

**Critically aligning Kinetic Family Drawing test protocol interpretations  
with existing family structures: A multiple case study from the  
Itsoseng clinic files**

**by**

**Robyn Bronwyn Travers**

**A mini-dissertation submitted in partial fulfilment of the requirements  
for the degree**

**Master of Arts, Clinical Psychology**

**in the Department of Psychology at the**

**UNIVERSITY OF PRETORIA**

**FACULTY OF HUMANITIES**

**SUPERVISOR: Ms. Daleen Macklin**

**CO-SUPERVISOR: Dr. Linda Eskell-Blokland**

**December 2015**



## DECLARATION

I declare that this thesis / dissertation / mini-dissertation is my own original work. Where secondary material is used, this has been carefully acknowledged and referenced in accordance with university requirements.

I understand what plagiarism is and am aware of university policy and implications in this regard.

*R. Travers*

**SIGNATURE**

05 April 2016

**DATE**

## ACKNOWLEDGEMENTS

I would like to express my gratitude to the following people, whose support, encouragement and motivation were crucial in completing this study:

- My husband, for his unending support and motivation.
- My family for their support and encouragement.
- The MA class of 2013 – 2014.
- To my supervisor and co-supervisor for your assistance.
- The staff at Itsoseng clinic.
- I thank God for giving guiding me and giving me the strength to persevere.

## ABSTRACT

South Africa is a multi-cultural society where an interplay exists between families and broader social structures. The country's historical legacy pre-dates the Apartheid era and society currently reflects the transformation that has occurred over the last decade. Government has emphasised the rebuilding of the nation, focusing specifically on rebuilding severed family units. The acknowledgement of altered family structures reflects in the Government's White and Green Papers. Children's drawings portray family structures from their subjective perceptions. The use of the Kinetic Family Drawing test has been utilised in this study to assess whether this test is culturally sensitive to the South African context.

This study assessed KFD protocols from a community clinic in Mamelodi, Pretoria where access to Psychological services are free. Five protocols were interpreted according to the Westernised manual developed by Burns and Kaufman (1970, 1972) and from the cross-culturally validated system by Wegmann and Lusebrink (2000). It was found that neither system were completely culturally sensitive to the South African context. Trauma, adverse incidents and the inter-generational psychological impact of disintegrated family units require more emphasis. When interpreting the KFD in this context, the clinician requires a thorough knowledge of the social, historical and political elements of the child's environment and their perceived role within the family. Additionally, an understanding of attachment principles assists greatly in evaluating a holistic understanding of the child's drawing.

**KEYWORDS:** Kinetic family drawing, family structures, attachment, South Africa, culture

## Table of Contents

### Declaration

### Acknowledgements

### Abstract

### Table of Contents

<b>Chapter One: Introduction</b> .....	1
<b>Chapter Two: Literature Review</b> .....	3
2.1 Historical background .....	4
Human figure drawings .....	4
The Kinetic Family Drawing test .....	5
KFD and personality theory .....	6
2.2 KFD interpretation systems .....	7
Validity and reliability .....	9
KFD and attachment studies .....	10
2.3 International KFD and family structure studies .....	11
2.4 Historical context of South Africa .....	14
2.5 South African family structures .....	17
Government papers on families in South Africa .....	18
Mamelodi context .....	20
2.5 The use of the KFD in South Africa .....	23
Psychological assessment in South Africa .....	24
<b>Chapter Three: Research Design</b> .....	27
3.1 Methodology and Research design	
3.1.1 Methodology .....	27
3.1.2 Research design .....	29

3.2 Record review – KFD protocols .....	31
3.3 Instruments .....	31
3.4 Data analysis.....	32
3.5 Ethics and limitations .....	34
<b>Chapter Four: Theoretical paradigm .....</b>	<b>36</b>
4.1 Attachment and psychodynamic theory.....	36
<b>Chapter Five: Data Analysis .....</b>	<b>41</b>
5.1 Summarised findings of KFD protocols .....	41
<b>Chapter Six: Discussion.....</b>	<b>77</b>
6.1. Recommendations and limitations.....	82
6.2. Conclusion.....	84
<b>References .....</b>	<b>86</b>

## Appendices

Appendix A Consent Form

Appendix B Letter of Permission

## List of Tables

Table 5.1 Summarised findings of KFD protocols

## Chapter One

### Introduction

Human beings, families and their associated cultural values and morals constitute the nucleus of society. The interplay between families and the broader society becomes the milieu where new traditions are established and where transformation occurs. Historically, the family has been recognised as a source of support and an environment which fostered children's psychological and emotional growth. Traditionally, familial structures are thought of as parents and children, however in light of societal changes, several modified family matrixes have become predominant. The prominence of single parent households, same sex families and child headed households (Census 2011, 2012) illustrate modernistic family units. The underscored modifications have largely occurred due to societal pressures which continue to perpetuate further transformation. Any changes within the family structure directly impact the stability of the unit and may threaten the very foundations upon which it is created.

Over the last decade families have had to contend with stark contextual realities such as HIV/AIDS, increased unemployment rates, loss, trauma and adverse conditions. The social, political and historical challenges present in the South African context have had dire effects on family cohesion. Family dis-integration and the associated psychological effects have been particularly detrimental on children. Clinicians only need to consult the Diagnostic and Statistical Manual of Mental Disorders, 5 (DSM-5) (American Psychiatric Association, 2013) for diagnoses of Reactive Attachment Disorder, Oppositional Defiant Disorder or Conduct Disorder, all rooted and developed in (familial) context specific environments.

The ancestral environment sculpts children's subjective experience and perceptions of their family and sets the standard for their abilities to negotiate changes and difficulties. Psychodynamic theory postulates that children (individuals) develop specific defence mechanisms to manage difficulties. Common defence mechanisms children may employ when faced with familial changes or difficulties are internalization, externalization or denial. However, children's affective familial experiences may also be suppressed or "phantasised". This may be particularly prominent when the psychological environment or the child's capacities to explore

these difficulties has not been established. In-depth interviewing regarding children's perceptions of their families may elicit little enriching data, especially if verbal capacities are under-developed. Moreover, children may not possess the capacity to directly convey their experiences of family life. Projective tests, such as the Kinetic Family Drawing test (KFD) have become a valuable assessment tool to explore children's perceptions of their family. The art of drawing and projection of the family "in the picture" becomes an effective method to explore the child's subjective perceptions, wishes and conflicts within their family system. The skilled clinician interprets this drawing which enriches the child's clinical presentation. Moreover, this interpretation assists with appropriate intervention, treatment and outcomes.

The historical context in which South Africa is entrenched is unlike that of any other country. As such, the socio-political and historical context in which the child's KFD drawing is made should be considered as the predisposing, perpetuating and precipitating factors. The political, social, economic and historical factors have reverberated throughout the broader macro system into the lower level micro systems. Excluding these factors in the child's ecology cannot provide a holistic understanding of the person.

Projective tests, including the KFD, were developed and standardized in the Western world where the interpretation of results has been based on predominant Westernised values. Although South Africa has adopted more Westernised traditions, the fundamental customs and beliefs of society's foundations remain extremely different. Gender roles, initiation practices, inter-racial marriages or childrearing highlight differences from the Westernised world. Similarly, these factors are moulded and amended based on the ways in which families negotiate these changes. As such, familial pathology on children's drawings may vary greatly in the Westernised vs. South African context.

This study aims to address the issue of a culturally sensitive group of variables which need to be taken into account when interpreting children's KFD protocols and their associated family structures. The cultural and context specific variables will be addressed and contrasted against the Westernised interpretation system using attachment principles. The author hypothesises that the Westernised KFD interpretation system would not be an adequate measure of analysis within the South African context. Additional variables may be required for holistic, accurate interpretation which this study aims to consider.

## Chapter Two

### Literature Review

This chapter begins with a brief historical background on the KFD (section 2.1) and reviews literature on the following topics: KFD interpretation systems (section 2.2), international KFD and family structure studies (section 2.3), South African family structures (section 2.4) and the use of the KFD in South Africa (section 2.5). Section 2.6 provides a précis of the current literature and emphasises the importance and value this study has in the South African context.

Of primary importance, the concepts used throughout this study needs to be clarified. The ensuing definitions have been provided in the White Paper (Department of Social Development (DoSC), 2012):

- **Nuclear family** –A family system comprised of parents who reside with their biological or adoptive children;
- **Extended family** – A family system which comprises many generations that may or may not share the same dwelling;
- **Child-headed household** – A family system where the most responsible eldest/minor takes on parental responsibilities as the adult caregiver is absent;
- **Family** – Refers to a communal group of individuals that are bound by blood, cohabitation, adoption; or tied by marital ceremonies which extend beyond one specific physical residence.

Additionally, the Green Paper (DoSD, 2011) takes cognisance of the following family types in South Africa:

- **Other** – e.g., the extended family, with consideration given to consenting adults who co-habit without any contractual agreement who may or may not have children. These families may not always share the same dwelling, Economic Policy Research Institute (as cited in Green Paper, DoSD, 2011);
- **Skip-generation** – refers to grandparent(s) who only live with their grand-child(ren)

- **Siblings-only** – defined as a system where all individuals (adults and children) are siblings;
- **Single married parent** – refers to a system with a single parent, an absent spouse and at least one child.

Other terms relevant to this study are the following:

- **Mamelodi** – A predominantly Black township in Pretoria East;
- **Township** – defined as a largely Black residential area which is situated away from the urban areas. Townships were largely reserved for Blacks;
- **Child** - The Children's Act (Government Gazette, 2006) defines a child as an individual who is under 18 years of age.

## 2.1 Historical background

### Human figure drawings

Human figure drawings (HFD) within psychology dates back to early analytic practices which focused on how the individual's unconscious wishes and drives which were expressed through various projections such as dreams and drawings. Klepsch and Logie (1982) state that the development and use of HFD tests can be pre-dated to the 19th century when it was first used in an investigative manner to assess the psychological impact on children. These type of projective measures subsequently rapidly expanded in psychology, ranging from the development of the Draw-A-Family (DAF), House-Tree-Person (HTP), Draw-A-Person (DAP), the Kinetic School Drawing (KSD) and the Kinetic Family Drawing (KFD).

As a metaphorical symbol, a painting is a transformation of the artist's experience into a visual statement. Inherent in this statement are many layers of meaning, synthesized in the image the artist creates in order to present his or her idea of some mode of feeling (Agell, 1989, p. 19 as cited in Poynor, 1991).

Human figure drawings are closely related to assessments used by art therapists, the analysis focusing on the visual material to gain insight into the individual's subjective world. The process of drawing in itself becomes the interplay of subjective experiencing, free expression and

exploring the self's emotional capacities. The instruction to draw synchronizes the individual's thinking with the engagement of their inner psyche which is manifested externally through their artful expression (Freilich & Shcechtman, 2010). The very projective nature of the assessment measure takes into account the child's phantasised wishes, deeply unconscious and unavailable for verbal expression.

The act of drawing predates to historic ages where cavemen depicted their drawings and symbols on cave walls. These pictorials served as a means of portraying the clan's life histories and their associated affective experiences which were passed down inter-generationally. In the modern era, pictorials are often used symbolically to convey affective experiences to children, e.g., fire breathing dragon denoting anger, "bogeyman" to instil fear. Developmentally, the child may lack the language capacity to engage in dialogue, yet the symbolic use of pictures and drawings can later be recalled when verbal capacities are developed.

### **The Kinetic Family Drawing test**

The development of the KFD was rooted in rectifying the inadequacies of the Draw-a-Family test (DAF) which was developed by Hulse in 1951. The instruction for the DAF was simply given as "draw your family". Accordingly, the results of this test portrayed drawings where families were uninvolved and detached. Knoff and Prout (2007) state that the interpretation of the DAF involved an evaluation of the drawing where the focus was on various characteristics of the gestalt. Consideration needs to be paid that Hulse (as cited in Sims, 1974) used the DAF to assess whether any psychopathology was evident in the family system.

The KFD was consequently developed by Burns and Kaufman (1970, 1972) to rectify the rigidity and non-interacting family figures that the DAF illustrations produced. Burns and Kaufman (1970, 1972) revised Hulse's (1951) DAF instructions to that of "draw the whole family doing something". Knoff and Prout (2007) argue that Burns and Kaufman's revision "significantly expanded the general depth of picture drawings as personality assessment techniques and, specifically, the depth of family drawings in this area" (p. 1). The latter authors' modification allowed the individual to express kinetic aspects of interactional patterns which were absent in the DAF. Following this revision, clinicians were able to assess various elements present within the family system based on the individual characteristics within the drawing.

The KFD administration instructions were “Draw a picture of everyone in your family, including you, DOING something. Try to draw whole people, not cartoons or stick people. Remember; make everyone DOING something - some kind of action” (Knoff & Prout, 2007, p. 1). The addition of the instruction “doing something” allowed for the inclusion of “familial action” enabling clinicians to explore pertinent family dynamics, hence the term kinetic. The action or engagement amongst family members was of particular importance as it represented conflict, interpersonal difficulties or identification between members.

Amod, Gericke and Bain (2013) concluded that the KFD allowed the clinician further insight into the child’s perception of their family dynamics. Moreover, clinicians could assess children’s defensive and adaptive responses against the forces and actions within their drawings. This is in line with Burns and Kaufman’s interpretation system where any actions and forces are interpreted as holding a specific meaning in the relationship. Handler and Habenicht (1994) concluded that the KFD is not a measure that can predict behaviour; rather, it assists clinicians in understanding how children perceive and imagine themselves engrained in their family system. Madigan, Ladd and Goldberg (as cited in Ebersöhn, Finestone, van Dullemen, Sikkema, & Forsyth, 2012) suggest that developmental studies have indicated that the KFD is a valid measure of children’s subjective perceptions.

### **KFD and personality theory**

The KFD is based on the tenets of personality theory as it encompasses various unconscious processes, expressed through projective measures such as drawings and dreams. Sigmund Freud, the founding father of personality theory wrote extensively on the human condition, particularly how the unconscious manifests in daily life. The premise of personality theory is embedded in Freud’s topographic model of the mind, composed of the unconscious, pre-conscious and the conscious (Sadock & Sadock, 2007). Each structure has a specific purpose, contributing toward the individual’s daily functioning levels. Freud’s conceptualisation of the individual was characterised by Eros, the life drive and Thanatos, the death drive (Sadock & Sadock, 2007). Conflict always existed between the Eros and Thanatos, manifested in the individual’s psyche. The drives present within each individual were mediated through their personalities, comprising of the id, ego and superego (Wenar & Kerig, 2011). In relation to the dominant functioning of the id, ego and superego, the individual developed and employed specific primitive or mature

defence mechanisms. The unconscious, unacceptable wishes/desires were repressed, but discharged through dreams and drawings (Kramer, 2006). It was this projected material which contained rich material into the unconscious dynamics. Dreams and projective measures reflect unconscious, underlying phenomena within the individual's psyche that are not always verbally accessible. Wordsworth (1997) argued that Freud's book, the Interpretation of Dreams took the reader on an exploratory journey of creative processes and personal confessions. In relation to the proposed study, the KFD taps into the individuals' unconscious psyche and the creative process of drawing serves as a reflection of these unconscious phenomena, made conscious.

The unconscious contents of the mind were found to consist wholly in the activity of conative trends . . . they function quite regardless . . . and are thus liable to be out of step with those more conscious elements in the mind which are concerned with adaptation to reality and the avoidance of external dangers. (Penguin Freud Library, 1991, p. 19)

## **2.2 KFD interpretation systems**

Since its induction, various KFD interpretation systems (Koppitz, 1968; Kaplan & Main, 1986; Motskoff & Lazarus, 1983) have been developed. This section will embark on a discussion on some of the most prominent classification measures.

The primary interpretation system developed by Burns and Kaufmann (1970, 1972) required the clinician to assess the actions, symbols and styles present within the drawing. Burns and Kaufman's scoring system was adapted from Karen Machover's (1949) DAP scoring system. According to Handler and Habenicht (1994), Burns and Kaufman added extra variables to their scoring system, i.e., figure styles and arrangements and various symbols which reflected additional aspects of interpersonal relationships within the family. Burns and Kaufman (as cited in McPhee & Wegner, 1976) stated that "action" referred to a type of force indicative of competition, anger, inhibition or other distinct feelings. Similarly, the interpretation of symbols on the KFD adhered to a psycho-analytic framework. McPhee and Wegner (1976) argued that the KFD "styles" referred to elements of the drawing that suggested aspects of defensiveness. Seven styles were identified in Burns and Kaufman's system (1970, 1972), (1)

compartmentalization, (2) lining on the bottom, (3) underlining individual factors, (4) lining at the top, (5) edging, (6) folding compartmentalization and (7) encapsulation. The classification and details of these styles will be explored in the ensuing paragraphs.

A later interpretation system was developed by Knoff and Prout (2007) which built on the original authors work. Knoff and Prout's (2007) interpretation technique was based on a hypothesis-creating and assessing model. Their technique required the clinician to contemplate the child's ecology and the relational aspects present in therapy prior to making recommendations. In summary, during interpretation, the clinician was presented with a range of hypotheses based on the characteristics of the drawing from which they had to select the hypothesis that best fitted, taking the client's holistic background into account.

The KFD was originally standardized on American Caucasians. Later attempts were made by Wegmann and Lusebrink (2000) to describe and validate a scoring method that could be used with different cultures. These authors believed that the expression of emotions were culturally regulated, thus a cross-cultural scoring system was required. This research paper will ascertain whether the cross-cultural scoring system (a later development of Burns and Kaufman (1972)) could be applied to the research context of this study. Wegmann and Lusebrink's (2000) system will merely be juxtaposed against the current interpretation system.

Wegmann and Lusebrink (2000) used Burns and Kaufman's (1972) system as the foundation for the development of their cross-cultural interpretation method. Their revised system incorporated other variables that were found in literature from former cross-cultural studies. Eighteen extra descriptive features and two numerical measurements were incorporated to the revised cross-cultural interpretation system. Of specific note in their interpretation system was the inclusion of the following variables: "extended family members added", levels of interaction between figures, level of nurturance and developmental level. This specific system was chosen as it proposed more variables that were culturally contextualised. In addition, Wegmann and Lusebrink's (2000) system was conducted with more than 120 children from Taiwan and Switzerland who lived in cities and rural towns, adding to their population's cultural diversity.

## **Validity and reliability**

The validity and reliability of projective tests have been a contentious issue in psychology (Lilienfield, Wood & Garb, 2000). The core controversy surrounding test validity and reliability has been the absence of methodologically sound and objective scoring systems.

The reliability of any psychometric test refers to whether the intended measure will remain consistent over time and amongst clinicians/assessors. Weiner and Greene (2008) underscore that reliability coefficients of .75 indicate standard practices for adequate reliability. Validity refers to whether the test measures the construct it was designed to evaluate. Groth-Marnat (2003) argues that a precondition for validity is that the test has attained satisfactory levels of reliability.

Several concerns regarding the validity and reliability of the KFD have been recorded in literature. Of particular importance is that the KFD has not been developed or standardised within the South African context. Moreover, the multitude of each independent scoring system has provided difficulties in assessing validity and reliability. Handler and Habenicht (1994) argued that evaluating the validity of the KFD has proved difficult as few researchers have utilised the same scoring system. Literature has also indicated that most validity research papers have focused on comparing one or two variables from the original system, therefore reaching inconclusive results.

Various studies (McPhee & Wegner, 1976; Motskoff & Lazarus, 1983; Myers, 1978; O'Brien & Patton, 1974) developed scoring systems which reported satisfactory inter-rater reliabilities. Inter-rater reliability relates to agreement between assessors when comparing same test results through a statistical measure, i.e., kappa coefficient. This takes into account that assessors' scores, by chance, have to agree by at least 50% (Weiner & Greene, 2008). Handler and Habenicht (1994) reviewed a multitude of studies using the KFD and reported excellent inter-rater reliabilities, ranging from 87% - 95%. Motskoff and Lazarus's (1983) scoring system produced inter-rater reliability scores ranging from .86 – 1.00, with a median range of .97. MCPhee and Wegner's (1976) study reported inter-rater reliability scores ranging from .65 – 1.00, with a median reliability of .87. However, inconsistent differentiation between emotionally adjusted vs. emotionally disturbed children could not be discriminated. In relation to this, Brook

(as cited in Fan, 2012) argued that the KFD is a short-term measure of personality traits, however, noted evident cultural and sex differences.

### **KFD and attachment studies**

A recent study conducted by Singh and Rossouw (2015) focused on the relationship between attachment and emotion in children by analysing KFD drawings. Their study attempted to categorise children's drawings based on their attachment style, juxtaposed against Fury, Carlson and Sroufe's (1997) Family Drawing Checklist (FDC). The results of Singh and Rossouw's (2015) study concluded that 50% of their population had secure attachment, 9.52% had anxious-resistant attachment and 40.48% had anxious-avoidant attachment. However, this was a quantitative study, with little elaboration on the qualitative aspects of the drawing.

The aim of Fury et al's. (1997) study was to confirm that certain signs on children's drawings could be used as representations of attachment. Their criteria was developed after they re-adapted Kaplan and Main's (1986) scoring criteria. However, their study's directions were simply, "draw a picture of your family", deviating from the standardised KFD instructions. Moreover, a pre-cursor to this study was that the participants had been videotaped during a "strange situation" experiment, and had been classified accordingly. The raters of the KFD did not have access to this data to ensure inter-rater reliability. Fury et al. (1997) confirmed that drawings were specifically effective for gaining insight into the personal, subjective world of the self and associated attachment relationships. Conclusions of the FDC study indicated that a combination of factors could collate attachment histories to the depiction of negative drawings.

Kaplan and Main's (1986) study needs to be presented at this juncture as it relates to children's KFD's and their internal attachment representations. The Kaplan-Main system (1986) results were elicited through analysing children's verbal responses when presented with separation scenarios from the primary caregiver. Prior to the study, the children had already been classified by their specific attachment style. Kaplan (1987) concluded sections of the 1986 study by evaluating children's affective feelings and actions toward projected material detailing separation scenarios. The questions elicited during these interactions were based specifically around separation and the return to the secure base, i.e., affective tone of picture and child's action/reaction around separation. This study underscores the affective ambience in the picture,

rooted in attachment principles whilst maintaining the projective nature of the “child in the picture”.

### **2.3 International KFD and family structure studies**

Fan (2012) conducted a study in Taiwan which focused on children’s representations of their families, as outlined in the KFD. His sample for this study focused particularly on using three different family structures which were classified as (1) immigrant families, (2) single parent families and (3) traditional families. Immigrant families were defined as a married couple where one parent was Taiwanese and the other from either mainland China or Vietnam. Single parent families were defined as a household where only one parent was present and the traditional family structure consisted of both parents with children. The KFD was analyzed using Burns and Kaufman (1970, 1972) and Knoff and Prout’s (2007) interpretive manuals. The findings indicated that the children belonging to the different family structures represented and drew their families differently based on the styles, symbols, actions, physical characteristics and KFD-grid of family members. Fan’s (2012) study serves as an important source for the current study as its findings and design may be closely related. The hypothesis of the current study proposed that the results may be similar; however, certain children may rightfully include extended family members whilst others may omit family members.

Sims (1974) also conducted a study in which he assessed whether the KFD could be compared to the Family Relations Indicator (FRI), a projective technique used to assess relationships between family members. Sims (1974) argued that the KFD disclosed information about the child’s family relations. The rationale for this study was based on the belief that another technique assessing this dimension should be comparable to the KFD. The population of the study included 34 females and 66 males, their ages ranging between 5 – 15 years. Inclusion criteria were based on each participant having been identified as an “emotionally disturbed” child. In contrast to the standardised interpretation system, the KFD was classified as positive, negative or neutral, the same system applied to the FRI. Sims (1974) classified his system in this manner to indicate the quality of relationships between the subjects’ protocols. High correlations were obtained between the quality of relations of mother and father which indicated that the KFD was an adequate measure to investigate disturbed parental relations.

Internationally, studies have been conducted amongst Native-American, Hispanic and Black cultures to assess which factors the clinician needed to take into account when analysing KFD data (cf. Chuah, Nuttall, Chieh, & Nuttall; Urrabazo (as cited in Wegmann & Lusebrink, 2000). The outcome of these studies reflected various societal norms unique to each culture whilst also obtaining differences in the type and activity levels of parental engagement. Whilst these studies may shed light on more culturally contextual variables, their incongruent methods detailing how they derived these variables and which scoring method they used were absent. As such, Wegmann and Lusebrink (2000) argued that these studies cannot be replicated due to their inconsistent methods.

In a study conducted by Chartouni (as cited in Fan, 2012) the KFD's of American-Caucasian and American-Lebanese children were compared. Qualitatively, this author found that the Lebanese children's KFD's portrayed a closer level of intimacy with parents and extended family in comparison to the Caucasian children. The children's drawings were seen as a direct reflection of their cultural family composition as Lebanese families were traditionally seen as being a close-knit unit. Moreover, this author indicated that extended families were prominently featured in the Lebanese children's drawings and were depicted as an integral part of the family system. Reynolds (as cited in Handler & Habenicht, 1994, p. 490) argued that “. . . the best use will be made of the KFD when viewed in its gestalt and interpreted in view of the family background, age, sex, intellectual level and current behavioural status of the child at home and at school . . .” The interpretation of this quote therefore speaks to a holistic viewpoint where the background of the home and family life of the child is of vital importance.

Habenicht, Shaw and Brantley (1990) conducted a study in America which focused on whether children's KFD drawings reflected traditional Black family characteristics. Participants of this study comprised of 420 Midwestern Black children between the ages of 6 and 12. Their drawings were interpreted for the following traditional characteristics of Black families: (1) extended kinship and closeness; (2) fluid family roles; (3) strong religious orientation; (4) low self-esteem; and (5) early sexualisation. Early sexualisation referred largely to a psycho-analytic interpretation of symbols. It is important to note that previous research had identified these characteristics and the present author's study was to ascertain whether children actually perceive their families as the literature depicts. Three assessment measures were employed in this study,

the KFD, a Semantic differential family scale and a brief demographic questionnaire. The KFD was interpreted based on the scoring system developed by Burns (1982), however, the modifications developed by Cho (1988 as cited in Habenicht et al., 1990) were also utilised. In this study the extended family was identified as a traditional characteristic of Black families. Foster (as cited in Habenicht et al., 1990) argued that kinship networks within Black families have remained an integral part of the family. He attributed this to a greater number of extended families, more relatives living in the household and an increased inclination for Black families to adopt children informally. The results of this particular study indicated that the extended family support network and family cohesion were not as discernible as expected. In some cases, extended family members such as uncles, aunts and grandparents were drawn; however this was a nominal number. Early sexualisation and strong religious orientations were also not present.

These multi-cultural studies highlight the importance that clinicians who disregard the multi-cultural nature of the assessment context risk misinterpreting the individuals' family drawing, a point underscored by Handler and Habenicht (1994). In relation to the proposed study, Amod et al. (2013) argued that specific family patterns may be experienced differently across cultures and during interpretation much sensitivity is required. Therefore the clinician should understand the normality of family patterns across cultures when interpreting and evaluating abnormalities within the drawing.

Handler and Habenicht (1994) identified a crucial element in KFD interpretation which revolved around whether an individual's KFD family structure is realistic or phantasised. In the South African context, this is particularly prominent as the child's KFD is a subjective perception of their family structure. Should Reynold's suggestions be followed and a thorough post-interview is done, the subjective nature of the family structure can be established. Studies that were conducted by Shaw, 1989 and Shiller, 1986 (as cited in Handler & Habenicht, 1994) have found that children have depicted phantasised KFD's of their family composition. However, this was not an interpretive challenge as it could be dealt with through the inquiry process along with the integration of other clinical material. Habenicht et al. (1990) also found that children depicted father figures which were absent in reality, however, featured in their KFD. These authors concluded that whilst the father may be absent, there may be another figure who is seen as holding a strong influence in the family. As such, these authors argued that the clinician should

engage the child in dialogue to ascertain what the child's perception is of this figure, i.e., is it a desired relationship or a real relationship. In relation to the proposed study, the researcher is of the opinion that whilst this may be the case, it also speaks to the attachment bond the child has fostered with that figure or that it may present a phantasised element if all clinical data points in a different direction. The presence of the father despite a conflictual dyad relationship may warrant further theoretical understanding as outlined by Ronald Fairbairn's concept of the moral defense.

These studies have been of particular importance as many of the elements described above have roots in South Africa's political, cultural and historical context. The next section of this study will delineate South African history and focus on how the past may still be unconsciously projected onto the Kinetic Family Drawing.

## **2.4 Historical context of South Africa**

South Africa is a country with a rich heritage albeit entrenched in various political, historical and social transformations. Lubbe (2007) concluded that these transformations have and continue to affect the family structures present in modern day society and have had a direct impact on the manner in which families are structured.

South Africa's history originated with the Dutch East India Company (VOC) who in 1652 set up their station in Cape Town to provide for trade ships passing through the port. As demand for products increased, slaves were imported from Madagascar and East Africa to deal with the labour shortage (SAGov, 2012/13). The constant influx of slaves introduced new cultures which were dominated by the new social order imposed by the Europeans. In a different province, the Zulu uprising under Shaka Zulu brought about a new militarised reign which would later strongly affect the country's history.

The British colonial era came into play post-war, after the British defeated the Dutch in Cape Town. British colonisation brought with it new economic proficiencies as trade was now internationally established with Britain. The British brought about new cultural and spiritual practices through the missionaries who propositioned for equal civil rights for non-Whites (SAGov,2012/13). Despite the "freedom" that slaves were granted, a new social and economic wage-based economy was developed which further exploited slaves and kept them under their

“masters” rule. Essentially, the bestowed “emancipation” was merely freedom on paper whilst the economic and social structures remained stagnant without the possibility for freedom.

In Natal, the Voortrekkers established alliances with the Black chiefs as a means of protecting their land from external forces. These alliances provided the Blacks the opportunity to establish and maintain their own customs and traditions, under the rule of the Voortrekkers. (SAGov, 2012/13) suggested that these Black chiefdoms consisted mainly of refugee groups who survived the battle of Mfecane. The subsequent “ruling” of the Blacks with no political rights, only reserved for the Whites, is argued to have set the precedence for the segregation model that would later be implemented in the Apartheid era (SAGov, 2012/13).

When the mineral revolution reached South Africa, many Black labourers flocked away from their homesteads to areas where farming and mining opportunities presented, setting up their own rural compounds. Blacks, having the skills required for farming presented this as a means of increasing sales, where they eventually settled as workers on White-owned farms. However, to stifle off Black owned competition various laws were passed as a means of removing Blacks from the White-owned farmlands (SAGov, 2012/13), a policy that was subsequently implemented at the goldmines. The ideology behind these implementations was based on the belief that Blacks could be denied their basic rights if the dogma remained that they did not belong in “White South Africa”, rather to tribal villages, i.e., compounds where they stayed to serve the White man’s needs, as and when required (SAGov, 2012/13). This contributed towards the fragmented family structures as wives and children remained at home whilst men flocked to farms and mines to work.

Following the mineral revolution, South Africans were embroiled in the Anglo-Boer War which led to further segregation and extermination of family structures. The aftermath of the Anglo Boer war saw African’s rights being governed by a White owned authority, despite the British previously campaigning for equal rights (SAGov, 2012/13). This policy was referred to as the “Treaty of Vereeniging” and the end result was that Africans were dominated by a White owned government and were forced back into labour roles. Africans were now defined as outsiders who had no rights or claims (SAGov,2012/13).

Post Anglo-Boer war, the era of segregation and Apartheid began to form its backdrop. However, the policy of segregation developed as a consequence of the active role Black's played in the political and economic participation. Black's political assertion was primarily linked to the establishment of the African National Congress (ANC) which led various political protests. Officially, segregation policies were enforced in 1905 by the South African Native Affairs Commission which entailed that Blacks could not purchase or rent outside the reserves, therefore enforcing the divide between Whites and Blacks (SAGov,2012/13).However, the intensity of these laws of segregation were magnified when the National Party (NP) won the elections (Co-operative Governance & Traditional Affairs, 2009). The NP's reign heightened these segregation laws which led to the Apartheid era with more punitive laws and philosophies.

Internationally, other countries started moving towards decolonisation, however, the Union of South Africa (1950's) remained fixed on their current segregation and Apartheid policies, establishing their "Theory of Multinationalism" (SAGov,2012/13). This theory's doctrine was that Blacks developed separately to Whites, and keeping within their ethnic "traditions" they were assigned to homelands in the reserves. Essentially, this policy entailed forced removals of non-Whites to homeland areas which were already over-populated and "filled" with various other cultural groups. Subsequently, the ANC protested against the oppression Blacks endured which ensued in further intensified actions of oppression and segregation (Co-operative Governance & Traditional Affairs, 2009). Following this, an intensified period of demonstrations and non-violent protests continued against the Apartheid era. These non-violent protests eventually came to a halt when violence was used as a means against the resistance. Various political events which would eventually result in the end of the Apartheid era followed such as the Sharpeville massacre (Co-operative Governance & Traditional Affairs, 2009) the Rivonia trial and the prison sentences of political activists. Nationally, South Africa remained the last country to hold the White supremacy flag until 1990 when then President, FW de Klerk announced the "unbanning of liberation movements and the release of political prisoners", most notably, Nelson Mandela (SAGov,2012/13). This decision came from increased sanctions against South Africa from International communities.

The end of the Apartheid era saw the implementation of various policies and reforms to improve socio-economic development, to abolish inequality, to eliminate poverty and to provide and

improve existing sanitation systems. However, the fragmented family systems, the absent parents, the broken attachment bonds and the deceased family members did and could not just be eradicated as Apartheid was.

## **2.5 South African family structures**

In the transformed South Africa, it may no longer be useful to maintain the idea of a nuclear family as one composed of a mother, father and their biological or adoptive children.

Traditionally, the family has been viewed as one of the major support structures for its members, specifically in times of economic, social and historical crises. Goldenberg and Goldenberg (2008) argued that modern-day family structures by definition should include the traditional family but, beyond this, should take into account other factors that may affect the intricacy of families such as kinships, foster parents and interracial marriages. In contrast to this, the Green Paper (DoSD, 2011) suggested that the family forms part of a fundamental institution in society which has an important role in passing down society's values and morals to the next generation. These factors are particularly important as they are very prevalent in the geographical context of this study.

South Africa is a country that is widely affected by high levels of HIV/AIDS, economic poverty and social inequalities, and is marred in the historical legacy of the post-apartheid era (South Africa overview, 2014; Holborn & Eddy, 2011). The divide between modernized urban areas and informal settlements are particularly prominent where family structures are involved. This is primarily due to the inhabitants of these settlements being more affected by the social, economic and historical pressures placed upon them. These factors have affected and altered family structures that were prevalent less than 20 years ago as families could not cope with the increased demands and effects of the changing factors placed upon them. This has been specifically so for communities in the informal settlements where there had been an influx of foreigners, extended family structures, child-headed households and prominent single-parent households. Moreover, there has also been an increase in “immigrant families”, defined as the marriage between a South African national and a foreigner/permanent resident, that have altered the roles and cultures of the family and its members (Statistics South Africa, 2011; DoSD White Paper, 2012 ). The Green Paper also acknowledged that refugee, migrant and same-sex families

are some of the emergent kins in South Africa. The Green Paper (DoSD, 2011) acknowledged the various family structures in South Africa that can be traced back to the pre-colonial era.

According to Lippman, Wilcox and Ryberg (2013) Sub-Saharan Africa (which include South Africa) are one of the few regions where children are more likely to reside with one or no parent and where extended families form an integral part of the nuclear family. Furthermore, Census 2011: South Africa's changing families (2012) states that a quarter of South African households indicated that their families consisted of "differing family structures". These included child-headed households, gay couples and grandmothers residing with their grandchildren. It was also reported that from the 15 million households that participated in the census, only a third comprised of "traditional family structures", defined as a married parents living with their children (Census 2011, 2012). Additionally, 14% of households who participated in the census were female-headed. Based on these statistics, it is plausible to argue that the composition of family structures may further have increased and the full scale of these changes may not yet be fully understood. The afore-mentioned statistics clearly point to the fact that the need for research in this area is imperative as these changing family structures have subsequent implications on the various systems.

### **Government papers on families in South Africa**

In October 2012, the South African Government released the Green Paper detailing recommendations about ways in which South African families should be aided for optimal functioning in society. Should the outcomes of these recommendations be met, families would be in a better position to contribute to a society where national "pursuits" could be met, leading to the emergence of a better South Africa. The proposition set out in the Green Paper (DoSD, 2011) suggests that in order for this to happen, emphasis should be placed on families and subsequent measures to strengthening family life. The Green Paper "places the family at the centre of national policy discourse, development and implementation by advocating for rights-based policies and programmes which support family life and strengthen families in South Africa" (DoSD, 2011, p.6).

The implementation of the Green Paper (DoSD, 2011) stemmed from Governments awareness and recognition of how South Africa's history and social ills had and continued to affect the

already fragmented family structures in the country. Moreover, this policy had brought to light that the current state of families and family life are in dire crises and an immediate intervention was required to fulfil the aims of the Green Paper. Within this Paper, Government also acknowledged how the country's past and present challenges had shaped and influenced the development and structure of family life.

The Green Paper (DoSD, 2011) also commented on the effects that industrialisation had on the disintegration of the family structure. Of particular importance were men leaving their families behind, leading to an increase in family-headed households and children growing up with absent fathers. The Green Paper (DoSD, 2011) suggested that a resilient family was able to deal with conflict effectively and are able to negotiate crises without disintegrating. However, despite this Paper advocating various strategies for improving the family structure and family life, the psychological impact of the country's history and the effects of its current challenges on the family structure appear to be of less significance. Whilst the Green Paper (DoSD, 2011) mentioned that the psychological impact of the country's past continued to be present in everyday life, no mention is made of the importance of the psychological wellbeing of the family. What the Paper had acknowledged is that psychologists and psychiatrists were important for assessing family stability due to other emotional stress.

The importance of dealing with the psychological impact affects the attachment bond parents have with their children and the manner in which the family composition are able to deal and negotiate various difficulties. The quality of family relationships emphasised in the Green Paper (DoSD, 2011) speaks to the attachment fostered amongst family members and how this influences the individuals' perception of their family structure. Furthermore, Williams (2013) argued that children who are raised without stimulation from their parents grow up without the necessary emotional and economic fundamentals on which to base a healthy, integrated lifestyle. The transmission of family values and emotional stability attached to it may therefore not be passed down inter-generationally.

The Green Paper (DoSD, 2011) also takes cognisance of the interplay and consequences the various systems had on the family structure. Important elements that are expressed are the quality of medical care which is inaccessible to families with low incomes. The consequences, when examined in the chrono-system may lead to a change in the current family system, e.g.,

poor standard of medical care = no ARV's available = poor physical health = parents death = child-headed households. This is particularly prominent when taking the HIV/AIDS pandemic into account. The *First steps to healing the South African family* is a detailed report on the current state of South African families and its youth. One of the most important factors which one has to consider is the how the high HIV/AIDS rate is affecting the country. The Medical Research Council, 2002, (as cited in Holborn and Eddy 2011, pg. 1) argued that "by 2015, some 5 700 000 children would have lost one or both parents to AIDS, some 3100 000 children ... would be maternal orphans, and 4 700 000 would be paternal orphans".

Moreover, the Green Paper (DoSD, 2011) advocates that activities that are undertaken to strengthen families in need are seen as a reflection of the goals of social transformation. However, when applying these endeavours to the Mamelodi context, one is left to consider whether the current socio-cultural environment here reflected the outcomes of the Green Paper or whether it speaks to a policy that to date has not yet been implemented? In relation to this study, the Green Paper (DoSD, 2011) also acknowledges that South African families cannot be compared to Eurocentric families hence the system should be situated within its cultural context. This is particularly important as this research project argues that the KFD interpretation system should be interpreted within the South Africa's context, instead of a Westernised context. Within this, the Government identified various elements such as gender inequalities, absent fathers, orphaned and vulnerable children as contributing towards weakened family structures. Whilst these are of utmost importance, it places further emphasis on the need to assist families with the psychological and relational trauma that may have been passed down inter-generationally. It may be argued that a psychologically stable family is in a better position to adequately deal with any of the above-mentioned challenges when confronted with them. A progression from the Green Paper (DoSD, 2011) is The White Paper introduced in 2012 which emphasised the former point by indicating that therapeutic services should be affordable and easily accessible to families and their members. However, given the current statistics there is only one clinic offering psychological services in Mamelodi, serving a disproportionate population. The mission statement of the White Paper (DoSD, 2012) was "to undertake activities . . . and plans to promote, support and nourish well-functioning families . . . that also provide care and physical, emotional, psychological, financial, spiritual, and intellectual support for their members" (p.9).

## **Mamelodi context**

This research is situated at Itsoseng clinic in Mamelodi (Gauteng province), which has been identified as the only clinic in the community providing free psychological services. The majority of the Mamelodi community is of a poor socio-economic status, environmental support structures are inadequate and the schooling systems are widely affected due to a lack of basic resources (Chauke, 2009; South African Government, 2014; ALHDC, n.d., para 5).

Mamelodi developed against the backdrop of a growing rate of Black people who came to cities as a result of increasing industrialisation and urbanisation. The earliest research conducted by Peacock (1950) stated that Mamelodi was previously a White owned farm called Vlakfontein which was bought by the authorities and would later develop into a township to accommodate the growing number of Blacks in Pretoria. Authorities in Pretoria mainly housed Blacks on the perimeter of the cities; however, it was also common for Black families to live on Whites land in a separate dwelling. Chiloane (1990) concluded that it is important to note that there were two predominant areas where Blacks resided; the municipal locations and the freehold areas. Both settlements had different rules and regulations ascribed to them.

Chiloane (1990) argued that individuals in the freehold areas were allowed to buy and own houses and land whereas in the municipal areas this was not permitted. The formation and development of the Pretoria locations were structured in such a manner that they reflected the philosophies of the Union of South Africa between two periods; pre-1910 and 1920-1945 (Chiloane, 1990). Areas constructed pre-1910 were referred to as freehold areas and those from 1920 onwards were known as municipal locations.

In 1964, 11 years after Mamelodi was established, it was estimated that a population of 6561 Blacks were resettled there, consisting of 744 families (City Council of Pretoria (CCP) as cited in Chiloane, 1990). This resettlement was primarily due to overcrowding and squalor conditions which led to families being removed from their residence and their shacks demolished. The consequences of these resettlements, industrialisation and urbanisation implied that many families were uprooted and relocated; existing communities were fragmented and placed in new areas where new societies had to co-exist. Furthermore, the family's traditions had now been

disrupted and needed to be re-established in a new environment, implicating that new struggles were inevitable and needed to be renegotiated.

CCP (as cited in Chiloane, 1990) maintained that Mamelodi was primarily established as a result of various political and socioeconomic factors rather than on humanitarian courtesies. These factors were linked to the segregation policies of Apartheid South Africa but also encompassed Black labour for the industrialisation industry in Pretoria (ALHDC, n.d., para 5). Furthermore, this township was under strict control in terms of the pass laws and could therefore be monitored effectively as all Blacks were concentrated in one area. As it was governed by municipal authorities, the structure of Mamelodi was similar to older townships with poor resources and extremely basic sanitation systems. Mamelodi comprised of basic housing structures which belonged to the Municipality and rentals were extremely high. To overcome the economic pressures, properties were sub-let which led to shacks being set-up in landlord's backyards. Chiloane (1990) argued that Mamelodi was not separated along class and as a result the employed and unemployed all lived amongst each other to alleviate the dire housing crises. This led to the establishment of a new "melting-pot" culture where values, traditions and norms had to be renegotiated and re-learned, "some gained, some lost".

Overcrowding existed, diseases were prevalent (Co-operative Governance & Traditional Affairs, 2009) and due to the considerable travelling distances parents were often stressed and fatigued, having to travel long distances when no transport or finances were available due to their meagre incomes. Urbanisation did not cease which led to further overcrowding in the locations. Within this, there was also a change in the nuclear families as parents often resorted to leaving their children with extended families in rural areas whilst they settled in the [Mamelodi] townships. Other factors that affected the family structures were labour related as women stayed with their White employers and at other times, men migrated to the townships and left their families in the rural areas. Families were also disrupted as unknown males and females often co-habitated to afford township living. Furthermore, as a means of sustaining themselves, women brewed and sold beer which often led to imprisonment as it was illegal, yet the only way of supplementing their income (Chiloane, 1990). However, in terms of Maslow's hierarchy of needs families and caregivers engaged in these illegal and un-family like activities to satisfy their family's basic

needs in order to survive. It may therefore be hypothesised that the quality of relationships were not the main priority, rather the survival of the individual and existing family unit was.

Mamelodi also had an assigned Superintendent who ensured that rules were enforced such as raids for illegal liquor sales, poll taxes and pass identifications. Black advisory members were invited onto the board. However, their contributions were not always considered and instead they were tasked with carrying out internal raids and reporting to their Superintendents (Chiloane, 1990). This led to various tensions within the Black communities as they were turning against each other which later led to more individualised parties who governed the township.

Additionally, the reader also needs to consider what the effects of children raised by their grandparents was. As wages in townships were low and parents had to support themselves and send money to the rural villages, it is plausible to infer that extended periods elapsed before they next saw their children. In terms of psychological phenomena, one needs to consider the effects of attachment and abandonment. When these children were eventually reunited with their parents, would they still perceive them as family and therefore when tested on measures like the KFD, would they be present or absent? It is important to consider this as it is still a very prominent phenomena in the Mamelodi context.

## **2.5 The use of the KFD in South Africa**

Little research has been documented in the South African context regarding the use of the KFD to explore current family structures. The majority of the studies conducted in South Africa in relation to the KFD had focused on identifying emotional characteristics within abused children's drawings. In this regard the Koppitz (1968) system was used to interpret and identify certain emotional indicators. Furthermore, the bulk of these studies have used a quantitative approach with relatively large sample sizes. These studies have therefore taken on a more individualistic standpoint when assessing whether certain emotional indicators could be identified according to the drawing.

A recent study by (Ebersöhn et al., 2012) that was conducted in South Africa focused on using the KFD to explore resilience factors in children with HIV positive mothers. In addition to the KFD as assessment measure, the Vineland adaptive behavioural scale was also utilized and translated into SePedi, IsiZulu, SeTswana and SeSotho. An important consideration in this

particular study was that the KFD's qualitative interpretation added further value to the quantitative aspects of the study. The participants of this study also represented various cultural groups on which the KFD was not standardized. During the interpretation phase a more holistic method was adopted taking various aspects such as their ecologies and familial systems into account. The interpretation of the KFD was based on Wegmann and Lusebrink's (2000) system. This system will be explored at a later stage as it has been developed specifically to be cross-culturally applicable.

A valuable South African study which contributed towards the current paper was conducted by Alderton (1997) where the focus was on how children portrayed their family structures on the KFD. The study population consisted of mothers who lived in shelters for battered women, along with their children. The context in which this study is located already reflects the dynamics present in the family. The subsequent findings of Alderton's study (1997) indicated that some children depicted their families in the roles they had become accustomed to and at other times omitted them which then held significant clinical meaning within their cultural and social contexts. The relevance of this study also speaks to a "phantasized family" element that children may depict on their KFD's. At this juncture, it is important for clinician's to explore the "phantasy" element during the inquiry phase as it adds significant value during analysis. It is therefore important for researchers to pay attention to independent variables when analysing data of the KFD in the South African context. Furthermore, the complex interactional patterns of socio-cultural processes that operate in this context have a direct impact on the understanding of family dynamics and functioning.

According to the interpretive manual outlined by Burns and Kaufmann (1972), the omission of any family member is clinically significant. However, in the South African context due to the different family structures, children who omit parental figures may do so due to this figure's unfamiliarity. Similarly, children in this context may over-include family members as a literal depiction of their family structure. As the KFD is such a widely known projective test with little research done in the South African context the researcher is of the opinion that this is a valuable study, especially in relation to the current family structures prevalent in society.

## **Psychological assessment in South Africa**

The rationale and aims behind psychological testing in South Africa was rooted in a very unequal, discriminatory history, much like the reasons behind the Apartheid regime. Nzimande (as cited in Laher, 2012) argued that like the Apartheid system, psychological assessment in South Africa was used as a means to rationalise the exploitation of the Black labour force and simultaneously decline Blacks access to education and other economic resources.

Laher (2012) also argued that psychometric and psychological testing was further used to sustain the job preference policies which were assigned to Whites only. This was sustained through testing uneducated, illiterate Blacks on the same psychometric tests which were standardised on educated, White people. As expected, the Blacks performed very poorly in comparison to their counterparts and these results were then used as justification for excluding them from the job market (Laher, 2012).

Despite these malpractices several other Institutions recognised and acknowledged these inequalities. According to Laher (2012), the National Institute for Personnel Research (NIPR) and the Institute for Psychological and Edumetric Research (IPER), operating in the organisational, educational and clinical sectors, started developing tests which took Blacks' educational abilities into account. The International Test Commission (ITC) had also implemented important guidelines when adapting available tests. These guidelines include amongst others: cultural contexts; score interpretations; and test administration.

At the outset, South African intelligence tests were standardised for White, Coloured and Indian children, e.g., the Junior South African Intelligence Scale (JSAIS) and the Senior South African Intelligence Scale (SSAIS). Despite these standardisations intelligence tests were continuously used to test Black South African children.

Psychological assessment during the Apartheid era seemed to follow trends analogous to those established in the United States (Laher, 2012). This bears specific reference to Alfred Binet's craniometry (Gould, 1996) studies which were used to validate the belief that Whites were educationally superior to Blacks, based on the Whites' larger brain structures. Galton's studies on eugenics (Gould, 1996) reinforced Binet's validations, reinforcing the superiority of Whites

over Blacks. These studies culminated in Blacks being termed “idiots” and “imbeciles” as a result of lack of education, not being test wise and conditions in which testing took place.

Swanepoel and Krüger (2011) acknowledged the complexity of multicultural South Africa in relation to adequate test development. Today, there has been a greater progression to developing standardised norms for the predominantly Westernised developed tests which are rooted in specific education systems. Swanepoel et al. (2011) take into account the interrelation between psychological and socio-cultural relationships, emphasising qualitative methodology to ascertain the meaning of constructs when developing cross-cultural tests. Psychological assessment therefore is not merely just the administration of a test; rather it is advocated as a holistic, integrative measure which can comment on intelligence and adaptive reasoning, within the individual’s unique experience. Given the current time factors needed for test development in South Africa, the author hypothesizes about more effective ways to improve (content and process) analysis of projective and semi-projective tests.

## Chapter Three

### Research Design

#### 3.1 Methodology and Research design

This chapter describes the design adopted by this research to achieve the aims and objectives of this research project.

##### *Aims:*

- To critically explore the alignment of the current KFD interpretation system with the family structures depicted on protocols that were chosen from the Itsoseng clinic files.

##### *Objectives:*

- To explore how the selected case file protocols illustrated family structures on the KFD and the elements that were included or omitted;
- To contribute to psychologists and therapist knowledge about the KFD;
- To critically explore the socio-cultural applicability of the KFD using the available KFD protocols from the Itsoseng clinic files.

Section 3.1 reviews the methodology employed in this study, the stages by which the methodology was implemented and the research design. Section 3.2 describes the record review (KFD protocols) selected for this study and the sampling techniques which were employed. Section 3.3 reviews the instruments that were used in this study. Section 3.4 outlines how the data for this study have been analysed and section 3.5 discusses the ethical considerations of this research and briefly comments on the studies limitations.

#### 3.1.1 Methodology

Data was collected using the case study approach. Rule and Vaughn (2011) define a case study as a methodical and comprehensive process of examining a phenomenon in its particular context with the aim of producing knowledge about the issue under investigation. The case study is

suited to this research as the phenomenon under study is situated in its environmental context, Mamelodi. Furthermore, the results of this study may generate new knowledge on the cultural sensitivity of this assessment instrument in its natural setting.

The case study approach in qualitative research entails various elements which form an integral part of the research process. Merriam (1998) defined the elements of case studies as the units, process, products and genres. The unit of a case study refers to acknowledged case analyses, which pertains to the selected KFD protocols from Itsoseng clinic, Mamelodi. John and Vaughn (2011) define the process of a case study as an integrative method involving contextual information gathering, accessing usable data, analysing, reporting and presenting the findings. In this study, the process is a précis of the thesis which involved the fieldwork in data gathering, knowing the context in which the unit is situated, analysing and presenting the findings in the thesis write-up. The product of the case study referred to the format in which the findings would be presented, i.e., written, visual or audio. The genre referred to the specific features of the case study, including the intended audience, purpose, structure and the language used in the case. In this study the genre is primarily aimed at academics and therefore the structure will adhere to the formal thesis chapter requirements.

The case study design related specifically to the clientele who had been seen at Itsoseng clinic in Mamelodi. Data was gathered using the principles of “process”, as described above by John and Vaughn (2011), ensuring a methodical and comprehensive evaluation. Itsoseng clinic documents were evaluated for the period of 2012-2013 and case files of those who had already been assessed with the KFD were identified. The cases for this study were selected if cases met the specified age criteria, 7-15 years. Five cases were deemed adequate for this study and had to meet the age, date and assessment measure criteria, as stipulated. Moreover, it was a requirement that the selected cases had to have consented to their data being used for research purposes. Additionally, the researcher would have consulted the treating clinician’s therapy notes (biographical data) as a means of triangulating the data.

The primary source of data in this study was the existing files stored at Itsoseng clinic. The files consisted of a standardised intake form, the clinician’s notes, the KFD protocol and the interpretation report. Three main data sources were used: the current interpretation system; the cross-culturally validated system by Wegmann and Lusebrink (2000); and the treating clinician’s

clinical notes. It is important to note that the treating clinician's therapy notes would merely be used to obtain biographical data for each individual participant.

This study is situated in an interpretive paradigm. The interpretive paradigm puts forward that social reality can only be understood through the individuals who are involved in the meaning making of their realities. Collins (2010) stated that the interpretive paradigm incorporates various approaches, hermeneutics, phenomenology and social constructionism, making it a more holistic paradigm. Furthermore, Creswell (2009) argued that the interpretive paradigm evaluated the phenomena under study from the individual's viewpoint, focusing on the interactions between the social actors, their historical and social contexts. This paradigm will allow the researcher to base the case study in the context of its physical, social, political, economic and cultural context.

The ontological position of this study was rooted in a relativist perspective. The relativist ontology implies that the researcher works from the position that reality is constructed through the inter-subjective meanings portrayed within the KFD protocols. These meanings were socially and experientially constructed within the selected protocols. Willig (2013) suggests that research from a relativist ontological position is aimed at exploring ways in which various constructs, particularly culture, are used to understand the participant's views. In relation to the proposed study, the researcher will attempt to explore the case files' contextual realities and how these contributed towards the subjective expression of family structures on the KFD.

The epistemological position of this study is rooted in subjectivism. Grix (as cited in Scotland, 2012) argued that subjectivism prescribed that our knowledge of the world and its existence does not exist independently of each other. As such, the interpretation of the data and hypotheses created by the researcher cannot be separated by her existing knowledge and personal subjective theoretical position.

### **3.1.2 Research design**

This study follows a qualitative research methodology. Marshall and Rossman (1999) advocates that qualitative researchers are interested in the social interactions of participants and the complexity that underlies these interactions. Further emphasis is placed on how individuals attribute meaning to their interactions. In contrast to this, Hammersley (2013) defines qualitative research as:

a form of social inquiry that tends to adopt a flexible and data-driven research design, to use relatively unstructured data, to emphasize the essential role of subjectivity in the research process, to study a small number of naturally occurring cases in detail, and to use verbal rather than statistical forms of analysis. (p.12)

Qualitative research therefore is situated and studied in its natural context, emphasizing the meaning individuals ascribed to their lives and lived experiences. As such, the proposed study will take into account the natural setting (Mamelodi) where individuals reside and the description of the research methodology is rooted in how the individuals portray and make sense of their realities.

The researcher's position in this study will be to explore the individual's understanding of their subjective experiences and family relations. However, the researcher acknowledges that there is some element of subjectivity on her part based on her training and theoretical influences. This position is taken in relation to the relativist ontology and the subjectivist epistemology which denotes that the researcher's knowledge and interpretations do not exist independently of the phenomena under study. The qualitative research method allows the researcher to comment on the social and historical context in which this study is located, linked to the research question. Furthermore, a qualitative approach allows the researcher to explore the meaning the participants attribute to their experiences (Willig, 2013) within their specific contexts. This approach will also allow the researcher to explore the participant's subjective understanding of their experiences, encompassed in the interpretive approach (De Vaus, 2001). Rich data will be obtained as the qualitative approach permits the triangulation of data to better understand and explore the family structures and dynamics present within the KFD protocols. Triangulation in this study refers to comparing the treating clinician's interpretation to the two interpretation schedules that will be completed by the researcher. Additionally, once the researcher's interpretation systems (Knoff & Prout, 2007; Wegmann & Lusebrink, 2000) are completed, the treating clinician's clinical notes will be consulted for biographical information. The use of various sources of data and assumptions is in line with Hammersley's (2013) definition that qualitative research includes heterogeneous fields.

This study utilizes a multiple case study research design which is rooted in the qualitative methodological approach. De Vaus (2001) argued that case study design aims to have a more

holistic and encompassing account for the phenomenon under study, thereby examining it from a nomothetic and idiographic stance.

The specific case study design for this research is classified as clinical case studies (Yin, 2003) which are descriptive in nature. Clinical refers to a range of studies that have been selected by the researcher as a specific theory which will be used to understand the case. It is descriptive in nature as the researcher's own training in psychology holds a bias on the conceptualization of the cases under study. Yin (2003) argues that descriptive case studies emphasize the real-life environment in which it is based. However, this study also follows an exploratory design as the researcher seeks to explore aspects that will be highlighted on the KFD. An inductive approach is followed as specific cases will be selected on the basis of the research question.

This study will also make use of multiple case studies as De Vaus (2001) argues that it is better suited to inductive typologies and allows deeper insights to be gained of the phenomena in question. Furthermore, the design can be classified as an instrumental design as the cases are particularly chosen to give the researcher the opportunity to study the particular phenomenon (Willig, 2013).

### **3.2 Record review – KFD protocols**

Purposive sampling was used as the cases that were selected for this study represent the population under study (TerreBlanche, Durrheim, & Painter, 2006). The sample populations included in this study were KFD protocols which were completed during 2012 – 2013 by clinic clientele between the ages of 7 – 15. It is imperative to note that only case files (KFD protocols) were selected from the available files – this pertains to the study being a document review only. All selected files in which permission was granted to use data for further research were selected for this study. As such, the researcher did not have participants for this study, neither distributed questionnaires or conducted interviews. The rationale for the particular age groups was due to the dominance of the population amongst the Itsoseng clinic referrals and files. The selected cases had adequate information available in their existing files regarding their current family structures.

Protocols which detailed the experience of loss or bereavement within the family system were excluded from this study as well as those which detailed symptoms of a mood disorder. The exclusion criteria also pertained to case files which contained and reported any form of abuse. These exclusion criteria were implemented as bereavement, abuse and mood symptoms add complex dynamics which cannot be accounted for in this study.

### **3.3 Instruments**

The Kinetic Family Drawing test protocols of five children from Itsoseng clinic will be used in this study. The selected KFD protocols had already been administered by clinical staff at the clinic and have been used as a means to reduce bias from the researcher.

### **3.4 Data analysis**

The researcher will re-interpret the existing protocols according to Knoff and Prout's (2007) interpretive manual. Knoff and Prout's (2007) manual places emphasis on the following categories: (1) family composition (includes omission of figures, inclusion of extra figures, size of figures); (2) distance and closeness (includes distance between figures, compartmentalization, encapsulation and placement of figures); (3) interactions and relationships (includes field of force); and (4) activities (includes activities self and parental figures are engaged in). The above-mentioned categories will allow the researcher to comment on how the selected KFD protocols regarded their family structure.

Once the researcher has re-interpreted the KFD protocols, the portrayed family structure will be compared to the family structure detailed in the participant's biographical data. This will permit the researcher to compare whether the depicted family structure matches the actual family structure of the protocol. If the researcher ascertains that the comparisons are not compatible, this can be commented on. Moreover, the researcher will consult the treating clinician's notes to ascertain whether the current family structure has recently changed (e.g., due to death, remarriage, etc.) which would serve as further justification for the actual vs. depicted family structures. Furthermore, the researcher will code the protocols according to the extra variables as indicated by Wegmann and Lusebrink's (2000) cross-culturally validated system.

The extra variables (excluded from Burns and Kaufman's (1970) and Knoff and Prout's (2007) systems) outlined in Wegmann and Lusebrink's (2000) cross-culturally validated system are as follows:

1. *Major figure missing*– referring to any major figure that is left out of the drawing;
2. *Erasure of the major figures* – a significant erasure of the self, mother or father, where the Gestalt of the figure is altered;
3. *Extended family members added* – members other than self, mother, father or siblings are drawn.

The above-mentioned variables are categorized under family composition:

1. *Level of interaction* – two levels of interaction were defined: (1) Active interaction: when two figures are engaged in a shared activity involving action (e.g., eating together) or when the two figures share the same kind of activity. (2) Passive interaction: when the two figures are involved in the same passive activity (e.g., watching TV together);
2. *Facing* – refers to when a figure is looking towards another figure rather than towards objects or looking “out of the picture”;
3. *Level of nurturance* – **feeding/holding**: when one figure is taking care of another in very close contact; **cooking/setting table**: when a figure is taking care of another figure without close contact; **eating**: when a figure is eating; and **taking care of pet/gardening/housework**: when a figure is taking care of a pet, a plant or the house;
4. *Self-drawn like*– if the self-figure is drawn like one of the parental figures and differently from the other parental figure;
5. *Self-sharing with* – when it is noted that the child feels him/herself closer to one parent than the other;
6. *Space organization* – refers to representation of space in the drawing. Four levels were defined: (1) **no space organization**: when there is no sense of special organisation (e.g., objects or figures are floating without any relation to one another);(2) **one baseline**: when figures or objects are organized in a line or when there is one baseline;(3) **3D attempt**: when there is an attempt to represent 3D; and

- (4) **3D awareness:** when the drawing shows perspective, when there is a sense of depth, and/or when there are objects or figures overlapping;
7. *Incomplete body* – refers to missing arms, legs, trunk, hands or feet. Further representation are if stick figures are drawn, if there is a poor integration of body parts, or if a part of the body is cut-off from the page;
  8. *Incomplete face* – refers to when figures eyes or mouths are missing, if part of the face is cut-off the page, or of there is a poor integration of facial figures;
  9. *Sexual differentiation* – if the genders of all figures (except young children and babies) is obvious even if stick figures are drawn;
  10. *Akinesis* – refers to whether activities or physical stances are drawn. If all figures are standing facing forwards, as if they were sitting for a snapshot without any orientation to each other or to tasks. If figures are drawn static despite objects drawn involving an activity or despite the child’s verbal description that the figures are engaged in an activity.

It is also important to note that the cross-culturally validated system also amended and clarified certain variables like *encapsulation* and *compartmentalization* and as such will be commented on during interpretation.

The KFD will therefore be analysed through a Kinetic family theme analysis where themes pertaining specifically to family structures will be commented on. The additional coding system will be used to comment on whether the extra variables should be taken into account when interpreting the KFD in the South African context. These themes may point to certain factors that need to be taken into account when interpreting the KFD in the South African context which will be linked back to the research question.

### **3.5 Ethics and limitations**

This study adheres to the Ethical Guidelines set out by the University of Pretoria. The researcher has worked in accordance to the ethical guidelines set out by Itsoseng clinic. To ensure that confidentiality and anonymity were maintained, the completed protocols were given pseudonyms. As part of the Itsoseng clinic ethical policy, all case files that were used in this study would have already obtained signed consent from the parents or legal guardians of all

clinic clientele. Consent for research data from the case files are completed on intake to the clinic, clients are given the option to give permission for their data to be used. This consent form also has a section where the parents/legal guardians give permission that the client's data can be used for research purposes (see Appendix A: Consent Form).

Simons (2009) argues that where identifiable institutions are reported on, the researcher should obtain consent for comments that may be documented. Consent for these comments was obtained in writing from the supervising psychologist at the said Institution. Furthermore, the rationale for the research was documented and clearly stated that the comments expressed are that of the researcher and not the Institution (Appendix A).

As part of good research and ethical practice, the researcher obtained permission for access to documents and all materials which were used (e.g., in this study the KFD drawings). The accompanying reporting on the participant's current family structures were done in such a manner that it could not be traced back to any particular individual.

The researcher has been trained in the administration and interpretation of the KFD and has used the standardised method of administration. The cases that were used in this study are no longer seen by any therapist at the clinic and therefore they are not considered an active user of the clinic services.

The role of the researcher in this research project is one of optimal objectivity. This is largely due to the fact that the researcher has not been the treating clinician for any of the selected case files, thereby affording greater objectivity. Whilst the researcher worked at Itsoseng in the capacity of psychologist, she would not enter a dual role if any of the clientele whose protocols have been selected for this study returned to access clinic services.

One of the limitations of this study is that the results that are generated cannot be generalised to other communities. However, due to the political context of South Africa and the presence of similar factors in other communities, the recommendations made may need to be taken into account by clinicians during the interpretation of the KFD.

In future, it may be suggested that a larger sample size should be used to strengthen the validity of the added culturally sensitive variables.

## Chapter Four

### Theoretical Paradigm

#### 4.1 Attachment and psychodynamic theory

Attachment theory is used as the theoretical paradigm of this study and forms the basis from which the KFD protocol results will be analysed. The principles of attachment theory will be used to comment on the quality of the relationships that are portrayed in the selected participant's drawings in relation to their depicted family structures.

Mary Ainsworth and John Bowlby are two of the primary literary influences who developed the theoretical foundations of attachment theory. Ainsworth's research on the "Strange Situation" and her extensive work with mother-infant dyads in Uganda (Ainsworth's Uganda Project, 1963, 1967) led to the specification of three distinct attachment styles. Sadock and Sadock (2007) define these as: (1) secure attachment, (2) disorganized attachment; and (3) insecure attachment. A securely attached infant will readily return to the mother after separation periods and is easily soothed by the mother's sensitivity to their needs. Wenar and Kerig (2011) suggest that disorganized infants often appear perplexed and fickle in approach when seeking contact with the primary caregiver. The formulation of the secure base correlated to the infants' capacity to seek emotional refuelling and the primary caregiver's attunement to his needs after separation. These attachment styles, once established in childhood, tended to remain stable over time and persisted into adolescence and adulthood. The specific attachment styles held important clinical contributions for therapeutic intervention and levels of engagement across all domains.

Bowlby's contribution to attachment theory culminated in three pertinent literary works which explored attachment relationships when loss, separation and bereavement occurred during specified developmental stages.

In *Separation*, Bowlby (1973) explored the dynamics of the child's internal working models of the self and attachment figures. When the child is continually rebuffed by the primary caregiver during attempts to "separate" and explore, an internal self-working model of "incompetence and

unworthiness” prevails (Bowlby, 1973). The “incompetent and unworthy self” is parallel to pathological development, with difficulties occurring in Mahler’s (1971) separation-individuation phase. In contrast, if self-exploration and acceptance are present when returning to the secure base an internal working model of the self as esteemed is fostered (Bowlby, 1973). Consequently, secure attachment patterns and affect regulation become ingrained, absent of the primary attachment figure. “The capacity to make intimate emotional bonds...is regarded as a principal feature of effective personality functioning” (Bowlby, 1998, p.121 as cited in Pearce, 2003). The individual’s capacity to form secure attachment bonds develops within relation to the “other”, consequently creating a script for all future relational engagements. However, if early childhood attachments periods are compromised, pervasive personality dysfunction ensues (Wenar and Kerig, 2011).

Mahler (as cited in Winnicott, 1960) underscores the importance of the completion of the final sub-phase of the separation-individuation stage: libidinal object constancy. Once completed, libidinal object constancy equates to the development of an enduring, secure internal representation of the primary caregiver, conjured up in her absence. Wenar and Kerig (2011) conclude that this relates to the healthy persona where good and bad objects and aspects of the self are integrated. The inclusion of the primary caregivers on the KFD, despite the actual family structure may “shed” light on the possible “phantasised” family. Moreover, this illustration may equate to the internalisation of the environmental caregivers. Therefore, if secure attachment prevails and libidinal object constancy is achieved, one expects to see the primary caregivers illustrated on the KFD. However, even if both criteria are met, and no primary caregivers are depicted, it alludes to the child’s capacity to “hold” these figures in mind in their physical absence.

Effective personality functioning equates to a healthy, integrated self where internal representations are re-experienced during later separation periods. Dykas, Woodhouse, Cassidy and Waters (2006) argued that representational models of the self-serve the function of storing information on the anticipations of care which the parental figures will provide. The infant’s internal working models are developed and consolidated through his experiential interactions with the primary caregiver and the environment. Marrone (as cited in Pearce, 2003) regards the environment and relational influences as equally important, emphasising the relationships

themselves. The quality of these interactions sets the benchmark for future engagements in relation to the infants' capacity to adapt to new environments. The KFD which examines the family dynamics offers insight into the quality of familial and environmental interactions. As such, attachment theory serves as an effective theoretical understanding of the holistic perception of the drawing. Bowlby's theories concurred and equated the development of an integrated persona to the quality of the intimate relationship with the primary caregiver. "The infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment" (Bowlby, 1951, p. 13 as cited in Bretherton, 1992).

Bowlby (as cited in Dykas et al., 2006) argued that the secure base relationships children establish with their parental figures are internalised across their life-trajectories. These internalisations are preserved in the individual's cognitive structures and are known as "representational models". Therefore, the absence of a parental figure may be understood in terms of the secure base script the child has internalised for each parent. It may be reasonable to argue that the mother may have been internalised as a secure base whereas the father's representational model equates to an insecure base. As such, the parents' absence or presence on the KFD may be understood in terms of the child's ingrained representational models. Therefore, the child may actively omit or include extra figures in their KFD protocols, investigated in the inquiry phase and corroborated by collateral.

Bretherton (1992) drew attention to Bowlby's analytic training, implicitly acknowledging the impact of the primary caregivers past experiences on the child's present and future development. "Like nurserymen, psychoanalysts should study the nature of the organism, the properties of the soil, and their interaction" Bowlby (as cited in Bretherton, 1992, p. 23). This is of particular importance as the interaction with the broader socio-political context directly impacts the primary attachment figures emotional availability, required for secure attachment. Linking this to Bronfenbrenner's theory, it examines interactions between systems which afford understanding on family structure illustrations. "Just as children are absolutely dependent on their parents for sustenance ...are parents, especially their mothers, dependent on a greater society for economic provision. If a community values its children it must cherish their parents" (Bowlby, 1951, p. 84). Mamelodi and its familial structures cannot be understood in isolation as the prevailing

circumstances are deeply rooted in the countries' socio-political history. Interpreting the KFD protocols in isolation from their contextual realities becomes nearly impossible as the past remains so influential in present circumstances. Therefore, it is important to acknowledge that continuous transformation of the broader system has consequences for familial structures and the formation of attachment bonds. Societal transformation and its consequences bears reference to Bretherton's (1992) statement which reaffirms Bowlby's view on the importance of societal and economic factors shaping the development of a "good-enough" mother-child relationship. The "good-enough" mother-child relationship was extensively developed by psychodynamic theorist, Donald Winnicott. This "good-enough" mother-child relationship perpetuates the search for future relationships which fulfil this early developed script.

Winnicott (as cited in Ogden, 1990) argued that the infant does not exist without the mother; there is no separation. The interaction between mother-infant-environment-experience and the space in between is most pivotal. "The behaviour of the environment is part of the individual's own personal development" (Winnicott, 1971, p.53 as cited in Ogden). This analogy is reflective of Bowlby's secure base, and application to the current study highlights how the primary attachment figure's ability in infancy provides the same environmental secure base on the KFD protocols. This environment develops gradually where the maternal mother is internalised to become the environmental mother, Winnicott (as cited in Ogden, 1990). In the absence of primary attachment figures and subjective worldviews, the negotiation of these relationships extends into the familial space. These extensions and negotiations into familial experiences perpetuate further transmission of secure attachment bases. Essentially, the individual is always engaged in a process of "going on being". Winnicott (1963 as cited in Ogden) equates failure of the "good enough holding environment" to a psychotic state in the child's "going on being", ensuing in a disorganized condition. Just as the mother provides the "holding space" before the infants' birth, so she provides the environmental "potential space" after birth.

Winnicott's (1960) conceptualisation of the parent-infant relationship focuses on two parallel dynamics of growth and development. The first concerns the infants' psychological growth, from "absolute dependence – dependence", concomitant from pleasure to reality principles. The second dynamic encompasses maternal care and provision and the specific level of attunement towards the infant's individualised care needs. Within this transitional space, the psychological

birth concludes in the separation of the dyad, inclusive of maternal-environmental-actual and instinctual experiences, Winnicott (1960).

Bowlby and Winnicott's theoretical conceptualisations are both ingrained in self-other relational patterns, developed in early childhood and proceeding into adulthood. Of particular importance are the quality and experience of the child's interaction with the mother and environment (Wenar & Kerig, 2011). The KFD offers the individual the "potential space" to recreate his subjective experience of his family life, a pattern of continuity presented to the assessor. Devoid of contextual variables and the primary caregivers own experiences, an understanding of family functioning becomes improbable. The self and internal working models are constantly re-activated within relations and the return to the secure base. Bowlby (as cited in Pearce, 2003) advocated that the attachment system allowed the individual to create the necessary distance and return to the secure base through a process of refined communication methods. The tenets of attachment and dynamic theory allow the clinician insight into understanding the family projections and how the individual's early attachment style is reflective of depicted family structures.



## Chapter Five

### Data Analysis

#### 5.1 Summarised findings of KFD protocols

**Table 5.1**

#### Summarised findings of KFD protocols

<i>GENDER</i>	<i>AGE</i>	<i>ETHNICITY</i>	<i>ACTUAL FAMILY STRUCTURE</i>	<i>NAME</i>
Male	14	Sepedi	Mother, siblings and step-father	* James
Male	10	SeSotho	Parents and older cousin	*Katlego
Male	14	Sepedi	Parents and two siblings	*Ashley
Male	8	IsiZulu	Granny, sister and another boy	*Thulani
Male	14	SeSotho	Mother, and three siblings	*Kgotso

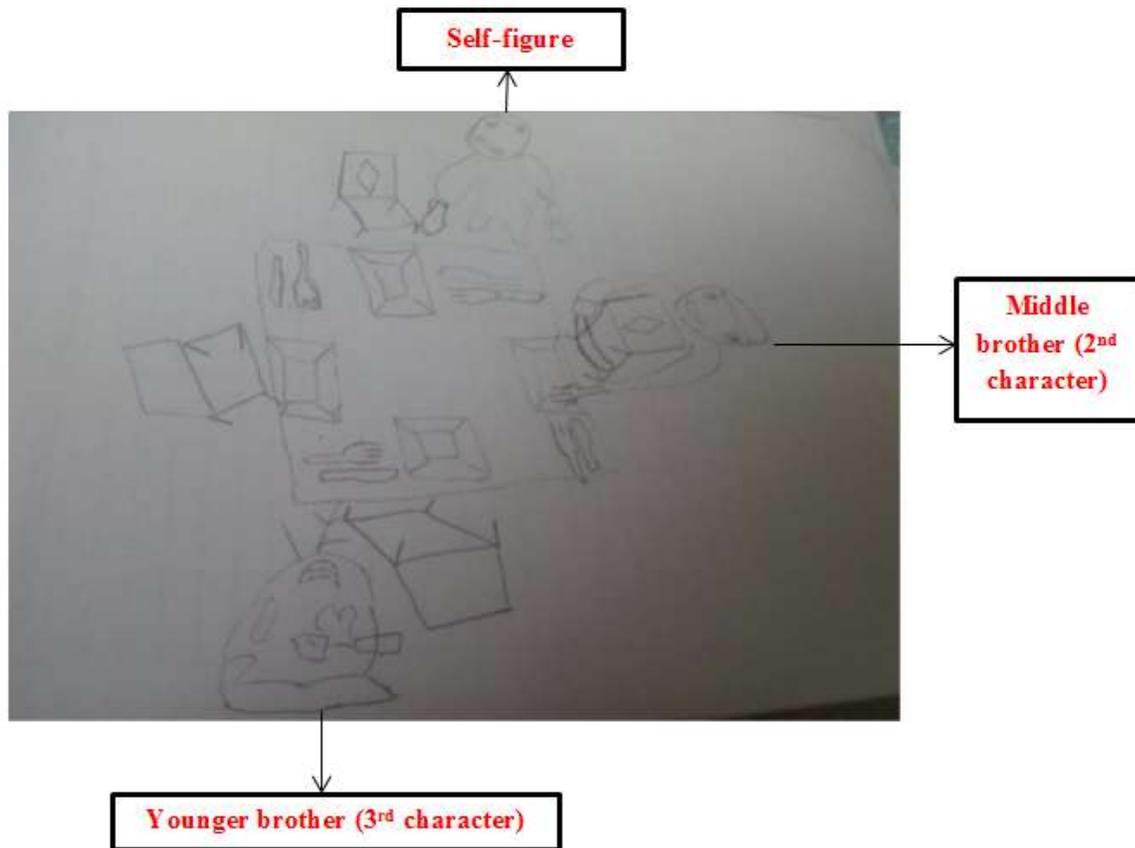
#### **PROTOCOL 1: \*James**

The KFD protocol was done with \*James, a 14 year old Sepedi boy. He lived with his mother, step-father and two siblings. He is the firstborn. The existing 12 year age gap may imply that the youngest brother is from the relationship between James' mother and his step-father. This hypothesis adds valuable interpretive data as new dynamics are added to the already established family structure. The absence of precise and detailed note keeping is underscored here, imperative for accurate analysis.

#### **KFD analysis according to Knoff and Prout (2007)**

The KFD featured three individuals sitting around a set dinner table. All the characters have been identified as males. It appeared as if only one of the characters was seated (brother age 10) whilst the self-figure stood. Initially it was difficult to ascertain whether the third character (younger

brother, 2) was sitting or standing but this was clarified in the inquiry phase. The KFD characters have been identified as the participant and his two brothers.



***Actions of and between figures:***

- No action depicted on drawing between figures.
- No parental figures present in drawing.
- Figures identified as self holding a cold-drink and meat, brother eating and other brother sitting down.

***Figure characteristics***

***Individual characteristics:***

- One may argue that character 2 is depicted as having sharp fingers which relates to fear of the figure or acting-out tendencies. However, in the inquiry phase this character is

described as eating. The sharp fingers are therefore representative of the fork the figure is using for eating.

- Extended arm in 2<sup>nd</sup> character: hypothesised to be a rejecting or threatening individual yet the figures arm is extended as he is busy eating (identified in inquiry phase).
- 2<sup>nd</sup> character's lower body is occluded by chair which indicates denial or repression of occluded area. According to Burns and Kaufman (1972) this characteristic is found in more drawings of *emotionally disturbed* vs. emotionally adjusted boys.
- Omission of body parts: self-figure and 2<sup>nd</sup> figure's noses are omitted. Hypothesis points to conflict, anxiety or psychological denial around or including missing part. All three figures' fingers are omitted. Self-figure's feet are omitted which reflects feelings of instability or a lack of roots in the family matrix.

#### ***Global/comparative figure characteristics:***

- Relative height of figures: 2<sup>nd</sup> character appears to be the largest in the drawing – hypothesis points to greatest psychological influence or character's importance relative to family members.
- Self-figure drawn developmentally/maturationally poorer and smaller than other figures – reflects feelings of poor self-concept and feelings of inadequacy and insignificance. The self-figure appears less engaging in the activity, standing back, creating the impression of observing the family rather than being part thereof, perhaps reflecting feelings of insignificance.
- Similar treatment of figures: self-figure and 2<sup>nd</sup> character are drawn with same “headline” which indicates feelings of admiration or fondness, a desire to be like that person or identification with that individual.
- Differential treatment of figures: all figures have different positions and characteristics which indicate familial rivalry. ***However, there seems to be a stronger identification, as noted above with 2<sup>nd</sup> character.*** This illustration may also indicate the artists wish for acknowledgement of their own identity within the family matrix. In relation to feeling insignificant, it appears as if this integration may be difficult to achieve in the absence of the primary caregivers support.

- Omission of figures: mother, biological father and step-father are omitted from drawing. This hypothesis points to an inability to express direct hostility with the missing figures. Also described that this is more prominent in *emotionally disturbed* vs. emotionally adjusted boys.
- Evasions: youngest brother (2years) is not involved in any action. Hypothesis points to passive defiance, poor relations with the figure or possible psychosis as an adolescent drawing. However, during inquiry it was stated that the youngest brother is sitting down therefore this hypothesis is rejected.

### ***Position, distance and barriers***

#### *Position characteristics*

- Self drawn next to 2<sup>nd</sup> character: indicates that he likes this individual or wishes to be closer to him.
- Lack of interaction/integration of figures: relates to poor communication or relating among figures. (However, figures all engaged sitting together, eating, holding and sitting down to meal – Wegmann and Lusebrink (2000)).

#### *Distance characteristics*

- Close distance between self and 2<sup>nd</sup> character: relates to identification and a need for attention from this character. Need for closeness vs. distance is a recurrent theme with 2<sup>nd</sup> character.
- Self-figure and 2<sup>nd</sup> character drawn distant from 3<sup>rd</sup> character – indicates feelings of isolation or rejection towards 3<sup>rd</sup> character.

### ***Style***

#### *Line quality*

- Self-figure: light and uneven–relates to insecurity and inadequacy or fear.
- 2<sup>nd</sup> character: light, uneven and heavy/overworked– relates to insecurity, inadequacy or fear. Also highlights anxiety or impulsivity around character.
- 3<sup>rd</sup> character: light and uneven– relates to insecurity, inadequacy or fear.

- Excessive attention to detail on 2<sup>nd</sup> character– relates to insecurity, however, when looked at in detail, it relates to the chair the 2<sup>nd</sup> character is seated on.
- Encapsulation (lines that enclose or encircle a whole figure, as if figure is in a capsule and separated from the others in its own constrained space) – figure 2 appears encapsulated which may further suggest that figure 3 is bounded out in the drawing.
- Perseveration or repetition of objects drawn in picture – relates to obsessive thoughts, However, eating in most cultures is a ritualistic activity performed by families. The decision to engage all the characters in this type of activity may suggest a potential space for bonding.

### ***Interpretation as outlined by Wegmann and Lusebrink (2000)***

#### *Family composition*

- Family composed of self and two brothers. It may be plausible to assume that the older brother sometimes assumes the caretaking role due to mother and step-father working late. From a subjective viewpoint, this equates to his idea of a family.
1. Major figure missing: mother, biological and step-father missing
  2. Major figure's erasure: no erasures present.
  3. Extended family members added: no extended family members added to drawing.
  4. Size of figures: only major figure to be measured is self = 45mm.

#### *Distance and closeness*

1. Distance between figures: not applicable as only major figure is the self.
2. Compartmentalization (lines that organise space and structure the entire drawing, all figures must be placed in the compartment) – N/A.
3. Encapsulation (lines that enclose or encircle a whole figure, as if figure is in a capsule and separated from the others in its own constrained space) – N/A. Figure 2 appears encapsulated which may further suggest that figure 3 is bounded out of the picture.
4. Barrier (when two figures are separated by an object or by lines, including the lines of a compartment or of an encapsulation, concerns accessibility of any two figures) – barrier between 2<sup>nd</sup> and 3<sup>rd</sup> character. Barrier in this case refers to chair between figures, perhaps

again reflective of the need for closeness vs. distance hypothesis. Also relates to maintaining his identity within the family, the barrier concretely fulfilling this separation.

5. Figure ascendance – N/A.

*Interactions and relationship (interaction and relationship between major figures)*

1. Level of interaction: passive action as all figures involved in activity which involves no action.
2. Facing: self-figure not scored as appears to be looking out of the picture, 2<sup>nd</sup> and 3<sup>rd</sup> characters both scored as “facing” as they’re facing and appear to be looking at each other.
3. Level of nurturance (only applies to major figure): in this case only self as major figure – N/A. However, self-figure also assumes the nurturing role, most likely in parents’ absence.

*Activities (analyses level of activity of the figures)*

1. Activity level: self-figure scored as *standing*, 2<sup>nd</sup> and 3<sup>rd</sup> character both scored as *sitting*.

*Sexual identification (assesses sexual identification of the self)*

1. Self drawn like: N/A as parental figures absent. However, self-figure is drawn maturationally poorer and with less detail than the rest of the figures.
2. Self sharing activity with – N/A as parental figures absent.

*Developmental level (assesses developmental level of child)*

1. Space organisation (scores representation in the drawing): 3D awareness (drawing shows perspective, sense of depth and where figures or objects are overlapping).
2. Incomplete body: self-figure– incomplete body as hands and feet missing.  
2<sup>nd</sup> character–not scored as hands are obscured by cutlery.  
3<sup>rd</sup> character–incomplete body as hands missing.
3. Incomplete face: self-figure–N/A (not scored if nose is missing).  
2<sup>nd</sup> character– N/A (not scored if nose is missing).  
3<sup>rd</sup> character– N/A as all facial features present.

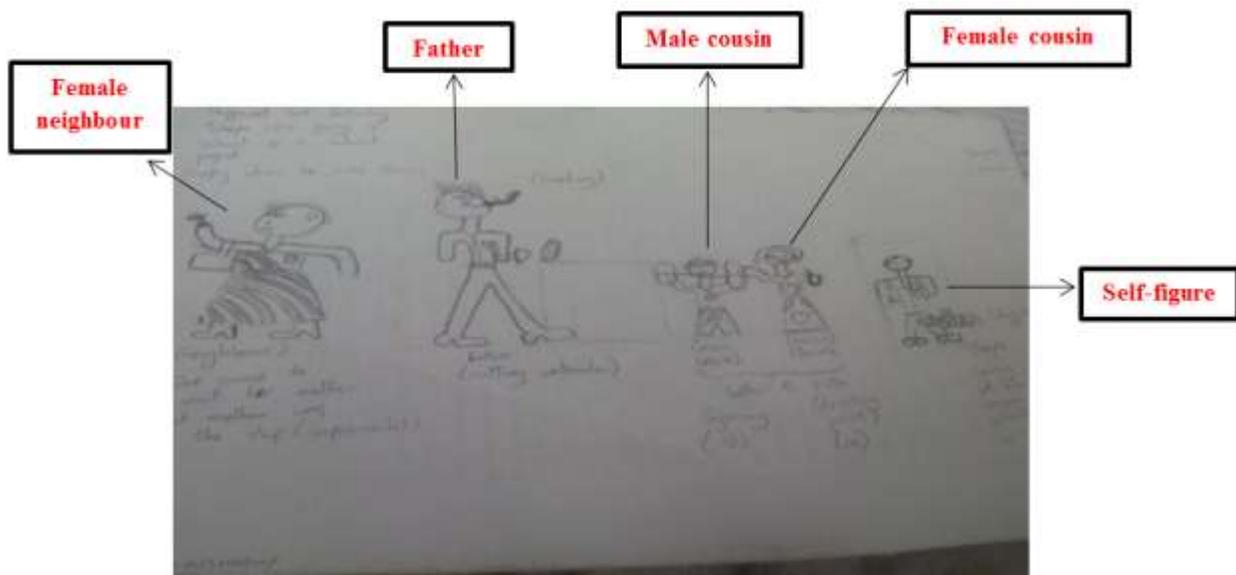
4. Sexual differentiation –All figures identified as male.
5. Akinesis (looks at whether activities or physical stances are drawn): self-figure - akinesis as drawn static despite verbal description of holding something.  
2<sup>nd</sup> and 3<sup>rd</sup> character akinesis not scored.

### **PROTOCOL 2:\*Katlego**

The KFD protocol was done with \*Katlego, a 10 year old SeSotho boy. He lived with his parents and an older girl cousin (recent problems with father at home).

### **KFD analysis according to Knoff and Prout (2007)**

The KFD featured five individuals engaged in various activities. The depicted figures were identified as males and females.



### ***Action of and between family members***

- No action between family members.
- Male cousin depicted in precarious position, lifting weights – indicates tension or anxiety around the individual.
- Father depicted as cutting a watermelon – associated with “tough” or “castrating” fathers.
- High activity level (cutting, gymming) – related to lower self-concept in the child.

- Position of figures with respect to safety (figure depicted a lifting weight) – indicates tension, turmoil and anxiety.

### ***Figure characteristics***

#### *Individual figure characteristics*

- Picasso eye (drawn in neighbour and father's characters): could relate to ambivalence and or anger which is difficult to express toward figure. Alternatively, could indicate excessive concern or vigilance in relation to that figure.
- Neighbour depicted as having sharp fingers: relates to anger, aggression or acting-out tendencies but could also indicate fear of the figure.
- Extended arm in neighbours' character: relates to a rejecting or threatening individual.
- Extended arm between two figures (male and female cousins): indicative of competition or struggling process for dominance, insecurity or need to control the environment.
- Blackening an object (father's side of the face and his pipe): indicates an anxiety with or inhibition towards or fixation on object involved.
- Omission of body parts: neighbour, father, and self-figure's hands omitted – relates to anxiety, conflict or psychological denial around or including the missing part.
- Omission of feet: male and female cousins feet omitted – relates to suggestive feelings of instability or lack of roots in family matrix. May also be a literal depiction that they are not part of his "real" family?

#### *Global/comparative figure characteristics*

- Large family (in absolute numbers): related to positive school and academic concepts.
- Father drawn as largest figure: relates to importance relative to family members or greatest psychological influence.
- Similar treatment of figures: neighbour and father has similar facial features, indicates feelings of admiration or fondness, a desire to be like that person or identification with those individuals. Father and self-figure have similar shirts.
- Differential treatment of figures: indicates familial rivalry.

- Omission of figures (mother): hypothesis points to an inability to express direct hostility with the missing figure. Also described that this is more prominent in emotionally disturbed vs. emotionally adjusted boys.
- Inclusion of extra figures: hypothesis points to various interpretations –individual figures who may represent significant people, they may be disruptive influences or they may reveal a closeness within extended family.

### ***Position, distance and barriers***

#### *Position characteristics*

- Drawing self significantly apart from others who are grouped in picture: may perceive self as left out or not part of a group. May desire this apartness but cannot accomplish this in real life, poor interpersonal skills, emotional constriction, and rejection of or by the family.
- Lack of interaction/integration (neighbour and fathers backs facing each other, self drawn apart, all doing separate activities): indicates poor communication or relating among the figures.

#### *Distance characteristics*

- Distant – feelings of isolation or rejection.

#### *Style*

- Self-figure: heavy and overworked– relates to anxiety, impulsivity and aggression.
- Father figure: heavy and overworked–relates to anxiety, impulsivity and aggression.
- Neighbour: light, heavy and overworked– relates to insecurity, inadequacy, fear, anxiety, impulsivity and aggression.
- Female cousin: light, uneven, heavy and overworked–relates to insecurity, inadequacy, fear, anxiety, impulsivity and aggression.
- Male cousin: light, uneven, heavy and overworked–relates to insecurity, inadequacy, fear, anxiety, impulsivity and aggression.
- Excessive attention to detail (evident in all figures) – compulsiveness and insecurity.

- Compartmentalisation (self-figure) – indicates attempts to isolate and withdraw from other family members, feelings of rejection by or fear of significant family members, denial or difficulty accepting significant feelings.
- Compartmentalisation of all figures (drawn in house except neighbour) – representative of family that does not or not perceived to do things together, yet, it may be hypothesised that family is protected from outside influences hence they are drawn together in house and neighbour excluded.

*Symbols:*

- Leaves (drawn on self-figures trousers) – associated with dependency, a symbol which may also be related to nurturance.

***Interpretation as outlined by Wegmann and Lusebrink (2000)***

*Family composition*

- Family composed of neighbour, father, male and female cousin, self and a small dog biting self-figure.
5. Major figure missing – mother.
  6. Major figure's erasure – no erasures present.
  7. Extended family members added – neighbour and male cousin.
  8. Size of figures – Self figure = 34mm, father figure = 47mm (corresponds to Knoff and Prout's (2007) psychological influence hypothesis).

*Distance and closeness (between self and parental figures)*

6. Distance between figures (father and self) = 113mm
7. Compartmentalisation (lines that organise space and structure the entire drawing, all figures must be placed in the compartment) – father, male and female cousin compartmentalised.
8. Encapsulation (lines that enclose or encircle a whole figure, as if figure is in a capsule and separated from the others in its own constrained space) – self-figure encapsulated.

- Barrier (when two figures are separated by an object or by lines, including the lines of a compartment or of an encapsulation, concerns accessibility of any two figures) – barrier between father and two cousins and between self-figure and all other figures.
- Figure ascendance – N/A.

*Interactions and relationship (interaction and relationship between major figures)*

- Level of interaction: all characters are engaged in separate activities and not any between figures therefore cannot be scored
- Facing: N/A as none of the figures appears to be looking at each other, rather they are looking out of the picture.
- Level of nurturance (only applies to major figure): N/A. However, father engaged in a type of nurturing activity related to providing food.

*Activities (analyses level of activity of the figures)*

- Activity level: self-figure scored as *standing*, neighbour scored as *walking*, father scored as *doing* as he is cutting watermelon, male cousin scored as *doing* as lifting weights and female cousin scored as *doing* as drinking juice.

*Sexual identification*

- Self drawn like: N/A as only one parent drawn so nothing to contrast with.
- Self-sharing activity with: N/A as only one parent drawn so nothing to contrast with.

*Developmental level (assesses developmental level of child)*

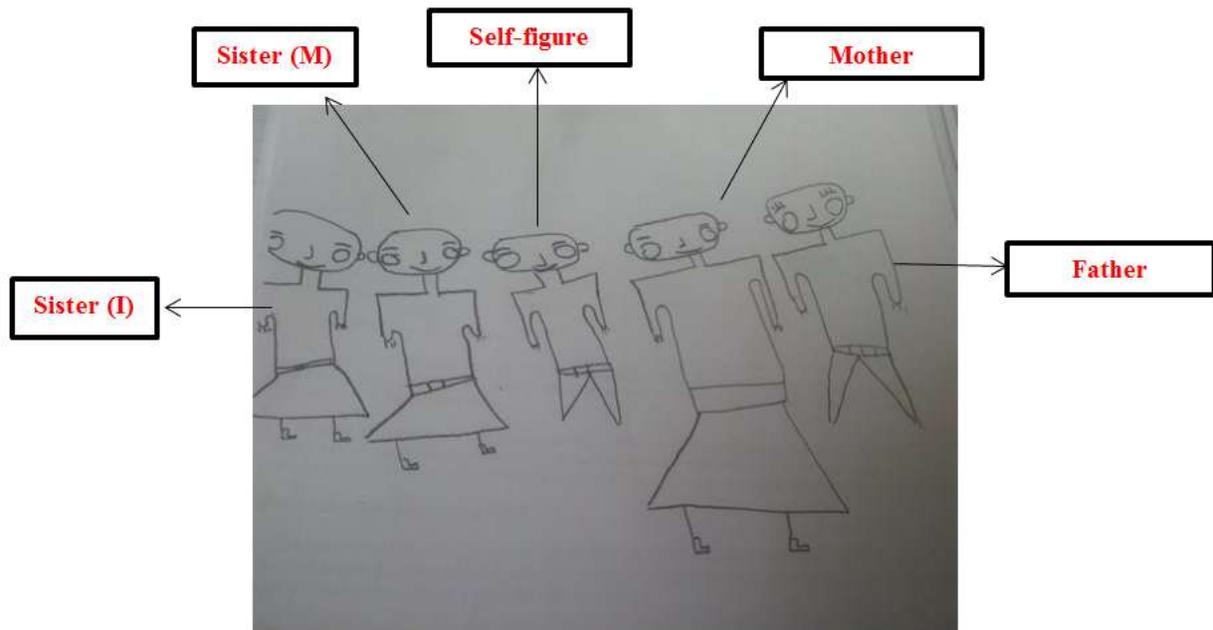
- Space organisation (scores representation in the drawing): 2D.
- Incomplete body: self and father figure– incomplete body as hands missing.
- Incomplete face: N/A as all facial features present.
- Sexual differentiation: all figures identified as male and female.
- Akinesis (looks at whether activities or physical stances are drawn): self-figure: akinesis present due to static nature of drawing despite verbal description of coming out of his house.

### PROTOCOL 3: \*Ashley

The KFD protocol was done with \*Ashley, a 14 year old Sepedi boy. He lived with his parents and two female siblings.

#### KFD analysis according to Knoff and Prout (2007)

The KFD featured five individuals who are not engaged in any type of activity. The depicted figures are composed of males and females.



#### *Action of and between figures*

- No action between figures

#### *Figure characteristics*

##### *Individual figure characteristics*

- Sharp fingers: all characters in the drawing have sharp fingers – indicates acting out tendencies, aggression or may point to fear of the figures.

- Omission of feet (self and father figure): suggests feelings of instability or a lack of roots in family matrix (clinically valuable that the two male figures are the only characters depicted in this way).

#### *Global/comparative figure characteristics*

- Relative height of figures: mother drawn as largest figure. Hypothesis points to greatest psychological influence or self-figure's perception of importance in family structure.
- Mother figure drawn largest: according to interpretation this is only seen in 17 and 18 year old middle-class male samples.
- Similar treatment of figures: similar treatment between self and other figures (body structure and facial features of self and four other figures excluding father). Indicates feelings of admiration or fondness, a desire to be like that person and an identification with the other individuals.
- Differential treatment of figures between other figures and father figure: indicates familial rivalry.

#### *Position, distance and barriers*

##### *Position characteristics*

- Drawing self next to significant other (self-figure drawn next to mother): indicates that child likes that individual, wishes to be closer or wants more attention from that individual.
- Lack of interaction/integration of figures (figures with sides to each other): hypothesis points to poor communication or relating amongst the figures.
- Parental figures individually not interacting with other figures: indicates rejection of child/family by parents or may suggest "tuning out" parents.

##### *Distance characteristics*

- Physical distance between figures: close – relates to identification, need for support and acceptance or a need for parental control.

### *Barriers*

- “X” present in the legs supporting an ironing board – indicates a need to control or “be barriered” from sexual urges toward the person (self and father figure).

### *Style*

#### *Line quality*

- Uneven and broken (all characters): indicates insecurity, inadequacies and fear.
- Perseveration: indicates obsessive thoughts (4/5 figures all have same belts).

### *Symbols*

- No symbols present.

### *Interpretation as outlined by Wegmann & Lusebrink (2000)*

#### *Family composition*

- Family composed of mother, father, self and two siblings, i.e., actual family structure:
  1. Major figure missing: none.
  2. Major figure’s erasure: no erasures.
  3. Extended family members added: no extended family members added.
  4. Size of figures: mother figure = 64mm , father figure = 60mm, sister (M) = 46mm, self-figure = 45mm, sister (I) = 40mm

#### *Distance and closeness (between self and parental figures):*

5. Distance between figures (self and mother) = 10mm, (self and father) = 55mm, (mother and father) = 5mm, (self and M sister) = 10mm, (self and I sister) = 42mm
6. Compartmentalization: N/A
7. Encapsulation: N/A
8. Barrier: N/A
9. Figure ascendance: N/A

*Interactions and relationship (interaction and relationship between major figures)*

1. Level of interaction: none of the characters engaged in any type of activity therefore cannot be scored.
2. Facing: N/A as none of the figures appears to be looking at each other, rather they are looking out of the picture.
3. Level of nurturance: N/A as none of the figures are engaged in any action.

*Activities (analyses level of activity of the figures)*

1. Activity level: all characters scored as *standing*.

*Sexual identification*

1. Self drawn like: contains characteristics of both parents, belt and legs like father, facial features like mother.
2. Self-sharing activity with: none as neither parents engaged in activity.

*Developmental level (assesses developmental level of child)*

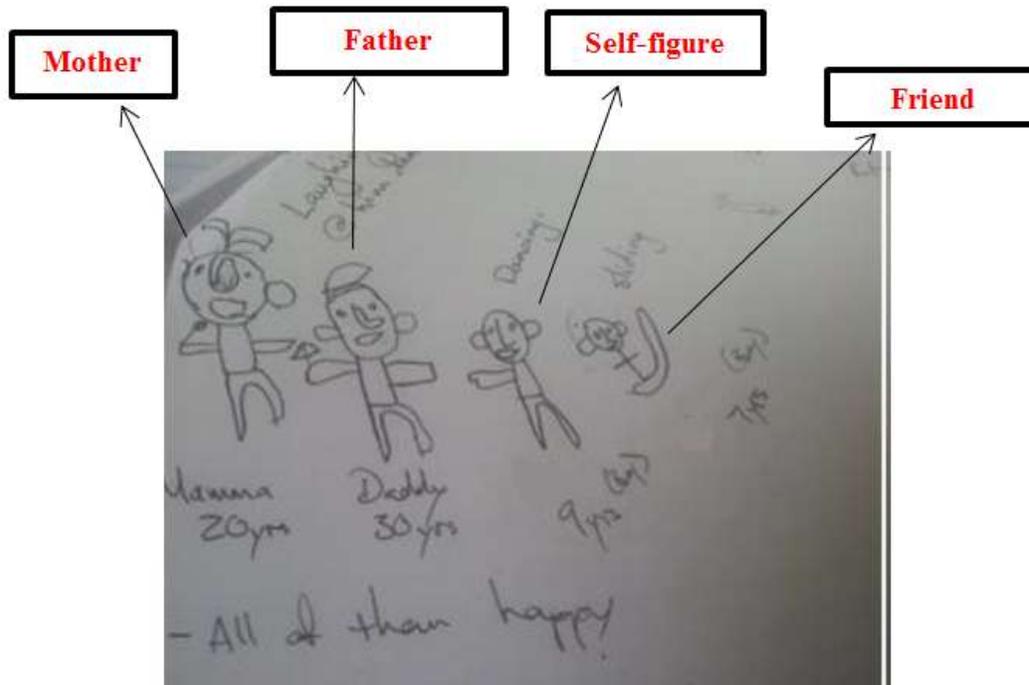
1. Space organisation: one baseline.
2. Incomplete body: self and father figure– incomplete body as feet missing.
3. Incomplete face –outline of eyes present but actual eyes not present.
4. Sexual differentiation: all figures identified as male and female.
5. Akinesis: present in all figures as they are facing forward without any orientation.

**PROTOCOL 4: \*Thulani (NB to take into account that participant does not refer to himself by his name in the picture, however, in inquiry he identifies the participant dancing as himself).**

The KFD protocol was done with \*Thulani, an 8 year old IsiZulu boy. He lived with his grandmother, female sibling and another boy. \*Thulani fell from a moving van, now presents with conduct problems and possible LD. It may be hypothesized that he could have chosen a different name for himself or be known in the family by a different name.

## KFD analysis according to Knoff and Prout (2007)

The KFD featured KFD features four individuals who are engaged in various activities. The depicted figures are composed of males and females.



### *Action of and between characters*

- No action between and amongst figures.

### *Figure characteristics*

#### *Individual figure characteristics*

- Extended arms (all figures): hypothesis points to rejecting or threatening individuals.
- Extended arms between individuals: points to hypothesis of a competition or struggling process for dominance, a need to control the environment and insecurity.
- Omission of body parts (all figures have no hands): indicates conflict, anxiety or psychological denial surrounding or including the missing part.
- Omission of feet (none of the characters have feet): suggestive of feelings of instability or a lack of roots in the family matrix. Clinically important as this is a phantasised family structure, different to actual family matrix.

### *Global comparative characteristics*

- Relative height of figures (father and mother figures largest): size indicates child's perception of importance relative to family members. The greater the height, the greater the psychological influence. Also reported that this is most often seen in 17 and 18 year old middle class male and female samples.
- Similar treatment of figures (two boy figures are drawn with similar facial features): indicates feelings of admiration or fondness, identification with the other individuals or a desire to be like that person.
- Differential treatment of figures (mother, father): indicates familial rivalry.
- Omission of others (sibling omitted): indicates an inability to express direct hostility with missing person, identified more in *emotionally disturbed* boys.
- Omission of self: suggests poor self-concept, feelings of being left out and feelings of insignificance. May also indicate concern or poor feelings about or rejection of that person.
- Inclusion of extra figures (2 male characters included): may represent significant people in his life, closeness within the family or a disruptive influence protruding into the family.
- Stick figures: defensive or resistant reaction to the test-setting or may indicate low IQ.

### *Position, distance and barriers*

#### *Position characteristics*

- Lack of interaction/integration of figures, figures with sides to each other: indicates poor communication or relating among the figures.
- Parental figures individually not interacting with other figures: indicates rejection of child/family by parents or may indicate tuning out parents. (However, in inquiry it is stated that parents are laughing at him so corresponds to Wegmann and Lusebrink's (2000) system).

#### *Distance characteristics*

- Close: indicates identification, a need for attention, need for support an acceptance and a need for parental control.

## *Style*

### *Line quality*

- Uneven (all figures): indicates insecurity, inadequacy and fear
- Overworked (all figures): indicates anxiety, impulsivity and aggression

### *Symbols*

- No symbols present

***Interpretation as outlined by Wegmann & Lusebrink (2000)*** (NB to take into account that participant does not refer to himself by his name in the picture, however, in inquiry he identifies the participant dancing as himself).

### *Family composition:*

- Family composed of mother, father, and two boys (9 and 7 years).
  1. Major figure missing: actual family structure, i.e., Grandmother missing.
  2. Major figure's erasure: no erasures present.
  3. Extended family members added: one boy added to figure, in inquiry it may point to 2/9 friends he mentioned as having at school. (Further inquiry doesn't suggest this as in "who would you take to an island with you?" No mention is made of them).
  4. Size of figures: Father figure = 45mm, mother figure = 49mm, self-figure = 18mm, friend = 31mm

### *Distance and closeness (between self and parental figures):*

5. Distance between figures (mother and self-figure): = 71mm, (Father and self-figure) = 47mm
6. Compartmentalization: N/A
7. Encapsulation: N/A
8. Barrier: N/A
9. Figure ascendance – **No grid available to score this.**

*Interactions and relationship (interaction and relationship between major figures)*

1. Level of interaction: active interaction between mother and father (engaged in laughing together). The two other figures are engaged in separate activities therefore cannot be scored together.
2. Facing: father and self-figure appear to be looking at each other, both returning the look. The other figures appear to be looking “out of” the picture.
3. Level of nurturance: N/A as none of the figures are engaged in any action.

*Activities (analyses level of activity of the figures)*

1. Activity level: friend scored as *walking/doing* as he’s engaged in movement, self-figure scored as *walking/doing* as dancing implies some movement. Mother and father scored as *standing* as they are depicted as such, although they are said to be laughing at him.

*Sexual identification*

1. Self drawn like: father—similar facial features and stance.
2. Self-sharing activity with: N/A as self-figure not engaged in same kind of activity.

*Developmental level (assesses developmental level of child)*

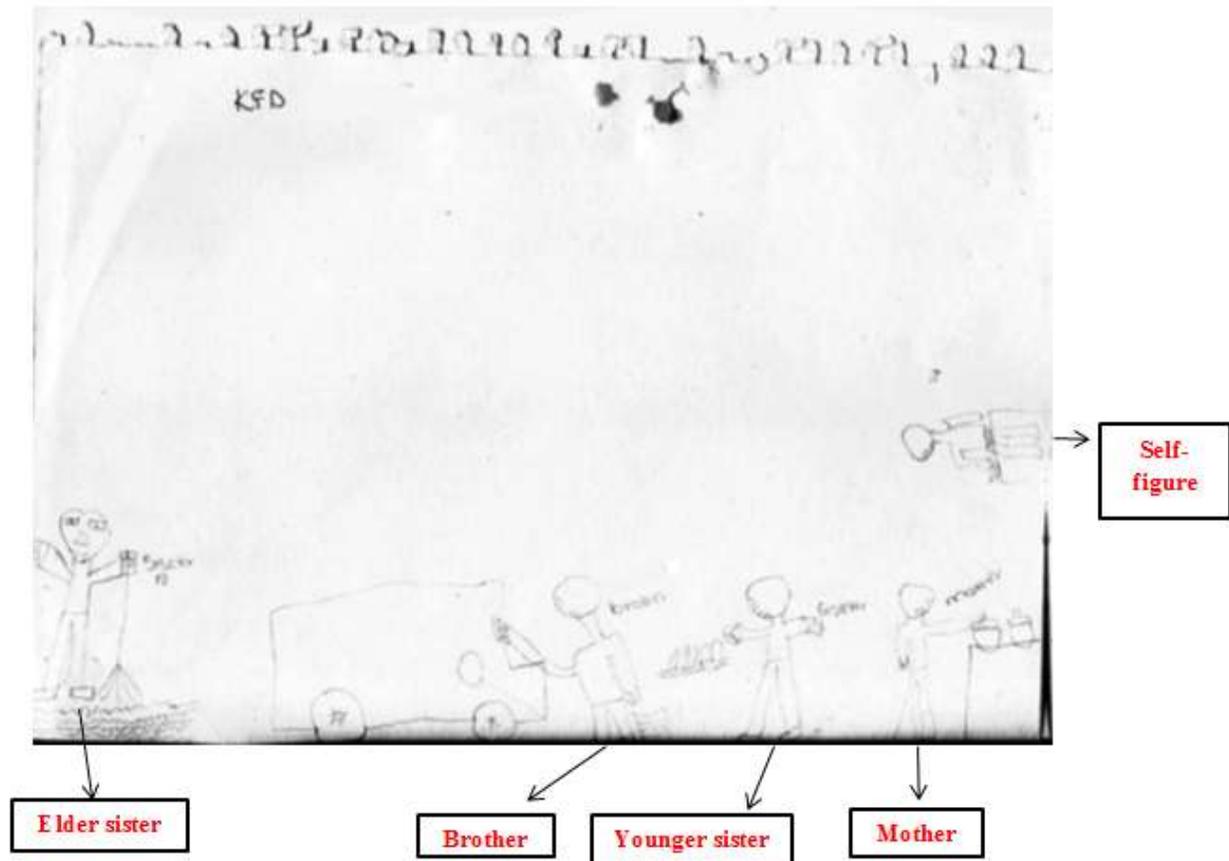
1. Space organisation: One baseline – figures organised in one line, understanding of 2D.
2. Incomplete body: mother and father figure– feet and hands missing. Self-figure: feet, hands and one arm missing. Friend– stick figure, hands missing; missing feet not scored as it appears obscured by sliding board object.
3. Incomplete face: N/A
4. Sexual differentiation: all figures identified as male and female.
5. Akinesis: N/A

**PROTOCOL 5: \*Kgotso**

The KFD protocol was done with \*Kgotso, a 14 year old SeSotho boy. He lived with his mother and three siblings, he is the lastborn. His father died when he was a baby.

### KFD analysis according to Knoff and Prout (2007)

The KFD featured five characters, his two sisters, his mother, self, and his brother. The depicted figures are engaged in individual activities.



#### *Actions of and between figures:*

- Mother actions: mother depicted as being engaged in cooking activity. The hypothesis points to a mother who meets the child's nurturing needs.

#### *Figure characteristics*

##### *Individual figure characteristics*

- ? Picasso eye on mother and self drawing: mother's eyes downcast, related to rejection.
- Long or extended arm (brother, mother, elder sister): Hypothesis points to a rejecting or threatening individual (in contrast to mother meeting child's nurturance needs).

- Extended arm between elder sister and brother and mother, extended arm between elder sister and brother: indicative of a competition or struggling process for dominance, a need to control the environment and feelings of insecurity.
- Omission of body parts (self-figure nose, hands and mouth omitted, brother: mouth omitted, sisters mouth omitted): indicates conflict, anxiety or psychological denial surrounding or including missing part.
- Omission of feet (self-figure): suggest feelings of instability or a lack of roots in family matrix.

***Global/Comparative figure characteristics:***

- Relative height of figures: (elder sister largest) – hypothesis points to child’s perception of importance to family members, the larger the size the greater the psychological influence.
- Small self-drawing in comparison to other figures: hypothesis points to feelings of insignificance, poor self-concept and feelings of inadequacy.
- Similar treatment of figures (self, mother, and younger sister) has similar facial features: hypothesis indicates feelings of admiration or fondness, identification with other individuals and a desire to be like that person. (However, within context of drawing this appears acceptable as their eyes are downcast due to engaging in their individual activities).
- Differential treatment of figures (elder sister): different facial features in comparison to other characters – indicates familial rivalry. (However, this appears contradictory when contrasted with other elements of the drawing. Her heart shaped face points to a nurturing role she assumes).
- Omission of figures (father figure omitted from drawing): indicates an inability to express direct hostility with missing person. Hypothesis also states that family members are more often omitted more by *emotionally disturbed* boys. It may also be plausible to assume that he never knew his father or has very little memories of him (case file does not elaborate on father’s passing).

## ***Positions, distance and barriers***

### *Position characteristics*

- Drawing self next to significant other (self drawn next to mother): may indicate that child likes that individual, wishes to be closer or wants more attention from that individual.
- Drawings self significantly apart from others who are grouped in the picture (self drawn 'rotated' on the paper): may perceive self as left out or not part of a group, emotional constriction. He may desire this apartness but cannot accomplish this in real life. Further interpretation underscores depression, lack of self-acceptance, rejection of or by the family and poor interpersonal skills.
- Lack of interaction/integration of figures (all figures engaged in individual activities, all with sides facing each other): indicates poor communication or relating among the figures.
- Parental figure individually not interacting with other figure (mother focused on cooking): indicates rejection of child/family by parents.
- Rotated figure (self-figure rotated): indicates feelings of disorientation within the family, feelings of being different with respect to other family members. Associated with feelings of rejection, need for attention, found more in *emotionally disturbed* boys.

### *Distance characteristics*

- Close (between brother, younger sister, mother and self): indicates identification, need for control, need for parental control or need for acceptance and support.
- Distant between elder sister and other characters: indicates feelings of isolation or rejection.

## ***Style***

### *Line quality:*

- Light uneven (all characters): indicates insecurity, inadequacy or fear.
- Encapsulation: self-figure encapsulated.
- Underlining bottom of page (more than one line covers entire bottom of sisters drawing) – hypothesis points to a characteristic of children who come from stressed and unstable

families. Interpretation manual relates this feature to drawings of *emotionally disturbed boys*.

- Underlining of individual figures (at least two lines appear under sister's character): indicates unstable relationship between child and individual, possible need for structure due to environmental dependence.
- Anchoring (all figures drawn within one inch of single edge of paper): indicates emotional constriction, environmental dependency or seeking structure.

### ***Symbols***

- Elder sister drawn holding a broom: hypothesis indicates that it's a recurrent symbol of mother figure which indicates figures emphasis on household cleaning. It may also represent a “witchy” mother figure.

### ***Interpretation as outlined by Wegmann & Lusebrink (2000)***

#### *Family composition:*

- Family composed of elder sister, brother, younger sister, Mother and self, i.e., actual family structure:
  1. Major figure missing: father (deceased).
  2. Major figure's erasure: no erasures present.
  3. Extended family members added: N/A, no extra figures added.
  4. Size of figures – Elder sister = 55mm, brother = 54mm, younger sister = 53 mm, Mother = 53mm, Self-figure = 39mm

#### *Distance and closeness (between self and parental figures):*

5. Distance between figures (mother and self) =37mm
6. Compartmentalization: N/A
7. Encapsulation –although the self-figure does not appear to be enclosed in its own capsule, the illustration places the figure in its own constrained space.
8. Barrier: Elder sister and brother separated by car barrier, brother and other sister separated by object sister is engaged with.
9. Figure ascendance: **no grid available to score this.**

*Interactions and relationship (interaction and relationship between major figures)*

1. Level of interaction: self and mother figure engaged in different activities therefore cannot be scored. All other figures engaged in individual activities.
2. Facing: this variable cannot be scored as all figures, except elder sister are preoccupied in individual activities, looking down at whatever they are engaged with. Elder sister is looking “out of” the picture.
3. Level of nurturance: self-figure scored as *eating*, mother may be scored as *cooking/setting table* as she is engaged in cooking activity but does not appear to be directly taking care of son, i.e., without close contact.

*Activities (analyses level of activity of the figures)*

1. Activity level: self-figure scored as *sitting* even though its engaged in eating activity, elder sister scored as *standing*, brother scored as *walking/doing* as appears to be washing the car, younger sister scored as *walking/doing* as she’s engaged in some sort of activity and mother scored as *standing* as cooking does not appear to be active in the drawing.

*Sexual identification*

1. Self drawn like: mother – has similar facial features. It is also important to note that all other figures in drawing have the same facial features, with the exception of the elder sister.
2. Self-sharing activity with: mother-self are engaged in eating activity and mother engaged in cooking activity.

*Developmental level (assesses developmental level of child)*

1. Space organisation: one baseline – figures organised in one line, understanding of 2D, self-figure drawn next to mother figure on border of page. Some level of 3D attempt was illustrated as self-figure was sitting but drawn in such a manner so the audience can see what’s on table.
2. Incomplete body: self-figure—one hand missing, the other obscured by eating (hand in bowl).

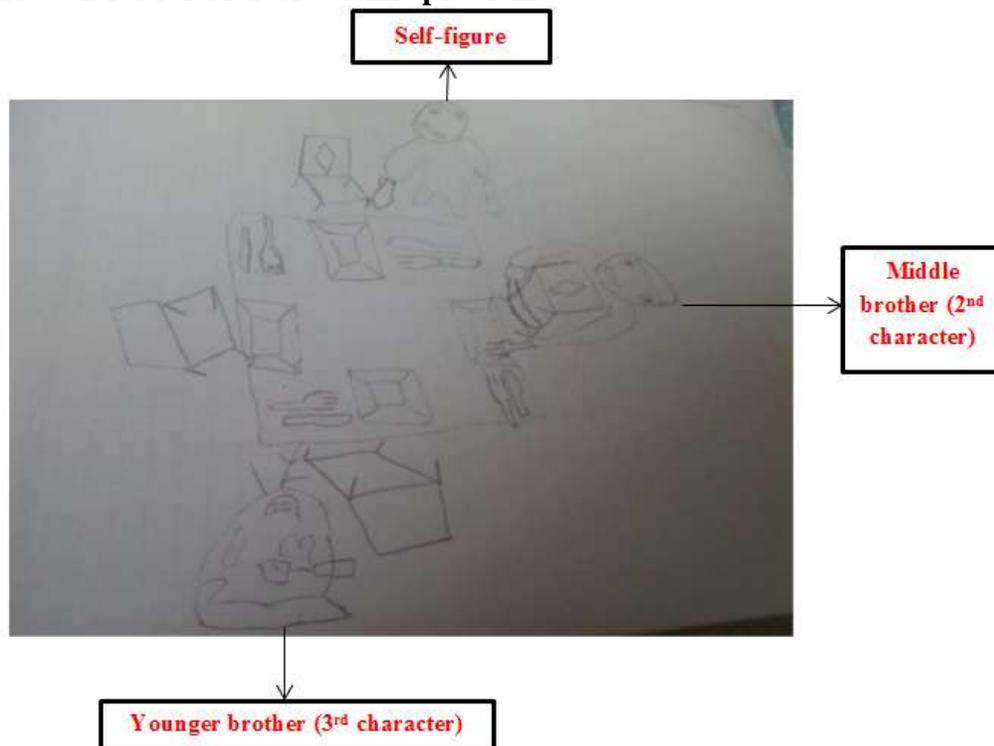
3. Incomplete face: all depicted figures facial features appear obscured, except sister (Betty). However, upon closer investigation it appears that all facial features are drawn this way as they are engaged (looking down) at/into what they are doing.
4. Sexual differentiation: all figures identified as male and female.
5. Akinesis : N/A

### 5.1 Summarised findings of KFD protocols

GENDER	AGE	ETHNICITY	ACTUAL FAMILY STRUCTURE	NAME
Male	14	SePedi	Mother, siblings and step-father	* James
Male	10	SeSotho	Parents and older cousin	*Katlego
Male	14	Sepedi	Parents and two siblings	*Ashley
Male	8	IsiZulu	Granny, sister and another boy	*Thulani
Male	14	SeSotho	Mother, and three siblings	*Kgotso

#### Summary of Protocol 1: \*James

Reason for referral: Academic problems



What is of significance in this drawing is that the middle brother's character has many features supporting the hypothesis of a threatening individual (sharp fingers, extended arm). This perception is juxtaposed against the nurturing activity he is engaged in, i.e. eating. Essentially, these distinctions are recurrent themes within the protocol, important for interpretation purposes.

The self-figure, drawn without feet reflects feelings of instability within the family matrix. Within the tenets of psychodynamic and attachment theories, the relational dynamics underscores possible conflict between these characters given their kinship ties. The attribution of psychological influence is assigned toward the middle brother whilst the self-figure's feelings of inadequacy and insignificance are highlighted.

The self-figure's state of flux in the family may indicate rivalry between the step-father and the self, unconsciously commenting/exploring possible Oedipal conflicts. This hypothesis may need to be considered given the absence of the mother and step-father from the protocol. Piaget's developmental theory places James in the "stage of formal operations, 11 years – end adolescence" where thinking is more symbolic and reliant on deductive thought (Sadock & Sadock, 2007). The inclusion of other illustrative aspects including the "developmental maturity" elements highlighted by Wegmann and Lusebrink's system, places James parallel to Piaget's theory. Wegmann and Lusebrink's (2000) system allows more explicit contrasting for developmental maturity vs. westernised system).

The family matrix and its cohesion in this protocol appear better accounted for by Wegmann and Lusebrink's (2000) interpretation system. Their acknowledgement of "passive action", i.e., sitting down together (to eat) denotes some type of involvement/integration of the family system. In contrast, Knoff and Prout's (2007) interpretation system does not allow for the scoring variable of "passive action". Instead, this same variable will be scored as a "lack on integration amongst the family members". Moreover, eating together is a prominent familial custom in South Africa which highlights family life within the culturally validated system.

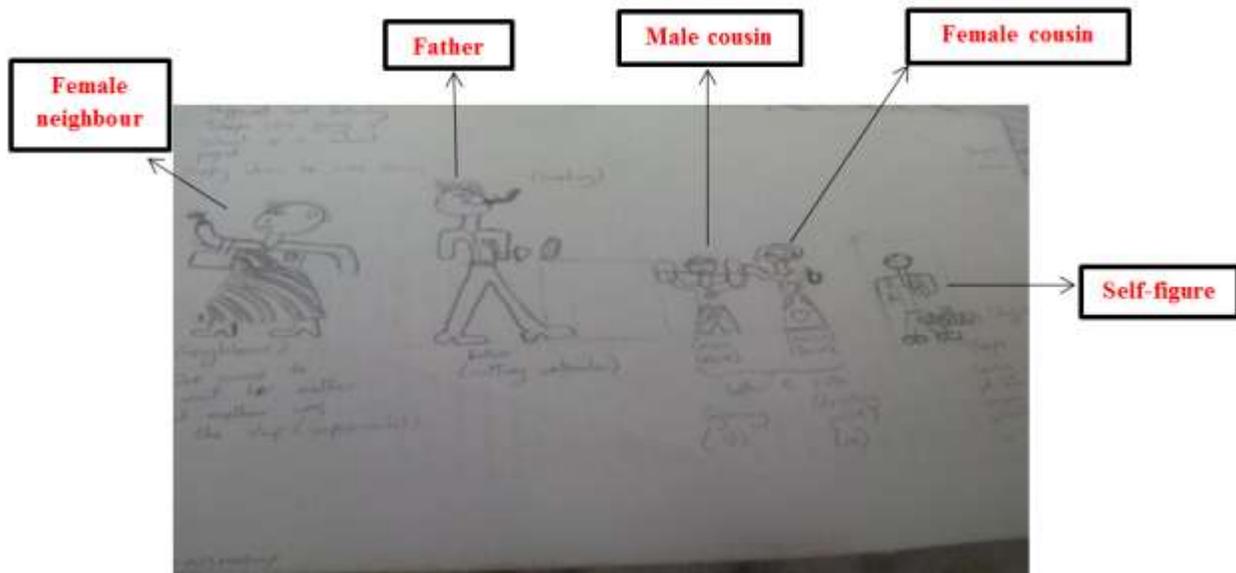
An absence of detailed collateral information within the intake and inquiry phase regarding the mother-son relationship complicates accurate analysis. However, attachment theory postulates probable attachment difficulties with the primary caregivers. This hypothesis is also delineated in both interpretation systems, with careful consideration of the individual's ecological context.

In relation to a Spanish study conducted by Belogai (2010) on the “adolescent with a step-father”, the results of their KFD concluded that adolescents often exclude themselves from the drawings. It is important to note that his KFD directions: “Draw your family where everyone is engaged in their usual business” deviated from the standardised instructions. This protocol deviates from Belogai’s study as the self is included and the step-father excluded. (Only one protocol with step-father so can’t be generalised to SA context). Moreover, Belogai (2010) proposed that early and pre-school children adapt easier to new parent marriages in contrast to pre- and adolescent children. The limited sample size of this study makes comparison difficult, yet there may be evidence for this hypothesis.

In general, this protocol, whilst many elements are unclear, does highlight some attachment issues. Regardless of culture, the maternal figure is always viewed as the primary caretaker and nurturer. Her absence therefore does highlight certain attachment related difficulties. These difficulties may be experienced by James as rejecting of him, the eldest sibling for her new husband who took over his role. It may be that he is unable to express direct hostility towards his mother hence her exclusion from the drawing. What is of significance is that the youngest brother is portrayed as more “adult/father-like” and it may be that this corroborates the hypothesis of sibling rivalry. Moreover, it may highlight James’ struggle to accept his step-father hence excluding both figures from the protocol.

## Summary of Protocol 2: \*Katlego

### Reason for referral: Academic and behavioural problems



Katlego’s background history draws attention to “recent” problems observed which were directed towards his father. This observation marked a change from the established baseline relationship, yet the crux of the conflict has not been elaborated on, making it problematic for adequate interpretation. The self-figure, enclosed in his own section creates the perception of being separate from the rest of the family. This distinct separation underscores feelings of rejection from the family, congruent with various other characteristics of the drawing, supportive of this hypothesis.

The father figure’s position within the family offers a further juxtaposition which offers some insight into Katlego’s subjective world. The drawing depicts the father engaged in a nurturing activity, i.e., preparing food – cutting a watermelon. However, a stronger representation of this activity, elicited in the enquiry emphasised *the cutting* thereof, signifying a castrating, tough father. In contrast, the mother was excluded from the drawing due to being “at the shop” whilst the neighbour visited, hence her inclusion. Psychoanalytic principles draw attention to the strong identification with the “castrating” father, whilst the “loving” mother is excluded. An understanding based on these tenets could provide insight into the father-son relationship. Further analysis of the protocol creates speculation around an “extra-marital” relationship

between the father and neighbour. This hypothesis is linked to the presence of the “Picasso” eye, indicative of hostility, anger or vigilance which is difficult to express toward these individuals. Furthermore, other aspects of the protocol (sharp fingers, extended arm on the female neighbour), indicates fear of the figure.

Generally, the protocol depicts a high activity level which Knoff and Prout (2007) have equated to feelings of a lower self-concept within the child. Although the two cousins are very active in the picture, their place within the family system is not secure as the omission of feet is suggestive of a lack of roots within the system.

Knoff and Prout (2007) associate the compartmentalisation of all figures as representative of a family that is not perceived as doing things together (supported by other characteristics of the drawing). The reader may also need to consider an alternative explanation; i.e., compartmentalisation serving the purpose of keeping “other-external” influences at bay hence excluding the neighbour. Piaget’s theory places Katlego in the concrete operations stage where operational thought dominates. In this stage, thinking is characterised by the inclusion of various factors outside the child’s immediate environment which influences their perspectives (Sadock & Sadock, 2007). The reader’s attention is re-directed to the concrete separation of internal vs. external “home/family” dynamics. Based on the illustration, the interpreter is left to hypothesise about a possible extra-marital affair which the mother may be aware of yet excludes from the family reality.

Culturally, *Southafrica.net* (2015) suggest that polygamy is allowed within the SeSotho clan, yet, is not as widespread as before. Moreover, *SAhistory.org* (2012/13) substantiates this belief but proposes that polygamy among “commoners” is rare. Given the socio-political history of Mamelodi, an amalgamation of cultural practices appeared to have extended beyond the specified cultural laws where polygamy and extra-marital affairs are much more prominent. Katlego, being aware of this, may be unable to express his hostility towards the mother whilst simultaneously fearing that his rejection of the father may have more dire consequences. Consequently, it becomes more acceptable to dismiss the maternal figure whilst his attachment to her remains more secure. *SAhistory.org* (2012/13) puts forward that within the SeSotho culture, the approach toward childhood is summed up through a proverb, “lefura la ngwana ke ho rungwa”, equated to “children benefit from serving their elders best”.

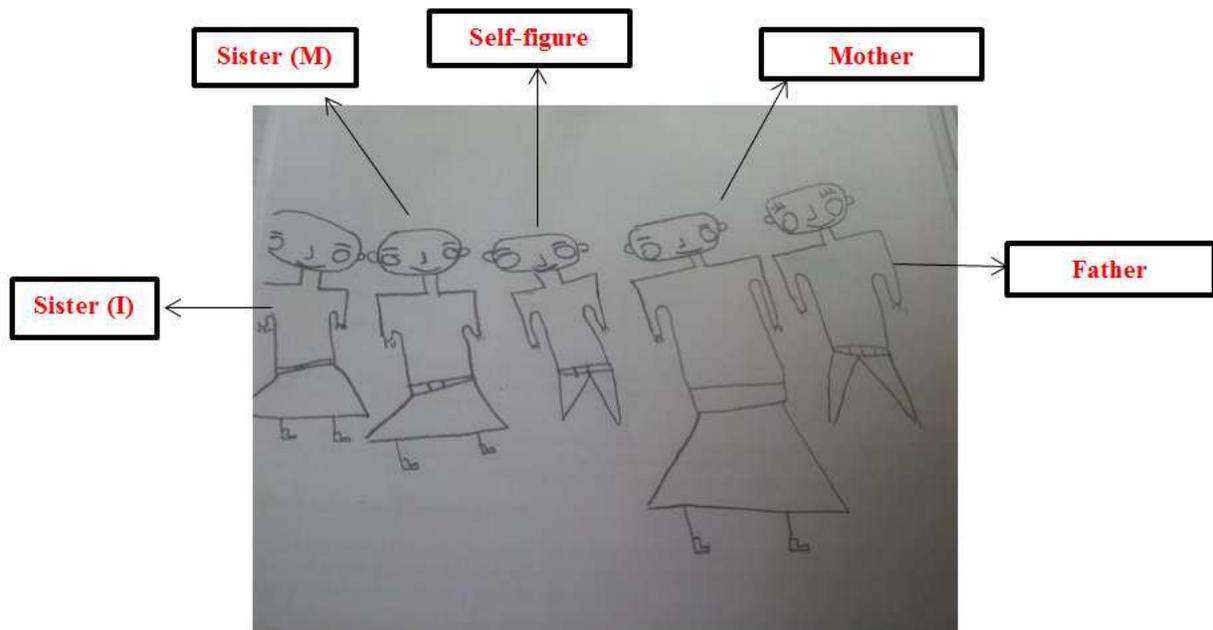
Additionally, Wegmann and Lusebrink's (2000) system takes into account the distinct developmental level individual and allows for this to be scored. Results from another projective test, the Draw-a-Person placed Katlego's drawing in the "very superior" range. In contrast to other structural data (absence of self-figure's hands) a feeling of "paralysis" is experienced, due to an inability to rectify the situation. The biting dog, attached to his leg serves as a constant external manifestation of his inner turmoil. The leaf (strategically placed where dog is biting) represents a symbol clinging to a source of nurturance. In direct relation, the akinesis (static like pose) present may serve as a means of warding off the anxiety his familial situation evokes.

In this protocol, Wegmann and Lusebrink's (2000) "figure sizes" directly corresponds to Knoff and Prout's (2007) largest figure holding the greatest psychological influence. Furthermore, the compartmentalisation and encapsulation identified by Wegmann and Lusebrink (2000) corresponds to Knoff and Prout's (2007) system, inclusion of extra figures not related to specific disruptive influences. The "barrier" category identified by Wegmann and Lusebrink (2000) appears more relevant to interpretation as it allows better linkage to separation or issues related to accessibility of figures.

Wegmann and Lusebrink (2000), although no interaction amongst figures and cannot be scored, it relates to family interactions where individuality is more applicable, amongst cultures. This coincides with activities within this system that can still be scored.

### Summary, Protocol 3: \*Ashley

#### Reason for referral: Behavioural problems



What strikes the reader on first impression is the maturational immaturity of the protocol with several perseverations present in the drawing. The developmental immaturity of the drawing is made explicit in Wegmann and Lusebrink's (2000) system, and corresponds to this protocol's interpretations. All figures present with akinesia, representative either of an autistic like presentation or a defence to keep anxiety at bay.

In line with the reason for referral and Piaget's parallel stage of development formal operations, the absence of detail, logical and abstract thinking are evident in this protocol. Diagnostically, one may need to consider the presence of an intellectual disability or a diagnosis on the Autistic spectrum (ASD) (DSM-5) (American Psychiatric Association, 2013). An ASD spectrum diagnosis relates to the concrete manner in which the characters are depicted. The absence of the father's feet highlights the queries around his sense of belonging in the family matrix, which Ashley may be unable to verbalise. The reader may also need to consider whether this illustration is symbolic of the separation period of the parents. The Autistic like presentation features a

prominent lack of individuality, apart from the individual names illustrated on the chest areas. The father has one distinct additional feature separating him from the other family members, i.e., the addition of very prominent eyelashes and eyebrows, suggestive of familial rivalry.

The perseveration amongst the male and female figures also draws attention to the child's syllogistic reasoning, i.e., using two principles to arrive at a conclusion (Sadock & Sadock, 2007). Essentially this translates to the fact that both parties are male and of the same clan, therefore if the father's presence within the family is questioned so is his.

The family system is portrayed as one where little interaction and integration is present. What is of significance is that the two male figures are depicted without feet, suggestive of a lack of roots within the family system. In the intake interview, conflict amongst the parents was highlighted, which resulted in a brief separation, illustrated here.

The mother figure, depicted as the one with the most significant psychological influence appears to take on the caretaker and nurturer role. The similar treatment of the figures is suggestive of a desire to be like those individuals. At this juncture, the reader may also need to consider the wish to be like the "others", particularly as Ashley is aware of the exclusion imposed upon him at school. The "wish" to be like the others may signify his acceptance within the family life, in contrast to the school environment. Placing himself next to his mother is reflective of the attachment between them, corresponding to the greatest psychological influence. The protocol also highlight confusion with regards to whom he identifies with as his self-figure contains characteristics of both parents, in line with Wegmann and Lusebrink's (2000) system.

Although referred by the school for an assessment regarding a possible learning disability, a holistic picture merges where the socio-political history of the area negates wellbeing. The parents are employed in low-income jobs where physical provision takes priority over emotional needs. The school environment, due to their lack of resources and external social demands, becomes a place where the individual child's needs cannot be appropriately met. The families' own financial and social circumstances sustain the child's abilities to engage in further advancement. The interpretation of this protocol raises important issues concerning the micro and meso systems which are directly correlated to the attachment the child fosters with the parents. Moreover, Bretherton (1992) states that Bowlby also emphasised the importance of

social and economic factors which advocates the development of a “good-enough” mother-child relationship.

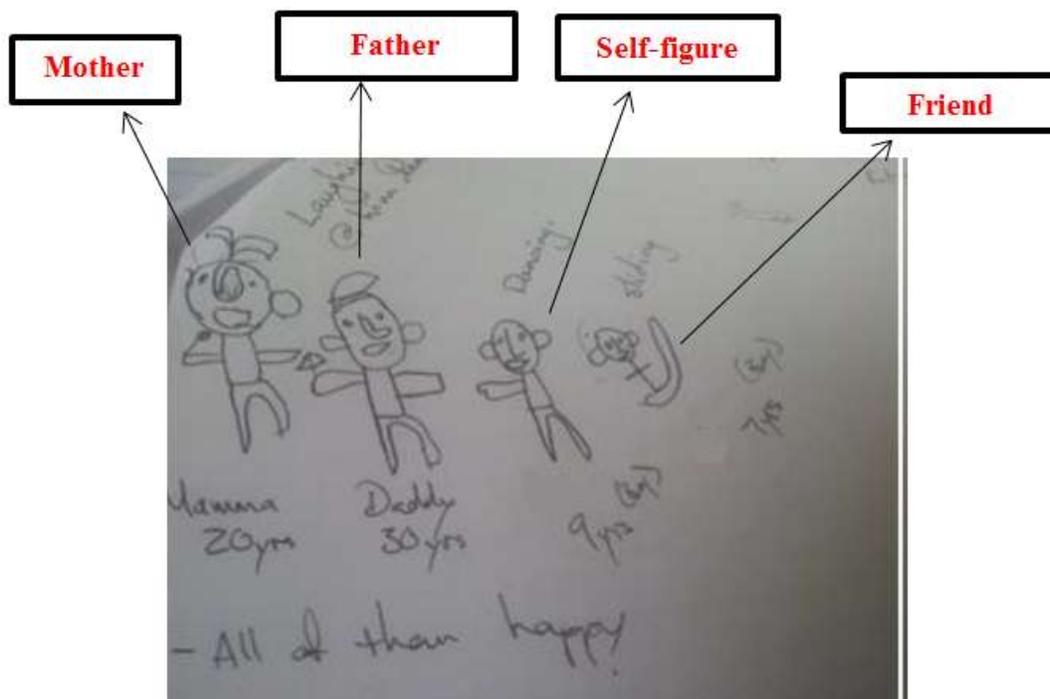
Despite the protocol suggesting good attachment between mother and son, poor relations within the family matrix are suggested. The absence of the characters eyes relates to a specific way of viewing the social world and in this protocol appears quite “unseeing”. This illustration serves as representation of “blocking” out the social world so not to become aware of the true reality out there. However, the realities of the micro and meso systems are already present within the family and school system yet a conscious decision to “dis-engage” from them is revealed.

In comparison to Protocol 1, where the participant is of the same age and cultural group, the reader sees a vast difference in portrayal. Both protocols highlight queries pertaining to fatherly representations yet the engagement with them occurs at very different developmental and maturational stages.

#### Summary, Protocol 4: \*Thulani

**Reason for referral: Conduct disorder and possible learning disability**

**Family structure: Grandmother, sister and male relative**



It is important to note that the participant did not refer to himself by name in this picture; however, in the inquiry he identified the individual “dancing” as himself. One may consider whether he is known by a different name within the family system. What is of further significance in this protocol is the placement of all the figures in the upper left corner of the page, each depicted next to each other. Similar features and positions are highlighted.

According to Knoff and Prout’s (2007) system, the protocol creates the perception that the characters are perceived as threatening and hostile. When compared to Wegmann and Lusebrink’s (2000) system, on the premise of their “developmental level”, this hypothesis is disputed. However, the omission of feet across characters may highlight the confusion surrounding Thulani’s “appropriate” family system. Despite living with his grandmother, sister and male relative; a more traditional “young” family system is depicted. In line with the most prominent figures, the parents are drawn of equal size, again highlighting the developmental considerations that are required for interpretative analysis.

The “facing” variable described by Wegmann and Lusebrink’s (2000) holds important value in this protocol as it highlights vital social communication despite the absence of physical activity. Furthermore, the other characters despite not actively engaging are scored as they are involved in passive activities, automatically creating a more engaging family. Developmentally, the absence of the figures hands and feet are highlighted which are expected in a child of this chronological age.

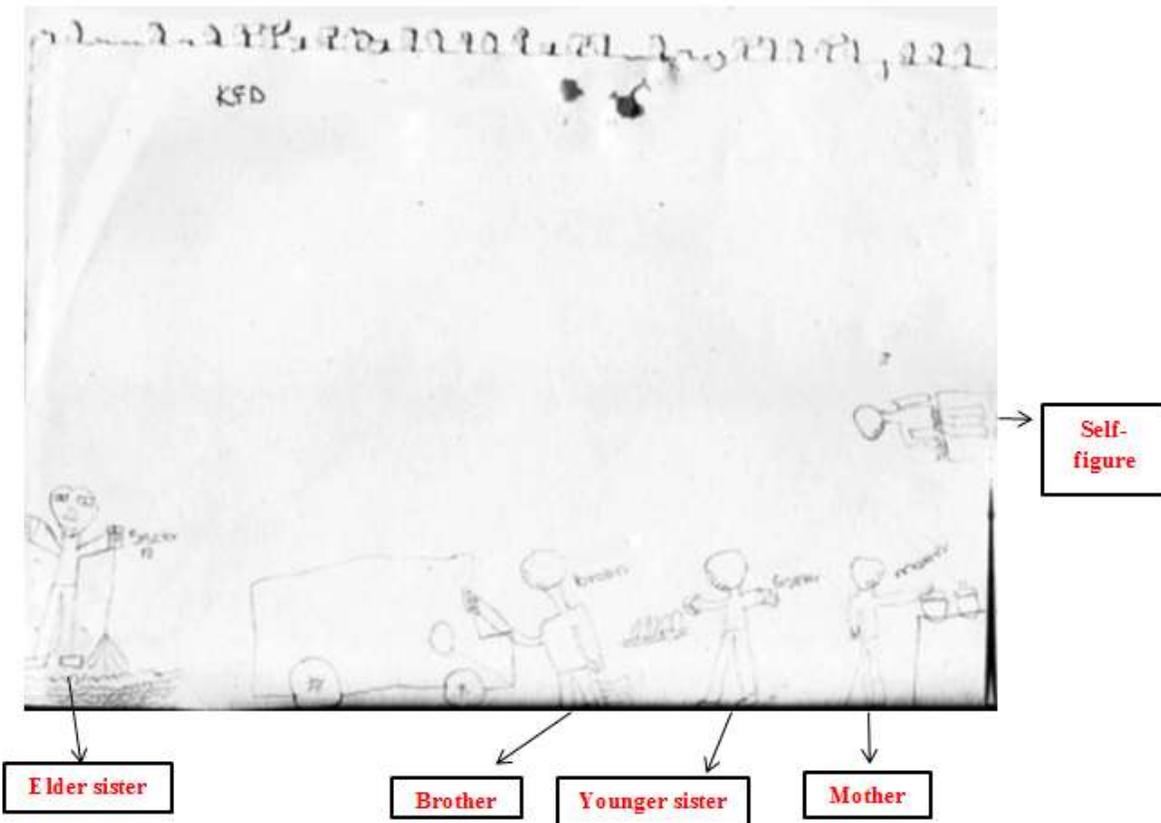
Objectively, two important characters, the grandmother and sister, are absent from the picture whilst the male relative is drawn. Subjectively, this represents his family, leaving one to ponder about the depicted phantasised family structure. In Zulu culture, childrearing is the responsibility of the mother, whilst the grandmother is worshipped and respected (*Zulu-culture.co.za*). Whilst this notion may still be acceptable, one cannot exclude the stark realities and consequences of HIV/AIDS and urbanisation which defies culture and maintains its prominence in Mamelodi. The traditional family structure becomes replaced by those acknowledged and described in the White Paper (DoSD, 2012). One may argue that Thulani is very aware of his real family yet the depiction contains a longing for a traditional family structure. It was unclear from his background history whether his parents were alive and the time period he had been residing with his grandmother. It was stated that his grandfather had moved out of the family home. Careful

consideration needs to be paid to inter-generational trauma, resulting from frequent family uprooting. This is of specific importance as inter-generational trauma directly affects the attachment primary caregivers can foster with their children. In Bowlby's (1973) literature on "Separation", he alludes to the inter-generational transmission of attachment patterns. Bowlby (1973) further postulated these transmission patterns to those of mental health, most notably related to affect regulation. Inter-generational trauma, frequent family relocations and disintegration of family systems may present through this type of illustration.

**Summary, Protocol 5: \*Kgotso**

**Reason for referral: Learning problems**

**Family structure: Mother, two sisters and brother (father died when he was a baby)**



In this protocol, the actual family structure is appropriately represented. Overall, the protocol depicts a family who are engaged, albeit each engrossed in their own activity. The older sister has a heart shaped face, despite initial reports of conflict between them. The mother's position within the family is contrasted between a nurturing figure whilst simultaneously perceived as

rejecting. The lack of integration amongst the family figures corresponds to poor communicating and relating.

There are prominent aspects within the protocol which highlight the inner experiences of the family as rejecting/threatening individuals in addition to providing an insecure attachment base. However, these aspects appear to be contradicted in light of other affective features of the female figures. Moreover, the self is experienced as not having a stable sense of self within the family system, indicative of the omission of feet. Dynamically, what appears prominent is perhaps an ambivalent inner conflict regarding the family which is represented externally within the protocol. The interpretation, in line with other structural aspects of the protocol also leads to hypothesising about the “mother” role the elder sister fulfils. This could evoke and affirm the experience of further ambivalent feelings. Furthermore, the reported conflictual relationship between the self-figure and his elder sister is again highlighted as an unstable relationship and a need for structure due to environmental dependence. This may be in line with the hypothesis that his sister provides physical caretaking whilst mother is at work (in light of other aspects of picture).

The omission of the father figure directly speaks to the absence of his presence as he is deceased. The self-figure is rotated which is suggestive of disorientation within the family. However, the absence of a “head of the house” leads to deliberating whether at the age of 14 this Zulu boy has external pressures on him to “provide” for the household. His sense of disorientation is reflective in his presenting problem, being placed in an LSEN school without formal testing with a current request for replacement within the mainstream school.

According to Wegmann and Lusebrink’s (2000) system, several barriers are present between the family members. This creates automatic distance, however, in line with the “activity” variable, the presence of some activity initiates engagement, corroborated by the ambivalence present within this system. Of note is also the identification with mother where a self-shared activity is noted – mother cooks and self-figure eats (in a sense incorporating the nurturance mother provides). Developmentally, some maturational level is indicated, seen at an attempt through a 3d depiction.

## Chapter Six

### Discussion

Children of the world... make all their early drawings –humans and houses, trees and boats –in the same way. They are building upon the creative impulse...the heritage of all mankind and is limited to no one land or culture (Kellogg & O’Dell, 1963, p. 77as cited in Poynor, 1991).

This quote reflects the universality found across human drawings, yet individually, the same drawings hold diverse meanings, influenced by the milieu in which they are situated. The analysis of the five protocols has highlighted very prevalent context specific socio-political factors which were inter-generationally transmitted from past to present. These factors were most often noted in the absence of traditional family structures, perpetuated by economic constraints and the transformation of the external system. As previously outlined, Mamelodi is an area deeply entrenched in the aftermath of the Apartheid era. The amalgamation of cultures in modern day has afforded understanding on the difficulties when interpreting the KFD within this context. The fusion of traditional and modernised values increases the complexity of relating and drawing conclusions based on the individual’s specific culture. This finding concurs with Amod et al. (2013) conclusions that family patterns may be experienced differently across cultures. Therefore, clinicians need to understand the normality of family patterns when evaluating abnormalities on the KFD. The intricacies resulting from acculturation causes further changes in the subsequent systems upon which families’ livelihoods are based. These changes relate specifically to the pandemic and economic situations present in the breakdown of family structures.

Multicultural South Africa has witnessed the simultaneous processes of disintegration, adaptation and reintegration of family structures in the wake of many adversities (DoSD, 2011; (DoSD, 2012). Consequently these adaptations highlighted transformed roles with specific psychological demands. Bigombe and Khadiagala (1990) argued that the interrelatedness of complex psychological phenomena and social and political inequities was inextricably linked to the continuous disintegration of South African families. HIV/AIDS, one of the greatest

pandemics in South Africa has contributed extensively toward disintegrated and altered family structures (Holborn & Eddy, 2011). Of particular importance are the prevalence and mortality rates amongst the “younger generation”. Subsequently, the older generations are tasked with caretaking responsibilities despite their personal impoverished states. The psychological complexities the new caretaking role holds may cause further family disintegration. Emotional burnout, an inability to re-adapt to these new roles and Depressive symptomatology may contribute toward their caretaking acts. Additionally, physical ailments and limited access to healthcare services may lead to increased mortality rates. Subsequently, child headed households become the norm if no other family members are present. Moreover, the older generation assuming new parental responsibilities are in stark contrast to Erikson’s psychosocial life stage, ego integrity vs. despair thought (Sadock & Sadock, 2007).

The cost of living and child-rearing in modern day are prominent concerns for families which present them with electing family cohesion or financial obligations. The increasing financial pressures on primary caregivers’ places extra tensions on already fragmented family structures. Ongoing urbanization and industrialization furthers the establishment of newer skip-generation households. Bigombe and Khadiagala (1990) concur, stating that African families’ circumstances are typified by an integration of historical dynamics, severe adverse circumstances, economic poverty, poor authorities and public discord. This premise strongly reflects the contextual realities and history of Mamelodi.

Trauma amongst individuals and families within the South African context may be experienced in various systems or through specific customs (Kaminer & Eagle, 2012). However, the “normality” and consequences of trauma may not always be within families’ awareness. A prevalent factor in the South African context, yet hardly fully explored during the KFD inquiry, relates to the direct or indirect experiences of adverse incidents. In particular, inter-generational trauma, relocations, cultural rituals and the negotiation of child-rearing practices should be addressed. The reader may question the clinical value of such data, yet, the interpretation of these five protocols has highlighted many unconscious family dynamics. These dynamics may be suppressed from the primary caregivers’ conscious awareness yet present on the child’s drawing.

Belogai (2010) highlighted the importance of the “psychological atmosphere” within self and familial relationships. This construct may be a central ideological principle within this context,

given the difficulty in verifying an all-encompassing cultural analysis. The lack of precise cultural and sub-cultural factors required for appropriate analysis appear far reaching due to a range of aspects. Amongst these are cross-cultural marriages resulting in the creation and co-creation of different beliefs and social customs. Acculturation signifies complex traditions the clinician needs to hold in mind as it impacts the presentation of the drawing. However, the “psychological atmosphere” may prove more valuable than unearthing minor intricacies. Further inquiries with regards to the affective ambience of the drawing should be encouraged within the context of an extremely detailed family history.

The importance of shared fundamental values needs to be acknowledged amongst sub-cultures within predominant cultural groups. Klepsch and Logie (1982) suggest that comparison of cultural and racial groups allows the clinician to comment on the individuals most often depicted on KFD drawings. Despite the limited number of protocols in this study, Klepsch and Logie’s (1982) comparison was gauged against the two SePedi and SeSotho subjects. The individuals common amongst the SePedi protocols were the siblings, actual and depicted in family structure. Across the SeSotho protocols, the siblings and cousins present within the actual family structure were illustrated. Whilst the afore-mentioned authors premise may hold, it is recommended that this comparison be done against a larger sample size for more conclusive findings. Against the backdrop of attachment theory, the inclusion of these figures signifies significant attachment relationships within the specified context of analysis.

Although attachment theory is not used as the predominant model in most interpretation systems, the importance of relational associations are always underscored. The Westernised (Klepsch & Logie, 1982) and cross-cultural (Wegmann & Lusebrink, 2000) interpretation systems emphasises interactional patterns, attachment figures and relational dynamics. Within the attachment context, a need exists for investigating the caregiver’s physical presence and their associated psychological influence. The significance of this relates to the “psychological atmosphere” in the family which may be juxtaposed against the stark contextual realities, e.g., parents living in the same household yet both parties are openly engaging in extra-marital relations. The eldest child assumes caretaking responsibilities as parents are often only physically present twice a week. The inquiry phase of the KFD could serve as a platform for

explicit exploration, in particular around caregiver's emotional availability, attachment styles and patterns.

The nuances of attachment theory were specifically underscored in Kaplan and Main's (1986) study. Elements from this study contain important interpretive value which can be implemented during the inquiry phase of the KFD. Specifically, exploring the affective ambience during inquiry maintains the less threatening environment as it is projected towards the individuals "in" the picture. Furthermore the responses elicited inform the clinician about their return to the secure base, founded on their already established internal working model. Simultaneously, it would also allow the assessor to explore the possible "phantasised" attachment figures present in the drawing. Therefore, even in "non-engaging" illustrated KFD protocols, an ability to explore the psychological quality in terms of attachment becomes workable.

The hypothesis of a secure attachment (based on the figures placement) is evident in protocol 3, yet the lack of stability in the family matrix also alludes to insecure attachment. Therefore, the individual's particular attachment style is difficult to distinguish. Ascertaining the individuals' attachment style was not the focus of the present study yet proved interesting as attachment theory formed the theoretical paradigm. If exploration of the affective ambience, as suggested by Kaplan and Main's study (1986) were implemented during inquiry, a more conclusive attachment style could be surmised. Moreover, it would provide rich insight into the individuals' subjective perception of his family structure.

The interpretation of the KFD from an attachment perspective provides a holistic, integrated perception of the individual. Its prominence in the South African context is pertinent as it considers the prevalent contextual variables. However, effective interpretation rests on a thorough knowledge of attachment principles due to the many complexities present. A skilled clinician would elicit important information in the intake interview. Additionally, the inquiry phase would consolidate effective interpretation, providing a holistic understanding of the KFD protocol.

The 5 protocols used within this study may surprise the reader due to their lack of sophistication and basic nature. This confirms Alderton's (1997) hypothesis that children draw families in the role they have become accustomed to which remains context related. In protocols 1 & 3, little or

no action is depicted indicating poor familial relations. However, the “activity variable” may be better accounted for in this context as it reflects a literal, concrete depiction of the family system. Furthermore, Wegmann and Lusebrink’s (2000) “level of interaction” variable also provides rich insight into the dynamics present between significant caregivers. These variables allow the clinician to comment on the more positive interactions present which could be used to bolster increased engagement if family work is indicated. Additionally, “cleaning” could be considered an activity signifying family time where positive relations are fostered. The “level of nurturance”, scored on protocol 5, portrays the father in opposing roles, i.e., as nurturing and rejecting. Secure and insecure attachment styles are thus present within the same protocol. This also bears significance to “self-sharing activity with” in terms of attachment with another figure. The inclusion of the added extended family members also seems an important variable, however, requires further exploration.

The significance of the FDC study towards the current paper is that it assessed similar variables, i.e., children from lower socio-economic status and of similar age ranges, 8-9years. The present study did not consider the use of the FDC, given the contextual sensitivity of the area. The protocols in this study alluded to attachment related issues, yet the difficulty in analyses based on only the drawing proved difficult. The activities illustrated in this study were largely a very concrete portrayal of family life. This may be in line with the prominent contextual and economic variables of the area. The analysis of the 5 protocols overlaps with Habenicht et al.’s, study (1990) in its reflection of fluid family roles. The fluidity of roles were most prominently noted (and hypothesized) with children assuming caretaking duties over younger siblings. Within the South African context this may be an important variable to consider given the dominance of changing family structures.

Within the limitations of this study, disturbed parental relations, as outlined in Sims (1974) study, were noted. This pertained specifically in protocol 2; however, a psycho-analytic approach was taken during analysis which was corroborated by collateral. Protocol 5 also noted a disruptive relationship, yet, the composition and presentation of the figure detailed a caring attitude. This finding, given its limitations, echoes the difficulties in discriminating emotionally adjusted vs. maladjusted children, without adequate collateral. Moreover, the subjective experience of noted disturbed relations will be highlighted during skillful inquiry.

Results from Fan's (2012) study reported that children from different family structures drew their families differently based on style, physical characteristics and symbols. Comparatively, the three protocols depicting traditional family structures have little overlap. Their style of drawing differed, 2/3 protocols details a high activity level. Two out of the three traditional families were depicted as actual traditional family structures.

Lilienfield, Wood, and Garb (2000 as cited in Gennari & Tamanza, 2014) suggest that analysis should evaluate the drawing for structural and stale features, based on the individual's ecology and presentation during assessment. Their position concurs to the authors' argument that the analysis of the KFD protocol should be context specific (including presenting problem) against a comprehensive history taking. Moreover, as the interpretation has produced a range of complexities, the author is of the opinion that an effective analysis rests on a more detailed operationalization and conceptualisation of the variables measured.

The variable's data holding the most valuable interpretive data according to Wegmann and Lusebrink's (2000) system are: (1) family composition, (2) extended family members added, (3) level of interaction, (4) facing, (5) activities, (6) sexual identification, (7) space organisation, (8) sexual differentiation, (9) akinesis, (10) level of nurturance, and (11) self-sharing activity with. Sexual identification is only scored when both parents are illustrated. The interpretive value of this variable is that in the parents' absence, the child may have identified the self with significant other or the one living parent, indicating an attachment bond.

In contrast, the components with the most valuable contributions from Knoff and Prout's (2007) system are: (1) action of and between figures, (2) omission of figures, and (3) symbols. An overlap exists between the two interpretive systems based on the importance assigned to the barrier, encapsulation and compartmentalization variables.

### **6.1. Recommendations and limitations**

In light of this discussion within the South African context, the following factors would add imperative clinical value in the KFD analysis:

1. A detailed intake interview eliciting specific information about cultural customs/beliefs with regards to separation and attachment, childrearing practices

and the child's adaptation to changed familial roles. The assessment for any adverse experiences in relation to inter-generational trauma, relocations and effect on family life should be well documented;

2. The individual's ecological context within the broader system – including “practical” factors such as housing, HIV/AIDS, access to schools, economic, social-political and historical context;
3. Co-morbid diagnoses and its manifestation affecting the child's comprehension and intellectual abilities;
4. An inquiry phase focusing on eliciting attachment styles and pattern, e.g., a traditional family structure is drawn, if mother went away how would X in this picture feel, what would X do when mother returned? Developmentally, the child may be prompted to “assume” the role of the “pictured child” and their responses after separation. This recommendation coincides with Handler and Habenicht's (1994) belief that the clinician should engage the child in dialogue to ascertain what the child's perception is of this figure, i.e., is it a desired relationship or a real relationship. Moreover, dialogue regarding the role of the extended family member should be queried to ascertain the value the individual adds or holds in the family system;
5. Inquiry phase engaging the individual child in evaluating their subjective perception regarding their role and place within the family;
6. Wegmann and Lusebrink's (2000) system variables: (1) family composition, (2) extended family members added, (3) level of interaction, (4) facing, (5) activities, (6) sexual identification, (7) space organisation, (8) sexual differentiation (9) akinesis, “level of nurturance” and self-sharing activity with should be specifically queried;
7. However, most pertinent is not the individual characteristics of the drawing, rather an integrated understanding of how components of the drawing contribute and shed light on the gestalt of the protocol.

As mentioned in the analysis chapter, many individual signs could be construed as pathological, yet the integrative nature of the child's drawing and ecology offers a more comprehensive understanding.

## **Limitations**

The small sample size of this study and the context in which it is situated makes it difficult to generalize the results to other contexts. A great factor that has to be taken into account is that in this study the KFD protocols have been interpreted and commented on by psychometrists. As such, they may not have had the necessary training to interpret more complex protocols and family dynamics. Moreover, the detailed intake information did not always provide the adequate information required for accurate assessment.

Future studies should consider a more rigorous intake interview which includes factors mentioned under the recommendation section.

## **6.2. Conclusion**

In conclusion, analysis and interpretation of the KFD is a complex process. However, applying attachment principles can guide the assessor in eliciting crucial information during the inquiry phase, corroborated by a comprehensive history taking. Psychometric testing therefore becomes psychological assessment, rooted in the integration of clinical judgment, observations and assessment results. The importance of understanding the contextual variables of the testee's ecology has proved important in this study and has created further awareness of inter-generational relational patterns.

The Westernised system lack variables imperative for understanding relational and environmental aspects within the South African context. The “cross-cultural” system with the addition of culturally sensitive elements has proven valuable during interpretation, specifically from an attachment perspective due to the cultural and sub-cultural systems which differ in traditions. A greater awareness regarding the cultural sensitivity of the KFD in South Africa, regardless of theory, appears to be less important. The longstanding trauma and dis-integration of family systems and the ongoing psychological impact transmitted relationally across and within families from a theoretical perspective offer a more holistic understanding. The emotional and psychological distress experienced by primary caregivers, adaptations to transformation and coexisting pressures perpetuate the existence of the individual's subjective experience of family life.

## References

- Affordable Land & Housing Data Centre. (n.d.). *Suburb profiles: Mamelodi Sun Valley*. Retrieved from [http://www.alhdc.org.za/static\\_content/?p=2181](http://www.alhdc.org.za/static_content/?p=2181).
- Ainsworth, M.D.S. (1963). The development of infant-mother interaction among the Ganda. In B.M. Foss (Ed.), *Determinants of infant behavior* (pp. 67-104). New York: Wiley.
- Ainsworth, M.D.S. (1967). *Infancy in Uganda: Infant care and the growth of love*. Baltimore: Johns Hopkins University Press.
- Alderton, C. (1997). *The Kinetic Family Drawing as a reflection of family interaction* (Master's thesis). University of Pretoria, Pretoria.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington
- Amod, Z., Gericke, R., & Bain, K. (2013). Projective assessment using the Draw-A-Person Test and Kinetic Family Drawing in South Africa. In S. Laher, S., & K. Cockroft. (Eds.). *Psychological Assessment in South Africa: Research and applications* (pp. 376-393). Wits University Press: South Africa.
- Belogai, K.N. (2010). Self-relation of adolescents in a family with a step-father. *The Spanish journal of psychology*, 13(2), 718-729.
- Bigombe, B., & Khadiagala, G.M. (1990). *Major trends affecting families in Sub-Saharan Africa*. Retrieved from [www.un.org/esa/socdev/family/Publications/mtrendsbg.htm](http://www.un.org/esa/socdev/family/Publications/mtrendsbg.htm)
- Bowlby, J. (1973). *Attachment and loss* (Vol. 2). New York: Basic Books.
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 28(5), 759-775. Retrieved from [http://www.psychology.sunysb.edu/attachment/online/inge\\_origins.pdf](http://www.psychology.sunysb.edu/attachment/online/inge_origins.pdf)
- Burns, R. C., & Kaufman, S. H. (1970). *Kinetic family drawings (K-F-D): An introduction to understanding children through kinetic drawings*. Oxford, England: Brunner/Mazel, Oxford. Retrieved from <http://search.proquest.com/docview/615704672?accountid=9941>
- Burns, R.C., & Kaufman, S.H. (1972). *Action, styles and symbols in Kinetic Family Drawing (K-F-D)*. Routledge.
- Census 2011: South Africa's changing families. (2012, November). *City Press*. Retrieved from <http://www.citypress.co.za/news/census-2011-south-africas-changing-families-20121103/>

- Chauke, K.T. (2009). *Learner discipline in Mamelodi secondary schools, Gauteng Province*(Master's thesis). Tshwane University of Technology. Retrieved from [http://libserv5.tut.ac.za:7780/pls/eres/wpg\\_docload\\_file?p\\_filename=F1387709547/Chauke%K.T.pdf](http://libserv5.tut.ac.za:7780/pls/eres/wpg_docload_file?p_filename=F1387709547/Chauke%K.T.pdf)
- Chiloane, T.J. (1990). *The establishment of Black settlement areas in and around Pretoria with special reference to Mamelodi, 1900.1970* (Master's thesis). Rand Afrikaans University: Johannesburg. Retrieved from <https://www.ujdigispace.uj.ac.za/handle/10210/10400>
- Collins, H. (2010). *Creative research: the theory and practice of research for the creative industries*. AVA publications.
- Creswell, J.W. (2009). *Research design: Qualitative and mixed methods approaches*. London: Sage Publications.
- De Vaus, D. (2001). *Research design in social research*. London: Sage Publications.
- Department of Social Development, Republic of South Africa (2011). *Green Paper on Families: promoting family life and strengthening families in South Africa*. Retrieved from <http://www.thepresidency.gov.za/MediaLib/Downloads/Home/Profiles/PresidentJacobZuma/PressStatements/201212/Green%20Paper%20on%20Families.pdf>
- Department of Social Development, Republic of South Africa (2012). *White Paper on families in South Africa*. Retrieved from [http://www.dsd.gov.za/index.php?option=com\\_docman&task=cat\\_view&gid+33&Itemid=39](http://www.dsd.gov.za/index.php?option=com_docman&task=cat_view&gid+33&Itemid=39)
- Dykas, M., Woodhouse, S., Cassidy, J., & Waters, H. (2006). Narrative assessment of attachment representations: Links to secure base scripts and adolescent attachment. *Attachment and Development*, 8(3), 221-240.
- Ebersöhn, L., Eloff, I., Finestone, M., van Dullemen, I., Sikkema, K., & Forsyth, B. (2012). Drawing on resilience: Piloting the utility of the kinetic family drawing to measure resilience in children of HIV-positive mothers. *South African Journal of Education*, 32(4), 330-348.
- Fan, R. (2012). A study on the kinetic family drawings by children with different family structures. *The International Journal of Arts Education*, 173-204.
- Freilich, R., & Shechtman, Z. (2010). The contribution of art therapy to the social, emotional and academic adjustment of children with learning disabilities. *The Arts in Psychotherapy*,

- 37(2), 97-105. Retrieved from <http://0-www.sciencedirect.com.innopac.up.ac.za/science/article/pii/S0197455610000201>
- Fury, G., Carlson, E. A., & Sroufe, L. A. (1997). Children's representations of attachment relationships in family drawings. *Child Development*, 68(6), 1154-1164. Retrieved from <http://search.proquest.com/docview/619312139?accountid=9941>. Doi:10.1177/0165025406072898
- Gennari, M., & Tamanza, G. (2013). Conjoint Family Drawing: A technique for family clinical assessment. *Procedia – Social and Behavioural Sciences*, 113, 91-110.
- Goldenberg, H., & Goldenberg, I. (2008). *Family therapy: An overview* (7th ed.). Belmont: Thomson-Brooks/Cole.
- Government Gazette, Republic of South Africa. Report No. 28944. (2006). No. 38 of 2005: *Children's Act, 2005*. Retrieved from [http://www.dsd.gov.za/index.php?option=com\\_docman&task+cat\\_view&gid+60&Itemid=39](http://www.dsd.gov.za/index.php?option=com_docman&task+cat_view&gid+60&Itemid=39)
- Groth-Marnat, G. (2003). *Handbook of Psychological Assessment* (4th ed.). Hoboken, New Jersey: John Wiley & Sons Inc.
- Gould, S.L. (1996). *The Mismeasure of Man*. New York, London: W.W. Norton & Company.
- Habenicht, D.J., Shaw, J., & Brantley, L.S. (1990). *Black children draw their families: some surprises*. Annual meeting of the American Association for Counselling and Development, Cincinnati, OH. Retrieved from <http://www.eric.ed.gov/?id=ED317647>
- Hammersley, M. (2013). *What is qualitative research?* Bloomsbury: London, New Delhi, New York, Sydney.
- Handler, L., & Habenicht, D.J. (1994). The Kinetic Family Drawing technique: A review of the literature. *Journal of Personality Assessment*, 62(3), 440-464.
- Holborn, L., & Eddy, G. (2011). *First steps to healing the South African Family*. South African Institute of Race Relations. Retrieved from <http://www.irr.org.za/reports-and-publications/occasional-reports/files/first-steps-to-healing-the-south-african-family-final-report-mar-2011.pdf>
- Hulse, W. (1951). The emotionally disturbed child draws his family. *Quarterly Journal of Child Behavior*, 3, 152-174.

- Kaminer, D., & Eagle, G. (2012). *Psycho-Social effects of trauma and violence: Implications for intervention*. (pp. 229-245). Retrieved from:  
[http://www.mrc.ac.za/crime/chapter16.pdf&sa=U&ved=0ahUKEwjo7sqw08TLAhXK6RQKHrTBjEQFggVMA&usg=AFQjCNE4UsMMNDpv\\_NhotfIaJuTKIFgIaA](http://www.mrc.ac.za/crime/chapter16.pdf&sa=U&ved=0ahUKEwjo7sqw08TLAhXK6RQKHrTBjEQFggVMA&usg=AFQjCNE4UsMMNDpv_NhotfIaJuTKIFgIaA)
- Kaplan, N. (1987). *Internal representations of attachment in six-year olds*. Paper presented at the biennial meetings of the Society for Research in Child Development. Retrieved from  
<http://files.eric.ed.gov/fulltext/ED286590.pdf>
- Kaplan, N., & Main, M. (1986). *Instructions for the classification of children's family drawings in terms of representations of attachment*. University of California: Berkley.
- Klepsch, M., & Logie, L. (1982). *Children draw and tell: an introduction to the projective uses of children's human figure drawings*. New York: Brunner/Mazel.
- Knoff, H., & Prout, H. (2007). *Kinetic drawing system for family and school: A handbook*. Los Angeles: Western Psychological Services.
- Koppitz, R. M. (1968). *Psychological evaluation of children's human figure drawing*. New York: Gune and Stratton.
- Kramer, P.D. (2006). *Eminent lives: Freud Inventor of the modern mind*. New York: HarperCollinsPublishers
- Laher, S. (2012). *Personality testing in South Africa: Where are we and where are we going?* Paper to be presented at the International Congress of Psychology 2012 (ICP 2012), 22-27 July, Cape Town International Convention Centre. Retrieved from  
<http://www.docs.google.com/document/d/11j2epMfGLwAHg1xZWEGxwxmcbciRkqQ8Xf61kC79gw/edit>
- Lilienfeld, S. O., Wood, J. M., & Garb, H. N. (2000). The scientific status of projective techniques. *Psychological Science in the Public Interest*, 1(2), 27-65. Retrieved from:  
[http://www.nd.edu/~ghaeffel/Lilienfeld\(2000\).pdf&sa=U&ved=0ahUKEwicuLbo2cTLAhUBxRQKHVPeBmYQFggRMAA&usg=AFQjCNE4UsMMNDpv\\_NhotfIaJuTKIFgIaA](http://www.nd.edu/~ghaeffel/Lilienfeld(2000).pdf&sa=U&ved=0ahUKEwicuLbo2cTLAhUBxRQKHVPeBmYQFggRMAA&usg=AFQjCNE4UsMMNDpv_NhotfIaJuTKIFgIaA)
- Lippman, L., Wilcox, W., & Ryberg, R. (2013). *Mapping family change and child well-being outcomes*. Social Trends Institute.
- Lubbe, C. (2007). Mothers, fathers or parents: Same gendered families in South Africa. *South African Journal of Psychology*, 37(2), 260-283.

- Machover, K. (1949). *Personality projection in the Human Figure (A method of personality investigation)*. Springfield, Illinois, USA: Charles C Thomas Publisher.
- Mahler, M. (1971). *A study of the separation-individuation process and its possible application to borderline phenomena in the psychoanalytic situation*. *Psychoanalytic Study of the Child*, 26, 403-424.
- Marshall, C., & Rossman, G. (1999). *Designing qualitative research* (3rd ed.), California, United States of America: Sage Publications.
- McPhee, J., & Wegner, K. (1976). Kinetic-family-drawing styles and emotionally disturbed childhood behaviour. *Journal of Personality Assessment*, 40(5), 487-491.
- Merriam, S.B. (1998). *Qualitative research and case study applications in education*. San Francisco: Jossey-Bass.
- Meyers, C.V. (1978). Toward an objective procedure evaluation of the Kinetic Family Drawing (KFD). *Journal of Personality Assessment*, 42, 358-365.
- Motskoff, D.L.M., & Lazarus, P.J. (1983). The Kinetic family drawing: The reliability of an objective scoring system. *Psychology in the Schools*, 20(1), 16-20.
- O'Brien, R., & Patton, W. (1974). Development of an objective scoring method for the Kinetic Family Drawing. *Journal of Personality Assessment*, 58, 156-164.
- Ogden, T.H. (1990). *The matrix of the mind, Object relations and the Psychoanalytic dialogue*. London, Boulder, New York, Toronto, Oxford: Rowman & Littlefield Publishers Inc.
- Peacock, R. (1950). *Die geskiedenis van Pretoria, 1855-1955*. Pretoria News.
- Pearce, P. (2003). Psychoanalytic/psychodynamic developmental theories. In V. Simanowitz, V., & P. Pearce, P. (Eds.), *Personality development* (pp. 1-29). Open University Press: England.
- Poynor, L.L. (1991). *Evaluation of art with young children* (Master's thesis). Texas Tech University: Texas.
- Rule, P., & Vaughn, J. (2011). *Your guide to case study research*. Van Schaik Publishers.
- Sadock, B., & Sadock, V. (2007). *Kaplan & Sadock's synopsis of psychiatry: Behavioural Sciences/Clinical psychiatry* (10th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Scotland, J. (2012). *Exploring the philosophical underpinnings of research: relating ontology and epistemology to the methodology and methods of the scientific, interpretive and*

- critical research paradigms*. Retrieved from  
<http://www.ccsenet.org/journal/index.php/elt/article/view/19183>
- Simons, H. (2009). *Whose data are they? Ethics in case study research*. Retrieved from  
[http://www.sagepub.com/upm-data/31984\\_Simons\\_\(Helen\)\\_Final\\_Proof.pdf](http://www.sagepub.com/upm-data/31984_Simons_(Helen)_Final_Proof.pdf)
- Sims, C. A. (1974). Kinetic Family Drawings and the Family Relations Indicator. *Journal of Clinical Psychology*, 30(1), 87-88. Retrieved from  
[http://www.onlinelibrary.wiley.com/doi/10.1002/1097-4679\(197401\)30:1<87::AID-JCLP2270300130>3.0.CO;2-H/pdf](http://www.onlinelibrary.wiley.com/doi/10.1002/1097-4679(197401)30:1<87::AID-JCLP2270300130>3.0.CO;2-H/pdf)
- Singh, J., & Rossouw, P.J. (2015). Efficacy of drawings as a measure of attachment style and emotional disturbance: An Australian children investigation. *International Journal of Neuropsychotherapy*, 3(2), 124-130. doi:10.12744/ijnpt.2015.0124-0130
- South Africa Government Online. (2012/13). *About SA - History*. Retrieved from  
<http://www.gov.za/aboutsa/history.htm>
- South Africa Government Online. (2014). *Department of basic education partners with Vodacom to launch stationery drive in Mamelodi, Pretoria*. Retrieved from:  
<http://libguides.unco.edu/content.php?pid=933&sid=474784>
- South Africa.net. (2015). *The Sotho People*. Retrieved from  
<http://www.southafrica.net/za/en/articles/entry/article-southafrica.net-the-sotho-people>
- Statistics South Africa.(2011). *Marriages and divorces. (Statistical release P0307)*. Retrieved from <http://www.beta2.statssa.gov.za/publications/P03307/P03072011.pdf>
- Swanepoel, I., & Krüger, C. (2011). Revisiting validity in cross-cultural psychometric test development: A systems-informed shift towards qualitative research designs. *South African Journal of Psychology*, 17(1), 10-15.
- Terreblanche, M.J., Durrheim, K., & Painter, D. (2006). *Research in practice: Applied methods for the Social Sciences*. Juta and Company, Ltd.
- Co-operative Governance & Traditional Affairs. (2009). *Township transformation timeline*. Retrieved from [http://sacitiesnetwork.co.za/wp-content/uploads/2014/07/township\\_transformation\\_timeline.pdf&sa+U&ved=0ahUKEwjAyoD93cTLAhWH7BQKHSaJAU4Qfgg3MAk&usg=AFQjCNEvQWYwYPIrOd-O\\_dWcFjuipFq4iA](http://sacitiesnetwork.co.za/wp-content/uploads/2014/07/township_transformation_timeline.pdf&sa+U&ved=0ahUKEwjAyoD93cTLAhWH7BQKHSaJAU4Qfgg3MAk&usg=AFQjCNEvQWYwYPIrOd-O_dWcFjuipFq4iA)

- The Penguin Freud Library. (1991). *Sigmund Freud. Introductory lectures on psychoanalysis*(Vol 1). Penguin Books: London, New York, Australia, Canada, New Zealand.
- Wegmann, P., & Lusebrink, V. (2000). Kinetic family drawing scoring method for cross-cultural studies. *The Arts in Psychotherapy*, 27(3), 179-190.
- Weiner, I.B., & Greene, R.L. (2008). *Handbook of Personality Assessment*. Hoboken, New Jersey: John Wiley & Sons Inc.
- Wenar, C., & Kerig, P. (2011). *Developmental psychopathology: from infancy through adolescence* (5th ed.). New York: McGraw-Hill.
- Williams, P. (2013). *Rebuilding our broken families*. Retrieved from <http://www.sanews.gov.za/south-africa/rebuilding-our-broken-families>
- Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). Berkshire: Open university press.
- Winnicott, D.W. (1960). The theory of the parent-infant relationship. *International Journal of Psycho-Analysis.*, 41,585-595.Retrieved from <http://pep.gvpi.net/document.php?id=ijp.041.0585a>
- Wordsworths. (1997). *Freud: Interpretation of dreams*. Wordsworths Editions Limited.
- Yin, R. (2003). *Case study research: design and methods*. (3rd ed.). Thousand Oaks, London, New Dehli: SagePublications.
- Zulu Culture. (n.d). *The Zulu family structure, polygamy, sleeping and etiquette*. Retrieved from [http://www.zulu-culture.co.za/zulu\\_family.php#.Vgfv7ur-SE](http://www.zulu-culture.co.za/zulu_family.php#.Vgfv7ur-SE)

**APPENDIX A: CONSENT FORM**



**University of Pretoria**  
Department Of Psychology  
Mamelodi Campus  
Hinterland Street  
Mamelodi East  
Administration Building  
Ground Floor

Tel: 012 842 3515  
Fax: 086 518 3871  
[itsoseng.clinic@up.ac.za](mailto:itsoseng.clinic@up.ac.za)

**Clinic Hours**  
Mon – Thu: 09h00 – 16h00

**CONSENT FORM 1:  
CLIENT AGREEMENT TO INTERVENTION:**

Name of Client: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/ Female: \_\_\_\_\_

Identity number: \_\_\_\_\_

Supervising Psychologist: \_\_\_\_\_ Intern/ Student: \_\_\_\_\_

Nature of Intervention:

THERAPY	
---------	--

ASSESSMENT	
------------	--

**Benefits of Therapy and Client Rights:**

Therapy can contribute towards the improved ability to cope with stress and difficult life situations, while possibly increasing understanding of oneself and others. Therapy can assist a person in developing new skills and can support one in changing negative behavioural patterns. Furthermore, therapy can facilitate a process where existing resilience and resources of strengths are identified and built upon.

I understand that it is important to mention any concerns or questions that I may have at any time during the process of therapy.

**Benefits of Psychometric/ Psychological Assessment and Client Rights:**

By means of psychometric and/ or psychological assessment clients can gain better understanding of their current problem and/ or functioning. The assessment results can assist individuals in making better-informed decisions for the future and provide the assessor with information to make appropriate recommendations or plan future interventions.

Through the use of a variety of standard psychological assessment procedures Itsoseng clinic will attempt to answer related questions. Throughout the assessment process you have the right to inquire about the nature or purpose of all procedures.

You also have the right to know the test results, interpretations and recommendations, within the limits of the ethical code for psychologists and/ or psychometrists, and the relevant legislation.

**Consent:**

The therapist will make known to you the benefits and risks, also reflected in this form. I hereby give consent to participate in therapy/ assessment for the sake of addressing

---

I acknowledge that informed consent must be obtained before the nature of the intervention or psychological service provided to me may be changed or altered. I also understand that it is my right to withdraw from therapy and/ or psychological/ psychometric assessment at any time.

**Confidentiality and Limits on Confidentiality:**

I have been advised that all communications with me and all records relating to the provisions of psychological services to me are confidential and may not be disclosed without my written consent. I have also been advised that the law places certain limits on the confidential nature of the psychological service provided to me. Typically these limits on confidentiality may arise if the therapist perceives that there is a risk of harm in situations such as the following:

1. If I present an imminent danger to myself or others – the law requires that steps be taken to prevent such harm;
2. If a child is in need of protection – a report must be filed with the relevant agency or authority;
3. If a vulnerable adult is abused or neglected – a report must be filed with the appropriate government agency;
4. If a court orders the disclosure of records.

**Acknowledgement and Consent:**

I acknowledge that I have read and understood the information contained in this document, and that any questions or concerns that I had have been answered. I hereby give my consent.

I would like to be informed of any Event/ Workshop/ Support Group presented by Itsoseng clinic which may be beneficial to my growth/ healing. Yes  No

**Name and Surname:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby give permission for my files to be used for Research purposes and understand that no identifying information will be disclosed. Yes  No

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**University of Pretoria**  
Department Of Psychology  
Mamelodi Campus  
Hinterland Street  
Mamelodi East  
Administration Building  
Ground Floor

Tel: 012 842 3515  
Fax: 086 518 3871  
[itsoseng.clinic@up.ac.za](mailto:itsoseng.clinic@up.ac.za)

**Clinic Hours**  
Mon – Thu: 09h00 – 16h00

## CONSENT FORM 2:

### PARENTAL AGREEMENT TO INTERVENTION FOR A CHILD:

Name of Child: \_\_\_\_\_ Surname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/ Female: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone Number (Parent/ Guardian): \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Identity number: \_\_\_\_\_

Supervising Psychologist: \_\_\_\_\_ Intern/ Student: \_\_\_\_\_

Nature of Intervention:

THERAPY	
---------	--

ASSESSMENT	
------------	--

#### Benefits of Therapy and Client Rights:

Therapy can contribute towards the improved ability to cope with stress and difficult life situations, while possibly increasing understanding of oneself and others. Therapy can assist a person in developing new skills and can support one in changing negative behavioural patterns. Furthermore, therapy can facilitate a process where existing resilience and resources of strengths are identified and built upon.

I understand that it is important to mention any concerns or questions that I may have at any time during the process of therapy.

#### Benefits of Psychometric/ Psychological Assessment and Client Rights:

By means of psychometric and/ or psychological assessment clients can gain better understanding of their current problem and/ or functioning. The assessment results can assist individuals in making better-informed decisions for the future and provide the assessor with information to make appropriate recommendations or plan future interventions.

Through the use of a variety of standard psychological assessment procedures Itsoseng clinic will attempt to answer related questions. Throughout the assessment process you have the right to inquire about the nature or purpose of all procedures.

You also have the right to know the test results, interpretations and recommendations, within the limits of the ethical code for psychologists and/ or psychometrists, and the relevant legislation.

### **Consent:**

The therapist will make known to you the benefits and risks, also reflected in this form. I hereby give consent to participate in therapy/ assessment for the sake of addressing

---

I acknowledge that informed consent must be obtained before the nature of the intervention or psychological service provided to me may be changed or altered. I also understand that it is my right to withdraw from therapy and/ or psychological/ psychometric assessment at any time.

### **Confidentiality and Limits on Confidentiality:**

I have been advised that all communications with me and all records relating to the provisions of psychological services to me are confidential and may not be disclosed without my written consent. I have also been advised that the law places certain limits on the confidential nature of the psychological service provided to me. Typically these limits on confidentiality may arise if the therapist perceives that there is a risk of harm in situations such as the following:

1. If I present an imminent danger to myself or others – the law requires that steps be taken to prevent such harm;
2. If a child is in need of protection – a report must be filed with the relevant agency or authority;
3. If a vulnerable adult is abused or neglected – a report must be filed with the appropriate government agency;
4. If a court orders the disclosure of records.

### **Acknowledgement and Consent:**

We, \_\_\_\_\_ and \_\_\_\_\_, acknowledge that we have read and understood the information contained in this document, and that any questions or concerns that we had have been answered. We hereby give our consent.

We would like to be informed of any event/ workshop/ support group presented by Itsoseng clinic which may be beneficial to our child's growth/ healing. Yes  No

**Name and Surname:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We hereby give permission for our child's files to be used for research purposes and understand that no identifying information will be disclosed. Yes  No

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## APPENDIX B: LETTER OF PERMISSION



**University of Pretoria**  
Department Of Psychology  
Hinterland Street  
Mamelodi East

Tel: 012 842 3515  
Fax: 012 842 3718

**Clinic Hours Mon – Thu: 09h00 – 16h00**  
**Friday: 09h00 – 13h00**

25 March 2015

To: Robyn Cruywagen, MA Clin Psych student

Dear Robyn

### LETTER OF PERMISSION TO USE ITSOSNG CLINIC FILES FOR STUDY

With regards to your intended study to critically explore the alignment of the current KFD interpretation system with the family structures of the participants, you are granted permission to use the Itsoseng Clinic files to obtain your data.

Yours faithfully



**DR LINDA ESKELL BLOKLAND**  
**CLINICAL PSYCHOLOGIST/CLINIC DIRECTOR**  
**0822022099**