

How do I look? Parent–adolescent psychological boundary dissolution and adolescents' true-self behavior as manifested in their self-drawings



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ABSTRACT

The construction of the self is a central process in adolescents' life, and an adequate parent–adolescent relationship is an important factor in promoting this development. In order to better understand this development of self within the family context this study examined the ways in which parent–adolescent boundary dissolution, adolescent true-self behavior and motives for false-self behavior are manifested in adolescents' self-representations. Differences in adolescents' self-figure drawings as a function of their true-self behavior, motives for false-self behavior, and their experience of various types of boundary dissolution with their parents in a sample of Israeli early to mid-adolescents ($N = 333$, Mean age = 14.00, $SD = .69$) were examined. Drawings were coded using the DAP-SPED coding system as well as a more global approach. The findings indicated positive correlations between psychological control with mother and father, triangulation with the father and the number of deviant indicators in self-drawings. Adolescents who drew detached and bizarre self-drawings showed higher levels of motives for false-self behavior with parents. Adolescents who drew bizarre self-drawings experienced higher levels of triangulation and psychological control with mothers and higher levels of triangulation with fathers. The implications for theory and clinical interventions are discussed.

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Introduction

During adolescence, adolescents actively strive to establish a sense of authenticity and true self. Previous studies have reported links between low levels of authenticity and true self, and a decrease in psychological well-being, while substantial impairments in parent–adolescent psychological boundaries are considered to be a risk factor for this establishment. The current study used the Draw A Person (DAP) technique to assess *adolescents' self-representations* in terms of their true-self behavior, motives for false-self behavior, and their experience with various types of boundary dissolution.

The self during adolescence

The self is a complex, central organizing construct that expresses a nuclear entity situated within the individual. It is often

characterized by a wide array of self-related constructs such as self-awareness, self-esteem, self-representations, and self-regulation (Leary & Tangney, 2012; Mort & Mischel, 2012). From a developmental point of view, the self is frequently described as a cognitive and social construction through which children and adolescents create and construct theories of their self to endow their experiences with their own meaning while relating to their significant others and those in the wider socio-cultural context. These theories are continuously monitored and reflected throughout life to generate a stable mental configuration (Côté, 2009; Harter, 2012a, 2012b).

True and false self

One central construct within the self-system is the construct of the true self. The notion that there is such a thing as a true self is a common and familiar one in Western society (Schlegel, Hicks, Arndt, & King, 2009) and the importance of an inner core or true self in psychological functioning has a longstanding history in philosophical and clinical thought (e.g., Kohut, 1977; Winnicott, 1965).

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Recently, Harter (2002) described the true self as “a cognitive schema representing those aspects of the self that the person considers to be most emblematic of his or her true nature. The true self refers to “owning one’s personal experiences, be they thoughts, emotions, needs, wants, preferences, or beliefs . . . [and] further implies that one acts in accord with the true self, expressing oneself in ways that are consistent with inner thoughts and feelings” (Harter, 2002; p. 382). Based on this definition, the current study refers to the true self as a psychological construct describing who a person really is as manifested through this individual’s behaviors (Schlegel et al., 2009).

True and false self during adolescence

Throughout adolescence, adolescents actively begin to be interested in and concerned about whether their behavior reflects their true selves. Adolescents’ descriptions of their true selves include verbatim expressions such as “the real me inside”, “my true feelings” and “behaving the way I want to behave and not how someone else wants me to be”. In contrast, false selves have been described as “putting on an act” and “expressing things you don’t really believe or feel” (Harter, Waters, & Whitesell, 1997a,b; Harter, Marold, Whitesell, & Cobbs, 1996).

In a study on the construction of false-self behavior in adolescents, Harter et al. (1996) described three central motives for false-self behaviors in adolescence. The first, which parallels explanations cited in the social psychological literature, considers false-self behaviors to be motivated by attempts to present the self in a way that impresses or earns the acceptance of others (Harter, 1999, 2002; Harter & Monsour, 1992). The second reflects the emphasis in the developmental literature on identity experimentation and formation manifested in adolescents’ attempts to try acting in different ways (Harter et al., 1996). Finally, the third motive draws on the clinical literature (Winnicott, 1965) and refers to the individual’s inter-psychoic split self-organization, which is accompanied by fear that others will not like or understand one’s true self, thus forcing the person into a lifetime of contrived accommodation leading to self-alienation (Winnicott, 1965).

Previous studies have systematically examined the expression of the true or false self through the construct of authenticity, and have reported positive relationships between authenticity and higher levels of self-esteem, and satisfaction with life. By contrast, departure from authenticity has been shown to involve a decrease in self-esteem and psychological well-being, and an increase in depression and anxiety among adults (Lopez & Rice, 2006; Neff & Harter, 2002; Wood, Linley, Maltby, Baliousis, & Joseph, 2008) and adolescents (Harter, Waters, Whitesell, & Kastelic, 1998). For instance, late adolescents’ ability to share their opinions with close friends, parents, teachers, and classmates was correlated with higher levels of perceived self-worth, especially with respect to close friends and same-gender classmates (Harter et al., 1998). Expressing thoughts and opinions in the context of various relationships was associated with a steady increase of self-esteem from 8th to 12th grade among adolescent girls (Impett, Sorsoli, Schooler, Henson, & Tolman, 2008). Mid and late-adolescents’ suppression of personal voice and self-expression in romantic couples were positively correlated with depressive symptoms (Harper, Dickson, & Welsh, 2006).

Boundary dissolution

Although factors influencing individuals’ authenticity and true self are present early in childhood (Kohut, 1977; Winnicott, 1965), researchers have emphasized the importance of adequate parent–adolescent psychological boundaries in which the parent provides most of the caring for the formation of adolescents’

identity formation and individuation (Chase, 1999; Kerig, 2005; Mayseless & Scharf, 2009). By contrast, substantial impairments in parent–adolescent psychological boundaries involve the loss of psychological distinctiveness between parents and child and the confusion of their interpersonal roles, resulting in adolescents’ maladjustment, and interference with the development of an autonomous and authentic sense of self (Chase, 1999; Kerig, 2005).

Four types of boundary dissolution are often mentioned in descriptions of different types of boundary dissolution, including psychological control and guilt induction, parentification, triangulation, and the blurring of psychological boundaries (Kerig, 2005). Specifically, psychological control refers to manipulative, intrusive, and overprotective parenting practices that deny the child’s autonomous conduct, feelings and thoughts so that the parent can maintain the power position (Barber and Buehler, 1996). The parent inhibits individuation by using covert strategies such as guilt induction, shame induction, over-protectiveness, instilling anxiety, invalidation of the child’s perspective, and withdrawing love to control the child’s activities and behaviors. These strategies impede the child’s ability to develop volitional functioning and a secure sense of self, and lead to disturbances in psychosocial functioning (Barber and Buehler, 1996; Barber, 2002; Barber & Harmon, 2002; Soenens & Vansteenkiste, 2010). Results from a number of countries have confirmed that such harsh parenting may convey a sense of guilt, culpability, and incompetence-induced passive, inhibited, or over-controlled characteristics to children, and increases the risk for early to late adolescent depression (Barber and Buehler, 1996; Barber, 2002; Barber, Stolz, & Olsen, 2005; Silk, Morris, Kanaya, & Steinberg, 2003; Soenens, Vansteenkiste, & Luyten, 2010), anxiety, (Pettit & Laird, 2002), low self-esteem (Soenens, Vansteenkiste, Luyten, Duriez, & Goossens, 2005), anti-social behavior (Barber et al., 2005), and interferes with the process of separation–individuation (Kins, Soenens, & Beyers, 2011; Kins et al., 2012; Mayseless & Scharf, 2009).

Parentification (also termed role reversal) refers to a dynamic in which the parent turns to the child for nurturance and assistance. This can involve functional and/or emotional role reversal where children relinquish their own needs for validation, security, and guidance to fulfill the parents’ narcissistic needs to an extent that surpasses their cultural developmental norms (Earley & Cushway, 2002; Kerig, 2005; Minuchin, 1974). The child’s responsibilities can vary from tangible to emotional help such as giving advice, providing validation, and serving as a parental figure (Chase, 1999). The parents are seen as unable or unwilling to give the child the required care, probably because they themselves need reassurance and protection (Boszormenyi-Nagy & Krasner, 1986). In an attempt to maintain some level of emotional proximity with the parent, the child is forced to embrace a caregiving position toward the parent governed by the parent’s needs. This strategy partially satisfies the child’s needs for comfort, although the child’s developmental needs are not adequately met (Mayseless, 1996; Mayseless & Scharf, 2009).

Triangulation represents a violation of the boundaries between parent and child in which the child serves as a negotiator and a mediator between the parents. Each parent becomes related to the other through the child, who consequently becomes a vehicle through which parents sustain their marital relationship. By taking the mediator role, the child is burdened with the parents’ anxiety and relieves them of their unconscious and conscious anxiety (Bowen, 1978; Chase, 1999). However, the coalition between one of the parents and the child damages the parent’s caregiving role for the child, and simultaneously detaches the child from the other parent since the child feels pressure to choose between parents (Byng-Hall, 1995; Kerig, 2005). Occasionally, the child is involved in a seductive–romantic relationship, termed spousification (Boszormenyi-Nagy & Spark, 1973; Sroufe & Ward, 1980).

The negative developmental consequences of parentification and triangulation among adolescents have been documented in numerous studies. For instance, triangulation and repeated involvement in parental discord were associated with depression and aggression in elementary school age children and American early adolescents (Fosco & Grych, 2008; Wang & Crane, 2001). Parentification among early to late American adolescents of alcohol misusing and non-alcohol misusing parents was negatively associated with positive self-concept (Godsall, Jurkovic, Emshoff, Anderson, & Stanwyck, 2004) as well as with overdependence and immaturity among Israeli late female adolescents (Mayseless & Scharf, 2009). Adult role-taking including doing housework for parents with AIDS was significantly and positively correlated with American adolescents' emotional distress, while parental role-taking including asking for input on decisions or seeking advice on adult matters predicted externalized behaviors such as sexual behavior, alcohol and marijuana use, and conduct problems (Stein, Riedel, & Rotheram-Boras, 1999).

The blurring of boundaries (also termed enmeshment) involves a lack of recognition or acknowledgment of the differentiation between the parent, the child and others in which the psychological boundaries are distortedly enmeshed and confused in a way that the child is perceived as an extension of the parent (Green & Werner, 1996; Kerig, 2005; Werner, Green, Greenberg, Browne, & McKenna, 2001). In such cases, children's development of individuation, especially in the functional and emotional domains, is expected to be hampered (Kerig, 2005). Studies have reported associations between blurring of boundaries and poor psychological well-being as reflected in higher levels of anxiety and depression among American and British mid and late adolescents (Jewell & Stark, 2003; Manzi, Vignoles, Regalia, & Scabini, 2006) as well as difficulties in identity formation, nurturance seeking, and separation anxiety among British (Manzi et al., 2006) and Israeli late adolescents (Mayseless & Scharf, 2009).

In sum, given adolescents' developmental task of establishing true-self representations beginning in early and expanding in mid-adolescence, and the links between adolescents' self-expression and greater well-being, as well as the particularly harmful consequences of parent-adolescent boundary dissolution on various life domains and especially the formation of a coherent self-representation, it is important to identify early precursors of adolescents' true-self behaviors and motives for false self-behavior as well as the introjection of parent-adolescent boundary dissolution. To better understand these issues, the current study examined the characteristics of adolescents' self-drawings to detect adolescents' true and false-self experiences and the ways they experience boundary dissolution with their parents.

Self-drawing

Over the past few decades Human Figure Drawing (HFD) or Draw A Person (DAP) have ranked among the most popular projective art based techniques used by psychologists and clinicians. The technique was originally developed to assess children's cognitive abilities (Goodenough, 1926), but its utility has been expanded to assess individuals' personality and psychopathology as it is assumed to reflect individuals' inner anxieties, conflicts, and characteristics (Koppitz, 1968; Machover, 1949). Specifically, researchers have suggested that specific signs in the drawing are indicative of aspects of the person's emotional life and personality (Koppitz, 1968; Machover, 1949). For instance, Machover (1949) included structural (e.g., placement of the drawing on the page, shading, erasures) and content variables (e.g., the rendering of a specific body part). Similarly, based on his clinical experience, Koppitz (1968) provided a scoring system to analyze children's and early adolescents' figure drawings. The scoring was

completed by determining which of the 30 drawing features were present. The data were summarized according to the problem the emotional indicator is believed to reflect, such as impulsivity, insecurity/feelings of inadequacy, anxiety, shyness/timidity, and anger/aggressiveness (Koppitz, 1968).

However, despite the assumption that individuals project their self-concerns onto a drawing, research has failed to provide compelling evidence that the use of specific signs in human figure drawings is a valid indication of a person's personality or can be used to diagnose psychopathology (for a review see Flanagan & Motta, 2007; Motta, Robert, Little, & Tobin, 1993).

Nevertheless, this approach remains popular among researchers and clinicians as a way to identify indicators of emotional disturbance in children's and adolescents' drawings, and to differentiate between normative and pathologic populations. For example, ADHD children were reported to draw significantly shorter people than normative children in public schools in Iran (Saneei, Bahrami, & Haghegh, 2011). Figure drawings of oncology school children were significantly smaller in height, width and area than the drawings of non-hospitalized school-aged children and children who had undergone general surgery (Paine, Alves, & Tubino, 1985). Tharinger and Stark (1990) differentiated the DAPs of children with mood and anxiety disorders from those of control group children. Utilizing Koppitz's (1968) emotional indicators, these researchers found that children with mood and mood/anxiety disorders rated higher on these indicators. However, children with anxiety disorders did not differ from the control group. In another study, anxiety scores and number of fears were correlated with the number of Koppitz emotional indicators among 8–12 year olds (Carroll & Ryan-Wenger, 1999). Shaky, unstable, feathery lines, quick, impatient pencil lines, shadowy "bearded lines", inconsistency in body outline, slash lines in the neck and on the forearm and an overall impression in the DAP were correlated with suicidal behavior among adolescent psychiatric patients (Zalsman et al., 2000).

Over time, adjustments were made to the DAP, and a quantitative scoring system with defensible psychometric properties that incorporates a multiple sign approach was suggested for use with 5 to 17 year-olds to detect levels of emotional disturbance (DAP: *Screening Procedure for Emotional Disturbance*, Naglieri, 1988; Naglieri, McNeish, & Bardos, 1991). The DAP-SPED scoring system uses an objective, actuarial approach to determine the frequency with which unusual items that may be considered indicators of emotional problems occur in nonclinical versus clinical populations (Naglieri et al., 1991). Item inclusion was based on an exhaustive literature review of indicators associated with emotional disturbance. Examples of broad item domains on the DAP-SPED include figure placement, figure size, body parts omissions, and shading. Statistical differences were found between clinical and nonclinical groups (Naglieri & Pfeiffer, 1992) as well as between those that were designated as emotionally disturbed within the special education system and those that were not (McNeish & Naglieri, 1993).

The DAP-SPED has been normed on 2355 children (ages 6 to 17 years old), reflecting the U.S. Census demographic statistics according to age, gender, geographic region, race, ethnicity, and socioeconomic status. Specifically, the participants are asked to draw three human figure drawings (man, woman, and self), which are each scored according to 55 test items. The use of 10 scoring templates for measuring size and figure placement allows for more accurate and timely scoring. Test administration and scoring can typically be completed in 20 min. The DAP-SPED yields a total *T* score derived by summing the raw scores for the man, woman, and self-drawings and converting that number to a standard score. Higher scores indicate drawings that resemble those of children and adolescents who exhibit more emotional or behavioral disturbance. The test's internal consistency, as reported in the test manual, is .76

(ages 6 to 8 years old), .77 (ages 9 to 12 years old), and .71 (ages 13 to 17 years old), and the interrater reliability is .91.

Additional data indicate that the DAP-SPED is moderately correlated with internalizing problems in clinical samples of children and early adolescents and negatively with emotional and behavioral functioning (Matto, 2002; Matto, Naglieri, & Clausen, 2005). Similarly, significant differences were found between mainstream adolescent students compared to both alternate education and behavioral program students on the DAP-SPED scores (Wrightson & Saklofske, 2000). Moreover, the DAP-SPED has been found to be appropriate for use with African-American, Hispanic, and Caucasian students (Matto & Naglieri, 2005; Matto et al., 2005). In addition, children diagnosed with locomotive illness showed a higher level of emotional disturbance as manifested in their DAP-SPED scores than children with tumors, internal diseases and accidents (Kortelasma, Punamäki, & Nikkonen, 2008). These findings suggest that scoring systems for figure drawings that rely upon a multiple sign approach have some utility as a screening measure for global psychopathology (Flanagan & Motta, 2007).

Recent studies indicate that the general approach to analyzing drawings based on global impression and aggregation of signs is more promising and accurate than the sign-based approach (Betts, 2006; Goldner, 2014; Harmon-Walker & Kaiser, 2015). This general approach has been used to analyze children's family drawings (Fury, Carlson, & Sroufe, 1997; Goldner, Edelstein, & Habshush, 2015; Goldner & Scharf, 2011), as well as studies by Goldner (2014) and Harmon-Walker and Kaiser (2015) on bird's nest drawings (BND) while detecting attachment classifications. In addition, it has been employed for the DAP to detect anxiety-disorder and mood-disorders in children (Tharinger & Stark, 1990).

In the current study, in addition to the DAP-SPED coding system (Naglieri et al., 1991), drawings were also evaluated with a more general approach that took the organization of the drawings and their general impression derived from aggregates of graphic features into account to identify adolescents with different levels of true-self behavior and motives for false-self behaviors with parents and peers and parent-adolescents' boundary dissolution.

We hypothesized that drawings by adolescents with high motives for false self-behavior and boundary dissolution would be correlated with a higher number of indicators in their self-drawings. We assumed that drawings by adolescents with high levels of true self-behavior would be correlated with a lower number of indicators in their self-drawings and their self-drawings would be characterized by a balanced, adequate, and positive general impression. By contrast, we assumed that their self-drawings would be less balanced and adequate in evoking negative feelings.

Method

Participants and procedure

Three hundred and thirty-three ($N = 333$) early (34%) and middle adolescents (66%) took part. The sample was composed of 8th and 9th graders from three middle schools in the central part of Israel. Of the participants, 53% were girls and 47% were boys. The mean age of the adolescents was 14.00 (range 12.50–15.50; $SD = .69$). Of the participants, 83% came from two-parent families and 17% were from divorced families; 95% of the participants were born in Israel, and the others were immigrants (mostly from the Former Soviet Union). All participants spoke Hebrew. Of the participants, 287 (86%) adolescents reported on their mothers' level of education and 282 (85%) reported on their fathers. Data indicated that 8% of the mothers and 7% of the fathers had a Ph.D. degree, 31% of the mothers and 25% of the fathers had an M.A. degree, 26% of the mothers and 25% of the fathers had a B.A. degree, 14% of the mothers and 18% of the

fathers finished technical school, while the remainder had a high school education.

After receiving ethical approval from both the Ministry of Education and from the Committee to Evaluate Human Subject Research at the Faculty of Health Sciences and Social Welfare of the University of Haifa (#938 consent letters were sent to parents and adolescents. A questionnaire booklet was administered in the school setting during a 45 min session. The second and the third authors introduced the project, read a few sample items out loud, and demonstrated how to fill in the questionnaires. All measures were independently translated into Hebrew from the English original by three translators who are experts in the field of developmental psychology and are native speakers of Hebrew. Then, their translations were compared, disagreements were discussed, and a final version was constructed. Participants were asked to draw a self-figure using a pencil and eraser on an A4 format. No further instructions were given. Participants were assured of the confidentiality of their responses. Two to nine adolescents did not report on the different study subscales. The missing values were not compensated for statistically in the SPSS analyses exploring the first two analyses.

Measures

Boundary dissolution

Adolescents completed the *Inadequate Boundaries Questionnaire* (IBQ; Maysseless & Scharf, 2009), which assesses different types of boundary dissolution with mother and father on a Likert-type scale ranging from 1 to 5, with higher ratings indicating higher levels of boundary dissolution: *guilt induction* (eight items; "It is very important for the parent that I thank him/her for everything he or she has done for me"), *blurring of psychological boundaries* (five items, "The parent relates to my problems as if they were his or her own"), *parentification* (eight items, "Sometimes I feel that I am the only person to whom the parent can turn"), *triangulation* (five items, "When disagreements develop between my parents I restore peace"), and the use of *psychological control* (eight items, "The parent tries all the time to change what I feel or think about things"). Internal reliabilities in the original study were consistently high, ranging from .67 to .85. The Cronbach alphas in the current study were .73 for psychological control with the mother and .74 with the father, .74 for guilt induction with the mother and .71 for the father, .73 for triangulation with the mother and .72 for the father, .66 for blurring boundaries with the mother and .69 for the father, and .74 for parentification with both the mother and the father.

True/false-self

Two parts of the *True/False-Self Questionnaire* (Harter et al., 1996) were used to assess adolescents' true-self behavior and motives for false-self behavior. The first part (nine items, three items for each of the subscales) tapped levels of true-self behavior around parents (mother and father separately) and around classmates. The items were cast into the "four-structure alternative format" developed by Harter (1997), with scores ranging from 1, representing the maximum false-self behaviors, to 4, representing the maximum true-self behaviors (e.g., "Some kids feel that they can be their 'true self' around their mothers BUT other kids feel that they can't be their 'true self' around their mothers. "). Internal reliabilities were consistently high, ranging from .88 to .91 (Harter et al., 1996). The Cronbach alphas in current study were .78 for true-self behavior with the mother, .89 with the father, and .70 with classmates.

The second part of the questionnaire explored adolescents' motives for engaging in false-self behaviors. A list of 10 reasons for engaging in false-self behaviors (parents and classmates, separately) was given to tap adolescents' motives. Seven items were adopted from the original inventory and three additional items

were added for the current study. The adolescents' responses were coded into three categories of motives. The first category (4 items), conforming to motives cited in the clinical literature, included fear that others will not like or understand oneself, uncertainty about one's true-self, and dislike of one's true-self (e.g., "I'm afraid that they won't like or understand the 'real me'"). The second category (4 items, paralleling the motives cited in the social-psychological literature) included the desire to be accepted by others, acting a certain way to please others, and acting that way to impress others (e.g., "I act that way to please them"). The final category (2 items), reflected the emphasis in the developmental literature on role investigation (e.g., "I want to try a different way of acting around them to see what it feels like").

In the current study, the Cronbach alphas were .85 for the clinical motive with parents and .86 with classmates, .70 for the social motive with parents and .77 with classmates, and .50 for the developmental motive with parents and .55 with classmates. The low alphas may be attributed to the small number of items composing the developmental scale. Due to high intercorrelations between the motive scales (r_s ranged from .57 to .77), composite scales for motives for false-self behavior with parents and classmates were constructed by averaging across the three motive scales. The Cronbach alphas for the composite scales of motives for false-self behavior with parents were .88 and .90 for classmates.

Self-drawing

Adolescents were asked to draw their very best picture of their whole self using a pencil with an eraser if necessary following the instructions of the DAP-SPED test (Naglieri et al., 1991). A maximum of 5 min was allowed to complete the drawing. The drawing was coded to yield a score out of 55, converted to a z-score. Two experimenters independently coded 28% ($n=93$) of the drawings. Interrater reliability was consistently high ($Kappa = .73-1.00$).

In addition, a global approach was taken based on the organization, impression and aggregation of signs in the drawing by three professional art therapists. This analysis yielded four categories of drawings. The first category was termed *balanced/adequate* drawings ($n=195$). This category was composed of drawings which provided positive, balanced and calm feelings. Drawings in this category were characterized by emotional investment manifested in a realistic and a detailed style. In most cases, the figures were complete. In some cases the figure included only the torso, or was drawn as a primitive figure. However these figures were relatively detailed and included face parts, hair or a reference to the environment. In most cases the figure was placed in the center of the page and its size was proportional to the size of the page. The erasures appeared to be part of the drawing and did not take over the drawing (see Fig. 1).

The second category was termed *detachment* ($n=53$). This group of drawings was characterized by a general impression of emptiness, loneliness, and emotional detachment. The figure was drawn in a hasty and careless way that did not reveal the internal state of the artist. The figures were sloppy and lacked details. The bodies tended to be empty and were formed solely as a contour line. Occasionally the figures were primitive and anonymous, had vacant eyes or were drawn in profile. In other cases objects such as dark and exaggerated sunglasses or a scarf covered parts of the face. Finally, some of the drawings depicted cartoon figures or included objects such as animals, flowers, or balloons instead of a figure (see Figs. 2 and 3).

The third category was termed *intensity* ($n=34$). These drawings were characterized by a heightened preoccupation with specific body parts, exaggerated or tiny figures. These drawings were characterized by an overemphasis of body parts, usually an extremely large head, and bolded eyes, eye lashes, teeth, lips, tongue, nostrils, or ears. This overemphasis created a sense of preoccupation with the self which often generated a sense of unease. Both the

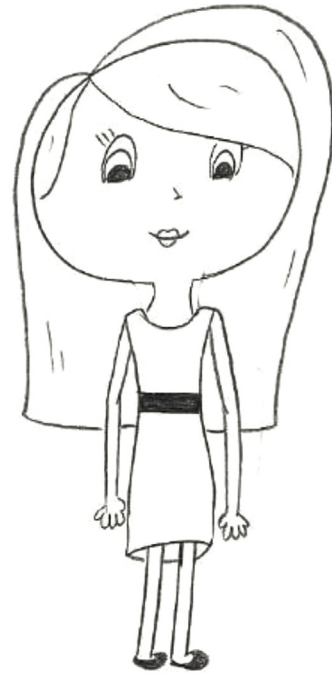


Fig. 1. An Example for an adequate drawing.



Fig. 2. An Example for a detached drawing.

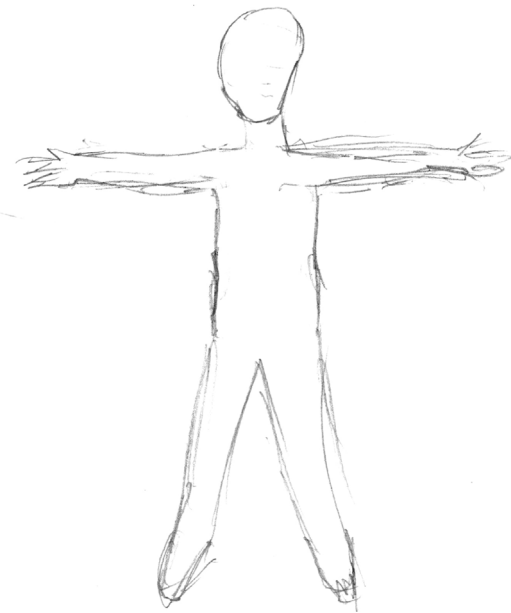


Fig. 3. An Example for a detached drawing.



Fig. 5. An Example for a bizarre drawing.

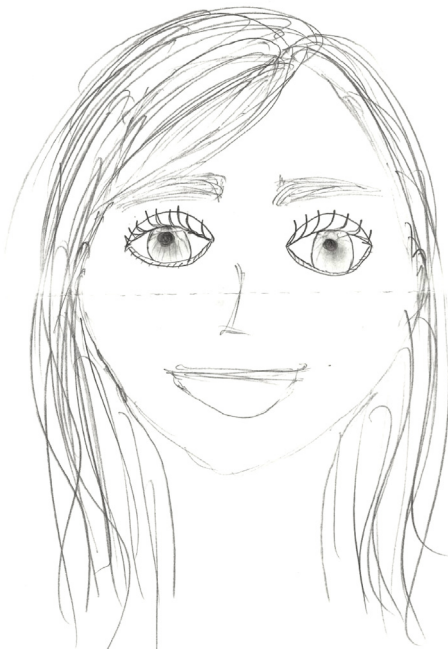


Fig. 4. An Example for an intense drawing.



Fig. 6. An Example for a bizarre drawing.

exaggerated figures and the tiny figures were characterized by detailed and punctilious work. The exaggerated figures were characterized by emphasizing the torso or the parts of the face, whereas the tiny figures were characterized by emphasizing the hands or the feet of the figures (see Fig. 4).

The fourth category was termed *bizarre* ($n=51$). These drawings evoked a sense of strangeness and resentment which stemmed from the depiction of aggressive or sexual signs such as weapons or violent scenes, full or partial nudity, sexual organs, dominant erasure of the figure or a drawing of a strange or frightening figure such as monsters or killers (see Figs. 5 and 6).

All the drawings were coded by three expert art therapists who are also the authors of this article with clinical experience in the educational and mental-health systems. The first and the

second authors also serve as lecturers/supervisors in the Graduate School of Creative Art Therapies at the University of Haifa. The coding procedure included special training by the first author who has extensive experience in coding children's family drawings, following the detailed manual by Naglieri et al. (1991) to achieve inter-rater reliability. Disagreements between coders were resolved by consensus. The correspondence between the coders on the four classifications, based on 80 cases, was 86.25%

$\{\chi^2(9) = 119.30, p < .001; kappa = .76, p < .001\}$. In addition, for purpose of validation an ANCOVA analysis was conducted in which the drawing categories served as the independent variable and the number of indicators in the self-drawings served as the dependent variables, while controlling for gender. This analysis was followed by a post-hoc Duncan test. The ANCOVA yielded a significant main effect for drawing groups: $F(4, 327) = 16.76, p < .001, \eta^2 = .15$. Drawings in the detached and the bizarre groups had a higher number of indicators than the drawings in the intense group. This number of indicators was higher than the number of indicators in the balanced/adequate group (see Table 1).

Results

Preliminary analyses

Correlational analysis between the adolescents' background variables and the study variables revealed a gender effect for motives for false-self behavior with parents and classmates. Boys had a higher level of motives for false-self behavior with parents $\{t(329) = 2.03, p < .05$; the mean difference was .24 with a 95% confidence interval ranging from .007 to .472; Mean boys = 2.29, SD = 1.11, Mean girls = 2.05, SD = .76} and classmates $\{t(327) = 2.03, p < .05$; the mean difference was .24 with a 95% confidence interval ranging from .006 to .472; Mean boys = 2.29, SD = 1.19; Mean girls = 2.05, SD = 1.01}. Boys had a higher level of indicators in their self-figure drawings $\{t(326) = 2.40, p < .05$; the mean difference was .63 with a 95% confidence interval ranging from .115 to 1.141; Mean boys = 4.82, SD = 4.19, Mean girls = 2.49, SD = 2.30}. Hence, we controlled for the gender effect when examining our hypotheses.

The associations between adolescents' true-self behavior, motives for false self-behavior, psychological boundary dissolution and indicators of self-drawing

In order to examine the correlations between adolescents' true-self behavior with mother, father and peers, motives for false-self behavior with parents and peers and the number of indicators in the self-drawing as well as between psychological boundary dissolution with mothers and fathers and the number of indicators in the self-drawing, a series of partial Pearson product-moment correlation coefficients was conducted while controlling for gender. The analysis revealed positive correlations between psychological control with mother ($r = .13, p < .05$), and father ($r = .10, p < .05$), and triangulation with father ($r = .13, p < .05$) and the number of indicators in adolescents' self-drawings. No correlations were found between the true and the false-self variables and the number of indicators in adolescents' self-drawings.

Differences in adolescents' true-self behavior, motives for false self-behavior, and psychological boundary dissolution according to the self-drawing

In addition, differences in adolescents' true-self behavior, motives for false-self behavior and boundary dissolution with mother and father according to the categories of the drawing were examined using four MANCOVA analyses, with the drawing categories serving as the independent variable and the self-variables or the boundary dissolution variables serving as the dependent variables, while controlling for gender. These analyses were followed by ANCOVA analyses and post-hoc Duncan tests.

The MANCOVA for the true-self behavior with parents and peers yielded a marginally significant main effect for the drawing groups $F(3, 320) = 2.28, p = .08, \eta^2 = .02$. However, the ANCOVA analyses did not reveal the variable which led to this tendency.

The MANCOVA for the motives for false-self behavior with parents and peers yielded a significant main effect for the drawing groups $F(3, 322) = 3.36, p < .05, \eta^2 = .03$. As shown in Table 1, adolescents with detached and bizarre drawings showed higher levels of motives for false-self behavior with parents than adolescents with intense drawings. The MANCOVA for the boundary dissolution with the mother showed a significant main effect of the drawing groups $F(5, 319) = 2.94, p < .05, \eta^2 = .04$. As shown in Table 1, adolescents who drew bizarre self-drawings exhibited higher levels of triangulation with their mothers than adolescents who depicted intense self-drawings. Similarly, adolescents who drew bizarre self-drawings experienced higher levels of psychological control with their mothers than adolescents who depicted intense or adequate self-drawings. Finally, the MANCOVA for the boundary dissolution with the father showed a significant main effect for the drawing groups $F(5, 318) = 3.34, p < .01, \eta^2 = .05$. Adolescents who produced bizarre self-drawings manifested higher levels of guilt induction with fathers than adolescents who drew intense self-drawings. Finally, adolescents who depicted bizarre self-drawings had higher levels of triangulation with fathers than adolescents who drew detached self-drawings. These adolescents experienced higher levels of triangulation with fathers than adolescents who depicted balanced/adequate and intense self-drawings.

Discussion

The current study investigated the ways true-self behavior and motives for false-self behavior and parent-adolescent boundary dissolution are manifested in self-figure drawings in a non-clinical adolescent population. This investigation was governed by the assumption that art-based assessments can serve as a relatively rapid way to identify implicit representations of the self and others (Bat Or, 2012; Gavron, 2013).

Contrary to our hypothesis, no correlations were found between the number of indicators in the DAP test and the self-variables and only small number of correlations were found for the association between parent-adolescent boundary dissolution and the number of deviant and unusual indicators in the DAP test. In particular, the role of mothers' and fathers' psychological control and triangulation was evident. Nevertheless, the use of a broader approach to analyze self-drawings enabled us to identify adolescents with different levels of motives for false self-behavior with parents as well as perceived psychological control with mothers, guilt induction with fathers, and triangulation with mothers and fathers. This emphasizes the role of a more integrative perspective based chiefly on drawing organization rather than sole reliance on individual signs. Specifically, detached drawings were associated clearly in the case of motives for false self-behavior with parents and triangulation with the father, and bizarre drawings were linked with to motives for false self-behavior with parents, triangulation with both parents, psychological control with mothers, and guilt induction with fathers.

Thus adolescents' tendency to convey their motives for false-self behavior with their parents, as well as their triangulation with their fathers by depicting their selves with emptiness and flat affect, a careless pictorial style or strategies aimed at avoiding drawing themselves by making cartoon figures may imply attempts to minimize their feelings of distress related to their invalidated inner-selves or the negotiating and mediating role they play in their parents' marriage. The tendency to produce a careless pictorial style in an attempt to deactivate and ease distressing feelings was found in family drawings by children with high levels of helplessness (Goldner et al., 2015). This emotional regulation strategy is usually characteristic of avoidant individuals (Dozier & Kobak, 1992).

The correlation between psychological control on the part of both parents and the number of the deviant indicators in adolescents' self-drawings, as well as the link between adolescents' motives for false-self behaviors, the use of triangulation strategies by both parents, psychological control by mother and guilt induction by the father and adolescents' bizarre self-drawings may indicate disturbances in adolescents' self-system, including an impaired negative representation of the self. As for triangulation, it is possible that when early to mid-adolescents are triangulated into their parents' conflicts, their self needs are compromised in an attempt to stabilize the unstable family system (Bowen, 1978). By directing their internal resources toward the construction of their parents' dyadic relationship they relinquish their quest for their own self. With regard to psychological control and guilt induction, parents' intrusiveness and adolescents' obligation to comply with their parents' self-absorbed needs may pressure them to think, feel, or behave in specific conditional ways rather than through their inner self (Deci & Ryan, 2000).

This putative relationship between impaired individuals' self-system, impairments in the parent–child relationship and characteristics of children's self-drawings is consistent with studies that have found aggressive symbols among schizophrenic adults (Lev-Wiesel & Shvero, 2003). For instance, indicators that reflect a disorganized attachment style including deletion and adding strange body parts, as well as bizarre signs and objects of fantasy were found among non-clinical elementary school children characterized by high levels of anxiety, depression and social withdrawal (Goldner & Scharf, 2012). Higher levels of bizarreness in family drawings were found among children of depressed mothers (Arteche & Murray, 2011). Regardless of whether adolescents undergo psychological control, guilt induction, or triangulating techniques, they may feel they are forced to behave in a contingent and false way, in which the organization of their self becomes deflated and alienated from their sense of a real and validated core-self (Kohut, 1977; Winnicott, 1965). This self-sense is transferred into a chaotic and anxious or detached self-representation.

Although parentification and blurring of boundaries in the parent–adolescent relationship is often correlated with children's and adolescents' maladjustment (Fosco & Grych, 2008; Wang & Crane, 2001), contrary to our expectations, parentification and blurring of boundaries were not associated with indicators in the adolescents' self-drawings or with their general impression. These findings are consistent with reports of enmeshed and role reversed relationships that also identified qualities of warmth, self-disclosure, emotional involvement, physical proximity and support seeking (Werner et al., 2001). Given the collectivistic nature of Israeli society that emphasizes homogeneity, and family interconnectedness (Mayselless & Scharf, 2003; Scharf & Mayselless, 2010) in addition to an enduring experience of threat (Weller, Florian, & Mikulincer, 1995), the formation of an enmeshed and role-reversed relationship with parents might not be problematic and might even be somewhat expected in Israeli society that highlights connectedness among its members, particularly with adult caregivers. This suggestion is consistent with findings reporting positive associations between parentification and empathy (Herer & Mayselless, 2000) and negative associations between parentification and anxiety (Mayselless & Scharf, 2009) in Israeli samples.

Finally, contrary to expectations, we did not find associations between adolescents' true-self behavior with peers or adolescents' motives for false behaviors with peers and self-drawings. This lack of association may imply that among early and mid-adolescents, other contextual factors besides the family, such as peer pressure and social norms, may affect adolescents' true-self endowment.

Theoretical and clinical implications

The current study has several theoretical and practical implications for early and mid-adolescents. From a theoretical point of view, the findings provide information on the ways an inadequate parent–adolescent relationship involving psychological control, guilt induction, and triangulation are internalized and manifested unconsciously in adolescents' self-figure drawings, as well as the way motives for false-self behavior with parents are internally experienced. The findings revealed a picture of inner turmoil and badness, which is manifested by a limited, restrained, stereotyped, and flat graphic style evoking negative general feelings of emptiness, anger, lack of integration and strangeness. By contrast, adequate parent–adolescent relationships were depicted by drawings of a realistic, detailed, vital, and balanced self-figure that evidences an emotional investment and attention, implying narcissistic and self-investment.

Clinically, this study strengthens claims concerning the effectiveness of adolescents' self-drawings as a useful tool for learning about early and mid-adolescents' motives for false-self behavior with their parents and their boundary dissolution with their parents. It shows that adolescents' self-figures could serve as an important way for clinicians to identify adolescents' vulnerability with regard to their false-self behavior and alert parents to the potential dangers of parent–adolescent boundary dissolution on the formation of adolescents' negative self-image. Note, however, that this analysis can only be carried out by clinicians who have appropriate training in the use of this assessment tool and drawings as an assessment tool in general. Clearly this form of assessment should only be used as one part of the assessment and adolescents should also be given the opportunity to explain how they see the drawing and what it means to them.

Caveats, limitations and future directions

Several limitations of this study should be acknowledged. First, the effect sizes of the correlations were somewhat low (Cohen, 1988), indicating that other features such as personality traits, cognitive abilities, and wellbeing could also account for the findings. Second, the study was conducted in the Israeli cultural context, which is characterized by high family values and close family ties. Similar studies should be undertaken in other cultural contexts to enable generalizations. Finally, this study was conducted on a non-clinical population of adolescents. The associations might be different for clinical populations of adolescents.

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