10. Zac is *like* Kristen in that "Zac is not as violent as she used to be." ($3\frac{1}{2}$ yrs)

Kristen and Madonna

1. Kristen is *like* Madonna in that "she is kind." (2 yrs).
2. She is *unlike* Madonna in that "she is not as smart." (2 yrs)
3. She is *unlike* Madonna in that "she is not bisexual." (2 yrs)
4. She is *unlike* Madonna in that "she is not as maternal." ($2\frac{1}{4}$ yrs)
5. Kristen is *like* Madonna in that "they both are trying to help Kristen." ($2\frac{1}{2}$ yrs)

Kristen and Hanson

1. Kristen is *like* Hanson in that "they share a body." (3 yrs)
2. Kristen is *unlike* Hanson in that "she is not evil." (3 yrs)
3. Kristen is *like* Hanson is that "they both are trying to help Kristen." (4 yrs)

Kristen and Tay

1. Kristen is *unlike* Tay in that "she is not a lesbian." (2 yrs)
2. Kristen is *like* Tay in that "they both can drive the car." ($2\frac{1}{2}$ yrs)
3. Kristen is *like* Tay in that "they both are trying to help Kristen." (3 yrs)

Various Self-Parts

1. Kristen, Zac, Madonna, Hanson, and Tay are *alike* in that they all "share the same body." ($3\frac{1}{2}$ yrs)
2. Zac, Madonna, Hanson, and Tay are *alike* in that they all "were created to help me (Kristen)." (4 yrs)

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NONVERBAL EXPLORATIONS OF CONSTRUING: DRAWING MENOPAUSE

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In this article, nonverbal techniques for eliciting and elaborating constructs are discussed, with a specific focus on drawing. Drawings made by women taking part in a series of menopause workshops are used, along with case studies, to illustrate the way in which the use of nonverbal as well as verbal means of eliciting constructs helped the women move toward control and choice in their meanings of menopause. We suggest some factors to consider as diagnostic indicators to guide therapy when using drawings to help elaborate a person's construct system.

Preverbal Construing and Nonverbal Techniques for Eliciting and Elaborating Constructs

Personal construct theory assumes that construing is not necessarily verbal, that we can have experiences that cannot be put into words, what Kelly (1955/1991a) called *preverbal constructs*. Kelly defined a preverbal construct as one "which continues to be used even though it has no consistent word symbol" (p. 459). The term *preverbal* includes the type of constructions that have been alternatively conceptualized as repressed or suppressed material in some forms of therapy (Kelly, 1955/1991b). Such constructs, he suggested, may become available through techniques such as dream reporting. Kelly also discussed elaboration through play and creative production, using clay modeling and water-color painting as examples, seeing these as methods to activate "certain preverbal features of the client's construction system" (p. 1002).

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Kelly referred to nonverbalized communication, rather than to nonverbal constructs. He devoted attention to nonverbal communication between the therapist and the client, giving detailed instructions about the psychotherapist's manner and the physical attributes of the setting. He explained that "when we say 'nonverbally,' we do not mean that speech is not used, only that the situation is not abstracted and defined by means of symbols of the whole" (Kelly, 1955/1991b, p. 644). In relation to the therapeutic use of enactment, in which a person may be asked to "play a part, to do a job, to portray something, to involve himself in an experiment" (Kelly, 1955/1991a, p. 1142), or to play a role in developing an understanding of another person, Kelly reminded therapists that much enactment "takes place on a nonverbal basis" (p. 1147). The experience of "just sitting there and feeling that he is cast in a certain part, or that he is perceived as being in a certain part, is, in itself, a form of adventure" (Kelly, 1955/1991a, p. 1147). It is clear from this, and from the examples of creative techniques quoted earlier, that Kelly took for granted that therapists would use nonverbal techniques to help clients elaborate their construct systems.

There is strong interest in artistic expression, often nonverbal expression such as music, among personal construct practitioners and theorists. This interest has been given a focus by the creation of an Arts and PCP Network and website developed by Joern Scheer (2005), and by the publication of *Creative Construing: Personal Constructions in the Arts* (Scheer & Sewell, 2006). Despite this, and despite Kelly's (1955/1991a, 1955/1991b) references to elaboration through creative production, there is little evidence in the personal construct literature documenting the use of nonverbal techniques for eliciting and elaborating constructs, although practitioners may well be using them (Viney, 1996). Some documented examples follow.

In a paper written in 1980, Tom Ravenette (1999) described a technique he called "a drawing and its opposite" (p. 125), which he used in interviews with children. Although many people have used drawings in therapeutic situations, Ravenette's (1999) innovation was to take a basic technique of personal construct interviewing—that of eliciting both poles of a construct—and apply it to drawing, by asking a child to draw an opposite picture after a first picture had been drawn. Kelly (1970) referred to a

construct as "the basic contrast between two groups. When it is imposed it serves both to distinguish between its elements and to group them" (p. 13). To understand a construct is to understand the contrast that is being made by an individual. The use of two contrasting drawings offers an opportunity to elicit both poles of the constructs involved, thus opening up the possibility of a more profound understanding of a person's constructs than might be afforded by a single drawing.

Other personal construct practitioners who have reported nonverbal techniques of exploring construct systems include Robbins (2005), who used drawing, and Cornelius (2000), who developed Ravenette's (1999) technique in her work with non-therapeutic work-based groups. Cornelius asked individuals to complete a picture and then to produce "a Kellyian 'contrast pole' picture also" (p. 56) as part of a rich picture activity. Walker and her colleagues (Hanieh, Walker, & Stein, 2005) used photography to explore clients' experiences of depression, and also as a nonverbal measure of constriction (Bailey & Walker, 2003), an application of an assessment technique to a nonverbal medium. Cipolletta (2006a, 2006b) reported on the use of dance in personal construct therapy, and others have applied personal construct insights in diverse areas such as the analysis of handwriting (Burr, 2006), reading, writing, music, singing, and acting (Scheer & Sewell, 2006).

Using Drawing in Menopause Workshops

Women's feelings of confusion and an inability to predict what would happen during menopause were strong themes that emerged from our earlier research with women anticipating, or experiencing, menopause (Foster & Viney, 2000). In response, we developed menopause workshops, not as therapy, as the women taking part in the research did not see themselves as ill, but to provide an opportunity for women to nonverbally and verbally explore their construing about menopause, the decisions and dilemmas they were facing at that time, and ideally to achieve a feeling of control about their choices (Foster & Viney, 2005b, 2006). In personal construct terms, the workshops were designed as an opportunity for the women to engage in what Kelly called the cycles of construction, particularly the

Circumspection-Preemption-Control (C-P-C) Cycle, and the Creativity Cycle (Kelly, 1955/1991a).

The C-P-C Cycle is a decision-making cycle that starts with the process of circumspection, when a person looks at the elements of a decision "propositionally" or in such a way as to open up "the possibility of one's acting in a great variety of ways" (Kelly, 1955/1991a). The cycle continues with preemption, when a person selects the crucial issue and disregards "the relevancy of all the other issues that may be involved" (p. 516). Having arrived at a preemptive construction, the final phase is control: "Control, or the choice of an alternative, is a function of the side of the construct which better permits elaboration" (p. 520).

The Creativity Cycle optimally "starts with loosened construction and terminates with tightened and validated construction" (Kelly, 1955/1991a, p. 528). The loosened construction phase is one in which "the person shows a shifting approach to his problems" (Kelly 1955/1991b, p. 529), allowing the generation of new ideas (Winter, 1992). The tightened construction phase is one of stabilizing to allow an action possibility to be selected and tested (Kelly, 1955/1991a).

The central session of the menopause workshops involved a drawing activity inspired by Ravenette's "a drawing and its opposite" (1999, p. 125). The women were given a blank sheet of paper and asked to "draw a situation and its opposite, focusing on a choice you are facing or have made in relation to menopause" (Foster, 2003, p. 425). How the paper should be used, and whether the drawings of the opposites should be separate or not, was left to individual choice. It was made clear that skill in drawing was not an issue, and any style of drawing was acceptable. The request for a contrast or opposite drawing (Ravenette, 1999) was intended to elicit a fuller meaning of menopause than might have been elicited by a simple request to draw a menopausal situation. This activity was followed by a discussion of the choices shown in the drawings.

Drawings from the Workshops

The drawings produced in the menopause workshops illustrate the diversity of the women's construing about menopause; some of the predominant themes that were raised in the workshops;

and the way in which, using a personal construct approach, the drawings suggested directions for eliciting verbal constructs and helping the women to move toward control and choice. Bearing in mind Ravenette's (1999) caution that "the value of an interpretation [of a drawing] rests on the extent to which it can clarify an individual's dilemmas or promote that individual's psychological growth" (p. 137), the group facilitator's diary notes of the women's discussion of their drawings, taken at the time, inform the following sections.

Women's feelings of confusion and an inability to predict what would happen during menopause were major themes and were reflected in their drawings. Some drawings were a direct representation of these feelings and illustrated women's inability to complete the C-P-C decision-making cycle. This was particularly so when construing focused on the use of hormone replacement therapy (HRT). An example is shown in Figure 1. In this case, Kerrie added a verbal note to her drawing. Kerrie incorporated both her choice and its opposite in one drawing. Her drawing is a depiction of her confusion and inability to predict what would happen. She has drawn seemingly doorless cubes, with herself

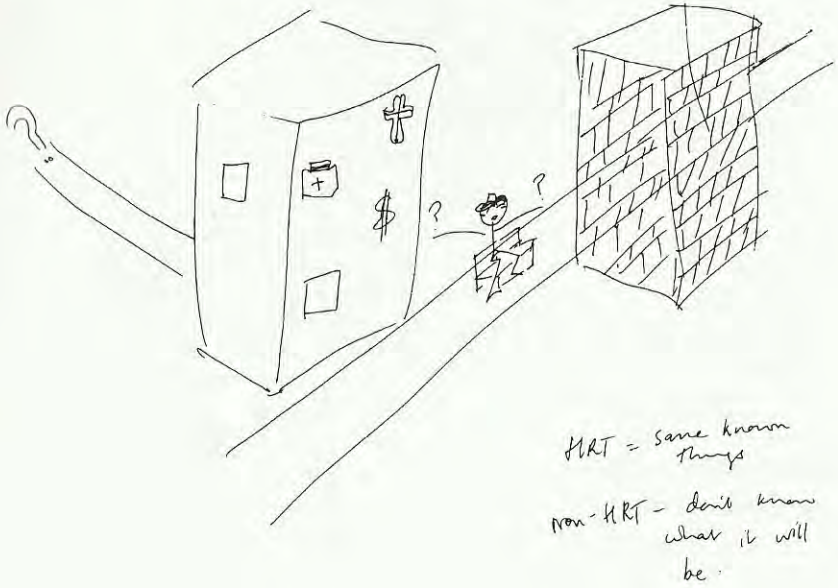

FIGURE 1 Kerrie's drawings.

facing the windowless, bricked up cube, puzzled and unsure where to go. In personal construct terms, she is unable to elaborate the contrast pole of her construct about taking HRT, and she cannot complete the circumspection phase of the decision-making cycle. Kerrie said about menopause that "[I] don't know what it will be," and her drawing reflects this, but her nonverbal construing in the drawing also indicated that she might have construed the choices as impenetrable. This suggested that it would be helpful for Kerrie to explore her construing about menopausal choices, so that she had a better basis for completing the processes of the decision-making cycle.

Anita also added words to her picture, but her choices were drawn separately and divided by a faint line drawn down the page (see Figure 2).

In the words added to her drawing, Anita said that she was experiencing information overload. On one side she did not show herself, but showed a bookshelf, telephone, computer, and other people as sources of information. In the other side of the drawing, she drew herself as a small figure in bed in a corner of the page,

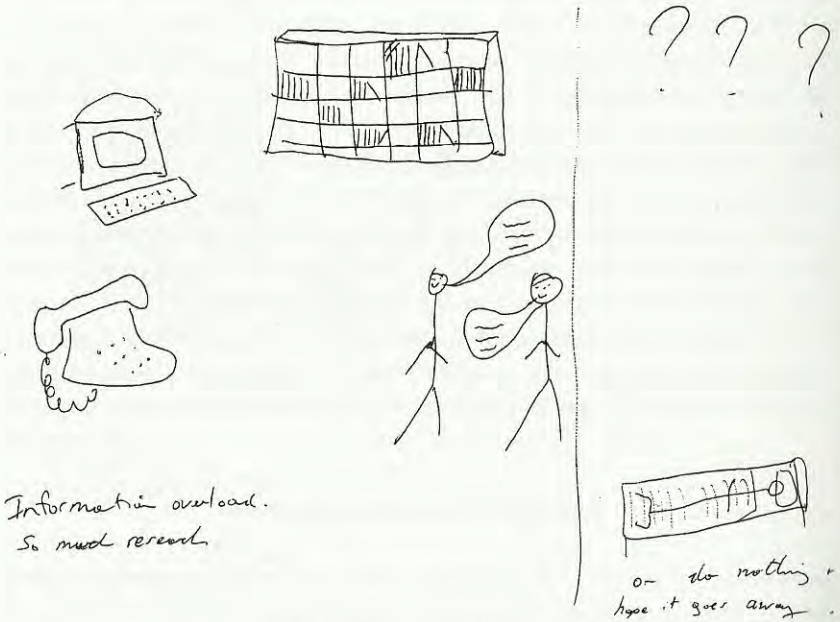

FIGURE 2 Anita's drawings.

and said that she would "do nothing," and "hope it goes away." It appeared that she could not see how she could tighten her construing in a dilated field, and she envisaged moving straight to a constricted and preemptive avoidance of the issue. The drawing, and her words, suggested that this choice made her feel small and possibly helpless, the small figure in bed avoiding decisions. This was an indication that it might be important for Anita to find a way to tighten her construing about menopause by exploring and then limiting the elements of her construing, so that she could move toward a sense of control in her decision making.

For some women, the predominant concern about menopause related to their work lives, and their drawings represented construing about decisions to stay at work, or working full-time versus retirement. These women found working life harder during menopause, and their meanings of menopause may have included issues of aging. An example of a drawing on this theme is shown in Figure 3.

In Sandra's drawing, showing decision making about work and leisure, the part of the drawing showing work seems much more constricted than the alternative. It is confined to a corner

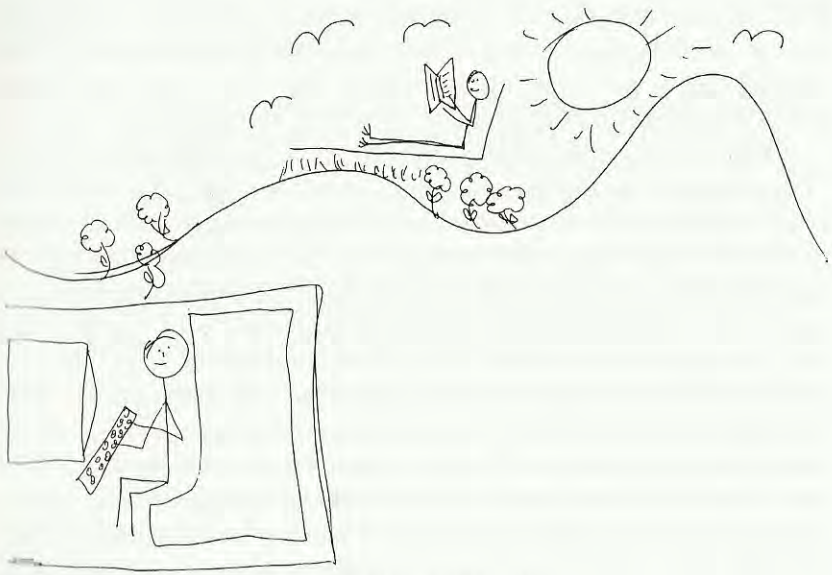

FIGURE 3 Sandra's drawings.

of the page and shows a bare, unelaborated setting, boxed off from the rest of the picture. In contrast, the portrayal of leisure is far more elaborate, flowing across the page, with many elements such as birds and plants. It seems clearly to be the preferred pole of the construct(s) represented. Sandra was considering a major decision to leave work because she felt she could no longer cope with full-time work, but felt she could not really afford that choice. During discussion after showing her drawing, she started to move from her polar opposite choices to explore other choices where she could better balance her life by reducing her workload to part-time work.

Two Case Studies of Women's Construing about Menopause

We now look at two case studies that illustrate the individuality of women's meanings and pathways to elaboration, the value of using drawings to elicit constructs when verbal meanings were not immediately accessible, and the way in which the use of drawing was valuable for enhancing commonality within a group.

The first case illustrates the way in which the use of drawing was valuable in suggesting an approach for prompting elaboration. A few women expressed troubled meanings of menopause. Harriet, for example, was experiencing menopause as a difficult time that challenged much of her construing about herself. This is reflected in her drawing (shown in Figure 4). She has shown her alternatives divided by a line drawn on the page.

On the left side of the drawing Harriet added the words: "The decision is made—no HRT!" and on the right side she wrote "No decision, no action," with "state of mind" written in the center. The drawing seems to show a preemptive and constricted meaning of menopause that did not allow Harriet to construe any aspect of menopause other than the decision not to take HRT, and no aspect of the future other than a refusal of HRT. She was unable to elaborate the contrast pole of her construct about HRT. Harriet drew herself within a box on one side, hands on hips, and did not draw herself at all on the other. The scribbling above her head, large scribble in the middle of the drawing, and wavy lines seem to be nonverbal indications that there were areas of Harriet's construct system that were too threatening to make explicit. This suggested that it might be important for Harriet to consider

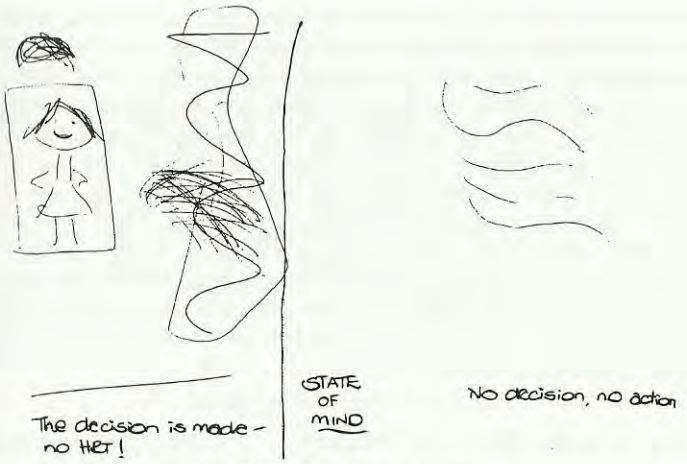

FIGURE 4 Harriet's drawings.
Note: This drawing was copied and darkened as the original drawing was too faint for successful reproduction.

alternative, less threatening constructions of menopause shared by members of the group without feeling she had to elaborate her own constructions in the brief workshop, where there would be no capacity for individual therapy.

This view—that Harriet's current constructions were too threatening for her to make explicit at the time—was confirmed after the workshop when Harriet said:

> It [menopause] did affect the way I viewed myself, although this was possibly also a reflection of the over-40 s invisibility factor. That factor was something which I personally found very hard to adjust to. . . . In terms of my original thoughts on the subject, I was chiefly unhappy about having the reproductive choice removed. As a person who actively chose not to carry three pregnancies to term you would think I would be glad not to have to worry any more. This, surprisingly, was not the case. I was alarmed and horrified at my body giving up the ghost so early in my life. I saw it as a betrayal and a definitive sign of old age (at 43).

Clearly, after the workshop Harriet had been able to make some of her previous construing explicit, and she had reconstrued to the extent that she located some of her threatening thinking in the past. It seems that the process of making the drawing, and then sharing other women's construing, had helped in making her construing explicit. Later, in a five-month follow up, Harriet said:

> I now feel that it is very important that I keep in touch with research on menopause as I approach it. The fact that information is so easily available on the net must mean that I and others are going to be better informed in the choices we make about our health in general, and menopause in particular.... I am still sure that having the choice around children being taken away from me, and the whole menopause business being so associated with age, is a very mentally upsetting thing. I am quite scared of getting old, and to my mind menopause is the start of the end!... So—menopause. It gives me a sense of being let down by my body, of having choice removed, of getting older and not necessarily wiser, of being out of control, of losing my "femaleness," It's unsettling, but it won't go away. It's been helpful to talk to and listen to others who are going through the same situation.

Five months after the workshop, Harriet had maintained some of her unsettling meanings about changes to her reproductive status, looks, aging, and lack of control, but she continued to make her construing more explicit. In addition, she had developed her thinking about how she could cope with the worrying changes by finding more information, something that was discussed in the workshop, and she had experienced commonality with other menopausal women in the workshop. Harriet's comments about her openness to research about menopause, and the helpfulness of talking and listening to others in the workshop, were indications that, despite the brevity of the workshop and the extent of her fears, participation might have triggered the start of a process of change in her construction of menopause.

Most women did not portray issues that were as difficult for them as Harriet's were. Violet was typical of women whose concerns about menopause were less disturbing. Before the workshop she said:

> Mostly menopause at present has not created too many problems, knowing what is happening to my body has helped [me] cope. Forgetting things at the most important moments can be very embarrassing, however not life-threatening. Hot flushes one can live with as well as night sweats.... The new phase in my life is yet another thing to wonder about!

Violet's drawing (shown in Figure 5) illustrated the importance of attending to an individual's own meanings and providing an opportunity for individual pathways to elaboration. Kelly (1955/1991b) warned that "all interpretations understood by the

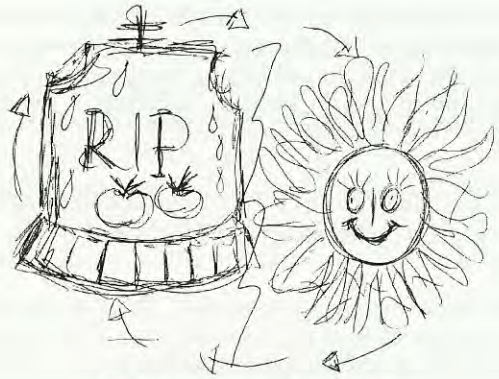

FIGURE 5 Violet's drawings.

client are perceived in terms of his own system... it is always the client who interprets, not the therapist" (p. 1090), because "what the therapist anticipates... may differ radically from what the client sees" (p. 1089). And, of course, a construct is personal.

At first glance, Violet's drawing about menopause seems as if it might encapsulate a serious meaning of death and life, but when Violet explained her meanings, she presented them in an ironic fashion. The drawing portrays a farewell to existing teeth and the capacity to eat apples, perhaps indicating that she related menopause to aging. In contrast to this, Violet showed a sunny future, in which she predicted a more confident time with her new teeth. Violet's interpretation of her drawing gave a humorous start to the discussion of choices at the time of menopause, enhancing commonality within the group, which then provided a relaxed and safe setting for more serious discussions, such as another woman's decision making about leaving home (Foster & Viney, 2005a). Despite Violet's decision to limit her drawing of menopause to one, seemingly light-hearted area of her experience, her later responses showed that the processes of the workshop had prompted her to explore her meanings and showed a time of elaboration and reconstrual immediately after the workshop.

After the workshop Violet said:

> My outlook to menopause at the end of the day is mostly the same. My approach will still be one armed with knowledge; however, the session

> today revealed parts of my character which require brushing up on. I should be moving quickly on decisions and not allow them to sit in the bottom of the basket until the last minute. I enjoyed the workshop, even if some of the activities initially appeared daunting. It also helped me to understand where my colleagues are at present.

After five months, Violet's reconstruing had continued, and she expressed a growth in acceptance of menopause:

> I can accept my shortcomings a little easier. . . . After all, menopause is just a part of our journey through life. Now that I have hit the 50 mark I am more aware that the greater part of my life is behind me, and I plan to enjoy the forward march!

For the women in Violet's group, the workshop clearly provided a safe context for experimentation in which, after producing their drawings, the women felt able to reveal their construing about serious decisions. It was an example of the value of offering a creative activity to encourage psychotherapeutic experimentation (Kelly, 1955/1991b).

Discussion of Group Processes and Drawing

The women's drawings were a rich source of discussion for the groups. The individuality of the responses was clear. Some women, such as Kerrie, made a drawing to encapsulate both their situation and the alternative or choice they envisaged. Others, such as Sandra, divided the page to section off their alternatives. The women were given the choice of whether to share their drawings or not but, having overcome initial anxiety about the activity, all the women felt able to show their drawings and discuss their meanings. The other members of the group were able to question and discuss each woman's picture. In most cases, the elaboration of meanings that resulted was profound. Many women experienced validation of their meanings or choices, elaborated their choices, or keenly embarked on reconstrual. The relationships between the women were deepened by the explorations in which they had taken part, and this felt as though it was the moment in the workshops when the most significant work was done.

The shared challenge of producing and then discussing the drawings seemed to promote commonality in the groups. Many

women said later that they thought participating in the workshops was particularly valuable in strengthening their relationships with each other in the workplace. Pat commented that she was "surprised [at] how enjoyable I found that very personal sharing . . . I found it quite special." She continued, "It feels so comfortable to be able to talk about menopause with colleagues in the workplace. I was always afraid that you don't talk about it because you don't want to appear weak in any way, in a very competitive environment. . . . So it's great."

The Analysis of Drawings within a Personal Construct Framework

Kelly (1955/1991b), writing about a therapeutic situation, drew attention to the danger of therapeutic interpretation, warning that "the therapist is working with the client's personal constructs" (p. 1089) and that what passes between the client and therapist must be "valued in terms of what they mean to the client and not in terms of any natural symbolism or in terms of any magic properties of their own" (p. 1089). The analysis of drawings within a personal construct framework must be undertaken with the knowledge that the interpretation of the content of a drawing always rests with the person who produced it. In this article, we have referred to the women's comments on the content of their drawings or their written words. We have, however, taken one further step, and moved toward diagnostic analysis of the drawings to guide approaches to elaboration to meanings. We said, for example, that the nonverbal, as well as the verbal, construing in Anita's drawing suggested that her construction of menopause may have made her feel small and possibly helpless, the small figure in bed avoiding decisions. We used possibilities such as this as indications for helpful directions to take in the workshops. In Anita's case, it was important for her to find a way to tighten her construing about menopause by exploring and then limiting the elements of her construing, so that she could move toward a sense of control in her decision making.

Ravenette (1999) did not advocate a specific set of techniques for analyzing "a drawing and its opposite," but used the drawings "as part of a therapeutic dialogue with the child" (p. 126). Other personal construct writers have proposed an approach to the

analysis of drawings within a therapeutic setting. Bell and Bell (1989) took an interesting approach by using Kelly's (1955/1991a) techniques for analyzing self-characterizations as criteria for the analysis of children's drawings. They found that the techniques added "much useful material to the simple contemplation of the finished drawing itself" (p. 18). Kelly's techniques involved an analysis of (a) observations of sequence and transition, (b) organization, (c) reflection against context, (d) collation of terms, (e) shifting emphasis, and (f) restatement of the argument, as well as the analysis of contextual areas, themes, and dimensions (Bell & Bell, 1989; Kelly, 1955/1991a). Kelly (1955/1991a) suggested the use of these techniques not to score a client's self-characterization, but "to bring it into focus" (p. 330).

We now suggest some factors that may be useful as diagnostic indicators to help in formulating "hypotheses for therapy" (Kelly, 1955/1991b, p. 984) and deciding on the most useful approach to take in helping a person make his or her meanings clear and move toward "something [that] can be created that is not already known or is not already there" (Kelly, 1969, p 229). The indicators we suggest can be seen as an elaboration of Kelly's techniques of observation of organization and contextual, dimensional, and thematic analyses. For example, the first factor, which involves the scope of the drawings, elaborates aspects of Kelly's (1955/1991a) technique of analysis of contextual areas, indicating the grounds upon which the client "feels secure enough to be able to elaborate his personal construct system" (p. 334). Exploration of the meanings of the drawings with the person who drew them would involve Kelly's (1955/1991a) techniques of thematic and dimensional analysis.

In a therapeutic situation the indicators can be used to help determine hypotheses about a person's construct structure and the dimensions of diagnosis. For example, to hypothesise answers to the questions: What part of the construct system is involved? Is it core or peripheral construing? That is, are the constructs involved central to the person's construing and sense of herself, or are they less central and so could be altered without danger? Are there indications of constricted or dilated construing? In other words, has the person narrowed his perceptual field to minimize apparent incompatibilities, or has her perceptual field been broadened

to reorganize it more comprehensively. Are there indications of loose or tight construing? That is, are there indications that constructs could lead to varying or unvarying predictions? Are there any indications of emotions, shown either by drawing facial or bodily expressions, by the addition of words, or by symbols such as scribbles? The indicators would provide hypotheses to guide therapeutic action and the direction and depth of questioning. For example, in the case that lack of elaboration indicated tight construing, loosening techniques could be considered, such as further use of imagery (Winter, 1992). All hypotheses, however, could only be confirmed or discarded after exploration with the persons concerned.

Diagnostic Indicators to Consider in Analyzing a Drawing and Its Opposite

The Scope of the Drawings

This refers to what is encompassed by the drawings in relation "to the question for which the drawings provide an answer" (Ravenette, 1999, p. 137). For example, in response to the request to draw a situation and its opposite in relation to menopause, some women drew specific issues in relation to hormone replacement therapy, while others drew major issues such as a decision to leave home (Foster & Viney, 2005a). The consideration of the scope may indicate whether peripheral or core construing is involved and whether construing is constricted or dilated, loose or tight. The scope also may give an indication of an emotion such as anxiety or threat.

The Degree of Elaboration of the Elements in the Drawings

This may indicate the preferred pole of a construct, whether a pole lacks elaboration or has been submerged, the tightness or looseness of the constructs, and whether construing is constricted or dilated. It also may indicate emotion: For example, an absence of elaboration may indicate that an area of the construct system may be too threatening to make explicit.

The Relative Size and Place on the Page of the Contrasting Pictures

As in the factor above, this may indicate the degree to which a person may have elaborated a construct, which pole of a construct is preferred, the tightness or looseness of the constructs, whether construing is constricted or dilated, or whether an emotion such as threat is indicated.

The Presence or Absence of the Self in the Drawings

It is important to ask about the meaning of the drawing before making any assumption about this, as the self may be shown metaphorically, as Ravenette (1999) discussed in his case study of John, who drew a picture of a cat to represent how he felt. Nevertheless, the presence of the self may indicate people's readiness to relate their construing about an issue to themselves, or the degree of control they feel in their decision making, and therefore may be a useful guide to the direction for exploration.

The Relative Size of the Self in the Drawings

The self in relation to other elements in the drawings may indicate the degree of control people feel in their decision making. This might suggest that, in a case of the self being overshadowed by other elements, it would be useful to concentrate on working with the person within the context of the phases of the C-P-C cycle so as to move toward a feeling of control.

Are There Any Indications of Emotion?

Some women in the menopause workshops drew symbols of emotion in their drawing, showing a down-turned mouth, a smiling face, or tears. Many depicted themselves in a situation of anxiety, and some women nonverbally and verbally indicated that they were experiencing threat in some areas of their construing.

Additional Factors

Two other factors could be explored, but with the proviso that both may be strongly affected by a person's level of drawing skill.

First, what, if anything, is indicated by the relative strength of the lines of the drawing on the page? In the menopause workshops, for example, three of the drawings that expressed disturbing construing were very faintly drawn, which could suggest that the women's construing may have been too threatening to them to draw strongly. Alternatively, it may have been a reflection of the women's lack of confidence in drawing, in itself an area that can usefully be explored (Foster & Viney, 2005a). Second, does the integration of opposites, or choices, into one picture rather than two separate pictures give any indication of the coherence of the construct system, or of confidence in making choices? Again, this could simply be a reflection of a person's level of skill in drawing. These two factors may be cautiously considered by exploring decisions about construction of the pictures in addition to exploring meanings expressed in the drawings.

Conclusion

In this article we discussed drawing as a nonverbal technique for eliciting and elaborating constructs. We presented examples of the drawings of women taking part in menopause workshops, and we considered the ways in which the drawings helped the women to elaborate their meanings of menopause and enhanced commonality in the groups. Finally, we proposed some factors for consideration as diagnostic indicators when working with drawings in a therapeutic setting. In light of the experience we gained, we believe that the use of drawings provides a creative and powerful means of eliciting constructs, some of which may be preverbal or too threatening at first to make explicit verbally. We suggest that Ravenette's (1999) innovative inclusion of an opposite in a drawing activity gives a particularly rich scope for eliciting constructs and developing meaning.

Using drawings with adults is challenging, as few adults have an opportunity to draw in the course of their daily lives. It may be, as Violet said, that drawing "initially appeared daunting"—but, as she found, it was ultimately helpful. We thank the women who took part in the menopause workshops for their generosity in sharing their drawings with us.

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