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NATIONAL COLLEGE OF ART AND DESIGN

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FACULTY OF CRAFT DESIGN (CERAMICS)

HEALING THE CHILD MIND THROUGH THE POWER OF ART

BY

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## INTRODUCTION

Expression in art stimulates fantasy, creativity and spontaneous unconscious imagery. It offers the possibility of creating a self-reflection, an image of oneself and one's world.

If anything can be said of art therapy in general, is that it aims to facilitate growth within the participating patients by using the process inherent in the therapy to promote a beneficial change within the person. Referring to recent British literature, Chapter One defines the term art therapy and the relationship that evolves between art and therapy.

Whereas art-making can occur in solitude, therapy implies a relationship between at least two people, one of whom is the therapist and one the patient. That partnership has been described in many ways. A special intimacy is created which provides discussion in Chapter Two on the role and function of the art therapist. It is within the therapeutic process the special relationship between therapist and patient is created. With reference to Images of Art Therapy (Dalley et al. 1987) addresses the importance of this relationship.

There is a very special sort of relationship that evolves through sharing of imagery and a very private one. Fantasy and creativity are stimulated as one tries to capture the internal world of images into the visible medium of art materials. Chapter Three focuses on the use of therapy with children where the relationship with materials, the therapist and the image is explored. Materials are manipulated to form beautiful, bizarre, strange and amusing images.

From interviews with art therapists in Ireland, who work





with children, I have described the relationship between art therapy and teaching in the final chapter.



## CHAPTER ONE

### Art Therapy

In 1938, Adrian Hill coined the term "Art Therapy" (Thomson 1989:3). While convalescing at a sanatorium, in Midhurst, Sussex during the Second World War, he turned to drawing, feeling a mental emancipation from the situation. He shared with other patients the sustaining effects of creative activity in times of stress. He felt by urging other patients to draw and paint, they could use their paintings as a vehicle to talk about their pain and their fears of illness and death so they too would find improvement in their condition.

Adrian Hill unwittingly found himself perceived as an "art therapist". Art had the power to heal - hence, the contemporary use of the term "Art Therapy".



(i) What is Art Therapy?

Art therapy is a relatively new discipline which uses art and other visual media in a therapeutic or treatment setting. Patients express their feelings, dreams and inner experiences through different art media such as paintin and clay. Their artwork contains a representation both of the self and the object.

Art therapy is not just a form of occupational therapy and is not confined to potential artists or those who show a natural talent in the subject. However, art therapists are not art teachers. They may be artists but they must also be trained in their awareness of their actions within the therapeutic process.

Art is too powerful to play with in that it is not a trivial or menial activity. It's potential effect in therapy necessitates rigorous training and professional standards from which art therapists work in practice.

According to the British Association of Art Therapists, a definition of art therapy by art therapists, as opposed to other professionals or administrators, has been offered in it's recent application for State Registration for art therapists under the Council for Professionals Supplementary to Medicine. The definition is as follows:

"Art therapy is a form of therapy in which the making of visual images in the presence of a qualified art therapist contributes towards externalisations of thoughts and feelings which may otherwise remain unexpressed. The images may have a diagnostic as well as therapeutic function, in that they provide the patient and the therapist with a visible record of the session and give indicators for further treatment. Art therapists may work with transference - that is, the feelings from the past which are projected onto the therapist during the session. Such feelings are usually contained by the artwork, and this enables resolution to take place indirectly if necessary". (Waller & Dalley 1992:5)





However, according to Caroline Case who lives, writes and works as an art therapist in a private practice in Scotland, the definition of art therapy involves the use of different art media whereby a patient can express and work through the issues and concerns that have brought him or her into therapy. The therapist and patient are in partnership, trying to understand the art process and product of the session in order to understand the state of mind of the patient. For many patients it is easier to relate to the therapist through the art object which, as a personal statement provides a focus for discussion, analysis and self - evaluation. As it is concrete, it acts as a record of the therapeutic process that cannot be denied, erased or forgotten and offers possibilities for reflection in the future. The transference between therapist and patient is extended to the art work, giving a valuable third dimension or three - way communication (Case & Dalley 1992:1).

Art therapy derives from two main areas, art and psychology and, as the practice of art therapy has become established within the professional base of psychotherapeutic ideas and principles, there is a current tendency to call it "Art Psychotherapy" (Case & Dalley 1992:1). It remains under debate within the professional association but some therapists feel that this term describes their work more accurately.

"The theoretical approach of art therapists is shaped by how art and its use in therapy is understood and the orientation of the therapists" (Case & Dalley 1992:2)

In simple terms, art therapy is the use of art and other visual media in a therapeutic or treatment setting. But as this ability ranges from the child scribbling to express him or herself, to the mentally handicapped man working with clay, to the graphic painting by a deeply depressed woman, it is clearly very complex. Can this be called art? and if so, how and why is it therapeutic? (Dalley 1984:xii).





(ii) Considerations of the Relationship between Art and Therapy.

The first psychoanalytically oriented art therapist was Margaret Naumberg, who pioneered her work in the USA. She described art as a way of stating mixed, poorly understood feelings in an attempt to bring them into clarity and order. It must be said that not all art therapists agree with this approach and indeed it has been suggested that art and therapy form an "uneasy partnership" (Champernowe 1971:15)

Dubowski (1985:17) challenges those who are "taking the art out of therapy" maintaining that the link with psychotherapy has become too strong:

"Art as a basic human behaviour must have some selective analysis in its own right. Those who are artists and therapists understand this from their own experience. They understand that the relationship the artist has with materials, forms, images and symbols is a unique relationship and a deeply rewarding one".

The artist knows that it is a very private and complex relationship which must be given time to develop. The creative process of art therapy can be seen to be destructive rather than constructive in terms of the product as "explosive feelings are not so much depicted as acted out" (Kramer 1975:32). In this way, the art is less of a consideration in terms of the product, and so the art is merely a medium or vehicle, not an end in itself.

Art simultaneously reflects and predicts trends within society, and has traditionally been a forum for personal expression and creative ideas. However, when used in a therapeutic setting, art is not recognised in the same way. One possible reason for this is the fundamental difference between art in the traditional sense and art as it is used for therapeutic purposes.



While it is generally understood that most art activity has some therapeutic qualities, what must be made clear is the distinct purpose of art therapy.

In contrast, art activity undertaken in a therapy setting, with clear corrective or treatment objectives, in the presence of a therapist, has a different aim and purpose. In therapy, the person and process become most important, as art is used as a means of non-verbal communication.

If put more elaborately, art activity provides a concrete rather than verbal medium through which a person can achieve both conscious and unconscious expression, and can be used as a valuable operator for therapeutic change. A definition of therapy will make this clearer. Therapy involves the aim or desire to bring about change in human disorder:

"A therapeutic procedure is one designed to assist favourable changes in personality or in living that will outlast the session itself" (Ulman 1961:19).

Effective therapeutic procedures are those which result in fundamental and permanent change, and so, as Ulman argues, therapy is:

"Distinguished from activities designed to offer only distraction from inner conflicts; activities whose benefits are therefore at best momentary" (Ulman 1961:19).

What we must consider is what makes art therapeutic and how this is achieved. It is widely acknowledged that the ability to communicate is an essential human characteristic. Making marks is a fundamental activity. Art activity can provide a most valuable substitute when speech is impaired or underdeveloped. We believe that for people in these circumstances, the discovery of art as a means of communication is highly therapeutic. Even for





the most articulate, art can be used as a type of "symbolic speech" (Ulman 1961:11).

Images can create clarity in expression especially when some things are very difficult to say. Symbolising feelings, emotions and experiences through images can be a powerful means of expression and communication, and at the same time, able to render these feelings and experiences less threatening.

"the techniques of art therapy are based on the knowledge that every individual, whether trained or untrained in art, has a potential capacity to project his inner conflicts and fears into visual form. As patients picture such inner experiences, it frequently happens that they become more verbally articulate" (Naumberg 1958:511).

Some art therapists pay little attention to the process of producing a picture, feeling that the most important part of the therapy lies in the discussion of the product, and the relationship with the therapist. Other art therapists feel that the process of making art is the most important aspect in promoting change, and discussing the products is beyond what is necessary. Most art therapists now recognise both as being important, and realise that patients may have different needs in this respect. The essence of art therapy therefore lies in the therapeutic outcome of the activity of creating something.



### (iii) Historical Aspects.

Although there were tentative beginnings of art therapy as a profession in the 1950's, it was not until 1981 that the profession of art therapy was officially recognised.

Indeed, Edward Adamson who has been described as the father of art therapy, was the first art therapist to be employed by the National Health Service, at Netherne Hospital in Sussex in 1946. Adamson adopted the recommended approaches of Dewey (1934), Tomlinson (1944; Senior Inspector of Art in London County Council in the 1940's), and other British advocates of the child-centred approach. For, although he was working with adults who happened to be in hospital, he provided an environment with materials and himself as a concerned other, who did not intervene with his own suggestions but facilitated the creative process. In his book ART AS HEALING 1984, he tells us that he never tries to interpret work - he just welcomes it - he sees his job as a facilitator, as a catalyst who allows the healing act to emerge. Intuitively he knew there to be a connection between creativity, healing and he understood the importance of providing a sanctuary - a space - in which this connection could be made. As in art, the essence of therapy is communication.

Art history and the history of psychiatry have given rise to certain models of art therapy practice. The influence of early analytical writing such as Jung gave support to the idea that art was an important means of unconscious and conscious communication. Jung's technique of active imagination closely parallels that of the creative process and the inspiration of artists and inventors. By mobilising the patient's creativity, the gap between conscious and unconscious can be bridged.

More recently, however, there has been a movement in the practice of art therapy in Great Britain to enquire why





bridging this gap is so effective and to discover how the process works.

The nineteenth century romantics embraced a positive conception of the imagination and valued the artistic expression of the inner-experience. This attitude related to their belief in the natural healing powers of art. Caroline Case an art therapist believes that the development of the profession in the 1970's enabled most art therapists to emphasise the process of art and its inherent healing properties as central to art therapy practice.

Innovated by such pioneers Herbert Read (1942) and Adrian Hill (1941), two strands of art therapy developed - one in the setting of education and the other from medical roots. some art therapists follow certain models, like Adamsrn, of psychoanalytical practice according to their belief in the genesis of creativity. The orientation of art therapists might be informed by the ideas of Freud, Klein, Jung, or, more recently such eminent writers such as Donald Winnicott and Marian Milner (Nowell Hall 1987, Weir 1987).



## CHAPTER TWO

### The Role of Art Therapy.

#### (i) Function of the Art Therapist.

Art therapists provide a safe and facilitating environment within which the patient can feel free to explore various forms of art media. The therapist works with people of all ages, with individuals and groups in clinical, educational and rehabilitative settings.

Through observation and analysis of behaviour, art production, and the patients communications, the art therapist formulates diagnostic assessments and treatment plans as part of a total therapy programme.

Art therapists need to have a considerable understanding of art processes, be proficient in the area of non-verbal communication and be able to provide a trusting and facilitating environment in which patients feel free to express strong emotions. Although different theoretical approaches may be employed in the therapist-patient relationship, the art therapist should create a supportive environment. The therapists' function is to organise the presentation of art materials and other resources and invite participation appropriate to the patients developmental stage of artistic expression. The therapist accepts the patients willingness to share thoughts and feelings, by encouraging him or her to recognise and extend these insights beyond the art therapy session. By responding to both the strengths and needs of the patient, the art therapist integrates personal training and experience in art and therapy in a number of ways. They include theories of human behaviour; knowledge of visual symbol production; an understanding of normal and abnormal behaviour; skills of intervention methods; and creative forms of expression in art by



individuals and groups. In art therapy, the patient and the art therapist work together to understand visual and verbal messages. The relationship between the two is of paramount importance. Without this, it is very difficult for the patient to develop enough trust and security for deep feelings and real issues to emerge, in order to benefit from the art therapy process.





(ii) The Benefits of Art Therapy.

It is important that all the benefits of art therapy will not necessarily apply to any one group, and that there may be groups or situations where art therapy is not helpful, although one of its' main advantages as a treatment process is that it can be made accessible to a wide variety of people with different needs and expectations.

Among the possibilities that art therapy provides are its' use as a means of pre-verbal or non-verbal communication, as a means of symbolic speech. This is obviously important for those who do not have a good mastery of verbal communication. The images made can act as a bridge between the art therapist and patient. In a psychotherapeutic setting, the picture may be where the transference process takes place. It can be used as a means of self-expression and self-exploration. the picture is often a more precise description of feelings than words.

The process of doing art and working with other materials can sometimes help people to become more aware of feelings previously hidden from them. It can help them to become clearer when they are experiencing confusion, help release feelings, for example, anger and aggression. Art in therapy can provide a safe and acceptable way of dealing with socially unacceptable emotions. Not only feelings may be explored, but also thoughts, ideas and possible behaviour. Using art provides active participation, which can help to mobilise people.

Art therapy can provide an enabling space in which individuals can use art materials to explore themselves without any pressure.

It can be enjoyable and fun, and this may lead to individuals developing a sense of their own creativity.



Very truly yours,  
[Signature]

Enclosed for [Name] is [Description]

I am, Sir, very respectfully,  
Your obedient servant,  
[Signature]

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It can be an opportunity for adults to be allowed to play.

Art therapy can offer a way of exploring and expressing areas of ourselves that lie beyond the reach of words and can create a bridge between inner and outer self, towards greater integration of the two.

In practice, the people best qualified to comment on the effectiveness of art therapy, and the only people who can really understand it, are those who have directly experienced it. As art therapy claims to be about psychic growth and in-depth, long-term change, they cannot experience at the time the effects of art therapy, they can only really begin to know something afterwards.



(iii) The Therapeutic Process.

It is the presence of the art form which creates the complexity and essentially the uniqueness of art therapy, and the intensity of the relationship between artist and art is fundamental to the art therapy process.

The degree to which art form is considered as central to the art therapy process and the art therapist's attitude to it, has been the subject of much debate. It is the process of image-making and how the final product is received within the bounds of the therapeutic situation which form the basis of the art therapeutic process. It is here that the situation of the therapist is of most importance in terms of how he or she receives and works with the images produced. different theoretical perspectives place different emphasis in terms of understanding this art process.

Art therapists who use a psychoanalytical approach encourage the pictorial expression of inner experience and, in this sense, art is recognised as a process of spontaneous imagery released from the unconscious:

"The process of art therapy is based on the recognition that most fundamental thoughts and feelings, derived from the unconscious, reach expression in images rather than words" (Naumberg 1958:511).

Many art therapists are uncomfortable with what they consider to be reductive or projective interpretations of fine art and art therapy when viewed from an analytical perspective. They would lay greater emphasis on the healing qualities of art and on the importance of the dialogue that the patient/artist establish.

However, as the practice and profession of art therapy has developed in Britain, it has become more and more based in the psychoanalytic framework through which the





process of image-making and the relationship with the therapist can be understood.

Art therapy therefore involves the use of images to facilitate the unfolding and understanding of psychic processes, events, associations and feelings from the past can emerge through the imagery while the art therapist allows an understanding of this process. It is important that space is allowed for free choice of self-expression when using analytic theory, to understand the nature and content of the imagery of the artist/patient. The ability of the therapist to provide a setting where this might occur depends on his or her capacity to understand this. This capacity, in turn, depends on the therapist's personal knowledge of how it feels to create images in the same way as his or her patients, and also the understanding and application of rigorous models of treatment practice in the consideration of boundaries and transference relationships.

The therapeutic process will become established if the art therapist maintains the safe space (Case 1992:59) for the patient. This refers to the sequence of integrating energies that are released in a patient as a result of their interaction with the therapist. This is a process in which the patient is enabled to do for themselves what they cannot do on their own. The therapist does not do it for them but they cannot do it without the therapists assistance.

This process implies that the art therapist must be receptive so that the patient feels they can disclose anything. The art therapist must tolerate these disclosures and must be prepared for them to be understood in terms of the patient's past, particularly in terms of the patient's early infantile experiences. this is how the transference relationship becomes established.



Transference occurs when the patient transfers strong, infantile feelings that originate from childhood experiences.

In art therapy, both transference and counter-transference develop through the response to the image itself. Counter-transference is the therapist's own feeling response to the patient and the image in a therapeutic situation.





### CHAPTER THREE

#### Art Therapy with Children

##### (i) What is Child Art Therapy

Children with different types of needs and disorders can benefit greatly from working with an art therapist. In general, children often have difficulty in expressing their feelings verbally. the process of art can provide the child with a less problematic, more spontaneous means of communication. Anyone who has worked with children knows how easy it is for them to describe their traumatic experiences with the help of drawing but only if they don't know what they are doing. Knowledge of what they reveal would frighten them and simply obstruct the freedom of their spontaneous expression. Children can portray the suffering of their situation very quickly with a brush, but they would fiercely object to the fact they might have portrayed, for example, parental abuse. A child cannot cope with this knowledge and to explain it would be counter-productive.

D.W.Winnicott (1971) stresses the need for a "facilitating environment" which encourages patient's to play and explore various materials. He uses the term "good enough" mothering which children in therapy have often experienced, but may have been traumatised by a premature separation from mother, or the experience of an unobtainable emotional response. It is important therefore to provide an environment where the child may safely regress and re-experience this early trauma, in a controlled setting, with a empathetic, understanding, and containing "environmental mother" (Dalley 1987:25). This may be the first opportunity for many children to experience themselves in such an environment, and given freedom to explore within this personal space which has structures and boundaries. The therapist as



"environmental mother" accepts, set limits, and even frustrates, according to the ability of the child to tolerate such frustration.

The introduction of art materials enables the child to feel free in using his creative art experience as a means of tolerating the frustrations that certainly arise. these are frequently expressed in a way which is seen to be inappropriate, or bad behaviour.

Emotional and behavioural problems are usually linked together and both aspects of the child's experience must be worked with. The children may choose to use a wide variety of media. The art work can be used as a means of safe expression for strong feelings and emotions which can be made conscious and understood.

With the presence of the art therapist who is seen to be a consistent, caring figure, the child can begin to unravel the present and past difficulties that have remained pent-up until then. this includes issues around early infantile experiences which will involve transference relationships developing within the therapeutic process.

Art therapy is of great value and importance for children, for expression of their feelings, thoughts and difficulties. The power is well described by Edith Kramer, the pioneer of art therapy with children:

"There is no way to bypass the crucial moment when the making of a picture becomes an independent act, when the young painter confronts a blank surface with the will and desire to make a statement and the inner strength to overcome the fear of committing himself. This desire and fear are at the core of all creative work. We can give support, encouragement and help, but we cannot deny the difficulty and should not try to convince it" (Kramer 1975:40).





(ii) The Art Therapy Process with Children.

When a child first comes into art therapy the therapist normally begins by stating the boundaries and limits of the session. It is most important to state these simple but absolute boundaries. The therapist explains that within the boundaries and limits the child is free to draw, paint, make or say anything he or she likes. such permission seems to spark off the session.

Thus, the child knows there is the potential in the art therapy session to explore, create and play, but all things happen in the presence of the therapist, allowing a relationship to develop. This is the second major dynamic to consider. The relationship is usually a psychotherapeutic interaction. The therapist's task is to be a facilitator and at all times the essence of the relationship is accurate empathy.

So many questions and fantasies are plentiful because of the uncertainty in the child as to the role of the therapist. The therapist monitors the atmosphere while at the same time being part of it. Feelings that the child has about people are usually focused onto the therapist, just as they may be visualised in a picture. Often powerful feelings about someone may be transferred onto the therapist. The relationship then enters into a deeper level, where the therapist's task is to maintain and contain the situation safely.

In therapy, it is permissible to go to a limit so that a feeling is wholly expressed. The security of the boundary makes this possible and the psychotherapeutic relationship deepens and evolves. The child finds that he or she can explore their most frightening or perhaps murderous feelings safely within this relationship. The process allows the child to learn powerfully and clearly about an area of their personality that had been unclear or misunderstood. such a direct and unavoidable process





becomes a vital experience, enabling the child to gain a degree of self-confidence and understanding previously lacked or vainly sought.

The responses to an image are limitless, but the prominent role of the art allows the therapeutic flow to begin. The therapist accepts the child's picture without judgment. Because the psychotherapeutic relationship is in a safe place, using art, children can, over a period of time, resolve often overwhelming problems.

Pictures can be indicative of different moods. some children may be using the art as a way of avoiding some difficult issue, others may have things to say but the only way is through symbols and codes.

The unconscious is given expression in art therapy and from there some images are produced. The child can be unaware of meaning and reasons for some of the images. They can be quite surprised or shocked when they realise what they have produced and the reasons why.

The children's work is personal. The therapist tells the children that their pictures and objects are kept safely in the art room and only seen by other people with their own permission. This makes a distinction from classroom art.

All of the values inherent in art can be thought of as therapeutic, in helping a child feel better about him or herself as a competent person who can meet the challenges of living. The art form, as a therapeutic tool, is unique to the individual and provides a focus for discussion, analysis and self-evaluation, and as it is concrete, acts as a record of this activity, which cannot be denied, erased or forgotten.



(iii) Art and Materials

In 1972, Edith Kramer worked extensively with children in need of therapy in the U.S.A. She has described the process involved in art activity as having inherent healing properties which explain their usefulness in therapy:

"Art is a means of widening the range of human experiences by creating equivalents for such experiences. It is an area wherein experiences can be chosen, varied, repeated at will. In the creative act, conflict is re-experienced, resolved and integrated" (Kramer1958:6).

Art provides a most appropriate medium through which to work, as children in distress and with special needs often find it more difficult than most to articulate their feelings. Art also provides release, enjoyment, play, splashing and about with materials.

The social learning process of art activity can also produce aesthetic results. In the therapy session, all activity can be seen as respective communication of the relationship between child and therapist. This communication reflects the stages of engagement with the therapist and child in the work in process. Even apparent scribble or chatter can be valuable.

The appropriate use of a particular medium is also important in this communication although choice of medium is more likely to be crucial for children than for adults. From art therapist's experiences, children are more prone to dive in without regard for their own constraints, therefore, they may need assistance in planning a feasible use for media. Particularly at issue is whether regression is to be encouraged or not, by the use of such materials as paint or clay.

Art materials are enormously versatile, and yet each has particular therapeutic properties. The materials in art





therapy can have a profound purpose and can be used in many different ways to indicate states of mind, feelings, thoughts and ideas. The space used must feel safe enough for this to happen and open access to all materials allow for many possible avenues of expression.

Incidents which occur during the therapy session are all part of the process of working with the children's interaction with the materials and facilitating an understanding. An example from a therapy session in the U.K. illustrates how a ten year old boy cut into a padded envelope and was very surprised to discover small polystyrene granules which began to spill out and cover his sweater. His anxiety and distress at the event was obvious as he hopped about trying to remove it, saying it was harmful and poisonous. The fact that he was able to survive and experience this helped him to face other unpredictable situations which were beyond his control. (Case & Dalley 1992:106). An opposite example of this is the child or adult who refuses to use anything except felt tips or crayons for drawing to prevent themselves from getting dirty or in a mess. This usually centres around anxiety about mess and losing control. By exploring the possibilities of risking losing this control by using paint, mixing colours and so on, the experience of regaining it can be successfully negotiated. With patient's who are tightly controlled, the way they use, or resist using materials, is often a useful indicator of inner feelings that are being experienced at the time. The dread of getting dirty, feeling clay on hands or being able to put their hands into clay bags is a condition that can only be overcome with time.

Clay is a very forgiving medium and is subject to endless change. Clay's plasticity makes it a particularly apt material for evolving a process and experiencing change. Perhaps more than any other medium, clay has the quality of inviting play, to feel, to change and to reshape it





without necessarily producing a finished object. Its' tactile qualities can provoke expression of feeling through pounding, pulling, slapping, breaking and so forth.

Because of clay's transformative properties, it is often necessary to observe the process of its' formation to understand the product.



(iv) The Use of Clay as a Therapeutic Art Medium with Children.

Clay is among the most therapeutically dynamic art media. The sensory properties of the material invite children to manipulate and build with it. It encourages a very physical involvement that aids the release of body tensions which, in turn, helps emotional release.

Children seem to respond with a natural instinct to the material of clay. They usually approach the clay without any apprehension and begin to handle and explore it without being asked to. While some children may initially find it unpleasant or disturbing to touch, given the proper support, the medium usually wins over even the most defensive or obsessively clean child.

Clay lacks the attraction of colour which is present in other media like paint, crayons, collage etc. However, clay compensates by its<sup>1</sup> immense tactile qualities which arouse the urge to touch, squeeze, roll and eventually build. It is a material which allows immediate contact with it, which makes it possible to create things spontaneously without the use of tools and brushes, so it offers the experience of intimacy. One of the reasons why clay is so successful with children is because it acknowledges their ability to have an impact on the material. They can see the results and impressions of every touch of their fingers. This can be very satisfying because it allows them to channel their spontaneity of expression which can be therapeutic for the child whose behaviour is underdeveloped and withdrawn. Hyperactivity can be lessened by the necessity of focusing concentration on the physical activity of clay work. Because of the surprise element in the immediacy of clay, it stimulates conversation between the children which in itself encourages the development of social skills. For this reason clay can be a powerful medium with which to work.



An example to illustrate this process:

A five year old boy rushed to an individual session, eager to find the cup that he had made out of clay, the previous week. On finding it, he cried out with disappointment: "Oh no, its' broken". He showed the cup to the therapist in dismay, pointing to a tiny hole which was almost indiscernible. It was as if his whole world was shattered, to which the therapist responded, "Don't worry. It doesn't look broken to me, we can mend it". The child suddenly said, "Yes, I can paint it" and proceeded busily to mix the paint and restore his precious object (Case & Dalley 1992:100). Symbolically this was very significant for him. His world was a constant experience of being let down and disappointed. His reaction to the "broken cup" was predictable, as this had come to be his expectation of the world generally and in this sense was his defence against the pain of constantly feeling let down. The fact that he could do something about it for himself enabled him to feel that he could control his world to some degree, and this helped him to feel less hopeless and powerless.

It may take many months of working in therapy until a patient feels ready to disclose emotions. During this long waiting process the images may embody and reflect, as well as present to the patient the defended position taken up by themselves. It is not the job of the art therapist to encourage spilling out of emotions but to help the patient feel that his or her feelings, however difficult to express, will be contained, listened to and understood. Each person in therapy will develop at their own pace, when they have trust in the therapist and setting, and feels ready inside.





(v) The Image and Communication within the Image.

Images made in art therapy mediate between the unconscious and conscious, holding and symbolising past, present and future aspects of a patient's experiences. In art therapy, the patient tries to give form to what seems inexpressible and unspeakable through the process of making.

Images made in art therapy continue to reveal new meanings or suggest different thoughts and feelings as they are worked through the therapy process. They are a concrete product at the end of the session.

The following case study entitled "Castles", made by a child of ten, follows images which are observed by an art therapist during a therapy session in the U.K.

Case Study: "Castles"

The first image (fig.1) made on grey paper, reflects his sad and angry feelings. The portcullis on the doorway can be seen like teeth barring entry to the castle, reflecting that he was unable to talk about the situation to the therapist. The uneven black windows stare like sad upset eyes at the viewer. The tower of the castle stands up, a phallic shape, pushing into the whirly black sky which rages like a tempest above. This child was in the difficult situation of being the only offspring of parents who had divorced and remarried, both having started new families within their new marriages. He lived alternatively with each parent for six months. The strain of this way of living with no settled home has taken its toll and his unhappiness was expressed by his delinquent behaviour. He was eventually taken into care and the pictures were made in an assessment centre.

He dressed as a miniature "skinhead" with cropped hair and large boots. His pictures as castles seem to present



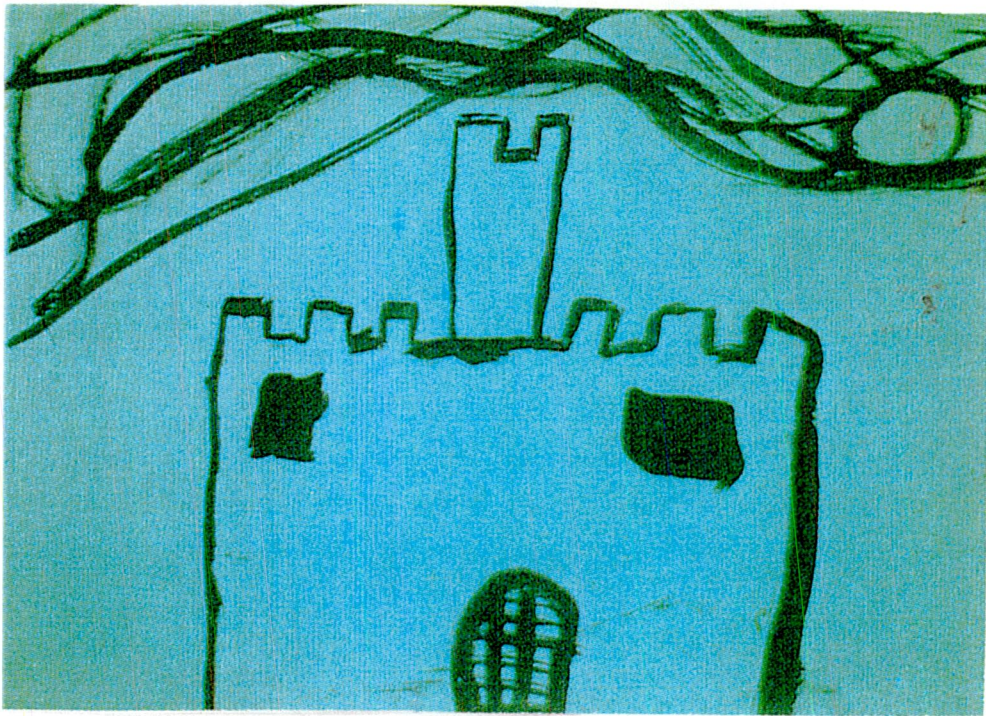


Fig.1 First Castle





a similar "fortress" in terms of self-image. The upstanding phallic towers reflect his macho stance to the world of vulnerability and toughness, hiding the sad little boy inside.

The next image (fig.2) is calmer, on white paper. He painted his name above it but wiped it out in an arc, like a black rainbow. It has no windows, as if the "child inside" has retreated, but to a safer place; the fortress image remains like a statement.

He continued to draw castles. His last image (fig.3) uses colour for the first time and larger paper. The doorway into the castle is blank but there is a drawbridge into the castle, suggesting a possible way of making contact. He is beginning to feel more secure with therapy now and more contained in the sessions. It sometimes happens in therapy that the patients do not seem to be progressing when they draw repetitive images. They could indicate that they feel stuck, but it is usually found that each picture can be different and that tiny changes will reflect movements internally in the patient's understanding or progress.

The child in the "Castles" case study was stuck with a defended image of the castle which reflected his internal defences to a situation in the external world. It didn't change during his short time at the assessment centre because his external situation was at an impasse at the time. In that the castles grew larger and larger, such changes reflect his entry to the centre and the way he was able to become part of that community. His defences were needed until he could explore his family situation in depth (Case & Dalley 1992:102).

During such a process, the therapist may notice many different things in the image or have realisations about the image and the patient. What is important is that the patient is enabled to make self-discoveries from these







Fig.2 Second Castle



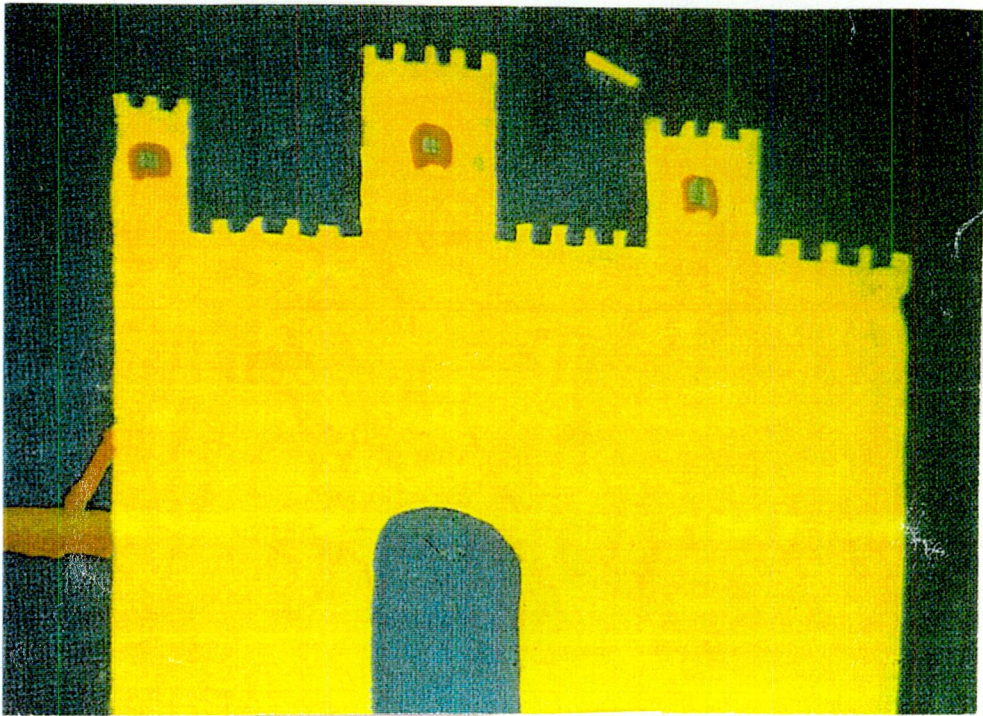


Fig 3. Third Castle





#### (vi) Meaning within a Relationship

The process of using materials and the completed images which may emerge all happen the relationship to the therapist. The following case studies which I have entitled "Elephants", and "Rosie" respectively, due to the nature of the images produced, show this process through examples of two patients in therapy (Case & Dalley 1992:108).

##### Case Study: "Elephants".

Four children were taken into care in the U.K. by Social Services and referred to an art therapist. These children had parents who had both suffered psychiatric disturbance and who resented and feared contact with the authorities. The children had been discouraged from attending school and were dressed eccentrically. The door was never answered and they lacked any social contact outside the home. Here, the authors are only concerned with the eldest girl, of thirteen years, who had the physical weight and size of an average nine year old. In the presence of her mother it became apparent that there was a symbiotic relationship as they clung together, talking in a strange guttural language of noises.

In art therapy she began by drawing elephant princesses, elephant babies or elephant people. the first of these is depicted in (fig.4). She seemed to have this as a schema, so that if asked to draw something else, a row of elephant people followed. Psychological tests by the therapist concluded that she had moderate learning difficulties and her pictures with their crayon patterning suggested a mental age of five to seven. One can see from the picture (fig.4) that no arms, hands, legs or feet are apparent, just a face, a long dress and a crown.

She was very resistant to any attempt at normalisation or







Fig.4 Elephant Princess



socialisation. She could, in fact, talk quite clearly when she chose. There were battles over anything that might aid her own independence such as learning to tie her shoe laces. As the relationship developed, it became clear that everything hinged or pivoted around "babies". The art therapist was called "Baby Casey". With great affection the word "baby" prefixed any endearment to other staff too. One day she started to talk to the art therapist about the past and drew a picture of a time when she and two siblings had lived with nuns while their youngest sister was born (fig.5). This led to an exchange of baby memories: "Tell me about when you were a baby". The art therapist would recall a memory or incident his or her own childhood, and the girl would tell the therapist about the time her mother put her into the pram instead of her baby sister. Gradually it became clear that her regression to baby talk was a way of adapting to her mother's illness. This severe adaptation and accompanying deprivation of school and normal behaviour had stunted her mentally and physically. By being a "Big Baby" she kept in contact with an otherwise uncontactable mother during psychotic episodes. She helped her mother in some ways by being a "more responsive baby" and also helped herself by staying loved and not alienated from her mother.

#### Case Study: "Rosie"

In the U.K. a family of three children were referred to an assessment centre while their mother was unable to cope. The father was frequently hospitalised with mental illness and their mother would take to bed at these times, leaving the eldest child of nine years old, "Rosie" to run the house.

Rosie's first picture (fig.6) is of herself in a stormy forest. She is lost. One can see from the illustration that she feels lost in a storm of emotions and confusion. On entry to the centre she is still in some control of







Fig.5 Nuns







Fig.6     Rosie : Forest



herself and her siblings. Her figure has an outline that only distinguishes her from the background.

As the staff from the centre took over her responsibilities, Rosie regressed to younger stages, losing her veneer of maturity until she was crawling around the floor making animal and baby noises. During this quite manic stage of behaviour, when all her actions were unpredictable, she painted the second picture (fig.7).

The figure is smiling, somehow orchestrating the chaotic background colours which show through her transparent body. The black outline of the figure, although apparently a firm boundary, shows the same chaos within and without, so that actually, there is no boundary between inside and outside. Her chaos inside is projected outside and she soaks up the reactions to her manic behaviour from those around her.

The third illustration (fig.8) is of the therapist. She is surrounded by a protective arc. She is idealised with blonde hair in pigtails and has a row of "baby" buttons down her front. In the transference the therapist is holding and representing the same good little girl that is trying to work with the therapist to explore the chaos. The protective arc is separating this part off, in the form of the therapist, to keep it safe from her manic, often destructive behaviour.

The fourth illustration (fig.9), drawn later in therapy, was made using an animal stencil with pen and ink. This medium aided a daydream for Rosie on the death of a pet rabbit and what it had meant to her. A stencil was chosen so that it should look exactly like a rabbit and the long doodling marks and patches of ink suggest her despondency and digging at the paper as she allowed herself to feel its<sup>a</sup> lost. It also represented the loss of her own cuddly soft self, not allowed to be while she held such family







Fig.7 Rosie : Me





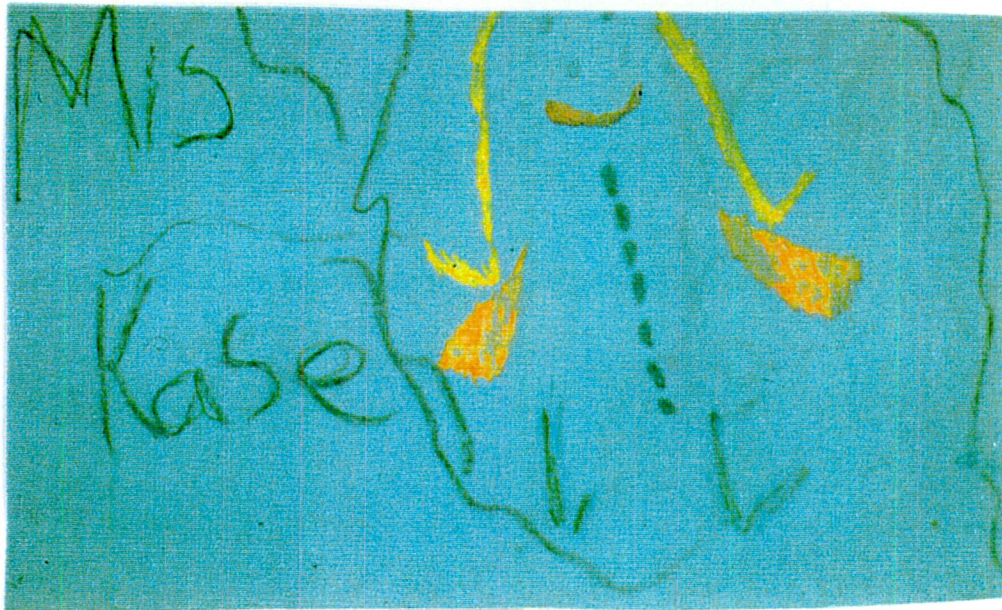


Fig.8 Rosie : Therapist



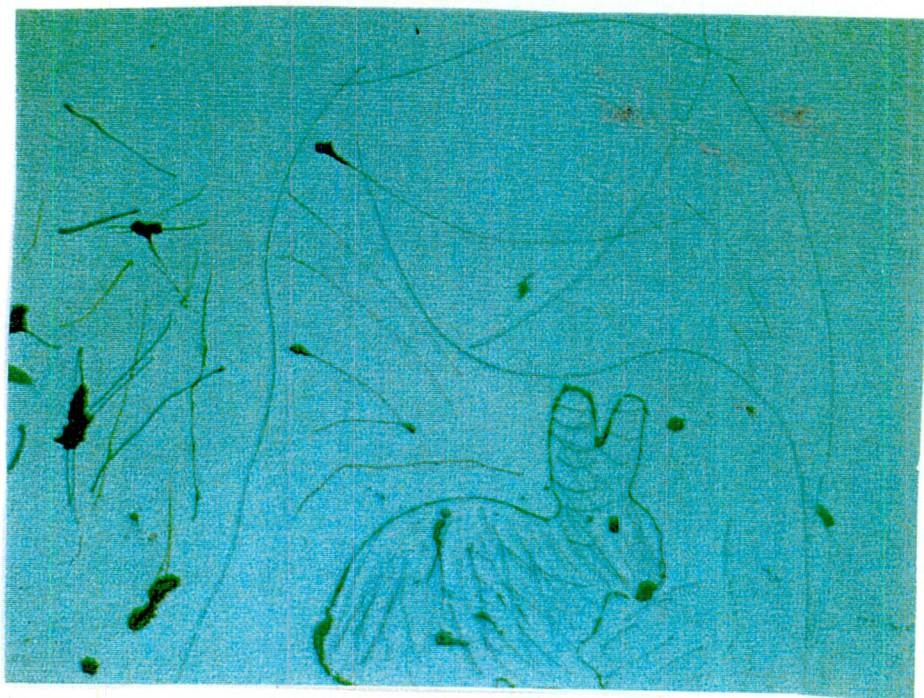


Fig.9     Rosie : Rabbit





images. Verbal comments from the therapist should clarify rather than impose, relieve tension rather than cause a client to withdraw. Throughout the process of therapy, images are made and when looked at in sequence they can be seen to embody the changes that have occurred for both patient and therapist during the therapeutic journey.

The following description illustrates the importance of non-verbal communication conveyed through the use of art materials (Case & Dalley 1992:107):

A young, anorexic girl had found it very threatening to make any spontaneous move at all. During one session she began to scrape the dry clay off the tool. She made heaps with the bits and began to play like a small child, transferring the bits from one heap to another. At the end of the session she swept all the bits into one tiny heap at the corner of the table. She was amazed when she returned to her next session to find the heap had remained untouched and this allowed her to make further spontaneous moves.

The work in the art therapy room involves the deep exploration and expression of feelings within the space, using the materials freely for this purpose. But the reason for choosing certain materials and the way feeling are expressed are essential parts of the communication. If the art therapist is unable to understand and contain these, then spilling out occurs, which can involve messing and spilling of materials at an unacceptable level.





responsibility. Some order is beginning to emerge in that a specific loss and feeling attached to it can be determined from a general emotional state.

Indeed, one might think of the entire process of therapy through art as involving separating - separating fact from fancy, reality from fantasy, and in a deeper sense, separating a child from conflicts that have caused him or her unhappiness. In the process of this, a strong attachment to the therapist is formed, in which the child can trust and then "open up", and through which, symbolically, some of the issues of conflict can be made apparent and resolved. By accepting and trying to understand distorted transference reactions, just as by trying to understand symbolic representations, the therapist gets a sense of the child's inner world. The separating has helped the child to create a more contented self through art.

Art therapy, <sup>(1)</sup> can be seen to be <sup>^</sup>relevant and useful resource in helping with a variety of problems such as personality and emotional disturbances and disorders in childhood.



## CHAPTER FOUR

### Art Therapy, Education and the Art Teacher.

#### (i) Art Therapy and Art Education.

Chapter 2 briefly mentions the areas of work for an art therapist. An important area which relates to children is in the field of education. As many more children with problems remain in rather than outside mainstream education, the use of therapy with children in ordinary schools has been explored, as the 1981 Education Act in Britain sought to make provision for those pupils with special needs, as identified in the Warnock Report (1978). This recommended their integration into mainstream education.

More and more it is being realised that if young children are given the opportunity to experience some therapeutic intervention, it may prevent problems during early teens and adolescence:

"Every child is a special child and has a right to be happy and yet so many are so miserable. Situations arise that they are unable to cope with. Often they cannot function with or relate to members of their families or with their peers at home or at school; they have worries and fears as well as undesirable habits. It is difficult, if not impossible, for such a disturbed child to achieve in school and to relate to his family and peers. And yet these factors are essential if the child is to sustain himself and if he is to become a desirable and useful member of his community and his society. This, then, would be a prime objective of an on-going art therapy programme in schools". (Cohen 1975:135)

In Ireland, there is no provision made for pupils in mainstream education. When discussing this need with art therapists involved with children in Ireland, such as Liam Plant and Maeve Keane, they both agreed that there was a need for this activity. When approached, the



Department of Education in Ireland were ignorant to the existence of art therapy.

Where school is the main source of stability and continuity for some children, to be removed from this environment and placed in another for treatment would be extra punitive. Where home is unstable and unloving, an art therapist within a school and by responding to the child's emotional needs, can be seen as facilitating learning.





(ii) The Relationship between Art Therapy and Art Teaching.

The British Association of Art Therapists allied with the National Union of Teachers where the link with teachers evolved through the need of these artists and art teachers who saw themselves as playing a more dynamic role in the possibilities of using art in the treatment of patients. Art teaching provided the nearest model for the development of art therapy as a separate profession.

Art therapy theory and practise developed gradually in the direction of psychotherapy in the 1970's in Great Britain. The gradual separation from art teaching came about as the practice of teaching was becoming more geared towards active participation in the classroom with clear goals and objectives. This was not felt to be such fertile ground for the development of art therapy. The growing understanding that art therapy had many basic links with psychotherapy led to the establishment of specialist training, and Goldsmiths College and Hertfordshire College of Art and Design, in art therapy in the early 1970's (Waller 1991).

There is, however, still much in common between art therapy and art teaching, which can be used for the benefit of both, provided that the boundaries of each are understood.

On one hand, there is the aspect of art therapy being used as a specialised, alternative form of psychotherapy, which is used mainly in psychiatric clinics and day hospitals. On the other hand is the aspect of art education which deals with formal, objective, aesthetic values in art and does not pay attention to the psychological development of the child. Art education and therapy share a common goal of promoting maturation and order.



An art teacher working in a school has responsibility for the art curriculum. The teacher would not be trained on an art therapy level and would feel that it was not appropriate to practice given that strong feelings are likely to emerge. Not only that, the teacher would not be in a position to deal with elements that are present in all therapy groups. The teacher would be emotionally endangered as much as, if not more than, the children, for, although the relationship between teacher and pupil is important, it is not seen as crucial to the process of teaching, as it is in art therapy, nor is such a transference usually acknowledged or understood.

If an art teacher trains as an art therapist, he or she may still concentrate on the artwork of the children rather than on their unconscious feelings and intergroup relationships, but he or she would also be aware of the processes that take place in a group and how they affect him or herself as well as the children.





## CONCLUSION

Art therapy is more than art used therapeutically or therapy to which art is added for further expressive possibilities. Throughout this thesis I have described art therapy as a positive way of healing.

When working with children, as art therapists Liam Plant and Maeve Keane have experienced, who live in a world that has denied them the opportunity to develop self-esteem and the capacity to act constructively, The teacher has to give support far beyond that which is ordinarily needed. Even when the work resumes at first incoherent and unformed, the therapist must encourage art that tells of the conflict, anger, anxiety and sexual excitement that fill the children's lives.

When manipulation of art materials is encouraged, mainly to help break down rigid defences and permit the emergence of pent-up emotion, the result will usually remain too disorganised to become art. But what it has become is a liberating and therapeutic effect on the individual. The joy of making images, the handling, exploring and perhaps mastering of materials is deeply satisfying and beneficial

In reference to Chapter Four, I think that there is no question that art activities, even in the classroom for normal children, may be conducted in a way that promotes social and emotional development and could be valuable to the children in Ireland's education system.

Finally, when therapy is limited to strengthening defences, the patient may use art activity chiefly to negate some unbearable truth. Therapeutic situations favourable to art are those designed to provide areas of symbolic living that help develop a more economically,



organised personality. Since the artistic value of the work produced is a sign of successful sublimation, the quality of the work becomes a measure (though not the only measure) of therapeutic success.



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