

Drawings: A Window to Children's Soul

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Introduction

The new registrants at the child and adolescent psychiatry services, unlike in adult psychiatry, are required to produce their creative pieces of artwork, which could provide an insight into their temperaments, family dynamics and current psychological states. Drawings are one such aesthetic display of a child's psychological state (1). They help recognise the developmental stage, (2) temperament (3), and communication skills (4). Furthermore, studies have identified gender-specific differences in drawings of children (1).

In Sri Lanka such methods are still not utilised. Nevertheless, we encounter art works worth deeper analysis. The authors report five children who presented to the Child and Adolescent Mental Health Services (CAMHS), whose artwork provided an insight into their psychological state.

Case 1

A 17-year-old girl presented with a year of school refusal and a month of picky eating. She would isolate herself in her room, spending most of the day watching Korean TV shows. She exhibited a lack of self-care, wearing the same clothes throughout the day and night.

Despite attending a prestigious school and excelling academically, including being an award-winning swimmer, she displayed significant distress. She exhibited personality traits characteristic of Cluster C, such as perfectionism, meticulousness, and a critical self-image. Her mother was observed as highly critical and overly controlling, while her father had been absent from the family for the past five years.

At the presentation, the girl appeared thin, dressed entirely in black. She demonstrated meticulous grooming with perfectly manicured nails and hair tufts obscuring

her face. She presented with a depressed mood, harbouring passive suicidal ideation and pessimistic thoughts. The once-vibrant swimmer and high-achieving student expressed a profound sense of inadequacy and failure. She was diagnosed with major depressive disorder with prominent cluster C personality traits (5).

Her free drawings were remarkably detailed, consisting of meticulously sketched female figures resembling those seen in Korean soap operas. She explained that these figures served as role models for her physical appearance (Figure 1). Our team hypothesized that these drawings reflected her desire to conform to a specific idealized image and further emphasized her meticulous attention to detail, a hallmark of her personality (5).



Figure 1.

Case 2

A seven-year-old boy from Polonnaruwa was referred to by his class teacher due to recurrent temper outbursts triggered by situations requiring group participation or discussions outside his personal interests. These outbursts escalated over time, culminating in the throwing of objects at others and the use of derogatory remarks. Despite these behavioural challenges, he maintained excellent academic grades. No developmental delays were noted.

The boy exhibited a singular, intense interest in discussing deforestation, demonstrating an inability to shift focus to other topics. His artwork frequently depicted a recurring theme: a “tug-of-war” between opposing forces, such as fire versus water, deforestation versus reforestation (Figure 2). He displayed diminished eye contact and exhibited mild fidgetiness. Further analysis of his recent artwork revealed a rigid and concrete perspective, lacking the flexibility of thinking typically observed in children of his age (Figure 3, Figure 4). He was diagnosed with high-functioning autism spectrum disorder (ASD), with an IQ in the superior range (140) as assessed by the Test of Nonverbal Intelligence-3 (TONI-3) (5). It is plausible that the boy's artwork also reflected underlying anxieties about environmental issues and the future (6).



Figure 2.

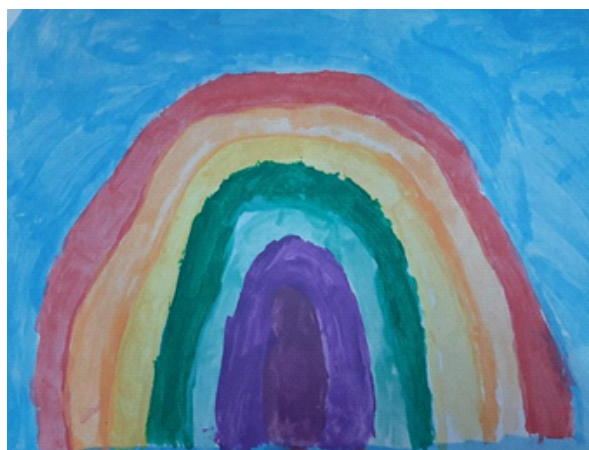


Figure 3.

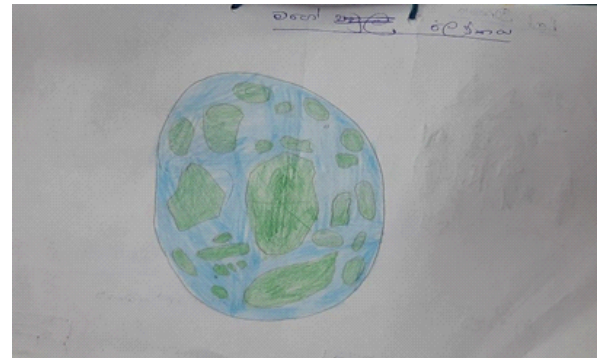


Figure 4.

Case 3

A 15-year-old boy presented to CAMHS with a five-month history of soliloquies, frequent laughter to himself, and experiencing bullying from classmates. Despite his mother's high academic expectations, he has consistently demonstrated poor school performance. His older brothers were far higher achievers academically. He exhibited a slow-to-warm-up temperament, an anxious demeanour, and low self-esteem.

His free drawings featured clusters of miniature figures engaged in a struggle against social injustices (Figure 5). These drawings displayed a developmental level significantly below his age, estimated to be around four to five years old, and were monochromatic. He was diagnosed with mild intellectual disability, with a non-verbal IQ score falling within the low range (TONI3-70).



Figure 5.

Case 4

A ten-year-old girl presented with symptoms of grief following the loss of a friendship after an argument with her best friend. These symptoms included intense longing for her friend, recurrent crying spells, diminished concentration on schoolwork, and subsequent poor academic performance. Her drawings provided visual cues into her inner turmoil (Figure 6).



Figure 6.

Discussion

There is an age old tradition of research into children's drawings of themselves and other people leading to multimodal approaches for analysing children's drawings at present (4,5). Our CAMHS utilise drawing tests such as draw a man test and the good and bad dreams to provide cues to the diagnoses potential conflicts and stressors of a child (1,2). These projective tests though not diagnostic on their own do serve to obtain an in depth understanding of the child as a person and underlying diagnoses (3).

In contrast to such targeted drawing sessions where a child could become potentially defensive, the above case series consists of uninterrupted free illustrations of clinic attendees (7). Lastly, in our experience, most children feel appreciated by the mere recognition of the artist within themselves, thus improving follow-up.

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Statement of contribution

PV: Writing of the initial draft, literature review, and clinical assessments.

MC, SW: Revisions of the initial draft, clinical assessments.

References

1. Cherney ID, Seiwert CS, Dickey TM, Flichtbeil JD. Children's drawings: A mirror to their minds. *Educational Psychology*. 2006; 26(1): 127-42.
2. Kitahara R, Matsuishi T. Research on Children's Drawings. 10-4.
3. Avanesyan H. Psychological bases of projective drawing assessment. file:///C:/Users/Prabha/Downloads/ETASR_7812.pdf. 2023; (February).
4. Fabris MA, Lange-küttner C, Shiakou M, Longobardi C. Editorial?: Children s drawings?: evidence-based research and practice. 2022.
5. Marty MA, Segal DL. Dsm-5. *The Encyclopedia of Clinical Psychology*. 2015; 5(October): 1-6.
6. Barraza L. Children's drawings about the environment. *Environmental Education Research*. 1999; 5(1): 49-66.
7. Knowles Z, Parnell D, Stratton G, Ridgers N. Learning From the Experts: Exploring Playground Experience and Activities Using a Write and Draw Technique. *Journal of Physical Activity & Health*. 2012 Jul 10;
8. Farokhi M, Hashemi M. The analysis of children's drawings: Social, emotional, physical, and psychological aspects. *Procedia – Social and Behavioral Sciences*. 2011; 30(December 2011): 2219-24.