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SERIAL DRAWING IN GIRLS WHO DISPLAY OPPOSITIONAL DEFIANT BEHAVIOR IN THE CLASSROOM

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Abstract

This study investigated the correlations between participation in therapy sessions involving non-directive serial drawing and subsequent improvements, or lack thereof, in the oppositional defiant behavior (ODB) of five girls aged eight to ten years in an inner-city school in London, England. Each child individually attended fifteen forty-minute sessions on a weekly basis. Each child was invited to draw anything that she wished and then to tell the story of her drawing to the researcher. The class teachers completed the ODB Questionnaire to determine a baseline measurement of this conduct. Changes in the girls' emotional and classroom behaviors were identified based on the ODB Weekly Questionnaire completed by their teachers. The teachers also completed a Strengths and Difficulties Questionnaire (SDQ) before the first therapy session and after the fifteenth. The House-Tree-Person (HTP) method was used on sessions one, eight and fifteen, and the results were assessed by the researcher. At the end of the study, the teachers completed the Drawing Sessions End Form. Four of the five girls showed improvements in their ODB symptoms, and one demonstrated a slight progress. Results suggested that the use of non-directive drawing encourages girls with ODB to express their thoughts and emotions in a symbolic way within a safe environment, which reduces the frequency and intensity of their emotional and behavioral outbursts in the classroom.
Key words: serial drawings, emotional difficulties, behavioral problems.

DIBUJO EN SERIE CON NIÑAS QUE PRESENTAN COMPORTAMIENTO OPOSICIONISTA DESAFIANTE EN EL AULA

Resumen

Este estudio investigó las correlaciones entre la participación en sesiones terapéuticas de dibujo en serie, no dirigido, y la presencia o ausencia de mejoría en el comportamiento oposicionista desafiante (COD) de cinco niñas, de ocho a diez años de edad, estudiantes de una escuela pública en Londres, Inglaterra. Cada niña participó en quince sesiones individuales de cuarenta minutos, una vez por semana. A las niñas se les invitó a dibujar lo que ellas quisieran y a contarle a la investigadora la historia de su dibujo. Los profesores completaron el cuestionario sobre COD para evaluar si las niñas presentaban dicha conducta. Se identificaron cambios en el comportamiento y respuestas emocionales de las niñas en el aula a través del Cuestionario Semanal sobre COD, el cual fue respondido por sus profesores. Estos docentes también completaron el Cuestionario de Capacidades y Dificultades (SDQ, por sus siglas en inglés) antes de la primera y después de la décima quinta sesión. Se utilizó el método casa-árbol-persona (HTP, por sus siglas en inglés) durante las sesiones uno, ocho y quince, y sus resultados fueron interpretados por la investigadora. Al terminar el estudio, los profesores respondieron el Formulario Final de las sesiones de dibujo. Cuatro niñas presentaron mejoría en sus síntomas de COD, mientras que una de ellas mostró solo un ligero progreso. Los resultados sugieren que el uso de dibujos en serie y no dirigidos promueve que las niñas con COD expresen sus pensamientos y emociones de una forma simbólica y dentro de un ambiente seguro, lo que reduce la frecuencia y la intensidad de sus respuestas emocionales y comportamentales en el aula.
Palabras clave: dibujo en serie, dificultades emocionales, problemas comportamentales.

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DESENHO EM SÉRIE COM MENINAS QUE APRESENTAM COMPORTAMENTO OPOSICIONISTA DESAFIANTE EM SALA DE AULA

Resumo

Este estudo pesquisou as correlações entre a participação em sessões terapêuticas de desenho em série, não dirigido, e a presença ou ausência de melhoria, no comportamento oposicionista desafiante COD) de cinco meninas, de oito a dez anos de idade, estudantes de uma escola pública em Londres, Inglaterra. Cada menina participou em quinze sessões individuais de quarenta minutos, uma vez por semana. As meninas foram estimuladas para desenhar o que quisessem e contar à pesquisadora a história do seu desenho. Os professores completaram o questionário sobre COD para avaliar se as meninas apresentavam essa conduta. Identificara-se mudanças no comportamento e respostas emocionais das crianças na sala de aula através do Questionário Semanal sobre COD, que foi respondido por seus professores. Estes docentes também completaram o Questionário de Capacidades e Dificuldades (SDQ, pelas suas siglas em inglês) antes da primeira e depois da décima quinta sessão. Utilizou-se o método casa-árvore-pessoa (HTP, pelas suas siglas em inglês) durante a primeira, oitava e décima-quinta sessão, e seus resultados foram interpretados pela pesquisadora. Depois de terminar o estudo, os professores responderam o Formulário Final das sessões de desenho. Quatro meninas apresentaram melhoria em seus sintomas de COD, enquanto que uma delas mostrou somente um leve progresso. Os resultados sugerem que o uso de desenhos em série e não dirigidos permite que as meninas com COD expressem seus pensamentos e emoções de uma forma simbólica e dentro de um ambiente seguro, o que reduz a frequência e a intensidade de suas respostas emocionais e comportamentais em sala de aula.
Palavras Chave: desenho em série, dificuldades emocionais, problemas comportamentais.

Programs with art-based activities have been offered by several schools as a safe and creative way to meet students' emotional and social needs once students with emotional and/or behavioral problems have become an increasing challenge in these institutions (Chong & Kim, 2010). In this way, Sliminng, Montes, Bustos, Hoyuelos and Vio (2009) asserted the importance of early intervention for children exhibiting emotional and behavioral difficulties at school. The authors also stated that children's aggression and disruptive behavior could predict conduct disorders (CDs) during adolescence and/or progress to psychiatric disorders in adulthood.

According to Chong and Kim (2010), students' behavioral difficulties are often expressed as externalized behaviors (aggression, hyperactivity or delinquency) or as internalized behaviors (withdrawal, anxiety or depression). Oppositional defiant disorder (ODD) is one of the three most common and co-occurring externalizing behavior disorders in childhood (Dick et al., 2005; Ohan & Johnston, 2005). The associated traits include low self-esteem (Connor, 2002), mood lability, substance use disorder (Connor, 2002; Greene & Doyle, 1999; Nock, Kazdin, Hiripi, & Kessler, 2007) and anxiety (Ezpeleta, Dome`nech & Angold, 2006; Nock, Kazdin, Hiripi & Kessler, 2007).

ODD is defined as patterns of emotional and behavioral difficulties in children whose symptoms have been persistent for over six months (APA, 2005). These symptoms are negativism, hostile behavior and defiance towards adults and peers, and they are more frequent and intense than in other children of the same age (APA, 2005). Although ODD does not involve breaking major social rules or violating the basic rights of others, this condition can impair a child's academic, social and occupational life (APA, 2005). At this point, is important to note that the purpose of this research is not to diagnose or identify children with ODD. Rather, the study examines children whose emotional and behavioral difficulties were of a lesser degree than the symptoms for ODD listed by the American Psychiatric Association (APA) (2005). The eight symptoms of ODD listed by this organization (2005) and used in the present study to identify girls with oppositional defiant behavior (ODB) are as follows:

Often loses temper.
Often argues with adults.
Often actively defies or refuses to comply with adults' requests or rules.
Often deliberately annoys people.
Often blames others for his or her mistakes or misbehaviour.
Is often touchy or easily annoyed by others.
Is often angry and resentful.
Is often spiteful or vindictive (p.102).

Regarding children with ODD, Cunningham and Boyle (2002) and Nixon, Sweeney, Erickson and Touyz (2003) studied the reasons why early childhood detection and intervention for ODD symptoms are important and effective in treating a child's emotional and behavioral difficulties and in preventing the development of other disruptive behaviors during childhood and adolescence, such as CDs. Concerning girls with ODD, some researchers note the need for more studies that assess the behavior and emotional difficulties among children based on sex differences in

symptom expression of aggression or that focus on girls' disruptive behavior and treatments (Kim & Leve, 2011; Ohan & Johnston, 2005; Waschbusch & King, 2006).

With respect to the aforementioned considerations, drawing could be an effective tool during psychotherapeutic sessions with children who exhibit behavioral and emotional difficulties at school. This artistic media is employed in a therapeutic context with the aim of helping children to express their thoughts and emotions without restraint; to work through feelings, memories and circumstances that may be making their lives difficult (Cox, 2005) and to build feelings of self-value (Geldard & Geldard, 2008). Drawing could also help children to develop self-understanding with respect to their life situations, enhancing their behavior and their emotional response in different contexts (Geldard & Geldard, 2008). During the drawings sessions, intensive feelings and confusing thoughts can emerge freely, without barriers or the need for verbal explanations (Oster & Gould, 2004). Another benefit of using drawing techniques during therapy is the fact that clients can express their frustration, anger, and aggression in a nonverbal and nonthreatening way (Raghuraman, 2000).

The primary psychological mechanism involved in the therapeutic drawing process is projection of the self, life situations, conflicts and issues. On this point, Allan (2004, p. 30) stated that "the drawing is more than just drawing; it is an opportunity for the child psychologically to 'work through' some inner representations, issues, or conflicts." Geldard and Geldard (2008, pp. 167–170), based on their work with children as psychologists, also noted how drawing can help a child:

> *To gain mastery over issues and events. . . Drawing allows the child to make pictures which depict traumatic events. In these pictures the child can depict himself as powerful or in control. . . To encourage expression of emotions. . . Drawing allows the child to get in touch with not only her projected thoughts, but also her emotional feelings. . . To build self-concept and self-esteem. . . To develop insight*.

One modality of drawing therapy used by professionals to work with children exhibiting emotional and/or behavioral problems is known as serial drawing, which is a therapeutic technique in which a therapist asks a child to draw a picture during a period of time and on a regular basis (Allan, 2004). This therapeutic approach asserts that, over time, the emotional and/or behavioral difficulties are expressed symbolically in the drawings, a relationship between client and therapist is developed, struggling emotions can be resolved, and healing can occur (Allan, 2004).

In this approach, drawing was regarded by Jung as a way for the unconscious to express itself through symbols, which could enable the psychological and somatic healing process to occur (Furth, 2002) through the release of instinctual energy (Chetwynd, 1998; Fordham, 1979). Jung (1954) emphasized the importance of viewing drawings in a series. He also believed that expressive arts allow the unconscious to express itself freely in a picture series that is frequently drawn by the client in an unexpected manner. The therapeutic benefits of serial drawing were experienced by Jung over a period of time during the First World War. Jung (1983, pp. 220-221) affirmed that he

> *. . . sketched every morning in a notebook, a small circular drawing, a mandala, which seemed to correspond to my inner situation at the time. With the help of these drawings, I could observe my psychic transformations from day to day... In them I saw the self – that is, my whole being – actively at work.*

In the early 1960, Allan (1978, p. 223) stated that he "...became exposed to a therapeutic technique called 'serial drawing'. The origins of this method were not traceable though it was generally believed to have stemmed from C.G. Jung Institute in Los Angeles." Since then, Allan (1978; 2004) has been studying and using the serial drawing technique with several children who have been experiencing difficulties, such as sexual and physical abuse, serious illness, severe behavioral problems in the classroom, anxiety, a failure to adjust to a new school/class and depression. Allan (2004) suggested that, during the sessions, using serial drawing, children work on fantasy matters, typically in spontaneous ways that are directly linked to their emotional state.

Bertoia (1993) also utilized serial drawing to work therapeutically with a young girl who was terminally ill with leukemia. The author noted that the use of drawings for a period of time and on a regular basis helped the girl to become aware of and to accept her death. Green and Herbert (2006) suggested that serial drawing, together with Jungian play therapy, reduced the inappropriate behaviors of a sexually abused and neglected six-year-old child at school and at home. The serial drawing technique was taught by a play therapist to the child's caregiver (grandmother) and used between play therapy sessions. The authors concluded that serial drawing helped the child to learn to express his feelings in way that enhanced his self-esteem and his relationship with his grandmother.

Through their research and work, Jung (1954; 1983), Allan (1978; 2004), Bertoia (1993) and Green and Herbert (2006) demonstrated that serial drawing is a therapeutic intervention that facilitates the free expression of the

unconscious, which promotes transformation and health. These authors' experiences led the researcher of this study to focus on the importance of expanding this line of research on serial drawing by studying, monitoring and evaluating whether the method can help girls with ODB to reduce the frequency and intensity of their emotional and behavioral outbursts in the classroom. The lack of research that takes into account gender differences in the symptom expression of aggression among children with disruptive behavior (Ohan & Johnston, 2005; Waschbusch & King, 2006) and the benefits of the therapeutic use of serial drawings in children (Allan, 2004) provided the motivation to conduct the study. Despite drawing's potential benefits in psychotherapy, it is important to note that this study does not intend to argue that therapeutic drawing is more efficient than other modalities, such as talk therapy, in working with girls who exhibit disruptive behaviors. Rather, the study presents a particular psychotherapeutic technique that has been shown to be effective in helping children with emotional and behavioral difficulties (Allan, 2004; Green & Herbert, 2006).

Given the examples from the literature noted above that assert the benefits of serial drawing as a therapeutic technique that could help children to learn to express their feelings in a way that enhances their self-esteem (Green & Hebert, 2006), assist the children's work on fantasy matters that are directly linked to their emotional state, and facilitate children's symbolic expression of their emotional and/or behavioral difficulties on the drawings (Allan, 2004), the hypothesis of this study was that, over the period of drawing in a therapeutic setting, the girls would present improvements in their ODB symptoms in their classrooms.

In addition to the above-mentioned hypothesis, the main objective of this study was to analyze the correlations between participation in therapy sessions involving non-directive serial drawing, and improvements, or lack thereof, in the ODB exhibited in school classrooms of five girls aged eight to ten years. Furthermore, this study had two specific aims. First, analyze any changes in the girls' ODB over the period of drawing in a therapeutic setting. Second, determine whether other changes took place in the girls' behavior that could be observed by their teachers after the completion of the study.

METHOD

Design

This study incorporates a descriptive-correlational research design that relies on the analyses of data from a series of case studies and questionnaires. In particular, the study uses descriptive statistics as well as qualitative and interpretative methods to present and analyze the gathered data. To execute the study procedure, the researcher worked with five girls using drawing during fifteen individual sessions of forty minutes each on a weekly basis at their school. During the drawing sessions the children used a white sheet of paper (A4 size), colored pencils, wax crayons, felt-tip pens and a pencil. Prior to the beginning of the study, the class teachers were trained by the researcher to complete the questionnaires as part of the method of data collection and baseline measurement of ODB (see the "Instruments" section for more details).

Participants

The research population consisted of five girls aged eight to ten (*Mage* = 9) who were experiencing emotional and behavioral difficulties in the classroom which were identified as ODB. Regarding the participants' inclusion criteria, the girls had to reside in England, attend the same inner-city school, live with at least one biological parent and belong to a low socioeconomic group. The ODB defined in this study corresponded to the eight symptoms in criteria A for ODD, as described by the APA (2005).

This study was conducted with the assurance that the children's rights, safety, well-being and dignity would be maintained and that their identity would be completely protected. The nature and purpose of this study were fully explained to the school's teachers and staff and to the participants and their parents/guardians through an informed consent procedure. These individuals had opportunities to ask questions to the researcher if they wished to do so. The participants only took part in this study after their parents/guardians had achieved a complete understanding of the research objectives and procedures and had signed a parental/guardian consent form. This research has been conducted in compliance with the ethical principles of beneficence, nonmaleficence, autonomy, fidelity, justice and self-respect.

The selection of participants for this study occurred in two steps. First, the school inclusion manager identified girls from 8 to 10 years old who had been displaying emotional and behavioral difficulties in the classroom over a period of six months. Second, the girls' class teachers completed the ODB Questionnaire. This questionnaire was used to identify the appropriate candidates for this study. It was developed by the researcher, who used the eight symptoms of ODD listed by the APA (2005) and a zero-to-three rating scale: *Not at all* = 0; *just a little* = 1; *pretty much* = 2 *and very much* = 3. In the ODB questionnaire, the teachers were asked to give their answers based on the child's behavior in the classroom over the last six months. Afterwards, girls

whose teachers' answers to the ODB Questionnaire noted at least four symptoms for ODD with a *pretty much* or *very much* answer were selected.

Instruments

This study adopted instruments that have already been used by the scientific community and instruments specially developed for this study. These instruments and their procedures are detailed as follows:

ODB questionnaire and ODB weekly questionnaire (to be answered by teachers).

These questionnaires were developed by the researcher, who used the eight symptoms of ODD listed by the APA (2005) and a zero-to-three rating scale: Not at all = 0; just a little = 1; pretty much = 2 and very much = 3. While building these questionnaires, the researcher was influenced by the ODD Rating Scale (Hommersen, Murray, Johnston & Ohan, 2006). The ODB Questionnaire and the ODB Weekly Questionnaire were developed with an analogous composition, although the questionnaires differ in title and instructions. In the ODB Questionnaire, the teachers are asked to answer based on the child's behavior over the last six months, whereas in the ODB Weekly Questionnaire, the teachers are invited to answer based on the child's behavior up to one hour after each session. The questionnaires also vary in their purpose and the period assessed: The ODB Questionnaire was used to identify the appropriate candidates for this study, whereas the ODB Weekly Questionnaire was used to identify any changes in the girls' emotional and classroom behaviors during the study.

Strengths and difficulties questionnaire - SDQ (completed by teachers before the first session and after the fifteenth session)

This questionnaire provides a recognized and reliable baseline measurement of emotional symptoms, conduct problems, hyperactivity, peer interaction problems and prosocial behaviors (Goodman, 1997). The SDQ enables changes in specific emotional and behavioral patterns to be identified and assessed using a rating scale. These questionnaires were scored and interpreted according to the instructions provided by Goodman (1997).

The house-tree-person (HTP) projective drawing (evaluated by the researcher with the support of a Jungian analyst)

Buck (1948) concluded that the HTP method is a technique built to assist the clinician in obtaining information on the client's personality, development, sensitivity and interaction with his or her environment. The objects of house, tree and person are chosen because (1) young children are familiar with these objects and their concepts; (2) clients of all ages have no difficulty in accepting these objects for drawing; and (3) the objects appear to stimulate more open verbalization (Buck, 1948). Kaufman and Wohl (1992) declared that the house (symbolically) is a representation of the artist's inner life and reveals the client's development, emotions, interactions (or not) with others, body image and level of contact with reality. A drawing of a tree is considered to be related to the drawer's psychological development and his or her feelings about himself or herself and beliefs about the environment (Cox, 2005; Hammer, 1958). The drawing of a person may reveal the drawer's feelings related to body image and self-concept (Cox, 2005; Leibowitz, 1999; Oster & Gould, 2004). In certain cases, a drawing of a person may represent the drawer's views and feelings about a significant figure in his or her life (Leibowitz, 1999).

During the application of the HTP test, a child is invited to first draw a house, then a tree and, finally, a person. After completion of the drawing, certain nonthreatening questions may be asked. According to Thompson and Allan (1985), these questions assist the therapist in better comprehending the client's struggles in life. The HTP test was used in this study during the first (HTP1), eighth (HTP2) and fifteenth (HTP3) sessions. By using this test, the researcher hoped to gain insights into the girls' inner worlds. The HTP drawings were evaluated by considering the children's answers to certain questions after drawing, the researcher's perceptions throughout the HTP sessions, studies on the topic using the available literature and observations by a Jungian analyst. The questions posed to the child after the completion of the drawings assisted the researcher's interpretations and, therefore, are considered part of the overall HTP method. For this reason, no section in this paper is devoted solely to the results and analysis of the HTP questions.

Drawing sessions end form (completed by class teachers).

This form was developed by the researcher using the eight symptoms of ODD listed by the APA (2005). While developing the form, the researcher was influenced by the ODB Weekly Questionnaire and the SDQ. The form invited the teachers to reflect on the child's ODB since becoming part of the study, and for each of the symptoms listed, the teachers were asked to mark a box labeled as follows: Much worse, a bit worse, about the same, a bit better or much better. A complementary question was asked at the end of the form: "Have there been any other changes in the pupil since coming to the drawing sessions?" The form enables the teachers to give their perceptions on any changes in the children's ODB and any other changes in the children's behavior in the classroom since coming to the sessions.

Procedure

Each child individually attended one forty-minute therapy session per week at school for fifteen weeks. Beforehand,

the inclusion manager identified girls who had been showing emotional and behavioral difficulties in the classroom over a period of six months. These girls fit the age criterion of the study and required support and provision for their behavior. Subsequently, the class teachers completed the ODB Questionnaire (see the "Instruments" section for more details) and five girls were selected (see the "Sampling Procedure" section for more details).

The girls and their parent(s)/guardian(s) received informational letters that explained the research in a layperson's terms, and parents/guardians were then asked to sign an informed consent form. After the parents/guardians gave their consent, the children received information about the sessions initially from their class teacher and then from the researcher, who introduced herself and provided practical details about the time and place of the sessions. The researcher explained the boundaries of the sessions and the limits of confidentiality at the beginning of the first session. The drawing sessions' processes occurred as follows:

HTP drawings sessions: As previously described, each child was invited to draw a house, a tree and a person during the first, eighth and fifteenth sessions. After the completion of the drawings, the researcher asked a series of nonthreatening questions about the drawings (the child talked or answered the questions only if she wished to). After the first and eighth sessions, the researcher reminded the child about the following session and accompanied her back to the classroom.

Non-directive serial drawing sessions: During the other twelve sessions, the researcher invited the child to produce a free drawing. Throughout the sessions, the researcher sat near or beside the child and followed the approach suggested by Allan (2004). At the beginning of each non-directive serial drawing session, the researcher told the child that she had thirty minutes to draw. After completing the drawing(s), the researcher asked the girl the following questions: "I wonder if the picture tells a story. Does it tell a story?"; "Does the picture have a title?"; and "What went on in the story before this picture? What happens next?" (Allan, 2004, p.29). These questions give the child an opportunity to tell the story of her drawing. At this point, it is important to note that non-directive drawings and the child's verbalizations about them during the sessions are considered part of the therapeutic technique of serial drawing (Allan, 2004). Consequently, the child's answers to those questions were not evaluated separately from the non-directive drawings in this article. Subsequently, the researcher reminded the child about the following session and accompanied her back to the classroom.

As mentioned previously, the teachers completed an SDQ before the first session and after the fifteenth session. The ODB Weekly Questionnaire was completed based on the child's behavior up to one hour after each session. The class teachers completed the Drawing Sessions End Form two weeks after the conclusion of the study (see the "Instruments" section for more details).

RESULTS

In this section, the findings are first detailed in the form of the overall interpretation of the HTP drawings of the girls as a group. Next, an analysis of each child's HTP drawings is presented. The results of the ODB Questionnaire and ODB Weekly Questionnaire are then reported via descriptive statistics and qualitative analysis. These are followed by the SDQs results, which are presented in accordance with guidelines that Goodman (1997) provided. Lastly, the findings provided by the Drawing Sessions End Form are shown.

HTP drawings

The HTP drawings suggest that four children (code named Ana, Suely, Victoria and Sandra) showed significant improvements in their emotional and behavioral problems. The results suggest that their self-esteem, maturity and psychological growth, as well as the integration of their personalities and their peer relationships significantly improved. The HTP drawings by Clara (the code name of the fifth girl) did not suggest progress in her ODB, although she seemed to have had built up her defense mechanisms and improved her sense of boundaries.

Ana's HTP drawings: Overall analysis

The HTP1 drawings suggest that Ana was having difficulties related to anxiety and fear, impulsiveness, aggressiveness and a high need for affectionate emotional support and care. Her HTP2 drawings suggest that she was experiencing a feeling of tension and anxiety; however, she used fantasy as a coping mechanism to alleviate those feelings and to express a need for space for reflection. Compared with the HTP1 drawings, there were improvements in her self-esteem and a reduction in her level of aggressiveness and anxiety and in her expansiveness of behavior. Compared with the previous HTP drawings, the HTP3 drawings may imply a much more mature child who has developed her drawing abilities and seems more enthusiastic, happier and energetic, which demonstrates psychological growth and an enhancement of her self-esteem.

Suely's HTP drawings: Overall analysis

The HTP1 drawings suggest that Suely had a need for physical care and emotional nurturing. The drawings

show elements of aggression, anxiety and impulsiveness. The HTP2 drawings suggest that Suely's anxiety was slightly reduced, and her boundaries, self-esteem and self-care showed small improvements. In comparison with the previous HTP drawings, Suely's HTP3 drawings suggest certain improvements in her self-esteem, inner strength and involvement in the outside world and a reduction in her level of anxiety.

Victoria's HTP drawings: Overall analysis

Victoria's HTP1 drawings evoke feelings of emptiness, solitude, depression and insecurity. These features may suggest Victoria's emotional instability, poor connection with reality, defensiveness and a desire for involvement. In the HTP2 drawings, the feelings evoked are anxiety, insecurity, depression and low self-esteem, and the drawings suggest little physical affection and emotional care. However, the second drawing of a tree possibly shows a different picture; the drawing may indicate Victoria's psychological growth and nurturance. The HTP3 drawings suggest improvements in Victoria's self-esteem, vitality and psychological strength, indicating a much more stable child.

Sandra's HTP drawings: Overall analysis

The HTP1 drawings suggest Sandra's wish for nurturance, acceptance by others and interaction with the outside world. The drawings also evoke feelings of loneliness, vulnerability and being unloved. The HTP2 drawings suggest that Sandra was more receptive to outside relationships, in addition to a sense of not being accepted or loved by significant others. These drawings evoke sensations of loneliness; a high desire for physical affection and emotional support; and feelings of powerlessness, vulnerability and sadness. In comparison with the previous HTP drawings, the HTP3 drawings suggest a level of vitality, openness and self-respect, which may indicate an improvement in psychological growth and maturity. However, the third drawing of a person still evokes feelings of sadness.

Clara's HTP drawings: Overall analysis

The HTP1 drawings suggest that Clara was having issues involving anxiety, insecurity, interaction with the outside world, self-protection and boundaries, and they evoke Clara's desire for physical affection and emotional support. The HTP2 drawings suggest that Clara was having problems with relationships, boundaries and anxiety. The drawings also evoke feelings of instability and hope. The tree drawings suggest certain improvements in Clara's self-esteem and evoke a sense of strength and vitality. In comparison with the previous HTP drawings, the HTP3 drawings suggest that Clara was building up her defense mechanism, possibly to address the stressful situation of moving and changing schools, and perhaps wanted a degree of private space for herself. There is an indication that her levels of anxiety and insecurity increased.

ODB Questionnaire and ODB Weekly Questionnaire

From sessions one to fifteen (see Table 1), the ODB total score of the group presented a mean ranging from 2.3 to 9.2 points, which indicates a reduction of 9.8 to 20.7 points (compared with the pre-session score)[1]. This finding implies an improvement in ODB symptoms ranging from 54% to 90%.

Table 1.
Total Scores on ODB Questionnaire and ODB Weekly Questionnaires

Girls	Pre[a]	1st[a]	2nd[a]	3rd[a]	4th[a]	5th[a]	6th[a]	7th[a]	8th[a]	9th[a]	10th[a]	11th[a]	12th[a]	13th[a]	14th[a]	15th[a]
Ana	23	5	0	0	1	7	3	5	2	3	2	1	0	0	2	3
Suely	14	7	6	2	2	2	6	3	1	1	7	9	3	6	2	4
Victoria	21	10	9	20	11	1	0	18	10	16	0	0	5	0	4	0
Sandra	20	5	7	2	2	13	5	10	12	14	15	13	4	20	14	2
Clara	12	5	0	3	4	1	1	4	2	2	0	0	0	0	6	7

Note. [a]Session

[1] The mean score is compared with the pre-session score for all five girls.

Throughout the study, the intensity of Ana's ODB notably decreased, as seen in Table 1. From sessions one to fifteen, her ODB Weekly Questionnaires presented a mean of 2.3 points, which indicates a remarkable reduction of 20.7 points. Comparing the ODB total score on the questionnaire answered in the pre-research phase with the score from the final week, there was an enhancement of 87% in Ana's behavior and emotional response in the classroom.

Considering sessions one to fifteen, Suely's ODB total score presented a mean of 4.1 points, which indicates a reduction of 9.9 points. Comparing the ODB total score on the questionnaire answered in the pre-research phase with the score from the final week, there was an enhancement of 71% in Suely's behavior and emotional response in the classroom.

From sessions one to fifteen, Victoria's ODB total score presented a mean of 6.9 points, which indicates a reduction of 14.1 points. Comparing the ODB total score on the questionnaire answered in the pre-research phase with the score from the final week, there was an enhancement of 100% in Victoria's behavior and emotional response in the classroom. During the period in which the sessions were conducted, Victoria's ODB total score reached its highest level, 20 points, in session three. On the day of session three, Victoria's mother came to school to meet her teacher and to discuss Victoria's learning process. This situation may have influenced the girl's behavior at school and, consequently, the ODB total score for that session. Her teacher commented that he perceived Victoria to be very anxious and distressed that day, and he understood her mother's visit to the school to be the main cause of this behavior, as Victoria's learning achievement had been very low. In the period of the seventh to ninth sessions, she seemed distressed because of her mother's absence from home, as her uncle had died in her country and her mother had gone to help her relatives. This situation had a degree of influence on the ODB total score, as Victoria said that she was very sad and missed her mother very much. This situation may well have caused the deterioration in Victoria's behavior in the classroom. In the following sessions (ten to fifteen), substantial improvements in Victoria's behavior were registered.

During the study, Sandra showed fluctuations in the intensity of her ODB. However, there was occasionally a slight improvement, as seen in Table 1. From sessions one to fifteen, her ODB Weekly Questionnaires presented a mean of 9.2 points, which indicates a reduction of 10.8 points. Comparing the ODB total score on the questionnaire answered in the pre-research phase with the score from the final week, there was an enhancement of 90% in Sandra's behavior and emotional response in the classroom. The ODB Weekly Questionnaire was answered by a substitute teacher after sessions three, four, six, twelve and fifteen. Although training on completing the forms was given to the substitute teacher by the researcher, the substitute teacher's answers did not seem to be coherent with or similar to Sandra's teacher's responses to the questionnaires. It seems that Sandra's emotional and behavioral response in the classroom was better when her teacher was not in class, supporting Sandra's comment that she did not have a good relationship with her teacher.

Throughout the study, Clara showed a decrease in the intensity of her ODB (see Table 1). From sessions one to fifteen, her ODB total score presented a mean of 2.3 points, which indicates a reduction of 9.7 points. Although there was no steady weekly increase in Clara's ODB symptoms during the study, there were several weeks when her symptoms increased (sessions three, four, seven, fourteen and fifteen). Substantial improvements in Clara's ODB were observed from sessions ten to thirteen (a decrease of 100%). During the last two sessions, Clara was preparing to move to another home and school. These circumstances may have affected the ODB total score in sessions fourteen and fifteen. Comparing the ODB total score on the questionnaire answered in the pre-research phase with the score from the final week, there was an enhancement of 42% in Clara's behavior and emotional response in the classroom.

SDQ

Comparing the SDQ prior to this study (SDQ1) with the SDQ at the end of the study (SDQ2), the five girls presented slight (Clara and Victoria) or significant (Ana, Suely and Sandra) progress in their emotional and behavioral difficulties (see Tables 2 and 3). This progress resulted in a reduction between 15% and 43.7% in the total difficulties score for all of the girls, which corresponds to a 38.5% in Ana's case, a 43.7% in Suely's condition, a 17.4% in Victoria's situation, a 31% in Sandra's position and a 15% in Clara's.

Considering each emotional and behavioral difficulty presented in the analysis of the SDQs (see Tables 2 and 3), it can be observed that all of the girls improved in their prosocial behavior and hyperactivity. Four of the five children showed improvements in their conduct problems (Ana, Suely, Clara and Sandra), three demonstrated a degree of progress in their emotional symptoms (Suely, Victoria and Sandra), and two improved in their peer interactions (Suely and Victoria). Deterioration in the peer problems score occurred for two of the girls (Clara and Sandra). The conduct problems score and emotional symptoms score were maintained in the cases of Victoria (conduct problems) and Ana and Clara (emotional symptoms). Although the girls demonstrated improvements in several areas, it is important to highlight that, according to the interpretation of the symptoms scores in Table 3, several of the girls still had emotional and behavioral difficulties, albeit to a lesser degree than at the beginning of the study.

Table 2.
The results of the SDQs answered before the beginning of the study (SDQ 1) and after the fifteenth session (SDQ 2)

	Ana		Suely		Victoria		Sandra		Clara	
	SDQ1	SDQ2	SDQ1	SDQ2	SDQ1	SDQ2	SDQ1	SDQ2	SDQ1	SDQ2
Total Difficulties Score	26	16	16	9	23	19	32	22	26	22
Emotional Symptoms Score	5	5	1	0	3	2	10	7	5	5
Conduct Problems Score	10	3	8	5	6	6	10	3	7	5
Hyperactivity Score	10	6	5	3	4	2	9	7	10	8
Peer Problems Score	1	2	2	1	10	9	3	5	2	4
Prosocial Behavior Score	2	6	4	5	6	8	3	5	4	5

Table 3.
Interpretation of the SDQ scores[a]

Teacher Completed SDQ	Normal	Borderline	Abnormal
Total Difficulties Score	0-11	12-15	16-40
Emotional Symptoms Score	0-4	5	6-10
Conduct Problems Score	0-2	3	4-10
Hyperactivity Score	0-5	6	7-10
Peer Problems Score	0-3	4	5-10
Prosocial Behavior Score	6-10	5	0-4

Note. [a]The interpretation of the symptoms score from the SDQ was based on Goodman (1997, p. 586).

Drawing Sessions End Form

This form showed that one girl (Suely) demonstrated improvements in all eight ODB symptoms. Ana showed improvements in five ODB symptoms, two girls (Victoria and Clara) demonstrated improvements in four ODB symptoms, and Sandra did not show any improvement in her ODB (see Figure 1).

In the field, when the teachers were asked whether they noticed any other changes in the pupils' behavioral and emotional response since attending the drawing sessions, the teachers answered that Ana was showing greater interest in art since participating in the study and very much enjoyed having one-on-one drawing sessions, which helped her personally. Suely was *"more settled generally"* and seemed *"to think for a moment before acting inappropriately"*. Victoria became *"more friendly"* and seemed *"more eager to please and proud of her positive behavior"*. Sandra was *"about the same sometimes otherwise much annoyed and resentful. She cries much more and expects to be spoken to on an individual basis"*. According to Clara's teacher, the drawing sessions helped her confidence and she became more independent in her work in the classroom.

ODB Symptoms	Girl(s) who presented improvement in ODB symptoms
A1–often loses temper	Ana, Suely, Victoria and Clara
A2–often argues with adults	Ana, Suely and Clara
A3–often actively defies or refuses to comply with adults requests or rules	Suely
A4–often deliberately annoys people	Ana, Suely and Victoria
A5–often blames others for his or her mistakes or misbehaviour	Ana, Suely and Victoria
A6–is often touchy or easily annoyed by others	Suely
A7–is often angry and resentful	Ana, Suely and Clara
A8–is often spiteful or vindictive	Suely, Victoria and Clara

Figure 1. Girl(s) who showed improvement in the ODB symptoms.

DISCUSSION

This study investigated correlations between participation in therapy sessions involving the use of the therapeutic technique known as non-directive serial drawing and subsequent improvement, if any, in the ODB of five girls aged eight to ten years in an inner-city school in London, England. This particular therapy technique was chosen because of its quality, as discussed in the introduction. The lack of research that takes into account gender differences in the symptom expression of aggression and the benefits of the therapeutic use of serial drawing with children provided the motivation to conduct the study, resulting in this article.

The methods of data collection and analysis suggest that four of the five girls demonstrated improvement in their emotional and behavioral difficulties, which were identified as ODB, and that one girl (Clara) showed a slight progress. The results of all the instruments used to collect the data indicate that Ana and Suely showed significant progress in their ODB, and the findings of three of these instruments suggest that Victoria (HTP, ODB Weekly Questionnaire and Drawing Sessions End Form) and Sandra (HTP, ODB Weekly Questionnaire and SDQ) demonstrated major improvement in their ODB. Only the results of the ODB Weekly Questionnaire and Drawing Sessions End Form indicate that Clara had made considerable progress in her ODB symptoms. Despite the results, Sandra's teacher noted that Sandra was "*about the same sometimes otherwise much annoyed and resentful. She cries much more and expects to be spoken to on an individual basis*". For this reason, the researcher talked to the inclusion manager and made a written request for Sandra to meet with a child psychotherapist.

The results suggest that the use of non-directive serial drawing technique encourages girls with ODB to express their thoughts and emotions in a symbolic way within a safe environment, which reduces the frequency and intensity of their emotional and behavioral outbursts in the classroom. Therefore, the findings support the hypothesis of this study that over the period of drawing in a therapeutic setting the girls would present improvements in their ODB symptoms in the classroom. They also indicate that a therapeutic intervention using non-directive serial drawing in girls exhibiting ODB is a safe and effective way to work on symptoms that are interfering with girls' academic, cultural, physical, social and emotional development.

Throughout the research process, it was observed that the drawing sessions encouraged the children to express their emotions, gave them the chance to work on several of their psychological issues in a safe and free environment within therapeutic boundaries and helped them to build their self-esteem. Hence, this study endorses Allan's (2004) assertion that a serial drawing technique helps children to express symbolically their emotional and/or behavioral difficulties in the drawings and that, over time, struggling emotions can be resolved, and healing can occur. This investigation also supports Jung's (1954; 1983) approach, which affirms that expressive arts allow the unconscious to express itself freely in a picture-series, that is frequently drawn by the client in an unexpected way.

This study suggests that the method of non-directive serial drawing is a safe, therapeutic and efficient way to work with girls exhibiting ODB in the classroom. Thus, the presented findings corroborate the work by Jung (1954; 1983), Allan (1978; 2004), Bertoia (1993) and Green and Hebert (2006) who stated that serial drawing is a therapeutic intervention that facilitates the free expression of the unconscious, which promotes transformation and health.

In addition, the results sustain the claims of Allan (2004), Cox (2005), Geldard and Geldard (2008) and Oster and Gould (2004) that drawing is a safe and enjoyable way for children to express themselves, improve their self-esteem and social skills, learn to express feelings, manage anger and gain insight into their lives in a nonverbal and nonthreatening way.

Regarding the studies on the emotional/behavioral problems among children based on gender differences (Kim & Leve, 2011; Ohan & Johnston, 2005; Waschbusch & King, 2006), this study presents evidence that, among a group of eight-to-ten-year-old girls, there are some children who need support for their ODB in the classroom, when comparing girls to other girls in the school settings. The girls selected for this study and the scores presented in the ODB Questionnaires and the SDQ1, answered by their class teachers before the beginning of the sessions and before the first session, respectively, are examples of that problem. Therefore, this study reinforces the importance of assessing behavior and emotional difficulties among children by considering the biological and cultural differences between boys and girls. Given the findings discussed in this article, it is hoped that this research may expand the study of serial drawing with girls demonstrating ODB in school settings.

After the completion of this study, several of its limitations were evaluated and considered, for example, during a teacher's absence, a substitute teacher completed the ODB Weekly Questionnaire. This substitution may have affected the study in two ways. First, the substitute teacher may have had different opinions and perceptions regarding the children. Although training on how to answer the questionnaire was provided by the researcher,

this different perspective may have influenced the results. Second, the substitute teacher's presence in the classroom, with his or her personality and different ways of conducting the class, may have interfered with the children's behavior and emotional responses. In addition, the children's family dynamics affected the outcomes of this study, as identified in the "Results" section.

If this study were to be conducted again, it would be performed differently with respect to the following points: Length of the sessions (a session length of twenty five minutes would be considered rather than forty minutes; it was observed that the majority of the girls did not use the entire time to draw); and the use of a post-research questionnaire (this would entail a follow-up questionnaire to be answered by the class teacher three months after the end of the study and then another three months after the first follow-up questionnaire to help monitor the effects of the therapy that was used for several months after the study).

For future research, this study could be repeated bearing in mind the following aspects: including boys rather than girls; other age groups; children from other ethnic backgrounds; adolescents rather than children; making a comparison of girls with and without ODB; of girls and boys; children or adolescents with difficulties in other areas or victims of a situation in their life such as sexual abuse, physical abuse, bereavement, parental divorce, anxiety, post-traumatic stress disorder, anorexia, bulimia nervosa, or low self-esteem.

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