

Kinetic Family Drawing

Heather Jones

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What is Kinetic Family Drawing

Kinetic Family Drawing, also known as KFD, is a type of projective test that is stated to assess a child's self concept and how they perceive the interpersonal relationships that are in play within the family dynamic (Mostkoff & Lazarus, 1983). Although the Kinetic Family Drawing assessment tool is an extension of the Family Drawing Test created by Burns and Kaufman in 1972, there is a minuet detail that sets it a part from its predecessor, that is the child is asked to draw their family “doing” something or “doing” some type of action, hence the kinetic aspect of this tool (Encyclopedia of Mental Disorders, 2000).

Burns developed the diagnostic tool with intentions of using it to help gain a better understanding of children, especially those who were troubled. However, through closer examination of the symbols, actions, and the style of KFD, Burns and Kaufman theorized that they could explore the unconscious state of the child (Mostkoff et al. 1983). Kinetic Family Drawing also helps to reveal conflicts that may be present and helps to identify areas of difficulties within the family unit (Handler & Habenicht, 1994).

Kinetic Family Drawing in most cases are administered to children due to how simplistic and manageable the task of drawing is to children and they enjoy it. However, it should be stated that although there is flexibility in administration of the test and interpretation of the drawings, KFD requires administers that are skilled and trained. It also requires the individual to be knowledgeable regarding theory behind the test and the structure of the test as well (Encyclopedia of Mental Disorders, 2000).

Clinical and school psychologist use the KFD technique most frequently because individuals within this field recognize the vital role that the family dynamic plays in the etiology and the treatment

of emotional disorders in children (Mostkoff et al. 1983). However individuals who are in the field of art therapy, play therapy, and also pediatrics have started to incorporate this assessment tool into their practice.

The test is usually administered to an individual child by a counselor. The administrator will hand the child a blank piece of paper *8.5x11, and read instructions that Burns and Kaufman composed : “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” (Mostkoff et al. 1983). There is not a specified time frame in which the child has to complete his/her drawing. The administrator will interpret the drawing based on several key aspects of the drawing (Wilkinson,1985) (Handler &Habenicht,1994).

1. **Actions:** The type of activity that each figure is depicted doing. Dependent upon the “action” this could be telling of cooperation or lack there of, communication techniques, masochism, nurturance, sadism, or tension within the family.
2. **Physical Characteristics:** Inclusion of essential body parts, the size of each figure, the size of body parts and facial expression. For example: if a child (depicted as the smallest figure in the drawing) draws a him/herself holding a tool, Burns & Kaufman would interpret that child as expressing the need to “cut someone down to size” and whomever that individual is, is the one the child perceives as having a lot of power in the family.
3. **Distance, Barriers, and Positions:** Look for the number of barriers between mother and father, mother and child, etc. The direction faced by each figure and the distance between one figure to another. For example: Members that are posed the same are believed to be alliances within the family.
4. **Style:** The organization of the figures on the page. Style helps to gives clues to the counselor/administrator on possible psychopathology/emotional disturbances that child may have. Within this category there are numerous subcategories one needs to look for as well, these are:
 - A) *Compartmentalization*: This is intentional separation of family figures through lining.
 - B) *Edging*: Placing of family members on the perimeter of the paper.
 - C) *Folding Compartmentalization*: This is when the child folds the paper into segments and then places family members in each of those segments.
 - D) *Bird's eye view*: Presentation of the drawing from an aerial view.
 - E) *Shading*: Covers areas of preoccupation or anxiety.
 - F) *Enlargement of body parts*: this suggest a preoccupation with those parts.
 - G) *Omission of body parts*: Could indicate denial of the function of that organ.

- H) *Facial expression*: Indicates emotions
- I) *Cross Hatching*: this is a particular form of shading that is believed to indicate control.
- J) *Precise drawing*: Indicates that child's need or concern for a structured environment.

The administrator needs to be well versed in Kinetic Family Drawing and although it is hard to obtain he/she may use the manual composed by Burns which gives references to what certain characteristics of the child's drawing represent.

When scoring the drawing the counselor needs to take into consideration human variability. Children are not consistent day to day. Children are likely to omit body parts, change the size of figures in drawings which is all dependent on the mood of the child that day. The counselor needs to also be aware of what is age appropriate, gender appropriate, and what is culturally appropriate for that child when interpreting the meaning behind the drawing. It is not to say that the child needs to draw the same exact picture each time, however the overall theme of the picture needs to be consistent (Handler et al, 1994).

Statistical information of KFD

Kinetic Family Drawing is considered a norm-referenced test.

Reliability

The variables that are used to compose the KFD have a inter-rater reliability and test-retest reliabilities that ranged from 46-90% (Veltman & Browne, 2003). Cummings (1980) stated that anyone who chooses to use Kinetic Family Drawing should use caution because a majority of scoring system variables that are use in KFD failed to achieve adequate test-retest reliability. Cummings (1980) did go on to state that : top lining, bottom lining, barriers, arm extensions, action descriptions, shading, number of household members depicted in the drawing, distance between mother and child, distance between father and child, and the activity level of parents were all able to achieve a reasonable degree of consistency between the two occasions it was administered.

It is important to state that a child's mood and feelings can change frequently and that is what KFD states to be measuring and from that perspective it is not an unstable instrument to be used (Handler et al. 1994).

Validity

Gardano (1988) states that most of the scoring variables used in KFD were found to be invalid.

It is hard to determine the validity because there are so many different scoring systems used in conjunction with KFD. For example some researchers include items used in Draw A Person Test or House-Tree-Person Test, with these variation researchers have tremendous difficulty analyzing the KFD itself (Tharinger & Stark, 1990).

The popularity of KFD is based solely on face validity. There are no manuals that contain data about test reliability and validity. The values were contrived by Burns who gained his expertise by interpreting over 100,00 drawings from his patients (Mostkoff et al., 1983).

Since the manual was created based on case studies, KFD fails to meet the criteria that is established by the American Psychological Association for Education and Psychological Tests (Mostkoff et al. 1983).

Strengths and Weaknesses

Strengths

KFD is considered to be easy and quick to administer. It can be used with children who have speech delays, children who do not have the capacity due to age, to fully communicate in a coherent manner, and those who have motor delays (Mostkoff et al. 1983). Also children who find it difficult to express how they are feeling, due to personality traits, trauma and abuse, find that drawing is an enjoyable way to give more of themselves (Wilkinson, 1985).

The holistic aspect of projective drawing may prove to be useful when it is used to chart progress during treatment (Tharinger & Stark, 1990).

Weaknesses

However, Kinetic Family drawing lacks adequate research evaluation. The lack of published research does not allow psychologist to see how useful this assessment is in terms of the diagnostic techniques that are available. It still remains to be a clinical instrument with inadequate norms and validity of the assessment is still in question (Mostkoff et al. 1983).

Some researchers have criticized the use of KFD because it is hard to establish if the individual who is interpreting the drawing is not projecting any of himself into the drawing. Also children are very bias (for example if the child has a fight with the mother that day) he/she may draw a picture that is reflecting her present mood and an individual who is interpreting the picture may draw generalized conclusion about the family as a whole based on a fight the child had with the parent that day that he or she was not aware of (Mostkoff et al. 1983).

Some of the variables used to score the assessment tool these being: shading, lack of erasing areas that child wanted to correct, or the use of lining had no support from research regarding what these variables are used to indicate on a pathological/emotional aspect (Tharinger et al. 1990), it should be noted that the inclusion or omission of self was one of the most reliable variables used when scoring the drawing (Mostkoff et al. 1983).

Comparable Test

KFD is an extension of the Family Drawing test that was created by Burns and Kaufman (1972). Other similar projective test are Draw-A-Person- Test developed by Machover and the House-Tree-Person test developed by Buck.

Ethical Concerns of KFD

There are many ethical concerns when it comes to projective drawing techniques such as KFD. One being that it only meets one of the six criteria needed to be deemed a sound psychometric device. Another concerns is that there are no rules for number assignments to descriptive variables and also

projective techniques lacks number assignment in the first place (Martin,n.d.). Individuals who protest the use of such techniques also state that generalizations are being made about a child and the family based on one response- that being the drawing. Martin (n.d.)goes on to state that such techniques are no different than one item test and therefore any interpretation that is made is unreliable and therefore invalid.

Another concern is that projective techniques have a tendency to influence the perception held by the clinician and therefore are used to support a hypothesis that may not be supported by other sources, making them a negative influence (Martin, n.d.).

Lastly, Martin (n.d.) goes on to state that projective techniques such as Kinetic Family Drawing violates and or raises conflicts with the ethical codes pertaining to Assessment Techniques, Responsibility/Competence of the psychologist when choosing a test, and also the welfare of the child is not taken into consideration. Yet, these types of assessment tools are still widely popular especially in the school setting.

Applicability of Kinetic Family Drawing

I believe that the Kinetic Family Drawing will be beneficial to me in my future profession as I hope to establish myself in the field of Family Counseling. Although my primary interest is working with children, it is unrealistic for me to assume that their family will not be a integral part to the therapeutic process and treatment plan. As mentioned within the context of the paper, drawing allows the child to give freely of themselves and shed insight into the family dynamics that maybe for various reasons be uncomfortable for that child to share.

Drawing also allows children with significant speech delays, disabilities, cultural differences, etc. take part in the therapeutic process. Play is a child's natural way of communicating to the world. Drawing a picture of their family “doing something” is a task that is manageable and enjoyable for most children while revealing what could be significant information about the family structure.

I believe that any form of play will be beneficial to incorporate into my profession. It will help to establish a strong therapeutic alliance which we all know is one of the important elements needed for our clients success.

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