

## Validity of Draw-A-Person Test as a measure of Anxiety and Aggression Indices among Schizophrenics of Hospicio de San Juan de Dios

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**Abstract** - *The present study sought to determine the validity of Draw-A-Person Test as a measure of Anxiety and Aggression Indices among Schizophrenics of Hospicio de San Juan de Dios in Bocaue, Bulacan. The Draw a Person Test as a psychological tool took an integral part in revealing the anxiety and aggression indices as showed through the details of the parts of the drawing. It showed that most of the Male Schizophrenics have high aggression indices compare to anxiety indices. The researcher also comes up with an Action Plan for an intervention program for patients with Schizophrenia which includes Art Therapy, Interactive Group Activities and Psychotherapy which is very beneficial for them to achieve continuous stability. This study also serves as awareness and provides understanding to situations of schizophrenics which are sometimes, have not been prioritize by the society. It also serves as a guide to the future researchers who will develop a related study.*

**Keywords** – Anxiety, Aggression, Schizophrenia

### I. INTRODUCTION

Schizophrenia is a disorder characterized by disturbances in thought, emotion, and behaviour-disordered thinking, in which ideas are not logically related; faulty perception and attention; a lack of emotional expressiveness or, at times, inappropriate expressions; and disturbances in movement and behaviour, such as a dishevelled appearance. Its lifetime prevalence is slightly less than 1 percent, and it affects men slightly more often than women (Kirkbride et al., 2006; Walker et al., 2004). Schizophrenia is diagnosed more frequently among some groups, such as African Americans, though it remains unclear whether this reflects an actual difference among groups or bias among clinicians (Kirkbride et al., 2006).

Schizophrenia is a very heterogeneous disorder. It affects men slightly more than women and typically begins in late adolescence or early adulthood (Kring, Davinson & Johnson, 2010).

Draw a Person Test as a measure of Anxiety and Aggression works through interpretation of drawings as revealed to their corresponding human figure drawings. Some human figure parts when drawn shows anxiety tendencies and indices like shaded faces, messy hair, and gloved hands. While human figure parts such as omitted mouth and fingers, claw like hands, arms turned inwards, and over emphasized chin are some of the body parts drawn that show aggression tendencies and indices. This study showed that Schizophrenic Patients

of Hospicio de San Juan de Dios with Aggressive Tendencies is relatively higher than anxiety tendencies.

On the other hand, as with most newly developed psychological assessment systems, much research has been devoted to testing the utility, merits, and disadvantages of the projective drawing techniques. Thus there were waves of empirical studies done between the period of the early 1950s until the late 60s. Such efforts have cast considerable doubt on the worthiness of the drawing as a tool on which to base conclusions and judgments about personality of an individual. Yet as popularity continues, and even though interest has flagged during the 1970s, the advent of the art therapy movement has again given a fresh impetus into the investigation of projective drawings.

One of the projective techniques that had gained popularity among clinicians and students is the Draw-a-person test or the Drawing of a Human Figure because one can proceed to administer this test without special materials nor complicated directions, scoring, or coding to master. It can even be completed in less than an hour, interpreted directly from the figures or drawings without intermediary scoring or coding. Sources of error are thus reduced considerably. Human figure drawings have been and continue to be frequently used assessment tools by mental health practitioners (Camara, 2000).

Many practitioners simply “throw in” the DAPT and related projective tests into the assessment battery

to build rapport with the child and form some tentative hypothesis, but they are quite conservative when it comes to clinical interpretation of these drawings. An important but missing piece of evidence regarding social emotional assessment with DAPT is how they are actually used in the clinical practice (Merrell, 2003). Nawa (2005) in his study on the "The Use of Drawing for Psychological Assessment in Britain: Survey Findings" found that Drawing tests are used extensively by North American clinical psychologists despite controversy over their reliability and validity. In contrast, the current survey's results indicate that British clinical psychologists hardly ever use formal drawing tests, but approximately half of them reported using drawing as an informal assessment aid.

Landicho (2009) stated that there are elements and features in the Draw-a-person Test that are significant to high and low aggression in Psychometric Tests. This was confirmed verbally by respondents during the interview that followed the testing sessions. Four raters made up of two practicing psychologists and two professors teaching projective techniques concurred in their rating of the scores on aggression and anxiety. Based on the findings of the study, DAP of male and female drawings of aggression and anxiety indices are included for Filipino adolescent students.

Aleva, et al (2005) examined aspect of reliability and validity of the Goodenough-Harris Draw-a-person test. They found that counting details and determining developmental level in the DAP test could be carried out reliably of judgments of children's social and emotional development and personality was insufficient. The authors found that the success of the DAP test as an indicator of cognitive level, socioeconomic development and personality is limited when global judgments are used. The authors conducted that more specific, reliable, valid, and useful scoring systems are needed for the DAPT test.

Jolley (2001) on the "Croatian children's experience of war is not reflected in the size and placement of emotive topics in their drawings" took up this recommendation by asking Croatian children to draw Croatian and enemy soldiers who had fought in the recent war in Croatia. The influence of an emotional topic (neutral man, friendly and enemy soldier) and trauma group (child with father or father killed in war) was examined on the size of the topics and their placement relative to a self-portrait drawing.

Large studies with operationalized criteria, as well as comprehensive assessments of treatment response and outcome are needed to clarify the relationship

between anxiety disorders and schizophrenia. (Braga, Petrides, Figueira, 2004).

In addition, this study is primarily focused on the Patients with Schizophrenia of The Priory-Hospice of Saint John of God in Bocaue, Bulacan, called simply as San Juan De Dios. It was built and is maintained by the Christian Charity of Faithful and the Brothers of Mercy. It has the capacity for about one hundred psychiatric patients. There are many categories of men of mental illness at San Juan De Dios like Drug induced psychosis, Depression, personality disorders, severe mental retardation and epilepsy, and most of their patients' cases was Schizophrenia.

## II. OBJECTIVES OF THE STUDY

This study sought to determine the anxiety and aggression indices present among schizophrenics of Hospicio de San Juan de Dios through the Draw-A-Person-Test. It also aimed to come up with an action plan for an intervention program for schizophrenia.

## III. METHOD

### Research Design

The research utilized a descriptive- comparative research design. The descriptive method was used to determine the drawing features drawn by the respondents. Moreover, comparative designs were used to differentiate the drawing indices of the respondents.

### Participants

The participants of the study are 25 males, age ranges from 25 to 45 years old, diagnosed y Hospicio de San Juan de Dios' psychiatrist with Schizophrenia.

### Instrument

Draw a Person Test or DAPT was the instrument used in conducting the study. DAPT is a psychological projective personality or cognitive test used to evaluate children and adolescents for a variety of purposes. In administering the DAPT, the examiner always starts by providing the examinee with a blank sheet of paper and a pencil with eraser. The examiner, then, instructs the examinee to "draw a person", thus, the name of the test. After drawing one person, the examinee then proceeds to draw another person of the opposite sex with the first one. The exam ends with the examinee narrating a story that features the figures he or she has drawn as characters.

DAPT is interpreted according to psychodynamic theories. The figure of the same sex with that of the examinee is seen to be reflective of impulses the examinee finds acceptable while the unacceptable

instincts are portrayed by the figure of the opposite sex. The sizes of the figures are also reported to reveal the gender preferences of the examinee.

### Procedure

A letter was addressed to the Superior/Prior of Hospicio de San Juan de Dios in Bocaue, Bulacan as the initial procedure in gathering data. Twenty five patients were given by the institution based on their ability and capacity to respond. Respondents were grouped into 4 batches so that it would be stable for the respondents to do their drawings. Crayons were used to prevent incident of stabbing just in case the respondents' mood become worst. They were also instructed to draw on the reverse side the counterpart gender of their drawing and were advised to write down the name of the one who was being drawn.

### Data Analysis

Based on the Data gathered, most of the Respondents drawn their Gender as their set of preference in choosing the first human being drawn. Some of the respondents had drawn their relatives (father, mother, and sibling) and some drawn themselves. On the counter side of the drawing, some of them have drawn their cousins, classmates, friends, while some draw other person.

## IV. RESULTS AND DISCUSSION

**Table 1. Anxiety indices as revealed by DAPT results among schizophrenics**

Patient	Anxiety Indices
2	(lower part of paper; drawing) Depression signs present (shaded faces) anxiety over guilt feelings
3	(placement of person) lower part: depression signs present
9	Placement of person (lower part) depression signs present
11	(messy hair) high degree of sexual anxiety
16	Lower part placement of person) depression signs present
19	(lower part-placement of drawing) depression signs present

Table 1 presents that there were 6 out of 25 (24%) of the respondents showed anxiety tendencies as revealed on the interpretations of drawing. Drawing on the lower part of the paper of person with messy hair are the parts that showed anxiety indices. It revealed that there are few of the respondents who have feeling of anxiety during the test administration primarily

because most of them enjoyed drawing using crayons that fostered a relaxing mood and calm environment.

Drawings also provide a venue for the respondents to vent out feelings that may be too threatening to acknowledge in a verbal manner. Thus, the act of drawing and objectifying inner conflicts, while allowing glimpses into the person's personality, also serves as a springboard for psychotherapy. Throughout this rapidly changing time period, the uses of drawings in assessment and psychotherapy remain alluring with their ability to illustrate concrete markers of the inner psyche. Through their many variations, drawings have provided a basic format for the sharing of personal feelings and experiences, as well as furnishing direction in promoting change and realizing treatment goals. These graphic images endure in their use by demonstrating their primary value as clinical tools for generating hypotheses about intellectual, developmental, and emotional functioning (Hammer, 1997; McNeilly & Gilroy, 2000; Safran, 2002; Silver, 1996).

On the other hand, a computerized search of the literature published from 1966 to July 2003 was conducted on Medline using the word "schizophrenia" and the words from the names of each anxiety disorder listed in Diagnostic and Statistical Manual 4th Edition (DSM-IV). Only studies including exclusively the diagnosis of schizophrenia were included. Only 15 studies were dedicated to the subject of anxiety comorbidity prevalence in schizophrenia. The most studied comorbidities were obsessive-compulsive disorder (OCD) and panic disorder, and most reports suggested them to be highly prevalent in schizophrenia. The literature indicates that anxiety comorbidities are prevalent in schizophrenia and conventional treatment for anxiety can help alleviate the symptoms in those patients (Braga, Petrides & Figueira, 2004).

Table 2 presents that there were 18 out of 25 (72%) of the respondents showed aggression tendencies as revealed on the interpretations of drawing. Aggression Indices is relatively higher than the Anxiety Indices. Most common body parts drawn and ways it was drawn are claw like fingers, feet draw wide apart from each other, line of mouth and omission of mouth reveal aggression indices.

In relation to this, Landicho (2009) explained that the expression of (hostile) aggression is almost exclusively to other boys and they are more significantly to retaliate against such an attack. In this study, most of the respondents who scored high in aggression came from the Department of Criminology, which consisted mostly of male students.

**Table 2. Aggression indices as revealed by DAPT results among schizophrenics**

Patient	Aggression Indices
1	(heavy lines) communicate aggression (feet wide apart) aggressive counteracted by a feeling of insecurity, actually a compensatory devise. (claw like hands and fingers) overt aggression
2	(line for a mouth) denial of subject aggressiveness (claw like fingers) overt aggression
3	(feet wide apart) aggressive counteracted by a feeling of insecurity (large mouth) domineering and aggressive (claw like fingers) overt aggression
4	(mouth detailing with teeth) among adults: infantile oral aggression (feet wide apart) aggressive counteracted by a feeling of insecurity actually a compensatory devise.
5	(large mouth) domineering and aggressive mother
6	(omission of fingers) infantile aggression (line for a mouth) denial of subject aggressiveness
8	(omission of mouth) indicates express guilt which was in his mind about oral aggression tied with sadistic traits (claw like hands) overt aggression
10	(omission of mouth) indicates expressed guilt which was in his mind about oral aggression tied with sadistic traits
11	(pockets) indicates sexual inadequacy. Tiny-awareness of sexual weakness; long and conspicuous-sexually aggressive (arms turned inwards) indicate subject's aggressiveness
13	(over emphasized chin) social aggressiveness, need for social acceptance appears most of the social climbers protocols
15	(line for a mouth) denial of subject aggressiveness
16	(claw like fingers) overt aggression
17	(omission of mouth) indicates expressed guilt which was in his mind about oral aggression tied with sadistic traits (omission of fingers) among adults with infantile aggression
18	(claw like fingers) overt aggression
20	(claw like fingers) overt aggression
22	(over emphasis facial features) over compensation for their inadequacy and weakness of self assertion by self image or an aggressive self and socially dominant figure and (claw like fingers) overt aggression
23	(feet wide apart) aggressive counteracted by a feeling of insecurity actually a compensatory devise
25	(large spike hands) overt aggression (claw like hands) overt aggression

Feelings of insecurity, overt aggression, denial of subject aggressiveness, infantile oral aggression, express guilt which was in mind about oral aggression tied with sadistic traits, sexual inadequacy, tiny awareness of sexual weakness, social aggressiveness, need for social acceptance appears most of the social climbers protocols, over compensation for their inadequacy and weakness of self assertion by self image or an aggressive self and socially dominant figure

where the characteristics being revealed through the human drawings interpretation of some of the Schizophrenic Patients of Hospicio de San Juan de Dios. One reason for this variation is that aggressive behavior in schizophrenia is heterogeneous in origin. This heterogeneity has usually not been accounted for in treatment trials nor it is adequately appreciated in routine clinical treatment planning (Volavka & Citrome, 2011).

**Table 3. Action Plan of the Intervention Program for Schizophrenic Patients**

Objective	Strategies	Success Measure	Person Involved
A. To lessen the anxiety tendencies of the patients with Schizophrenia. B. To reduce the aggressive tendencies of patients with schizophrenia	1. ART THERAPY - Drawing - Clay Modelling - Painting 2. INTERACTIVE \ ACTIVITIES - Film Showing - Group Dynamics - Singing - Dancing 3. COUNSELING AND PSYCHO THERAPY - Cognitive Therapy - Person Centered Counseling - Group Therapy	1. The patients will be able to express their emotions and creative thinking through their art works. 2. The patients will be able to develop social interaction among peers. 3. The patient will be able to uncover irrational beliefs which may lead to unhealthy negative emotions and replacing them with more productive rational alternatives.	1. Patients with Schizophrenia 2. Psychologist or health professionals 3. Family members and relatives of patients. 4. Brothers of Hospicio de San Juan de Dios

Table 3 Shows the Action Plan for the Intervention Program recommendation for the Patients of Hospicio de San Juan de Dios in Bocaue, Bulacan. Art Therapy is not likely to be of clinical benefit for people with schizophrenia and could not be able to enhance the social functioning or mental health but it still holds a great potential for success in treating negative symptoms. It is the use of art materials for self-expression and reflection in the presence of a trained art therapist.

Clients who are referred to art therapy need not have previous experience or skill in art, the art therapist is not primarily concerned with making an aesthetic or diagnostic assessment of the client's image. The overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment. There is ongoing discussion about whether the healing aspect of art therapy is the process of making art, the relationship that develops between the therapist and the patient, or most likely, a complex intervention of the two (Edwards 2004). One of the rationales for the use of art therapy in schizophrenia is that it addresses the problems with ego boundaries and symbol formation. In additional, Interactive Activities let patients with Schizophrenia enjoy relaxing and fun activities. Experimentation with different things such as group dynamics, music, dance can encourage Schizophrenics to enjoy hobbies in the same way as all people. The most effective hobbies for schizophrenics are those that are creative and do not require much logical reasoning.

On the other hand, counselling or psychotherapy aimed at producing constructive behavioural and personality change. Many patients with schizophrenia have psychological distress and receive some form of psychotherapy. Several different psychotherapeutic approaches for schizophrenia have been developed and studied. Cognitive Behavior Therapy has the strongest evidence base and has shown benefit for symptom reduction. In particular, techniques of remediating cognitive deficits, teaching behavioural skills, and educating about schizophrenia may be incorporated with psychotherapy (Dickerson, 2006).

## V. CONCLUSIONS

Anxiety indices are relatively fewer than aggression indices. Parts of the body drawn that revealed anxiety indices are its placement of drawing (lower part), shaded faces, and messy hair. Aggression indices are relatively more than anxiety indices. Parts of the body drawn that revealed aggression indices are heavy lines drawing, feet wide apart, claw like hands and fingers, large mouth detailing with teeth, omission of fingers and mouth, pockets and arms turned inwards, over emphasized chin and facial features.

## VI. RECOMMENDATIONS

Conduct further study that would strengthen the effectiveness of DAPT to patients including the implementation of an intervention program with a treatment plan. Support, acceptance, visitation, bonding with family members are great ways to help the

Schizophrenic patients achieve continuous stability. Other Mental Health professionals are encouraged to develop same or related study or program with a purpose of helping Schizophrenic Patients. These can be group dynamics, interactive activities, or therapy.

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