

*See What I'm Saying*

# What You Can Learn From What I Do



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# **What You Can Learn**

**From What I Do**

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## What You Can Learn From What I Do

As a member of the helping professions, I know too well that most people do not seek help for themselves or their children until there is a serious problem. Even then the tendency is to deny that there is a problem, until, for whatever reason, dealing with it can no longer be avoided. This kind of denial is normal, but a delay in getting help frequently makes the problem greater. It is not easy to admit that we may need outside help in raising our children.

Sometimes, however, outside help can reassure us that the warning signals in a child's drawings do not indicate a problem that needs intervention. Rather, it may tell us the child has naturally found a way to deal with whatever is a concern. The case of young Bobby will illustrate this point.

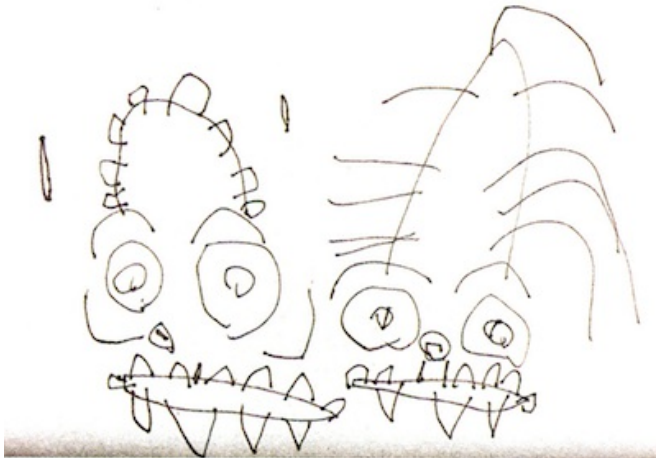


Figure 15

Very often, when people learn that I am an art therapist, they will try to test me with a drawing. This occurred a few years ago, when my husband and I met Bobby's grandparents at a resort. After we had known each other for a while and had exchanged the usual bits of information about ourselves and

our families, they asked if I would look at some drawings that their 4-year-old grandson had produced. He loved to draw, and they just wanted to know whether he was drawing like other 4-year-olds. After seeing a number of drawings, I realized that this little boy had a real problem. You have already seen an example of Bobby's pictures (Fig. 15). In that drawing, produced when he was 3, Bobby included a huge gaping mouth in every image of a face; in fact, this was true of every face he drew. I truthfully told his grandparents that his drawings were like those of other children his age, but that the gaping mouth was a warning signal. I asked whether Bobby was having a problem with his teeth or had sustained an injury to his mouth. The grandparents told me that Bobby had been born with a cleft palate and was in the process of reconstructive surgery.

The most impressive aspect of Bobby's natural creativity is shown in the way he used his drawings to help master and cope with this very real trauma. As surgery was completed, and Bobby had more time to think about other things, such as, school and friends, the faces began to show more realistic proportions. The gaping mouth appeared only occasionally. A "rabbit with whiskers" (produced when Bobby was 3 years, 2 months), and a robot-like face (drawn when he was 4), still show elaboration of detail around the mouth. In Fig. 150, which he drew at age 4, Bobby is beginning to combine shapes and lines to create a variety' of images, and even to begin to tell a story. At 6, he has created a design out of a star and includes the members of his family (Fig. 151). There is no evidence of the gaping mouth.



Figure 150



**Figure 151**

While visiting his grandparents, Bobby brought me a drawing he had just completed. He has drawn what appears to be a colorful design with two distinctly separate parts. When the picture was turned to the right, the bottom form looked like a gaping mouth with teeth. Before I asked, his grandmother told me Bobby was having trouble with a new tooth. What was so interesting and important was that this trouble was now relegated to only half of the picture rather than dominating it.

In his early pictures, Bobby flashed warning signals by repeating a specific image, over and over. These drawings say that he needed to master his thoughts and feelings about the physical trauma he was experiencing. Drawing the image of a mouth over and over provided a way to do that. Bobby's drawings also show us when that need began to lessen naturally. His most recent image clearly said he can have a problem, even one connected with his mouth, without its becoming the most important thing in his life. Now he can pay attention to other things at the same time. Bobby is lucky. His parents, grandparents, and teachers encourage him to express himself and express some of his growing pains on paper. If we take time to look, Bobby will always tell us how he is progressing. At age 8 he was progressing very well and I learned recently that as a teenager he is participating in a little theatre group.



### How The Art Therapist Works

Lori was an above average student in school and had no observable problems. At 10 she was the youngest of four children, with three older brothers aged 14, 16, and 18. Her parents had been receiving marriage counseling for about six months, and I had been supervising their co-therapists, who were student interns in a family therapy program. When the parents expressed concern about one son, I requested an evaluation of the whole family. The parents agreed to participate with their children in a verbal interview by a senior family therapist, as well as an art therapy family evaluation that I conducted, and a movement therapy assessment. The entire evaluation provided information that had remained hidden until that time and allowed us to redirect the focus and course of the parents' therapy sessions. Let us look at what Lori told us.



Figure 16

In the art therapy evaluation, Lori and her family were directed to draw two pictures. The first was to be "anything you want to draw." Lori drew a picture she called "First in line," and said it was "someone who had been first in line, got burned, and was in the hospital" (Fig. 152). The person to the right of the figure in bed was a nurse who was also "burned" when she came to help the patient. The second picture that Lori drew was in response to the request to draw a "family picture" (Fig. 16). Both of these drawings alerted us to the fact that she was feeling a lot of stress.



**Figure 152**

We knew that Lori was bright because she has been able to represent one figure so well in the family picture. The inconsistencies in the way she drew other objects, the use of much immature scribbling, the subject matter of someone being first in line and getting burned, and the preoccupation with trash, all communicated to us that she was feeling very disorganized. The fact that Lori was intelligent made it possible for us to help her connect the disorganization in her drawings to the disorder she felt at home. Her parents had insisted that she was too young to know that they were having marital problems. In fact, this child knew more about what was going on than did her brothers. Lori, who had been trying to maintain order at home by pretending she did not know about her parents' problems, was finally able to release her anxieties on paper with the support of the three therapists. When we explained to her parents what Lori was communicating, they were able to use the guidance of the therapists to re-establish a sense of order and security in their house for all of the children, especially Lori.

Lori's warning signals told us she was feeling considerable emotional stress. In this case, information obtained from the entire family in an extensive evaluation procedure indicated that the parents were not fully aware of their children's feelings. Where the drawings served as documentation

for those feelings, they could no longer be denied.

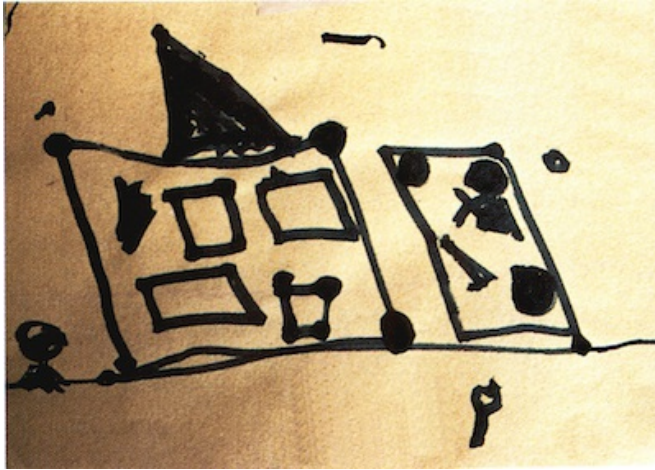


Figure 19



Figure 14

Two children, Rafe, 7 (Fig. 19), and Arthur, 6 (Fig. 14), were mentioned in Chapter 1. Their drawings were identified as examples of warning signals. Both of these boys were students in a school

for learning-disabled children. They had difficulty in closing shapes, could not draw recognizable objects, drew slanted forms, and repeated forms and lines. These are all indications of a learning disorder that includes a perceptual problem. The school art therapist described how she worked in that setting with learning disabled children.

Apparently Arthur's problems were not so severe as Rafe's so that with assistance, Arthur could copy shapes. However, it was decided that both boys should be taught basic shapes, such as squares and circles, and should be guided through early developmental drawing sequences. They would be helped to master one sequence before they were introduced to the next. Over a period of several school years, they were given special projects such as shapes to feel and trace. Some of these tasks emerged from discussions with their classroom teacher, so that everyone working with these children was using a consistent approach to helping them learn. Arthur's progress is shown in Fig. 84. Rafe's progress is shown in Fig. 85.



Figure 84

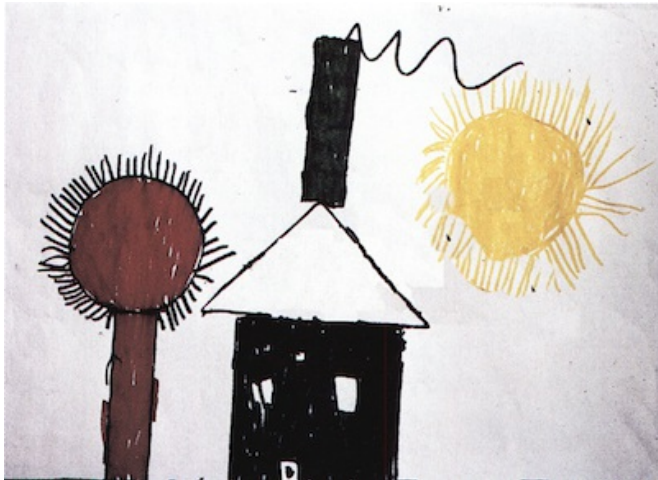


Figure 85

The relationship of perceptual skills to reading skills is critical, and an art therapist can be a particularly useful member of the team in a school for learning-disabled children. Knowledge of intellectual and emotional development is necessary to work with impaired children, who can learn

through art to express feelings related to their problems.

A learning-disabled child may be average or even above-average in intelligence. Sometimes drawings are our first clues to a child's intelligence, because these children cannot learn through traditional classroom methods. In children, the diagnosis of mental retardation, emotional disturbance or learning disability is made on the basis of observation of some form of behavior. In many cases it is very difficult to test these children with traditional psychological procedures. Today we have a new diagnosis, Attention Deficit Disorder (ADD), often accompanied by hyperactivity. And what has been said also holds true with these children.

A number of years ago, I was serving as a consultant to a local school in which some of our art therapy students were working with a class of emotionally disturbed children. At the monthly team meetings—which included the classroom teacher, the school psychologist, the school counselor, the school principal, a representative from the special education department of the Board of Education, and me—we discussed a 7-year-old boy. He had temper tantrums in the classroom and was sometimes unmanageable. We were told that his father was alcoholic, and both his mother and father seemed to have poor parenting skills. However, someone familiar with the family reported that this child was well cared for, was dressed very neatly, and was escorted to the school bus each morning. Nevertheless, our consensus was that he had to be disturbed because of the family history. In these meetings, I was usually asked to review whatever drawings were available, and it was assumed that I would confirm the diagnosis. This was not the case, however. The child's drawings told me that he was having difficulty expressing himself in an organized fashion, and that he had not mastered early developmental sequences. It was possible that this seemingly bright child might be frustrated because he could not learn the way other children did. He knew something was wrong, and his temper tantrums were an expression of this frustration. Further psychological testing for a perceptual problem confirmed what we saw in the drawings. This child was removed from the class for emotionally-disturbed children and entered a class for learning-disabled children, where classroom instruction was specifically designed for these children. Unfortunately, conclusive judgments are too often made on insufficient information and false assumptions. I could not keep the drawings produced by this child, but the next series of drawings reflects a similar situation.

I spent a month working in a preschool in the United Kingdom. The school has a well-qualified staff and is associated with a training center for psychologists that provides consultation if needed. Most of the children in this preschool are from single-parent families or homes in which both parents are employed. Only under unusual circumstances and by special recommendation does the school accept children who are known to have serious emotional problems. The children are admitted as young as 3 if they are toilet-trained. Community law requires all children to be enrolled in a regular accredited school setting by age 5.

During the time I was at the school, problems were diagnosed in three of the ten children. I was not there officially as an art psychotherapist. My plan was to work with “normal” preschoolers in art activities, collecting their drawings for further study. The staff was very cooperative, introducing me as an “art lady” and allowing me the freedom to engage the children in drawing or painting during indoor play. The staff, also aware of my training and experience, invited me to join their weekly meetings.

Michael was 4 years, 10 months old when I arrived at the school, and plans were being made for his entrance into a regular school. He was very articulate but seemed to be aware that he should be able to do certain things better than he did. For example, he could not do puzzles easily unless someone pointed out the colors of the pieces and helped him match them to the picture on the cover of the puzzle box. Michael’s frustration over such situations frequently led to explosive behavior. The teachers had assumed that Michael’s behavior resulted from his home environment, which was fraught with marital discord. There had been a number of separations and reconciliations between his parents, and at this time his father had been absent from the home for a year. The assumption that Michael’s problems reflected his home situation was well founded, and I expected to see evidence of this in Michael’s drawings.

What I saw in the first drawing Michael made for me indicated that he was functioning at that time far below a 4- to 5-year-old developmental level. The shaky lines and slant to the form led me to question whether Michael might have a perceptual problem due to minimal brain dysfunction. Michael had been given a standard intelligence test several months earlier, and his emotional problems had been considered when grading this test. The routine evaluations conducted at this school did not include more discriminating testing that could discern the presence of minimal brain dysfunction. To save time, I

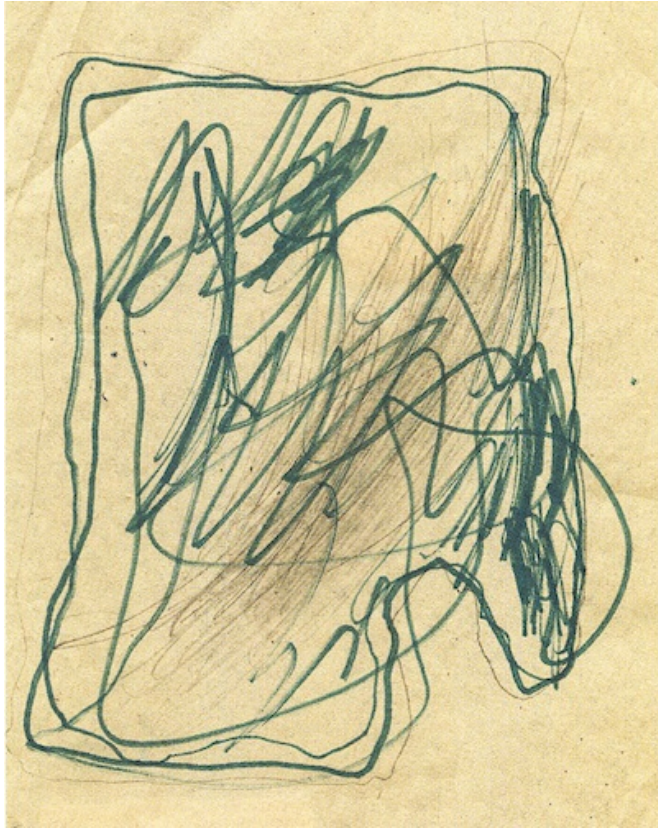
was asked to do an art therapy evaluation to determine whether there was consistent evidence of the problem I suspected. Knowing Michael's frustration level, I gave him only three tasks. For the usual art therapy evaluation I would use at least five tasks, and possibly six, a standard practice among most trained art therapists.

At my direction, Michael did three drawings: a free drawing that he said was a car (Fig. 153); a house that looked like a scribble in a rectangle (Fig 154); and a person that he said was a "man who was cross" (Fig. 155). Throughout the evaluation process, Michael was aware that the drawings did not look like what he said they were, and he needed much encouragement to complete them. These images confirmed my original suspicions and the consulting psychologist concurred: minimal brain dysfunction. Michael's emotional problems were also evident, particularly in a drawing of his family that is discussed in Chapter 5. The positive result of this evaluation was that Michael's mother, who was undergoing therapy, was able to cope with her own personal stress and do something to help her son. She made arrangements for him to receive tutoring in a specialized school program and to meet a therapist once a week. It is always risky to try to predict the results of any intervention, but it is believed that Michael will do well if this kind of support from mother and school continues.

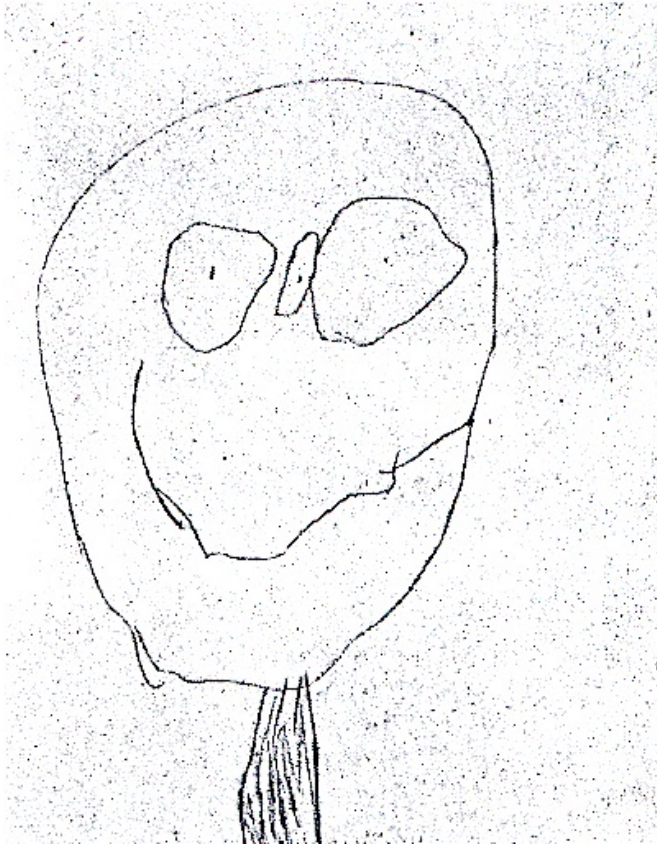




Figure 153



**Figure 154**



**Figure 155**

In contrast, let us consider Brian, who was 4 years, 3 months old when he drew a cement truck (Fig. 156) and “Brian crying” (Fig. 157). The drawing of the cement truck is very advanced for a child of this age, telling us that Brian is very bright. His intellectual development, as evidenced by the drawing, is closer to a 6-year-old than to a 4-year-old. His truck sits on the ground and is drawn very much like a toy truck he used in play, but that object was not in sight when he drew this.



Figure 156



**Figure 157**

Brian's drawing of himself tells another story. He does not see himself as a whole person, and he tearfully communicates his fear that he will never be complete. He repeated this same self-image in many drawings. The startling difference between Brian's drawing of an object in his environment and a drawing of himself tells us that intellectually he can represent an object in his environment when he chooses, but that he has a great deal of difficulty reflecting a normal self-image in his drawings. At this early age, this kind of difference between two developmental paths, intellectual and emotional, is a serious warning sign that Brian will not be able to adjust to school and peer relationships. He was not able to play well with other children in the preschool, and his behavior was often unpredictable and strange. In this situation, we all agreed that he was a very disturbed child who would probably require psychotherapy for years. I also learned that Brian's mother was very disturbed and that an effort was being made to provide treatment for her and her son.

One of the advantages in serving as a consultant to other therapists who have drawings produced by their patients or clients is that I am sometimes able to discuss these drawings in my writings. Jenny's two drawings came to me in this manner. Her therapist is a psychologist and registered music therapist. A well-trained clinician who knows that all children like to draw, she encourages creative expression in a variety of media. Jenny drew a self-portrait at age 8 shortly after she was referred for therapy (Fig. 158).

The way she has drawn this figure indicates that she is able to represent people on an intellectual and artistic level appropriate for her age. The image suggests fear and anger. We have learned that when children are abused they often draw themselves in very aggressive images, not unlike the person they perceive as the abuser. There was some concern in this case that Jenny was abused and drawing herself like her mother. The figure is floating and filled in with very agitated lines.



**Figure 158**

A year later, Jenny spontaneously drew another portrait of herself (Fig. 159). Her therapist was struck by similarities and differences between these two images. Jenny is clearly on the ground, the fierce mouth is replaced by a smile, feminine eyelashes and flying pigtails replace the glaring eyes and jagged hair, and the upraised arms support a jump rope. In this second drawing we can see that Jenny is not

feeling as angry and afraid as she had been a year before. This new drawing supported what Jenny's therapist noted in her behavior. She was a much calmer, happier child who was beginning to be able to function in a much healthier way in school and at home.



Figure 159

On a rare occasion I am not able to keep the pictures I have evaluated. Such was the case with a drawing brought to me by a police officer investigating a series of murders. It seemed that one of the victims, a young teenager and a relative of the murderer, had drawn a sad and disturbing picture of a little boy in a cage calling for help. He gave the picture to his teacher, who did not know what to do with it, but kept it. When the police questioned people who knew the murder victims, the teacher showed

them the picture, produced months before the child was killed. He was calling for help, but the teacher did not see what he was saying. It is impossible to say that, if the teacher had known this was really a cry for help, she could have prevented the child's murder. But we can say that we cannot afford to neglect what children draw. More and more the courts are paying attention. For many years I have been asked to evaluate children and parents in custody cases, with drawings submitted as evidence on behalf of the children's interests. In addition, a growing awareness of the value of nonverbal communication in drawings has called me to the courtroom as an expert witness in criminal cases. Similar instances have occurred with colleagues throughout the country. And in Chapter 7, I discussed the utilization of drawings as evidence in cases of alleged abuse.

It is obvious that with more and more opportunities becoming available, art therapists generally tend to be selective in the populations they choose to work with. While much of my professional work has been in the area of training clinicians, my major area of interest and research has been child development and early intervention. My fantasy is to stand on a soap box wherever I lecture or serve as a consultant and tell everyone they must pay attention to children's drawings so that we may be able to help a child before a problem is manifest in overt behavior or severe learning difficulties. I am not alone, but one of the difficulties facing art therapists (and other clinicians) is the limited training in developing credible evaluation instruments. While serving as a consultant to the Dade County (FL) School System, I gained the support of the administration and the (then) eleven members of the Clinical art therapy staff to develop an art therapy assessment looking at the relationship between emotional and cognitive development. This process was spearheaded by the director of that program, Janet Bush. Having heard my soap-box oratory as a student in my training program, she recognized the need for a uniform evaluation procedure among her staff and was able to implement the structure to formulate what is now known as the Levick Emotional and Cognitive Art Therapy Assessment (LECATA). This instrument is based on my text, *They Could Not Talk and So They Drew* (1983) and examines intellectual development and coping mechanisms identified in drawings. It was copyrighted in 1989, and is used throughout the Dade County School by the twenty-one art therapists now employed there. Ms. Bush and I conduct seminars to train art therapists in the use of this tool, and members of this discipline (trained in our seminars) are now utilizing the LECATA throughout the country. Plans for a normative study and publication of a manual are in process.



This evaluation consists of six tasks, all designed to provide specific information about what level of development that the child taking the test is functioning. We have had encouraging feedback from our colleagues and continue to work to refine this assessment. While the scope of this evaluation is beyond this book, and a report is very lengthy, the following are examples of a single-task drawing from three children to illustrate the potential and value of early assessment.

Jamie was 5 years old and in kindergarten. Her teacher raised some concern as to whether or not Jamie should move on to first grade. Her parents, believing she was ready, requested an evaluation. In drawing the picture of herself, the second task (Fig. 160), Jamie drew a figure, including all the features and parts. She added lines coming down from top of the head and told me it was a special picture of her with hair very long and below her feet. She signed her name and asked me to write the description. This image is on a 5-year level intellectually, and Jamie is aware that this is not how her hair really looks. The entire series of drawings documented that Jamie functioned on an age-appropriate level, intellectually as well as emotionally, and should be promoted to first grade. This evaluation was presented to the school and validated by information from the school psychologist. We did learn that Jamie is a very curious child and may not always be willing to conform to demands. We recommended she be encouraged to learn how to postpone some of her own wishes and needs when there are other demands she must respond to. Jamie is in fourth grade now and doing very well.



**Figure 160**

Jimmy was 11 years old when his father called, concerned that his son had told him he was not happy and did not have many friends. We scheduled an evaluation that was conducted shortly after his father's call. At the time, my studio was arranged so that as Jimmy did his self-portrait he was sitting in front of a glass window reflecting his image. Throughout this task, he repeatedly studied himself in the glass and the self-portrait is amazingly like him (Fig. 161.) The drawing clearly indicates his age appropriate intellectual ability and at the same time captures his early adolescent awkwardness and sense of being ungrounded. This, no doubt, contributed to his feeling of being isolated from his peers, and he articulated he did not know how to cope with this. His other drawings confirmed that Jimmy was in the pre-adolescent stage and not very comfortable with the changes he was experiencing physically and emotionally. From the history, and his drawing of his family, it became apparent that some circumstances within the family needed to be addressed. In consultation with his parents, they acknowledged these problems, were willing to confront them, and were sensitive to changes that needed

to be made to help Jimmy develop a better self-image and social skills. I did not see Jimmy again until he was 16 years old. He called to ask if he could interview me for a school project, and of course I agreed. A tall attractive young man arrived, looking very different from the Jimmy I had met at 11. He presented an air of confidence and told me about his interests, his friends, and his plans for college. Jimmy is lucky. His parents paid attention to what he said, heard what they saw in the drawings he did in my office and followed through.



**Figure 161**

One of the tasks in the LECATA is to do a scribble and to make a picture out of it. This task is designed to assess a child's ability to solve a problem in a variety of ways. Lisa, at 7, did not have any problems, but with the consent of her parents, offered to serve as a subject for this evaluation. Lisa did a small scribble in green Cray-pas, then used pink to make a face and hat (Fig. 162). She called it "My Big Mexican Fatso," and it does indeed look like a roly-poly figure with a Mexican hat on.



**Figure 162**

At 7, Lisa is able to abstract an image from a scribble in a humorous and cartoon-like style, telling us she is functioning intellectually several years ahead of her chronological age. Her other images supported this, and our conclusions were not wrong. At 12, Lisa excels in all of her class work and is involved in many school activities with her peers.

Watching children grow through their creative expressions is like watching a film progress, frame by frame. And if one of the frames suggests a problem, there are resources where help can be found to address the problem. I am still on my soap box and ask parents, teachers, and caregivers to join me. Invite your children to feel free to express themselves. And see what they say.