

Recontextualizing the Draw A Story Assessment:
Expanding the Expressive Function in Art Therapy

by

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Abstract

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This contextual essay examines doctoral research on clinically applied modifications of Silver's Draw A Story assessment within a hospice grief counseling setting. The production of a documentary video was a vehicle for testing assumptions and articulating modifications of the Draw A Story technique's therapeutic effectiveness as an expressive art therapy process. The central feature of the video are 5 client vignettes that depict, in stop motion, the creation of Draw A Story drawings and shared reflections of their meanings. The history and context of Silver's development of stimulus drawings as an art-based assessment tool is explored, as well as the gap of research knowledge between stimulus drawings used as a diagnostic art-based assessment and their use as a creative art-based tool, particularly for expressing grief narratives. A discussion of how and why Draw A Story may be effective as an expressive function for art therapy is offered, which includes relevant concepts such as projection, structure, prestructured art materials, and the experience of flow in art expression. Grounded theory methodology organizes client responses to their Draw A Story experiences and tests clinical assumptions. Results demonstrated that participants effectively engaged in a satisfying creative process involving narrative and expressive drawing using the modifications to Draw A Story.

Keywords: Stimulus drawings, Draw A Story, projection, flow, prestructured art

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Dedication

This contextual essay is dedicated to my wife, Cindy, and daughter, Emi, who both supported my love of learning and development as an art therapist, despite the strain it placed on our family relationships. I love you both very much.

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“Recontextualizing Silver’s Draw A Story” (Doctoral Video Project)

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CHAPTER 1: INTRODUCTION

In clinical work with grieving people of all ages in art therapy, I find art therapy especially helpful in three main areas: the visual expression of thoughts and feelings, the creation of art objects that help one remember a deceased loved one, and as a soothing and creative activity for those feeling overwhelmed or stressed during the grieving process. The modifications of the Draw a Story (DAS) assessment that I have developed have been especially beneficial in aiding grieving people to express their thoughts and feelings in an artistic and powerful manner. My research problem focused on the gap of knowledge between the uses of Silver's 1978 and 1980 stimulus drawings as a diagnostic art-based assessment (DAS in particular), and modifications of DAS as a creative, art-based tool for expressing affective content and narratives for grieving children and adolescents in a hospice grief center.

My research goal was to examine clinical modifications of Silver's stimulus drawing assessment tools in order to test my assumptions and to articulate what I observed to be therapeutic effectiveness. I proposed that art therapists and the people they serve will benefit from greater understanding of the creative uses and therapeutic value of stimulus drawings in art therapy. I also explored why and how stimulus drawings may support a client's therapeutic progress beyond the effectiveness of stimulus drawings as a projective assessment. Based on my research, I determined that participants effectively engaged in a satisfying creative process involving narrative and expressive drawing using the modifications to Draw A Story

The Stimulus Drawing as an Art-Based Assessment

In 1962 Silver (2013) began writing about her therapeutic art experiences working with children with hearing impairments and the development of stimulus drawings as a way to communicate with them. Shortly thereafter, she began working also with patients who had experienced strokes, people with learning disabilities, and children with emotional disturbances. She continued to develop new applications for stimulus drawings as well as several stimulus drawing assessment protocols. Silver (2007) developed stimulus drawing assessments in such areas as aggression, depression, and cognitive abilities, as well as age and gender differences in attitudes about self and others.

To me, this history clarified when the gap in knowledge between art assessment and expression began. Silver's (2007) very first use of stimulus drawings focused on increasing communication with people with disabilities in hearing or speech. But soon after, an emphasis on assessment dominated her efforts. Instead of continuing to develop the use of stimulus drawings as an expressive function of practice, an assessment function took precedence. This observation is not intended as a criticism of Silver's beneficial and influential work. In my view art assessments generally provide valuable diagnostic, functional, or dynamic information about the artist to art therapists or mental health practitioners. However, this use is not the same as artists expressing themselves for their own benefit. My modifications of Silver's (1993b, 2007) Draw A Story assessment are designed to use stimulus drawings as a way to aid the client in artistic expression that the client finds valuable.

Currently there seems to be little, if any, published research about the expressive quality of stimulus drawings because of their history as an art-based assessment tool. I

also found only limited scholarly literature that discussed the specific uses of visual stimulus in art expression to communicate meaning and provide therapeutic value to the client. As I conducted a review of the literature, I discovered only a small number of art therapists or other professional practitioners who have identified this gap or are utilizing stimulus drawings for purposes other than art-based assessment. I will further highlight this concern in Chapter 2.

Implications for the Art Therapy Field

I believe that my research topic is important for the art therapy field because it focused on what appears to be an underdeveloped and perhaps unrecognized therapeutic value of Silver's stimulus drawings or similar tools (such as my own modifications of the Draw A Story assessment). The expressive quality of stimulus drawings and their therapeutic value are alluded to or implied in some of Silver's writings (e.g., Silver, 2001, 2007, but seem not to have been closely examined by her or by other art therapists. I have found that stimulus drawings and the DAS technique in particular offer an emotionally expressive and narrative quality when clients follow Silver's (1993b) original directive to pair at least two drawings together and create a new drawing from them that tells a story. I assert that the expressive and narrative quality of stimulus drawings when paired or combined together, which originally has served assessment purposes, is currently an underutilized therapeutic element and is perhaps unrecognized by many art therapists.

The Draw A Story Process as a Tool for Expression

Two aspects of the Draw A Story process are of particular interest to me: the relative ease in which art-based, expressive narratives can be created by clients using

drawing prompts or stimuli and the broad potential of DAS as applicable to clients of all ages with a wide range of impairments and strengths. How and why does the process of Draw A Story lend itself to ease of artistic and expressive creation? One piece of this puzzle is based on the notion that stimulus drawings provide a vehicle for the client to project conscious and unconscious material, thus creating a means of artistic expression (Silver, 2007). Another aspect is linked to how prestructured art materials (e.g., stimulus drawings) serve as a visual stimulus that creates material support for the art-making process (Vick, 1999). I believe a third piece of the puzzle may be connected to Csíkszentmihályi's (1990, 1997) concepts of flow and flow activity, which describe the characteristics and patterns of a person deeply and enjoyably engaged in an activity, in this case creating a DAS drawing. These concepts of projection, prestructured art material, and flow are expanded upon as part of Chapter 2.

My research examined assumptions of the expressive and narrative qualities of the Draw A Story tool within a hospice and grief counseling setting. I created and refined a drawing activity based on the DAS process and used it in my art therapy practice with grieving children, adolescents, and adults. The research site was the Pathways of Hope Grief Center of Hospice of Dayton, in Dayton, Ohio. I conducted a phenomenological, multiple-case study with five participants grounded in my observations and clinical assumptions and my review of the literature. I utilized grounded theory procedures to analyze the data in order to generate plausible explanations for my research questions. I chose grounded theory to more deeply explore the experience of children, adolescents, and adults who participated in creating art through a DAS process in my art therapy practice.

The goal of the research process was to test my assumptions and observations in order to clarify whether or not what I thought was happening was actually happening. This clarification of the Draw A Story process has already benefited my art therapy practice by sharpening my ability to shape positive outcomes and bolster areas of weakness. Another beneficial aspect was the project's impact on my conceptual understanding of DAS, leading me to construct theories as to how and why the process yields positive therapeutic gains. My research questions were twofold.

My first research question was: What happens in terms of artistic and verbal expression of narrative and emotion when a child, adolescent, or adult engages in a modified DAS process and verbally discusses the resulting drawing with an art therapist? In order to explore this question, I identified the common themes that emerged from the experience of my study's five participants based on the creation of the DAS drawing and subsequent semi-structured interviews

My second research question was: What is the relationship between Csíkszentmihályi's (1990, 1997) concept of flow activity and the client's experience with my modified DAS process? To explore this question, I worked to discover in what ways the DAS process created a sense of structure that contributed to a predictable and unambiguous mini-universe, which is a characteristic of flow activity. I also explored the relationship between the DAS process and flow activity in which the stimulus drawing functions as a prestructured art element that increases a participant's artistic skill level in such a way as to match the challenge of creating an expressive drawing related to the participant's grief. Finally, I documented the reported experiences of the participants in

my study that confirmed the experience of flow activity, such as the loss of tracking time and the loss of self-awareness, which are both indicative of flow activity.

CHAPTER 2: CONTEXTUAL EXPOSITION AND REVIEW OF THE LITERATURE

Silver's Draw A Story as a Projective Drawing Assessment

Silver's website (2013) lists her studies directly related to stimulus drawings from 1984 through the present, as well as several books on the subject. Stimulus drawings served as the starting point for numerous publications by Silver and others who were interested in testing the assessment for standardized uses as well as specific variables including gender and age perceptions, depression, aggression, and cognitive skills. However, for the purposes of this study only a small but diverse portion of the scholarly literature will be reviewed, because most of the research is focused on stimulus drawings as an assessment tool and this is not the focus of my research study. Indeed, the main purpose for reviewing this literature is to underscore the emphasis of existing research on assessment and the lack of publications regarding the expressive potential of Draw A Story and other stimulus drawing tools. To be clear, I am not against using stimulus drawings for assessment. I'm simply interested in the potential for additional beneficial uses of stimulus drawings.

Draw A Story was originally developed by Silver (2007) for the purpose of assessing depression in individuals. Two versions of the assessment, Form A and Form B, contain different stimulus drawing cards and allow for slightly different assessment objectives. The therapist directs participants to choose two stimulus drawing cards from a deck of 14 cards that depict people, places, animals, and objects (See Appendix A for Draw A Story, Form B). The participant is then directed to imagine something

happening between the subjects of the chosen drawings. Silver's (2007) verbatim instructions are:

Choose two of these drawings and imagine a story—something happening between the subjects you choose. When you are ready, draw a picture of what you imagine. Make your drawing tell the story. Show what is happening. Feel free to change these drawings and to add your own ideas. When you finish drawing, write the story in the place provided. (p. 260)

Next, using the selected cards as references, the participant creates a drawing about what was imagined (Silver, 2007). The participant is then encouraged to title the drawing, tell stories about it, and discuss the drawing with the clinician administering the assessment. Additional discussion is encouraged in order to provide a clearer understanding of the meaning of the participant's drawing. According to Silver (2007), empirical observations of the use of stimulus drawing assessments indicate that different participants perceive the stimulus drawings differently and tend to choose drawing cards that they associate with their own past experiences, perceptions of themselves, and relationships with others.

The administrator scores each DAS drawing on a 5-point Likert-type scale in two areas: the Emotional Content Scale and the Self-Image Scale (Silver, 2007). Strongly negative drawing content, as determined by the clinician, such as suicidal ideation, receives a score of 1. Moderately negative or positive drawings receive a score of either 2 or 4; a score of 3 indicates unclear or ambivalent emotional content. A score of 5 indicates a strongly positive response to the drawing directive, such as a depiction of a loving relationship or of success. Silver posited that negatively scored drawings on both

the Emotional Content and the Self-Image Scales may identify depression in children and adolescents and consequently aid in effective treatment and prevention of suicide (Silver, 2009). Park and Kim (2013) validate Silver's claim in their study that investigated the relationship between predicted suicidal risk indicators with adolescents and their responses on the Draw A Story assessment. See Table 1 for Silver's (2007) Scale for Assessing Emotional Content (Revised) and Scale for Assessing Self-Image (Revised).

Table 1

Silver's Scale for Scoring the Draw A Story Assessment

Score	Scale for Assessing Emotional Content (Revised)	Scale for Assessing Self-Image (Revised)
1 point	Strongly negative emotional content; for example: Solitary subjects who appear sad, helpless, isolated, suicidal, dead, or in mortal danger. Relationships that appear life threatening or lethal.	Morbid self-image; respondent seems to identify with a subject who appears very sad, hopeless, helpless, isolated, suicidal, dead, or in mortal danger.
2 points	Moderately negative emotional content; for example: Solitary subjects that appear frightened, angry, frustrated, dissatisfied, worried, destructive, or unfortunate. Relationships that appears stressful, hostile, destructive, or unpleasant.	Moderately negative self-image; respondent seems to identify with a subject who appears frightened, angry, frustrated, dissatisfied, worried, or unfortunate.

2.5 points	Ambiguous or ambivalent emotional content suggesting unpleasant or unfortunate outcomes.	Unclear or ambivalent self-image with negative outcome; respondent seems to identify with a subject who appears unfortunate or likely to fail.
3 points	Ambiguous or ambivalent emotional content; for example, both negative and positive, neither negative nor positive, unemotional, or unclear.	Self-image is unclear, ambiguous, ambivalent, invisible, or absent.
3.5 points	Ambiguous or ambivalent emotional content suggesting hopeful, pleasant, or fortunate outcomes.	Unclear, ambivalent, or negative self-image, but seems to identify with a subject who appears likely to achieve a goal.
4 points	Moderately positive emotional content; for example: Solitary subjects who appear fortunate, but passive. Relationships that appear friendly or positive.	Moderately passive self-image; respondent seems to identify with a subject who appears fortunate.
5 points	Strongly positive emotional content; for example: Solitary subjects who appear happy, effective, or to be achieving goals. Relationships that are caring or loving.	Strongly positive self-image; respondent appears to identify with a subject that appears powerful, assaultive, intimidating, admirable, loved, or is achieving goals.

Note. From *The Silver Drawing Test and Draw A Story: Assessing Depression, Aggression, and Cognitive Skills* by R. Silver, 2007, Routledge, New York. Copyright 2007 by Rawley Silver.

In a review of experimental studies of stimulus drawings by Silver and other clinicians, Silver (2009) concluded that the Silver Drawing Test (SDT) and DAS could help clinicians identify children and adolescents who may be depressed and aid in effective treatment and prevention of suicide. This conclusion was based on her review of the research on SDT and DAS spanning 40 years of developmental treatment outcomes in studies from the United States, Russia, and Thailand. I will discuss three of the studies Silver reviewed along with two additional studies.

Silver (1993a, 2007) investigated gender and age differences in attitude about self and others based on stimulus drawing responses by 360 child, adolescent and adult participants and found that the drawings tended to reflect the self-image of the participant and attitude differences in age and gender. In a follow-up study, Silver (1997) investigated a sample of 116 child, adolescent, and adult participants responding to the Drawing from Imagination task of the Silver Drawing Test of Cognition and Emotion. Most participants drew stimulus drawings that represented the same gender as self, but a few drew stimulus drawings representing the opposite gender for themselves as the subject of their drawing, usually portraying them as menacing or unfortunate. She concluded that opposite sex fantasies depicted in stimulus drawing assessments may indicate the possible existence of conflicted interpersonal relationships.

Silver and Ellison (1995) conducted a study of the Draw A Story assessment in terms of its usefulness in evaluating the self-image of conduct-disordered adolescent boys. Ellison administered the DAS tool to 53 incarcerated adolescent boys in four experimental groups and found that the drawing assessment may be helpful in understanding participants with or without an art therapist present. The drawings can be

evaluated at a later time by an art therapist, even if the art therapist is unable to speak directly to the participants, although the use of written histories also is helpful.

Earwood, Fedorko, Holzman, and Silver (2004) conducted a study with a group of 30 students with histories of aggressive behavior and 118 students with no histories of aggressive behavior to investigate whether the Draw A Story assessment is effective for screening children and adolescents who are at risk for aggression. The DAS assessment showed promise in this area in that the authors' findings demonstrated that aggressive students tended to have significantly lower scores in emotional content on their DAS assessments and significantly higher scores on the self-image scale when compared to the scores of non-aggressive students.

Kopytin and Lebedev (2013) utilized both the Silver Drawing Test and Draw A Story assessments in their study of the benefits of an art therapy group in a psychotherapy unit of a Russian hospital for war veterans. The study measured the use of humor with a sample of 112 participants who were randomly assigned to either the experimental art therapy group or to a control group. The participants in the art therapy experimental group were scored on the Draw A Story assessment and the Silver Drawing Test. The authors concluded that those veterans who attended the art therapy group demonstrated a higher frequency in the use of humor post-treatment than veterans in the control group. The creation of images and artistic activity might serve important roles in developing the capacity for cognitive and creative problem solving and improved self-esteem.

Park and Kim (2013) conducted a study that investigated the relationship between predicted suicidal risk indicators with adolescents and their responses on the Draw A Story assessment. Using a sample of 413 student participants from six middle schools in

the city of Busan, South Korea, the researchers used both a suicidal prediction scale and DAS as study instruments. They concluded that this study verified the validity and reliability of DAS as a predictor of suicidal risk in adolescents, enabling the DAS assessment to be a practical aid with adolescents in counseling and psychotherapy.

Silver's Stimulus Drawings in the Context of Art-Based Assessments

Silver's stimulus drawing assessments are part of an expansive body of art-based assessment literature. Projective drawing assessments have a significant history in the profession of art therapy; much has been written about established art assessments as well as the development of new art-based assessments (e.g., Betts, 2003; Brooks, 2004; Gantt, 2004; Horovitz, 1987; Kaplan, 2003; Wadeson, 2002).

Brooks (2004) developed a comprehensive art therapy assessment manual that reviewed 16 traditional art assessments and provided the history, validity, reliability, assessment purpose, strengths, weaknesses, and instruction on how each art assessment is administered, including Silver's Draw A Story. Brooks also reviewed current research on each assessment with respect to reliability and validity. Brooks's overall evaluation of DAS identified interscorer reliability as high for art therapists scoring the DAS assessment and indicated that there was potential in assessing participants' affective states. She suggested future research might want to investigate DAS as an assessment of emotional intelligence.

Horovitz (1987) developed a protocol for administering a series of several traditional art assessments, including Silver's SDT, to child clients. She has encouraged art therapists to use her art assessment protocol as part of standard practice and asserted

that doing so was imperative for art therapy to be accepted as a professional health care field.

It is hoped that art therapists will continue to develop evaluative tools such as the Silver Test (ST) for inclusion in diagnostic assessment. Perhaps such contributions will convince other mental health professionals of the significance and impact of art therapists not only for treatment but also for diagnostic and assessment purposes. (Horovitz, 1987, p. 128)

Horovitz's remarks imply that art assessments are a key contribution art therapists can make toward increased professional credibility. I wonder if some art therapists have supported Horovitz's views and, by so doing, continue to conceptually frame Silver's stimulus drawings solely as an assessment tool rather than an art-based expressive tool. If this bias is the case, it may explain in part why there is very little scholarly literature on stimulus drawings used for expressive and therapeutic benefit.

Kaplan (2003) evaluated contemporary issues related to art therapy assessments and described research findings that refute the assumed reliability of many projective drawing assessments, especially the Draw-A-Person assessment (Machover, 1952). She cited a lack of evidence that demonstrates that specific aspects of a drawing or drawing "signs" (Kaplan, 2003, p. 26) necessarily globally and reliably refer to specific qualities of individuals who produced the drawings. She also reviewed research that supports the notion that global aspects may be correlated (i.e., evaluating the drawing as a whole); standardized art assessments such as the Diagnostic Drawing Series (Cohen, Mills, & Kijak, 1994) and Silver's (2007) Silver Drawing Test of Cognition and Emotion are among a few art-based assessments that have demonstrated promising results. Kaplan (2003) also

explained that a distinction exists between the use of art assessments that are conducted by art therapists and psychological evaluations employing art conducted by psychologists and other mental health practitioners. Kaplan described this distinction as involving both purpose and process. Art therapists generally conduct art assessments for the purpose of informing a client's treatment plan, whereas for mental health practitioners the purpose is to aid in the clarification of diagnosis. Kaplan added that the process art therapists utilize in assessment is different than that of other mental health evaluators because of the general use and examination of the way the client interacts with diverse art media, which can be data that further inform the assessment process. She recommended that art therapists emphasize the global aspect of the art in their assessments, observe how the client interacts with the art materials, and gather information by discussing the art with the client rather than viewing art assessments as a prescribed protocol.

Adaptions of Draw A Story as an Expressive Art Tool

Although it is important to be familiar with the history, development, and uses of the Draw A Story assessment, for my study I was interested in scholarly literature that described the utilization of Draw A Story and stimulus drawings in a way that was not directly related to their function as art-based assessments, but rather emphasized their expressive qualities. In one of the few published studies of this sort, Vilstrup (in Sandburg, Silver, & Vilstrup, 1984) documented her use of Silver's stimulus drawings as a projective technique with adolescents in an in-patient psychiatric setting in which she focused on the metaphoric themes that emerged from the stimulus drawings. Vilstrup observed that stimulus drawings enabled her to enter into an adolescent's symbolic language and that the facilitation of client storytelling provided insights into each client's

strengths and weaknesses, which enabled her to effectively resolve conflicts. She also employed Gardner's Mutual Storytelling Technique (Gardner, 1971) as an optional means of discussing the stimulus drawing content.

Malchiodi (2001) described a first session with a 6-year-old girl residing in a domestic violence shelter in which she facilitated several stimulus drawings for the client. The girl chose one stimulus drawing card and completed a drawing along with a story that provided a powerful beginning to the therapeutic relationship. Malchiodi (1997) also described using stimulus drawings as a projective drawing strategy to lessen anxiety in children and adolescents who have experienced sexual abuse. She noted that stimulus drawings are helpful in obtaining critical information and that communication through art may be experienced as less traumatic than verbal communication (Malchiodi, 1997).

Dunn-Snow (1994) described the use of the Draw A Story tool with emotionally disturbed children and adolescents in a large urban public school setting. She found the structure provided by the stimulus drawings to be helpful for students who became anxious when asked to do relatively free-choice artwork, as well as to overcome ambivalence that sometimes accompanies a request for art making. She modified Silver's directives by allowing the children to choose any number of stimulus drawing cards needed to complete a story. Dunn-Snow also generated a modification of Draw A Story in a group setting with fifth-grade boys by instructing them to each choose one stimulus drawing card and then create a group DAS drawing together. She praised the seemingly limitless adaptability of DAS and recommended its use for decreasing resistance and anxiety in initial art making, group process, and conflict resolution (Dunn-Snow, 1994).

Sandburg (in Sandburg et al., 1984) utilized 50 of Silver's stimulus drawing cards with hospitalized adults who had a diagnosis of schizophrenia. She disregarded the standard assessment format and instructed group participants instead to choose two or three cards that made them think of a story that might include them and draw it any way they would like. This art stimulus exercise was repeated weekly and was framed as a problem-solving activity to especially encourage those patients with a poor self-concept. Sandburg observed that the stimulus drawings served to focus fragmented thinking and provided pleasurable art activity. After one year of use, Sandburg's group participants decided to create their own stimulus drawing cards.

The creative experimentation and modifications with stimulus drawings and the Draw A Story tool that Dunn-Snow (1994), Vilstrup (in Sandburg et al., 1984), and Sandburg (in Sandburg et al., 1984) reported on are very similar to my own experiences. It is also interesting to me that like Vilstrup and Sandburg, I began using Draw A Story with emotionally disturbed children and adolescents in an in-patient psychiatric setting. What are the qualities of stimulus drawings and DAS that may lend them to effectiveness with this population? Why and how are therapeutic gains obtained using stimulus drawings and DAS? It is important to note that the authors cited above described the benefits of their stimulus drawing and DAS modifications, but provided little theoretical discussion as to why or how therapeutic gains are made. The lack of theory as to how and why DAS is effective is important because this lack highlights the gap in knowledge concerning stimulus drawings and DAS—not only in terms their expressive potential, but also in terms of why and how the expressive potential is obtained.

Spaniol (2003) described an adaption of the Drawing From Imagination subtest of the Silver Drawing Test of Cognition and Emotion (SDT) with adults diagnosed with mental illness who attended a day treatment program. Spaniol described using this tool as a way to determine art therapy group assignments for the clients. She instructed clients to select two image cards from a set of 15, to imagine that something happened to the figures depicted, and to draw a picture of what they imagined with a pencil or oil crayons on 12" x 18" paper. Her rationale for the art therapy group assignment was based on the following two observations: (a) how the client selects and integrates the images reflects on cognitive functioning and (b) how the client describes the drawing and its themes suggest the client's level of creativity and use of fantasy. People who demonstrated more limited cognitive functioning and capacity to explore artistic fantasy were encouraged to attend the psycho-educational art therapy group. Those who seemed to have a developed ability to express fantasies in a creative manner were encouraged to attend the art therapy groups that strengthen the sense of self. Spaniol's observations supported the notion that stimulus drawings may have activated interpersonal and intersubjective communications because some of the participants demonstrated the ability to quickly produce art that expressed fantasies and personal narratives. Spaniol's observations seem to confirm my assumption that Draw A Story is a powerful artistic tool that facilitates the expression of client narratives.

Stimulus Drawings, Visual Communication, and Projection

Silver began developing stimulus drawing in the 1960s as a way to communicate with deaf children to whom she taught visual arts (Silver, 1993b). These children couldn't read lips or speak and Silver could not sign, so after experimenting with gestures

she discovered that quick sketches worked best in communicating under these circumstances (1993b). The sketches that prompted the most expressive responses evolved into her collection of stimulus drawing cards and projective drawing instruments. Different stimulus drawing cards are grouped together for different assessments, such as the unique combinations of 14 stimulus drawing cards for Draw A Story, Form A and Form B (Silver, 1993b, 2007).

Although Silver further developed stimulus drawings into several projective drawing assessments and protocols, it is interesting to note that the initial function of stimulus drawings was visual communication that transcended verbal language. Researchers and practitioners could develop and explore stimulus drawings as a form of visual communication that transcends language in perhaps several different directions. In my view the main direction and emphasis of Silver's work focused on what participants visually communicate when utilizing a particular stimulus drawing protocol apart from or in addition to language and what that says about the participant; hence the assessment. My emphasis as an art therapy practitioner using my modifications of Draw A Story is that the process provides the participant with a visual and artistic vehicle for self-expression that has tremendous therapeutic potential. My line of questioning for the video project and research was intended to investigate how the Draw A Story drawing process provided that vehicle for expression.

Silver's assessment work with stimulus drawings operates from the premise that art can function as a language that parallels verbal language, and that emotions and cognition can be identified, assessed, and developed through art imagery (Silver, 2001). Indeed, for Silver (2007) art, and stimulus drawings in particular, not only parallels

language, but also bypasses language and provides respondents with a visual avenue that conveys cognitive and emotional information. A visual form of communication that bypasses language is especially helpful for people who have cognitive or verbal communication impairments (Betts, 2003; Silver, 2007).

Inspired by Silver's observation that stimulus drawings serve as a visual language and may bypass the need for verbal language for communication, Betts (2003) experimented with stimulus drawings in her work with children and adolescents with autism and communication impairments. In developing her own projective drawing assessment (the Face Stimulus Assessment), Betts observed that students benefited in art therapy when using stimulus drawing tools such as a picture of a face. She observed that these clients tended to demonstrate more motivation to engage in art that included a stimulus drawing and were able to project their own thoughts into the stimulus drawing by adding lines or colors. Betts conceptualized the Face Stimulus Assessment as a projective assessment with the goal of assessing the client's capacity for memory and visual retention. It assesses for memory and visual retention by demonstrating the ability to graphically organize the elements of the human face. The task of graphically drawing a human face is accomplished by using a series of three drawings that provide diminishing visual stimuli of a human face; the respondent visually completes more of the face over the course of three drawings (Betts, 2003). Betts's observations from developing the Face Stimulus Assessment support the notion that visual stimulus tools can be a source of motivation in completing art tasks and that children tend to project material when making art with a visual stimulus.

Silver (2007) asserted that the primary drawing task of her stimulus drawing assessments is based on the observation that different respondents perceive the same standard stimulus drawing prompts differently and that the drawings created from the visual stimulus drawing cards tend to reflect the respondent's thoughts and feelings in ways that can be measured, presumably by Silver's specific assessment protocols. Also, respondents tend to alter the stimulus drawings in intentional and unintentional ways, such as depicting themselves or others in a disguised form, expressing feelings of anger or fear indirectly, exploring wish or fantasy fulfillment, and creating symbols or metaphors (Silver, 2007). Silver implied that stimulus drawings have a projective quality based on the outcomes produced in the artwork of respondents. The role of projection seems to play a significant part in the question of how the Draw A Story tool helps participants visually communicate because projection may expedite which stimulus drawing cards are chosen and how the prompts are changed or modified when rendered into a drawing (Silver, 2007).

According to Reber, Allen, and Reber (2009), a projective technique is "any test, device, or set of procedures designed to provide information about or insight into an individual's personality by allowing him or her the opportunity to respond in an unrestricted manner to unstructured or ambiguous objects or situations" (pp. 622–623). How does the use of stimulus drawings fit with this definition of a projective technique? Perhaps one way to conceptualize stimulus drawings within this definition is to approach them as an unstructured object in the form of an art-based visual stimulus to which the respondent responds. Respondents choose the stimulus drawing cards according to some

internal need or focus and create art from them that elicits the projection of material, which in turn provides information about the respondents and their concerns.

In taking this issue further, what kind of client information does the stimulus drawings provide? Exploring projection in traditional art therapy assessments may shed light on this question. The use of projective drawing assessments in art therapy is the subject of vigorous debate and concern due to the poor reliability and validity of many of the long-standing drawing assessments such as Draw-A-Person (Gantt, 2004; Kapitan, 2010; Kaplan, 2003; Wadeson, 2002). Through this vital discourse, Gantt (2004) and Kaplan (2003) nonetheless have identified possible areas in which projective drawing assessments may provide fruitful, reliable, and valid clinical information. Gantt encouraged art therapists not to abandon the goal of developing valid formal projective assessments and recommended focusing on several remedies and adjustments to research concerns. Two of several of Gantt's suggested remedies are:

1. Evaluating projective drawings based on formal aspects instead of the content of the drawing, drawing markers/signs, or the interpretation of the drawing (Gantt, 2004).
2. Evaluating projective drawings as a reflection of the respondent's present clinical state rather than personality traits over time because research studies suggest that projective drawing assessments reflect a person's clinical state at the time of completion (Gantt, 2004).

These two significant areas of projected material, global form, and the state versus traits of the respondent are promising areas for assessment research. Reliability and validity

can be supported in existing and well-established research knowledge (Gantt, 2004; Kaplan, 2003).

What implications do global form and clinical state have in the use of stimulus drawings? Silver (2007) asserted that the stimulus drawings in her assessments are more concerned with content than with form and meaning or the physical aspects of art making such as color and shapes. Does the addition of a visual stimulus, such as stimulus drawings, enable a projective drawing assessment to reliably gather projected content as well as global form from a respondent as compared to verbally directive drawing assessment like Draw-A-Person? Do stimulus drawings reliably elicit projected information that represents the respondent's clinical state and/or affective state?

According to Vick and Strauss (1997), a small body of empirical research in art therapy literature is focused on developing structured art therapy assessments. In a brief history of art therapy assessments the authors concluded that although examples could be found in the art therapy literature that related to art-based procedures related to the assessment of anger and anxiety, no studies were found that used standardized prestructured art and psychometric measures to assess affective conditions of clients/patients. Vick and Strauss acknowledged Silver's Draw A Story and Stimulus Test as art assessments using standardized stimulus drawings that have demonstrated the ability to assess affective conditions such as anger and depression along with other cognitive conditions. Vick and Strauss developed a protocol for determining whether it is possible to assess the affective condition of people admitted to an in-patient psychiatric facility by using a standardized collection of 20 photocopied drawings representing anger, anxiety, contentment, and depression along with administration of the Psychiatric

Symptoms Inventory. They concluded that therapists could predict with reasonable certainty the affects represented by prestructured visual stimuli used in a treatment context.

Mirror Neurons and the Physiological Connection to Projection

Why do people tend to project meaning in response to a visual stimulus? In contemplating recent neurological research focused on mirror neurons Silver (2007) posed questions related to visual communication, projection, and empathetic considerations in the use of stimulus drawings. The purpose of mirror neurons, a fundamental brain mechanism, may be to help the human mind decipher the mental state of others and empathize with their behavior, enabling one person to understand the emotions, intentions, and actions of another (Gallese, Keysers, Rizzolatti, 2004; Silver, 2007). Silver (2007) inquired:

Do stimulus and response drawings activate mirror neurons? Do stimulus drawings prompt respondents to empathize with the subject they choose and project emotion into their responses? Do their drawings enable us to sense a respondent's motivation and state of mind? (p. 3)

Hypothesizing how an individual understands the actions and intentions of others, Gallese et al. (2004) claimed that the activation of the brain mechanism of mirror neurons provides an individual with an experiential understanding of the actions of others. Similarly, the activation of the viscera-motor mechanism enables experiential understanding of the emotions of others. The basic, conventional conceptualization of the understanding of the actions of others is that one observes the different parts of another person's action and then one's brain interprets and assigns meaning to the action.

This neural hypothesis states that when an individual observes the action of another, that same (or mirror) neural network is activated as when the observer executes the same action. Therefore, I as the observer understand the actions of another because I know the outcome when I do it. The understanding of visual stimulus is not dependent on interpretation and assigned meaning only, but penetrates into the “experiential (‘first person’) motor knowledge of the observer” (Gallese et al., 2004, p. 396).

Gallese et al. (2004) also claimed that similar brain mechanisms enable an individual to understand and experience the emotional states of others. Focusing on the emotion of disgust, they were able to demonstrate through fMRI images that participants in a research study who smelled foul odors in a container displayed the same brain mechanism activation observing the facial grimaces of others smelling the same foul odors even though at the time of observation the observer was not smelling the odors. Although they stressed that understanding emotions is not solely achieved by mirror neurons, Gallese et al. proposed that basic social cognition depends on the activation of neural networks and that through this process of activation, “a bridge is created between others and ourselves” (2004, p. 400).

Franklin (2010) stated that mirror neuron research provides a catalyst for art therapists to reexamine ideas related to empathetic art and art responses in particular. Franklin wove together concepts including attunement with clients, historical perspectives on empathy, mindfulness practices in preparing art responses, and physiologically based mirror neuron discoveries. He recommended that art therapists create empathetic art responses to clients so that they may feel understood in a meaningful way and also develop empathy for themselves and compassion for others.

Working with seven clinically depressed teenage males on a locked in-patient unit, Franklin presented art responses based on the art produced by this group and attempted to reflect the emotional core of the group. He observed that through his efforts to accurately reflect the group's visual narratives, group members responded by reporting feeling emotionally understood and seemed to display increased empathy for themselves and others in the group.

Applying mirror neuron concepts, Franklin (2010) implied that clients could have an emotional and experiential understanding of the art therapist's art response. This operationalizes the notion that clients may be able to visually assimilate affective content that is offered back to them in a carefully crafted art response and that it "penetrates into the "experiential ('first person') motor knowledge of the observer" (Gallese et al., 2004, p. 396; Franklin, 2010). When clients create Draw A Story drawings by choosing stimulus drawings and then look upon their own art work, is it possible that the clients provide themselves with an emotional and experiential understanding of their own life in that moment?

Mirror neuron concepts may also have implications in Vick and Strauss's (1997) work with assessing affect by using visual, prestructured images. Perhaps respondents not only visually recognize emotions depicted in the prestructured art and assign personal meaning, but also have an experiential or embodied recognition due to the visual stimulus. Is it possible that while choosing stimulus drawing cards during a Draw A Story assessment, clients may also have an emotional or embodied recognition due to the visual stimulus?

Silver's (2007) questions regarding mirror neurons illuminate and clarify possible fruitful research directions. Mirror neuron research sheds light on how projection and empathetic understanding occurs with visual stimuli and stimulus drawings in particular. One of my clinical assumptions about my modifications of the Draw A Story assessment is that clients project material that reflects clinical state, form, and content by the processes of choosing the stimulus drawing cards and pairing or combining the stimulus drawings while making art to form a visual story. If people project meaning and affective content in response to a visual stimulus and can empathetically understand each other's actions, intentions, and emotional states, then it is reasonable to suppose that Draw A Story is an art-based vehicle that can enhance visual communication. Indications that this may be true emerged in the data collected during my iMovie vignettes indicating that participants experienced an increased ability to express feelings related to their grief by completing a Draw A Story drawing. Further research studies no doubt will need to be developed to systematically elucidate this concept.

Visual Stimulus, Structure, and Draw A Story

Silver (1993) described the Draw A Story instrument as a "semi-structured interview technique" initially designed as an assessment instrument for depression with the additional goals of accessing fantasies, and adding data to the topic of age and gender differences related to attitudes towards self and others (p. 10). She also stated:

Draw a Story and the Silver Drawing Test are based on the premise that limiting choices can stimulate creativity, and that structuring need not inhibit spontaneity.

If we offer choices within boundaries, and encourage respondents to feel free to

make final decisions, structured tasks can provide emotional support, particularly when drawing is a novel experience. (Silver, 2007, p. 5)

A visual stimulus offered to a client as part of the art therapy process involves the concept of structure. Robbins (1999) asserted that form, structure, and meaning emerge from the art therapy process as the art therapist holds and reflects the primitive energies of chaos and fragmentation in a therapeutic space between the client, the art work, and the art therapist. According to Robbins, art itself isn't therapy; rather, it is the vehicle that illuminates chaos and fragmentation in such a way that therapy can occur in a space between the therapist, the art, and the client. In my view, a Draw A Story drawing helps creates this tripartite art-based space between the therapist and the client.

A number of studies have explored the use of a visual stimulus in order to encourage clients to engage in art making. In their work with adults diagnosed with schizophrenia in long-term residential care, Honig and Hanes (1982) recommended that art therapists working with this population create structured and directive art activities that correspond with the developmental markers of this disorder. To this end, Honig created a framework that identifies developmental stages of schizophrenia along with directive art that she believed parallels a positive treatment. For example, she described restricting art media and providing drawing paper that was small in size. This paper was embellished with a simple, visual stimulus of borders or lines that sectioned the paper for her new patients as a way to provide structure that invited artistic participation. She observed that new patients often appeared intimidated by blank paper (Honig & Hanes, 1982). I have observed a similar process with far less impaired new clients. Draw A

Story seems to provide a visual cue that ignites creativity and a place to artistically start a drawing.

Comfort (1985) proposed the practice of clients choosing a magazine picture as a visual stimulus in psychotherapy. Rather than creating a collage of magazine photographs or drawings, the client chooses one picture, writes a list of word associations, and discusses and explores the image with the therapist. He asserted that this practice has many therapeutic benefits such as reducing anxiety, teaching clients how to communicate visually, bringing therapeutic issues to awareness metaphorically, and other common benefits typical of art therapy practices. The process of clients choosing images illustrates how clients can identify or project meaning on images and how valuable this can be in the context of therapy.

Gabel (1984) explained the use of a visual stimulus in his Draw A Story Game, which is a combination of a scribble drawing technique and Gardner's (1971) storytelling techniques, used primarily with children with emotional disturbances. In this narrative art technique the therapist makes a simple line or scribble on the paper with the instructions for the client to use the mark as a starting point for a drawing. The drawing is then discussed by the therapist, asking the client open-ended questions. Next the therapist creates a sequential series of drawings based on the child's scribble. The therapist inquires about the story that relates to the client's original story. The therapist and client continue taking turns drawing and adding to the story until the therapeutic benefits are exhausted to the point in which the stories are no longer contributing to therapeutic gain. Gabel noted that creating the scribble as a starting point and a visual stimulus decreased resistance to drawing and increased engagement with the therapist,

tended to build rapport, and provided helpful information in understanding and treating the client. The therapeutic use of a scribbled line illustrates how powerful a visual stimulus can be in fostering narrative, especially in relationship with an attentive therapist who invites the client to playfully express and create. This playful and therapeutic use of a visual stimulus is similar to how Draw A Story drawings are created in my clinical observation.

In providing art therapy to Japanese children, Tanaka (in Kakuyama, Tanaka, & Urhausen, 2003) developed the Egg and Cave Drawings, a narrative art technique that uses a therapist-drawn oval as a visual stimulus. The procedure for the Egg Drawing involves the therapist drawing an oval on the client's paper, dialoguing about the egg, and creating curiosity about what will hatch as the "magic egg" cracks. The therapist draws cracks on the egg and then, on new paper, invites the child to draw whatever is to hatch from this magic egg with the option of coloring the drawing (Kakuyama et al., 2003).

The Cave Drawing is typically created after the Egg Drawing and begins with the therapist drawing a larger oval on the paper, informing the client that this is the mouth of a cave looking out into the world and asking the client to pretend they live in the cave and to draw what they image they see outside. When both drawings are completed, the therapist asks the client to tell a story that involves both drawings, although the drawings can be used individually. The oval shape is the visual stimulus provided by the art therapist that initiates the drawings and consequently the visual narrative (Kakuyama et al., 2003). The oval and egg narrative drawing process displays many similarities to the DAS process. Both employ visual stimulus (the egg/oval shapes and the stimulus drawing cards in DAS) along with verbal directives in order to create a narrative drawing.

Vick (1999) reviewed a brief history of stimuli-related art activities in the field of art therapy. He briefly discussed the use of projective drawings with tester-produced visual stimuli in personality tests such as the Bender Motor Gestalt Test, the Drawing Completion Test, Silver's stimulus drawing techniques, and Rorschach inkblots. Vick advocated for the use of prestructured art elements in working with adolescents in brief art therapy psychiatric settings believing these art materials provided a formal structure based on visual and material stimuli. This in turn provides a starting point for clients to engage in artistic expression. He described the use of magazine images, magazine words, photocopied images, traced images, cut and torn paper, and partial drawings as visual stimuli that enhanced creative art making by providing material that was familiar and suggested creative options for art making. Given the challenges related to the brief length of treatment in psychiatric settings at the time, he argued that prestructured art activities are an effective method of working that balances structural boundaries with the participant's creative freedom of choice in order to encourage expressive and self-directed art making.

Stimuli like the Draw A Story process and verbal directives presumably provide structure. What is the structural difference between a verbal directive or theme and a visual stimulus? Liebmann (2004) discussed the provision of themes or verbal directives as a way to offer structure in art therapy group work that meets for a common purpose or to explore a common topic. She described a spectrum of structure that art therapists can provide, ranging from always providing structure through a specific art task and common purpose to a group format where group members meet together and are self-directed. She discussed the benefits of using themes or verbal directives, such as providing:

- a beginning point and focus for those who have difficulty getting started in art making;
- education and understanding about art therapy to group members unfamiliar with it;
- focus and as a result the use of limited time efficiently, especially in the context of brief groups or one day or weekend trainings;
- support in building group cohesion and interaction; and
- the flexibility to meet different needs, as group members may be involved in choosing the theme as appropriate.

Liebmann (2004) also cautioned that themes inappropriately chosen by the art therapist can either be too emotionally stimulating to group members or provide an unsatisfying and superficial experience. She stated that part of the goal of choosing an appropriate theme is providing an art-making experience that is interesting, revealing, and enjoyable.

Liebmann's (2004) observations on structure tended to focus on the external elements of managing group cohesion and time management. In my view, stimulus drawings and the Draw A Story process contribute to this external structure when used in groups or with individuals, but one of my assumptions is that they also seem to provide an internal and psychological structure that contributes to the ability of many clients to create expressive and therapeutically significant art. In part, I believe this internal structure is supported by the client's innate tendency to project meaning and affective content into their artwork. However, I don't believe projection is the sole explanation as to why DAS is effective. Through the availability of stimulus drawings and the guiding

verbal directives, which are external structures, the DAS process seems to support and connect with internal mechanisms that organize and enable clients to make expressive art.

Henley (2000) discussed utilizing verbal idioms such as “a blessing in disguise” as a stimulus in group discussion and art making with latency age children diagnosed with ADD, ADHD, and Asperger’s syndrome. He concluded that providing verbal idioms as a stimulus serves to create an open-ended structure within the group discussion and art-making components, allowing for enhanced expression and relational content in a safe and less threatening manner.

In his use of prestructured art materials used in an adolescent psychiatric facility, Vick (1999) identified four guiding principles that these art activities support and enhance. These four guiding principles are:

1. Provide freedom within structure.
2. Create an environment of psychological safety.
3. Look for opportunities to make connections (by the art therapist making connections between group members who share common themes in their art).
4. View the group as having a life of its own.

Particularly germane to the notion of the use of prestructured art or visual stimuli, Vick described the therapeutic advantage of the guiding principle of providing freedom within structure by distinguishing the benefits of a visual stimulus versus a verbal directive.

Vick stated:

By creating and providing prestructured art elements as the stimulus for art making, the art therapist can deemphasize more overtly directive verbal tasks in favor of an approach that allows the art material itself to create a structural

framework. Within this framework, individual clients can pursue a direction in their work that is more truly reflective of their personal issues. When processing this artwork, these stimulus elements can again present the opportunity for linking together individuals, thereby taking advantage of the benefits of group treatment. Rather than view this style of working as a technique (which implies more rigid limitations and applications), the more flexible stance is to consider these elements as extensions of art materials, which can be adapted to a full range of populations, contexts, and uses. (1999, p. 76)

One of the differences between verbal directives and prestructured art elements implied by Vick (1999) is that clients may proceed in art making with more fluidity because they can respond directly with the art material. In this way, images are responded to with images as a direct interaction with the structure of the art material, compared with the interaction with verbal directives, which requires a process of translating the directive language into an art expression. Clients may experience the verbal directive as limiting, restricting, or confusing, despite its intention to structure the art experience.

Based on the information reviewed above, what are the common beneficial elements of art therapy using visual stimuli? The authors of the articles reviewed here agree that the use of visual stimuli increases engagement with art materials; assists in building rapport with the art therapist and/or group members; decreases anxiety, defenses or inhibitions; and provides a framework to create client-generated narratives. In this research project, I concentrated my focus on visual stimuli, particularly Silver's stimulus drawings and my modifications of the Draw A Story assessment. I am defining a visual

stimulus as a visual image provided by the art therapist that is designed to stimulate the client's visual creativity and art making for therapeutic gain. This definition highlights the visual form and purpose of the stimulus and excludes many verbal directives and themes that are common in art therapy. For the purposes of my study, defining visual stimulus in this way focused my data collection efforts toward the visual stimulus aspect of stimulus drawings and Draw A Story.

Art Materials, Prestructured Art Elements, and Draw A Story

One intriguing aspect of my Draw A Story modifications is the relationship between the verbal directions and the visual stimulus. As an art therapist and clinician, how do I orchestrate the verbal directives so they don't interfere with the art-making process? In considering the interaction between verbal directives and art materials, Vick's (1999) concept of prestructured art elements is instructive. Vick stated:

Rather than view this style of working as a technique (which implies more rigid limitations and applications), the more flexible stance is to consider these elements as extensions of art materials, which can be adapted to a full range of populations, contexts, and uses. (1999, p. 76)

The framing of prestructured art elements and, by extension, stimulus drawings, as "extensions of art material" (Vick, 1999, p. 76) is a significant shift in how I am conceptualizing the use of stimulus drawings, because the use of prestructured art elements implies that a stimulus drawing is like paint or an oil pastel—that it is a tool with which to create art rather than an extension of a verbal directive.

C. Moon (2010) categorized or likened prestructured art as collage material in her exploration of materials in current art therapy practice. Although this may generally be

true, one important distinction between collage and prestructured art elements is the art therapist's intentionality. Collage elements are generally gathered from random sources of images. Prestructured art elements are chosen, honed, and cropped by the clinician for the purpose of focusing and amplifying content. Prestructured art elements and stimulus drawings are both crafted for a very specific psychological and expressive purpose.

In addition, C. Moon (2010) identified current and future trends in art therapy practice related to art material, which also pertain to how I conceptualize the use of the Draw A Story process. Trends included the idea that as the field of art therapy develops, the setting and the clients creating the art work determine the conceptualization of what are acceptable art materials, as well as the prediction that because the world is more complex and more visually saturated, traditional art materials may no longer suffice to meet the needs of clients. Another trend was that research into how different art materials impact clients compared to other materials is vitally important, partly because of the sheer number of material options available as well as for art therapists to choose effective treatment approaches for specific client art-making needs. Finally, C. Moon identified the trend that art therapists would benefit from understanding "the broad and diverse language of materials" in order to match "the specific artistic vocabulary that corresponds with what the client needs to articulate" (2010, p. 37).

Prestructured materials, stimulus drawings, and Draw A Story contribute to expanding artistic options for art therapists in order to serve the specific needs of their clients. One of my clinical observations about the Draw A Story process and stimulus drawings in my study is that they served as an "extension of art material" and functioned as a tool to create art.

Flow and Draw A Story

As previously stated, the ability to reference and pair two or more stimulus drawing cards during the Draw A Story process seems to allow many clients of all ages, especially those who are beginning work with an art therapist, a playful structure and ease in art making that enhances artistic expression. In my observations in my clinical practice as well as my study, this sense of ease in entering into and maintaining the experience of expressive art making not only enhanced the creative experience, but also promoted in rapport building with me as the art therapist. How does ease of entering into and maintaining a meaningful expressive art experience occur? What are the factors that support this process? Recent art therapy research and inquiry into Csíkszentmihályi's (1990, 1997) concept of flow sheds light into how Draw A Story may enable this positive experience for clients (Chilton, 2013; Kapitan, 2013; Lee, 2013).

Flow is a concept developed by Csíkszentmihályi (1990) that describes a psychological "state of optimal experience" in which "people are so involved in an activity that nothing else seems to matter; the experience itself is so enjoyable that people will do it even at great cost, for the sheer sake of doing it" (p. 4). The concept of flow emerged from Csíkszentmihályi's research as he sought to understand how people felt when they most enjoyed themselves. He studied artists, athletes, musicians, and others who focused their attention on pursuits that they preferred to spend much of their time doing. Based on the tremendous interest and international research studies on flow, Csíkszentmihályi (1990) asserted that the characteristics of flow seem to be universal and transcend ethnic, gender, socioeconomic status, and age factors. Characteristics of flow include (a) flashes of intense living; (b) attention that is ordered, focused, and fully

invested; (c) loss of self-consciousness and irrelevant feelings, despite feeling stronger; (d) sense of time that is distorted and passes quickly; and (e) engagement in an activity that requires attention and action, body and mind, and is experienced as worth doing for its own sake (Csíkszentmihályi, 1997).

Several art therapists have explored the concept of flow as it relates to art therapy theory and practice (Chilton, 2013; Chilton & Wilkinson, 2009; Kapitan, 2013; Kaplan, 2000; Lee, 2013; Malchiodi, 2006). Chilton (2013) inquired, “If flow is therapeutic, what can art therapists do to help clients enter and maintain flow?” (p. 64).

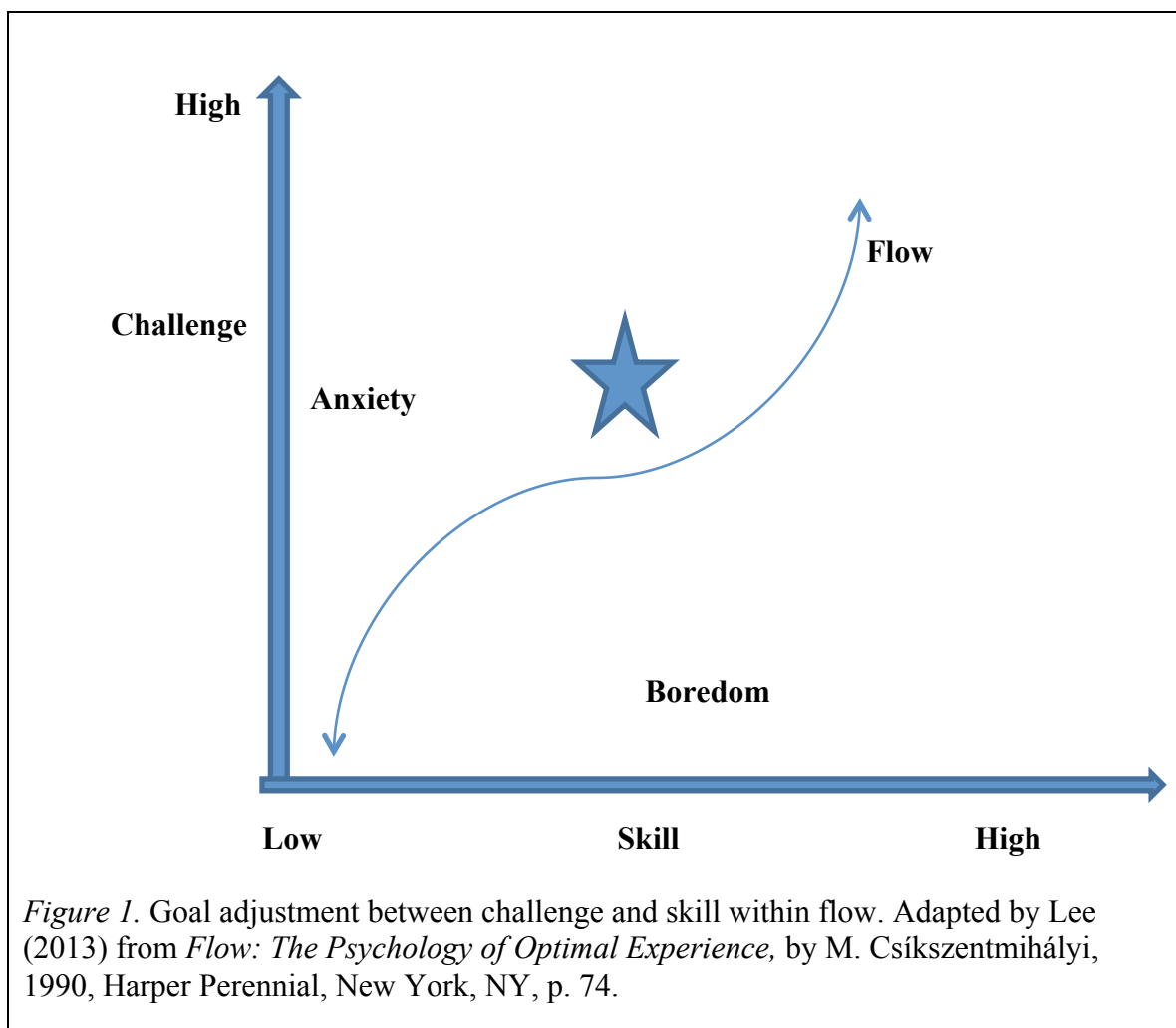
Flow tends to occur when a person engages in an activity that has clear goals that require specific and compatible responses (Csíkszentmihályi, 1997). According to Csíkszentmihályi (1997), it tends to be easy to enter into flow activities like playing tennis or chess because the structure of the game involves a set of previously agreed upon goals and rules that make it possible for the capable player to act without questioning what action to take and how. A flow activity creates a self-contained universe where there is little ambiguity, but instead a sense of black-and-white clarity and purpose that eliminates random and distracting thoughts and feelings. The Draw A Story process is an expressive art process that I propose also has this self-contained universe quality by providing a visual stimulus and structure along with verbal directives that decrease a sense of ambiguity in terms of how to proceed.

Expressive art making is an activity that often involves uncertainty and ambiguity as well as holding the characteristics of flow. Chilton (2013) noted that if an art therapy client is unsure about how to proceed in the art therapy task, perhaps a more directed response by the art therapist is needed in either materials or directives or both for the

client to experience flow. She recommended art therapists quickly assess a client's artistic skills and strengths and propose tasks that offer challenge while simultaneously limiting the potential for anxiety.

Lee (2013) studied the concept of flow in art therapy, including the matching of challenge and skill level, while working with three children who had immigrated from Korea to the United States. She adapted Csíkszentmihályi's diagram of Goal Adjustment Between Challenge and Skill Within Flow (Figure 1). Lee intentionally provided art therapy material that enabled the clients to balance or match their artistic skill level with their chosen artistic challenges (Csíkszentmihályi, 1990). According to Csíkszentmihályi (1990), if one perceives one's skill level as high and perceives the challenge as low, then typically boredom is the predictable outcome. If one perceives one's skill level as low and perceives the challenge as high, then anxiety is the typical outcome. For flow to occur the skill level matches the challenge with one being able to make adjustments in either increasing or decreasing the challenge to match skill. Lee's (2013) clients reported experiences congruent with flow and adjusted their challenge–skill match through problem solving and adjusting their goals.

Another related characteristic of flow activities is that they provide immediate feedback as to how one is doing in meeting the goal (Csíkszentmihályi, 1997). Art making is an activity that provides immediate and ongoing feedback. It is this ongoing feedback that allows one to make adjustments in skill and challenge matching and aids in maintaining flow (Lee, 2013).



Based on my observations, I developed two clinical propositions related to the characteristics of flow that I believe are integral aspects of why and how clients are able to easily engage in and maintain expressive art making while engaging with my modifications of the Draw A Story process. The first proposition is that stimulus drawings are an extension of the art materials that increase the client's artistic skill level. The second proposition is that the directive to pair two or more stimulus drawings together to form a visual story provides beneficial structure that aids in clarifying the goal of artistic expression. I assert that the modifications I made to DAS are conducive for

some clients to enter into and maintain flow while engaging in the activity of artistic expression. In my view, Silver has implied these two propositions in her published works (e.g., Silver, 2001, 2007) but my video project and research demonstrated these flow characteristics by documenting the participant's actions while drawing and verifying the participant's self-report.

I have observed my clients adjust the parameters of the Draw A Story process to match their skill and challenge to obtain flow in ways that seem to echo Lee's (2013) conclusions. In the video project as well as in my clinical practice, some clients choose to trace the stimulus drawings and others render their own intricate interpretations of them. Some clients use several stimulus drawings and add their own drawings and symbols, and others use a select few. Clients make choices about the use of color, art media, size of paper, and time spent on the creation of their DAS drawings, all of which benefit their flow experiences. I have found that my propositions about DAS's connection to flow activity were confirmed and the data generated from the experiences of my participants described experiences characteristic of flow activity. Namely, participants generally demonstrated and reported:

- an increase in artistic skill level because of using stimulus drawings that matched the challenges of creating a grief drawing,
- an experience of structure due to the DAS drawing process that made it easier for them to create grief-related art,
- a reported sense of loss or time and or self, and
- a reported experience of enjoyment or satisfaction in the drawing they created.

Literature Review Conclusions

In reviewing literature specific to Silver's stimulus drawing techniques, Dunn-Snow (1994), Malchiodi (2001), Parka and Kim (2013), Snadburg and Vilstrup (1984), and Spaniol (2003) imply that stimulus drawings facilitate the expression of a person's feelings and thoughts. The concepts and mechanisms of projection, structure, prestructured art materials (Vick, 1999), and Csíkszentmihályi's (1990, 1997) flow support how and why stimulus drawings and the Draw A Story process in particular may be effective as an expressive art therapy process. This review of the scholarly literature supported my own observations and clinical propositions of DAS during my research project. These clinical claims were:

1. All participating clients seemed to project material that reflected their clinical state in response to the form and content of the visual stimulus and this tendency toward projection seemed to enhance artistic expression.
2. The visual stimulus of the stimulus drawings and the verbal directives involved in my Draw A Story modifications seemed to create a structure that was conducive to expressive art making with all of the participating clients.
3. Stimulus drawings served as an "extension of art material" and functioned as a tool to create art for all of the participating clients in this study in a manner similar to how Vick (1999, p. 76) described the concept of prestructured elements.
4. Many of the characteristics of flow activity seemed to suggest why and how participating clients were able to easily engage in and maintain expressive art making during the modified Draw A Story process as they endeavored to create a drawing that expressed their grief.

My research study was designed to explore the veracity and accuracy of the above clinical claims. By using a multi-case participatory research method I explored in depth the experiences of five representative client participants. I and the participants delved not only into the themes expressed in their Draw A Story drawings, but also explored whether their experiences corresponded with characteristics of flow activity. Grounded theory methods gathered rich data through interviewing and helped to make sense of the research and focused on these elusive and subtle claims raised by my review of the literature.

CHAPTER 3: DESCRIPTION OF THE PROJECT VIDEO AND RESEARCH

FINDINGS

Modifications of Silver's Draw A Story

I have creatively experimented with and made modifications to the Draw A Story directive professionally since 1993 as part of my clinical practice. My purpose in using these modifications of DAS focused on creating a structure that invited individuals and groups to tell their stories in an artistic and expressive manner. Based on the modifications made to the Draw A Story process, I witnessed the expressive and powerful potential of combining and rendering two or more simple drawings together to create a visual story in my study as well as in over 20 years in my clinical practice.

The modifications of the stimulus drawings used for my research study included the following. I added new stimulus drawing images in the form of a drawing packet printed on 8.5" x 11" white paper with 4 images per sheet of paper. I eliminated other original Silver drawings that were seldom chosen by my clients in the past. I included 68 stimulus drawing images in my packet in order to increase expressive options and present a greater affective range in the stimulus drawings. I made Silver's original stimulus drawings easier to draw by emphasizing the sense of form and shape rather than Silver's more cartoon style based on the depiction of her stimulus drawings in the literature (1993, 2007). I eliminated many of the facial expressions in Silver's stimulus drawings, leaving the faces of most of the figures blank in order to increase the ability of participants to depict the facial and emotional expression of their choosing. I also recreated and created the drawings to make those which contained figures as neutral as possible with respect to gender, age, and ethnicity. I provided a handout of all of the

drawing choices instead of presenting a limited number of the drawings on cards in order to expand creative options. I encouraged participants to choose stimulus drawings while creating a drawing with the goal of enhancing flow and creative expression.

I also provided a variety of art material including color art medium to enhance opportunities for expression. I encouraged participants to render the drawings free hand, but also provided drawing tools such as a light table and a projector that allowed participants to trace the images or enlarge them. These additional tools seemed to increase the participants' confidence in creating art and fostered immediate engagement in art making.

The modifications I made to the verbal directives in the Draw A Story process for this study are important as well. I told the research participants that DAS is like a drawing game. The object of the game is to create a drawing using at least two drawings from the drawing packet that tells a story about how they are feeling and doing after the death of their loved one. We then reviewed the drawing packet together briefly. I further explained that the guidelines to this game are:

- you have to use at least two stimulus drawings from the packet,
- you may change the stimulus drawings in any way,
- you may use drawn images of your own invention as long as you use two stimulus drawing from the packet, and
- you may start the drawing as soon as you have selected at least one drawing.

In Silver's original Draw A Story directives, participants are to choose two stimulus drawings, imagine what happens between them, and then create a drawing based on what they imagined. The advantage to my modification was that it allowed the participant to

engage in art making without having to choose two drawings first and then engage in the cognitive process of imagining what happens between them. I think this verbal modification allowed the participant more flexibility to choose one stimulus drawing and begin the drawing, thus engaging the creative art-making process immediately without having to settle on two stimulus drawing choices. Thus, the active process of choosing the stimulus drawings as the participant creates furthers the imagined story as it evolves into the drawing.

General Clinical Observations of Draw A Story

Most of my reported general clinical observations were indirectly a part of my study with the five participants, but these observations have also been part of my clinical practice using the Draw A Story process for over 20 years. I include these observations as a way of assisting the reader to more fully appreciate the expressive potential of DAS.

One observation related to the narrative quality of DAS is that the DAS process often provides a main character that may (but does not always) represent the participant. The main character in the drawing usually enables the participants to discuss their lives metaphorically or in the third person. The main character and narrative quality of the completed drawing usually comprises an emotive element that serves as a catalyst for the expression of feelings. In addition, emotive expression seems to be enhanced in the follow-up discussion with the art therapist.

A second observation related to the narrative quality of the Draw A Story process is that it often produces a visual metaphor that conveys different levels of meaning. Participants often create a drawing that allows for the sharing of a large amount of quality information relatively quickly. The Draw A Story process also allows for the option of

repeating it with clients at a later point in treatment and thus creates the opportunity to compare subsequent drawing content with previous drawings to examine progress.

A third observation is that the Draw A Story process seems to allow some participants, especially those who were first beginning work with an art therapist, an engaging structure for artistic expression that contributes to building a positive rapport with the art therapist by creating a satisfying art experience either individually or in a group setting. The use of stimulus drawings appears to increase motivation toward art making for some participants. Anxiety or ambivalence related to making art seems to decrease. Draw A Story seems especially suitable for a group setting and appears to create group cohesion by allowing group members to visually share meaningful stories of their lives in a creative manner.

I also observed an enhanced aesthetic quality to clients' Draw A Story artwork both in my research study and my clinical practice. In comparison, many illustrations of client artwork in the published literature demonstrating client uses of stimulus drawings appeared to be aesthetically impoverished, apparently quickly rendered and depicted only in black and white. Such depletion is generally what one would expect from an art assessment—that is, the time to complete it and the material itself may be limited to a pencil and paper, which is done to standardize the material for the sake of reliability of the instrument.

As demonstrated by my video project, the artistic results in my study were generally aesthetically pleasing and the participant often greatly valued the resulting art product. This aesthetic value is partly because as an art therapist, I provided the time, art materials, tools, and my presence, all of which allowed for the possibility of the creation

of expressive art. I believe this happened partly because I don't conceptualize the Draw A Story process as primarily an assessment tool but rather as an expressive art element in therapy, although these drawings certainly have broad assessment qualities.

My modifications to the DAS process not only support a more satisfying artistic process for the client, but also the possibility of the creation of a satisfying and aesthetically gratifying art piece. This aesthetic value illustrates a significant difference between the common depiction of stimulus drawings in the literature and what often is an intentional and aesthetic result in my study and practice. See Figures 2–6 for Draw A Story drawings created by five client participants of this study.

Method

For the research study I conducted a multiple-case study with five participants and used the creation of a stimulus video of each participant creating a Draw A Story drawing as a way to explore their experiences.

A stimulus video in art therapy research is the creation of a video of the participant creating their artwork in order to show the participant via the video the their art making process for the purpose of creating or collecting data (Lee, 2013). I also utilized



Figure 2. "The Comforting Snake" (DAS drawing by female participant, age 9)

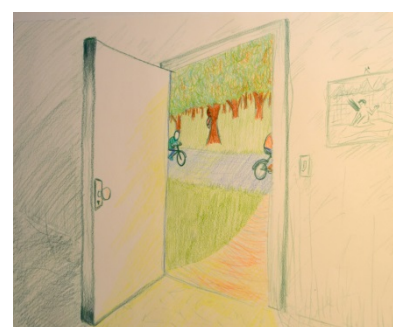


Figure 3. "An Invitation" (DAS drawing by male participant, age 37)



Figure 4. "Broken Strings" (DAS drawing by a male participant, age 15)

grounded theory practices for conducting two semi-structured interviews with each participant and for analyzing data from the video-creating process. The creation of the five stimulus videos provided the fundamental means to gather and document data, and engage clients as active participants in the research process. I edited the stimulus videos and created a video project that was the vehicle to explore and articulate my research questions as well as to disseminate the results of my research in a meaningful way.



Figure 5. "A Happy Day at the Park" (DAS drawing by a female participant, age 12)

Case study methods are used to conduct research on complex sociological phenomena and allow investigators to focus on the specific circumstances of an individual or group while also retaining a holistic and real world perspective (Yin, 2014). A multiple-case study provided me an in-depth approach to examine the dynamic experiences of the five participants by engaging them in creating a Draw A Story



Figure 6. Untitled (DAS drawing by a female participant, age 60)

drawing, videotaping each participant while making their DAS drawing, viewing the video as a stimulus for recall of the participant's art-making process and discussion of their experiences through two semi-structured interviews.

Setting

The setting for my study was the Pathways of Hope program at the Hospice of Dayton in Dayton, Ohio. Hospice of Dayton was founded in 1978 as a nonprofit hospice. Since its inception in 2002, the Pathways of Hope program has served to support the mission of Hospice of Dayton by providing grief counseling and art therapy as a way to promote effective grieving in patients and their families as well as in the community. Pathways of Hope services are available not only to patients and families served by its hospice programs, but also to bereaved members of the community, regardless of their prior affiliation with Hospice of Dayton.

Grounded Theory Methodology

According to Charmaz (2014), grounded theory methodology serves as a means to learn about direct experiences of the world and for developing theories from direct observation to deepen understanding. Researchers using grounded theory construct theories in an ongoing way as opposed to discovering the theory emerging from the data or other sources of information unrelated to the researcher's observations. Grounded theories are constructed or formed based on the researcher's past and present experiences and interactions with people, perspectives, and research methods. Charmaz asserted that constructed theory "offers an interpretive portrayal of the studied world, not [an] exact picture of it" (2014, p. 17). Accordingly, the research process, the data collected from the participants, and the theories developed are all considered constructed or created reality, not the reality itself. Grounded theory is the most popular research method used by qualitative researchers in the social sciences and, although it came from sociology, it has been adapted by several disciplines (McCallin, 2014).

Grounded theory fit well for researching my clinical assumptions and research questions concerning the Draw A Story process for several reasons. Grounded theory methods are designed to organize and offer methods for constructing meaning from rich sources of data (Charmaz, 2014). The client's experience participating in the many facets of the Draw A Story process is unique and includes subtle intricacies. The concepts of flow activity are also experiential and subjective in nature. Therefore, grounded theory methods categorizing the experiences of a small sample of participants into meaningful data to form a theory or explanation made it a good match for understanding the DAS process and answering my research questions.

In practice the application of Charmaz's (2014) version of grounded theory is much less linear than the steps below would indicate and, like all sound research, more cyclical in terms of gathering and analyzing data as well as forming theory or explanations. The practice of extensive memo writing occurred throughout the research process and enabled me to incorporate new insights as they occurred, to compare data, to explore ideas further, and to manage further data gathering. Memo writing was critical to constructing theory and records on how I arrived at my conclusions (Charmaz, 2014).

Research Questions

My area of interest was the experience of grieving children, adolescents, and adults creating expressive art through modifications of Silver's Draw A Story process. I was interested in the responses of the client participants, as well as those of the parents of the clients, to the art created during the Draw A Story process. As stated previously, my two main research questions are:

1. What happened with each client in terms of artistic and verbal expression of issues related to their loss while engaged in a modified Draw A Story drawing with me as the art therapist?
2. What is the relationship between Csíkszentmihályi's (1990, 1997) concept of flow activity and the client's experience with my modified Draw A Story process?

One of Charmaz's (2014) methodological principles is that the data collection methods should flow from the research questions. She encouraged researchers to let the research problem inform the methods that they choose to gather and explore data. I believe my research questions matched with constructionist grounded theory because the methods of data analysis get at the experiential and unique perspectives of the participants.

My research questions aligned well with grounded theory in several ways. Both of my research questions explored the experience of children and adults during a specific art therapy activity. These questions corresponded well to grounded theory's methodological focus on gathering data, especially through interviews and rich data sources such as art and analysis. My research questions matched the interviewing method of data collection because it is similar to my practice methods of conducting a therapeutic discussion of the art with child, adolescent, and adult clients. When the client and I discussed their artwork we explored the emotions represented in the art, the narrative themes that emerged, and what it was like for the client to make the drawing. The grounded theory interview process was very similar to the experiences the clients had with me as the art therapist.

Recruitment of Sample

I identified possible participants for the study in my role as art therapist at the Pathways of Hope Grief Center based on my interaction with clients seeking grief services after the death of a loved one. Four of the five participants were individual art therapy clients and one participant was an art therapy group member. There were two males and three females and the ages of the participants were 9, 12, 15, 37, and 60 years old. Inviting the children, adolescent, and adult clients to participate in the study was based on the following conditions:

1. Positive rapport and regard existed between the client and I, based on my clinical judgment. I deemed a positive rapport as necessary because I was attempting to generate a collaborative and participatory research relationship with the client.
2. Potential participants demonstrated a significant amount of distress and emotional suffering because of their grief response to the death of a loved one.
3. Participation was optional with no penalty for declining the invitation to be involved in the study.
4. Participation in the study was unlikely to harm the client's therapeutic process or interrupt the therapeutic benefit of the art therapy process.
5. Participation in the study would likely enhance the treatment based on my clinical judgment. It was reasonable to presume that the additional time invested in exploring the client's experience with the DAS process would be beneficial to the treatment goals of the participant.
6. Participation in the study was congruent with the expectations of the clients (and the parents of the children and the adolescent) regarding the span of time for

treatment. In other words the addition of the research study as part of treatment did not significantly exceed the clients' expectations for the time they hoped to participate in clinical visits.

7. Potential participants did not demonstrate a significant emotional or cognitive impairment that might complicate the data collection of the small sample of generally intact grievors for this study. For example, I didn't select a client with the diagnosis of mild autism for the study because I assumed that the behaviors associated with mild autism would impact my ability to videotape the DAS process, the two semi-structured interviews, and the data collection and analysis.

Ethical Considerations

I obtained IRB approval for this study from Mount Mary University on October 6, 2014. As a requirement of participating in this study, each adult participant, child participant, and parent of minor participants were provided with the safeguards and protections that are outlined in the permission forms included as Appendices B and C. These forms were reviewed with all participants as well as the parents of the child and adolescent participants. I conducted the review of all forms and required signatures of the parent as a minimum along with my signature as a witness. These forms included the following:

1. The informed consent form stated the goals of the study, the anticipated effects of the study, the anticipated benefits and risks, and informed all participants that they could decline to be in the study or at any time cease participation in the study with no negative consequences or disruption of treatment. The form notified the child and adolescent participants that they could also decline to be in the study even if

their parent had given permission. Participants were also informed that they could provide feedback on the data they contributed after the data were analyzed.

2. Confidentiality and anonymity forms informed the all participants and the parents of child participants that direct and indirect identifying information was protected from disclosure. Parents also signed a HIPPA form as part of clinical services for grief therapy; a signed copy was placed in the research records.
3. Video and art release forms were also signed by the participants to allow video and art images to be shown in educational settings.

Role of the Researcher

I conducted this study in a dual role of art therapist and researcher. Lee (2013) demonstrated the viability of a multi-case study and grounded theory research approach by conducting her study in the role of both art therapist and researcher with immigrant children participating in art therapy and exploring concepts of flow activity. As an art therapist, I fulfilled my clinical responsibilities by providing individual grieving counseling and art therapy to the participants in my study. As a researcher, my role was one of guiding the overarching exploratory process of observing what happens when the art therapist and client engage in the Draw A Story process. Facilitating the research process involved both art making and discussion aspects with the participants as well as the orchestration of all phases of the research process. I also conducted the logistical and pragmatic aspects of the study including operating the sound, video, and computer equipment necessary for several forms of data collection. I facilitated the interview process and maintained a co-constructionist alliance with the clients as we conducted research together, with an emphasis on what happened as we engaged in the DAS

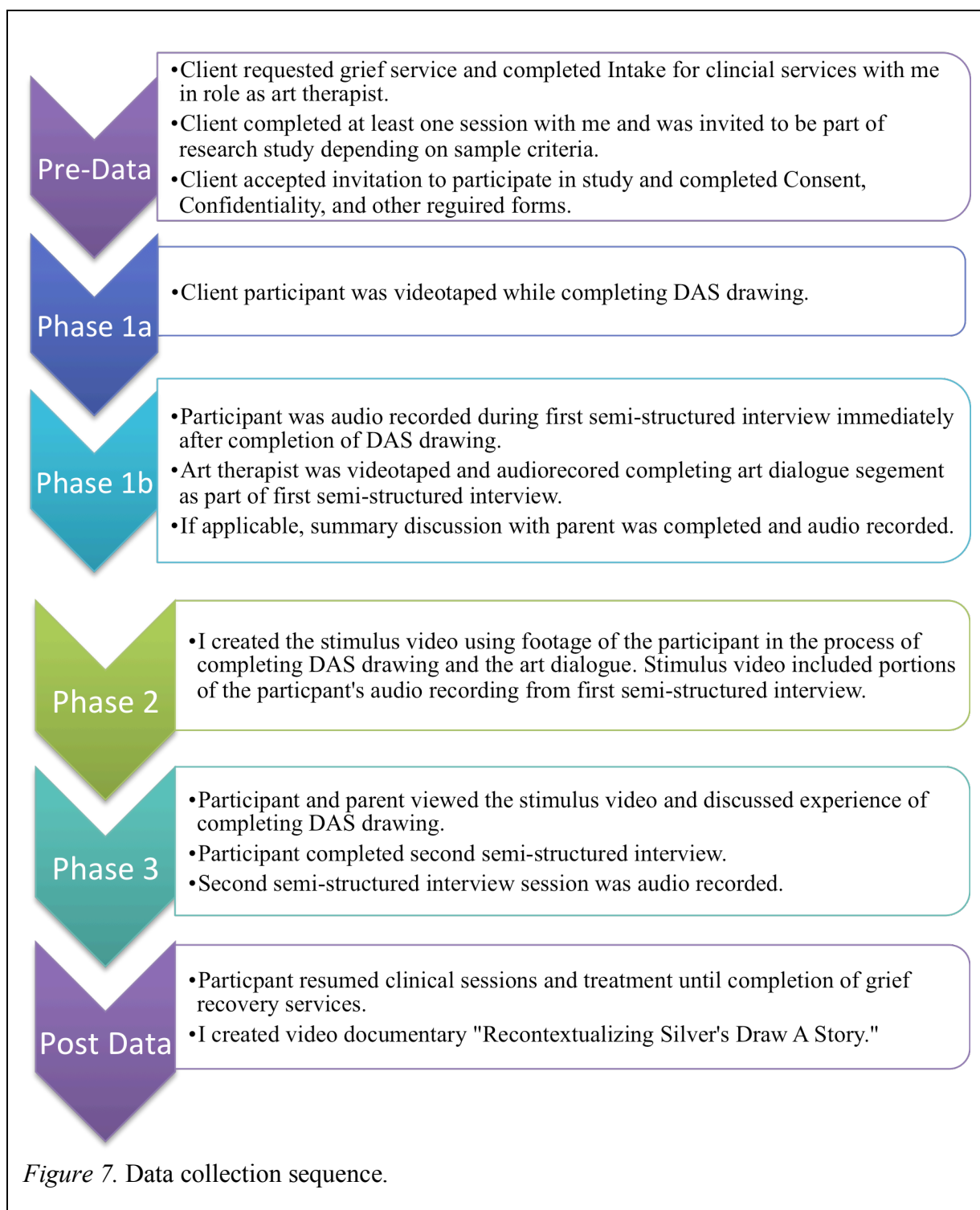
process. I also organized the data and made meaning of the experience in order to construct theoretical explanations and compare with my clinical propositions.

Data Collection

According to Charmaz (2014), gathering rich, focused, and detailed data that reveal the participant's feelings, views, intentions, and actions within the context and structures of their lives provides material needed for significant analysis. I collected data in three fairly distinct phases (See Figure 7).

The data was collected during the first phase was collected from a variety of sources. Data was collected from my case progress notes on participant sessions and memo writing/field notes after each session. The visual, emotive, and narrative themes of the participant's DAS drawing were collected during this phase. I also collected data from the audio recording of the first semi-structured interview with the participant, as well as from the summary between participant and parent.

The second distinct phase of data collection was the creation of the stimulus video based on the participant's Draw A Story drawing, completed and videotaped in the clinical session during the first phase of data collection. Rowe (2009) selected stimulus video in conjunction with semi-structured interviews as one way to find out how music teachers and their students participating in private lessons viewed gender differences. In Rowe's study, the video footage served as a stimulus to assist participant's recall and develop their ideas about what happened in the lesson, as well as providing a springboard for further discussion in the interview. One result was that the use of the stimulus video involved the teacher and student on an equal basis as co-researchers in the study and provided them with a mutual sense of ownership of their contributions (Rowe, 2009).



Lee (2013) also used videotaped stimulated interviewing as a method for data collection in a study exploring the experiences of three children involved in art therapy sessions. Participants watched the stimulus video immediately after the art therapy session and answered questions as part of a semi-structured interview. Lee found the use of stimulus video to be a helpful form of data collection of the participant's felt and lived experience, especially as the session focus was on art making with minimal verbal interaction.

The third phase of data collection in my study was comprised of a second semi-structured interview that occurred immediately after showing the participant their own stimulus video (see Appendix F for the second semi-structured interview format). Interviewing children as a research method can be difficult and is subject to a host of practical and ethical challenges (Westcott & Littleton, 2005). Westcott and Littleton (2005) recommended that researchers consider methods and practices that co-construct the exploration of the research topic with the child. One positive benefit of my research design was that I had completed a clinical intake session with the child's parent before seeing them for art therapy, and I had completed at least one art therapy session with the child or adolescent before I invited them to be a part of the research study. Completing the intake assessment process and one session of art therapy allowed me to build positive rapport with the child and parent before they were part of the study, which aided in creating a mutual partnership in all phases of the study, including the interviews.

The second semi-structured interview occurred approximately 2 to 4 weeks after the creation of the Draw A Story drawing in order to allow time for editing and adding dramatic elements such as music to the stimulus video. During the second interview the

original art was displayed and the stimulus video was shown to the participant. The child participants both chose to allow their parents to be present during the showing of the stimulus video. The adolescent participant elected not to have his parent present during the showing of the stimulus video. This follow-up interview focused on the participant's experience of seeing the stimulus video and their recalled experience of creating the Draw A Story drawing. This interview was also audio-recorded to provide accurate documentation of participant responses to the interview as well as additional audio for the final research project video.

Production of Stimulus Videos and Project: Recontextualizing Silver's Draw A Story

The first phase of video production involved the creation of the stimulus videos with each of the five client participants. In order to videotape the process, I attached a small camera to a copy stand mounted above the drawing space of the client. The camera filmed only the hands of the client during the completion of the DAS drawing. After the completion of the DAS drawing, I conducted the first of the two semi-structured interviews that explored the content of the drawing.

I then completed what I call an art dialogue with each client and videotaped the process using the same techniques as I did during the drawing process. I created a sketch of the main character of the participant's DAS drawing as a diagram-like drawing. I then asked the client to imagine what the main character would say if it had a voice. I drew a voice bubble for what the main character would say and wrote the words on the diagram. I then drew a thought bubble for what the character would be thinking and again wrote

down the response of the participant. Finally, I listed the feeling words on the diagram that the client had identified as emotions pertaining to the main character.

As part of the production of each stimulus video, I downloaded the video recordings from the camera into my MacBook Pro iMovie program. Along with several other editing features that functioned for me as a form of data analysis, I then used fast motion to greatly increase the normal speed of the drawing in order to give the video a time-elapsed look. I used the time-lapse feature because I wanted to make each video approximately 10 to 15 minutes in length. I deemed the use of fast motion of the imagery essential to capture the client's DAS experience in a reasonable amount of time. I reasoned that a much longer depiction than this would lessen the dramatic impact for the client because the participant might lose interest in watching the stimulus video if it went on too long. I think the faster speed increases the sense of form over content, and thus amplifies available meaning of the drawing.

I then used edited excerpts from the audiotape of our discussion based on the first semi-structured interview I conducted with each participant upon completion of their DAS drawing along with the art dialogue. I used the audio excerpts that I thought best told the story of the drawing and captured the therapeutic essence of the session. After the video was edited and the audio was attached, I added instrumental music that I felt fit with the emotional sense of the artwork and dialogue. Whenever possible I would also use sound effects in the iMovie program that fit with the content of the drawing. I added the music and the sound effects to further the narrative sense of art and drama that I hoped would heighten the participant's response to the stimulus video by communicating a sense of empathy and understanding to the participant based on how I created the

stimulus video (Franklin, 2010). Although I did not initially anticipate all of the creative elements and editing features I used to create the video vignette, it soon became clear to me that the stimulus video was not only a stimulus but also an art response on my part to the client and, therefore, a result of data analysis in the cycle of the research design.

I showed the completed stimulus video to the clients to enhance recall of their experiences creating the DAS drawing. This usually occurred 2 to 4 weeks after the initial video session. I audiotaped the responses of the participants and any family members present on seeing the video vignette, as well as a discussion of their experience and reflections on actually doing the drawing. I found that the participants responded positively to watching the video vignette as it powerfully and succinctly summarized the content of both the drawing and discussion of the session. For example, in the case of the first stimulus video the child participant and her mother watched it together and the mother was emotionally moved to tears as the content of the video revealed the narrative that the child participant was more concerned for her mother's grief response over the death of the mother's father than for her own grief response. Finally I then used the audio recordings of both semi-structured interviews to gather additional data by dictating the comments of family and the participant into a written format for further analysis.

My aim in creating the stimulus video was to reflect back to the participant the formation of the drawing, the drawing as an art product, and key verbal communication from the first follow-up discussion. The goals for the stimulus video included the following: (a) to aid in the participant's recall of lived and felt experiences while creating the DAS drawing, (b) to enhance the co-constructing aspect of the research project between the participant and me, (c) to afford another source of data from the experience

in order to view the DAS process from a different perspective, (d) to provide an art-based stimulus in video form that might elicit additional data from the participant and parent, and (e) to function as a summary of the clinical work and point of focus for the follow-up interview.

As I considered the use of a stimulus video in this research design, I was initially concerned that filming the video while the child created the Draw A Story drawing would be distracting and might compromise the therapeutic goals of art-based grief work. The process of videotaping the formation of the drawing apparently was not problematic, as all participants displayed no discernable distress in the video process and all chose the option of creating the video themselves rather than having me recreate their drawing post-discussion.

The resulting documentary video demonstrates the expressive elements of Draw A Story drawings in the context of art therapy–based grief work in a hospice setting. I entitled the video “Recontextualizing Silver’s Draw A Story.” The essential elements of the video are based on the stimulus videos completed by of the five participants engaged in the process of creating DAS drawings. After the five stimulus videos were shown to the clients in individual sessions, I edited them to shorter and more dramatic depictions of the participants’ experiences for the purpose of compiling them into one video documentary. The purpose of this documentary is to demonstrate the expressive quality of the Draw A Story process with grieving people.

The video demonstrated the ease with which the participants engaged in the drawing. They continued without becoming stuck or frustrated from of the start of the drawing through its completion. Most art therapists know that many clients begin art

works and then lose interest in completing them. The video documented that the client participants worked with fluidity, sometimes only having one stimulus drawing prompt in mind at the beginning, which enabled them to start the drawing and continue to add to it to the point where they felt it was complete. Thus, the dynamic process of creatively building upon the initial stimulus advanced the evolution of the story as opposed to holding a story cognitively and using the DAS process to illustrate it.

The video documented the fact that all of the participants were able to connect the themes of their drawing to their grief experience through the drawing process and the discussion of the drawing. In my practice I commonly observe clients, especially children, who create a DAS drawing in which there is apparently little narrative content directly describing their grief experience. After exploring the narrative content of the drawing and conveying empathy, I typically will ask clients in what ways the story could be like their grief experience. Many times clients will then make a metaphoric connection between the theme of the drawing and their grief. Making a metaphoric connection through the discussion of the DAS drawing occurred with the youngest child and the adolescent boy in my study.

The video documented that as a result of creating the drawing most participants discovered content and feelings in greater depth that apparently they were unaware of until the drawing was complete. However, this discovery didn't seem to threaten them. The participants' discovery of additional internal experiences seemed to unfold naturally as part of the drawing and discussion process.

The video documented the importance of the therapeutic relationship between the client, the art making process, and the art therapist. I posit that the Draw A Story

process, as therapeutic as it is, does rely on the presence of an art therapist for the full potential of the expressive elements to be realized. As stated in Chapter 2, therapy occurs when a tripartite space between the art therapist, the client, and the art is established (Robbins, 1999). The art therapist orchestrates the therapeutic space in part by offering presence, art materials, and structure to support the client's experience.

Main Findings Based on the Two Semi-Structured Interviews

Although I assert that the video project demonstrated the expressive elements of the Draw A Story assessment, I discovered further confirmation in analyzing the data collected from the two semi-structured interviews. These data were dictated into written form and clustered around each participant's responses as they pertained to the two semi-structured interviews. These two interviews were designed to explore my two major research questions.

One of my research questions focused on the process of what happened with each client in terms of artistic and verbal expression related to the loss of a loved one while engaged in a modified Draw A Story drawing process. What are the emotive themes that emerged from the experience of the five participants based on their creation of a DAS drawing? Based on clustering the participants' responses to the first semi-structured interview, I made the following observations: (a) all of the participants discovered or affirmed a unique theme that emerged through the DAS drawing and discussion related to their grief process, (b) all of the participants expressed thoughts and feelings related to their grief, and (c) three of the five participants raised unanswered questions related to their grief experience.

Concentrating on the first research question's target of artistic and verbal expression, I clustered participant responses based on emergent themes of grief, thoughts or questions expressed, and feelings identified or acknowledged by the participant. Table 2 presents a summary of these findings based on the verbal record of each participant and the art dialogue diagrams.

Table 2

Participants' Emergent Themes, Thoughts and Feelings

Participant	Themes emerging from DAS process	Thoughts/questions	Feelings
Female, age 9	<p>“Well with mommy...she’s been crying a lot...and I try to make her happy.” Both parents report participant is more concerned for her mother than “paying attention to herself.”</p> <p>Theme: Focus on mother’s grief reaction</p>	<p>“So the cat (representing mom or deceased grandfather) would be scared...and so the snake (representing participant) would say, “It’s okay don’t be scared.”</p>	<p>“Maybe it might feel sort of sorry for the cat because it’s so afraid...more of the sad I guess you could say...” Participant’s identification of main character’s feelings.</p>
Male, age 37	<p>“I feel like there is all this colorful energy and imagery outside the door, but I felt closed off in</p>	<p>“How did I end up here? His prime concern is getting out of there.”</p>	<p>“Emptiness, devoid of any sort of life. I can see anger maybe, or just sadness...possibly anger</p>

	<p>this drab room that has</p> <p>one single color....I've</p> <p>started to feel that there</p> <p>is an opportunity to</p> <p>move on. Not forgetting</p> <p>my friend...but the dark</p> <p>place I was at." Theme:</p> <p>Realizing hope and that</p> <p>life can still be good,</p> <p>despite loss.</p>		<p>at his friend...possibly</p> <p>angry at all the factors</p> <p>that led to his decision."</p>
Male, age 15	<p>"I'm conflicted on what</p> <p>to do and who to talk to</p> <p>really." Theme:</p> <p>Conflicted on who he</p> <p>can share grief with.</p>	<p>"It's like a person</p> <p>with a fake mask on</p> <p>hiding what they are</p> <p>actually feeling, so</p> <p>the strings are</p> <p>breaking....What is</p> <p>she going to try</p> <p>now? Like...my</p> <p>aunt, she's always</p> <p>poking and trying to</p> <p>pick at your mind."</p>	<p>"Like falling apart.</p> <p>Yes, vulnerable and</p> <p>scared to bring it up."</p>
Female, age 12	<p>"My Dad had kind of a</p> <p>sickness so he was</p>	<p>"Why he left or why</p> <p>did he have to leave</p>	<p>"Happy because he's</p> <p>not suffering</p>

	hurting, so it's kind of us?"	anymore...confusion
	like happy knowing that	would be a good
	he's not hurting	one...sadness....Possibly
	anymore. And so [it's]	a bit of anger because
	kind of a play on the	I've always heard that
	happiness of going to the	God has a plan for
	park." Theme: Focusing	everybody...a purpose
	on positive aspect of loss	for everything that
	and perhaps avoiding	happens..."
	painful feelings.	
Female, age 60	"The basis of the main thing is the exploding volcanoes. They were the release of anger as well as a lot of other things that came through." Theme: Suppressed anger and other feelings related to her loss and other life events.	"There is energy out there all the time...and most of it is love. And we can participate in it when we're ready....There is no reason to be afraid."
		"Love" and gratitude.

The second research question investigated the relationship between Csíkszentmihályi's (1990, 1997) concept of flow activity and the client's experience with

the modified Draw A Story process. I posit that the DAS process creates a sense of structure that contributes to a predictable and unambiguous mini-universe, which is a characteristic of flow activity. I posit that the participants experience the Draw a Story verbal directives and packet of stimulus drawings as a prestructured art element that increased their artistic skill level in such a way as to match the challenge of creating an expressive grief drawing. I also posit that the participants experienced a faster passage of time, which is indicative of flow activity.

The second semi-structured interview, administered to participants after the review of the stimulus video, asked several open-ended questions that examined these questions. I clustered the participants' responses into themes that might indicate whether the Draw A Story process supported flow. These themes included the positive and negative qualities of the stimulus drawing packet and verbal directives, concentration during the drawing process, and how time was experienced when drawing the DAS drawing. Generally, all of the participants described in various degrees a positive experience using the packet and were pleased with the process and outcome of the drawing and discussions. However, a major challenge in in this analysis was due to the abstract nature of some of the concepts related to flow and making art. My inability to use language to clearly articulate these questions contributed to some confusion for the participants, especially for the two child participants. Nevertheless, their positive reports generally support the claim that the Draw A Story process may have supported flow activity for these individuals. Table 3 provides a summary of the participants' responses regarding flow activity and the Draw A Story process.

Table 3

Participants' Experience of Flow During DAS Process

Participant	Positive or negative experiences of DAS packet and verbal directives	Concentration during drawing	How time passed during DAS drawing
Female, age 9	"I don't think it made a difference either way."	"I was actually focused on the drawing."	"Time went kind of quickly."
Male, age 37	"I think the very simplistic imagery taps into your subconscious. I think I used the images that were calling to me before I knew what I was going to do with them. So the simplicity of them definitely creates a connection with them...." "My first thought was, 'Ah, Oh,' because I'm a creative person. I have to choose something that isn't me."	"I felt like I was lost in it."	"Yeah definitely more quickly. It's something you have complete control of. It's like a totally different realm."
Male, age 15	"It kind of gave me something to go off of....It helped me	"I was concentrating on	"Time passed quickly there..."

	decide what to do.	it, pretty focused.”	
Female,	“[The DAS packet] was	“I think I was	“I think it passed
age 12	helpful for me to pick certain	pretty concentrated	more slowly because
	images to put in the	on it and figuring	of having to take the
	drawing....It would be really	out what I was	time to draw....and
	hard to come up with	going to do on	like I’ve
	something on your own	it...what I want	said...figure out
	without having something to	the people to look	what I’m going to
	look at....I think it was kind	like...what we	put in there...”
	of easy because it kind of	would wear and	
	helped me figure out what I	what we would	
	was going to do.”	do...”	
	“I kind of feel like it was like		
	a wall or something....I was		
	thinking, ‘Well, this is going		
	to be the way it’s going to		
	be’...like forcing you into a		
	certain image...”		

Female, age 60	<p>“[The DAS packet and directives were] crucial because I had no idea where to start....But once I started really looking at the pictures and discovered the volcano...without the packet I probably would just have stick people on here. The packet opened the door.”</p>	<p>“I was very absorbed.”</p>	<p>“[Time] didn’t exist. It was like being a child again and being absorbed in something. There was no consciousness of time. There I was. When you would say in the group we have 10 or 15 minutes left I would be shocked.”</p>
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I also asked participants to mark on Csíkszentmihályi’s (1990) flow graph their perceived experience of the relationship between skill and challenge levels for the DAS activity. I modified the original graph by eliminating any reference indicator that visually represented a middle way between the anchors of boredom and anxiety/frustration. However, it was challenging for me to describe the flow graph and apply it to their experience without discussing the concept of flow. I asked each participant to estimate where they thought their skill was represented on the graph line (i.e., artistic skill plus the use of the stimulus drawings in the Draw A Story packet). I then had them estimate how challenging it was for them to create a grief drawing and indicate it on the challenge graph line. I decided that the concepts related to art making, grief, and flow were too abstract for the participants to accurately rate and eliminated the graph from further data

analysis. Rating the skill and challenge concepts related to making art seemed especially difficult for the two children in the study; after considerable discussion, the adolescent and adults seemed to accurately rate their experience.

I assert that the findings from the two semi-structured interviews and the video project support my thesis that the modifications of the Draw A Story assessment elicit an expressive experience for grieving people in my sample. I also assert that the concepts of structure, projection, prestructured art elements, and flow were all directly or indirectly illustrated in my findings and in the video project.

Limitations

The sample size of five participants for this multiple-case study was small. Thus, the data generated reflecting each participant's experience had a proportionately high influence on the explanations generated to answer the research questions. Obviously a larger sample size would generate more data and a broader pool in which to generate more comprehensive explanations. The small sample size was based on the time limitations of the study. Fortunately, the research design is such that I could replicate it and add more participants in the future, thus adding to the sample size and the data.

Another limitation with the sample was my lack of control over the severity of grief the participants in the study were experiencing at the time of the study. It has been my informal observation that significant loss tends to cultivate the possibility of emotionally powerful Draw A Story drawings. My hope was to invite participants with significant loss to participate in the study as another way to ensure that rich data were gathered, but I had no control of what the experiences of the pool of possible participants might be. Although all of the participants in the study were grieving the loss of a loved

one, all of them were generally coping well. Thus, the possible dramatic, illustrative, and expressive quality of DAS drawings were not as demonstrative as past DAS drawings completed in my clinical practice and, as a result, the data were not as rich as other past cases.

One significant bias and possible limitation is my strong belief in the effectiveness of the DAS process as an expressive art therapy activity with multiple populations. In order to be more objective, I attempted to suspend my belief in the effectiveness of DAS as I analyzed the data from the video project and the semi-structured interview. Suspending my beliefs about DAS was difficult, especially as I created the stimulus videos and the video project because the video and audio data seemed to illustrate my beliefs.

Another limitation of this study is that generalizing the claims to other populations isn't possible. This study focused on the experiences of grieving people who were physically, emotionally, and cognitively intact and generally unimpaired. Additional research studies with multiple populations will need to be done to confirm and generalize the claims of this study to other populations. However, I assert that DAS has therapeutic applications for a vast variety of populations and will discuss this further in the next chapter.

CHAPTER 4: REFLECTIONS AND CONCLUSIONS

Reflections Concerning the Video Project

Creating videos in iMovie was a new experience for me. Reflecting on this endeavor, I observed that creating an iMovie video that reflects a client's process and art product is a form of therapist response art (B. L. Moon, 2006; Franklin, 2010). The process of designing and crafting a video art form comprised of video images, transitions, still photos, dialogue, sound effects, and music resulted in the participant experiencing a reflection of their original DAS process, now in the medium of video. The participants enjoyed seeing the stimulus videos, which I believe acknowledged and affirmed their art and life experiences. Empathy and affirmation are valuable components of a therapeutic alliance and the video project demonstrated my assertion that the art therapist's presence is a vital component of the expressive effectiveness of Draw A Story.

I also learned that the video editing process is like mastering the raw materials of paint or any other art media in order to accomplish a specific end. In this case, the editing of the stimulus videos illuminated for me the essence of the client's experience that would benefit the client. The editing of the final video project further refined the video vignettes in order to distill the essence of the client's experience for other viewers, which created another cycle of data gathering.

Creating the iMovie videos also allowed me to experience the client's art and story from a different perspective. Through the repetition of editing images and dialogue and selecting the music, I keenly studied, watched, and listened. This new vantage point allowed me a different angle than solely focusing on being present as the drawing formed and conducting the discussion with the participants. I noticed phrases and emotional

tones from the client I hadn't noticed during the creation of the drawing or discussing it with them. I also noticed additional details and themes in the art I was not aware of initially. This perspective seemed to emphasize my aesthetic skills as an artist in addition to my clinical skills as an art therapist.

The video project vignettes demonstrated the tripartite therapeutic interaction between the client, the art process, and the art therapist. This triad interaction reminds me of Malchiodi's (2013) definition of art therapy. She wrote, "Art therapy is the application of the visual arts and the creative process within a therapeutic relationship, to support, maintain, and improve the psychosocial, physical, cognitive and spiritual health of individuals of all ages" (Malchiodi, 2013, para. 5). In this study not only were the beneficial aspects of Draw A Story illustrated but also the willingness of the clients to engage in the creative process within a relationship established with the art therapist. The interaction between the three components determined the degree of therapeutic effectiveness in each of the five vignettes.

Conclusions

My research problem focused on a gap of knowledge between the practice-based use of Silver's (1993b, 2007) stimulus drawings (and the Draw A Story process in particular) as a diagnostic art-based assessment and my modification of Draw A Story, developed over 20 years of clinical practice. These practice-oriented modifications were demonstrated by the project video "Recontextualizing Silver's Draw A Story." I endeavored to expand awareness of Draw A Story's expressive function by illustrating its use with a sample of five grieving individuals.

I examined my own clinical modifications of Silver's Draw A Story process by executing my research design and creating the project video. By this process I tested my assumptions and articulated my theory of what I observed to be Draw A Story's therapeutic effectiveness. I have no doubt that art therapists and the people they serve will benefit from understanding the creative uses and therapeutic value of stimulus drawings and the Draw A Story technique.

This study used a small sample of five people of various ages; the participants were intact and highly functioning children and adults. Despite the small sample size, I contend that my modifications of the Draw A Story process offer wide appeal and could be used with a wide variety of individuals and therapeutic groups. I found that the Draw A Story process promotes expressive and narrative therapeutic benefits that, by extension, might serve a broad population of people regardless of age, mental and physical ability or disability, and cultural differences because the process is accessible in many ways common to how people generally interact with art materials.

I also clarified theoretical propositions for why and how stimulus drawings may support a client's ability to express narrative content, in addition to stimulus drawings' effectiveness as a projective assessment. The concepts and mechanisms of projection, structure, prestructured art materials (Vick, 1999) and Csikszentmihályi's (1990, 1997) concept of flow seemed to support how and why stimulus drawings and Draw A Story may be effective as an expressive art therapy process for a broad population of people. A review of the scholarly literature reinforced my own clinical observations and propositions regarding Draw A Story.

The results of the study indicated that all participants seemed to project material that reflected their clinical state related to their grief experience in response to using the stimulus drawings during the creation of their Draw A Story drawings. In addition, the Draw A Story process as demonstrated by the participants seemed to create a structure that was conducive to expressive art making. Several participants reported that the Draw A Story verbal directions and stimulus drawing packet provided a conceptual framework for considering how they might complete a grief-focused drawing. Addressing the issue of structure and artistic boundaries, B. L. Moon (2009) wrote, “Once the boundaries have been established the freedom has begun” (p. 112).

Another result of this study was that the Draw A Story stimulus drawings served as an “extension of art material” in a manner similar to how Vick (1999, p. 76) described the concept of prestructured elements. Several participants reported that the Draw A Story verbal directions and packet of images provided a starting point for the drawing process and the means to create the drawing. Finally, the Draw A Story process demonstrated characteristics of flow activity and seemed to suggest that all participants engaged and maintained expressive art making. Four out of the five participants described time as passing quickly and all reported that they were engaged and focused on the drawing process.

My research study was designed to explore the veracity and accuracy of my clinical assumptions about Silver’s Draw A Story assessment. My primary assertion was that Draw A Story holds great therapeutic potential as a narrative and expressive art tool in addition to its contribution as a drawing assessment. In my view, this study and the resulting documentary video project demonstrated, clarified, and expanded the expressive

function of Silver's Draw A Story. I hope that art therapist's apply the Draw A Story process and marvel, as I do, at how clients are able to express their life stories, thoughts, questions, and emotions in an artistic manner that brings enjoyment and satisfaction.

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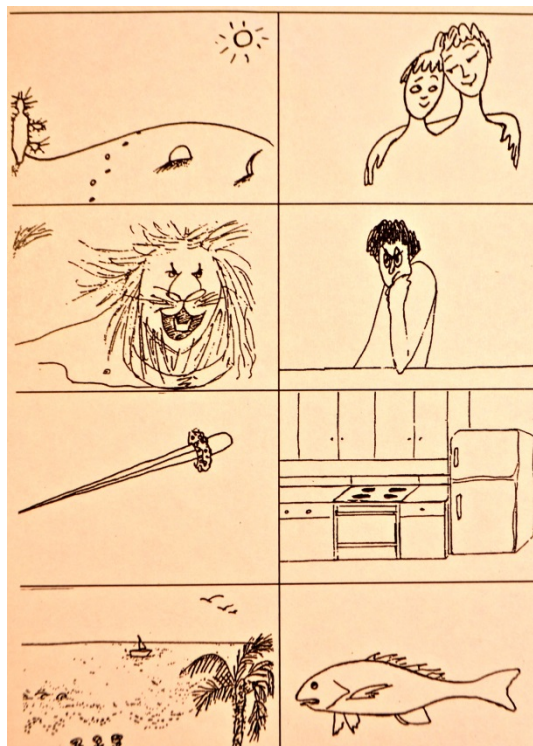
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Appendix A

Silver's Original Draw A Story Drawings, Form B (2007)



Appendix B

Informed Consent Form

Consent to Participate in Research

Exploration of Draw A Story Modification Research Study

1. My name is Jonathan Haag and I am a student at Mt Mary University.
2. I am asking you to take part in a research study because we are trying to learn more about how the art activity called, Draw A Story (DAS), helps grieving children and teens express their feelings after the death of a loved one and what it is like for them to do this drawing.
3. If you agree to be in this study, I will ask you to do a few things over the next few weeks.
 - I will ask you to complete a Draw A Story (DAS) drawing in session with me. I often do this drawing as part of helping grieving children or teens.
 - I will ask you to either allow me to video you creating the DAS drawing or I will video myself recreating your DAS drawing you make after our session.
 - I will ask you questions and discuss your DAS drawing much as we have with other drawings we have made together and audio tape this discussion. As in past sessions, it will be up to you if you would like your parent of guardian to be apart of this discussion.

- I will make an iMovie of either you or me creating your DAS drawing using the footage of you making the drawing or I will film myself remaking your DAS drawing. I plan to use some of the audio recording of the discussion we had about the DAS drawing as part of this video.
 - I will ask you to meet for a special discussion or interview. During this meeting, I will show you the iMovie I made and discuss your response to the video and what it was like for you to make a DAS drawing. I will again audio tape this discussion. Again, it will be up to you if you would like your parent of guardian to be apart of this discussion.
 - After this interview, we will return to regular sessions.
 - In 2-3 months after our interview, I will ask to meet with you to share some of what I discovered through our discussions to see if what I am learning fits with what you think happened during the time we did the DAS drawing. I may audui tape this discussion. I also would like to give a summary of our work together to your parent of guardian. If you like I can give this summary while you are present or I can meet with you parent or guardian without you being present. If you are uncomfortable about me meeting with your parent or guardian, we can discuss it further when the time comes and explore what options would work best for you.
4. If you don't want to be in this study, you don't have to participate. Being in this study is up to you and no one will be upset if you don't want to participate or even if you change your mind later and want to stop. You may stop at any time for any

reason. I don't believe that you will be hurt or upset in anyway by being in the study.

5. If you chose not to be in the study, I will still continue to see you for grief counseling and art therapy. If any family members are seeing our staff, they too will still be able to see me or other staff members for grief counseling and art therapy.
6. Your parent needs to give permission for you to take part in this study. Even though your parent may say "yes," you can still decide not to do to take part in the study.
7. This study probably will help you. If you participate in this study, it will teach me important ways to help other children like you in the future.
8. You can ask any questions that you have about the study. If you have a question later that you didn't think of now, you can call me at the Pathways of Hope phone number or ask me next time we meet. You may call me at any time to ask questions about the study.
9. The information gathered from our work together or data collected in the form of video taping, audio taping and word processing will all be stored on the my computer lap top. This laptop will be kept in my office and when not in use will be locked in a storage unit in my desk. My office door will also be locked when I am not present. Data will be backed up on a flash drive and on my organization's server whenever possible with only members of the IT department having access to the data on the server. The video camera used in the data collection will also be locked in same compartment as the laptop. Progress notes for each session

will be placed in the record/chart and will be stored in the client case records per organizational policy.

10. Signing your name at the bottom means that you agree to be in this study. You will be given a copy of this form after you have signed it. If you chose not to be in the study, I will still continue to see you for grief counseling and art therapy. You may stop at any time for any reason.

Signature of Subject

Date

Signature of Parent/Guardian

Date

Printed Name of Subject

Date

Appendix C

Confidentiality Form

Draw A Story Modification Research Project

Protecting the privacy of research participants is a general concern in the vast majority of research projects. The degree to which privacy needs to be ensured or maintained depends on the nature of the particular research, its setting, and the research participants. Researchers share a general obligation to design their research to reduce the risks of disclosure of collected information about individual research participants.

Identifiers: Direct and Indirect

One way to distinguish between information that is truly anonymous and information that is simply being kept confidential is to determine whether the data set contains direct or indirect identifiers. Information in a data set with either direct or indirect identifiers is not anonymous.

Below is a list of Direct Identifiers. The only direct identifier to be used in this study will be voiceprints.

- Names
- Addresses
- Telephone and fax numbers
- Email addresses, IP addresses, and URLs
- Social Security numbers
- Medical record numbers

- Account numbers, such as those associated with bank accounts or health plans
- License or certificate numbers, including driver's license numbers
- License plate numbers and other vehicle identifiers
- Fingerprints, voice prints*, or full-face photographic images of research participants
- Other unique characteristics or identification numbers (example student ID numbers)

*The initial use of audio voiceprints of the child or teen research participant as well as the possible use of the audio voiceprint of the parent or guardian will be part of the first data collection phase. The voiceprint of the research participant of parent/guardian may also be used as part of the creation of the stimulus video for the research participant and the parent to view as another phase in data collection.

The stimulus videos will be shown in educational settings to disseminate the research findings. In order to protect the confidentiality of the participants during the dissemination of the research findings, the voiceprints will be either: (Choose One)

_____ altered electronically,
_____ replaced with my voice,
_____ or participants will agree to have voiceprint unaltered to use for research
and educational purposes.

Indirect Identifiers can be combined with publicly available information to identify individuals. The determination of indirect identifiers depends on the nature of the research participants. No Indirect Identifiers will be used in this research study.

Examples of indirect identifiers include:

- Detailed geographical information, such as state, county, or census tract of residence
- Organizations to which participants belong
- Educational institutions from which participants graduated
- Exact occupations
- Places where participants grew up
- Many dates, e.g. birth dates, hospital admission dates, high school or University graduation dates, etc.
- Detailed income information
- Offices or posts held by participants.

_____ Participant is agreeable to have age indicated in Stimulus and Documentary video

PERMISSION FOR USE of Art Work, Video, and Voiceprint

By signing below, I am giving my authorization to representatives of Hospice of Dayton, Inc. to record counseling sessions for the purpose of academic research and presentation, but not for publication. I understand that my name will be protected and not used along with other direct and indirect identifiers. (Check All That Apply)

_____ Video and Audio Taping of voiceprints, artwork of sessions for research
and educational purposes

_____ Showing of Artwork done in session.

Signature of Subject/Client

Date

Signature of Parent/Guardian

Date

Printed Name of Subject

Date

Appendix D

Directions for Draw A Story

- DAS is like a drawing game. The object of the game is to create a drawing using at least two drawings from the drawing packet that tells a story about how you are feeling and doing after the death of your loved one.
- Let's go through the drawing packet together briefly.
- The guidelines to this "game" are;
 - o one has to use at least two drawings from the packet;
 - o one may change the drawings in anyway;
 - o and one may use their own drawings as long as one uses 2 drawing from the packet.
- You may use any art material available
- You may draw the drawing free hand or trace them using a light pad .
- One may start the drawing as soon as one has selected at least 1 drawing.
- Below is an example of Draw A Story:



Appendix E

Discussion of Draw A Story: Semi-Structured Interview 1

Name of artist: _____.

Date: _____

Once the drawing is finished...

- What would be a title for the drawing?
- Tell me about the drawing?
- Who is the main character of the drawing?
- What is the story of the drawing?
- How does the story remind you of how you are feeling or doing since the death of your loved one?

The art dialogue diagram...

- If the main character could talk out loud, what would he/she say?
- If he/she were thinking something, but not saying it out loud what would it be?
- What is the main character feeling?
- In what ways does what the main character say, thinking and feeling remind you of your experience of loss?

Appendix F

Discussion Post Video: Semi-Structured Interview 2

Name of Artist: _____

Date: _____

What are your reactions to seeing the video?

What are some of the things you remember most about your drawing from watching the video?

What, if anything, did you learn about your drawing or grief story by watching the video?

In what ways, if any, was it good or helpful for you to discuss the drawing with me?

In what ways, if any, was it bad or unhelpful for you to discuss the drawing with me?

Now that you have watched the video, let's talk about how it was for you to actually make the drawing:

If you remember, Draw Story used a packet of people, places, animals and things.

In what ways, if any, was it good or helpful for you to use the drawing packet to make a drawing that told a story about your grief?

In what ways, if any, was it bad or unhelpful for you to use the drawing packet to make a drawing that told a story about your grief?

If you remember, I said that Draw A Story was like a drawing game and it had rules.

In what ways, if any, was it good or helpful for you to use the "rules of Draw A Story" to make a drawing about your grief?

In what ways, if any, was it bad or unhelpful for you to use the "rules of Draw A Story" to make a drawing about your grief?

Tell me about your level of concentration while making the drawing?

How do you think time passed for you while making the drawing? (more slowly, the same or fast when making this drawing?)

What response best fits for you when you remember making your DAS drawing:

frustrated because _____ (it seemed too hard), bored because

_____ (it seemed too easy), or good

because _____ (I was making something interesting to me)

