stimuli the subject is presented with gives rise to increased anxiety; this anxiety in turn engenders the need to expel uncomfortable feelings and the other (the receiver of the projection) is replaced by the response form (e.g. the drawing or story). This explanation allows one to appreciate how inherently linked projective techniques are to the psychoanalytic framework but also offers a simplified account of the way projective techniques are proposed to work.

Since the inception of projective techniques a diverse range of methods have been developed (Sargent, 1945). Differing in terms of the stimulus used to the type of response required, although always being unstructured and ambiguous (to varying degrees) and permitting free play to the individual's fantasy (Anastasi & Urbina, 1997). Historically, a number of authors have attempted to classify the different types of projective techniques that have emerged over time. Although the texts drawn on for the section to follow can be argued to be outdated these methods of organising and classifying projective techniques are still widely accepted as valid today (Viglione & Rivera, 2003). Among these authors are Frank (as seen in Lindzey, 1959), Sargent (1945) and Lindzey (1959).

Sargent (1945) puts forth the broad dimensions along which projective techniques can be classified. The first dimension is the nature of the materials used as the stimulus (e.g. picture cards or ink blots). The second dimension categorises projective techniques based on how the subject makes use of the materials/ stimulus provided. The third dimension depends on the techniques the assessor uses to present the materials. The final dimension is centred on the purpose behind that particular technique (e.g. to elicit a story or to impose structure).

Frank's 1939 typology (as seen in Lindzey, 1959) broadly categorised projective techniques in terms of the type of response they elicit (i.e. what the respondent is required to do in order to complete the test). The categories are: constitutive, interpretive, cathartic or constructive (Lindzey, 1959). Constitutive methods required the respondent to impose structure upon unstructured or partially structured stimuli. Interpretive methods require of the subject to describe what a stimulus situation means to them. Cathartic methods are employed as an affect discharge outlet for the subject. Finally, constructive methods require the subject to organise and arrange materials according to their own conceptions. Later, in 1945 Frank added another category called refractive techniques (Lindzey, 1959). Refractive techniques depend on error in the subject's judgement when responding to a particular stimulus (Lindzey, 1959).

Lindzey (1959) argues that the most important and useful dimension along which projective techniques can be classified is in the type of response they elicit (much like Frank proposed earlier). Lindzey (1959) asserts that there are generally five different types of response, these include: (a) association, (b) construction, (c) completion, (d) choice or ordering and (e) expression. Association techniques require the subject to respond with the first thing that comes to mind (e.g. word association). Construction techniques focus on the outcome or final product of the response as opposed to the process (e.g. Thematic Apperception Test). Completion techniques require the respondent to complete an incomplete stimulus (e.g. sentence completion tests). Choice or ordering techniques requires the subject to choose the most probable response from a range of predetermined hypothetical options (e.g. picture arrangement tests). Expression techniques require of the subject to express themselves (e.g. drawings).

The section above has sought to describe what projective techniques claim to do, the psychological theory they are based on, what they are interested in assessing and how they can be categorised. This provides us with an idea of the potential value of the kind of knowledge projective techniques arguably offer in an assessment. This is an important part of the discussion as the research question proposed here employs a specific projective technique to explore what it may reveal and how it possibly does this. However, any discussion of the literature on projective techniques would be incomplete (and biased) without a look at the psychological community's attitudes towards their use. The following section thus attempts to locate this study in the broader psychological context.

2.2. The controversial climate surrounding the use of projective techniques

According to Blatt (1975), attitudes towards projective techniques “range from the belief that no evaluation is complete without a Rorschach to the conviction that the interpretation of the Rorschach and other projective procedures is no better than reading tea leaves” (p. 237). This divide in attitude towards projective techniques has widely become understood as a consequence of the large discrepancy that exists between the research validating and justifying the use of projective techniques and the continued use of projective techniques in applied clinical settings. This ambivalent attitude towards projective techniques is thoughtfully considered in an article titled “The scientific status of projective techniques” by Lillienfeld, Wood and Garb (2000).

2.2.1. Validity, reliability and clinical utility of projective techniques.

The authors (Lillienfeld, Wood & Garb, 2000) have identified important psychometric criteria that projective techniques should meet in order to justify their continued use in clinical practice. These are reliability (inter-rater, test retest and internal consistency), validity (construct, predictive and incremental) and treatment outcome. They discuss the importance of each of these properties using three well known projective procedures (the Rorschach, TAT and Human Figure Drawings) as examples. The discussion to follow is primarily based on their findings relating specifically to Human Figure Drawings (HFD's) as the projective procedure (expression technique) of interest to this study, the Kinetic School Drawing (KSD) falls within this category.

Validity. The authors begin their discussion of validity by distinguishing between construct and predictive validity. They explain that construct validity is demonstrated in an instrument's ability to pick up differences between groups (e.g. pathological vs. non-pathological groups). However, even when an instrument possesses construct validity it does not automatically translate to predictive validity (i.e. an instrument's ability to make predictions). In the research setting, known groups are selected prior to the assessment (data collection) and interpretations. This increases the instrument's ability to make predictions because there is usually an equal split in the groups being compared. However, in the real world clinical setting assessors are interested in picking up on clinical phenomena that are rare (i.e. do not occur in fifty percent of the clinical population). As a result, in applied clinical settings the instrument's predictive validity will not be as high as it would have been in a carefully selected sample of a research study (Lillienfeld, Wood & Garb, 2000). This

basically means that although a test is shown to have validity in the research setting this does not necessarily translate to predictive validity in the real world clinical setting.

The authors emphasise that the validity of HFD's are difficult to assess because the generated hypotheses often prove difficult to falsify. Furthermore, the vast majority of the research suggests that interpretation of single HFD signs possess negligible validity if any at all. In response to these findings clinicians have argued that in practice isolated drawing signs are rarely considered enough to make inferences. In this vein, there is some evidence that the global approaches to interpreting HFD's possess at least modest validity (Lillienfield, Wood & Garb, 2000).

Reliability. A measure's reliability speaks to the degree of accuracy with which a procedure is able to measure that which it claims to measure (Moerdyk, 2015). This includes inter-rater reliability (does the measure produce similar results with different scorers/interpreters?), test retest reliability (does the measure produce similar findings when the same subject is tested a number of times?) and internal consistency. In a review of the research on projectives, Lillienfield, Wood and Garb (2000) report that both inter-rater and test retest reliabilities of HFD's can at best be described as variable. However, the internal consistency of HFD's, when interpreted with global indices, have proven generally acceptable.

Treatment utility refers to the degree to which an instrument or procedure contributes to the treatment outcome. Treatment utility is an extremely important property to consider when we take cognisance of the fact that in a large majority of instances (in the applied clinical setting) the assessment is being conducted either to inform or improve treatment in some way. In Lillienfield et al. (2000) discussion, of the above mentioned psychometric properties, validity and reliability are discussed at length (as pertaining specifically to each of the selected projective techniques) whereas treatment utility is not treated with the same approach. This may be because the discussion of reliability and validity implies that if the research community are already dubious about whether projective measures possess adequate reliability and validity indicators to justify their continued use, then the information gleaned from the use of these tests is dubious by extension and cannot possess clinical utility. After all, how can a test, that has not been proven to either accurately measure what it claims to measure or whether it is in fact measuring what it purports to measure, claim to be useful when taken out of a controlled laboratory setting and used in a clinical setting where there are so many other issues to contend with.

Discussed above have been some of the more empirically founded points of dispute against the use of projective techniques. The focus will now be steered towards more practical issues that also contribute to the ambivalence with which projective techniques are treated. Although these claims are not equally true of all projective techniques, they are prevalent enough to be a legitimate cause for concern. Often times, in clinical practice projective techniques do not have standardised stimuli and testing instructions, systematic scoring methods or norms for comparing responses (Jensen, 1959). This essentially means that practitioners may be using these projective techniques in a variety of ways (often subjectively and based on that ever illusive clinical judgement) presuming that their way is good enough when in reality the research suggests otherwise (Jensen, 1959). Furthermore, the heterogeneity with which projective techniques are used (across research studies) makes the literature more difficult to interpret and compare because stimuli and scoring techniques vary significantly across studies (Wegmann & Lusebrink, 2000).

This section has attempted to shed some light on the quagmire of criticism in which proponents of projective techniques find themselves. This being said, the supporters of projective techniques have not retreated without a fight. This is seen in the quiet protestations embodied in the continued use of projective techniques in applied clinical settings.

2.2.2. Tracking the (continued) use of projective techniques.

The section to follow provides a glimpse of the professional applied setting and its attitude towards the use (and by extension the value) of projective techniques in general. Piotrowski has published a number of articles over the past two decades dealing specifically with the prevalence with which projective techniques are used in day to day clinical practice (1984; 1992; 2015). The author writes perceptively about the obstacles that projective techniques have faced since their inception and lends insight on the discrepancy that exists between the often pessimistic academic stance on projective techniques and their popularity among psychological practitioners. In an article published by Piotrowski (1984) on the status of projective techniques in the psychological community the author comments that “the clinical literature is replete with studies that characterise projective techniques as possessing poor psychometric properties, inadequate predictive utility and complex interpretative standards and this, subsequently contributes to their decline in status among the clinical psychology community” (p. 1495). The author then evaluates the status of projective techniques from varying perspectives, namely: the academic community, members of the

The Clinical Utility of the Kinetic School Drawing (KSD)

American Psychiatric Association (APA), internship training centers, the applied clinical setting and private practitioners.

In terms of the academic community it was found that there was a generally pessimistic approach towards projective techniques and signs of their impending decline (such as an increased focus on training in objective personality measures and a decrease in the value formerly ascribed to projective techniques). The academic community's attitudes can thus be seen as echoing the sentiments of the research domain (Piotrowski, 1984). However, when attention is shifted from the academic domain this pervasive pessimism is challenged.

Wade and Baker (1977) did a survey of the members of the clinical psychology category of the APA and found that projective tests were used with high frequency, and furthermore these clinicians felt it imperative that students of clinical psychology be trained in projective assessment techniques. Additionally, internship training cites strongly supported intern training in projective techniques (Piotrowski, 1984). In terms of the applied clinical setting, national (US) statistics on projective test usage revealed that the Rorschach, TAT, Bender-Gestalt, Human Figure Drawings and sentence completion tests were the highest ranked instruments (Sundberg, 1961). Similarly, the prevalence of projective test usage among private practitioners remains high (Piotrowski, 1984).

In 1992, Piotrowski, Chris and Ogawa did a study that reviewed clinical test usage internationally. The review was based on four surveys conducted in the United States, The Netherlands, Japan and Hong Kong. The preliminary finding of this study was that projective techniques remained popular in the assessment of personality worldwide. Moreover, given the huge strides made in the objective personality test movement at the time it was assumed that projective measures usage would decline. However, this was not the case as objective measures do not lend themselves readily to cross-cultural adaptation. As a result, practitioners worldwide continued to use projective techniques because of they are amenable to be used easily in various cultures and languages (Piotrowski, 1992).

In 2015, Piotrowski published a paper "On the decline of projective techniques in professional psychology training", in which the author alludes to a widespread pervasive decline in the training of projective techniques. However, data from applied settings indicate that projective techniques continue to be relied upon and considered a valuable clinical tool by psychologists. The author finds once more that while projective techniques are constantly under fire from the academic community (and by extension training programs) they remain

valuable tools in clinical practice (Piotrowski, 2015). In summary, as said by Piotrowski (2015 b) “these robust findings suggest that the clarion-call to abandon projective methods has largely fallen on deaf ears” (p. 12).

The elucidation of the previous two sections begs the question what is happening in between the poor research support and the continued use of projective techniques? What is the research not taking heed of? Or what are the applied setting practitioners ignoring? Is there a pervasive difference in the thinking that underpins each of these arguments?

2.2.3. Understanding the large discrepancy between research and practice.

Handler and Habenicht (1994) reveal the other side of the projective tests argument in a review on the Kinetic Family Drawing (KFD) literature. The authors assert that the way in which projective technique’s reliability and validity are assessed in studies purporting to do so is flawed and as a result yield flawed results. Variables are isolated and studied one at a time based on single criteria and the author explains that this is bound to produce poor results (Handler & Habenicht, 1994; Blatt, 1975). Moreover, this method of assessing projective technique’s reliability and validity is grossly unfair because they are not used in this way in clinical practice.

The literature suggests that there are broadly two ways to interpret HFD’s. These are: the single sign approach and the global approach. The single sign approach assigns immense importance to the presence of particular negative signs in a drawing and makes inferences based on these. This method has been proven to be problematic for a variety of reasons. The global approach to analysing drawings proposes that no one sign is enough to make an inference but rather that the whole drawing should be interpreted as a unit. This approach has had more success in the literature in terms of making accurate inferences and is generally supported as the more appropriate practice for interpreting projective drawings.

According to Handler and Habenicht (1994) studies should more closely replicate the “holistic approach” to interpreting projective data that is employed regularly in every day clinical practice and that most projective test developers emphasise and encourage. Garb, Wood, Lillienfield and Nezworski (2002) and Elin and Nucho (1979) assert that projective techniques should form part of a comprehensive test battery and their interpretation should always integrate projective findings with information gathered throughout the assessment process and clinical interview.

Furthermore, Clatworthy, Simon and Tiedman (1999) argue that children's drawings as a projective technique have been well-supported as a means of assessing children's emotional status in various life situations. The authors draw on well-known tests such as the Human Figure Drawings, Draw-A-Person, House-Tree-Person and the Kinetic Family Drawing to establish this point. Additionally, in terms of South African research Foxcroft, Paterson, le Roux and Herbst (2004) authored a report exploring the patterns of test usage and a needs analysis of psychological assessment. They found that among the top 20 tests regularly used by practitioners (across all registration categories, six of those tests are projective personality measures (e.g. the TAT, Rorschach Inkblot Test and Draw-A-Person). Furthermore, in the educational and clinical psychology registration categories four of the top 10 tests are also projective personality measures (Foxcroft et al., 2004). However, Foxcroft et al. point to an array of issues associated with the research to support and justify the use of these tests ethically in the South African context (2004). Therefore, not only have projective techniques been argued to be well-supported as method for assessing children's inner worlds but in practice in South Africa they are regularly used in the assessment process (Foxcroft et al., 2004).

This stance may lend some insight into why the research does not always support the reliability, validity and clinical utility of projective techniques but they are still routinely used in clinical practice. In an attempt to execute studies that are able to evaluate the psychometric properties that a measure arguably should possess the researchers conducting such studies are not able to replicate accurately how the techniques work and are used in routine practice. As a result, the somewhat misguided research is unable to accurately depict the usefulness of projective techniques. In this article Handler and Habenicht (1994) call for more research to be done that employs a more holistic and integrative approach. Furthermore, the existing research that has attempted to do so has already found positive results in establishing the usefulness of projective techniques (Groth-Marnat & Roberts, 1998; Handler & Habenicht, 1994).

The latent argument here appears to be happening on a parallel course, where research requires more scientific rigour whilst the proponents of projective techniques argue that projective techniques do not lend themselves to be evaluated in a checklist scientific manner. It is subjective, holistic and integrative and the information gleaned from such an inquiry should be treated as valid and useful. Additionally, we have many tests that measure the measurable aspects of the human condition very well and these measures should not be seen

as opposing each other but rather complementing each other in developing hypotheses, formulating, diagnosing and planning treatment.

2.3. A Brief overview of some well-known projective techniques

The following section looks at some well-known projective techniques.

2.3.1. The Rorschach Inkblot Test.

The first technique discussed here is the Rorschach Inkblot Test developed by Herman Rorschach in the 1920's (Lillienfield, Wood & Garb, 2000). The Rorschach Inkblot Test is a popular example of an association technique (Lindzey, 1959). This projective test consists of ten inkblots printed on individual stimulus cards. Five are printed in black and white and the remaining five cards in colour. Administering the Rorschach involves handing the stimulus cards to the respondent one at a time and asking the respondent to describe what each card resembles to them. The responses are recorded and scored along a variety of dimensions of which the most important are content, location and determinants.

Although the test enjoyed some popularity following its development it soon came under fire from the scientific community because it lacked standardised administration procedures, adequate norms and the evidence for its reliability and validity were considered weak. As a result the test lost some of its popularity. However, in 1974 Exner developed "The Rorschach: A Comprehensive System (TRACS)" which addressed the major shortcomings that the test was criticised for before. The TRACS included detailed rules for administration and scoring and norms for children and adults, this system represented a widespread revival of the Rorschach Inkblot Test.

2.3.2. The Thematic Apperception Test (TAT).

The TAT was developed by Murray and Morgan in 1935 (Lillienfield, Wood & Garb, 2000) and is considered to be a construction technique according to Lindzey's typology (1959). The impetus of this techniques the assessment of the respondents reactions to ambiguous stimuli of an interpersonal nature. The term "apperception" refers to the postulation that the respondent will interpret the stimuli in a way that is influenced by their personality traits and life experiences. There have been a number of spin-offs from the TAT, these include the Children's Apperception Test, Adolescent Apperception Test and Senior Apperception Test.

The TAT consists of 31 stimulus cards depicting a wide range of ambiguous social situations. One of the cards is intentionally blank as this is considered highly ambiguous. In terms of administration, the respondent looks at each picture and is expected to construct a story based on what they see. The respondent's story should ideally account for what happened leading up to the picture, what is happening in the picture, conjecture about what happens after the picture and a description of what the characters on the stimulus cards are thinking and feeling at various points throughout the story.

2.3.3. The Human Figure Drawings (HFD).

The umbrella term under which all projective techniques that require the respondent to draw a person/people, is called the Human Figure Drawing. This type of projective technique is considered a construction technique (Lindzey, 1959). There are a wide variety of projective techniques that are broadly based on drawing human figures.

The first drawing technique was developed by Goodenough in 1926 and it was called the Draw A Man (D-A-M). This technique was initially developed to measure intellectual maturity (Armstrong, 1995). The procedure requires the child to draw a picture of a man; this picture is then scored by the examiner broadly based on the amount of detail included in the drawing. However, it was noticed that in children with very similar intelligence scores often drew qualitatively different drawings. This propelled the thinking that personality, attitudes and feelings may be expressed in the drawings too (Armstrong, 1995). The focus of HFD's thus became steered towards honing in on the valuable qualitative information they possibly revealed. Thus, an increased interest in analysing these drawings (psychoanalytically and in terms of assessing personality) gave rise to the projective drawing technique (Thomas & Silk, 1990).

The events elucidated upon in the previous paragraph gave rise to the formally recognised projective drawing techniques such as the House-Tree-Person (HTP) by Buck and Hammer in 1948 and the Draw A Family (DAF) by Hulse in 1951. The HTP requires the respondent to draw a house, a tree and a person. The house is said to reveal aspects of the child's home environment and interpersonal relationships in the family. The tree is said to speak to feelings about the child's development and relationship with the environment. The person is supposed to represent the child's view of their ideal self (Burns & Kaufman, 1970).

The DAF by Hulse (1951) requires the respondent to draw their family. The content of the picture was expected to reveal information about the respondent's family dynamics. However, it was found that this portrayal of the child's family life was inert and did not reveal much about the family dynamics and relationships (Burns & Kaufman, 1972). As a result, Burns and Kaufman (1970) attempted to address this issue by adding the kinetic element (Armstrong, 1995, Handler & Habenicht, 1994). This resulted in the instructions requiring the respondent to draw their family doing something (i.e. engaged in an activity). In 1974, Prout and Phillips introduced what they called the Kinetic School Drawing (KSD) to the psychological community. The authors came about developing the KSD as an adjunct to the KFD (Knoff & Prout, 1985). Prout and Phillips (1974) essentially built on the potential of the KFD by extending it into the child's school environment. These two projective drawing techniques were then combined and became known as the Kinetic Drawing System (Knoff & Prout, 1985).

The KSD is the projective technique that this study is primarily interested in. Despite it being around for decades there is very little written with regard to its utility in routine clinical settings. The discussion will now take a detailed look at the KSD in an attempt to elucidate its value as an under established projective technique.

2.4. The Kinetic School Drawing

2.4.1. Background and rationale.

In 1974, Prout and Phillips published an article titled "A clinical note: The Kinetic School Drawing (KSD)". This article served to introduce the Kinetic School Drawing to the psychological community as a new projective technique interested in children's experiences at school. The authors explain that a KSD would be a useful tool for psychologists who work with children for the following reasons. Firstly, children's drawings were an established method for assessing cognitive development and for projective interpretation. Secondly, the school environment is such an important influence in the child's socialisation and thus merits its own space in the assessment field. Finally, existing measures of the child's perception of the school experience were inadequate and a tool that could bridge this gap would be valuable to those assessing children with difficulties stemming from or being expressed in the school environment. Additionally, the KSD is easy to administer, has objective scoring criteria and the interpretation is very similar to that of the popular KFD (Prout & Celmer, 1984).

In line with Prout and Phillips' (1974) rationale for developing the KSD it might be useful to contextualise this method. This technique is largely interested in children's experiences of their school environment. Therefore, it is useful to take stock of the fact that this method was developed four decades ago and the scoring and interpretation guidelines almost three decades ago. What this means it that in employing this measure now the assessor needs to remain cognisant of the possible ways in which the school system may have changed over that period of time. One such noteworthy change, is a widespread movement from the school being solely focussed on curricular activities to the inclusion and encouragement of extra-curricular activities (Department of Education, 2009; Kariyana, Maphosa & Mapurangu, 2012; Miller, 2007). The National Policy on Whole-School Evaluation defines curricular activities as "planned educational experience provided for learners and supplied by schools, mainly in lessons but possibly in other circumstances such as educational visits and extracurricular activities" (2001, p. 17) and extra-curricular activities are defined as "activities, such as trips, visits, school contests, cultural, artistic, sportive and technical scientific activities that are outside the school's normal timetable provided by the school for learners" (2001, p. 17). In South Africa it is questionable whether this intention, set out in the Draft School Sport Policy for Public Schools in South Africa (2009), has been operationalised in all schools (private schools, governing body funded public schools and public schools). However, private schools have long realised the value of such a holistic approach to education and have had the resources available needed to make extra-curricular involvement compulsory in many instances (Bhana, 2008).

Sarbaugh (1982) cites specific advantages of the school drawing. These include: (a) that drawings are a normal part of school life and it could be less anxiety provoking for learners as it is something they are required to do routinely, (b) drawings put less emphasis on verbal ability which is important for work with children as many of them struggle to express themselves verbally, (c) drawings reveal the attitudes underlying surface behaviours that may not be accessible in other ways and (d) it focuses specifically on problems in the school domain. Sarbaugh (1982) basically asserts that the drawings are a uniquely productive way to get kids to reveal aspects of themselves that they cannot verbalise and are relatively non-threatening to them. This sentiment is supported by Armstrong (1995) who believes words to be an imperfect language for children and argues that art (drawing) allows for a fuller expression of children's feelings and attitudes.

The Clinical Utility of the Kinetic School Drawing (KSD)

The KSD was thus a modification of the KFD and was designed to elicit information about the child's perception of the self in school, about the teacher, and of their relationships with peers (Prout & Celmer, 1984). Given that the KSD was so strongly based on the KFD the scoring and interpretation guidelines at this point were largely based on the KFD literature (Prout & Phillips, 1974). This was problematic for some researchers in the field who felt that these guidelines were too vague and did not account for signs and styles specific to the KSD (Sarbaugh, 1982). The KSD was broadly built upon the hypothesis that kids who have poor or complicated school experiences were more likely to show more negative signs in their drawings (Prout & Celmer, 1984).

Schneider (1977) and Prout and Celmer (1984) were the only two reported studies focussed on researching the effectiveness of the KSD. In 1977 Schneider conducted a validation study that concluded that although the KSD did not contribute to the prediction of problems in the school environment it is still a useful clinical tool for use with children with difficulties at school (Andrews & Janzen, 1988). This study acts as an example of how the research attempts to prove that projective techniques are something (or fall short of being something) that they have never claimed to be. That is, historically, proponents of projective techniques have been wary of selling these techniques as being able to make predictions and diagnosis on their own (Handler & Habenicht, 1994). The authors assert that, although it could not be used as tool to predict outcomes, important information about the child's perceptions and attitudes could be gleaned from the KSD.

Prout and Celmer (1984) also conducted a validity study on the KSD. The aim was to examine the relationship between KSD response styles and academic achievement among normal fifth grade school children. KSD variables and measurements of academic achievement were matched to assess the KSD's concurrent validity. Academic achievement was based on a selection of standardised test scores and the KSD measures used were as follows: (1) in or out of school, (2) engaged in an undesirable behaviour, (3) engaged in an academic behaviour, (4) teacher height, (5) child height, (6) number of peers, (7) distance between self and teacher, (8) distance between self and others, (9) Koppitz score and (10) Reynolds score. Means and standard deviations were computed and 6 out of the 10 correlations of the KSD with academic achievement reached significance levels and a remaining three variables were approaching the significance level. These were thus the first group of variables shown to be clinically useful in the interpretation of the KSD.

The Clinical Utility of the Kinetic School Drawing (KSD)

The results of this study generally lend support to the validity of the KSD technique (Prout & Celmer, 1984). Low achieving students (based on achievement scores) tended to draw smaller teacher and self figures, included more peers in their drawings, more space between self and peers and teachers, higher numbers of emotional indicators and tended to draw themselves in non-academic or undesirable activities (Prout & Celmer, 1984). The authors assert that even though the findings are best described as modest they are still encouraging and the KSD does appear to be a clinical tool of value. What is important about this study in particular is that the method of interpreting the data takes a more global approach and so more closely approximates the way this technique would be employed routinely. In summary, the technique can be used as part of an affective assessment, particularly when the school environment is of interest. At this point in the development of the KSD the Prout and Celmer (1984) study was the only attempt at identifying clinically useful scoring variables.

In 1985, Knoff and Prout authored a review of the Kinetic Drawing System that served to integrate the work on both the KFD and KSD. In this review it is emphasised that while both techniques are used regularly in practice the research to support its validity remains limited. Knoff and Prout (1985) thus propose ways to improve upon this lack of research through both qualitative and quantitative research practices. Quantitatively, research should be focussed on norm development and validation of the KSD as a psychometric instrument. The authors present these two directions that research could take as complementary and of equal value as opposed to being in opposition.

In terms of the research possibilities in the qualitative stream the authors propose that a hypothesis generating stance should be employed as opposed to treating the KSD as a test for use in diagnosing and psycho-educational placement (Knoff & Prout, 1985). Qualitatively, the KSD should be used to identify psychological and socio-emotional concerns that could be investigated in more depth using other personality assessment measures (Knoff & Prout, 1985). In other words, does the KSD consistently reveal the child's attitudes and perceptions?

At this point in the development of the KSD Andrews and Janzen (1988) created the "Global Approach to Scoring the KSD". The rationale behind creating this approach was that a succinct scoring procedure that considered and combined the extensive existing literature on evaluating children's drawings was needed (Andrews & Janzen, 1988). The authors also used this platform to emphasise the global approach to interpreting drawings that was gaining

increased support during this time (Andrews & Janzen, 1988). Additionally, with a global scoring approach the KSD was made more amenable to being researched and by extension contribute to the much needed empirical evidence in support of the reliability and validity of the KSD (Andrews & Janzen, 1988). This approach thus represented the authors attempt at offering guidelines with which to interpret the KSD globally. The following section will take a closer look at the scoring and interpretation of HFD's in general and then more specifically the KFD and finally Andrews and Janzen's approach to scoring the KSD.

2.4.2. History of scoring and interpretation of HFD's, the KFD and KSD.

The authors responsible for the first attempts at formally interpreting children's drawings were Koppitz and Machover. These interpretation systems were developed specifically for HFD's. This work spilled over into the analysis of drawings of more than one figure. The primary focus here was to get a sense of how the respondent saw themselves in relation to others, as in the KFD (Burns & Kaufman, 1972). Actions, styles, signs and symbols for interpreting drawings were developed and this represented a move towards the global approach to analysing drawings (Burns & Kaufman, 1972). The work of Burns and Kaufman (1972) propelled the analysis of techniques such as the KSD (Knoff & Prout, 1985).

The scoring and interpretation guideline of specific interest to this research is Andrews and Janzen's (1988) "Global Approach to Scoring the KSD". This scoring sheet and guidelines form the basis of how the drawings will be analysed in this study. The indicators proposed by Andrews and Janzen are as follows: (a) drawing suggests pathology, (b) drawing suggests positive self-concept, (c) emphasis on structure, (d) drawer is likeable, (e) visible action agrees with verbal description, (f) visible action and/or verbal description appears strange or unexpected, (g) self or other figures are highly distorted such that without verbal description it would not be recognizable, (h) activity of child, (i) activity of child in relation to peers, (j) activity of teacher, (k) problems indicated in student teacher relationship, (l) activities self and peers are engaged in, (m) problems indicated in peer relationship, (n) self placement, (o) self behaviour, (p) engaged in academic or non-academic behaviour and (q) pathology indicated in the drawing.

Zians (1997) wrote a thesis titled "A qualitative analysis of how experts use and interpret the kinetic school drawing technique" shed some light on the interpretation of KSD's. Three expert clinicians and three non-experts were interviewed about how they interpret KSD's. Differences in the experts' interpretation methods were found as well as

differences between the expert and non-expert groups. Some of the main elements the experts focussed on are summarised as follows (Zians, 1997). The people included or not included in the picture is significant because the child is believed to draw the people that are important to their narrative. The amount of detail afforded to the people who are drawn can point towards care and investment in that particular relationship and can reveal how the child perceives the self. The size of figures can allude to the value or stature of a particular figure. The activity the child chooses to draw the self engaged in are often the activities that they associate with themselves. Furthermore, inclusion of peers in the activity may speak to social competence and an avoidance of non-academic activities may allude to academic difficulties. Behavioural problems are often observed in children who draw themselves outside the classroom engaged in non-academic activities.

2.5. Self-perception in children

2.5.1. Definitions and background.

Any discussion of self-perception will invariably include definitions and discussions on related concepts such as self-esteem, self-concept and self-worth (Harter, Waters & Whitesell, 1998; Muris, Meesters & Fijen, 2003). Any definition in this field will thus borrow from each other, overlap or be used interchangeably. According to Muris, Meesters and Fijen (2003) self-esteem refers to an individual's feelings of their own worth and competence. Harter (1999) puts forth an understanding of self-esteem as the part of the self, which all people possess, which evaluates the image of the real self in relation to the ideal self. This means that high self-esteem results in individuals where the ideal self and the perceived real self are not far removed from one another. Also, when the discrepancy between the perceived real self and the ideal self is large this results in low self-esteem.

An important dynamic to note here is the assertion by Ruble, Baggiano, Feldman, and Loebel (1980) that practically self-esteem can be thought of as a variable among children that differs, which is formed in middle childhood (the period between the ages of 9 and 11 or grade 3 to grade 5) when children develop the ability to compare themselves to peers. When this ability is developed children constantly come to realise how they compare to their peers in various functioning domains. This further allows them to continually adjust their self-esteem.

In a study by Harter, Waters and Whitesell (1998) they make an argument for the factors responsible for individual differences in self-worth across domains. They begin with

the premise that as people we unconsciously see (i.e. perceive) ourselves as others see us. They then explain that there are three kinds of appraisals (perceptions in action) that inform an individual's self-worth. The first of these is the self-appraisal (i.e. how the individual values themselves based on how they perceive themselves). The second kind of appraisal is the actual appraisals of others and the third kind refers to the individual's perceptions of what others appraisals are of them. Furthermore, the authors suggest that the individuals' perceptions of others appraisals of them informs their self-appraisals more than the actual appraisals of others.

According to Bem (1972) the developer of self-perception theory;

Individuals come to 'know' their own attitudes, emotions, and other internal states partially by inferring them from observations of their own overt behaviour and/or the circumstances in which this behaviour occurs. Thus, to the extent that internal cues are weak, ambiguous, or uninterpretable, the individual is functionally in the same position as an outside observer, an observer who must necessarily rely upon those same external cues to infer the individuals inner states (p. 2).

Since then the research has consistently supported Bem's (1979) assertion and emphasises that individual's attitudes/ perceptions are usually very strongly influenced by "contemporaneous external cues" (Chaiken & Baldwin, 1981). This is important to note because we are interested in children's perceptions of themselves and it is important to understand where those come from.

Self-worth or self-esteem has become a construct of increasing interest as it has become seen by many as a central index of adjustment and well-being (Harter, 1982).

2.5.2. The Self-Perception Profile for Children (SPPC).

The SPPC was developed by Susan Harter in 1985 and was amended in 2012. This assessment tool purports to measure children's, from the ages of 8 to 14, self-perception. This tool represents a multi-dimensional approach to measuring self-esteem in that it looks at both domain specific perceptions as well as global self-worth. The SPPC is freely available online.

The test consists of six subscales, namely: (a) scholastic competence, (b) social competence, (c) athletic competence, (d) physical appearance, (e) behavioural conduct and (f) global self-worth. Each subscale consists of 6 questions, the total number of questions is 36. The questions are designed in a “structured alternative format” so as to reduce the tendency to give socially desirable responses (Harter, 2012). The questionnaire is titled “What I am like” and it may be administered in groups (Harter, 2012).

The teacher rating scale complimented the child’s self-perception profile because for each of the five specific domains, the teacher rated the child’s actual behaviour in each area. The global self-worth scale is excluded from the teacher rating scale as those items do not translate into attributes that an objective observer can rate (Harter, 2012)

All the pertinent aspects have been discussed in the sections above in an attempt to contextualise this research. These definitions and measures are now integrated and put forth as the research question and rationale. The following section thus provides a succinct description of what this research sets out to do.

2.6. Research question and rationale

The broad aim of this study was to assess whether hypotheses around children’s self-perceptions (obtained from the interpretation of their KSD’s) were corroborated by their self-reported self-perceptions (as obtained from the SPPC). In other words, did the children’s drawings (KSD) tell us something about the way they think about themselves in the school environment? Additionally, did the teacher’s impressions of the child’s actual performance correspond with or differ from the child’s self-reported self-perception and how (if at all) was this reflected in the child’s projection? Both measures were used simultaneously because they arguably provided different kinds of information regarding the same construct (Ryan & Grolnick, 1986). The general aims described here are articulated in the following two research questions.

- 1. How are children’s projections of their self-perceptions in the school environment reflected in their self-reported self-perceptions?**
- 2. How are discrepancies and similarities of children’s self-reported self-perceptions and their teacher’s reported assessment of their actual performance reflected in their projections?**

The projective measure (KSD) is said to access aspects of the child's personality organisation that they may not be immediately aware of or employing defences to protect (Ryan & Grolnick, 1986). The self-report measure (SPPC) accesses aspects of the child's self-perception that they are aware of and are willing to share (Ryan & Grolnick, 1986). The simultaneous use of both these measures allows for a well-rounded picture of the child's self-perceptions to emerge.

Rationale

In light of the controversial climate in which projective techniques continue to be used routinely, adding to the existing debate in a meaningful way is an important way to contribute to the discussion. Furthermore, given that the school environment is such a central part of the child's life and experience base it is crucial to develop and promote tools that speak specifically to the child's experiences in the school environment. Moreover, children often find themselves on the psychologist's door step for an assessment with scholastic and behavioural difficulties being the presenting problem. As a result, any technique or test that can lend insight into the problem so as to inform appropriate treatment is worthy of consideration.

In an attempt to avoid the atomistic, single criterion focussed method warned against in the section understanding the large discrepancy between research and practice, this study will adopt a qualitative approach to making sense of the data. The aim is thus to provide a thick description of how children's self-perceptions may be revealed in their KSD's as opposed to trying to analyse the relationship between the variables and making generalising inferences from these. The research here can thus be broadly understood within the idiographic research paradigm where the aim of the research is to understand a particular case as it is organically embedded within its own context (Babbie & Mouton, 2009).

CHAPTER 3

METHODOLOGY

3.1. Research design

The research study presented here is qualitative in nature. The type of research proposed can broadly be classified as a pilot validation study as it adds to an existing albeit limited fund of research on the KSD. As it stands, the KSD was developed by Prout and Phillips in 1974, and very little research has been conducted to bolster the technique's reliability, validity or clinical utility to date. This observation was made following numerous searches on Google Scholar, PsychINFO, PsychArticles, Academic Search Premiere and EBSCOHOST which yielded a barren resource output in this particular field. The research that was conducted showed that the KSD had promise but that is where the trail ends. This study is thus an attempt to revive interest and discussion around a technique that may potentially prove valuable to any psychologist working with children, especially with difficulties in the school environment. Therefore, although ample (and often conflicting) research exists on the use of projective techniques in general, very few studies have investigated the usefulness of such a technique in exploring difficulties in the school environment.

The research design can best be described as a case study, more specifically a social group study, with a multi-method approach (Babbie & Mouton, 2009). A hallmark of the case study design is an interest in the "interaction of the unit of study with its context" (Babbie & Mouton, 2009, p. 281). Furthermore, the research strategy can broadly be described as idiographic (Babbie & Mouton, 2009). Idiographic research is usually associated with qualitative research practices as it is predominantly interested in understanding the phenomenon of interest in its context (Babbie & Mouton, 2009). Idiographic research is not interested in making broad generalisations but is rather concerned with the idiosyncrasies of a particular phenomenon (Babbie & Mouton, 2009).

3.2. Unit of analysis and sampling procedures

The unit of analysis in this study is the participants' self-perceptions measured by both the KSD and the SPPC. The sample consisted of a class group of grade five learners and their two class teachers. The original sample consisted of 30 grade five learners and two grade five class teachers, from a private school in the Eastern Cape.

The Clinical Utility of the Kinetic School Drawing (KSD)

The sample was collected by approaching the school administration and governing body for permission. Initially contact was made with the school principal to ascertain whether conducting this study would be possible. Once interest in participation was established from the school a meeting was set up with the school principal, researcher and research supervisor. This meeting was focussed on explaining what the study was about and making explicit exactly what the children and teachers were expected to do. It was also made explicit what the school could expect from participation in the study and what the researcher would expect of the participants. Furthermore, it was explained to the principal that individual assessment reports would not be generated as that was not the focus of the study. However, the researcher would compile a brief report of the general findings of the study once the data analysis was complete.

Broadly, the sampling procedure employed in this study can be referred to as purposive and convenient sampling (Bless, Higson-Smith & Kagee, 2006). This sampling method is based on the researcher's judgement regarding the characteristics of a representative sample as well as availability and willingness to participate (Bless et al., 2006). Based on the researchers' judgement the characteristics of interest (otherwise known as the inclusion criteria) were: male and female, grade five learners from the ages of 10 to 12.

Given that the majority of the sample consists of children, consent was first obtained from their parent/guardian. This was done in the form of a letter sent home to parents both via e-mail and as a hardcopy. This consent letter briefly explained the nature of the study and provided the parents with an accurate account of what their children will be required to do (See Appendix A).

Of the total class (approximately 48 learners) group, 9 were boarders and obtaining consent from their parents proved difficult. A total of 31 consent forms were returned to the school by data collection day. One parent did not consent to their child's participation and four learners opted out during the assessment (as voluntary participation was emphasised). The final sample thus consisted of a total of 26 participants. In a qualitative study that seeks to explore and provide thick descriptions of a phenomenon a large sample size is not necessary because the aim is not to be able to make generalisations from the data (Babbie & Mouton, 2009). This sample size is therefore adequate for what the research aimed to do.

3.3. Procedures for data collection

The procedure described above was reviewed and approved by Rhodes University Psychology Department (see Appendix E). As soon as enough learners consent forms were returned to the school the date was set for data collection. On data collection day the researcher and an assistant arrived at the school and received the consent forms. The school library was made available to the researcher so as to accommodate the entire class group. The researcher introduced herself and her assistant to the group and explained briefly what the study was about and the tasks they would be completing (See Appendix B). Additionally, the researcher emphasised the voluntary nature of participation in the study and explained that they could opt out and discontinue with the tasks at any point throughout the assessment. The researcher also explained that they would write their name on all the pages they hand in today but that their names would be transformed into a number to identify their specific contributions so no one would know which drawing belonged to whom. It was also explained to the group that they would first be asked to do a drawing and then to fill in a questionnaire about how they see themselves.

The children were then given a piece of paper and instructed according to Prout and Phillips (1974) guidelines for administration “I’d like you to draw a school picture. Put yourself, your teacher, and a friend or two in the picture. Make everyone doing something. Try to draw whole people and make the best drawing you can. Remember, draw yourself, your teacher, and a friend or two, and make everyone doing something” (See Appendix B). It was then explained to the group that once they have completed the drawing they are to hand it in to the researcher and research assistant who will ask them to help them label the people and activities in the drawing. While the researcher was guiding the class group through the process the teachers were given the teacher version of the Harter (2012) Self-Perception Profile and were filling those out for each of the children in their class.

The children were then asked to fill in the Harter SPPC (2012). The instructions were explained and a practice question was completed to ensure that all the participants understood what they had to do. The researcher opened the floor to questions if anyone felt confused or stuck (as filling in the protocol can prove tricky to some). Once the forms were completed the children handed them in individually and each response form was checked to see if it was properly completed.

Three methods of data collection (the multi method approach) were therefore employed: the KSD projective technique, the Children's Self-Perception Questionnaire and the teacher's perception of the child's actual performance. This is referred to as triangulation (Babbie & Mouton, 2009). According to Babbie and Mouton triangulation is considered to be a good way to "enhance validity and reliability in qualitative research" (2009, p.275).

It should be noted here that data collection took place in the school library as it was the only available space big enough to accommodate the entire group. However, this may have influenced the integrity of the study in that the children sat and completed the tasks at round tables that seated six participants each. The set-up of these tables left very little room for privacy and as a result some children may have omitted aspects because they did not want their neighbour to see something and others may have been tempted to copy their neighbours' responses. Furthermore, three of the four learners who opted out of the study all came from one table of particularly rowdy boys who saw the first learner leave (without questions) and possibly saw an opportunity for some free time. The environment in which data collection occurred may thus not have been ideal and may have influenced the way some children approached the tasks they were required to do. However, every effort was made to ensure the validity and reliability of the participants' responses. The participants were encouraged to cover their work, do their own work and not discuss their answers with their friends.

3.4. Measures

3.4.1. The KSD.

A brief discussion of the more pragmatic aspects of the KSD administration and interpretation will be put forth here. However, the validity and reliability of the measure are reported first. Although the KSD has not been studied extensively the studies that have been conducted have found generally positive results in terms of validity (Neale, Maat & Rosal, 1993; Prout & Celmer, 1984). No comment on reliability was found. However, it can be argued that there is no reason to doubt the reliability of the method given the standardised administration procedures.

Administration

Although individual administration is the standard method the KCD can be administered in groups in the classroom setting (Prout & Phillips, 1974). The child is given a pencil and a plain white sheet of paper and instructed as follows: "I'd like you to draw a school picture. Put yourself, your teacher, and a friend or two in the picture. Make everyone

doing something. Try to draw whole people and make the best drawing you can. Remember, draw yourself, your teacher, and a friend or two, and make everyone doing something” (Prout & Phillips, 1974, p. 303). There is no time limit on this task. Once the drawing is complete the child is asked to identify each person in the drawing and describe what they are doing and this is labelled together with the assessor (Prout & Phillips, 1974).

Interpretation

Initially, Prout and Phillips (1974) proposed that to interpret the KSD the assessor should start by interpreting the individual human figures using Machover (1949) or Burns and Kaufman (1972) interpretation guidelines. Following that, the actions, styles and symbols in the drawings should be examined once again using Burns and Kaufman (1972) guidelines. However, in 1988 Andrews and Janzen developed a scoring sheet, reference guide and rating scale for use when scoring and interpreting the KSD (See Appendix C). They present the development of this system as an attempt to facilitate clinical hypotheses and contribute to further empirical evaluations of the KSD technique (Andrews & Janzen, 1988). According to Andrews and Janzen (1988) a global approach to interpretation of projective techniques appears to be the most promising and as such they have designed the reference guide in this spirit. Essentially stating that “it would be very useful to the school psychologist to have a quick reference guide/ rating scale for developing clinical hypotheses from a child’s KSD” (Andrews & Janzen, 1988, p. 218). This reference guide essentially summarises the most reliable indicators and scoring criteria from a range of reputable methods.

3.4.2. The Self-Perception Profile for Children.

The history and rationale behind the Self-Perception Profile for Children has been discussed in the literature review. The more technical aspects of the profile will thus be discussed here. The questionnaire filled out by the child is titled “What I am like”. It requires the child to answer 36 questions about how they see themselves in various domains. These domains include academic competence, athletic competence, social competence, physical appearance, behavioural conduct and global self-worth (See Appendix D). The children’s mean score for each domain is calculated and profiles that illustrate the way they see themselves across those domains are developed in the form of a graph. In terms of the validity and reliability of the SPPC; the internal consistency and test retest reliability the

scales of the SPPC are broadly considered satisfactory and adequate evidence for validity has been obtained (Muris, Meesters & Fijen, 2003).

3.4.3. The Self-Perception Profile for Teachers.

The corresponding teacher questionnaire (which is filled out by the child's class teacher) requires of the teacher to rate the child's actual behaviour across all the domains mentioned above except for global self-esteem. This questionnaire consists of 15 questions, 3 for each domain and this allows the teacher to rate the child's actual behaviour in each domain. It is a quick and easy measure that can reveal a great deal about who the child actually is in the school environment.

3.5. Procedure for data analysis

Broadly the data was analysed thematically. According to Braun and Clark (2006) thematic analysis is "a method for identifying, analysing and reporting patterns (themes) within data" (p. 90). It's important to consider here that a portion of the data is drawings and so are not readily amenable to thematic analysis. The drawings must therefore first be transformed into a form that will allow for thematic analysis. The following steps describe the procedure of data processing and analysis:

- **Step 1:** removed all identifying data from the drawings and replaced them with numbers.
- **Step 2:** scoring and interpreting all the KSD's based on Andrews and Janzen reference guide (1988). A scoring sheet was completed for each participant's drawing. This step essentially transforms the pictures into words relevant to the analysis. This scoring sheet thus came to represent the drawings for the remainder of the analysis process.
- **Step 3:** scoring each participant's self-perception questionnaire and each participant's teacher questionnaire. These scores were then transformed into a graph profile. The graph profile allows for an easy way to access the child and teacher's appraisals of their performance.
- **Step 4:** the KSD scoring sheets and the domain scores produced by the SPPC were considered and aspects of the drawings that could be corroborated by the SPPC were selected and themes were developed and coded.

- **Step 5:** once the themes were selected the drawings were organised into the appropriate groups. For each theme the drawings and the corresponding SPPC profiles were drawn out and analysed for patterns. In this phase results were written up and possible explanations for the discussion were explored.

- **Step 6:** the results were then reported and the discussion was written up.

3.6. Ethical considerations

The ethical considerations pertinent to this study include voluntary participation, informed consent, confidentiality and anonymity. Ethics in research are enforced to prevent research abuses and foster an understanding of the responsibilities of an ethical researcher (Bless, Higson-Smith & Kagee, 2006). These considerations are explicated in the sections to below.

Voluntary participation essentially refers to a participant's ability to refuse to participate and withdraw their participation at any point during the study. In this study voluntary participation was obtained by explaining to the participants in straight forward and understandable terms that they do not have to participate and that they may withdraw at any point during the data collection process. Four participants exercised their right to withdraw and were allowed to do so without having to explain themselves. Additionally, the institutional environment in which the children operate was the school. This may influence their perceptions around voluntary participation as children in this environment are primed to do what they are asked to do. This is guarded against by emphasising that participation is not mandatory in the administration instructions (See Appendix B).

Informed consent speaks to the participant's right to know what they study is about (including the potential risks and benefits) and then be allowed to decide whether they want to participate or not (See Appendix B). As a result of the participants being children, they cannot consent to their own participation. Parent/guardian consent is thus requested in the form of a letter (See Appendix A). Only the children whose consent forms were returned were included in the study.

Non-maleficence refers to the critical ethical principle of doing no harm. Some children may have been insecure about their drawing ability and feel embarrassed. The researcher stressed that this is not a test of artistic ability and that they should focus on doing the best drawing that they can. Although the tasks the children are required to do may have seemed relatively benign, they might be emotionally charged for some children and may have

resulted in them becoming distressed or uncontained. Non-maleficence was considered and a plan was devised in the instance that a child may have become uncontained. In this instance the researcher would have stepped in to offer immediate containment and make appropriate referrals where indicated.

Confidentiality refers to the responsibility the researcher has to protect the participant's personal information. In this study confidentiality was enforced by keeping the raw data in a secure place where only the researcher and research supervisor has access to it. Furthermore, the ethical principle of **anonymity** serves to protect the participant from being linked to the study or research findings. This is ensured by assigning a number to denote a particular participant during the data processing phase.

3.7. Reliability and validity of the current study

Reliability and validity were ensured in this study by employing standardised procedures for the KSD administration and scoring and the SPPC administration, scoring and interpretation. Using established measures with standardised procedures bolsters reliability and validity because these measures have already been proven reliable and valid in previous research (Babbie & Mouton, 2009). Furthermore, all procedures were clearly described, the study lends itself to be replicated (both qualitatively and quantitatively) and method triangulation was built into the study to further enhance reliability and validity (Babbie & Mouton, 2009).

CHAPTER 4

RESULTS AND DISCUSSION

4.1. Introduction

The aim of the research question was to assess whether hypotheses about children's self-perceptions in the school environment, obtained from the interpretation of their projections, were corroborated by their self-reported self-perceptions (Ryan & Grolnick, 1986). In an attempt to answer this question, children's drawings were scored and interpreted using Andrews and Janzen's (1988) guidelines and these indicators were clustered to form themes that may potentially speak to the already established domains of the SPPC. The self-perception profile allowed for an accessible way to analyse the data because the scores are computed and ultimately fall into one of three ranges (low, medium and high). The data was prepared and analysed in this way so the indicators and themes derived from the drawings could be analysed alongside the SPPC domains to see the interplay between these different sources of information.

Furthermore, the teacher's appraisals of the child's actual performance across the SPPC domains were built into the discussion as another dimension along which the KSD's were analysed. This was done in an attempt to ascertain how discrepancies or similarities in the child and teacher's reported scores may have been revealed in the child's projections (KCD). The differences in scores between the children's self-perceptions and the teacher's appraisals of their performance were reported under the relevant themes or domains described above and possible explanations were put forward in the corresponding discussions.

This section was broadly divided into five themes, named after the domains of the SPPC (see Figure 4.). Each theme was divided into the relevant indicators selected to speak to that particular theme. The results of each indicator was reported and was followed by a discussion of what the results may possibly mean. An example of each indicator was used to illustrate what a drawing from that particular section might look like.

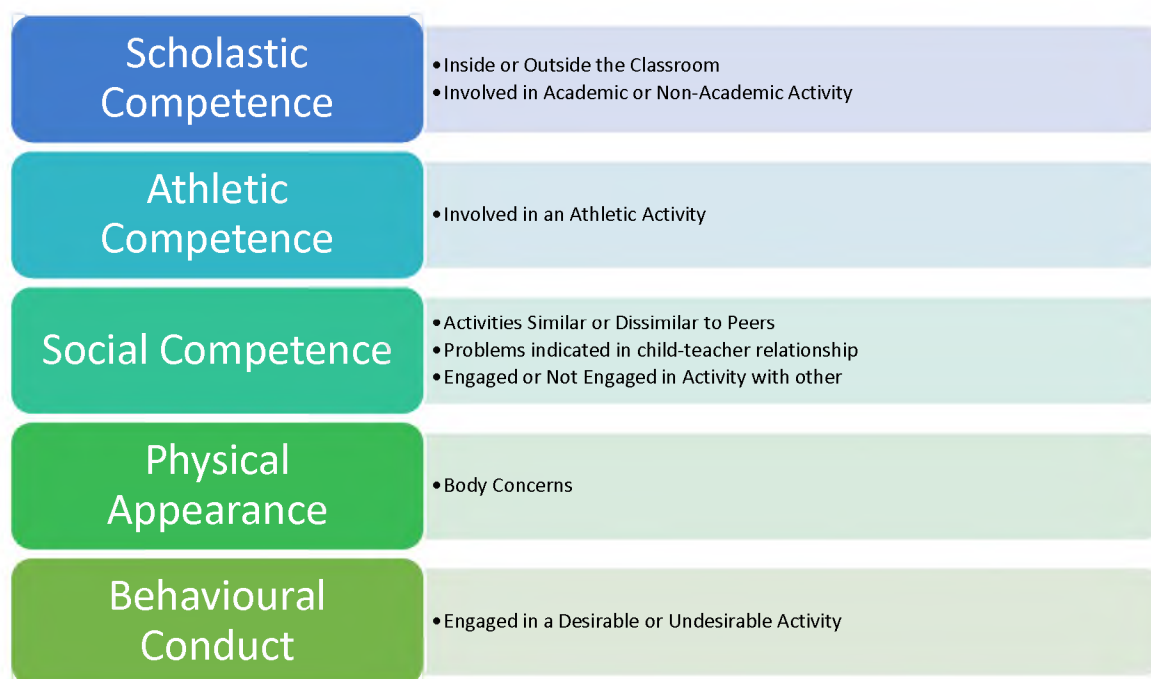


Figure 4. Domain/ Theme titles and Associated Indicators. Chart of the themes to follow with indicators used to represent each theme in the analysis.

Each domain is discussed separately under the SPPC domain name heading (i.e. scholastic competence, athletic competence, social competence, physical appearance and behavioural conduct). The indicators chosen to represent each domain are depicted above in Figure 4. It should be stated at the outset that all the indicators except for two are adapted from Andrews and Janzen (1988).

The indicator used for athletic competence (i.e. involved in an athletic activity) and the last indicator (of three) used for social competence (i.e. engaged or not engaged in activity with other) are not adapted from Andrews and Janzen. In the first instance (athletic competence indicator) there were no indicators that spoke to this domain and it could be argued that depicting the self engaged in an athletic activity may allude to a particular attitude or perception related to that domain. The second indicator (social competence) was developed because the indicators that may possibly have spoken to social competence in Andrews and Janzen (1988) reference guide did not seem to be specific enough as they spoke vaguely to relationships with peers and teacher.

4.2. Scholastic competence

The scoring indicators selected as possibly representing children's perceptions of their academic competences are the dimensions (a) inside or outside the classroom and (b) involved in academic and non-academic activities. These indicators are relatively straightforward on the scoring sheet and reference guide (See Appendix C). Is the child inside the school building (in a classroom, library or school hall) or outside the school building (on the grass, sports field or even not on the school grounds)? Is the child engaged in an academic (reading, writing, doing maths tables or listening to teacher teach) or non-academic activity (playing a game, talking to friends, laughing or watching cartoons)?

The selected dimensions (inside/ outside the classroom and academic/ non-academic activities) were then organised and the following three categories were identified: (1) inside academic, (2) inside non-academic and (3) outside non-academic. Andrews and Janzen (1988) dimensions were combined to understand the interplay between dimensions that are known to speak to perceptions about academics and academic behaviours. It should be noted here that there were no drawings that fell under the category outside academic. This is possibly a comment on academics being thought of as being specific to the classroom.

The selection of these indicators is based on the assumption that participating in activities outside of the classroom that are non-academic may point towards an avoidance of the academic domain because of perceived difficulties associated with this domain (Andrews & Janzen, 1988; Zians, 1997). Zians (1997) asserts that if a child draws themselves outside they are usually not academically inclined. This avoidance of the classroom environment (academic domain) may be as a result of various reasons (Prout & Phillips, 1974). This section will thus first report the results and then propose possible explanations for the patterns reported in the results section and use examples to illustrate drawings typical of a particular trend.

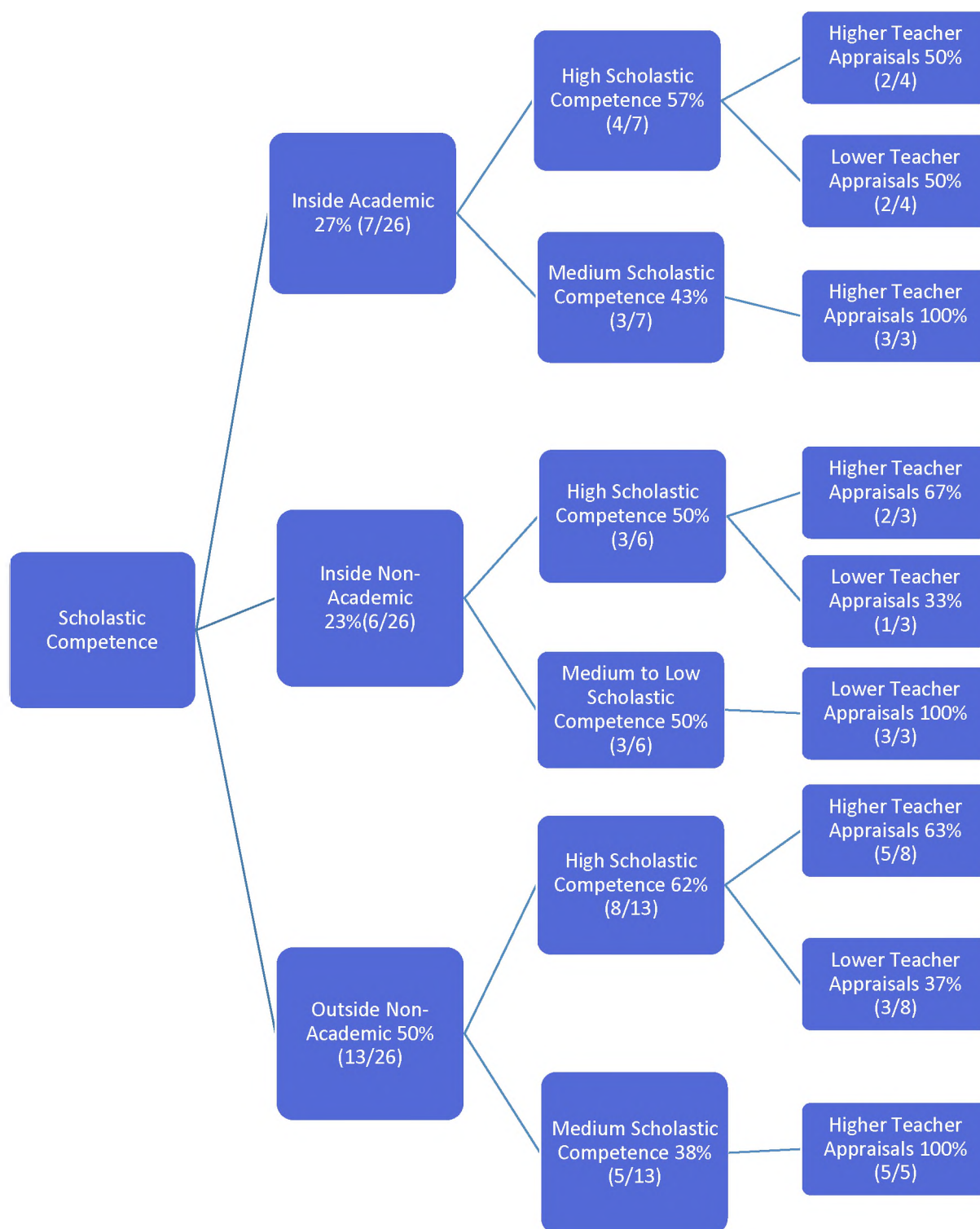


Figure 4.1. Scholastic Competence Domain. Chart illustrating proportions of participants' in various categories and teacher appraisals of their scholastic competence.

4.2.1. Inside academic.

Of the total sample, 27% of the drawings qualify for this category (see Figure 4.1.). The percentages reported throughout this section refer to the total percentage of the sample or category being discussed to provide an indication of the proportion of participants that identified with a certain dimension. This basically means that this group of participants (of the total sample) drew themselves inside the classroom engaged in an academic activity (such as writing, reading, listening to teacher or doing maths time tables). The participants in this category scored their academic competence as either high or medium on the SPPC. This means that the inside academic group perceived their academic competence to be either in the high or medium range. Of the 27% that comprises the total inside academic category, 57% of the participants in this group identify themselves as having high academic competence and the remaining 43% identify as having medium academic competence. None of the participants in this category reported academic competence in the low range. Furthermore, only one participant scored in the low range based on teacher's appraisals of academic performance on the SPPC. The following paragraphs report the results of the group that identified as having high academic competence and medium academic competence separately. A discussion of the patterns in each group is provided along with possible explanations and an example is used to illustrate the findings.

Of the 57%, of the original 27% of the total sample, that reported high academic competence 50% underestimated their academic competence when the teacher's actual appraisal of their performance was taken into consideration (See Figure 4.1.1). The teacher's appraisals were higher than their own perceptions of their academic competence. Furthermore, these participant's global self-esteem scores fell in the medium to medium high category. Conversely, the remaining 50% of teacher appraisals were lower than participants' own perceptions (See Figure 4.1.2). Additionally, in the inside academic high academic competence category the distribution of scores across competencies (academic, social, psychical appearance and behavioural conduct) were relatively stable (i.e. there were no marked differences in scores across domains). The profiles of this group of participants were straight with no jagged spikes or declines and global self-worth was generally in the medium to high range.

The high academic competence group within the inside academic category may have revealed the following. Broadly, that more students identified as having high than medium

academic competence supports Zians (1997) assertion that drawing the self inside the classroom involved in an academic activity points to higher perceptions of academic competence. More specifically, the pattern described for the first group above (high academic competency score, teacher appraisals of academic competency were higher than their own perceptions and medium to medium high global self-esteem) may speak to an insecure/unsure striving for academic competence.

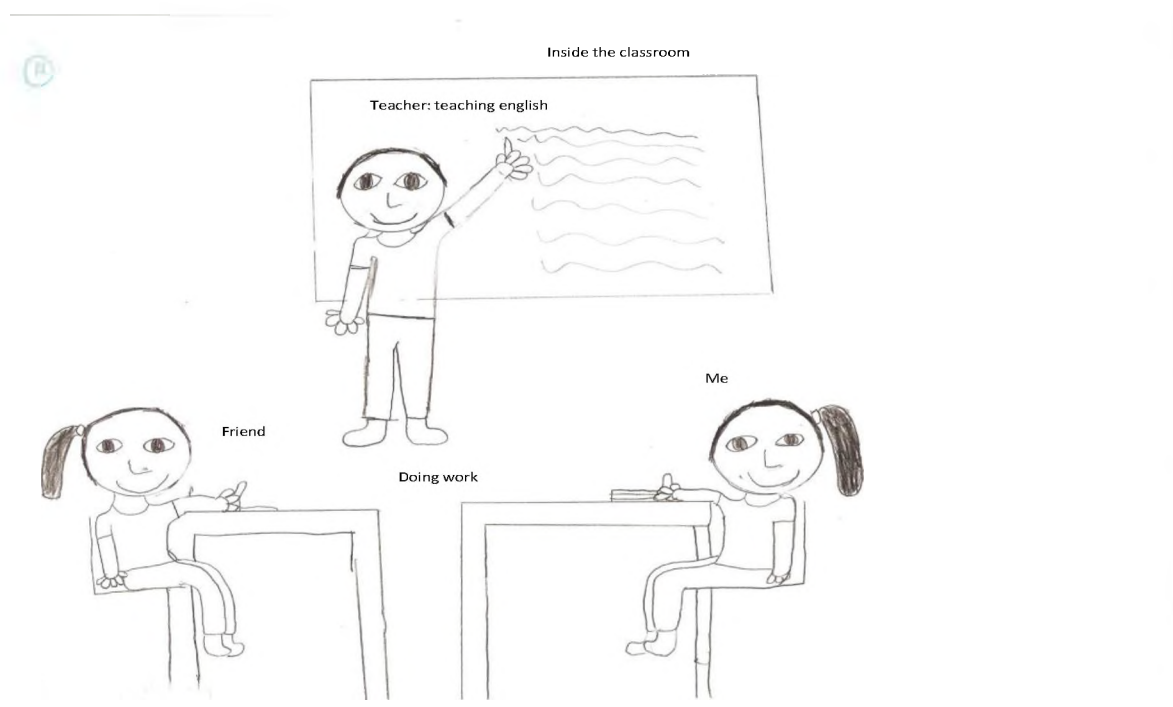


Figure 4.1.1. **Drawing Example.** Inside-academic, high academic competency score and higher teacher appraisal of academic competency.

The more specific pattern described for the second group (high academic competency score, teacher appraisals of academic competency lower than their own perceptions of their academic competence and high global self-esteem scores) may point to possible overcompensation/ wish fulfilment superimposed with a possibly inflated global self-esteem. This group of participants appear to be reporting higher perceptions than their actual performance. This may represent their striving for academic competence (See Figure 4.1.2).

Overall, drawing the self inside the classroom engaged in an academic activity may thus point to two possible explanations. Firstly, it may point to a relatively good and stable perception of academic competence where the class is depicted because the child takes ownership of the space because they feel comfortable, confident and competent (Zians, 1997). Secondly, drawing the self in the classroom engaged in an academic activity may be a

defensive portrayal of the self because feedback from the outside (e.g. teachers) may not see them as particularly competent in the academic domain. The self is thus intentionally drawn in this setting and comes to represent a desire or striving to be more competent in this domain.

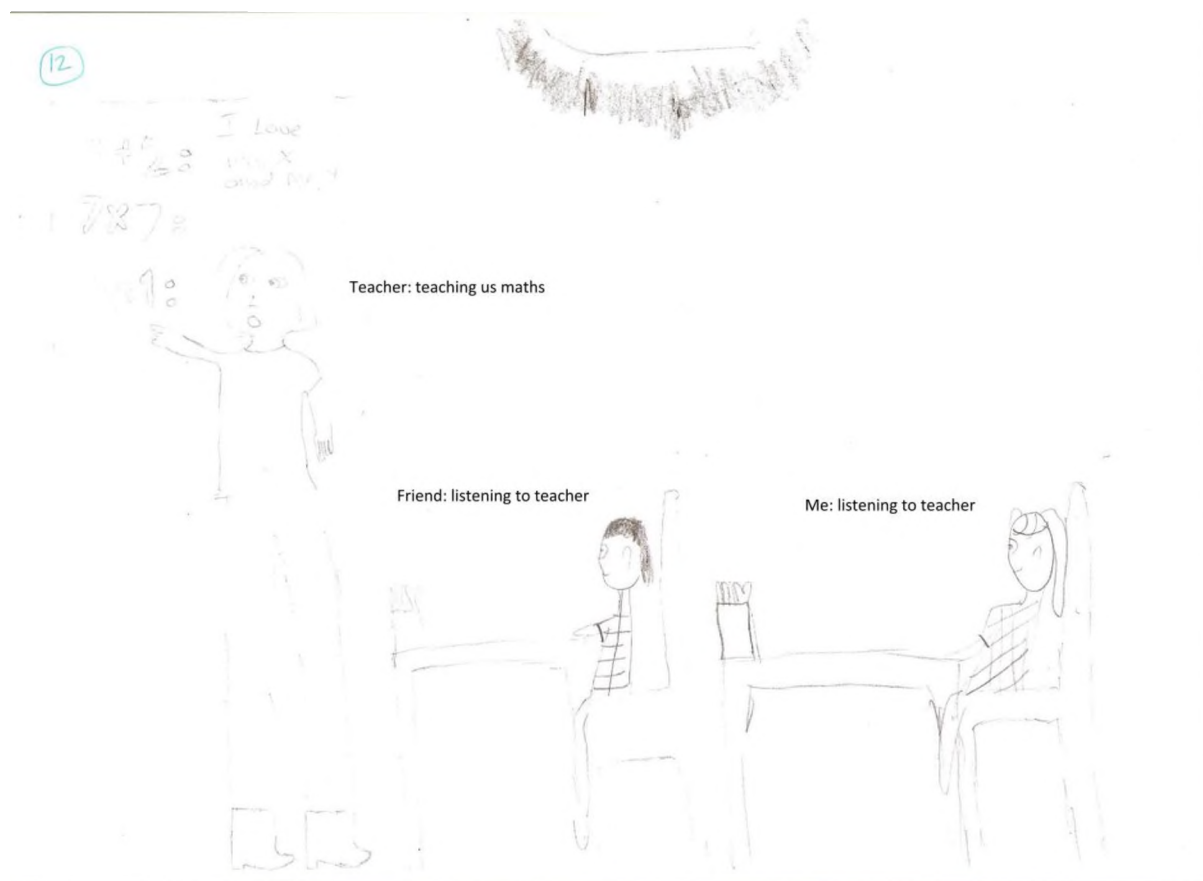


Figure 4.1.2. **Drawing Example.** Inside-academic, high academic competency score, lower teacher appraisal of academic competency.

The remaining 43% who qualified for the inside academic category identified with academic competence at the medium level (See Figure 4.1.3). Of these, 67% all of the teacher appraisals of academic competence were significantly higher than the children's own perceptions. Furthermore, the distribution across competencies was markedly more unstable than the high academic competence group. Scores across competencies were significantly more varied (jagged).

The group of participants described above identified themselves as having medium academic competence whilst their teacher's appraisal of their academic competence was higher (often in the high range). This may allude to insecurity about their academic capabilities, thus drawing themselves in the classroom involved in an academic activity may

speak to an underlying desire to be better in this domain. Furthermore, the unstable distribution across competencies may point to unstable/ insecure perceptions of all their capabilities. Interestingly, this group reported very high global self-esteem scores. In context this may be an act of over compensating for unstable self-perceptions across the specific domains (See Figure 4.1.3.).

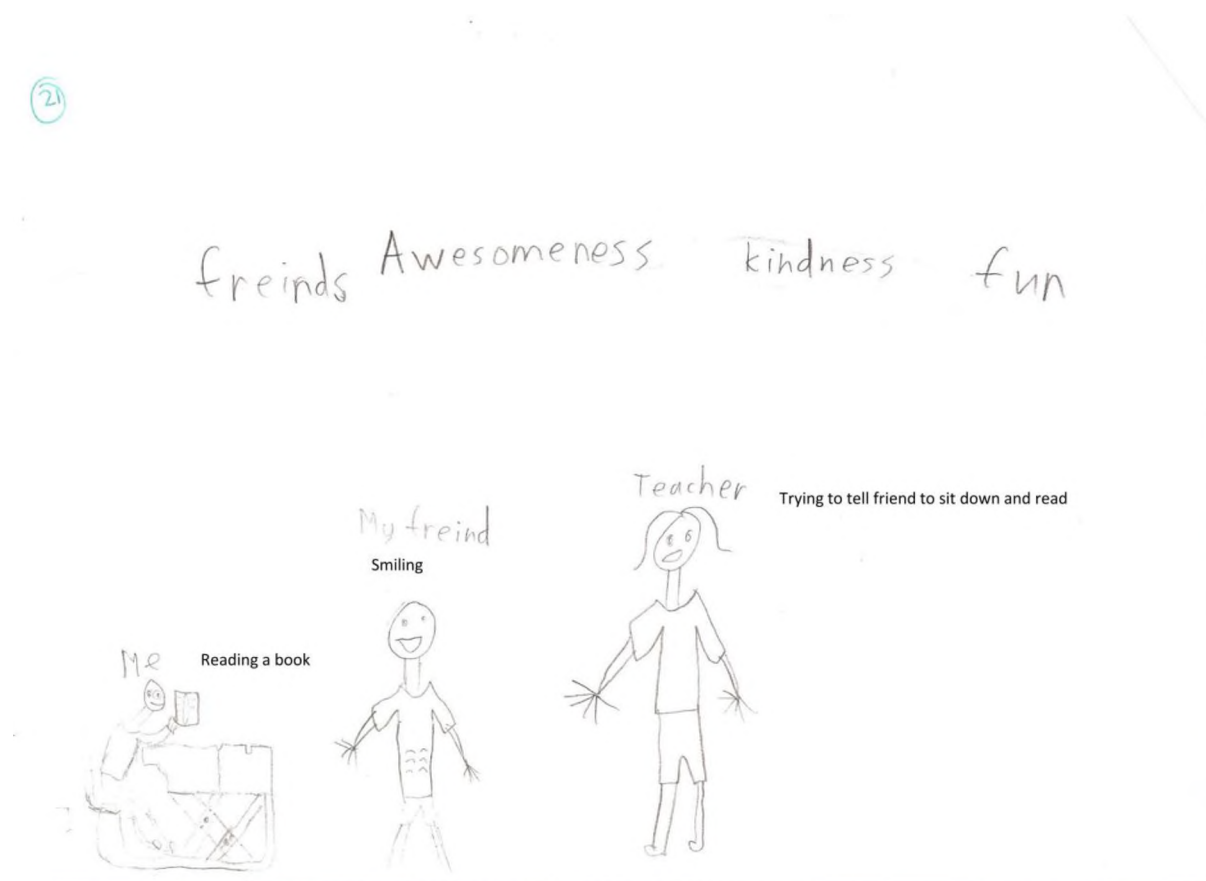


Figure 4.1.3. Drawing Example. Inside-academic, medium academic competence and higher teacher appraisal of academic competency.

4.2.2. Inside non-academic.

A total 26% of the sample qualified for this category (see Figure 4.1.). This means that 26% of the participants drew themselves in the classroom engaged in non-academic activities (such as playing chess, laughing and talking to friends). Zians (1997) argues that the activity the child draws themselves engaged in is often the activity the child associates with strongly or does often. 50% of the 26% of participants in this category identified highly with academic competence and the other 50% identified as having low to medium perceptions of their academic competence. Unlike the inside academic category, the inside non-academic category sees more participants reporting medium academic competence scores and some

participants reporting low (some of the lowest) academic competency perceptions (Zians, 1997).

The first group of participants (in the inside non-academic) with high academic competence perceptions all identify academic competence among their top two competencies (See Figure 4.1.4). 67% of these participants' perceptions were surpassed by their teachers' appraisals of their academic competence (they thus underestimated their academic competence). The remaining 33% teacher appraisals reported significantly lower performance scores than the child's reported perceptions of their academic competency. The distribution of scores across competency domains in this group is also relatively unstable. Global self-worth was high across this group.

This group of participants drew themselves doing non-academic activities despite their own high self-perceptions in the academic domain and teacher appraisals supporting this perception (See Figure 4.1.4). However, although academic competence is rated among their highest scores the remaining competencies were significantly varied. There were marked differences in their perceptions of their competence in other domains. Thus, drawing themselves engaged in non-academic activities may speak to them identifying more strongly with other activities (perhaps activities they scored lower) despite high perceptions of academic competence. It may be possible that the activity that the child draws themselves engaged in (non-academic) is the activity they are most focussed on or most often engaged in (Zians, 1997). The instability of the other scores may support this idea because it may point to other areas of functioning being focussed on. Furthermore, in comparison with the inside academic high academic competency group the stability of scores across domains is the primary difference.

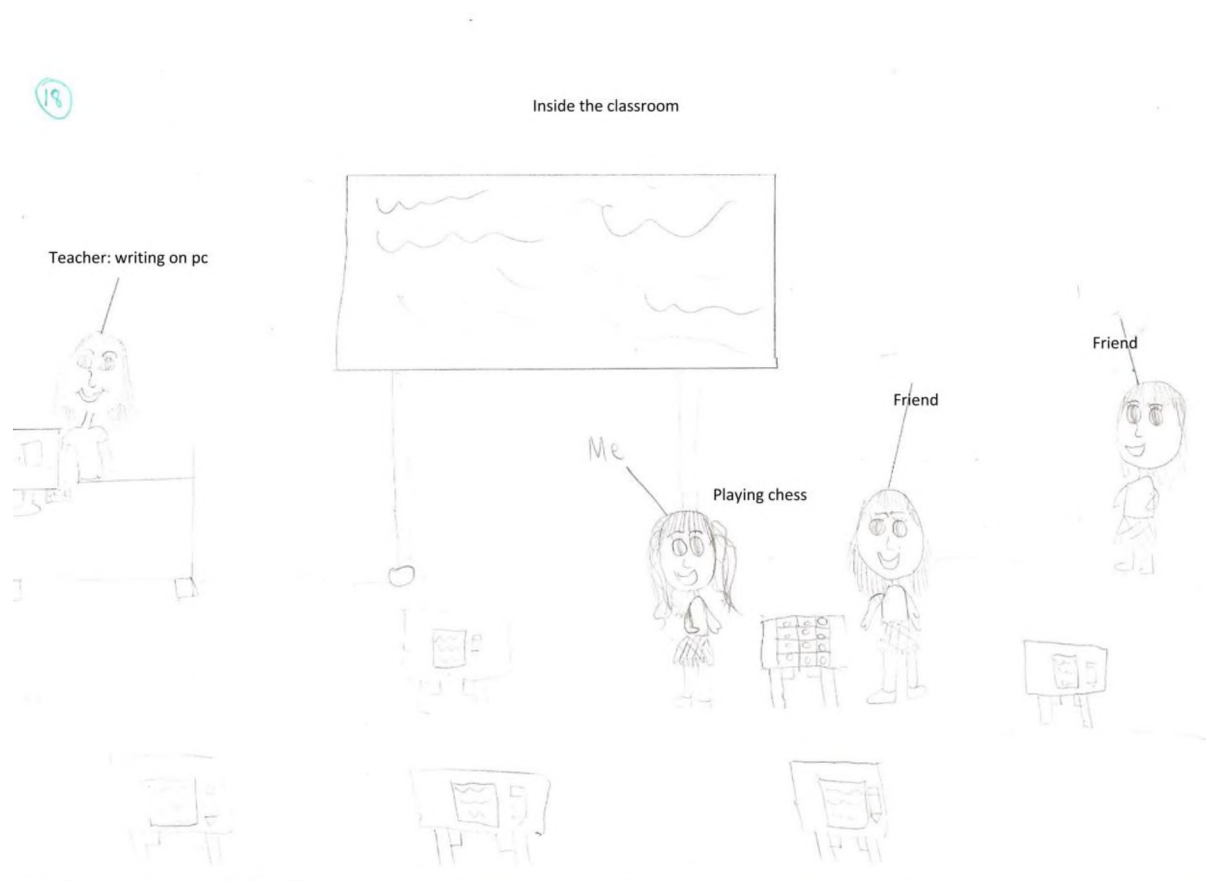


Figure 4.1.4. Drawing Example. Inside non-academic, high academic competency score and higher teacher appraisal of academic competency.

The remaining 50%, of the original 23% of the total sample, of participants in this category reported medium to low perceptions of academic competence (See Figure 4.1.5.). All these participants scored academic competence as their lowest domain. Teacher's appraisals of participant's academic performance consistently supported the participants own perceptions (one was the same, one slightly higher and the other significantly higher). Furthermore, this group scores their other competencies markedly higher than the academic domain.

It appears as though this group of participants avoid academic activities (albeit in the classroom). This avoidance may be the result of their poor perceptions of their academic competence. The pattern reported in this group serves to support Zians (1997) assertion that when the child chooses to draw themselves engaged in a non-academic activity their performance in academic activities are generally weaker. Furthermore, these participant's perceptions of their competencies on the other domains are markedly higher pointing towards a focus on other strengths and possible over compensation.

3

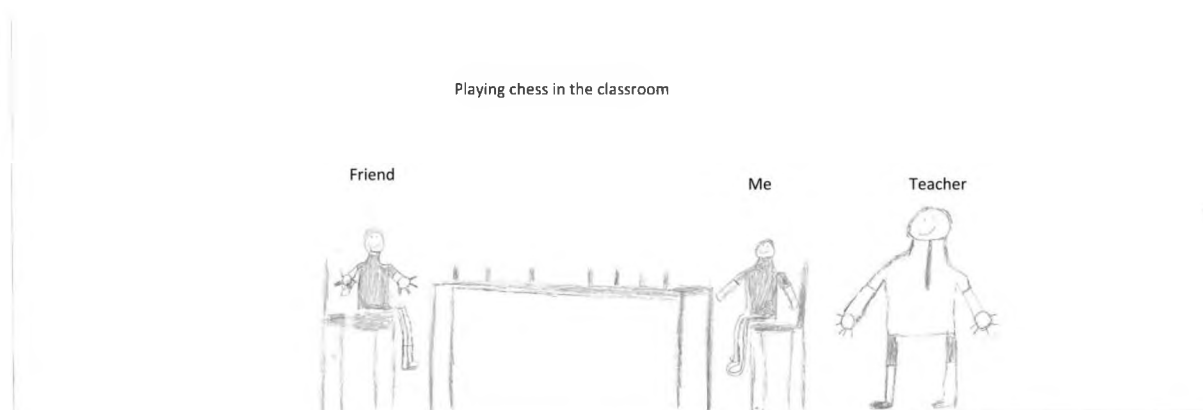


Figure 4.1.5. Drawing Example. Inside non-academic, medium to low academic competence scores and similar or higher teacher appraisal of academic competency.

4.2.3. Outside non- academic.

Of the total sample, 50% drew themselves outside the classroom involved in non-academic activities. Zians (1997) asserts that drawing the self outside may point to a stronger association with non-academic activities and possibly weaker perceptions of academic competence. Of the participants in this category, 62% reported high perceptions of their academic competence and the remaining 38% reported medium to low perceptions of their academic competence. Furthermore, teacher's appraisals of actual performance were generally higher than the children's perceptions of their own competence and in the instances where teachers' appraisals were lower they were only slightly lower.

The first group (comprising 62% of participants in this category) reported high perceptions of their academic competence (See Figure 4.1.6). Of this group of participants, 62% saw the teacher's appraisals being markedly higher than the children's perceptions. The remaining 38% of the group reporting high perceptions of academic competence saw teacher

appraisals reporting lower academic competence than the children's own perceptions. Global self-perception in this category always fell in the high range.

This pattern appears to reveal that this group resisted drawing inside academic activities despite relatively good perceptions of their own academic competence and global self-worth. However, because teacher's appraisals are higher than children's perceptions it could be argued that these children are underestimating their academic performance. This insecurity may thus inform their preference to draw themselves in an outside non-academic activity. However, this may also speak to the possibility that school is no longer perceived as a predominantly/ solely academic enterprise. Other activities (extramural activities such as netball or soccer) may be as strongly associated with the school environment as academics are. This line of argument will be explored in more detail at the end of this section as an alternate explanation for the patterns observed here.

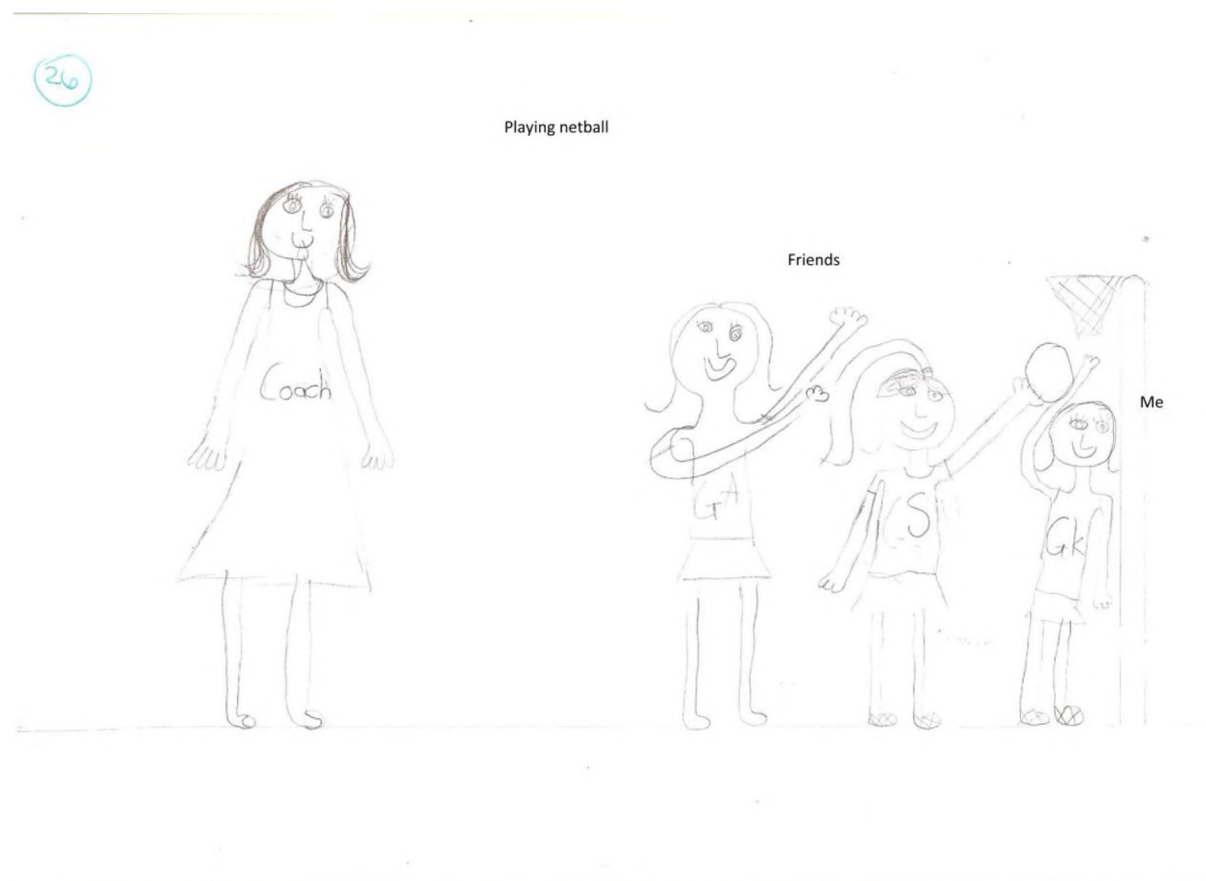


Figure 4.1.6. Drawing Example. Outside non-academic, high academic competence score, higher teacher appraisal of academic competency.

The remaining 38% of participants in the outside non-academic category identified themselves as perceiving their academic competence in the medium to low range (See Figure

4.1.7.). The lowest academic competence score overall came from a participant in this group. These participants characterise academic competence as one of their bottom two competencies and other competencies are perceived as significantly higher. Furthermore, the teacher's appraisals of academic competence were consistently higher than the children's reported academic perceptions.

This group of participants appear to perceive academic competence as a weakness. This can be seen in the fact that they underestimate their academic competence and perceive themselves as better at other competencies. They may thus be avoiding inside academic activities because they are insecure or they may prefer to draw themselves engaged in outside academic activities because they feel more competent at other activities (perhaps those that do not occur inside the classroom).

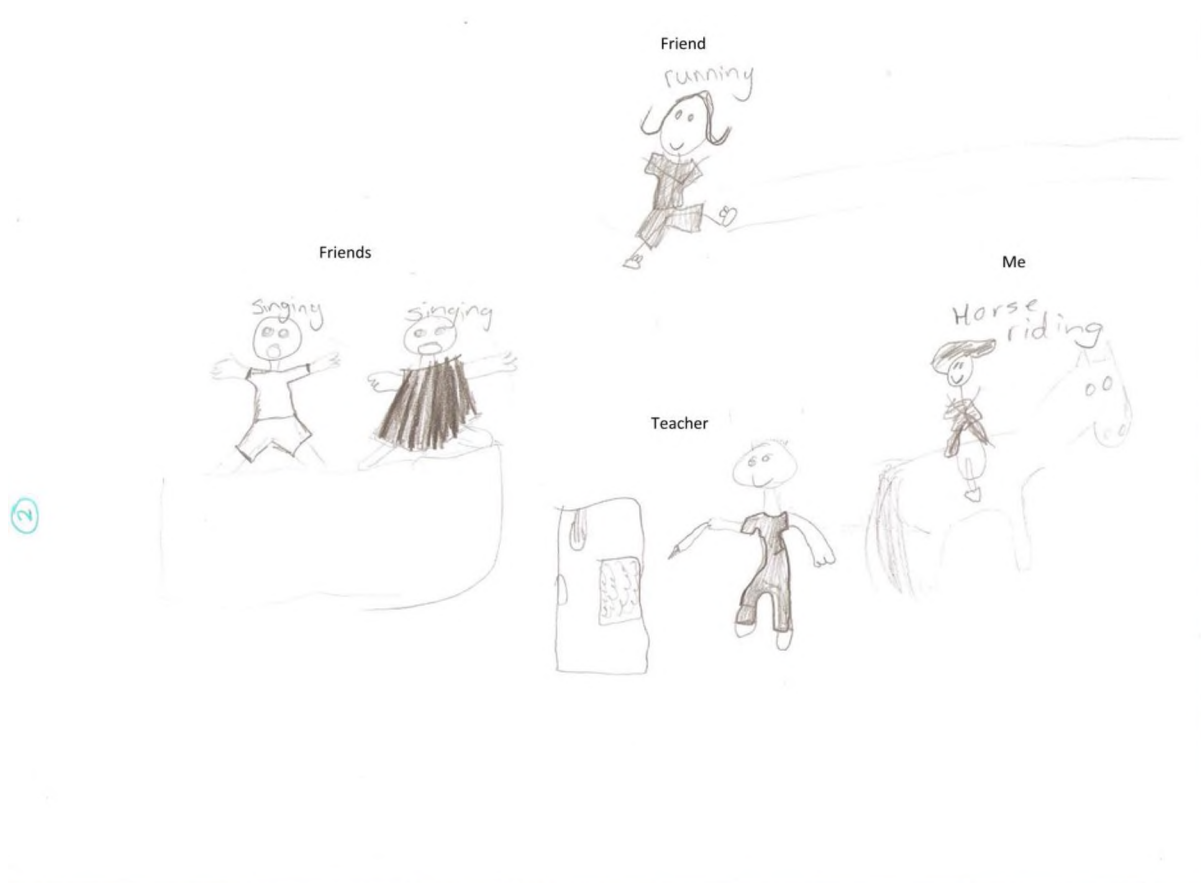


Figure 4.1.7. Drawing Example. Outside non-academic, medium to low range academic competency score and higher teacher appraisal of academic competency.

4.2.4. Interesting trend observed.

Generally, it appears as though the inside or outside dimension is no longer necessarily a comment on the child's perceptions of their academic competence. The belief used to be that an activity outside the classroom points towards a possible avoidance of the academic domain because of poor perceptions of that domain. However, the results reveal a relatively large group of participants who have drawn themselves outside the classroom involved in non-academic activities who have high perceptions of their academic competence which are corroborated by teachers reported appraisals of their academic competence. This outcome was slightly unexpected and thus deserves some attention here.

When Andrews and Janzen developed the scoring criteria in the 1980's the school environment may have been very different. In other words, the school environment may have been inextricably and exclusively linked to academic activities. However, more recently the school system may have changed to value a vast variety of activities to cater to many different children's needs and interests (Draft School Sport Policy for Public Schools in South Africa, 2009). Activities such as playing musical instruments and sport activities (such as soccer, rugby, athletics and netball) may be just as strongly associated to the school environment as academic activities (See Figure 4.1.8.).

Children spend substantial amounts of time engaged in these activities (especially after school) as participating in such activities are often compulsory in schools (Draft School Sport Policy for Public Schools in South Africa, 2009). This sample was drawn from a school where participation in extra-curricular activities was compulsory. Furthermore, they may find these activities more fun and rewarding and so see themselves as more competent when engaged in these types of activities. Essentially this may be a comment on how the school environment has evolved in the last 3 decades to be more inclusive of non-academic activities in an attempt to accommodate different kinds varying strengths.

The Clinical Utility of the Kinetic School Drawing (KSD)

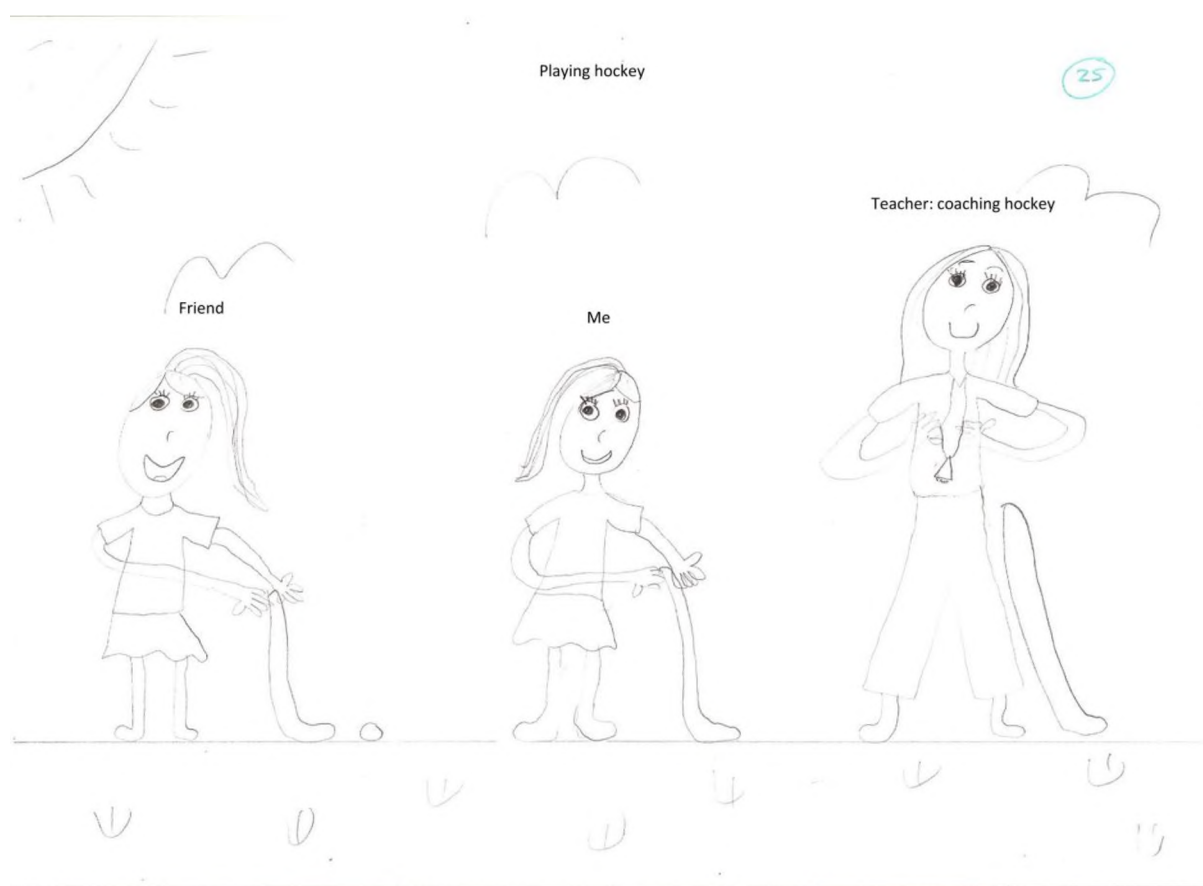


Figure 4.1.8. Drawing Example. Outside non-academic, high academic competence scores, higher teacher appraisals of academic competency.

4.2. Athletic Competence

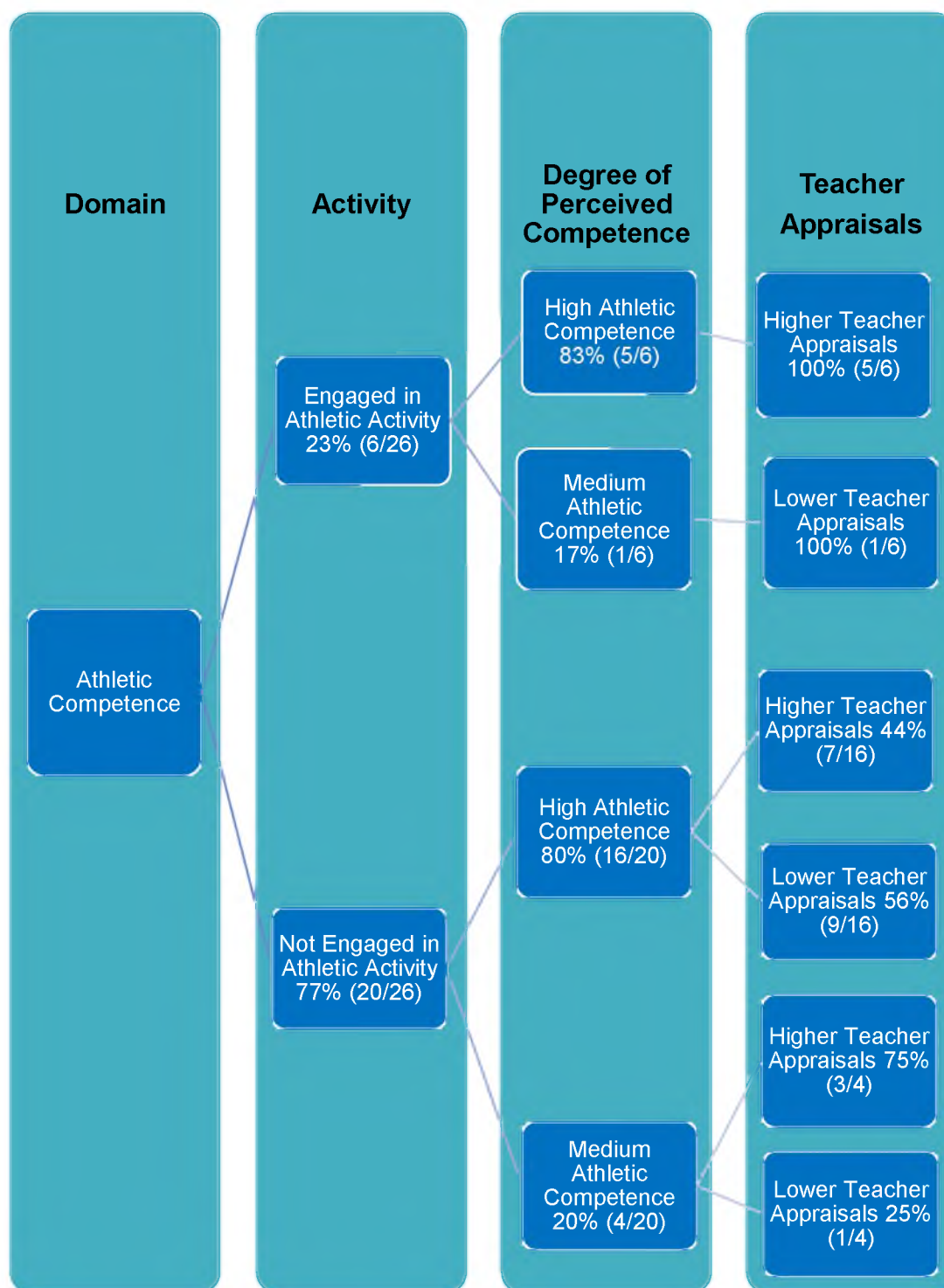


Figure 4.2. Athletic Competence Domain. Chart depicting the distribution of participants involved in athletic activities and associated teacher appraisals of athletic competence.

The dimension thought of as possibly representing or speaking to athletic competence was not found specifically in Andrews and Janzen’s reference guide. Rather, this dimension was inferred from the assertion that if a child chooses to draw themselves involved in an

athletic activity (in response to the ambiguity posed by the task) as opposed to an academic activity that may say something about the child's preferences and possibly by extension how the child perceives themselves or their competencies (Zians, 1997). The drawings were separated based on whether the figures drawn were engaged in athletic activities. Of the total sample of drawings, 23% of the participants drew themselves engaged in an athletic activity. The remaining 77% of the participants were not involved in athletic activities (See Figure 4.2).

The 23% of the total sample drew themselves engaged in an athletic activity (rugby, soccer, netball and athletics). Of these participants 83% identify as having high athletic competence and athletic competence is ranked as one of the top two competencies overall (See Figure 4.2.1.). This may support Zians (1997) argument that the child draws themselves engaged in an activity that they identify with strongly. Of the 83% participants with perceptions of high athletic competence the teacher's appraisals were consistently higher than the children's perceptions and always in the high athletic competence category (See Figure 4.2). The remaining 17% who drew themselves engaged in an athletic activity identified as having athletic competence in the medium range, the teacher's appraisal was slightly lower than the child's perceptions (See Figure 4.2). Furthermore, athletic competence is the second lowest competence overall for this group.

The 83% (of the total 23%) of participants who identify as having high athletic competence may illustrate that drawing the self and peers engaged in an athletic activity may suggest a strong identification with athletic activities (Zians, 1997). Furthermore, that athletic competence is ranked among the top two competencies may support the idea that drawing the self and others engaged in an athletic activity may speak to a preference for that activity and a strong association of athletic activities with the school experience and even part of the curriculum (Miller, 2007).

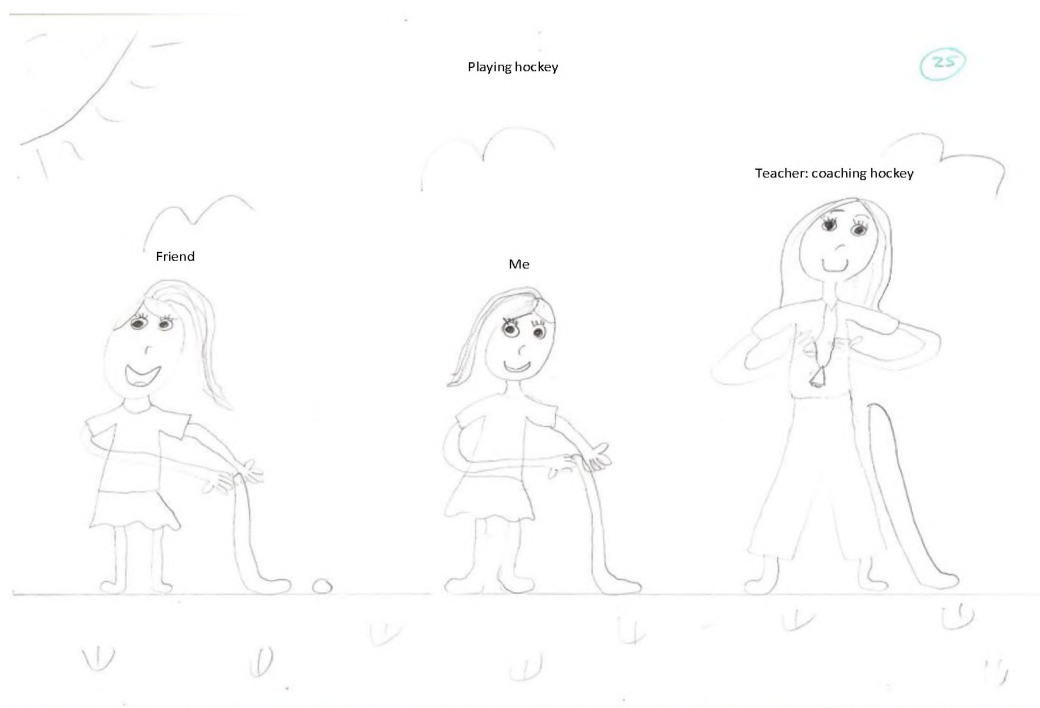


Figure 4.2.1. Drawing Example. Engaged in an athletic activity, high athletic competence score, athletic competence is ranked as one of the top two competencies overall and higher teacher appraisals of academic competency.

The remaining 17% in this category perceived their athletic competence as being in the medium range. Moreover, what is interesting about this participant's drawing (Figure 4.2.2) is that although it depicted the self and peers engaged in an athletic activity it differed from the rest of the drawings in this category in that the peers were drawn fighting and getting a red card as a result. The conflict depicted in this drawing may echo the conflict associated with this domain of functioning. He also draws himself scoring a try while his friends are fighting. This may thus point to a striving/ wish fulfilment of this participant to be better in this domain.

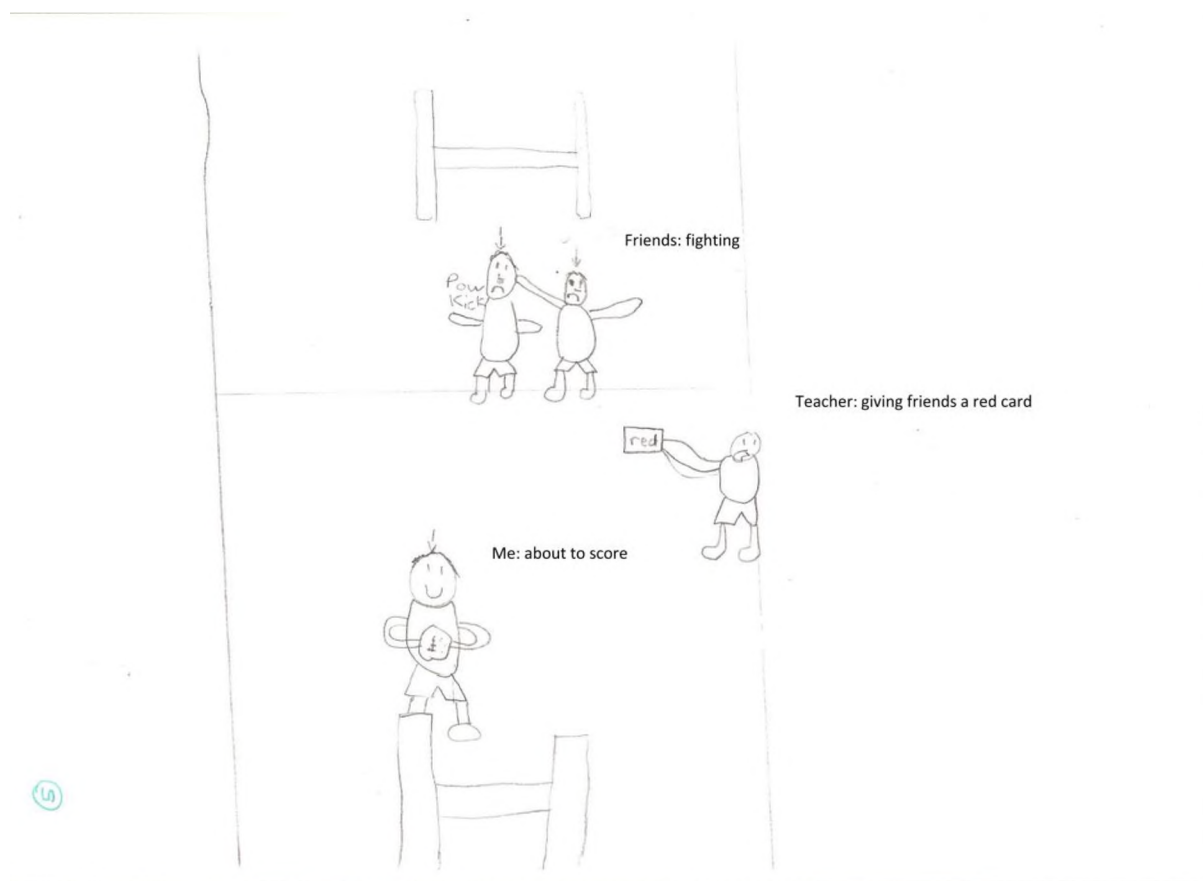


Figure 4.2.2. Drawing Example. Engaged in academic activity and medium academic competency score.

The remaining 77% of the total sample did not draw themselves engaged in athletic activities (See Figure 4.2.3). In this category 80% reported high athletic competence perceptions and the remaining 20% reported medium athletic competence perceptions. Of the 80% with high perceptions of athletic competence 44% of the teacher appraisals scored actual performance higher than child's perceptions and 56% scored actual performance lower than the child's perceptions. Of the 20% with medium perceptions of athletic competence in this category, 75% report higher teacher appraisals and 25% lower teacher appraisals than children's perceptions. Of the 77% of the total sample in this category, 75% reported their perceptions of their athletic competence to be amongst their lowest two competencies and only 25% reported athletic competence as one of their top two competencies.

When compared to the group engaged in an athletic activity this group (who did not draw themselves engaged in athletic activities) reported athletic competence as one of their lowest competencies overall. Furthermore, even if this competence is scored in the high range it is still lower than their other competencies. This may speak to the athletic domain not being

The Clinical Utility of the Kinetic School Drawing (KSD)

as central to their school experience or that it is not an area from which they derive a great deal of their self-worth (Zians, 1997).

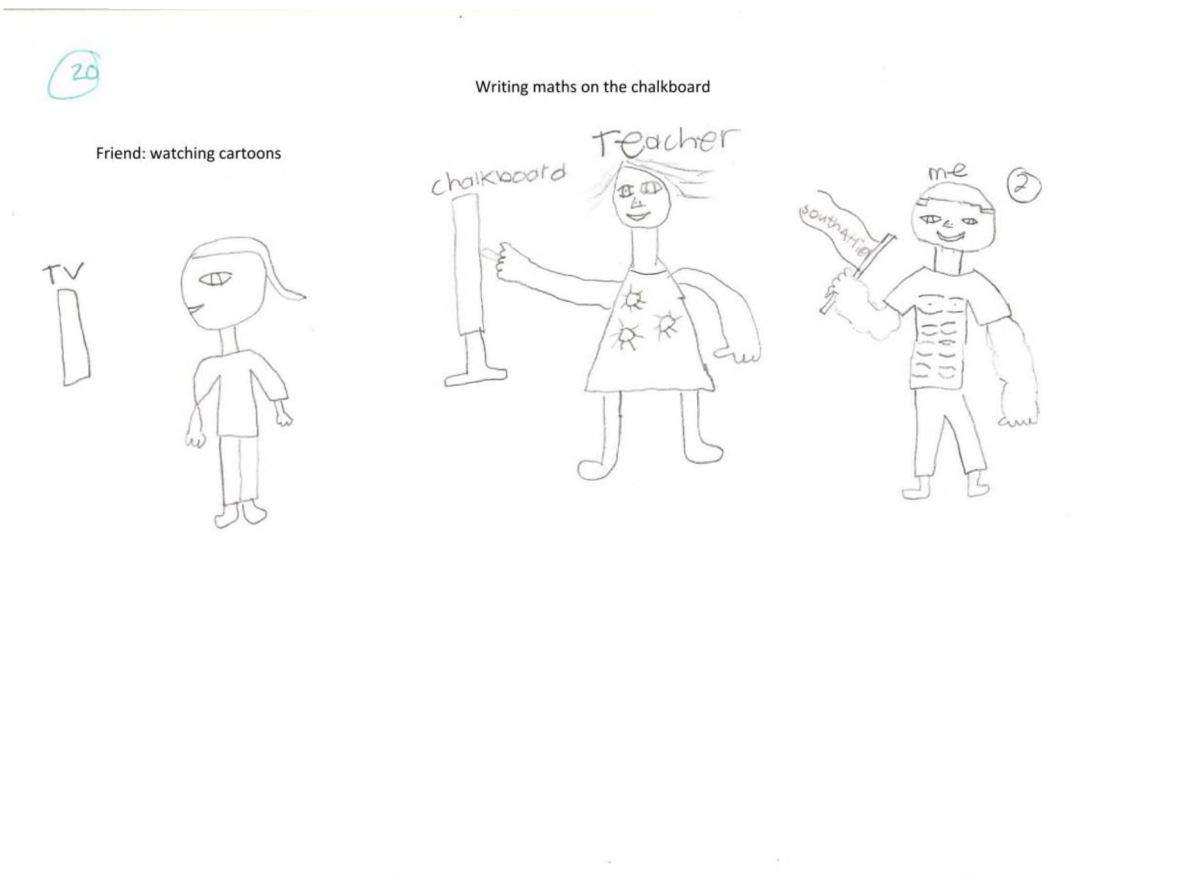


Figure 4.2.3. Drawing Example. Not engaged in athletic activity and athletic competence valued as one of their lowest competencies overall.

4.3 Social Competence

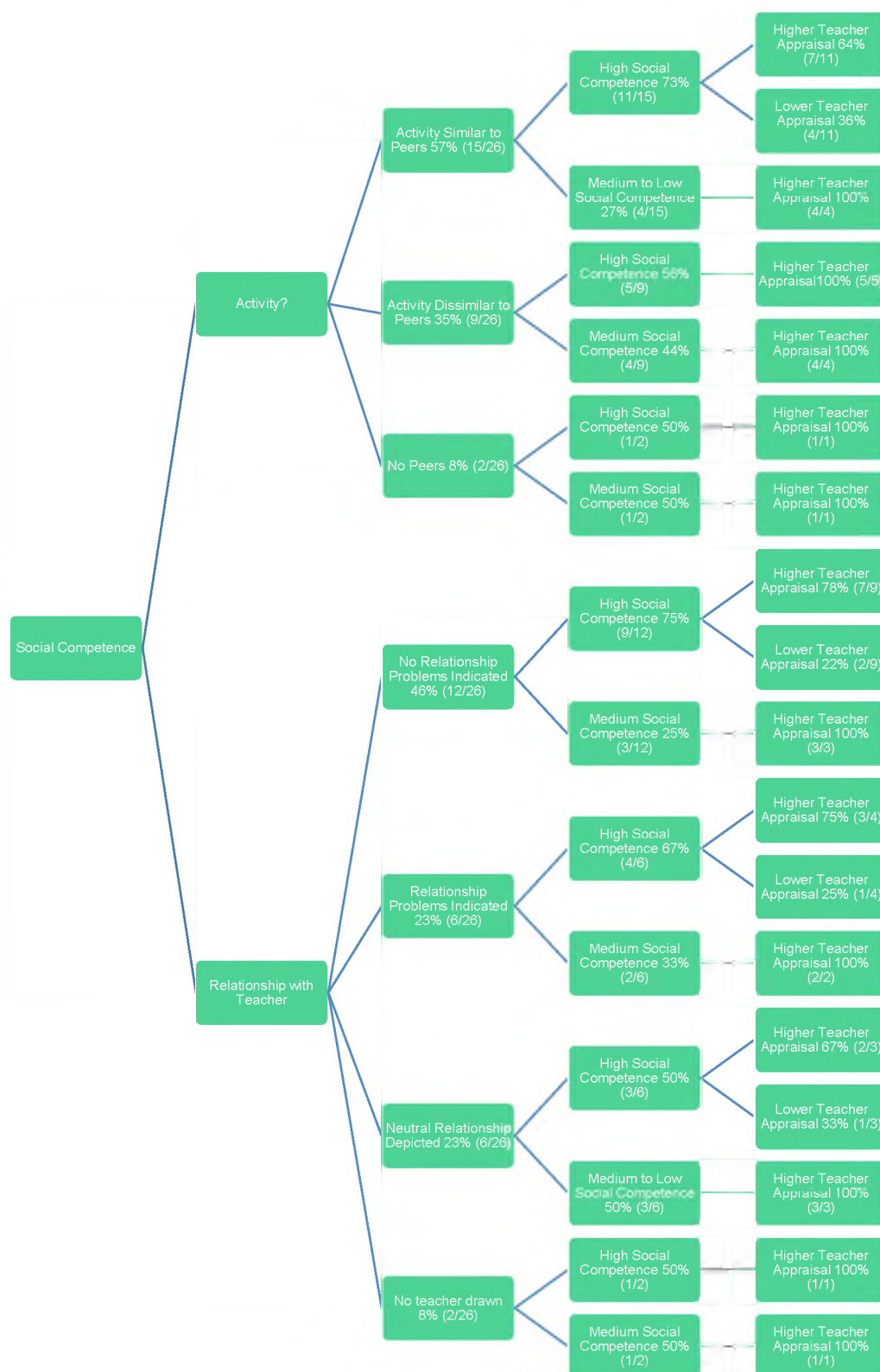


Figure 4.3. (a) Social Competence Domain. Chart depicting the distributions of participants across indicators and associated teacher appraisals for these categories.

Social competence speaks to how the child copes in social situations. The indicators selected from Andrews and Janzen's reference guide are whether the child is engaged in an activity similar/ dissimilar to peers and whether there are problems indicated in the teacher child relationship (See Figure 4.3.a). Zians (1997) argues that the inclusion of peers in activity may be indicative of social competence. These indicators may thus speak to how well the child is able to get on with others (peers and teacher).

4.4.1. Similar/ dissimilar activities.

Of the total sample, 57% of the participants drew themselves involved in activities **similar** to peers (Zians, 1997). Of these 57%, 73% reported high perceptions of their social competence (See Figure 4.3.1.), and the remaining 27% reported medium to low competence (See Figure 4.3.2.). It can thus be said that in this group the majority of participants have positive perceptions of their social competence.

The group that reported high perceptions of their social competence (73%) saw 64% of teacher's appraisals being higher than the child's perceptions. The remaining 36% of teacher appraisals scored the children markedly lower than their reported perceptions. In this group thus children seem to underestimate their social competence more often than they over estimate it.

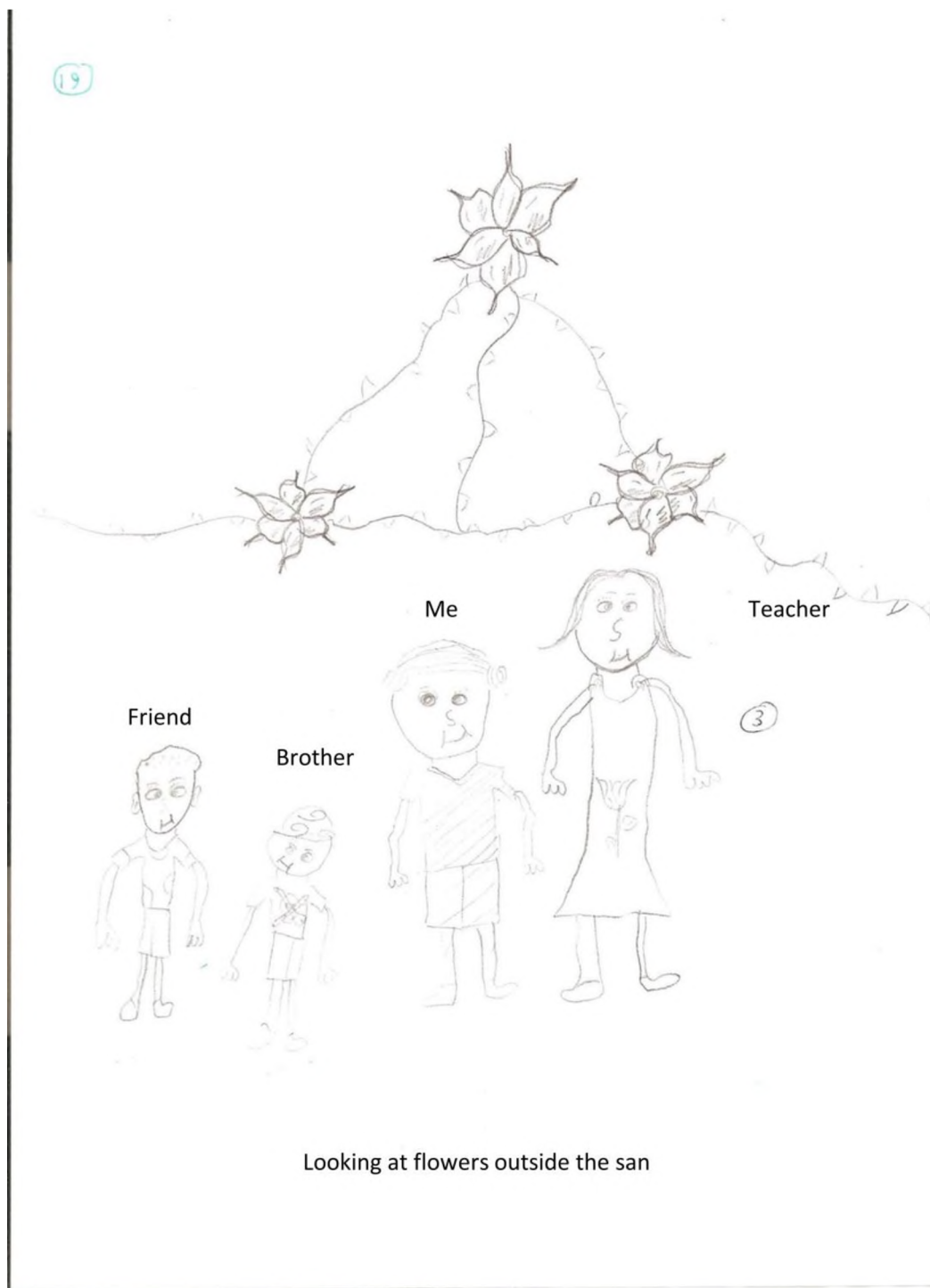


Figure 4.3.1. Drawing Example. Similar activity to peers and high social competence score.

The group that reported medium to low social competence comprised of 27% of participants in this category (3 reported scores in the medium range and 1 in the extremely low range). Teacher appraisals of this group's social competence were consistently higher than the children's perceptions of their social competence (See Figure 4.3.2.). Children in this group thus seem to underestimate their social competence.

Therefore, drawing the self engaged in an activity similar to peers can be said to be associated with higher social competence perceptions. Furthermore, the group that reported medium to low social competence underestimated their competence based on their teacher's appraisals. This finding thus supports Zians (1997) assertion that the inclusion of peers in an activity may point to positive social competence.

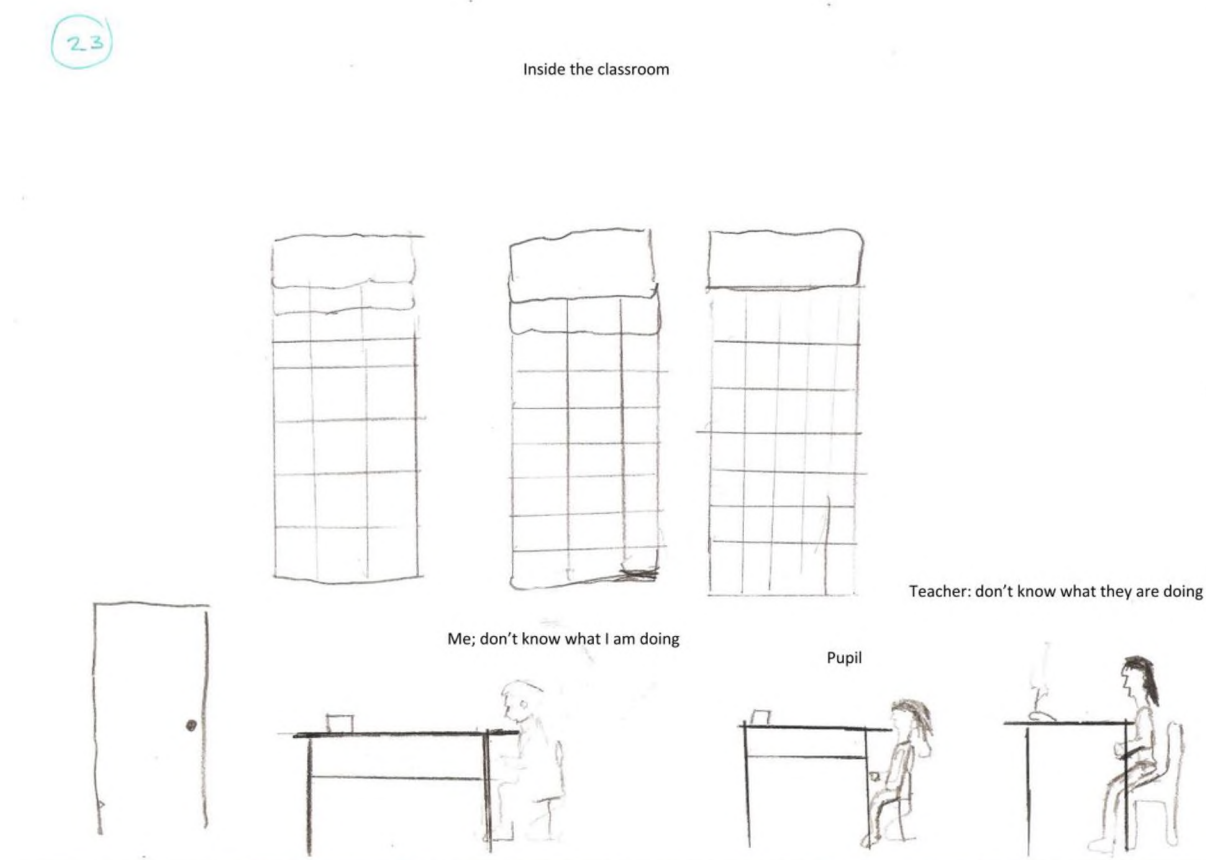


Figure 4.3.2. Drawing Example. Activity similar to peers, medium to low social competence scores, higher teacher appraisal of social competency.

Of the total sample, 35% of the participants drew themselves involved in activities **dissimilar** to their peers (See Figure 4.3.a). Of these, 56% of the participants reported high perceptions of their social competence (See figure 4.3.3). The remaining 44% of participants reported medium perceptions of their social competence. In this group teacher appraisals of social competence are consistently higher than the children's reported perceptions.

In comparison to the group that drew themselves engaged in activity similar to peer's more participants in this group report medium perceptions of their social competence. This may once again corroborate Zians (1997) argument.

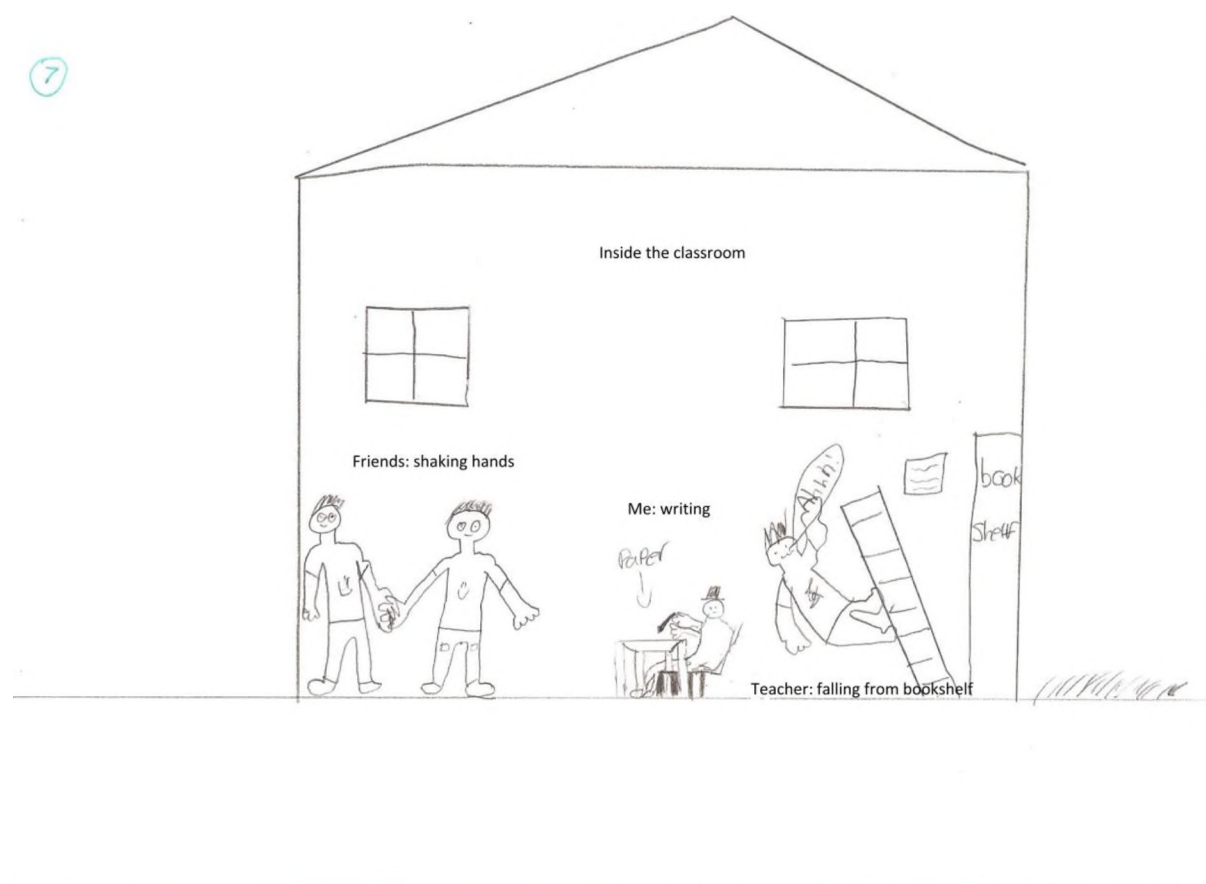


Figure 4.3.3. Drawing Example. Dissimilar activity to peers and high social competence scores.

The 8% of participants that remain did not draw any peers (Se Figure 4.3.4). Of these participants 50% reported having high perceptions of their social competence and the other 50% reported medium perceptions. Teacher appraisals were consistently higher than child's perceptions in this category.

The absence of peers in this group may point to a lack of connectedness with peers. These children may not identify as belonging to a peer group. Zians (1997) implies that this may mean that social competence is perceived as low. Given that 50% of this group reported medium perceptions and that this percentage is higher than the percentage of participants who reported medium competence in both the similar and dissimilar groups (Zians, 1997)

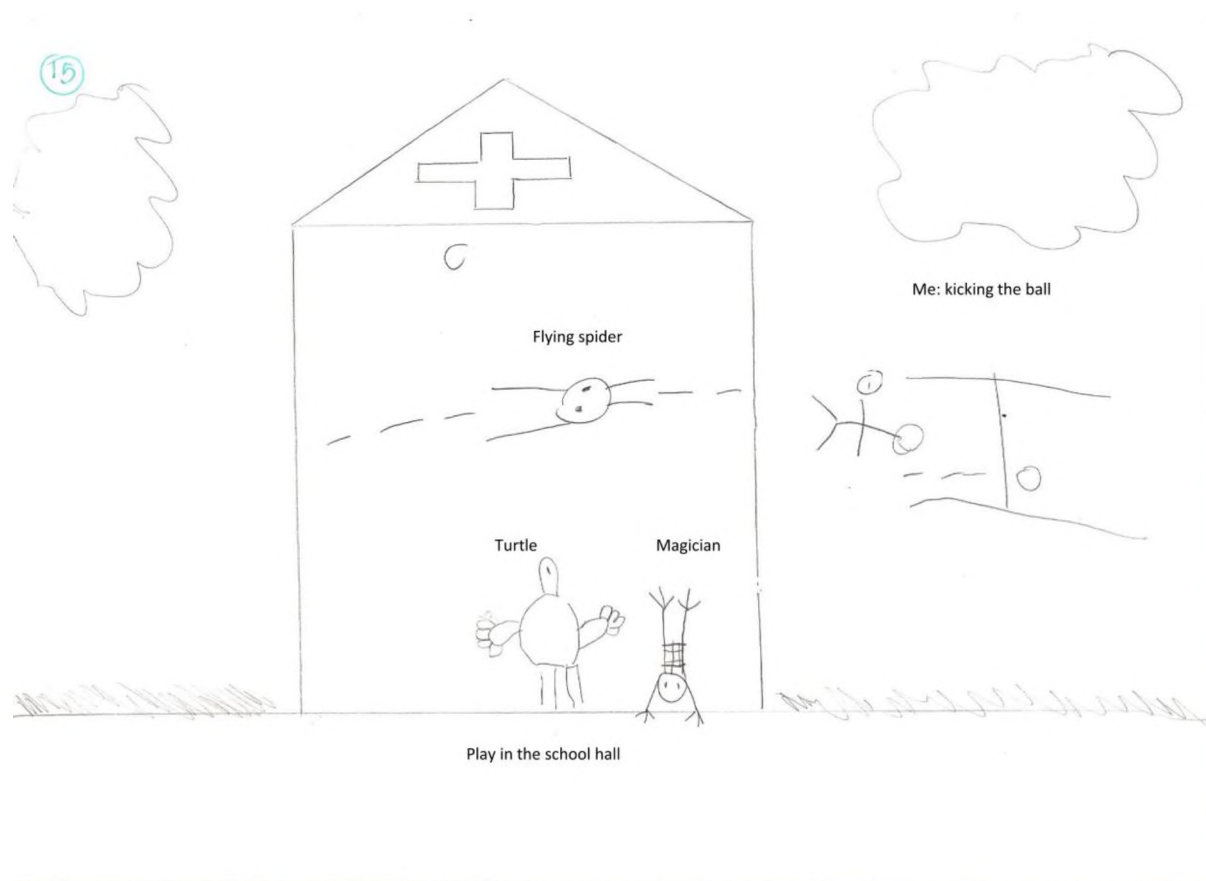


Figure 4.3.4. Drawing Example. No peers drawn and higher teacher appraisal of social competency.

Generally, it seems as though whether the child is engaged in activity's similar or dissimilar to peers may allude to the child's social competence. It can thus be said that this indicator may speak to the child's social competence. This supports Zians (1997) assertion.

4.4.2. Problems indicated in child-teacher relationship.

This indicator comprises of four groups. The drawings are divided into the following groups: no relationship problems indicated; relationship problems present; neutral relationship and no teacher drawn. The group with no relationship problems consisted of 46% of the total sample (See Figure 4.3.5.), the group with relationship problems present consisted of 23% (See Figure 4.3.6), the neutral group consisted of 23% (See Figure 4.3.7.) and the group with no teacher present consisted of 8% of the total sample (See Figure 4.3.8.).

Of the group who showed no indication of relationship problems with the teacher (46%) 75% reported high perceptions of social competence and the remaining 25% reported medium perceptions of social competence. In the group who reported high social competence

The Clinical Utility of the Kinetic School Drawing (KSD)

78% of teacher appraisals were higher and 22% were lower than the children's perceptions. In the group who reported medium social competence perceptions teacher appraisals were always markedly higher than children's perceptions.

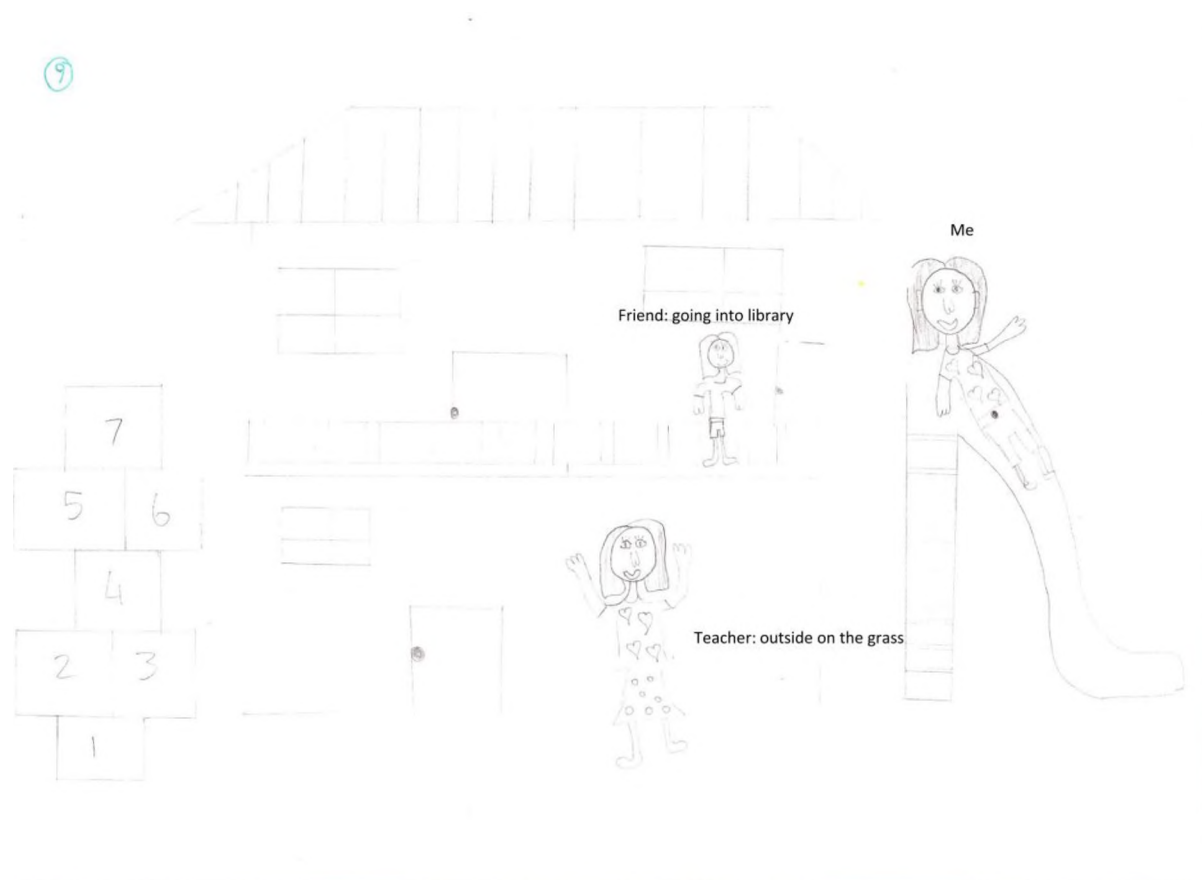


Figure 4.3.5. Drawing Example. No child teacher relationship problems indicated.

Of the group who had indications of relationship problems with the teacher (23%) 67% reported high perceptions of their social competence and the remaining 33% reported medium perceptions of their social competence. In the group who reported high social competence 75% teacher appraisals were higher and 25% was lower than the children's perceptions. In the group who reported medium social competence the teacher appraisals were always higher.

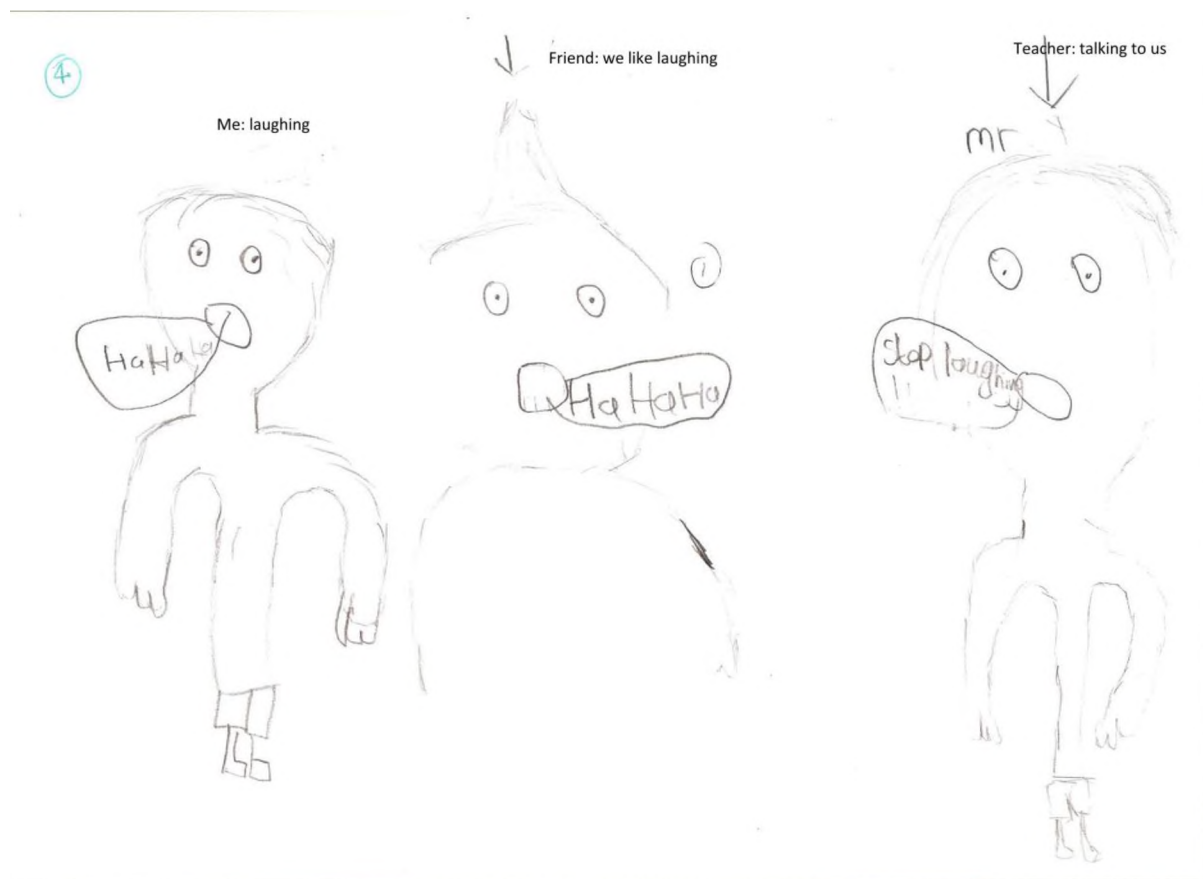


Figure 4.3.6. Drawing Example. Indications of relationship problems with the teacher.

It thus appears as though, in the group with indicators of a poor relationship with the teacher the same proportion of children report high and medium perceptions of their social competency as in the group with no indicators of relationship problems. This may point to the fact that quality of relationship with teacher does not speak to social competence.

Of the group that depicted a neutral relationship with the teacher (23%) 50% of the participants reported high, 50% medium to extremely low perceptions of their social competence. Of the group that reports high social competence 67% of teacher appraisals are higher and 33% lower than the child's perceptions. Of the medium to low perceptions group teacher appraisals are consistently higher.



Figure 4.3.7. Drawing Example. Neutral relationship with the teacher.

The depiction of a neutral relationship with teacher appears to be able to discriminate between high and medium perceptions more accurately than whether or not there are problems indicated in the relationship (See Figure 4.3.7.). The neutrality picked up in the drawing may point to the child's ambivalence. This ambivalence may speak to a way of relating to others that is intrinsic to the child.

Of the group that did not draw a teacher despite specific instructions to do so (8%) 50% reported high and 50% medium perceptions of their social competence. In both instances teacher appraisals were higher than the children's perceptions.

At this point in the analysis of social competence indicators a more specific dimension was thus considered. The presence of peers engaged in a similar activity to child seemed to have some value. It might therefore be useful to ascertain which of the children drew themselves actually engaged or participating in an activity with their peers or teacher. It is important to note here that this is not a dimension included in Andrews and Janzen's reference guide. This dimension came about when many of the drawings saw children drawing themselves doing similar activities to peers but not actually with their peers.

4.4.3. Engaged/ not-engaged in activity with other

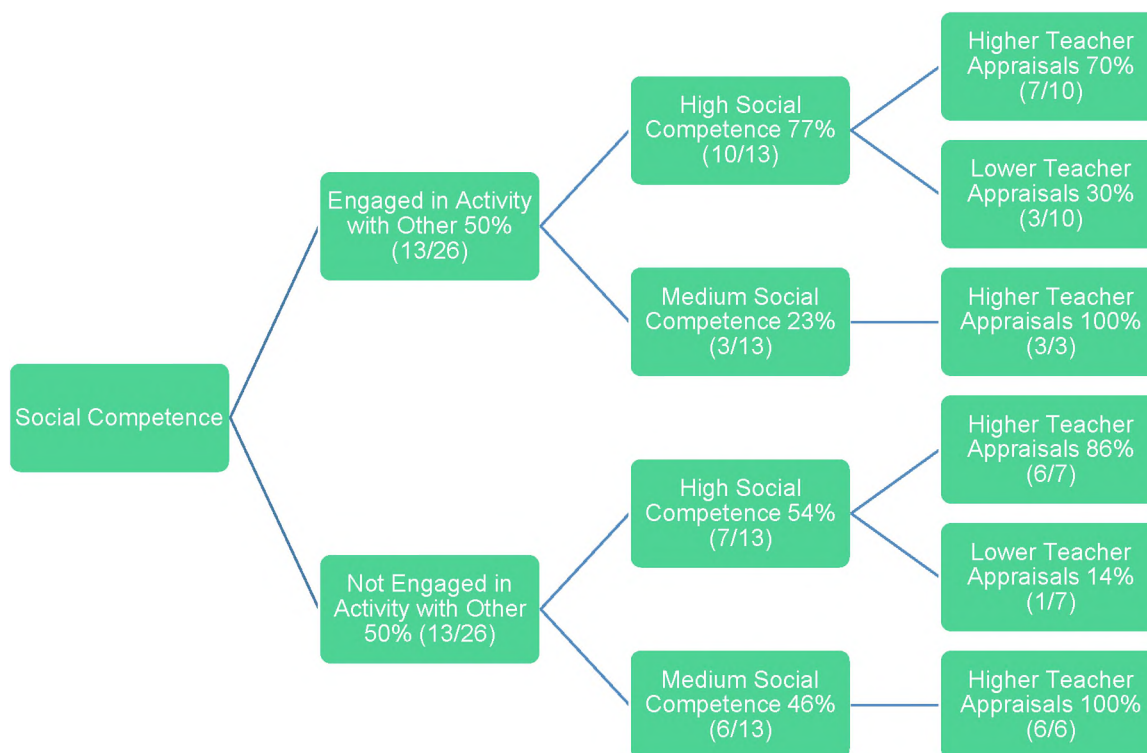


Figure 4.3. (b) Social Competence Domain. Chart depicting additional indicator in social competence domain and associated teacher appraisals.

Of the total sample 50% drew themselves engaged in an activity with peers or a teacher (See Figure 4.3.b). 77% of this group reported high social competence perceptions (See Figure 4.3.8.) and 23% reported medium social competence perceptions. Of the 77% participants who reported high social competence 70% teacher appraisals were higher and 30% were lower than the children’s reported perceptions. The remaining 23% of participants who reported medium social competence perceptions all saw teacher appraisals that were consistently higher than children’s perceptions.

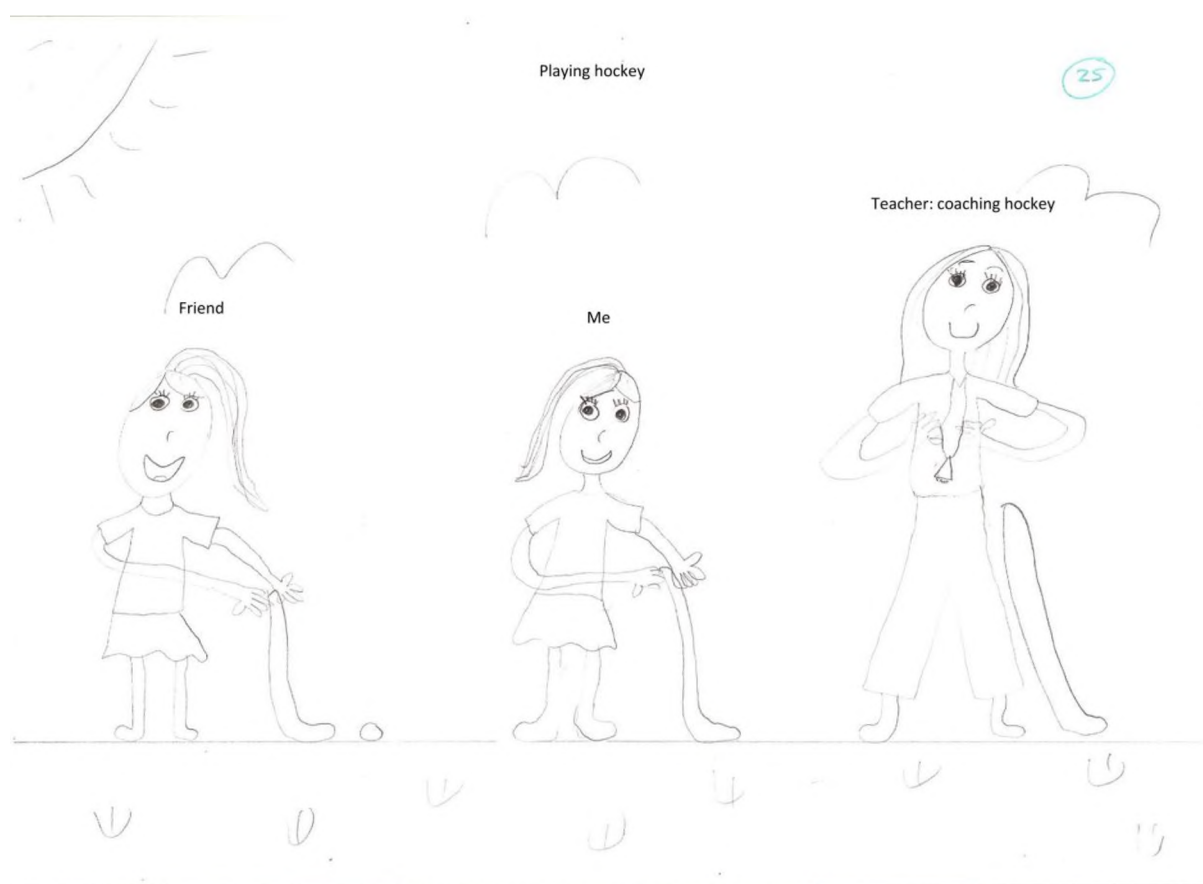


Figure 4.3.8. Drawing Example. Engaged in activity with other and high social competence scores.

The other 50% of the total sample drew themselves not engaged in an activity with others. Of these 54% participants reported high social competence perceptions and the remaining 46% reported medium social competence perceptions (See Figure 4.3.9.). Those participants in the high social competence perception group saw 86% of teacher appraisals being higher and 14% lower than the children's perceptions. The medium social competence perception group found that the teacher appraisals were consistently higher than children's perceptions.

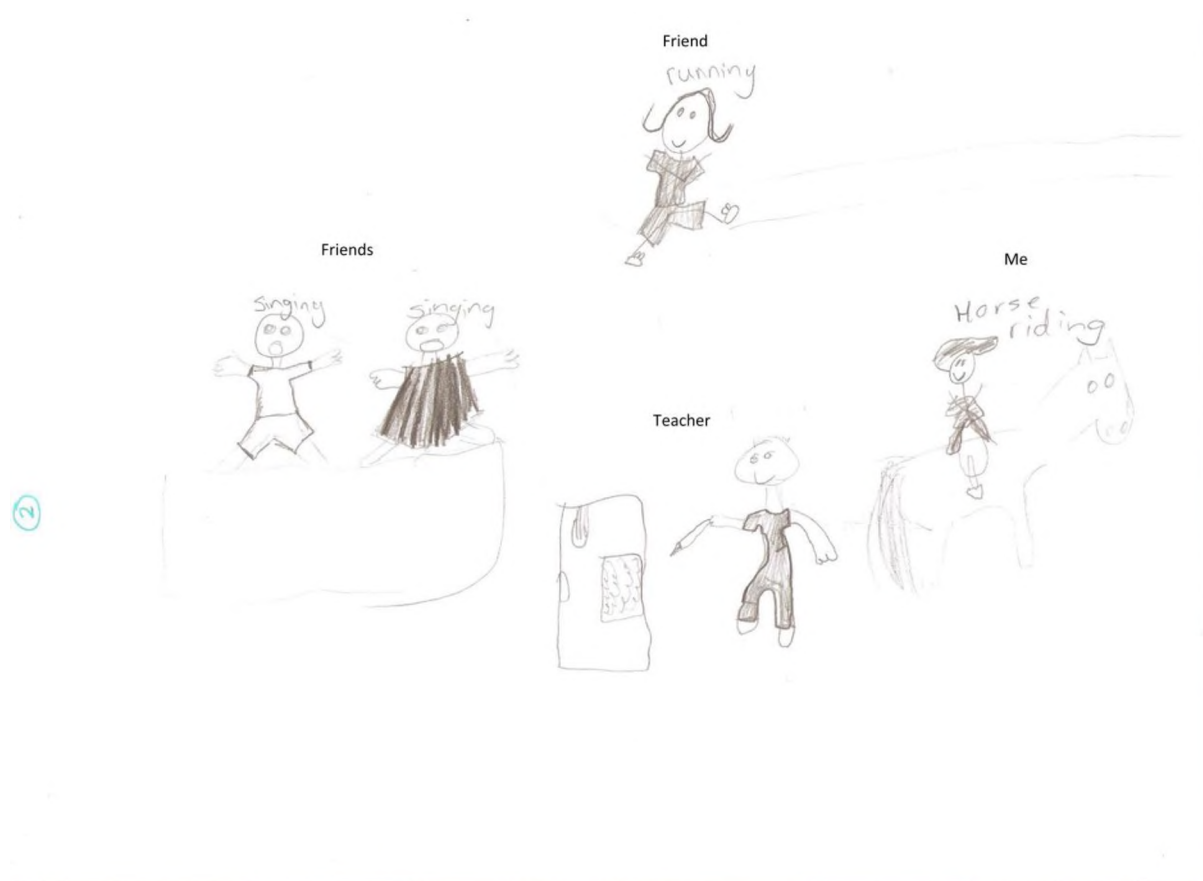


Figure 4.3.9. Drawing Example. Not engaged in activity with other and medium social competency scores.

It appears as though the group not engaged in an activity with peers or teacher picked up double the amount of participants who identified as having medium perceptions of their social competence. Furthermore, 77% of participants who drew themselves engaged in an activity similar to peers reported high social competence, in comparison to the 54% who were not engaged or participating in activity with peers. Therefore, depicting the self actually participating in an activity with peers may be an indicator of good/ healthy social competence.

4.5. Physical appearance

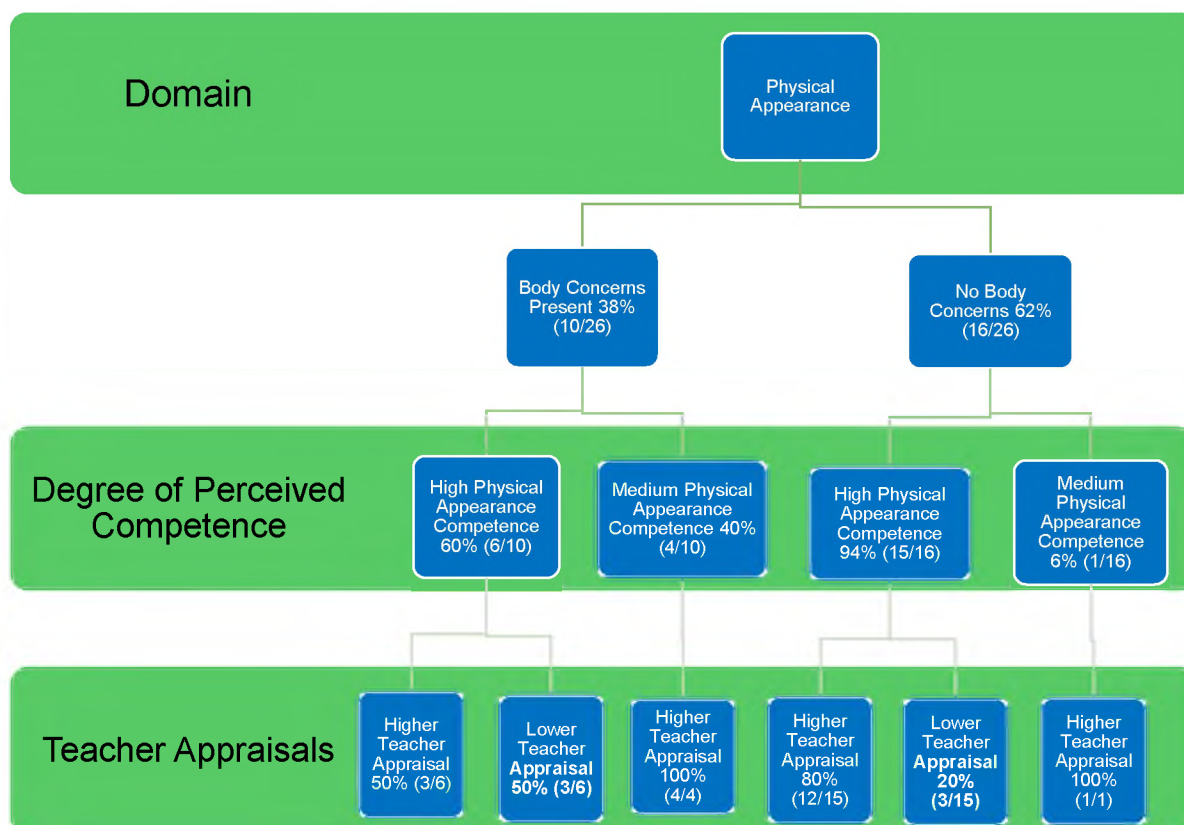


Figure 4.4. Physical Appearance Domain. Chart depicting the distribution of participants across the body concerns indicator and associated teacher appraisals.

The drawings in this category were organised based on those who showed signs of body concerns and those who did not. This distinction was based on Andrews and Janzen’s criteria for indicators of body concerns. Thus drawings that showed signs of these indicators (to various degrees) were separated from those who did not. The category of drawings that had evidence for body concerns consisted of 38% of the total sample (See Figure 4.4.1.) and the category of drawings with no evidence of body concerns consisted of 62% of the total sample (See Figure 4.4.2.).

The group with evidence for body concerns (38%) saw 60% of participants reporting high physical appearance perceptions and 40% of participants reporting physical appearance perceptions in the medium and low ranges (See Figure 4.4.). The 60% with high physical appearance perceptions saw 50% of the teacher appraisals reporting higher scores for physical appearance and the other 50% lower scores for physical appearance. In the medium

to low competence group the teacher's appraisal of the children's physical appearance was consistently higher than the children's perceptions of their physical appearances.

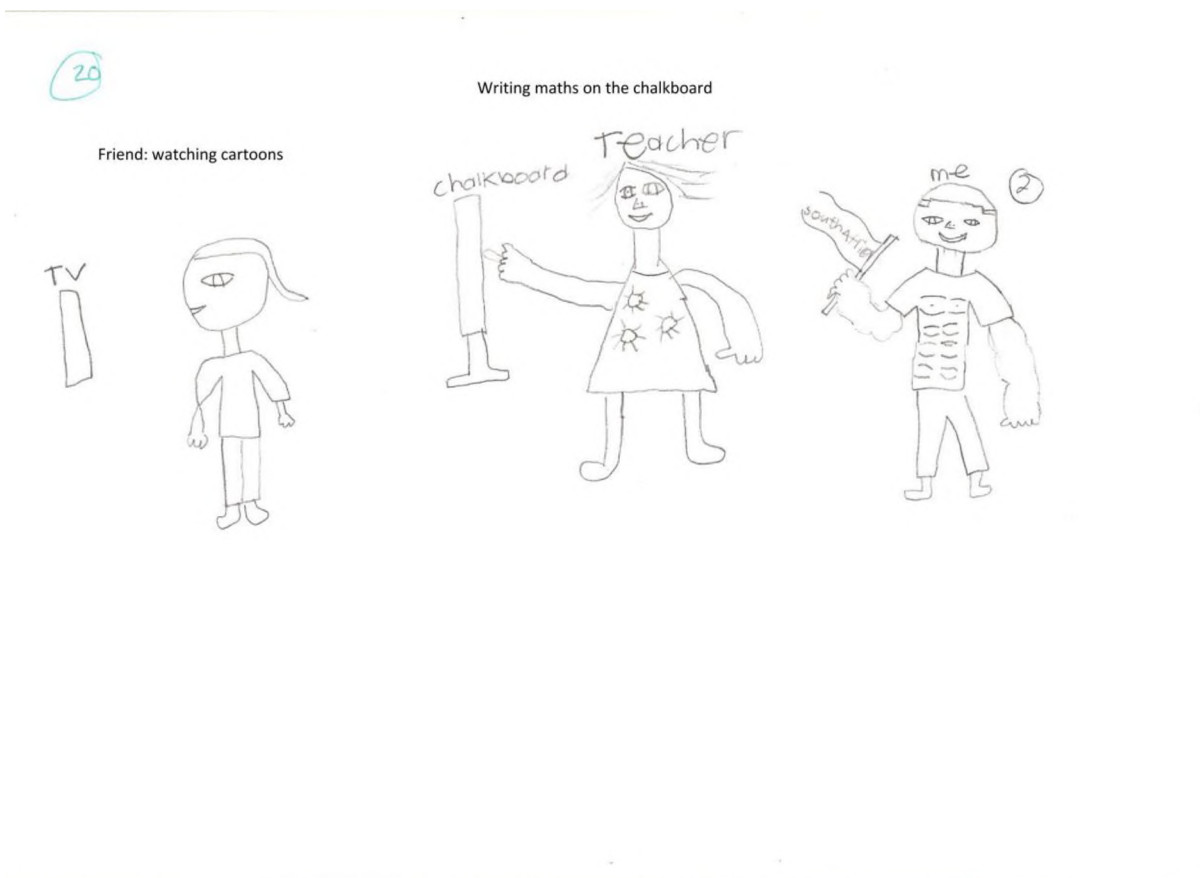


Figure 4.4.1. Drawing Example. Evidence for body concerns present.

The remainder of the drawings (62% of total sample) showed no evidence for body concerns. Of these participants, 94% reported high perceptions of their physical appearance and the remaining 6% reported medium perceptions of their physical appearance. Of the group that reported high perceptions of their physical appearance 80% of teacher appraisals were either the same or higher than the child's perceptions and the remaining 20% of teacher appraisals were lower. The remaining 6% in this category who reported medium physical appearance perceptions saw markedly higher teacher appraisals of physical appearance.

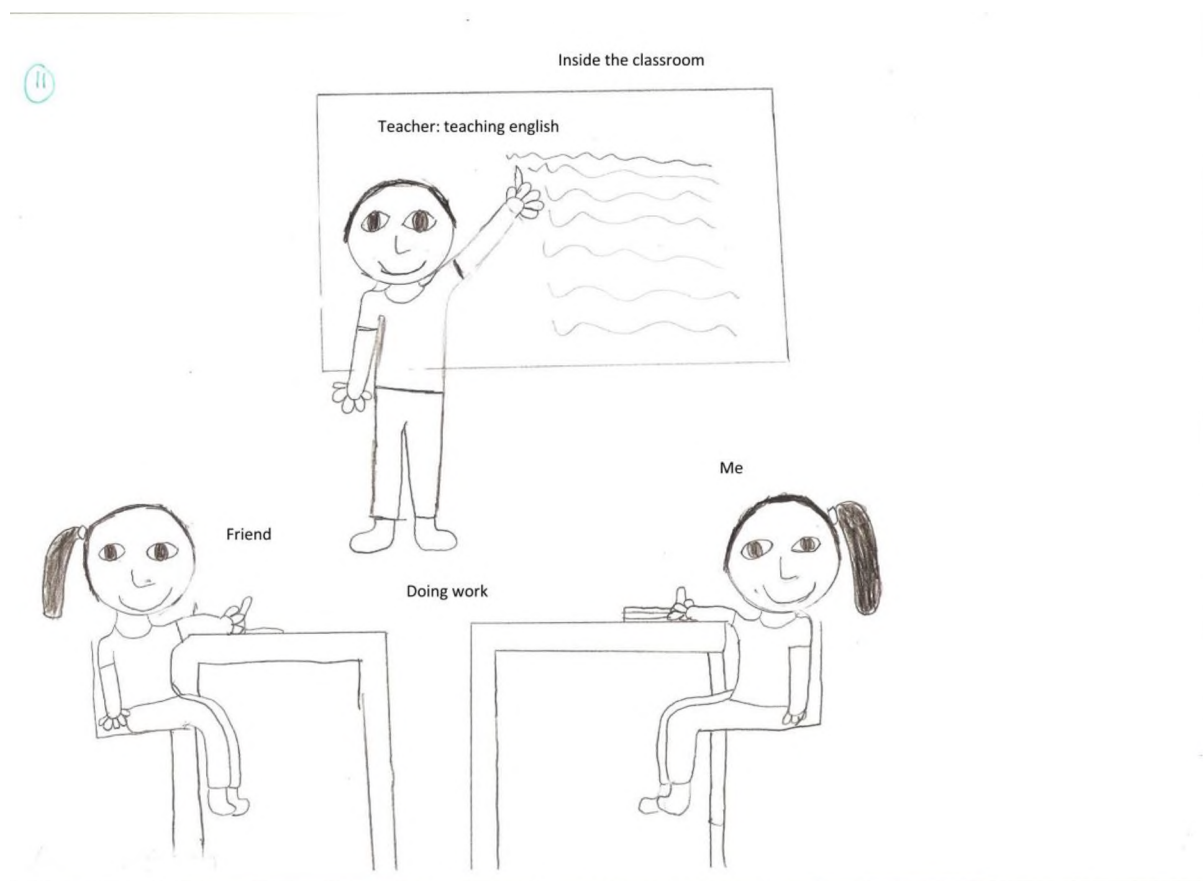


Figure 4.4.2. Drawing Example. No evidence for body concerns present.

Overall, 81% of participants reported having high perceptions of their physical appearance and 19% that reported medium or low perceptions indicating possible body concerns. Of these 19% that reported medium or low physical appearance perceptions 80% of those drawings showed evidence of body concerns based on Andrews & Janzen (1988) indicators. This possibly illustrates that Andrews & Janzen's (1988) indicators for body concerns may be able to discriminate between children who have lower perceptions of their physical appearance and those who have healthy perceptions of their physical appearance.

4.6. Behavioural conduct

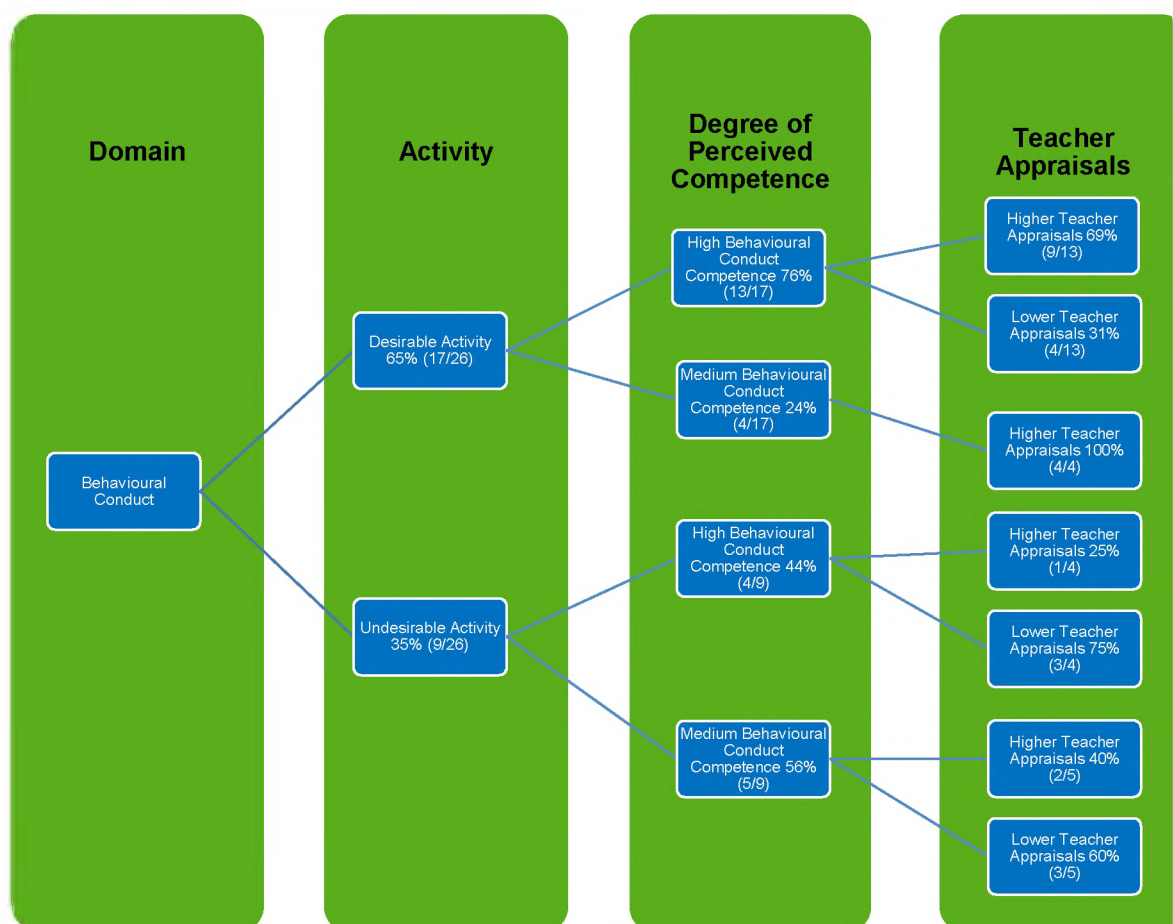


Figure 4.5. Behavioural Conduct Domain. Chart depicting proportions of participants involved in desirable and undesirable activities and associated teacher appraisals.

The indicator used to speak to behavioural conduct is whether the child is engaged in a desirable or undesirable activity (Andrews & Janzen, 1988). A desirable activity is defined as “any behaviour consistent with school rules and behavioural expectations” (Andrews & Janzen, 1988, p. 221). Equally, an undesirable activity is defined as, “any behaviour not consistent with school rules and behavioural expectations” (Andrews & Janzen, 1988, p. 221). The assumption here is that drawing oneself engaged in an undesirable activity may allude to the child perceiving themselves as behaviourally problematic or uncontained. There are thus two groups of participants (See Figure 4.5.), those who drew themselves engaged in desirable activities (comprising of 65% of the total sample) and those who drew themselves engaged in undesirable activities (comprising of 35% of the total sample).

The group who drew themselves engaged in desirable activities made up 65% of the total sample (See Figure 4.5.1.). Of these participants, 76% reported high perceptions of their

The Clinical Utility of the Kinetic School Drawing (KSD)

behavioural conduct and 24% reported medium perceptions of their behavioural conduct. The group who reported high perceptions of their behaviour saw 69% of teacher's appraisals being higher and 31% of teacher's appraisals being lower than the children's perceptions. The group who reported medium perceptions of their behavioural conduct saw the teacher's appraisals of their behavioural conduct being consistently higher than their own perceptions. Furthermore, the medium group saw 75% of its constituents reporting global self-worth in the medium range too.

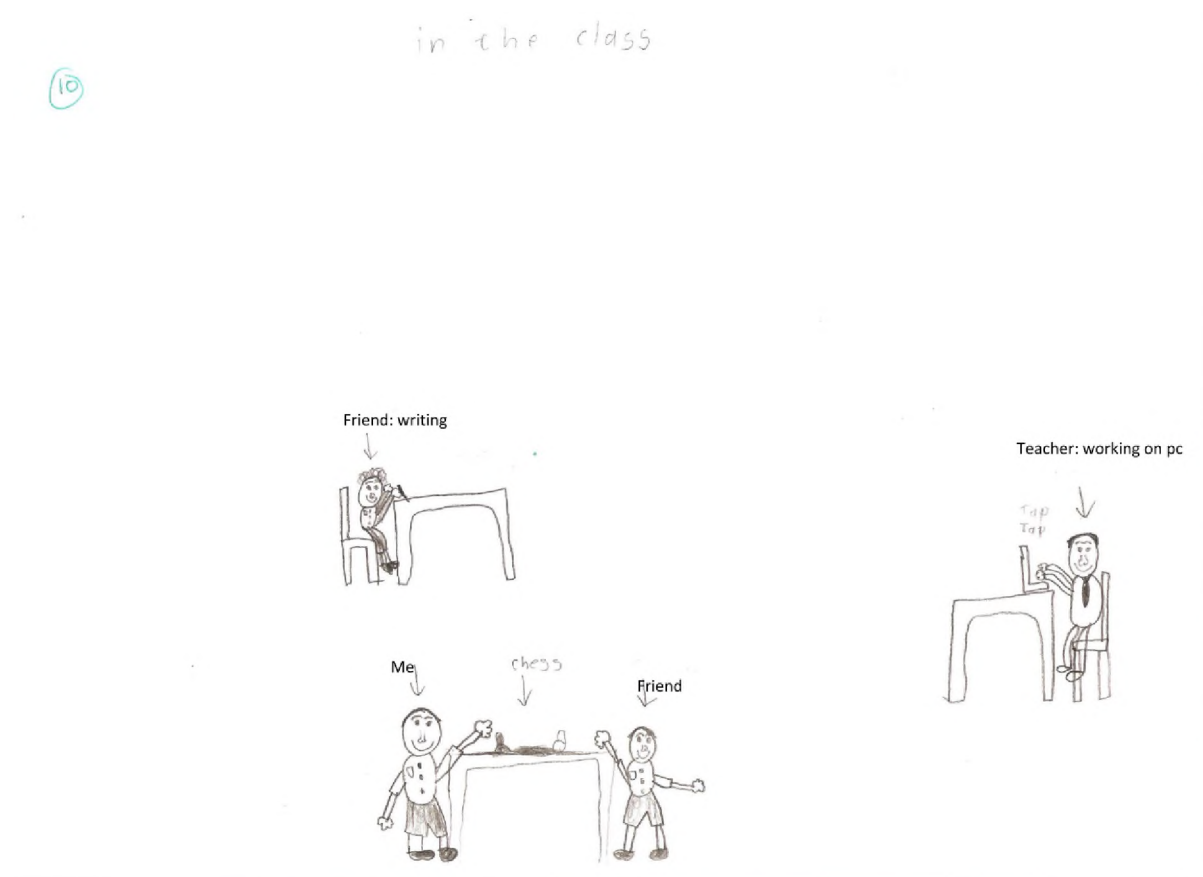


Figure 4.5.1. Drawing Example. Engaged in a desirable activity.

It broadly appears as though the majority of the participants who drew themselves engaged in desirable activities reported having high perceptions of their behavioural conduct. The minority that reported having medium perceptions of their behavioural conduct seem to have been over-reporting because teacher's appraisals of this small groups behavioural conduct was always more favourable than their own perceptions. Furthermore, the medium global self-worth perceptions may contextualise these participants scoring themselves lower than what their teacher's believe their competence to be in this domain. On the other hand, where teachers' appraisals were pointing to possible behavioural conduct difficulties those

children reported high perceptions of their behavioural conduct and were thus possibly underreporting behavioural difficulties. This may speak to defensiveness or a desire not to get into any more trouble by the child.

A total of 35% of the sample drew themselves engaged in undesirable activities (See Figure 4.5.2.). Of these 44% reported high behavioural conduct perceptions and 56% reported medium behavioural conduct perceptions. In the high behavioural conduct perceptions group 75% of teacher appraisals were lower or the same as the child's perception and the remaining 25% saw higher teacher appraisals. Global self-worth was high among this group. Of the medium behavioural conduct perceptions group 60% teacher's appraisals were lower than the child's perceptions and 40% were markedly higher than the child's perceptions.

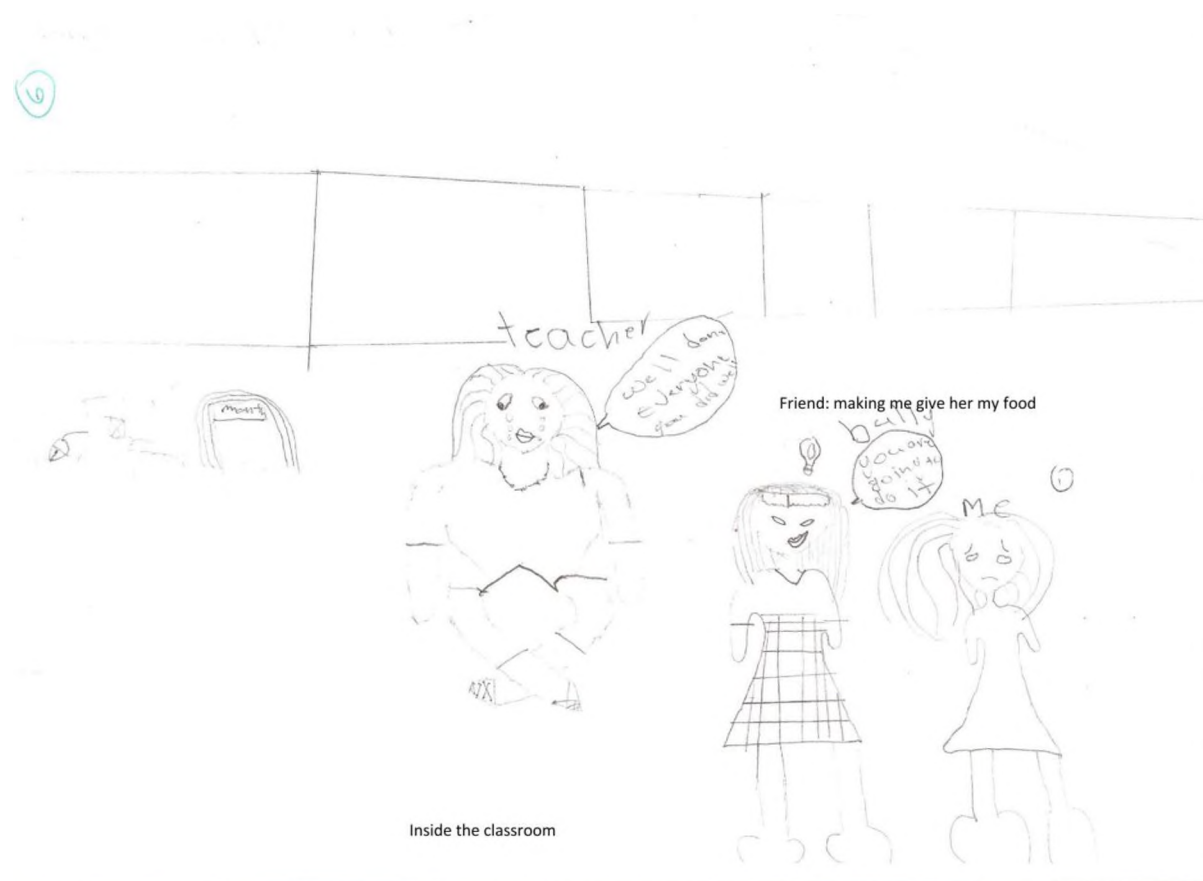


Figure 4.5.2. Drawing Example. Engaged in undesirable activity.

It thus appears as though when undesirable activities are depicted the child is more likely to report lower scores for behavioural conduct and teacher's appraisals (in 66.6% of this group) report lower scores for behavioural conduct. Thus the depiction of an undesirable activity warrants consideration in the interpretation as an indicator possibly pointing towards behavioural conduct issues. Additionally, a possible explanation for the child who draws

themselves engaged in an undesirable activity but report high perceptions for behavioural conduct is that it may point to the child being able to censor themselves more effectively on the self-report measure than they are in their drawings. The discussion is now directed towards general trends and conclusions.

4.7. General conclusions

Scholastic competence. Half of the participants drew themselves engaged in outside non-academic activities. This is an interesting observation considering the belief that the school environment is strongly associated with academic activities and by extension that if the child draws themselves engaged in an activity outside the classroom it may point to an avoidance of the academic domain (Prout & Phillips, 1974; Zians, 1997). Furthermore, of the participants who drew themselves inside the classroom slightly less identified as having high perceptions of their scholastic competence than those participants who drew themselves outside the classroom. The inside vs. outside distinction believed to speak to academic perceptions (Zians, 1997) may not do so as well as previously believed.

However, drawing the self engaged in an academic activity (inside) seems to be more strongly associated with high perceptions of scholastic competence than if the self is drawn engaged in a non-academic activity (inside). The academic vs. non-academic distinction may thus be argued to adequately indicate perceptions of scholastic competence.

Furthermore, the inside non-academic category's reported perceptions see the most divergence from teacher appraisals (i.e. participants in this group were most likely to over-estimate their scholastic competence). It can thus be argued here that the disagreement (discrepancy) between the child's perception and the teacher appraisal is reflected in the child drawing (projecting) themselves inside but not engaged in an academic activity. The conflict embodied in drawing the self in the academic domain (classroom) but disengaged from an academic activity can therefore be argued to echo the conflict that exists between the child's perceptions (closer to ideal self) and their actual performance (real self). The disagreement between what they perceive and what the world is feeding back to them (Harter, Waters & Whitesell, 1998). Harter (1999) would argue that these children have low self-esteem. Low self-esteem is said to occur when there is a large discrepancy between the real self and the ideal self (Harter, 1999). Furthermore, Ruble et al. (1980) explains that self-esteem is formed during middle childhood when the ability to compare the self to peers is developed. Given

that in this group (grade 5 learners) it can be argued that self-esteem is still under construction, the conflict between the real self and the ideal self is largely understandable.

Athletic competence. The group that drew themselves engaged in an athletic activity were more likely to report self-perceptions of their athletic competence that were corroborated by teacher appraisals. This means that the group that drew themselves engaged in an athletic activity were more likely to correctly identify their athletic competence level (as either high or medium when teacher appraisals are factored in) than the group who did not draw themselves engaged in an athletic activity. This roughly implies that children who drew themselves engaged in an athletic activity (regardless of their perceived competence score) have a good understanding of their capabilities in the athletic domain. This supports Zians (1997) assertion that the activity the child draws themselves engaged in is often the activity they strongly associate themselves with and engage in often. This is demonstrated in the fact that the children who drew themselves engaged in athletic activities seem to know themselves well in this domain. Furthermore, of the group who drew themselves engaged in an athletic activity the vast majority reported high athletic competence perceptions and all of these were corroborated by teacher appraisals. This may imply that not only does drawing the self engaged in a particular activity speak to identification/ association (Andrews & Janzen, 1988; Zians, 1997) with that activity but it may also comment on the sense of accomplishment, competence and confidence derived from that activity.

Social competence. Generally, in this domain teacher appraisals either supported or surpassed the child's perception of their social competence. This basically means that in the majority of cases the child underestimated their social competence. This domain comprised of three indicators: activity (similar to peers, dissimilar to peers and no peers), relationship with teacher (relationship problems indicated, no relationship problems indicated, neutral relationship and no teacher) and engaged in activity with other.

Using the child's activity as the indicator finds that the child who draws themselves engaged in an activity similar to their peers is more likely to have reported high social competence than the child who drew themselves engaged in a dissimilar activity to their peers. Similarly, the child who depicts the self engaged in an activity dissimilar activity to peers is more likely to report high social competence scores than the child who does not draw any peers.

The relationship problems with the teacher indicator does not appear to distinguish between children with high, medium or low social competence. There is very little difference in the reported social competence scores of children whose drawings indicate no relationship problems with teacher and those who do. Furthermore, when a neutral relationship between the self and teacher is depicted the likelihood of reporting medium or low social competence increases. The depiction of a neutral relationship may therefore be able to comment on social competence better than whether or not there are relationship problems depicted. That being said, the relationship with teacher indicator does not speak strongly to social competence overall.

The engaged in activity with other indicator appears to be able to comment more confidently on social competence. When the child draws themselves engaged in an activity with another they are more likely to report high social competence scores than the child who depicts the self as not engaged in an activity with another.

Physical appearance competence. The presence of indicators of body concerns in the child's drawing (Andrews & Janzen, 1988) is significantly more likely to be associated with medium level self-perceptions of physical appearance than when body concerns are not present in the child's drawing. The presence of body concerns can thus be said to be an adequate indicator of physical appearance competence.

Interestingly, in the group who had evidence for body concerns in the drawing (projections) and reported high physical appearance competence scores the teacher appraisals disagreed with the child's reported perception half of the time (markedly higher than the other categories). This may point to the fact that the projection is able to pick up on the child's insecurities better than the self-report measure because the self-report measure is easier to fool. This may be explained by the fact that the KSD (as a projective measure) is able to bypass ego defences (Donaghue, 2000; Lillienfeld, Wood & Garb, 2000; Ryan & Grolnick, 1986).

Behavioural conduct. Children who depict themselves engaged in an undesirable activity are twice more likely to report medium behavioural conduct perceptions than those who drew themselves engaged in desirable activities. Additionally, those who draw themselves engaged in an undesirable activity but report high behavioural conduct perception find that teacher appraisals diverge on this point the majority of the time. This may point to the fact that the child's projection is able to speak to actual behavioural conduct more often

The Clinical Utility of the Kinetic School Drawing (KSD)

than the self-report measure (Donaghue, 2000; Lillienfield, Wood & Garb, 2000; Ryan & Grolnick, 1986).

CHAPTER 5

LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

5.1. Limitations

The chief limitation of this study relates to sample size. Recruiting participants proved more difficult than anticipated. The researcher assumed that the entire class group would be relatively easy to recruit however, a fair amount of the learners are boarders and getting consent from this group of parents proved troublesome (as a result of distance and involvement). The final sample consisted of 26 participants while the proposed number of participants was between 30 and 50. The final sample proved adequate for the scope of this project. However, it would have been interesting to see if similar patterns (findings) would have been found in a bigger sample.

Another limitation to take heed of is the setting in which data was collected. The children were seated around round tables. This may have impeded their ability to keep their work private and exposed them to being influenced by each other's work. However, this could not be avoided and the researcher took all the necessary steps to ensure the children remained focussed on their own contributions. That being said, the setting in which data was collected was less than ideal.

5.2. Recommendations

More validation research is needed to bolster the standing of the KSD. This technique shows great promise in terms of what is capable of doing but lacks the research support it needs to become a permanent tool in the psychologists' tool kit. Thus, more research on the KSD's validity, reliability and clinical utility is encouraged. Replication studies can be done in the quantitative and qualitative paradigms. This type of data lends itself relatively easily to being analysed either way. Furthermore, thoughtful research into projective techniques is needed from researchers and practitioners that have an appreciation of how these tools are used in practice so as to replicate these variables as closely as possible and so be able to comment confidently on the value of projective techniques to the psychological community.

5.3. Conclusion

In conclusion, this research sought to explore the clinical utility of the KSD qualitatively. The indicators, derived from Andrews and Janzen's (1989) scoring and reference guide, of the KSD generally showed promise in speaking to various domains of self-perception associated with the school environment. Essentially, children's projections (derived from KSD) may hold value in terms revealing aspects of children's self-perceptions in the school environment (derived from SPPC).

Generally, the participants' projections were corroborated by self-reported self-perceptions. The presence or absence of certain KSD indicators may allow the interpreter to report findings with more confidence. Furthermore, discrepancies between participants' self-reported self-perceptions and teachers' appraisals of actual performance in the school environment were reflected in their projections. This means that it may be more difficult to conceal aspects of the self in the projective drawing task than it is in the self-report measure (Ryan & Grolnick, 1986).

In terms of the research aims this study was interested in ascertaining how clinically useful the KSD and projections derived from it in speaking to children's self-perceptions in the school environment. The findings of this study thus support this aim and propose that the KSD is a clinically useful assessment tool. Furthermore, this research has shed some much-needed light on a largely neglected assessment tool that could hold significant value in the assessment of children.

REFERENCE LIST

- Andrews, J., & Janzen, H. (1988). A global approach for the interpretation of the kinetic school drawing (KSD): A quick scoring sheet, reference guide, and rating scale. *Psychology in the Schools, 25*, 217-239.
- Anastasi, A., & Urbina, S. (1997). *Psychological Testing*. New Jersey, NJ: Prentice-Hall Inc.
- Armstrong, D. (1995). The use of Kinetic School Drawings to explore the educational preferences of gifted students. *Journal for the Education of the Gifted, 18*(4), 410-439.
- Babbie, E., & Mouton, J. (2009). *The practice of social research*. Cape Town, SA: Oxford University Press.
- Bain, K., Amod, Z., & Gericke, R. (2013). Projective assessment of adults and children in South Africa. In S. Laher & K. Cockroft (Eds.), *Psychological assessment in South Africa*. (pp. 336-353). Johannesburg, SA: Wits University Press.
- Bellak, L. (1958). Psychoanalytic concepts and principles discernible in projective personality tests. *American Journal of Orthopsychiatry, 28*(1), 42-46.
- Bem, D. J. (1972). *Self-perception theory*. New York, NY: Academic Press
- Bhana, D. (2008). Primary School-Aged South African Boys, Black and White, on Sport. *British Journal of Sociology of Education, 29*, 3-14.
- Blatt, S. J. (1975). The Validity of projective techniques and their research and clinical contribution. *Journal of Personality Assessment, 39*(4), 327-343.
- Bless, C., Higson-Smith, C., & Kagee, A. (2006). *Fundamentals of social research methods: An African perspective*. Cape Town, SA: Juta and Company Ltd.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77-101.

The Clinical Utility of the Kinetic School Drawing (KSD)

- Burns, R. C. (1982). *Self-growth in families: Kinetic Family Drawings (K-F-D) research and application*. New York, NY: Brunner/Mazel Publishers.
- Burns, R. C., & Kaufman, S. H. (1972). *Actions, styles and symbols in Kinetic Family Drawings (KFD): An interpretive manual*. New York, NY: Brunner/Mazel Publishers.
- Chaiken, S., & Baldwin, M. W. (1981). Affective-cognitive consistency and the effect of salient behavioural information on the self-perception of attitudes. *Journal of Personality and Social Psychology*, *41*(1), 1-12.
- Clatworthy, S., Simon, K., & Tiedeman, M. E. (1999). Child drawing: Hospital- an instrument designed to measure the emotional status of hospitalised school-aged children. *Journal of Pediatric Nursing*, *14*(1), 2-9.
- Craik, K. (1986). Personality research methods: An historical perspective. *Journal of Personality*, *54*(1), 19-51.
- Department of Education, South Africa. (2001). *The National Policy on Whole-School Evaluation*. Retrieved from <http://www.education.gov.za/Portals/0/Documents/Publications/National%20Policy%20on%20WSE.pdf?ver=2012-07-04-152050-000>
- Department of Education, South Africa. (2009). *Draft School Sport Policy for Public Schools in South Africa*. Retrieved from <http://www.emisec.co.za/downl/Policies/SchoolSportPolicyDraft209.pdf>
- Donaghue, S. (2000). Projective techniques in consumer research. *Journal of Family Ecology and Consumer Sciences*, *28*, 47-53.
- Elin, N., & Nucho, A. O. (1979). The use of Kinetic Family Drawing technique as a diagnostic tool in assessing the child's self-concept. *Art Psychotherapy*, *6*, 241-247. doi: 0090-9092/79/040241-07502.0010

The Clinical Utility of the Kinetic School Drawing (KSD)

- Foxcroft, C., Paterson, H., le Roux, N., & Herbst, D. (2004). Psychological assessment in South Africa: A needs analysis. *The test usage patterns and needs of psychological assessment practitioners*.
- Garb, H. N., Wood, J. M., Lillienfeld, S. O., & Nezworski, M. T. (2002). Effective use of projective techniques in clinical practice: Let the data help with selection and interpretation. *Professional Psychology Research and Practice, 33*(5), 454-463. doi: 10.1037//0735-7028.33.5.454
- Garland, A. (2001). Reclaiming the rubbish: A study of projective mechanisms. *Psychodynamic Counselling, 7*(2), 177-185. doi: 10.1080/13533330110040238
- Graham, J. R., & Naglieri, J. A. (Eds.). (2003). *Handbook of psychology*. New Jersey, NJ: John Wiley & Sons.
- Groth-Marnat, G., & Roberts, L. (1998). Human Figure Drawings and the House Tree Person drawings as indicators of self-esteem: A quantitative approach. *Journal of Clinical Psychology, 54*(2), 219-222.
- Handler, L., & Habenicht, D. (1994). The Kinetic Family Drawing technique: A review of the literature. *Journal of Personality Assessment, 62*(3), 440-464.
- Harter, S. (1982). The perceived competence scale for children. *Child Development, 53*(1), 87-97.
- Harter, S., Waters, P., & Whitesell, N. R. (1998). Relational self-worth: Differences in perceived worth as a person across interpersonal contexts among adolescents. *Child Development, 69*(3), 756-766.
- Harter, S. (2012). Self-Perception Profile for Children: Manual and questionnaires. Unpublished manuscript. University of Denver.

The Clinical Utility of the Kinetic School Drawing (KSD)

Jensen, A. R. (1959). The reliability of projective techniques: Review of the literature. *Acta Psychologica, 16*, 108-136.

Kariyana, I., Maphosa, C., & Mapuranga, B. (2012). The influence of learners' participation in school co-curricular activities on academic performance: Assessment of educators' perceptions. *Journal of Social Science, 33*(2), 137-146.

Kline, P. (1983). *Personality: measurement and theory*. London, ENG: Hutchinson.

Knoff, H. M., & Prout, H. T. (1985) The kinetic drawing system: A review and integration of the kinetic family and school drawing techniques. *Psychology in the Schools, 22*, 50-59.

Koppitz, E. M. (1983). Projective drawings with children and adolescents. *School Psychology Review, 12*, 421-427.

Lillienfeld, S. O., Wood, J. M., & Garb, H. N. (2000). The scientific status of projective techniques. *Psychological Science in the Public Interest, 1*(2), 27-55.

Lindzey, G. (1959). On the classification of projective techniques. *Psychological Bulletin, 56*(2), 158-168.

Machover, K. (1949). *Personality projective in the drawings of the human figure*. Springfield, IL: Charles C. Thomas Publishers.

Miller, D. N., & Nickerson, A. B. (2006). Projective assessment and school psychology: Contemporary validity issues and implications for practice. *The California School Psychologist, 11* (1), 73-84.

Miller, J. P. (2007). *The holistic curriculum*. Toronto, Canada: University of Toronto Press.

Moerdyk, A. P. (2015). *The principles and practice of psychological assessment*. Pretoria, SA: Van Schaik.

The Clinical Utility of the Kinetic School Drawing (KSD)

- Muris, P., Meesters, C., & Fijen, P. (2003). The self-perception profile for children: further evidence for its factor structure, reliability, and validity. *Personality and Individual Differences, 35*, 1791-1802.
- Pellegrini, D. (2010). Splitting and projection: drawing on psychodynamics in educational psychology practice. *Educational Psychology in Practice, 26*(3), 251-260.
- Piotrowski, C. (1984). The status of projective techniques: Or, “whishing won’t make it go away”. *Journal of Clinical Psychology, 40*(6), 1495-1502.
- Piotrowski, C., Keller, J.W., & Ogawa, T. (1992). Projective techniques: An international perspective. *Psychological Reports, 72*, 179-182.
- Piotrowski, C. (2015). Projective technique usage worldwide: A review of applied settings 1995-2015. *Journal of the Indian Academy of Applied Psychology, 41*(3), 9-19.
- Piotrowski, S. (2015b). On the decline of projective techniques in professional psychology training. *North American Journal of Psychology, 17*(2), 259-266.
- Prout, H. T., & Celmer, D. S. (1984) A validity study of the kinetic school drawing technique. *Psychology in the Schools, 21*, 176-180.
- Prout, H. T., & Phillips, P. D. (1974). A clinical note: The kinetic school drawing. *Psychology in the Schools, 11*(3), 303-306.
- Ryan, R. M., & Grolnick, W. S. (1986). Origins and pawns in the classroom: Self-report and projective assessments of individual differences in children’s perceptions. *Journal of Personality and Social Psychology, 50*(3), 550-558.
- Sadock. B. J., & Sadock. V. A. (2007). *Kaplan & Sadock’s synopsis of psychiatry*. Philadelphia, PA: Lippincott Williams & Wilkins.

The Clinical Utility of the Kinetic School Drawing (KSD)

- Sarbaugh, M. E. (1982). Kinetic Drawing- School (KDS) technique. *Illinois School Psychologists' Association Monograph Series, 1*, 1-70.
- Sargent, H. (1945). Projective methods: Their origins, theory and application in personality research. *Psychological Bulletin, 42*(5), 257-293.
- Viglione, D. J. & Rivera, B. (2003). Assessing personality and psychopathology with projective methods. In J. R. Graham & J. A. Naglieri (Eds.), *Handbook of Psychology* (Vol. 10, pp. 531-549). New Jersey, NJ: John Wiley & Sons.
- Wade, T. C., & Baker, T. B. (1977). Opinions and use of psychological tests: A survey of clinical psychologists. *American Psychologist, 32*, 874-883.
- Wegmann, P., & Lusebrink, V. B. (2000). Kinetic Family Drawing scoring method for cross-cultural studies. *The Arts in Psychotherapy, 27*(3), 179-190.
- Zians, A. W. (1997). A qualitative analysis of how experts use and interpret the Kinetic School Drawing Technique. (Unpublished Master's Thesis). Ontario Institute for studies in Education of the University of Toronto: Toronto.

Appendix A

**RHODES UNIVERSITY
PSYCHOLOGY DEPARTMENT**

Project Number: PSY2015/34

Date: November 2015

Dear: Parent/ Guardian

My name is Raghshanda Mohammed and I am a Masters' student at Rhodes University and a registered Intern Clinical Psychologist at Fort England Hospital. I am currently conducting a study that aims to explore children's (specifically grade 5 learners from the ages of 10 to 12) experiences of their classroom environment. I am supervised by Mr. Jan Knoetze, a registered Educational Psychologist and lecturer at Rhodes University.

Participating in this study will require your child to do a drawing about their classroom and fill in a questionnaire about their own perceptions of various domains of functioning (e.g. academic). Furthermore, the child's class teacher will fill out a questionnaire for each child for comparison with the child's self-reported experiences.

Permission/ consent is therefore sought for:

- (a) Your child's participation in the drawing and questionnaire tasks.
- (b) The teacher to be allowed to fill in a questionnaire pertaining to the child.

Throughout the process all the data collected from the children and teacher will be treated confidentially and anonymously. No individualised data will be available or reported on after the study is complete. The children will be provided with an explanation of what the study entails. Should the tasks cause embarrassment, or be too emotionally charged for your child, he/she will be offered immediate containment and appropriate referrals will be made where needed. Additionally, once the analysis phase of this study is complete a short report on the findings of the study will be written up and be made available to the school to distribute as they deem fit. Please feel free to contact the researchers with any questions or queries:

Raghshanda Mohammed

raghshanda.mohammed@gmail.com

Jan Knoetze

j.knoetze@ru.ac.za

Yours sincerely,

R. Mohammed

CONSENT FORM

I _____, the parent/ guardian of _____
(child's name) hereby give my written consent to my child participating in this study.

I have been made aware that:

- The researcher is a Rhodes University student conducting research in partial fulfilment of a Master's degree in Clinical Psychology. The researcher may be contacted on 073 123 1886 (cell phone) or raghshanda.mohammed@gmail.com (email). The research supervisor may be contacted on 0466038344 (office) or j.knoetze@ru.ac.za (email).
- The nature of the study and the tasks my child will be asked to participate in.
- That my child's class teacher will fill in a questionnaire about him/her.
- That I may choose not to give consent, and that I may withdraw my child's participation at any point in the study.
- That I may request the findings of the study from the school once the researcher has analysed and written up the findings.

Child's Name and Surname

Parent/Guardian Signature

Date

Appendix B

Administration Instructions

Broad introduction to the study:

“I am an intern psychologist and a student at Rhodes University. Sometimes when psychologists work with children they ask them to do drawings in order to understand their worlds and experiences. And today I am interested in understanding how children experience their classrooms, so I will be asking you to draw me a picture of yourself in your classroom. By doing this you will be helping me understand how you feel in your classroom and that will help me to help other psychologists understand the experiences of the kids they work with.”

“It is also important that you know that your participation in this study is voluntary and that means that if you don't want to participate you can choose not to. Even if you start doing the tasks and you find that you no longer want to, it is completely okay for you to stop and choose not to continue for whatever reason you have.”

Specific instructions:

Kinetic School Drawing (KSD as adapted from Prout, 1964)

“I'd like you to draw a school picture. Put yourself, your teacher, and a friend or two in the picture. Make everyone doing something. Try to draw whole people and make the best drawing you can. Remember, draw yourself, your teacher, and a friend or two, and make everyone doing something.”

“Once you have completed your drawing you can hand it in to the researchers. The researchers will ask you to help them label the people in the drawing and describe what the people are doing.”

Self-Perception Scale for Children (adapted from Harter, 2012)

“We have some sentences here and, as you can see from the top of your sheet where it says ‘What I am like’, we are interested in what each of you is like, what kind of person you are like. This is a survey, *not* a test. There are no right or wrong answers. Since kids are very different from one another, each of you will be putting down something different.

First, let me explain how these questions work. There is a sample question at the top, marked (a). I'll read it out loud and you follow along with me. (*Examiner reads the sample question*). This question talks about two kinds of kids, and we want to know which kids are most like you.

- (1) So, what I want you to decide first is whether *you* are more like the kids on the left side who would rather play outdoors, or whether you are more like the kids on the right side who would rather watch T.V. Don't mark anything yet, but first decide which kinds of kids are *most like you*, and go to that side of the sentence.
- (2) Now the second thing I want you to think about, now that you have decided which kinds of kids are most like you, is to decide whether that is *only sort of true for*

The Clinical Utility of the Kinetic School Drawing (KSD)

you, or *really true for you*. If it's only sort of true, then put an X in the box under Sort of True for me; if it's really true for you, then put an X in that box, under Really True for me.

- (3) For each sentence, you only check **one** box. Sometimes it will be on one side of the page, another time it will be on the other side of the page, but you can only check one box for each sentence. **YOU DON'T CHECK BOTH SIDES, JUST THE ONE SIDE MOST LIKE YOU.**
- (4) OK, that one was just for practice. Now we have some more sentences that I will read out loud. For each one, just check one box- the one that goes with what is true for you, what you are most like.

Appendix C

KSD Scoring Guidelines Adapted from Andrews and Janzen (1988)

Scoring Sheet

- (A) Drawing suggests pathology
- (B) Drawing suggests positive self-concept
- (C) Emphasis on structure
- (D) Drawer is likeable
- (E) Visible action agrees with verbal description
- (F) Visible action and/ verbal description appears strange or unexpected
- (G) Self or other figures are highly distorted such that without verbal description it would not be recognizable
- (H) Activity of child is:
- (I) Activity of child is:
- (J) Activity of teacher is:
- (K) Problems indicated in student/ teacher relationship:
- (L) Self and peers engaged in activities that are:
- (M) Problems indicated in peer relationship
- (N) Self-placement is:
 - (1) within school
 - (2) outside school
 - (3) uncertain
- (O) Self-behaviour is:
 - (1) desirable
 - (2) undesirable
 - (3) uncertain
- (P) Self engaged in:
 - (1) academic behaviour
 - (2) non-academic behaviour
 - (3) uncertain
- (Q) Drawing indicates
 - (1) depression
 - (2) isolation/rejection
 - (3) anxiety/conflict
 - (4) aggression
 - (5) sexual concerns
 - (6) dominance/ power
 - (7) defensiveness
 - (8) support/ acceptance
 - (9) impulsivity
 - (10) school problems
 - (11) insecurity
 - (12) competition
 - (13) body concerns
 - (14) negative self-concept

Reference Guide

Pathology

- Diffuse
- Disorganised
- Poor drawing
- Confused or distorted body image
- Overwhelming anxiety
- Extensive overemphasis of some features to the neglect of others
- Grotesque fantasy
- Unpeaceful mood
- Bizarre, grotesque features
- Failure to produce unitary features
- Darkened sun, clouds
- Rain/ water

Positive Self-Concept

- Self part of group doing related activities
- Self figure drawn first
- Self figure facing out of drawing or other figures
- Smiling

Likeable

- Organised
- Socially oriented
- Relatively docile
- Generally agreeable

Not Likeable

- Unorganised
- Overanxious
- Hostile
- Extreme in any characteristic

Emphasis on Structure

- Emphasis on physical environment over figure activity
- Clocks
- Chalkboard
- Alphabet on handwriting
- Models
- Flags
- Public address system

Psychological Integrity

- Visible action agrees with verbal description
- Visible action or verbal description strange or unexpected
- Self or other figures highly distorted such that without verbal description it would not be recognisable

Positive Activity (Affect) of Child/ Teacher and Peers

- Socially agreeable
- No evidence of malintentions
- Pleasing

Problems in Student/ Teacher and Peer Relationships

The Clinical Utility of the Kinetic School Drawing (KSD)

- Unacceptable behaviour
- Unpleasing reactions
- Evidence of concern
- Negative interactions
- Evidence of conflict

Placement within school

- Anywhere inside the school

Placement outside school

- Anywhere outside the school

Desirable Behaviour

- Any behaviour consistent with school rules and behavioural expectations

Undesirable Behaviour

- Any behaviour not consistent with school rules and behavioural expectations of the school environment

Academic Behaviour

- Any activity related to school curriculum

Non-academic Behaviour

- Any activity not associated with school curriculum

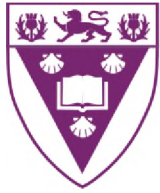
Appendix D

Harter Self-Perception Profile for Children (SPPC)

Specific domains of the scale:

- 1) Scholastic Competence
- 2) Athletic Competence
- 3) Social Competence
- 4) Physical Appearance
- 5) Behavioural conduct
- 6) GLOBAL SELF-WORTH

Appendix E



RHODES UNIVERSITY
Where leaders learn

Psychology Department
1 University Road, Grahamstown, 6139, South Africa
PO Box 94, Grahamstown, 6140, South Africa
T: +27 (0) 46 603 8500
T: +27 (0) 46 603 7614
E: psychology@ru.ac.za

RESEARCH PROJECTS AND ETHICS REVIEW COMMITTEE

18 January 2016

Raghshanda Mohammed
Department of Psychology
RHODES UNIVERSITY
6140

Dear Raghshanda

ETHICAL CLEARANCE OF PROJECT PSY2015/34

This letter confirms your research proposal with tracking number PSY2015/34 and title, 'Exploring the practical utility of a Kinetic-Classroom-Drawing (KCD)', served at the Research Projects and Ethics Review Committee (RPERC) of the Psychology Department of Rhodes University on 18 November 2015. The project has been given ethics clearance.

Please ensure that the RPERC is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jacqui Marx'.

Dr Jacqui Marx
CHAIRPERSON OF THE RPERC

