The Bridge Drawing

Libby Schmanke,
MS, LCAC, MAC, ATR-BC, ATCS

Department of Counselor Education
Emporia State University

NAADAC/Northwest Regional Conference
June 13-15, 2019
Presentation/Training Disclaimer

1.5.8 ...art therapists shall accurately convey to the audience members or students the expected competence and qualifications that will result from the presentations, as well as the differences between the presentation and formal studies in art therapy. -Art Therapy Credentials Board Code of Ethics

This presentation does not equate to formal training in art therapy. Art therapy is its own master’s level profession with a unique graduate-level curriculum. This presentation will provide a tool for mental health professionals who are not credentialed art therapists to use in their practice, but they should not refer to use of this directive as “doing art therapy.” The terms “art directive” or “therapeutic art activity” may be used if desired to refer to the Bridge Drawing.
A note on the art

The drawings shown in this presentation were made by clients in various levels and settings of substance abuse treatment.

Specific written and verbal consent was given by the clients for reproduction of their drawings for this type of educational use.

It is my personal decision not to reproduce their work further, so I have eliminated the client art slides from the powerpoint handouts.
Elements of this Presentation

- Hays & Lyons article (1981)
- Review of Bridge Drawing features
- My additional variables of interest (2005) and clinical use version of the Bridge (2017)
- Review of the Stages of Change (e.g., Prochaska, DiClemente, & Norcross 1992)
- Sample bridge drawings from my research and clinical collection
- Summary of points for assessment and therapeutic use
Hays & Lyons (1981)

- Lit review, theory: Bridges are a readily projective symbol or metaphor
  - *Means of communication or bringing together*
  - *Control over an obstacle*
  - *Means to go to a better place*
  - *Life transition*

- Research: 150 adolescents in non-clinical setting
  - *Projective assessment focus*
  - *Research tool to identify meaningful aspects (“variables”)*

- Descriptive Research: Inpatients in SAT
  - *Therapeutic intervention focus*
  - *Enhance patient self-expression and communication*
The Hays & Lyons Directive

“Draw a picture of a bridge going from someplace to someplace.”

*When client is done drawing,*

“Place a dot to indicate where you are in the picture.

“Indicate with an arrow the direction of travel.

“If you wish, you may describe your picture in words.”
Hays & Lyons Variables

1) Directionality of movement
2) Placement of self
3) Places at ends of bridge
4) Solidarity of attachments to land
5) Emphasis by elaboration
6) Bridge construction materials
7) Matter under bridge
8) Vantage point of viewer
9) Consistency of the gestalt
10) Written associations
11) Type of bridge
12) Axis of paper
My Version of the Directive

- Draw a picture that has a bridge and a person in it. Add anything else you wish.

  - If directionality is not obvious from the drawing or story, that is additional information.
  - When the client is done drawing, say,

- Now write a brief story about your drawing. In your story, you may address these issues:
The Bridge Story
(Endreson & Hunt*)

- Where is the person coming from?
- What is the person leaving behind?
- What did the person learn in the former place?
- Why is the person crossing the bridge?
- Why is the person crossing the bridge now?
- What is the person hoping to find on the other side?
- What does it feel like to be on your bridge?

*(E. Endreson, personal communication, November 2000)*
My Additional Variables of Interest

- Bridge span (to edges of paper?)

- Aspects of person:
  - Location/temporal perspective
  - Tolerance of being in location/transition
  - Activity
  - Facial Expression
  - Body Language
  - Personal Attributes

- Weather/Rain/Sun (environmental press)
My Additional Variables of Interest, cont.

- Stereotypical (defensive) features
- Use of words on the drawing
- Client perception of the metaphor
  - *None; concrete interpretation of directions*
  - *Preconscious; meaning emerges during process*
  - *Conscious; thoughtful or manipulative use?*
- Congruence of Drawing + Story
Data of Interest
from my Clinical Sample (n=71)

Paper Spanning

- In 47 **outpatient** drawings, 33% spanned the page; 67% did not.
- In 24 **residential** drawings, 63% spanned the page; 37% did not.
- Relevance to level of care.
Data of Interest, cont.

**Paper Axis**

- My clinical sample (n=71): 93% chose horizontal axis
- Hays & Lyons normative adolescent sample (n=150): 84% chose horizontal axis
  - Art therapy group v. classroom setting
  - Conclusions similar re: defensiveness of vertical choice
Data of Interest, cont.

The addition of words (labeling) to the drawing

- Words were added to about 8% of my total sample.
- A significant difference was noted in the occurrence of labeling per drawing axis:
  - Of the horizontal drawings, 4.5% had labels (3 out of 66)
  - Of the vertical drawings, 60% had labels (3 out of 5).

- At least in looking at these particular drawings, the words appeared to reflect additional defensiveness.
### Elements of the Bridge Drawing Task
(Schmanke directive version)

<table>
<thead>
<tr>
<th>Metaphorical meaning</th>
<th>Obstacle (usu. water)</th>
<th>Bridge</th>
<th>Environment-Left of bridge</th>
<th>Environment-Right of bridge</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>The thing that blocks the developmental life path</td>
<td>The aid to getting beyond the obstacle</td>
<td>Life situation that is no longer acceptable</td>
<td>Life aspiration necessary to wholeness or actualization</td>
<td>The one on the life journey</td>
<td></td>
</tr>
<tr>
<td>Symbolic of</td>
<td>Addiction and consequences</td>
<td>Assisted recovery (Treatment)</td>
<td>Life as addict (may incl. life leading to addiction)</td>
<td>Life in recovery/happier, healthier life</td>
<td>Self</td>
</tr>
<tr>
<td>Temporal Location</td>
<td>Past, Present, or Just Recent</td>
<td>Present</td>
<td>Past</td>
<td>Future</td>
<td>Varies according to placement in drawing</td>
</tr>
<tr>
<td>Possible red flags for assessment/Discussion points during treatment</td>
<td>Inviting, distracting, hypnotic</td>
<td>Precarious, unstable, ineffectual, paper-sided</td>
<td>Attractive, bland, or similar to right side</td>
<td>Trite, overly positive, or similar to left side</td>
<td>Placement off bridge; Features indicting incompetence, ambiguity, or despair</td>
</tr>
</tbody>
</table>

© Libby Schmanke, 2017. (Reproduced from p. 104.)
A Quick Review of the Stages of Change

Precontemplation
- Client doesn’t see substance use as problematic or they have no intention of changing
- Classic denial, or possibly have tried to quit and are hopeless about ever succeeding

Contemplation
- Stage hallmarked by ambivalence
- May see the pros and cons of changing as roughly equal
- May stay stuck in this stage for life
Preparation

- Have taken an action toward change within the past year, such as searching for a treatment center
- Intend to start making the change within a month

Action

- Have become abstinent and are engaged in making lifestyle changes, whether in SAT, self-help group, or on own
- Relapse is a clear and present danger
Maintenance

- Increased confidence and comfort with recovery identity
- Declining reliance on specials tools or activities to stay sober, although relapse prevention is maintained and employed

Termination

- No longer experience temptations to use (not all reach this phase and that is okay)
- Lives and behaviors are not discernible from others without a SUD
Indicators of the SOC in Bridge Drawings

- A client’s location along the Stages of Change may be indicated by the location of the person in the drawing as well as other features.

- As we look at the following drawings, I’ll give brief case vignettes to help you assess the person’s likely place on the SOC.

- Remember that some clients may be smart enough to draw what they think the therapist wants!
Caveats Regarding Assessment

- The individuality of the client and the possibilities of idiosyncratic meaning and/or defensive obscuring of meaning in the drawing should be foremost in the clinician’s awareness.

- When providing assessment, always observe the art making process, and then involve the client in reflection.

- Never perform an assessment based on a single drawing alone. It is best to include free drawings and drawings made on more than one date if possible, as well as to offer a range of media for assessment directives.

- Goals of research that identifies or scores content variables in drawings are best framed as ways to
  - learn about populations and their characteristics,
  - make observations that serve as a basis for informal assessment, and
  - provide inspiration for designing interventions—*not* to establish criteria for the diagnosis of individuals.
Used in therapy, The Bridge Drawing…

- is an insight-producing tool that helps clients explore the experience of going through a major life transition.

- is a helpful source of understanding for the clinician (although interpretive assumptions should never be made).

- useful as a therapeutic directive in both individual and group sessions. Processing 3 ways-drawing, writing, and verbally-aids in uncovering various levels of meaning.

- may be developed into a more consciously processed, finished art product that provides self-affirmation.
References


