How Group Art Therapy Helps Conduct-Disordered Children Improve Their Social Skills

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ABSTRACT

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This research paper takes a look at how group art therapy enables children with conduct disorders and other behavioral problems to increase their social skills. I begin with a look at the literature on conduct disorders and describe this disorder as well as how it manifests in children. I go on to investigate the art therapy literature on groups and look at the various aspects of artmaking in group situations that help children develop important skills.

The second part of this research is dedicated to a case study of a group of children with conduct disorders and other behavioral problems, who took part in weekly group art therapy sessions over a period of seven months. I describe their process and improvements throughout the course of the treatment, and attempt to explain what important factors enabled the children to improve their social skills.

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Can group art therapy improve the social skills of children with conduct disorders and other behavioral problems? My hypothesis is that group work has a positive effect on the development of these children, and that the artmaking component helps in developing social skills and important qualities through direct interactions with peers and art materials while promoting sharing and cooperation.

Because poor social skills and few interpersonal relationships have been found to be significant in behavioral problems, especially in conduct disorders, I thought it was important to investigate this area and research how the children's social skills can be improved in order to facilitate their life and decrease the symptoms of the disorder. It seems that many of these children's problems are due to low interpersonal skills, and if they could be helped in that area, many of their disruptive behaviors would decrease or disappear, their level of self-esteem would increase, and the number of positive relationships with others would multiply.

I believe group art therapy with this population can have positive outcomes because groups foster the development of skills that these children are missing. I feel they need peer relationships, which the group provides, which are said to help in the development of social skills, self-esteem, and communication skills, even though these children are not initially successful at them. Through the group, they can learn about all this and acquire the necessary skills to function better in the world and develop positive interpersonal relationships.

Since we have a good idea why children with behavioral problems are unsuccessful in peer interactions and interpersonal relationships, the group therapist can create an environment where there will be a greater chance of success in relationships for these children. If they experience success, I believe they will gain self-esteem and self-confidence, among other things, and slowly begin to change. But, in individual therapy, this may not be possible or as easy to experience and achieve since the children cannot put

their skills at work with peers; there are none to try out new skills with and get feedback from. The children have to go out and try them out in the 'real' world right away; they cannot test them out beforehand.

Children with behavioral problems could benefit from group art therapy because of the direct contact with others and involvement in group projects and situations; they could learn to share and cooperate in order to successfully complete tasks in the group. Even if, at times, the children decided to work individually, they could work on their social skills by responding to each other's artwork, observing the interactions between the other participants and the therapist, helping each other out, and communicating with others while working.

It seems to me that children with behavioral problems could benefit from interpersonal relationships, therefore benefit from group therapy, so I have chosen to investigate the effects of group art therapy on these children's social skills. The aim of the research is to improve the conduct-disordered children's social skills by having them get involved in group art therapy, therefore by interacting with others.

In this research paper, I will begin with a description of conduct disorders and how they manifest in individuals. I will continue with a discussion of the psychological and art therapy literature concerning the benefits of group process. I will dedicate the remaining chapters to the case study of a group of children with conduct disorders and other behavioral problems, and will discuss my findings and observations concerning their improvements in terms of social skills.

LITERATURE REVIEW

In this research paper, I will investigate the aspects of group therapy that have a positive effect on children with conduct disorders and other behavioral problems and help them improve on their social skills. I chose to focus on group therapy as a method of treatment since children with conduct disorders and other behavioral problems often have few and poor interpersonal relationships, therefore fewer opportunities to develop and test out their social skills. I will also research the factors in the artmaking process that contribute to the improvement of children's social skills and to their growth and development. I'm interested in combining the idea of group therapy and artmaking as a way to help children with conduct disorders to develop and grow.

In this section, I will look at studies that were done in relations to group work and therapy, and which focus on group process and the healing/ reparative/ helping factors of the group. As well, I will take a look at the aspects of artmaking that produce positive changes in children with conduct disorders in terms of their social skills and how they interact with the outer world.

There are many aspects of conduct disorders that could be investigated, such as aggression, low self-esteem, and poor communication skills, which group and artmaking processes may have positive effects upon. However, because of the limits and subject of this research paper, I will focus only on conduct-disordered children's poor social skills and their need to improve on them.

Even though this research focuses on children with conduct disorders and other behavioral problems, I will not go into the description of other behavioral problems, even though some of the children in the research project have been diagnosed with them. The reason behind this choice is that conduct disorders seem to encompass all the symptoms of these other behavioral problems, being the most severe of all behavior disorders.

I will start with a look at the phenomenon of conduct disorders and the various characteristics of children with conduct disorders. I will continue with a review of the psychological literature concerning group therapy and a description of studies that have been conducted on group work with children. I will also discuss the art therapy literature on group therapy with children, focusing especially on its benefits on children's social skills.

Conduct disorders: What is it?

Conduct disorders are a disturbance in behavior that can be seen in children and adolescents. Conduct disorders refer to antisocial behaviors that create "a significant impairment in everyday functioning at home or school, and are regarded as unmanageable by significant others" (Kazdin, 1987, p. 11). There are four subtypes of conduct disorders that are defined mainly by the nature of the antisocial behaviors, the degree of aggressiveness, and the level of social skills and interpersonal relationships. They are: aggressive socialized, aggressive undersocialized, undersocialized nonaggressive and socialized nonaggressive. However, more attention has been given to the undersocialized aggressive subtype because it is the most prominent in our society today (Kazdin, 1987). Conduct disorders are the behavior disorders that occur the most often in children, not only in terms of referrals made to clinics, but also in the population in general. It was noted that this disorder affects 4% to 10% of children under the age of 18, and that 30% to 50% of the cases of children and adolescents referred to clinics concerned aggressive and antisocial behaviors (Breen & Altepeter, 1990; Kazdin, 1987; McMahon & Wells, 1989).

Conduct-disordered children demonstrate a wide variety of 'acting-out' behaviors that extend from unpleasant but somewhat inoffensive behaviors, such as yelling and throwing temper tantrums, to more disruptive and harmful ones, such as physical aggression or stealing (McMahon & Wells, 1989). But, whatever the extent of these

behaviors, they are all described as being antisocial when speaking about conduct disorders. According to Kazdin (1987), antisocial behavior refers to behaviors that are reflective of the violation of society's rules or that are acts against others. Behaviors such as fighting, lying, aggressive acts, theft, and other similar behaviors are considered to be antisocial. Although these antisocial behaviors can be seen in most children, though in various degrees, during their normal development, they are more clearly manifested and persistent in children with conduct disorders.

The most prevalent features of conduct disorders are behaviors such as fighting, defying or threatening others, truancy, destroying property, engaging in temper tantrums, disobedience and noncompliance, uncooperativeness, and disruptiveness (Breen & Altepeter, 1990; Herbert, 1987; Kazdin, 1987). Evidently, children with this disorder will not exhibit all of these symptoms, but they will certainly display a few. There are other characteristics that are often associated features to conduct disorders, such as hyperactivity, academic difficulties, low self-esteem, poor interpersonal relations and skills, and variations in cognitive and attributional processes (Breen & Altepeter, 1990; Kazdin, 1987).

The exact reasons behind the development of this disorder are still being debated. However, it is easy to understand how the antisocial behaviors perpetuate; often, it can be defined as a vicious circle of negative attitudes of parents, teachers, and peers influencing the conduct-disordered child's behaviors, and the child's disruptive behaviors having negative effects on others. Nevertheless, conduct disorders seem to be problematic for the child as well as for his/her entourage. Because of the nature of this disorder, it can be described as being a social disorder as well since it affects interpersonal relationships. Therefore, I believe it is crucial to look at what can be done in terms of social skills training in order to help children with their disorder.

It has been written that children with conduct disorders are often high in aggressiveness and/or antisocial behavior and, because of this, they are rejected by their peers (Kazdin, 1987). This constant failure in terms of peer relationships can be very frustrating and difficult to understand for conduct-disordered children. Since they have few relationships, these children lack important occasions to learn about social skills, ways of relating to others, as well as conflict resolution and coping skills. Subsequently, they "do not attain the socialization and learning appropriate to each developmental stage" (Riester & Kraft , 1986, p. 5). They are socially ineffective with both peers and adults, often showing low empathy for and politeness towards others. Children who display antisocial behaviors have been found to have low cognitive problem-solving skills in social interactions (Breen & Altepeter, 1990; Kazdin, 1987). Often, these children interpret the gestures and behaviors of others as hostile, they misinterpret social cues, and they experience difficulties in taking the perspective of others.

The prognosis for conduct disorders is poor in that it has been observed that there is a stability over time in children and adolescents. Also, children and adolescents with conduct disorders tend to experience problems later in life, such as alcoholism, criminal behavior, antisocial personality, as well as to exhibit poor adjustment in work and social situations (Kazdin, 1987). Therefore, there is a great need for the treatment of this disorder, especially early in life, so that children and adolescents' disruptive and antisocial behaviors decrease as much as possible before adulthood, so that they don't cause even more problems and impairment in functioning later in life. At the moment, no specific intervention has proven to be completely successful in the treatment of conduct disorders. However, many methods of treatment have shown to yield some positive results with this population, such as some types of individual and group therapy, pharmacotherapy, behavior therapy, and some kinds of residential and community-based treatments (Kazdin, 1987).

Group therapy: The Psychological Literature

In this part of the literature review, I will investigate the subject of group therapy in general as well as group therapy with children. There are many kinds of group therapy, many approaches that can be taken. But, I will not focus on specific theoretical models or methods since it would be too lengthy to discuss all the approaches and determine which one would best be suited and effective for which populations. Although the limits of this paper do not permit such a discussion, I will discuss the various advantages of group therapy and the curative aspects found to be present in all therapy groups.

Group therapy

In this section, I will discuss the findings of theorists and clinicians on the subject of group therapy in general. I will begin with a look at the therapeutic factors of group therapy and the reasons why group therapy is effective. I will continue with a glance at various studies in the field of group therapy.

Yalom (1998) defines eleven curative factors of group therapy, which are the "instillation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, the development of socializing techniques, imitative behavior, group cohesiveness, catharsis, and existential factors" (p. 1). However, I will focus on the ones that seem to be the most appropriate and important in regards to therapy with children with conduct disorders and other behavioral problems. I will precisely look at interpersonal learning, the development of socializing techniques, and group cohesiveness.

When Yalom (1995) writes about interpersonal learning, there are three aspects that he mentions as playing an important role in this learning: the importance of interpersonal

relationships, the corrective emotional experience, and the group as a social microcosm. When discussing the importance of interpersonal relationships, Yalom (1998) states that "people need people for initial and continued survival, for socialization, for the pursuit of satisfaction. No one transcends the need for human contact" (p. 31). The group can be especially helpful for those who have been rejected in the past and who need social acceptance and human contact. However, the need to interact with and be accepted by others is present in all individuals. The group offers a good opportunity for these needs to be fulfilled.

Yalom (1995) suggests that group therapy is beneficial in that it offers a corrective emotional experience for its group members. He describes the group as being positive in the improvement of interpersonal relationships in that patients can express feelings as well as engage in behaviors and see their effects on others. Yalom states that reality-testing ensues through such an experience. In the group, patients can test out emotions and behaviors that were previously scary to them, and realize how pertinent they are and what their consequences are. In terms of conduct-disordered children, they can gain some insight about their feelings and behaviors by interacting more freely and exploring interpersonal relationships with peers. By entering in such an experience, I believe children can gain some important and useful social skills; they can learn how to interact by getting feedback, verbal and nonverbal, from group members. This claim is supported by Waller (1993) who maintains that, in a group, people can learn from their interactions with and feedback from one another.

Yalom (1995) describes the importance of the emotional experience in therapy because the individual can discover, through the testing of reality, the appropriateness or inappropriateness of his interpersonal reactions. This is especially crucial in group therapy because the individual members provide actual opportunities for the creation of corrective experiences (Yalom, 1998). After having conducted interviews with patients, Yalom

(1995) realized that corrective emotional experiences can be acquired in the group in three ways, which he called 'critical incidents'. These three types of incidents are 1) the expression of strong negative affect, 2) the expression of strong positive affect, and 3) a strong expression of emotion, which is directed to another. In each of these cases, the patient takes risks in expression and evaluates the consequences. Yalom (1995) believes this is a very important therapeutic factor that the group provides. For children with conduct disorders, they can take risks in expressing positive feelings and behaviors, as opposed to expressing aggression, and see what happens. They can learn that such expressions can be beneficial, they can see how their peers react to these feelings and behaviors, and they can start integrating them in their repertoire of social skills.

Yalom (1995) stresses the importance of interpersonal learning as a therapeutic factor in group therapy, including the idea that the group in therapy is a social microcosm, which he describes as being a miniature version of each patient's social universe. Wadeson (1987) proposes that this is an effective tool for change, explaining that each member's difficulties that have brought them to therapy are played out in the group through the creation of each individual's social microcosm; individuals reenact their lives and relationships from outside the group. In this microcosm, group members focus on the 'here-and-now' and are encouraged to look at their behaviors in the group (Wadeson, 1987; Waller, 1993). In the group, people can gain insight on their own interpersonal behavior through feedback and observation. Outside of the group, individuals who are rejected because of their lack of social skills, for example, might not be aware of the reasons for such rejections. According to Yalom, people don't always learn from these experiences because they haven't been told by others the cause of the rejections. "Therefore, patients have never learned to discriminate between objectionable aspects of their behavior and a self-concept as a totally unacceptable person" (Yalom, 1995, p. 42).

Because group therapy encourages feedback on interactions between individuals, group members can begin to make discriminations.

By noticing the impact of their behaviors on group members in this social microcosm, individuals come to realize that they are responsible for their own acts, behaviors, and world. By being in the group and going through this experiencing and exploration of behaviors, feelings, and feedback, individuals can gradually start to change and try new ways of interacting positively with others. In turn, they can realize that this new way of being doesn't produce catastrophic and destructive effects. The social microcosm has provided the individual with an opportunity to take risks and test out behaviors and, as a result, the behaviors learned in the group eventually get carried out in the person's social interactions with others in his environment (Siepker, Lewis, & Kandaras, 1985; Yalom, 1995). The group has encouraged the acquisition of new skills through corrective experience in a safe environment, in the safety of the microcosm.

Another curative factor of the group established by Yalom (1998) is the development of socializing techniques, or social learning, which happens in all therapy groups. This aspect goes hand in hand with the curative factor of interpersonal learning, which was described earlier. He claims that social learning can be direct or indirect, depending on the approach taken by the therapist. Some might focus specifically on the teaching of social skills while others may demonstrate their importance by modeling appropriate social skills as well as encouraging and giving feedback to the group members. Despite the approach taken, groups foster the development of social skills due to the presence of other individuals in the group and the inevitable interactions among them.

The last therapeutic factor I will focus on in terms of Yalom's (1995) theory is group cohesiveness. As therapy sessions go by, members in a group start to know each other better and begin to trust one another as well; the group cohesiveness develops and the group starts to have its own identity. Due to this, group members begin to support each

other and take more risks in the group (Wadeson, 1987; Waller, 1993). Once the group has been established as safe and trusting, change is more likely to occur. Yalom (1998) found that groups which are highly cohesive produce better outcomes for its members; positive changes occur more frequently. He believes that group cohesiveness is one of the most important factor because, without it, the other factors can't function at their best.

Rose (1993) agrees with the findings that groups can be beneficial in therapy. She found that the presence of other individuals in a group gives the group members occasions to interact with peers and to practice new social skills in a protected and safe setting. By having other people present, the group provides opportunities to learn and practice new behaviors, ways of thinking, and ways of relating. Because there are others in a group, some with different difficulties and some with similar problems, individuals have the opportunity to help them on various levels and, in turn, they learn to help themselves more efficiently (Rose, 1993; Waller, 1993). This is a positive aspect of group therapy that individual therapy does not afford. Yalom (1998) believes that this is an important, curative factor in group therapy, which he terms 'altruism'.

Rose (1993) states that groups are also advantageous because they provide individuals with many different perceptions of a problem. In individual therapy, only the therapist can share his perception and give feedback to a client. In group therapy, an aspect of a problem that may have escaped someone might be brought up by another member. So the group provides its members with feedback and different points of view about their behaviors; the members are confronted with their own perceptions which may be distorted or destructive, and this confrontation is often better accepted if it comes from a peer than from a therapist (Rose, 1993).

Many studies (Bierman & Furman, 1984; Kahn & Thompson, 1988; Kazdin, 1987) support the effectiveness of group therapy with various populations, including children with conduct disorders. Individuals benefit from group therapy when they are in

the presence of others who are experiencing the same difficulties. Group therapy enables members to develop their interest and involvement in social situations as well as their social skills, and it gives them the opportunity to learn from others' successes and failures. The group offers points of comparison to its members by the presence of others, and invites self-understanding and acceptance (Seligman, 1998).

Bierman and Furman (1984) concluded, from their work with a group of latency-aged children with poor social skills who were experiencing difficulties in peer acceptance, that group therapy was extremely successful in increasing their level of social skills. Additionally, they found that the effects were maintained after the treatment was completed and that children were more effective at interpersonal relationships.

On that note, let's take a closer look at group therapy with children.

Group therapy with children

In this section, I will look at why group therapy is especially effective with children, how it can help them develop and grow, and what kind of changes it can engender. I will also review some of the studies that were done with children and discuss their findings.

Sometimes, children experience great resistances to change, especially those who have repeatedly gone through negative and painful experiences and relationships. However, Lewis (1985) believes that these children can nevertheless benefit from group therapy because they can learn by observing their peers and therapist form relationships and engage in social interactions, a process she coins 'vicarious learning'. They can observe social skills being displayed and experience their outcomes through the observation of others. Dies and Riester (1986) found that group therapy resulted in clear improvements in children; they noticed a reduction in the frequency of acting out behaviors, an increase in

the development of social and coping skills, and positive changes in attitude and general adjustment.

Gresham and Lemanek (1983) found that group peer interactions are very important in the early developmental stages because they teach children how to be socially competent. They claim that it is crucial for children to interact with others and acquire social skills because those who do not are at greater risk for school difficulties and for developing mental health problems and poor relationships later in life. Therefore, for children who have few positive peer relationships, the group in therapy may provide them with better chances for the future. Bierman and Furman (1984) propose that group therapy is particularly meaningful for children because interactions with peers play an important and distinct part in developing appropriate levels of assertiveness, moral reasoning, altruism, and other significant social skills. Riester and Kraft (1986) suggest that children need to be involved with peers, and that this need can be satisfied through the group process; they can establish positive connections with important others in the group and carry this over to the outside world.

Gaines (1986) researched the effects of the peer group on children in therapy. He states that the therapy group supplies an accepting and supportive setting that enables children to better learn social skills. When children get to feel more comfortable with a group, and this is more easily achieved in the presence of peers, they start exhibiting their maladaptive and inadequate social skills. When this happens, the group and therapist can let the child know about it and make suggestions on how to improve. By observing others, getting feedback, and trying out new behaviors, children can become aware of rules and social expectations, and they can learn new skills such as negotiation and compromise as well as communication and listening skills (Gaines, 1986). Without peers, this learning might be more difficult to achieve because children cannot learn about and practice these skills as easily. Swanson's (1996) research shows similar findings for the effectiveness of

the group's safe, tolerant environment to enable children to try out new behaviors and learn skills. The group offers the child the opportunity to learn about empathy and cooperation, as well as about how to deal with aggression and competition. They get to look at others for guidance and understanding by comparing their own behaviors with that of their peers.

Similar findings were discovered in a study of children in a play therapy group. Rosenberg-Hariton, Kernberg, and Chazen (1991) researched the effects of play group psychotherapy, primarily using an integrated activity-interpretive model, on children with conduct disorders. In their study, two therapists led a group of conduct-disordered children. In the initial stage, the therapists talked to the group members about the frame, limits, rules, as well as their helping role in order to reduce the anxiety and acting out behaviors. In the middle phase, the therapists began to facilitate interactions between group members and to examine behaviors within the group through group discussions. At that point, therapists commented on how people reacted to each other, on the children's perceptions, and on their behaviors. In the ending phase of treatment, the group members became increasingly able to observe their own and others' behaviors as well as to share these observations together. In this approach, it is possible to observe some of the various therapeutic components described by Yalom (1995).

Through this research, Rosenberg-Hariton et al. (1991) recognized the healing value of play and peer interaction, and their positive effect on the development of social skills. They stressed that play and peer interactions in a group facilitate treatment and satisfy important needs in many ways. It provides a way to release anxiety through response and reenactment, facilitates conversation and the mastery of communication skills, promotes the development of empathy for others, increases the ability to understand and follow rules, and encourages children to find new solutions to reoccurring problems and difficulties.

Group therapy: The Art Therapy Literature

Rubin (1999) supports the idea that art therapy groups can help individuals change and grow, regardless of the length of the treatment, because of the presence of others. Her work with a 9 year-old boy in an art therapy group supports this claim. When he began his short-term therapy, the boy was compulsively drawing repetitive designs, working silently and separately from the others. As the sessions went on, he began to sit closer to the others, and later began to talk. Meanwhile, his artwork became more creative, exploratory, and freer. By observing the others, he became more expressive verbally and visually. Near the end of therapy, he was able to interact through art materials by working cooperatively with another. Through observation, he was able to learn how to be expressive; due to the development of the group cohesiveness, he was able to trust others enough to take risks in expression and interaction. Rubin (1978) claims that, as individuals develop trust and as the group slowly begins to become more cohesive and to have its own identity, changes in the group start to become evident. Individuals in the group start to change as they use the art materials and each other to reflect, work, and deal with their difficulties, which was true for this boy.

A positive aspect of the group is that a great deal of interpersonal learning goes on within a group, and it gives its members the opportunity to improve important, general life skills through observation and interaction (Case & Dalley, 1992; Waller, 1993). But, what is particularly interesting in the art therapy group is that feedback can be given through verbal means as well as visual means, which can make it easier for some to accept. "It is possible for members to get feedback from the group about themselves, either through exploring the images or through an exploration of developing relationships with the group which will be encoded in the pictures" (Case & Dalley, 1992, p. 236).

Kahn and Thompson (1988) suggest that taking part in a group activity can be very profitable for people, no matter what the activity is. They state that it encourages the development of skills and helps in the understanding and achievement of character traits such as tolerance, empathy, and the ability to share. Participation in an activity has benefits that verbal therapy does not afford. People not only get to interact verbally and discuss their difficulties, but they get to experience more directly a 'real' relationship with its conflicts as well as its negotiating and cooperating aspects. People get to be physically involved in a task with others, and implicated in an interpersonal relationship, that they have to try to accomplish cooperatively and/or with the support of others.

Many children who are in the latency period or in preadolescence become much more productive if they are surrounded by peers in group therapy as opposed to individual therapy. Groups of children, when they are operating at their finest level, can bring about understanding, inspiration, and creativity from one another, which adults cannot always do, despite their most genuine encouragement, empathy, and will to help (Kramer, 1979).

Here is another benefit of doing art in a therapy group. The difference between creative arts therapy groups and verbal therapy groups is that, in art therapy, individuals become separated from the group at a certain point in order to work individually on their own artwork (Case & Dalley, 1992). According to Case and Dalley, in every group, tensions exist; there are pulls between interdependence and detachment, between the wish to unite and become a group with an identity and the need for the expression of one's own independence and individuality. Art therapy groups are beneficial in that they provide the opportunity to explore and experience both. Children can work on their own, process, explore, and experience what is going on inside of them through their artwork. On the other hand, they can come closer to others through discussions of their artwork and the experiencing of the group dynamics and cohesiveness. They can learn to be separate while being together; they can identify with others while being unique and different.

In both cases, children learn two ways of being; they learn what it is to be an individual in a group, and what it means to be a group. They discover how to interact with each other, how to be with others, and how to make the group work in a respectful and productive way, which is something that conduct-disordered children need to learn. In a group, great interactions can occur, and what is interesting is that all of this is achieved with the help of the art materials, the artmaking, and the art process. One person can help another in certain areas if difficulties are encountered, which can increase the helper's self-esteem and self-confidence while teaching both members how to cooperate and be respectful of each other. Especially with children, interaction through the art materials can be reflective of the dynamics of the group and be helpful in the acquisition of interpersonal relationships and social skills (Case & Dalley, 1992).

In their work with a group of latency-age boys, Case and Dalley (1992) witnessed how two boys learned from each other and how to interact properly while working together with art materials. On a piece of paper, they drew two teams fighting with each other in a football game. Although the antisocial behaviors shown on the paper would most likely have occurred between the boys outside the therapy session, they did not happen in the art room. The boys were able to express and direct their feelings and energy within the artroom and within the paper, while being cooperative; they were able to complete an artwork together without major interpersonal problems occurring. They learned about cooperation, how to help each other, and how to deal with conflicts in an appropriate manner.

The group and the art materials can be helpful in the expression of needs and feelings, therefore enhance communication skills. Through the image, children can share about their difficulties, conflicts, feelings, etc., with others, and express what they cannot verbally. Case and Dalley (1992) suggest that "the unconscious dynamics and interactions within the group facilitate the expression of problems faced in their daily lives" (p. 201).

They can deal with their difficulties nonverbally, and through feedback and responses from others, they may eventually begin to be more verbally expressive. And, since in the group children inevitably influence one another in their behavior and artwork, they can all share a common experience through the sharing of artwork and the artmaking process, although the final works will be different for everybody. Case and Dalley suggest that an artwork is significant of an individual or a group's journey and development. Through artmaking and the sharing of artwork, children can not only develop group cohesiveness and communication and social skills, but obtain a feeling of acceptance and universality; they can see that they are not alone in their difficulties. "The universality of experience is recognized through the sharing of paintings- one person's emotion and life events bringing forth another's" (Case & Dalley, 1992, p. 36). Yalom (1995) defines universality as being a curative factor in group therapy.

A further positive aspect of group art therapy is that sharing can be less intimidating than in a verbal therapy because the artwork can be a concrete object for discussion (Case & Dalley, 1992; Waller, 1993). Members can share their objects and speak about them without speaking directly about themselves. The art therapy group provides the possibility for interactions between members in a rather non-threatening way in that people can discuss their artwork, even while working, without getting a sense of being on display (Rubin, 1978). According to Wadeson (1980), the most important element in an art therapy group is the sharing of the artwork. Group members get to know each other through the artworks they produce and share, and get to be known for their style and the characteristics of their own artistic expression. In the case of children with behavioral problems, sharing artworks is a great non-threatening way to show positive aspects of themselves that are unknown to others; they get to focus on different and positive elements of themselves, which in turn can enhance their self-esteem, motivate them to behave properly, and make others react differently to them.

Artwork is a vehicle for communication; communication of one's feelings and ideas, communication about the self to others, communication of the self from others. Wadeson (1980) describes her work with art therapy groups of adolescents who were experiencing difficulties in school and had to be hospitalized. She explains that the artwork made by the adolescents enabled them to communicate better about their shared experiences as well as about their feelings about each other and the group. The artwork is a vehicle for communication that helps people communicate better, feel comfortable about it, and understand others, themselves, and their experiences. Sharing one's artwork with others is sharing about one's self.

Children with conduct disorders can learn from sharing about their artwork. They can learn the social skills needed to share with others, how to share about themselves nonverbally, how to share verbally in a respectful and appropriate manner about an art product or process. By sharing, children acquire skills that are important in everyday life, and they learn about themselves and others.

In sum, group therapy seems beneficial for conduct-disordered children. Many studies support this theory by suggesting that exposure to other individuals in a group setting, the idea of vicarious learning, the corrective emotional experience, the sharing aspect of group work, and the notion of the group as social microcosm are all important aspects of group therapy that enable individuals to improve on their social skills.

INVESTIGATIVE PROCEDURES

Methodology

For this research project, I studied a group of latency-aged boys who have been diagnosed with conduct disorders or have been exhibiting major behavioral problems at home and at school. This study took place in a psychiatric hospital where the children were

part of a day-treatment program. The children were seen on a weekly basis by myself, the therapist/ researcher. The research project made use of a qualitative research method, more specifically a descriptive case study, in order to investigate and describe the effects of group art therapy on the development of the children's social skills. The goal of this research project was to observe and describe the qualitative changes in the children, to define the nature of the modifications, and to describe how the art therapy group influenced the children's development.

In this study, the children were exposed to a variety of materials and techniques. I used a non-directive approach and allowed them to use the materials and techniques they wanted as well as to explore the themes they were interested in. The goal of this approach was to reduce the level of anxiety of the children, to make the experience as non-threatening as possible, to increase the children's interest in the art making process by letting them choose according to their preferences, and to enable them to get authentically involved in the process, which I believed would maximize the positive outcomes of the research. The participants were expected to engage in artmaking for a period of 45 minutes in a one-hour session before responding to their work and that of their peers. During the session, I observed the children's involvement in the artmaking process, their behaviors, their response to and reflection on their own and the others' artwork, the nature of the interaction between the group members, and the changes that occurred in each participant through the contact with art materials and other children.

The data collected during the sessions was written in the form of notes after the sessions. A pre and post-treatment evaluation form (appendix 3), designed and filled out by myself, was also used in order to assess the changes that occurred over the treatment period. The goal of this evaluation form was to assess the children on an equal level, to provide consistency in evaluation throughout the treatment by rating their behaviors according to clear and specific elements, and to make sure that the same elements were

evaluated at the beginning and end of therapy for all children. The case material available from the children's files, my own notes, the evaluation forms, as well as the children's artwork were all used in order to evaluate the participants' progress and the effects of the artmaking and the group on the development of their social skills.

In order to assess the influence of group art therapy on the conduct-disordered children's social skills and define the nature of the changes, I looked at the early material that was collected at the beginning of the treatment and compared it with the data gathered at the end of therapy while taking into consideration the information collected throughout the treatment. The data was collected over a period of seven months, after which the art therapy sessions were discontinued due to the end of the clinical year.

Some unforeseen situations occurred during this research project, which created some unexpected difficulties in the research process. This mainly had to do with the fact that adherence to the group changed three times over the course of the seven-month period. The group membership was always kept to two or three children at a time, but only one child stayed in the group for the entire treatment period. There were three children in the group during the first month of treatment, however, group membership was lowered to two children afterwards for a period of two months. Four months after therapy started, one of the two remaining children left the group to be replaced by two new members. One of these new members, along with the child who had been there from the very beginning, stayed in the group until the end of the treatment period, while the other child left five weeks before the end. The reason for such movement in the group was due to the fact that children were being discharged from the day-treatment program at various points during the clinical year, due to their improvements and success in reaching their established goals. Because the art therapy treatment was part of the day-treatment program only, children who were discharged were not able to continue art therapy as out-patients afterwards.

Case Study

This is a case study of a group of children in art therapy, who were referred to a day-treatment program by school psychologists, social workers, or the department of youth protection, depending on the children's difficulties and situation. The treatment took place in a large psychiatric hospital in an urban setting, in which many different types of therapy are offered. This program is designed for children who experience various kinds of behavioral difficulties and who can no longer function appropriately at home and/ or at school. The program is set up in a way that allows children to work on various aspects of themselves through different activities as well as group and individual therapies. The children attend school in the hospital for part of the day, while they participate in certain therapies, depending on their needs, and different activities in small groups for the other part of the day. This case study will describe the children's participation in weekly group art therapy sessions.

Description of the clients (part one)

Since membership in the group changed over the course of the treatment, I have decided to separate the total amount of sessions in two parts. I will first start with a description of the clients who took part in the first part of the art therapy treatment together, and continue with an account of the development of the sessions over that four-month period. I will proceed with the description of the clients who were added to the group after the four-month period and the unfolding of the sessions of the second part of the art therapy treatment.

Mark is a twelve year-old boy who was referred to the day-treatment program after having been admitted to the emergency room of the hospital for presenting suicidal ideation. He was diagnosed with an adjustment disorder and a disturbance of emotions and conduct. He presents a number of behavioral problems, including aggression with peers at school, noncompliance, defiance, fighting with his siblings, and destroying his own possessions. Mark has a tendency to keep things inside at times, but has voiced that he felt unwanted and unloved. He has a low self-esteem as he often says he's dumb and can't do anything.

In terms of family history, his parents are both recovering cocaine and alcohol addicts. His mother suffers from depression, and is presently living in a home for recovering addicts. His father is in jail for drug related charges. Mark has two older sisters and two younger brothers. Mark and all of his siblings live in a foster home with a family who have two children of their own and two other foster children.

Mark's parents, who are now separated, had a rather stormy relationship. Mark and his siblings were exposed to major disagreements and verbal abuse between the parents, and regularly witnessed their parents becoming high. Mark's behavior problems seem to be linked to his chaotic family situation and to the fact that his basic needs were neglected due to his parents' addictions and difficulties.

Paul is a ten year-old boy who was admitted to the program after his mother consulted with clinical team because she claimed that he was extremely difficult to handle, and she was concerned about his fighting and oppositional behavior. Paul is diagnosed with a conduct disorder and oppositional defiant disorder, and also has learning difficulties.

Paul experienced a great deal of difficulties at school; he kept fighting and arguing with peers, was oppositional, and constantly left the classroom without permission. He was suspended six times in his last two months of school for fighting with other children.

Paul has mentioned that he had no friends because of his constant fighting and arguing. Oppositional and problematic behaviors are apparent at home as well.

Paul's behavioral problems escalated when his parents separated four years ago. While his parents were married, Paul witnessed his mother being physically and verbally abused. His father is illiterate and has alcohol problems, and Paul has had limited contact with him since the separation. Paul has an older brother and sister. He and his siblings live with his mother and her boyfriend, who has two young children of his own who also live with them. A few years ago, they all moved from a remote part of the province to come here, and they have moved many times since. The mother and her boyfriend don't work and are both minimally educated. The family has been signaled to the department of youth protection for reasons of poverty, namely poor hygiene and diet.

Tim is a ten year-old child who was referred to the day-treatment program by the school psychologist because of several behavior problems, including oppositional behavior, hyperactivity, aggression towards others, and extreme mood swings. While his case was being assessed by the clinical team, Tim had to be admitted to the in-patient treatment unit of another major hospital of the city because of his deteriorating behavior. He was discharged two months before entering the day-treatment program. Tim has been diagnosed with ADHD and dyslexia, and shows symptoms of oppositional defiant disorder and conduct disorder.

Tim's difficulties became evident when he was three years old and attending daycare; he had dramatic mood swings and crying fits. At school, Tim was unmanageable as he ran away daily, constantly fought with or threatened others, and frequently had to be restrained due to aggressive behavior and temper tantrums. At one point, he was expelled from school because of his problematic behaviors, and had to be home-schooled for three months. Tim has threatened to hurt or kill others or himself, and has put himself at risk by engaging in many dangerous and potentially harmful situations. He also has repeatedly

stolen or destroyed property, and has shown little remorse for it. He has no friends because of his aggressive and problematic behaviors, has a low self-esteem, and finds it rather difficult to socialize.

Tim lives at home with his mother, his older sister, and his younger brother. His parents separated seven years ago, which coincides with the emergence of Tim's behavioral difficulties. The mother moved here with the children after the separation. Tim rarely sees his father as he lives a couple of hours away, but he still maintains a good relationship with him.

Development of the sessions (part one)

Session no. 1

Since it was the first session, I started by explaining to the group what art therapy was and by stating the boundaries of the sessions in terms of time, length, space, and the expected behavior in the group. I discussed the approach to the sessions and explained that they would be allowed to choose the themes and materials they wanted to work with, as long as it was respectful and reasonable. Throughout, Mark and Paul were calm and attentive, and they agreed to the conditions.

However, while I was explaining all this, Tim, who had been in art therapy during the previous year, kept interrupting me and making comments about what I was saying and art therapy in general. He seemed to have difficulty accepting my rules, and kept repeating the rules established by the previous art therapist. I asked him to let me finish first before he told us about his experience of group art therapy, but he continued to interrupt. He was eager to share about his previous art therapy experience, which had been a rather positive and change-provoking one for him.

After the discussion, the children were asked to decorate their individual folder that would hold their artworks before resuming their own projects. Despite his attitude, Tim didn't have any difficulties getting started and spent the whole session drawing on his folder (fig. 1). He put a lot of effort in his work and was careful with every detail, but he worked quickly and seemed nervous. Mark and Paul also worked on their folders, but for a shorter period of time. Paul quickly made a sort of graffiti on his (fig. 2), and refused to add to it or continue on the other side. Instead, he made graffiti drawings or colored some that Mark gave to him (fig. 3). Mark's folder was more elaborate (fig. 4), but he went back and forth between this and graffiti drawings, which he gave away as soon as he was done.

While working on their folders, the children were interacting together. Paul talked mostly to Mark, who he seemed to idolize, but often fought with Tim over materials. Mark and Tim interacted a lot, but Tim's comments were often condescending and inappropriate. I occasionally jumped in their conversations or asked them about their artwork in order to make them feel comfortable and create an alliance. Mark and Paul were willing to answer my questions but seemed uninterested by my comments. As for Tim, he was often rude and frequently swore in response to my questions and comments. He was rather dismissive and seemed resistant to my attempts to connect.

My impressions from the first session were that there was a great deal of competition between the children and some inappropriate behaviors, but that they could nevertheless occasionally interact appropriately together and engage in artmaking. Tim appeared to be an anxious and defiant child who likes to be a leader but needs to be contained. He engaged in acting out behaviors by being mouthy and swearing; he tested me a lot by making rude and inappropriate comments. Paul seemed to have a low self-esteem and relied on others for ideas. He was argumentative at times and rather cold, especially with Tim and I. Mark seemed polite and was helpful to others, especially to Paul. He was talkative and pleasant, but seemed to be competing with Tim to be the leader of the group.

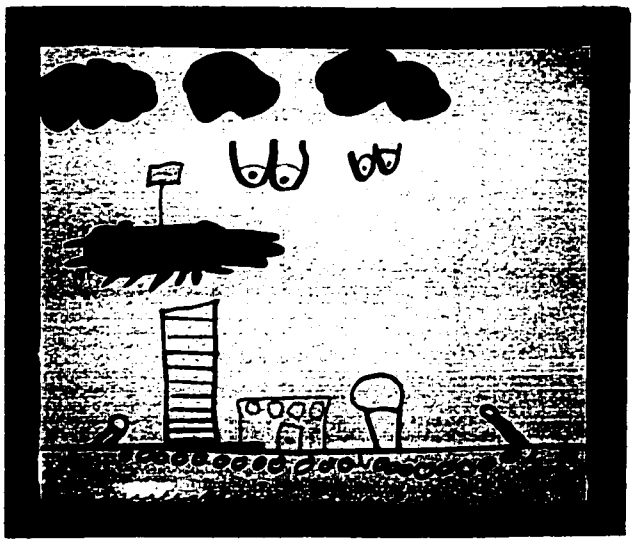

Figure 1- *Tim's folder*, marker (24" X 30")

Figure 2- *Paul's folder*, marker (24" X 30")

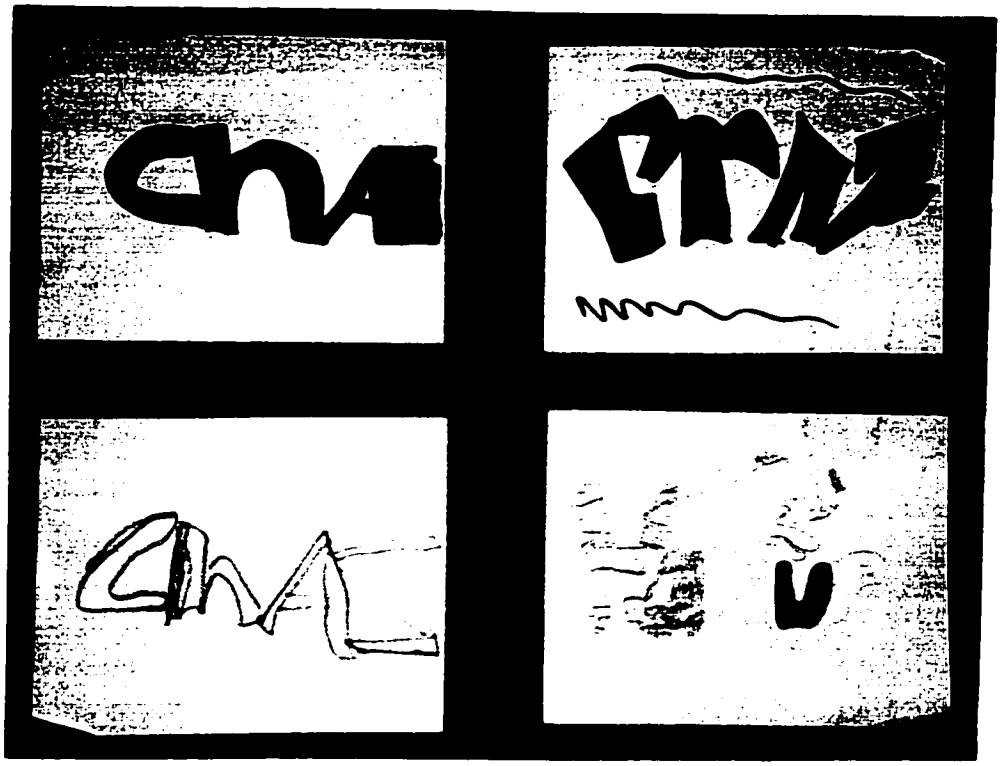

Figure 3- *Paul's graffitis*, markers and ink (8 1/2" X 11")

Figure 4- *Mark's folder (reproduction)*, markers (24" X 30")

During the session, there seemed to be some competition between the group members in regards to group leadership, friendships, and materials. Tim and Mark were competing for the role of leader while Paul was trying to get Mark's attention away from Tim and onto him. The children had difficulty sharing the materials, especially Tim and Paul, as they argued over what belonged to whom even though there were plenty for everyone. But, although there was some competition between the group members, they influenced each other quite a bit. At one point during the session, Mark started saying bad words and drawing breasts on a piece of paper, and it didn't take long for the other two group members to join in, despite the fact that they had been competing with one another for various reasons until that point. At the very end of the session, Paul energetically destroyed styrofoam plates with his fist, and Mark and Tim went over to help him with the destruction. They were able to form some kind of alliance through these acts, but competition was still very much present as they kept oscillating between sharing and arguing, cooperativeness and rivalry.

Session no. 2

The following session, Tim and Paul both chose to build a popsicle stick tower (figs. 5 & 6) while Mark painted (fig. 7). Again, Tim and Paul were competing to see who would build the best tower, commenting negatively on each other's work. The fact that they were working on similar works only emphasized the idea of sibling rivalry that is often present at the beginning of groups (Wadeson, 1987). When Paul mentioned he didn't want to compete anymore, Tim became a bit more defensive and defiant; he continued to occasionally swear and act out, but less than during the previous session. Meanwhile, Mark, who kept commenting on Tim's inappropriate behavior, decided to make up a list of rules to follow in the sessions. Paul and I joined him, but Tim refused to contribute. Once the list was complete, Mark proudly put it up on the wall. From that moment on, Tim's

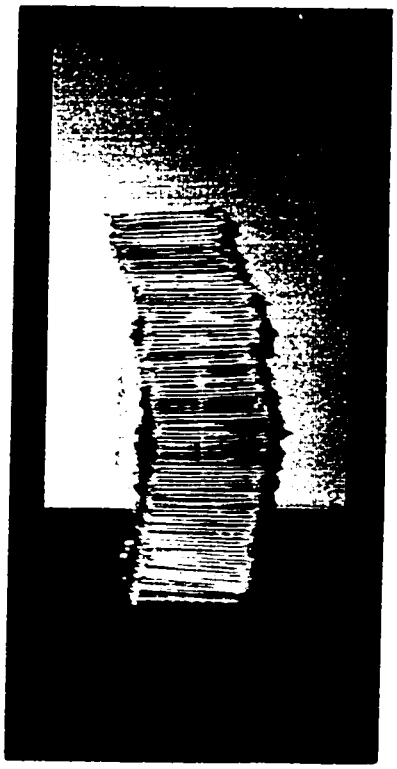

Figure 5- *Tim's tower* (18 inches)

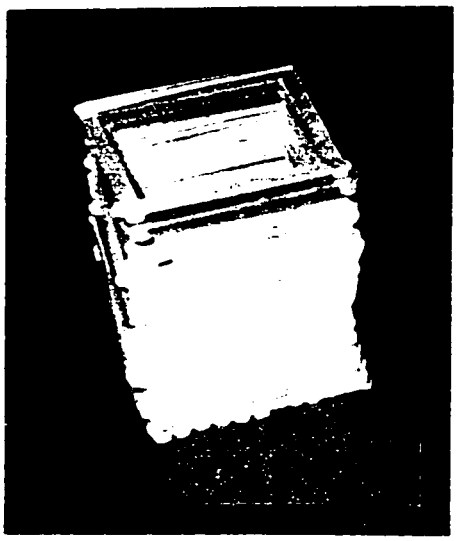

Figure 6- *Paul's tower* (8 inches)

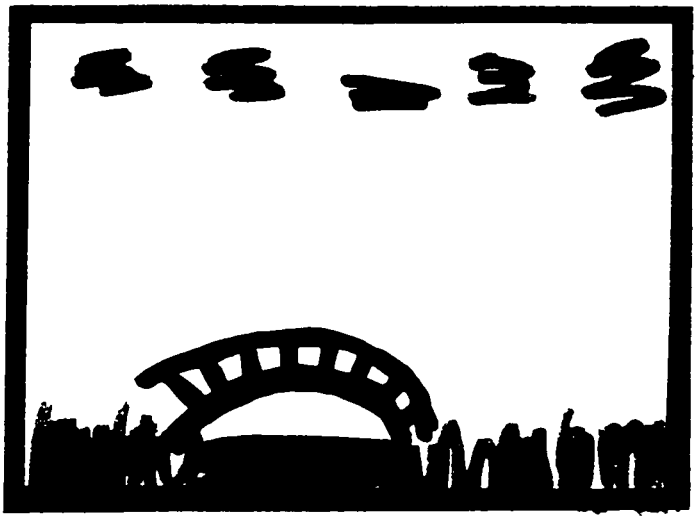

Figure 7- *Mark's painting (reproduction)*, gouache (24" X 30")

behavior deteriorated as he started breaking all the rules. He was defiant and oppositional; he was acting out and very difficult to keep under control.

Mark and Paul were trying to be on their best behavior and kept telling Tim he was being bad, which only further ostracized and frustrated him. However, until that point, all three children had been able to interact somehow appropriately while working, even though there were occasional conflicts and some inappropriate behaviors and comments on Tim's part.

Because of Tim's unacceptable behavior, I decided to have a talk with him before the next session. The goal of this discussion was to create an alliance with him by asking him to be an assistant in the sessions. I mentioned that the role of the assistant was to model good behavior for the others by complying with rules and behaving appropriately, and to help to make the sessions function properly. I told him that, since he had experience in art therapy and knew how things were supposed to work, he was the best candidate to help me show the others in the group how to interact, behave, and work properly.

Session no. 3

The following session, some dramatic changes occurred. It was as if the children had decided to switch roles with one another. During the session, Tim was much less anxious, didn't talk back, and was able to stay calm and composed when others challenged him, tried to instill conflict, or behaved inappropriately. Tim worked on his popsicle stick tower for the whole session, without negatively commenting on others' works like during the previous session, and was capable of discussing various topics with me without being resistant, rude, or distant. Tim was also able to verbalize to myself and his peers when he thought a group member wasn't behaving properly and he wasn't defensive when others commented on his 'new' behavior. In sum, Tim was cooperative, compliant, attentive, and exercized a great deal of self-control as he didn't swear, act out, or join in his peers'

inappropriate behaviors. It seemed that what he needed was containment, an alliance with me, and the reassurance that he would have his place in the group.

In contrast to the previous sessions, Mark was anxious and excited; he constantly talked and bothered others in their work, he engaged in discussions that were inappropriate, he was noncompliant and broke the rules he had made up the previous week, and he often challenged his peers in order to instill conflict. He began working with popsicle sticks but wasn't able to continue because he was too excited. He therefore spent the rest of the session (about 40 minutes) playing with pens, teasing others, and moving around in the room. He engaged in acting out behaviors by drawing on another child's face, spraying in the bathroom, and being overly loud and rude to me.

As for Paul, he started the session by calmly working on his popsicle stick tower; he was focused and controlled. When he finished his work, he stayed seated for a while, unable to engage in further artmaking. At that point, he was influenced by Mark as he became quite excited and began to lose control; he was loud, laughed and talked a lot, was overly active, and engaged in inappropriate discussions. He and Mark began feeding off of each other and their disruptive behaviors escalated. Just like Mark, Paul became rude and challenging with me, and had difficulty listening to and complying with my directives.

During this session, Mark and Paul formed an alliance by being disruptive and influencing one another. Tim remained an outsider, but this time, by behaving properly and staying calm and composed; he didn't attempt to join the alliance at any point. Instead, he tried to strengthen his alliance with me by acting the way he did and fulfilling the role he had been asked to play.

Session no. 4

The week after, all three children decided to work with clay. They used all kinds of tools to dig in, scratch, poke, and take apart lumps of clay. They went from destroying clay

body parts to doing brain surgery: this seemed to be a cathartic activity in that they could let out their energy while being very physical with the clay, but in an appropriate way. As a result, they were all much calmer during the session; they didn't need to move around, they weren't loud, inappropriate, or disruptive, and they could calmly discuss together afterwards. Positively focusing their energy in the artmaking helped decrease the need for acting out, and they could therefore behave properly and create opportunities to use their social skills. Near the end of the session, the group members and I sat around the table for about twenty minutes, discussing various topics, and all three children were able to contribute and interact properly. The clay activity also brought them closer in that they could all explore and deal with their own fantasies, but work together at the same time.

During this session, the children influenced each other, but in a positive way. They interacted quite well together; they didn't compete against one another and didn't argue or make negative comments about each other. They finally came together on that day, through the artmaking, after having had some difficulties in previous sessions. This was a nice way for Mark to end the group as he would be discharged a few days later. Paul continued to be a bit rude and challenging with me, but much less than in previous sessions. Tim was the only one who kept his works, which were weapons (fig. 8). Although he wasn't defensive or disruptive during the session, he had something to symbolically defend himself with.

Figure 8- *Tim's weapons*, clay

Session no. 5

For the first session without Mark, the children chose to play with clay again. Paul replayed the previous week's brain surgery while Tim scratched the surface of a slab of clay to make a tic-tac-toe game. He asked me to join him in his play, and we played for about twenty minutes. He seemed to enjoy the positive attention. Meanwhile, we were talking to Paul, and I was commenting on what he was doing. Again, during this activity, the children were calm, respectful, and interacting appropriately.

Later during the session, Paul talked about papier-mache, and when I offered him some, he became enthusiastic and motivated. He asked Tim if he would like to work on a group project, and Tim agreed. They thought up the idea of making a robot and got boxes while I prepared the glue mix. They began taping the boxes together, but after about five minutes, Tim was unable to continue. He was having great difficulties sharing space and materials with Paul, and the idea of working cooperatively became overwhelming and anxiety-provoking for him. He therefore ended up getting various materials and showing us tricks and techniques with paints and water while Paul worked on the robot (fig. 9).

Later, Tim took generous amounts of paints and poured them on a large sheet of paper (fig. 10). He mixed them with his fingers, directly on the paper, and continued to add more paints once the initial colors were properly mixed. In a way, he may have been reacting to his inability to cooperate with another child and the feelings this brought about. He may have felt he was getting out of hand, so instead of being disruptive and acting out, he made a mess on paper. In some manner, he was exercizing some self-control as compared to his previous way of dealing with anxiety.

When Paul put away the robot to let it dry, he joined Tim in his fingerpainting activity. He was influenced by Tim, and they both got involved in the process and had difficulty stopping this activity when the session ended.

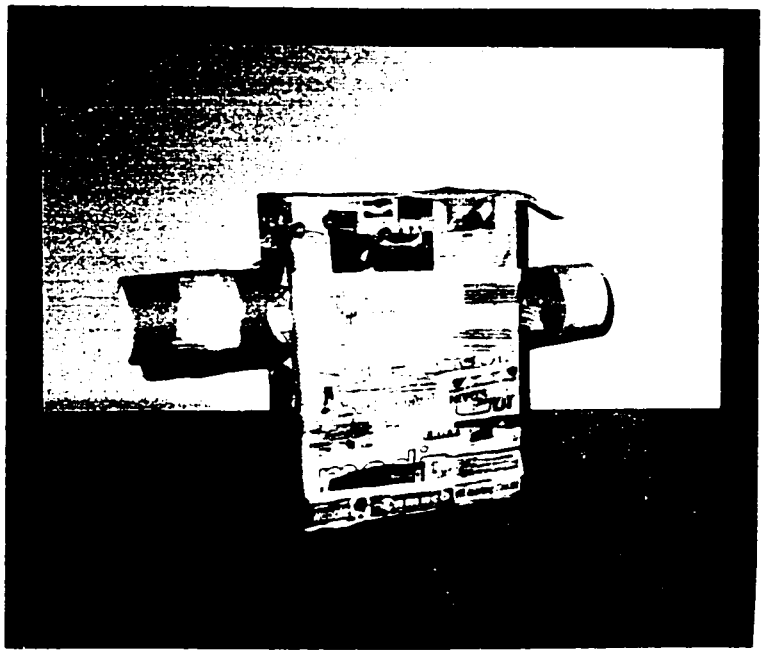

Figure 9- *Paul's robot*, papier-mache (14 inches)

Figure 10- *Tim's mix*, gouache (16" X 20")

In terms of social skills, Paul was much better during this session; he was polite and respectful with Tim and I, he kindly accepted my help when I offered it, and he wasn't demanding or challenging me like he had done in the past. He was much more pleasant, motivated, and enthusiastic. As for Tim, he was talkative and interacting properly with Paul and I. Although he was active and anxious, he wasn't disruptive and managed to stay in control of himself, which was an improvement for a child who previously had difficulties in containing himself and his emotions. Even if there was some regression with the fingerpainting at the end of the session, both children remained respectful and well-behaved, and were able to hold their emotions and acting out within the artwork and artmaking process.

Session no. 6

The following session got out of hand when the children decided to continue the painting activity from the previous week. They got large sheets of paper and many paint containers, and proceeded to pour most of the paints on the papers. As soon as a jar of paint was empty, they got another one to replace it. At one point, the paint on Tim's artwork began to overflow and drip onto the floor. Paul continued to pour paint on his artwork so that he would get similar results. Both children were getting out of control and didn't stop when I asked them to. They were very involved in this activity, but overwhelmed at the same time.

Paul had the idea of putting the excess paint in empty containers. I ended up helping him, but he was rude to me and giving me orders. When this was done, I put the remaining jars away and asked them to clean up. However, they decided to get more empty jars and paints, and to mix the paints directly in the jars. At that point, there was paint all over the tables, chairs, and floor. Despite my attempts at controlling the situation, they only continued; they couldn't listen to my directives, and they were noncompliant and defiant.

Once it was time to clean up, I was told that it was my job to do so, not theirs. They first refused to clean up, but after a long discussion, Tim chose to help out. However, he somehow continued to make a mess as he put too much soap and water on his sponge, which only spread the paint around even more. I offered my help as long as everyone in the group contributed. Paul finally joined in, but not without making disrespectful remarks. Before the clean-up was done, he got a bucket of soapy water and a sponge, and gave it to me, saying it was for me to clean up when they left.

When the session ended, the room was much cleaner, but still messy. I let them know that the room would be waiting for them in this state the following week, along with the bucket that Paul had prepared for me. It was obvious by their comments that they did not believe me and that they weren't intending to take responsibility for their actions. My mistake was that, because of the previous session and the improvements that were evident, I loosened the frame and wasn't as strict and containing as I had been during earlier sessions. I wasn't aware at the time that, despite increases in social skills and self-control, the children were still experiencing difficulties and needing guidance as well as a holding environment. This lack in containment resulted in a disastrous and regressive session.

Session no. 7

The following week, mostly everything was in the state in which the children had left it, which surprised them. As a result, they were both much more cooperative and well-behaved during this session. They may have realized that they are responsible for their actions, and this, at all times, and that there are consequences for such behaviors. They both chose to paint on the double easel, but they used dried paint cakes because I had revoked their rights to use the liquid gouache. Tim made two abstract paintings for me and asked me to make something out of them by adding elements (fig. 11). This was perhaps his way of connecting with me, maintaining our alliance, and apologizing for last's week

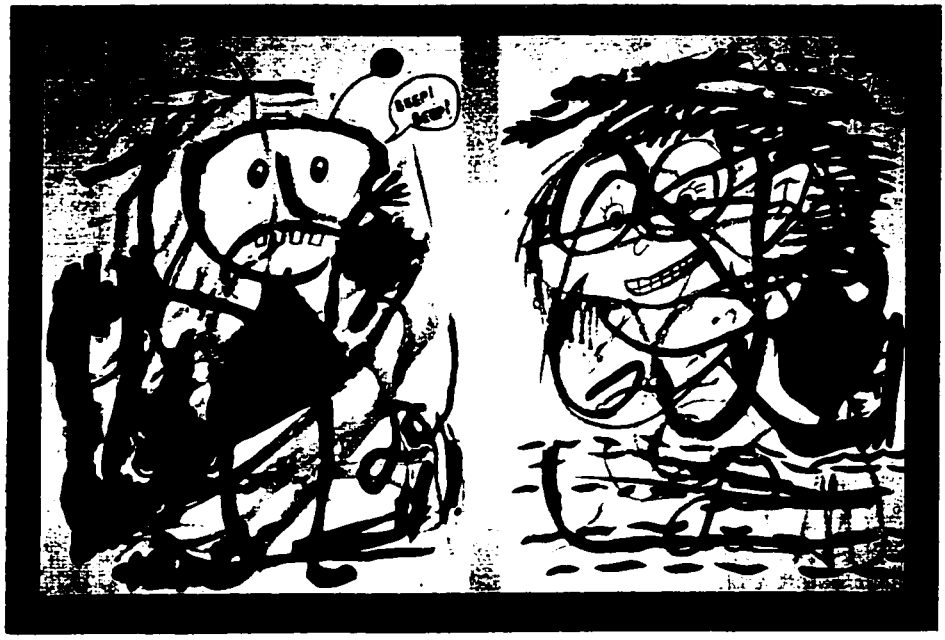

Figure 11- *Cooperative work*, gouache and markers (16" X 20")

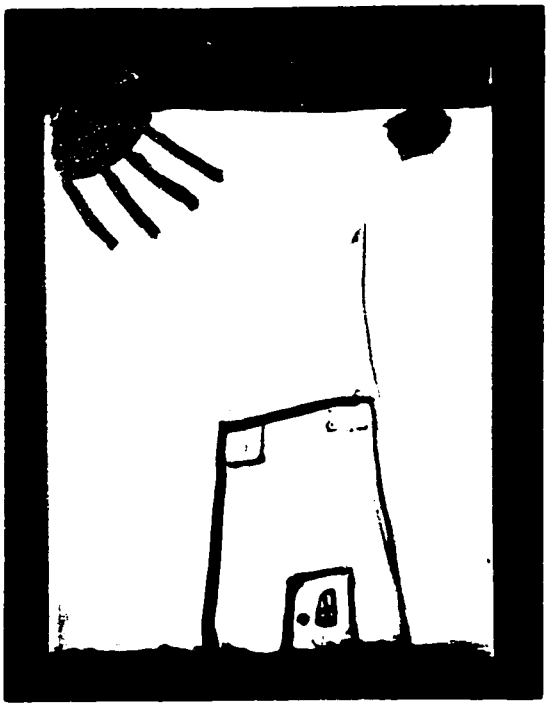

Figure 12- *Paul's painting*, gouache (16" X 20")

behavior. Tim calmly and quietly painted squiggly lines on the paper, and I added the eyes, mouth, antennas, and words once he was finished. I also went over some of his lines to emphasize them. He seemed quite surprised to see how I had transformed his abstract lines into images that were a little more concrete. He did not comment very much on the outcomes, but had a smile on his face. Paul also made a painting (fig. 12), and connected with me by constantly talking to me. He was respectful and pleasant. This activity lasted for half the session, and both children were well-behaved, calm, and cooperative. Again, they worked on similar artworks with the same materials, but still worked individually.

When Tim was done painting, he drew an eye on a styrofoam ball (fig. 13), and then asked me to play with him. Paul later joined us, and we sat in a circle, passing the ball around to one another. They occasionally tested limits, but quickly readjusted their behavior when I made comments about it and reaffirmed the rules. During this activity, it was evident that both children could operate well and behave appropriately within firm limits. Their social skills and self-control actually improved when they were contained and knew that they couldn't play with the frame. It was obvious that they had the potential to be socially skilled and appropriate, but at that point, they couldn't do this fully on their own and still needed my assistance to put them back 'on the right track'.

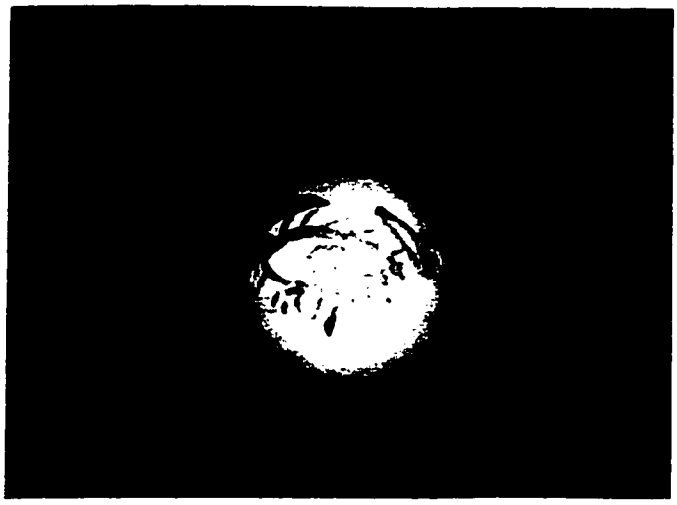

Figure 13- *Tim's playing ball*, styrofoam and marker (2 inches)

Session no. 8

The following week, Paul chose to use a big cardboard box to make a house (fig. 14). He went in another room to get it and brought one back for Tim as well. He was showing interest, kindness, and concern for him, which was somewhat new. Tim accepted the box, but it took a while for him to get started as he didn't know what to do with it. While Paul cut and drew on his box, Tim began to poke holes in his, stating that he was making an alien (fig. 15). Both boys worked away on their box for half an hour. At that point, Paul offered Tim his help as he saw he was struggling with some materials. Tim accepted his help, and the children worked together on Tim's robot until the end of the session.

It was wonderful to see the changes that were occurring in both children. Paul was the one who brought up the idea of the box whereas, in the past, he relied on others to give him ideas; he voluntarily brought materials for Tim and offered him his help when he felt it was needed; he put aside his own motivating work to assist this same child in his artwork; and he was cooperative throughout the whole session, complying with rules and helping with clean-up. In the case of Tim, he began to accept others' help without being anxious about showing some weaknesses; he shared the role of leader by letting Paul initiate actions and projects; he was able to work cooperatively with someone for a long period of time; and he didn't lose control despite the fact that he was experiencing difficulties. At the end of the session, Tim and Paul joined forces to clean up and reorganize the cupboard in order to make room for the boxes and future artworks.

Session no. 10

In a later session, the children asked to play the ball game again. They started by playing properly, but quickly tried to break the rules and do potentially hazardous things with the ball. They were trying to act out and test the limits again, but I reinforced the

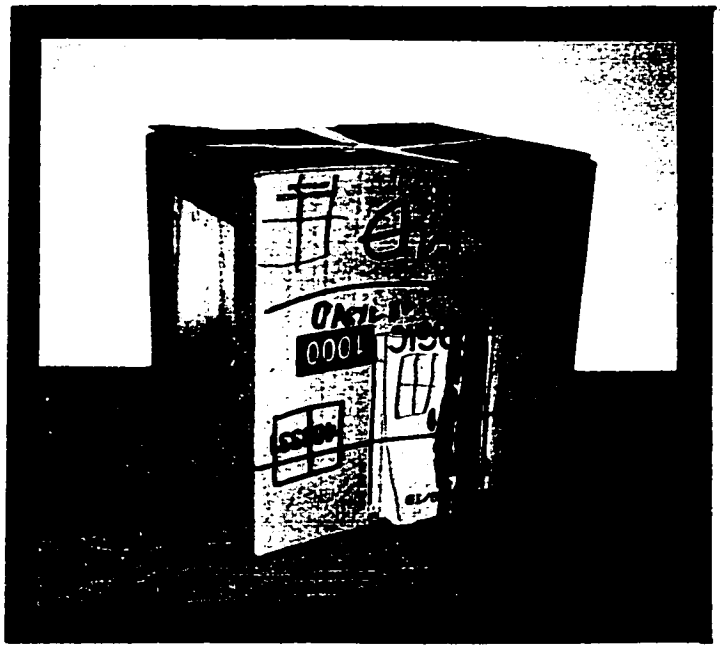

Figure 14- *Paul's house*, cardboard and markers (24 inches)

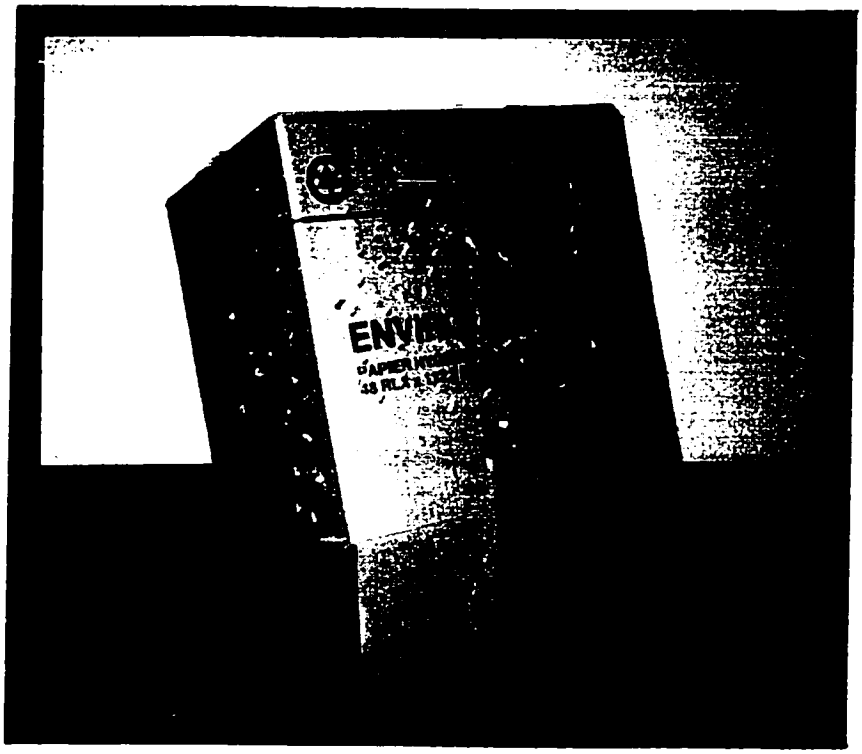

Figure 15- *Tim's alien*, cardboard (24 inches)

boundaries and they rapidly straightened up. Overall, they were respectful and compliant, but they seemed to need some outlet for their anxiety, which in the past had resulted in acting out behavior. This time, since they obtained the containment necessary, they kept their behavior under control. This testing of limits was perhaps a reaction to Paul's departure. During the days preceding the session, it was announced that Paul would be discharged within the next two weeks. However, they dealt with it rather well, and improvements in each of the boys were obvious; they reacted a lot more appropriately to this termination than to Mark's departure when they made a mess with paints and became disrespectful, noncompliant, and difficult to manage.

Session no. 12

For Paul's last session, I brought ingredients to make Rice Crispies squares. It was Tim's suggestion to cook some kind of food, together as a group. Although it was Tim's idea, he was able to divide the tasks and let Paul do his share. The boys cooperated together to make the squares; there were no arguments or competition. We all sat down together to eat, and then the boys separated the leftovers in equal halves and put them away in containers. Afterwards, Tim made play dough while Paul watched. Later, Paul asked if he could help out, and Tim agreed to let him pour some more ingredients in his mix. They continued to cooperate and worked together for the rest of the session.

Through this group, Tim has learned to cooperate with and tolerate others; he can share and accept others' help, he doesn't need to be the only leader and have his own way at all times, he can exercize more self-control, and he can interact more easily and discuss in a more mature and appropriate way. Paul has learned to be respectful and ask for things in an appropriate manner as well as operate within structure and accept limits. He can control himself despite great changes in his life and strong feelings this brings about, he can help and interact with others in a more positive manner, and he can comply with rules.

Description of the clients (part two)

Four months after the art therapy group began, Todd and Jake joined the group. Because Mark and Paul were discharged and no longer in the group, two new individuals had to be added to the group. A few weeks after Todd and Jake were admitted to the day-treatment program, they joined Tim to form the new art therapy group.

Jake, a ten year-old boy, was referred to the program because of his constant fighting and swearing at school as well as his deteriorating relationship with his brother. He was diagnosed with oppositional defiant disorder and hyperkinetic conduct disorder. Jake also has a medical problem; he is hypoglycemic, and he has been hospitalized many times due to complications.

Jake's aggressive and oppositional behaviors started when he was six years-old, which corresponds to the time when his mother was in a near fatal car accident. At school, he was oppositional, very aggressive, and constantly fought with peers. As a result, he was frequently suspended from school. Because of this situation, it was decided that he should be schooled for only the first part of the day since he wasn't able to function properly for more than a few hours. Later, his presence at school was decreased to an hour and a half per day. Nevertheless, despite his difficulties, he continued to do well academically. At home, he was oppositional, continually fought with his brother, and eventually started fighting with his sister.

Jake's parents divorced when he was two years-old. His father, who has drug and alcohol problems, sees him on a weekly basis. Jake now lives at home with his mother, her husband, and two siblings who each have a different father. Jake's teenaged brother has been involved with drugs and alcohol, and is currently on probation for a theft conviction. Jake's sister is seven years-old, and her father was killed in the car crash that nearly killed the mother.

Todd is an 11 year-old boy who has been diagnosed with ADHD and oppositional defiant disorder. He was referred to the day-treatment program following an incident in which he fought with a teacher at school. He has been suspended from school many times due to fighting with peers. His aggressive outbursts and hyperactivity started at about 2 years-old, which was around the time his father left, and has been persistent until now.

Todd lives with his mother and his younger brother who has an intellectual disability. He has an older sister who was adopted at birth by a member of the family because of the mother's unstable mental state. His mother is illiterate and slow intellectually, but she has nevertheless been able to handle the household and daily affairs as well as provide a loving home environment. Todd has very little contact with his father who is an alcoholic.

Development of the sessions (part two)

Session no. 15

For this first session with the two new group members, Tim assumed the role of assistant by helping me introduce art therapy, our rules, and our room to Todd and Jake. He was a little anxious and excited, going from one place to another in the room, trying to show them around. I occasionally had to remind him to calm down and stop swearing, but he quickly got back on track. This was obviously a sign of anxiety because he was still pleasant, cooperative, and compliant.

Jake and Todd started the session by decorating their folders (figs. 16 & 17). Jake was involved in his work, spending a lot of time on it and wondering out loud about what to draw and which colors to use. While working, he easily interacted with everyone; he was polite, calm, pleasant, cooperative, and well-behaved. He got along with the other

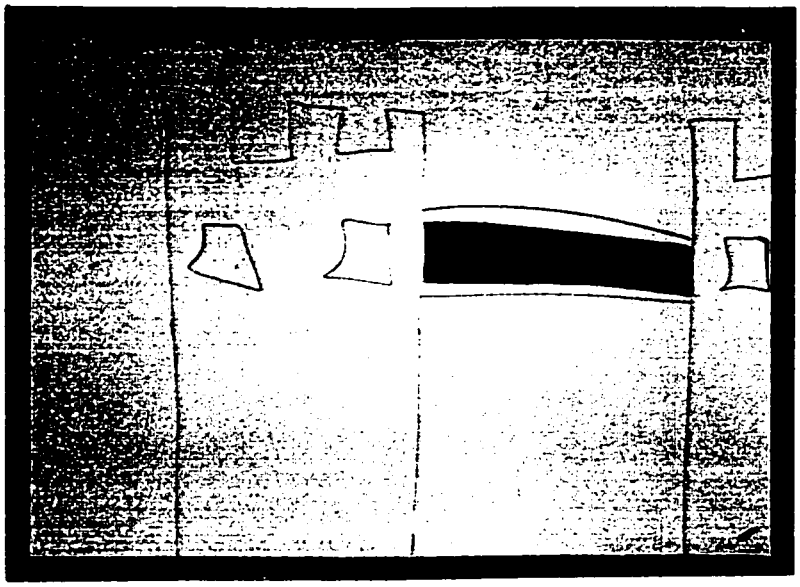

Figure 16- *Todd's folder*, markers (24" X 30")

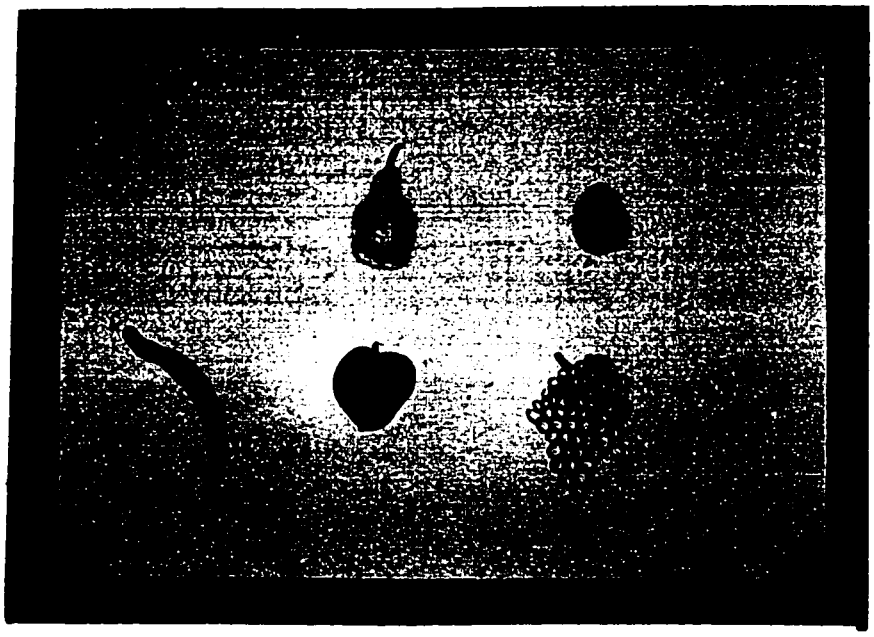

Figure 17- *Jake's folder*, markers (24" X 30")

children, was willing to share materials, and complied with the established rules.

Todd worked quickly on his folder while talking to everyone. He seemed comfortable and was able to initiate interactions with me. Occasionally, he called me over and asked me to look at what he was doing. Todd struck me as a child who was calm, well-behaved, empathic, and lively.

During this session, Tim played with the play dough he had made in a previous session. He was quick to secure his place in the group and his alliance with me by asking me to play with him and showing the others some of the things we had made in the past. While we played, Jake asked Tim if he could have some of his play dough. Tim hesitated, but finally gave him a piece, which was reflective of his improvements in social skills. While Tim and Jake played with the play dough, Todd switched to plasticine and played by himself, away from the group. However, he kept connected by occasionally calling someone over to see what he was doing.

The fact that the two new group members were calm and collected may have helped Tim keep some control over himself. Todd and Jake were less problematic in terms of inappropriate and disruptive behaviors than the previous group members, so this may have had a positive effect on Tim and the functioning of the sessions. Tim did show some anxiety by being quite active and excited, but it did not get out of hand. The other boys positively influenced him, but without his gains in self-control and social skills, this may not have happened. I also made sure the limits were firm and clear in order to contain the anxiety and session, and reduce the acting out to a minimum, which probably also helped.

Session no. 16

The following session, only Tim and Todd were present. Todd wanted to make play dough, and Tim was eager to help him out. He seemed to enjoy being helpful and showing Todd how to do certain things; it enhanced his self-esteem. When the play dough

was done, they played individually with their own, making snakes and destroying them. However, Todd seemed to want to play with Tim; he was looking for some kind of connection. It was only at the end of the session that Tim was able to let Todd join him in his play. Both boys were well-behaved and respectful during the session; they didn't act out or argue, and they cooperated well together.

Session no. 17

In following sessions, Tim's difficulty in accepting others' ideas and suggestions was evident. He was willing to help them out with things he had done in the past, but didn't want to join in when another child suggested a group project, for example. During this session, after they had all been playing with their own play dough, Jake suggested that they do a cooperative project. He got large mural paper and laid it down on a table. Todd joined him at the table, but Tim refused to participate and remained seated away from the group. Instead of doing the cooperative artwork, he made a drawing (fig. 18), which was something he hadn't done in a long time. This drawing seems to suggest that Tim still felt some rivalry between himself and the other two boys, as the big tower is shooting at the two creatures while a third one gets away and flies back to the tower, its point of origin.

Figure 18- *Tim's drawing*, markers (8 1/2" X 11")

Although the initial idea was to work together, Todd and Jake ended up working individually, but side by side. Jake brought materials for both of them, but they weren't able to use them together and cooperatively make something with them. This was reflective of their difficulties in compromising, negotiating, and operating closely in groups. Even though they could interact appropriately and function quite well in group settings, they still experienced difficulties in cooperating closely together on a same project. The artworks that resulted from this initial attempt at group work are illustrated in figures 19 and 20.

Despite difficulties in working together, the boys did really well during this session; they engaged in discussions without getting all worked up even if they had differing opinions, they listened to one another and accepted each other's input, and they behaved appropriately for the entire time. The session was positive in that there was no hostility, negativity, or aggressivity between the children. Things ran smoothly.

Session no. 20

In a later session, all three boys sat around the table together, but worked individually. Jake built a popsicle stick tower (fig. 21) while Todd made 'magic tricks' with paper cups. Tim worked on his popsicle stick tower, but was unmotivated, so he stopped after a few minutes. Instead, he joined Todd in his play, which was something new. In the past, he had been able to help others or invite them in his play, but he had been unable to accept others' ideas and contribute to their play or artwork.

During this play, Tim and Todd used paper cups to hide a small ball. They moved them around and each took turns to find the hidden ball. Both boys contributed by putting their ideas together and drawing on the paper cups (fig. 22). Later during the session, they continued to play together, but moved to another table to play with soldier figurines. They shared the toys and cooperated well; they made compromises to accommodate each other in their play. Meanwhile, Jake worked by himself on his tower, away from the group.

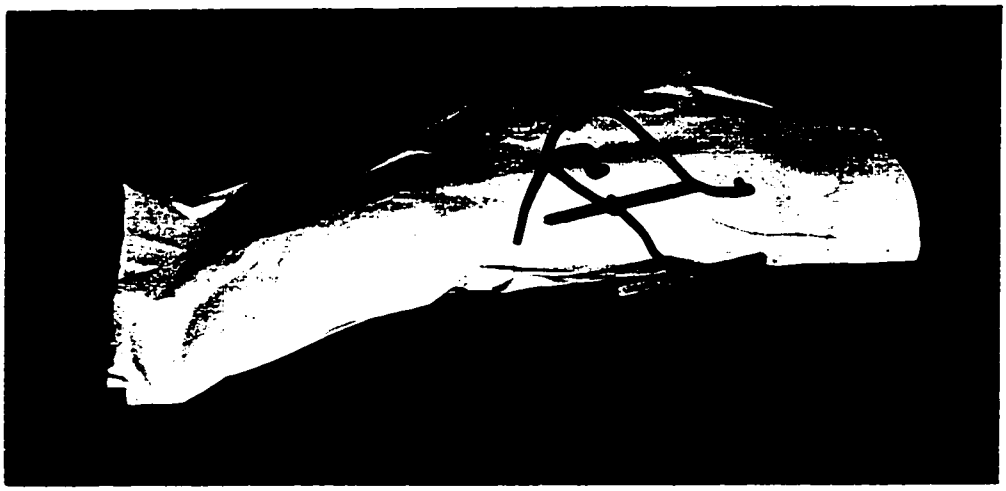

Figure 19- *Jake's artwork*, paper, popsicle sticks, and pipe cleaners (24 inches)

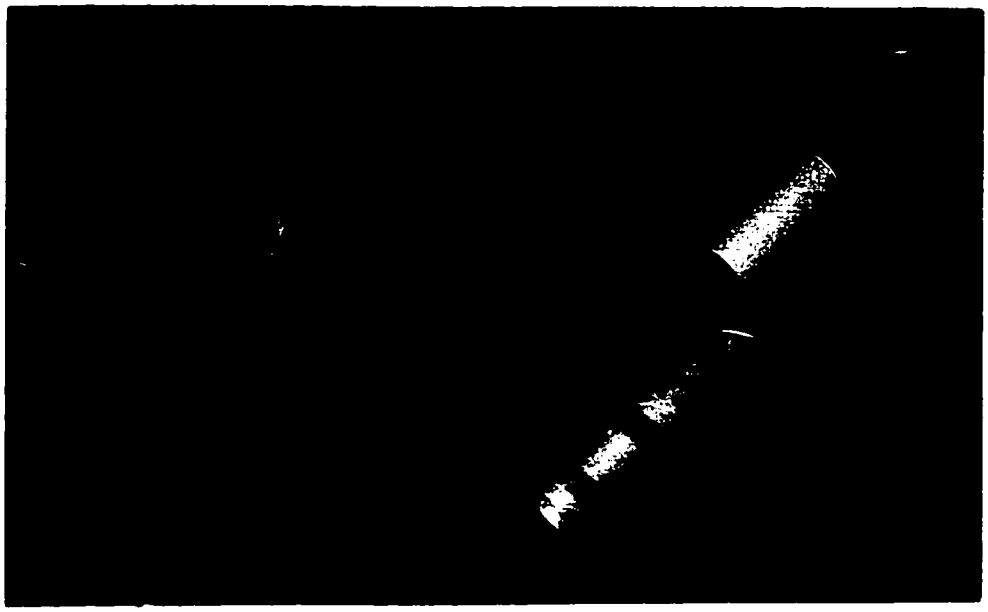

Figure 20- *Todd's artwork*, plastic container, popsicle sticks, cardboard rolls, and pipe cleaners.

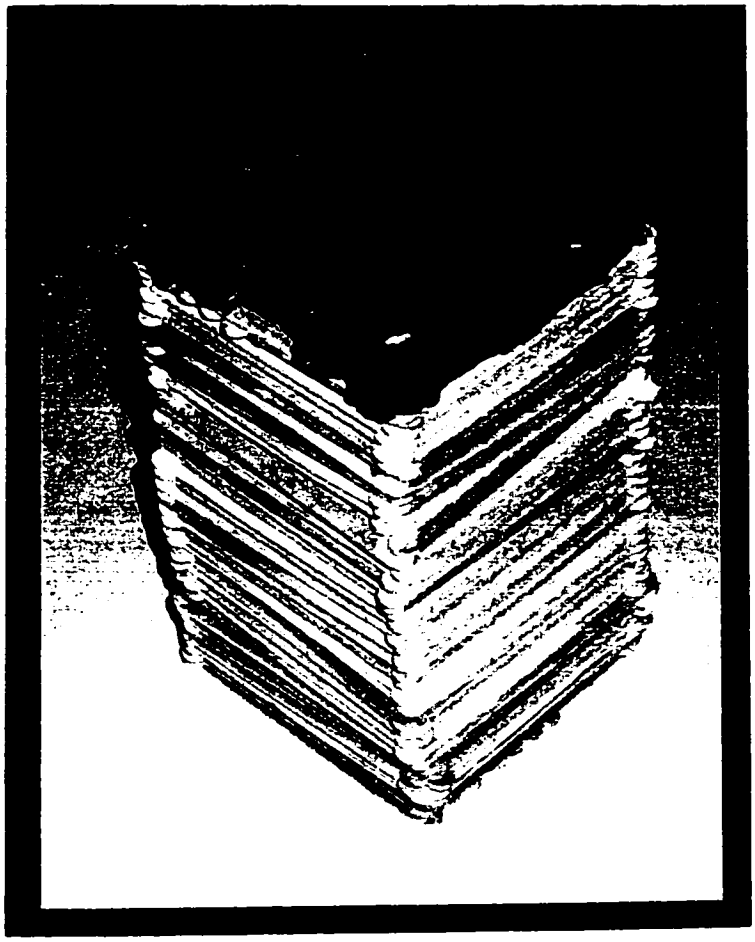

Figure 21- *Jake's tower*, cellophane and tissue paper (8 inches)

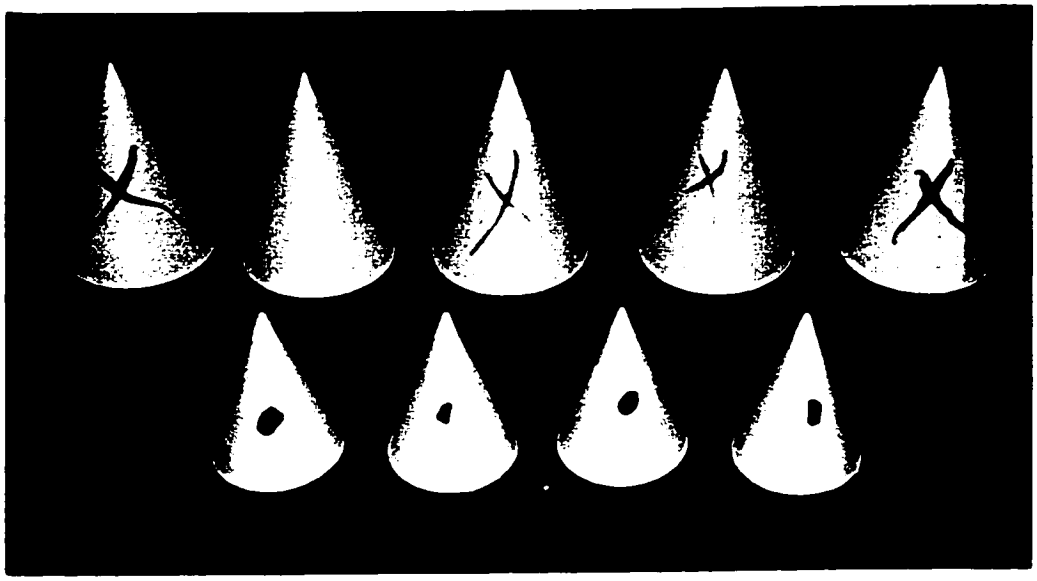

Figure 22- *Todd and Tim's game*, paper cups and markers

Session no. 21

Jake did not attend the following session, and we learned that he had unexpectedly moved away and would not be returning. This was another big and sudden change in the group, but both Todd and Tim reacted very well; Tim didn't engage in early behaviors by being aggressive, defiant, noncompliant, disrespectful or by acting out, and Todd remained calmed and composed as he had always been. They continued to be cooperative and well-behaved, which is a very good indication of the work they have achieved and the skills they have gained.

During this session, they again played with the figurines, and both had their say in how the play would turn out. It unfolded very well, without arguments or tension. I later offered them to build three-dimensional wooden puzzles (fig. 23), and they accepted. They each worked on their own puzzle, but helped each other to figure out how to put them together. Tim was having difficulty keeping his pieces together as they were loose and kept coming apart. However, he did not get frustrated and was able to ask for Todd's help, which was a good improvement; he had recently learned to accept others' help, but could now ask for help, having acquired the skills and developed the trust necessary to do so.

At the end of the session, Tim suggested that they each make a calendar that would show how many sessions were left (fig. 24). This idea came from Tim's previous group art therapist. It was interesting to see he could bring in an idea from his past and integrate it with his present experience. Todd agreed to make a calendar, and Tim explained to him how to do it. In later sessions, Todd was often the one who brought out the calendars and the appropriate markers so that they could check off the session. Even though it was initially Tim's idea, he didn't need to stay in charge anymore; he could just go along and accept Todd's implication.

In the sessions that followed, Tim and Todd continued to play and have their soldiers team up together to fight enemies. They continued to cooperate and display their

improvements in social skills by sharing, behaving and interacting properly, accepting, tolerating, and helping each other, and being respectful of each other and myself.

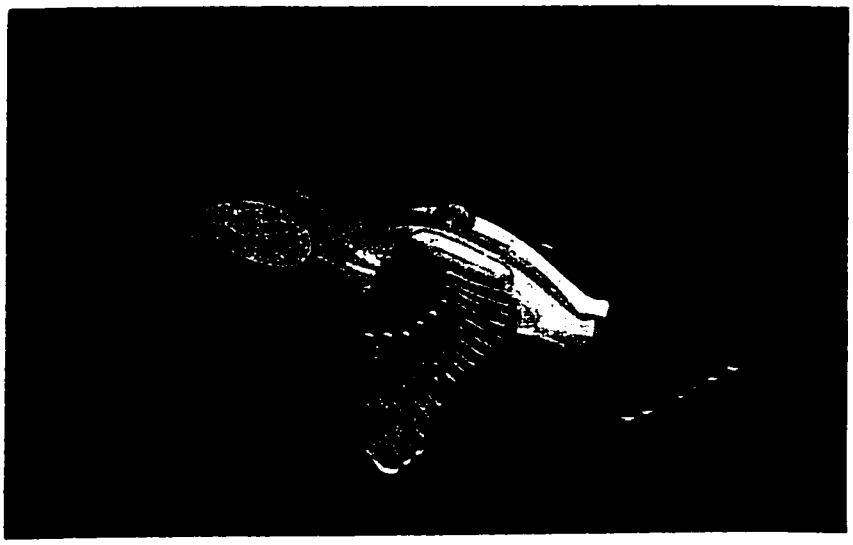

Figure 23- *Todd's bird*, wood (14 inches)

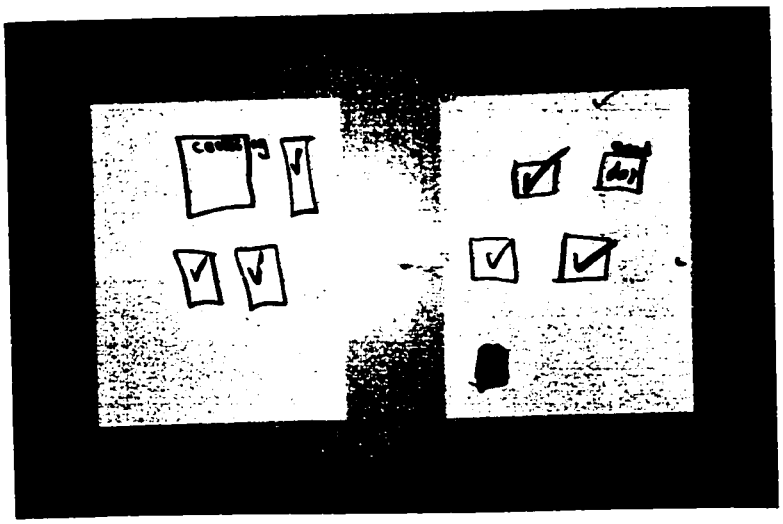

Figure 24- *Todd and Tim's calendars*, markers (8 1/2" X 11")

OBSERVATIONS AND RESULTS

One of the first thing that was established in the sessions with the children was the creation of the therapeutic frame. I believe that setting the frame from the very beginning was necessary because the clients need to know how things work, what is expected, and that things will stay safe and consistent all through the sessions, so they can feel safe and at ease in this process. Case and Dalley (1992) suggest that

> "The frame acts as a container and if this feels unsafe and is experienced by the client as moveable and negotiable, then he will be affected by this rather than using the boundaries of the session as a framework on which he can depend and begin to express inner difficulties and vulnerabilities. The session becomes a safe place in which feelings and thoughts are allowed to emerge" (p. 54).

I believe that my role was to contain the sessions through this frame, and be able to hold whatever would happen in the sessions, in order to help the children develop and grow safely and comfortably. Schaverien (1990) adds to this point by writing that "the safety provided by the boundaries is essential to prevent the process from becoming overwhelming and, even potentially, dangerous" (p. 141). Since most of the children were new to art therapy as well as a little anxious and unsure about what would happen in the sessions, it seemed even more crucial for me to establish a set and safe therapeutic frame where they would realize it was acceptable to be themselves, to express themselves, to explore the art process and their relationships with one another, to try out ideas, thoughts, and new behaviors, and to play and experiment with the materials, the images, their feelings, and the artmaking process. And, since some of them had a history of anxiety, it seemed important for me to provide them with containment and safety, so that they could see what it feels like to be held within some limits and that's it's possible to become expressive, to experiment, and to learn to operate in a different way when limits are set,

firm, and clear. Setting up this kind of therapeutic frame was essential in order for them to experience a relationship in a new, predictable, and holding way, and find new and positive ways of relating to others.

During the sessions, I needed to constantly restate as well as consistently and firmly hold the frame in order to contain the sessions and the anxiety. But, since all the children had behavioral problems, I had to contain the anxiety and disruptive behaviors even more so that they could focus on the task at hand, which was to interact properly with others and increase their social skills, and not be kept back by their inappropriate and acting out behaviors. By doing this, I tried to help them put their disruptive behaviors out of the way so that they could work towards the established goals. When they were properly contained, some inappropriate behaviors were still present at times, but to a lesser degree; they weren't the focus of attention and didn't impede the therapeutic process as much. Containment was crucial in helping them function well in the sessions and increase their social skills.

Schaverien (1992) writes about the outer frame, which has just been described, and the inner frame, which is the client's private, inner space where he is allowed to explore, play, and experiment in the way he chooses. For this place to be explored, first of all, the outer frame must be set and feel safe. Second, the therapist enables the client to play within this inner space by being empathic, understanding, open, dependable and by providing containment and allowing transference to happen. Because of their often chaotic home situation and their behavioral difficulties, one could assume that these children might not be used to empathy, understanding, openness, and dependability from others. Therefore, I thought it was equally important to show these in the sessions so that they could learn from this human and positive relationship and become able to play, explore, grow, and fulfill their needs. Winnicott (1989) suggests that the creation of a holding environment and the reliance on a human but professional relationship is necessary for play, expression, and the therapeutic process to take place. By providing this, the children were able to slowly feel

secure, play, explore, communicate appropriately, share their thoughts and feelings with myself and each other, use the therapeutic relationship and group to fulfill their needs and increase their social skills, and finally express themselves in their artwork and play.

It was noticed during the art therapy treatment that the children often experienced anxiety. Case and Dalley (1992) propose that anxiety often leads to regression and the use of defense mechanisms. This anxiety often prompted them to act out by being messy with the art materials, being mouthy and disrespectful towards myself and each other, or being hyperactive and hostile. Wood (1984) claims that acting out can often be seen as a way of reducing anxiety. In this case, the anxiety during the sessions could perhaps have been related to the novelty of the art therapy experience, the rivalry and competition present between the group members, their difficulties in interacting and cooperating with others, or their reluctance in complying with rules and accepting limits. Therefore, one of the goals with this group was to enable them to appropriately deal with their anxiety, so decrease their acting out behaviors, by providing a good-enough therapeutic alliance in which anxiety could decrease, which would allow them to explore and experiment with thoughts, behaviors, and feelings, possibly in new ways. Wood writes that this is possible when

> "the child feels that someone is present who has either been that way before, or who can understand what is needed; someone who can give support to the more mature part of the child's personality, enabling him to work towards integration, and who shares and survives his experience with him" (p. 71).

Forming an alliance with them was something I tried to do; I wanted them to feel they were accepted and worthy despite their difficulties and weaknesses, and that they could safely experiment. By forming this alliance, I hoped to minimize occasions for acting out and being disruptive, and therefore give them the opportunity to try out new and appropriate ways of being and interacting.

When they were inappropriate and disruptive, I was firm and clear about the rules, and I discussed this with them so that they could become aware of why they acted in certain ways and what prompted this. Case and Dalley (1992) suggest that having the therapist comment on the clients' behaviors can help them to become aware of and gain some insight on their feelings and behaviors. Having this come to their awareness was helpful in gaining a better understanding of themselves and enabling them to eventually exercize more self-control. Once they learned to control themselves, they were able to use and practice their social skills a lot more instead of falling in the trap of acting out and disruptiveness.

In order to foster change and therapeutic work, it was also important to show the children their good sides, their strengths, and use them in the sessions so that they could increase their self-esteem and focus on positive aspects of themselves. When they became aware of their strengths and were rewarded for using them, they were more positive about themselves and the whole process, as well as more motivated to change and improve. This was most evident when Tim was assigned the role of assistant, especially during the first part of the art therapy group. It helped him increase his self-esteem and feel good about himself; he was therefore able to focus on the positive aspects and act appropriately in order to maintain this positive image. This eventually enabled him to make efforts to cooperate, interact, behave, and share appropriately with myself and the other group members, therefore work on and improve his social skills. When he became aware of his improvements and their beneficial effects, it only further motivated him to continue on the right track.

Acting out and being inappropriate can be seen as a defense mechanism. So, until children are noticed and rewarded for their strengths, they may act out inappropriately in order to prepare themselves for the negativity and hostility they anticipate from others. By being this way, it's difficult to improve social skills. This is why it was essential for me to positively comment on the children's strengths and try to use them in the sessions.

Something that was noticeable during the sessions was that the children had a great deal of influence on one another, both positive and negative. During the first part of therapy, especially during the first few sessions, Mark, Paul, and Tim influenced each others' behaviors, but in a negative way. When one of them was excited, acting out, or inappropriate, there was at least one other group member who would join in and act in a similar way, despite his better behavior or the gains he had made in previous sessions. This was evident in the third session when Mark acted out and was noncompliant and Paul joined in after he had been working rather well. Paul also became disruptive, noncompliant, and disrespectful.

Lewis (1985) suggests that group therapy can impede some children's development in that they can form negative alliances with other group members which can hinder individual and group progress. In other words, children can team up in groups and support each other in their acting out behaviors; they can reinforce each other's disruptive behavior patterns which can result in the escalation of the behaviors instead of their reduction. This was also obvious when Mark began saying bad words and drawing breasts during one of the sessions. Tim and Paul joined him and the discussion became an inappropriate amalgam of bad words and nervous energy. However, these alliances never got to the point where they truly impeded on the children's development. Occasionally, the alliances made some of the children regress and act out, but the children often were able to quickly come back on their feet and resume their work in the following session.

Although there was some negative influence between the group members, there was also a great deal of positive effect. When some of the children did show some improvements in terms of social skills, this often transcended to other group members. For example, when Tim became more compliant, respectful, and well-behaved, Paul did eventually start to behave in a similar way in the sessions; he became much more polite with me and less defiant. As I was establishing a good alliance and relationship with Tim,

this had an effect on Paul who also tried to develop alliances with Tim and myself. At that point, the sessions became much more pleasant and productive; the children's social skills quickly started to improve as they were able to use and practice them more easily as well as observe others apply them. This goes along with what Lewis (1985) believes is an important component of group work, vicarious learning, which was discussed earlier. By observing Tim's newly acquired social skills and seeing the positive effects his appropriate behaviors were having, Paul learned how to do the same and was eventually motivated to act accordingly in order to obtain similar results.

Another example of vicarious learning that occurred during the sessions had to do with how I interacted with the group members and responded to their artwork. One of the things that was first planned for the end of each session was the response to artworks. Children were expected to reflect on their work and each others' artwork, and respond to it through discussions. However, it was difficult for them to do so in such a formal manner, especially at the beginning of therapy. At first, they were very competitive and often disrespectful with one another, so it was difficult to set up an atmosphere where they would discuss with each other in a respectful and positive way, and feel safe and trusting enough to share about their artworks, feelings, impressions, etc. At the end of the first session, I tried to leave some time where we would all sit down and look at what everyone had done. However, the children were unable to do so. They only continued to work or talked about other things, pushing the artwork aside.

I continued to sporadically try in later sessions, but I realized that the group had not developed enough cohesiveness to allow its members to trust each other and share. Therefore, I dropped the idea of a formal response time, and instead, I made comments about the artworks throughout the sessions and casually asked the children to tell me a little bit about their artworks as they worked on them. This approach seemed to be a lot less threatening for them, and they could still learn about social skills and how to discuss and

share, while they interacted with me and observed interactions between myself and other group members.

At first, when children made comments about others' work, they were often negative. This was evident when Tim and Paul were building popsicle stick towers. Paul kept telling Tim that his tower was all crooked and looked bad, while Tim told him that his tower was too short. They also often made negative comments about their own artwork; Tim was often dissatisfied with his own work, saying he didn't know what it was and that it looked awful. Paul frequently mentioned that he was bad in art and that his artworks didn't look like anything. However, later in the treatment, the children began to make positive comments about their own work and others' artwork. They started by discussing their own artwork, then eventually talked about others' work. They were able to focus on positive aspects in the artworks, and talk with each other about it, although in an informal way while working.

Because they had observed how to interact respectfully with one another, how to look for and focus on the good elements in artworks, and how to comment on and discuss artworks, they were slowly able to integrate this and use it appropriately. Yalom (1995) states that the therapist serves as the main model-setter in the group, and that clients learn a great deal by observing him interact. He adds that clients learn to and change through observation of the therapist as they see him spontaneously engage in certain behaviors, without negative consequences.

Being a good role-model was something I focused on not only for the response to the artwork, but throughout the art therapy treatment. I made positive comments about each child and asked them questions about themselves in order to show interest as well as to illustrate empathy and good communication skills. I tried to demonstrate appropriate social skills by doing simple things such as saying thank you, sorry, and please, at all times. I attempted to model self-control by remaining calm but firm when the children were acting

out and experiencing a great deal of anxiety. And, I strived to be accepting and appreciative of each child's strengths and weaknesses so as to teach tolerance. Case and Dalley (1992) suggest that the group helps in the development of children's social skills and understanding because they observe and adopt the therapist's way of relating to others and accepting differences, which is something Yalom (1995) believes helps a group improve and build trust.

To continue on the same note, trust and group cohesiveness was something that was difficult for the children to achieve at the beginning. Wadeson (1987) suggests that trust is an element that is essential for a group to function well, but that it takes time to develop. And, as trust increases, group cohesiveness develops, which is something that Yalom (1995) believes is essential for change and improvement to occur in a group. In this group, the children were first very unsure of the group and of each other, because there was constant movement between cooperation and competition, sharing and arguing. They had some difficulties in finding a balance between the two, securing their place in the group, and being trusting of each other. But, as they began to subtly interact with each other, influence one another, and learn from each other, they became more trusting of each other and group cohesiveness began to emerge. Once this was established, they started to feel safer about trying out new behaviors and began to take more risks. Wadeson writes that "increased cohesiveness encourages further possibilities for risk and change and subsequently more trust in an evolving spiral of therapeutic work at greater depth and with increasing positive growth of individual members" (p. 142). When group cohesiveness increased and the children started to take risks, great changes began to occur and improvements in social skills became evident. But, without trust and group cohesiveness, this may not have happened. The children may have stayed in a state of competition and insecurity, which would have prompted them to continue to act out and be hostile and defensive with one another.

As the children began to trust each other, to try out new behaviors, and to improve on their social skills, they started to help one another during the sessions. Case and Dalley (1992) claim that the trust that is established in the group makes it possible for children to accept each other, tolerate differences, and start to understand and help each other out. For example, near the end of the first part of the art therapy treatment, Paul put aside his own artwork to help Tim who was having difficulties with his work. Had they not developed group cohesiveness and trusted each other, Tim may not have let Paul help him. They were able to continue with this by taking turns in helping each other out in following sessions as they trusted each other and knew that there would not be any negative consequences if they offered help or asked for it; it was safe to show weaknesses without feeling inferior, threatened, or laughed at, and to use strengths without giving the impression of superiority, for example.

When Todd and Jake joined Tim in the group, trust and group cohesiveness became an issue again. Tim had to relearn to trust again. However, he was able to achieve trust a bit faster than with Mark and Paul, which was perhaps because he was operating better overall and the sessions were functioning more smoothly as well; there wasn't as much competition between the children and they had a lot more social skills to start with, therefore were much more able and willing to share, cooperate, and help each other out. When it was evident that group cohesiveness had developed in the new group, children started to work better together, accept their differences, and tolerate input from others. This was obvious when Tim was finally able to join Todd in his play with the paper cups, which he had been unable to do until that point, always rejecting others' ideas and contributions. But this time, he contributed by playing and drawing cooperatively on the cups with Todd, which was reflective of increased trust and cohesiveness in the group.

As was already mentioned, there was a great deal of competition between the group members, especially at the beginning of the art therapy treatment. This goes along with

Yalom's (1995) theory of the group as a social microcosm. In a way, this competition was reflective of sibling rivalry, as the children were recreating their family situation in the art room, the other group members serving as siblings and myself serving as the parental figure. At the beginning, it was evident that each child was using the group to replay their family situation amongst other things, as they were often competing against one another and trying to get my attention, regardless of whether it was positive or negative. They were all displaying their difficulties in social skills, relating, and cooperating, and had great difficulties in accepting each other.

The work that was done during the first session seemed to be a result of this sibling rivalry. By making graffitis (figs. 2, 3 & 4), they were introducing themselves and trying to show they were powerful. In a way, these works were a way to establish hierarchy in the group, to set their place in the family. They were competing with each other through the artmaking, and this carried over in other ways during the sessions, such as through acting out and arguing. Social skills weren't improving much during this beginning period because the children were focused on competing for position in the only way they knew how. They were also getting to know each other by testing one another, and it was difficult for them to trust each other because they were experiencing much rivalry.

But once trust became more evident, group cohesiveness slowly developed and competition started to decrease as the children found their place in the group, began to interact more appropriately together, and started to feel safe with each other. In other words, sibling rivalry dissipated and, as a result, they interacted with each other more frequently and properly, which means that they had more opportunities to safely try out and practice their social skills. However, the reenactment of sibling rivalry and the displaying of social difficulties in the safety of the sessions nevertheless enabled them to work on their social skills as well. They could learn to deal with competition, arguments, and other

difficulties by trying to solve them and find better alternatives to such interactions, while being contained and encouraged by the therapist.

The idea of the group as a social microcosm was also emphasized when Todd and Jake joined the group. Tim, who had been with me in art therapy for four months already, started to behave differently when the new group members arrived. Rubin (1978) claims that new members entering the group is similar to a new baby entering the family, so rivalry between the group members is bound to happen, which will bring along anxiety and perhaps jealousy. When Todd and Jake joined us, Tim was often asking for my attention and showing the others what he and I had done in the past, as if to secure his place in the group and tell the others what their status was. He also often rejected their ideas, mostly worked by himself, and had limited verbal interactions with them.

This change in group membership produced anxiety for Tim, which made him act out at times. Since he was anxious and focused on setting his own boundaries as well as securing his position, he concentrated less on the acquisition of social skills and paid less attention to the appropriateness of his behavior. So, this sibling rivalry in the group first had a negative effect on him by affecting his behavior and making him regress a little bit. However, he was able to straighten up once trust developed, just like he had done in the first part of the group with Mark and Paul. In the end, he was able to use the other group members in a positive way in order to improve and achieve the set goals, just like the other group members were able to use him to do the same.

To summarize the therapeutic process with these children, I will begin by stating that they truly helped each other improve, despite the difficulties they encountered and the negative influence they sometimes had on each other. Although some issues had to first be dealt with before actively working on and seeing some meaningful improvements in terms of social skills, the many different aspects of the group situation helped the children get a great deal of work done, and quite rapidly as well.

It was interesting to see the evolution that took place within the group as the children got to know, tolerate, and accept each other. In the beginning, in the first part of the group, Tim, Mark, and Paul were competing a great deal with each other; they were often arguing, had difficulty sharing and cooperating, were frequently acting out, and were disrespectful with me. Their lacks in social skills were quite obvious in the way they interacted with myself and one another. They worked individually, although they sometimes made similar artworks, since they had so many lacks and were unable to collaborate.

After a while, they got to know each other better and secured their place in the group. Once the group became a group, positive changes occurred. Rubin (1978) believes that groups most often start as a set of separate individuals, but after some time of testing one another, individuals start to build alliances together, which ensues in change. As a result of this testing, the children in the group became more trusting of each other and could therefore try out new ways of being with others without feeling too threatened. At that point, the children interacted more appropriately with myself and each other; they became more polite, respectful, and compliant as well as much less mouthy as they witnessed the positive outcomes of appropriate social skills. When Mark left the group, Paul and Tim continued to improve, despite some obstacles on their path. Their social skills were adequate enough for them to interact properly together; they could share, discuss, and behave appropriately. However, they could not work on cooperative projects together as it was overwhelming for them; their deficit in social skills was now only evident in this way. But, as sessions progressed, they continued to perfect their social skills, and they could therefore physically work closer as well as eventually accept each other's help at times. At the end of this first part of the group, Paul and Tim were able to work cooperatively together by making the Rice Crispies squares.

A similar evolution was evident in the second part of the group with Tim, Todd, and Jake. However, there were much less difficulties with compliance, acting out, and respect as Tim had perfected his skills at that level and the other two children also had much less deficits in these areas as well. But, their difficulties with social skills was mostly manifested in their inability to work together, negotiate with one another, and tolerate others' ideas and input. They could work close to one another in the physical space and sometimes give each other advice in regards to art materials, but it wasn't until they trusted each other that they began to help one another with their artworks. As they helped each other a little bit, they started to more easily accept each others' input and ideas, and could eventually voluntarily invite others to join in their play and artwork. Near the end of this part the group, Todd and Tim played together during every session, without any major difficulties; they could interact appropriately, negotiate, and make compromises. They had acquired the social skills they had missed for successful interactions.

Throughout this process, one of the things I did was to let the children interact with each other, try out new behaviors, and find ways of dealing with their difficulties by themselves. My role was to guide them along the way by making comments, modeling, and appropriately interacting with them. I thought it was important not to constantly hover over them and tell them what to do and how to solve their difficulties. It was essential to let them attempt things on their own, so that they could learn better, experience what they had to experience, and get a sense of accomplishment once they found appropriate solutions. In the end, through this exploration and journey, they were able to find solutions with the improvement of their social skills.

Through the group experience, the children were exposed to various difficulties and situations, and were able to explore and deal with this within the clear and safe boundaries I had established. As a result, they were all able to learn, change, and improve on their social skills despite the many issues and challenges the group situation brought about. Rubin

(1978) claims that issues of trust, rivalry, authority, alliances, and peer pressure that are very present in groups, are what give the group therapeutic effectiveness, and this proved to be true with this group of children.

In sum, I believe that many factors contributed to the improvements of these children in terms of social skills. Besides the elements proposed by Yalom (1998) and others concerning important therapeutic elements in group therapy, such as group cohesiveness, re-creation of the social microcosm, feedback for corrective experiences, I found that there were other elements that were just as essential for the children in this group. I truly believe that the children improved their social skills as a result of positive therapist and peer modeling, containment, encouragement, discussions, and valuable interactions in a positive working environment.

CONCLUSIONS

Through this research project, I have attempted to prove the effectiveness of group art therapy with children with conduct disorders and other behavioral problems by working directly with a small group of children, and observing the group process, the members' involvement in the group and artmaking process, as well as the changes that occurred in the group and each individual as the therapy progressed. It has proven to be successful in that the children have gained social skills and have been able to use them in and out of the art therapy situation.

Many factors contributed to the improvement of these children, but the most important were the fact that they were in a group situation and were exposed to the artmaking process. These two elements together brought about a variety of aspects and benefits that cannot be found in individual therapy.

In terms of Yalom's (1998) description of curative factors in group therapy, Waller's (1993) view of the benefits of group therapy, and others' (Case & Dalley, 1992; Lewis, 1985; Rose, 1993; Wadeson, 1987) discoveries about the beneficial effects of group therapy, I think all of these factors are appropriate and apply to children with conduct disorders and other behavioral problems. These curative factors and advantages found in group therapy are all things that these children specifically need; they need to experience positive peer relationships, to observe and learn from others, to try out new behaviors in a social context, to get feedback from others, and to learn and practice important social skills.

In the group I studied, these factors were all present and enabled the children to improve on their social skills. Containment, a positive working environment, the development of trust and group cohesiveness, and forming a good therapeutic alliance also proved to be crucial in helping the children achieve the established goal.

However, modeling and vicarious learning were perhaps the most beneficial elements in this art therapy group. Much learning was done by having the children experience and observe interactions between the group members as well as between myself and group members. Rubin (1978) believes that individuals can learn from each other by observing others and by working together; they can partake vicariously through observation until they get the confidence they need to participate fully, and they learn about cooperation, sharing, respecting and accepting others as they are.

The importance of the group in this research was crucial in that children actually had models to look at and experienced social situations in which they could observe, interpret, and analyze their own and others' behaviors and reactions to peers. They could also try out new ways of being and relating by being in such a social context. This is something that cannot be as easily done, if at all, in individual therapy. This group therapy experience helped the children to notice and understand their disruptive behaviors, decrease the acting out behaviors, and increase their social skills.

In terms of the art component, I think that children with conduct disorders and other behavioral problems can benefit from the advantages of the artmaking process that were described in this research paper. They can learn many skills, such as social and communication skills, and develop important character traits. Working on an artwork can also bring them a sense of accomplishment, which can enhance their self-esteem and motivate them to work even harder on improving themselves.

For some of the children in the group I studied, the art was beneficial in that it slowly brought them closer to other group members in a less threatening way than verbal therapy, for example. At the beginning of therapy, the children were working individually, but they gradually came closer by working on similar works or with similar materials, which provided them with a good topic for discussion and prompted more interactions between them. They could interact with others without divulging too much about

themselves or feeling intruded upon since the art was the focus and the artworks were individual. As they talked more because they shared a common experience, they got to develop and practice more social skills.

After a while, they began to help each other with their artworks and shared a lot more, whether it was materials, opinions, or advice. Near the end of art therapy, the children could cooperate together in their play or artwork, and could interact appropriately, negotiate, and make compromises without too many difficulties. Artmaking provided them with a way of getting closer gradually and developing trust in themselves and others, and it enabled them to make the small steps required to reach their goal of increasing their social skills.

With an artwork, since it is considered to be an extension of the self (Wadeson, 1980), it could also be easier for some children to get a discussion going without feeling exposed or judged. It might be less threatening for them to share about themselves indirectly through the art object than talking directly about themselves and their difficulties. In this group, the children were first focusing their discussions on the artworks and things that were related to it. They had great difficulties talking directly about themselves and rarely revealed any difficulties they were experiencing. But, as they got to know each other personally and through their art, to develop trust, and to learn how to interact and share about their artworks, they began to share more about their difficulties, and weren't always talking just about the art anymore. So in this case, the art was not only a way of getting closer and increasing social skills, but also a way of learning about themselves and how to communicate with others.

As the therapist, I witnessed many changes and improvements in the children during the sessions. The pre and post-treatment evaluations forms (appendix 3) confirmed my observations in terms of the changes that occurred. According to the results from the evaluations forms, the changes that took place ranged from mild to moderate. The anxiety

and activity levels of all children decreased dramatically as the treatment progressed, while communication and listening skills moderately increased. The number of positive and appropriate interactions between the children went up quite a bit, and so have the levels of cooperation, sharing, and compliance.

However, from these evaluations forms, I noticed that the most significant changes occurred in the children who experienced the most difficulties with social skills. The children who had many lacks in terms of social skills improved moderately while the children who had less difficulties only improved mildly. Nevertheless, all children somewhat benefited from group art therapy in that they all improved on their social skills, but to various degrees.

To conclude, I will state that, although there are not many conclusive research findings on the positive outcomes of group art therapy with conduct-disordered children, I believe that group art therapy can have a beneficial effect on them and be helpful to their development while helping them acquire the experiences and social skills they lack. This was evident with the group I studied for this research project. Art can help children with conduct disorders and other behavioral problems grow and develop while teaching them important skills such as sharing, cooperating, negotiating, accommodating, and making compromises.

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APPENDIX # 1

From: Isabelle Lachance
Art Therapy intern
Concordia University
1455, Maisonneuve Blvd. West
Montreal, Qc

Re: Consent form

Dear Parent/ Guardian,

As a student at Concordia University, I am doing a practicum in Art Therapy in the day-treatment program of this hospital during this academic year. I am writing to you because your child has been referred to me for Art Therapy. The purpose of this letter is to ensure that you understand the nature of my work with your child and to explain the requirements of my practicum and program.

Over the next seven months, I will be meeting with your child for one-hour group sessions on a weekly basis in an effort to help him better succeed in his daily functioning. We will be using various art materials in order to achieve this goal.

One of the requirements for the completion of the Masters degree in Art Therapy, in which I am currently enrolled, is the writing of a clinical or theoretical paper on an aspect of art therapy practice. Writing such a paper is one way art therapy students learn how to become art therapists. The purpose of doing this is to help them to increase their knowledge and skills in giving art therapy services to a variety of persons for various reasons.

The subject of my paper will be the effects of group art therapy on the social skills of children with behavioral difficulties. Although my paper will mainly be a theoretical discussion about how the children's socials skills can be improved through the creative and group process in order to facilitate their functioning and decrease their difficulties, I will include some case material and artwork done by the children in the group.

With you and your child's permission, I would like to be able to include some of your child's participation and artwork in my final paper. Be assured that confidentiality will be maintained. The name of the hospital and your child's name will not be mentioned in the paper, nor will any identifying information that could compromise your privacy. Be assured that your child's involvement in art therapy or any other aspect of the treatment will not be adversely affected if you decline to sign the consent form.

Attached, you will find a consent form for you to look over. If you have any questions or concerns, please do not hesitate to get in touch with me, from Wednesday to Friday, at (XXX) XXX-XXXX.

Isabelle Lachance
Art Therapy intern

Consent form
for art therapy sessions

I, _____, give permission to Isabelle Lachance, art therapy intern from Concordia University, for the following actions during the therapy process with my child:

	Yes	No
* Taking photographs and slides of artwork	___	___
* Audio recording of some sessions	___	___
* Video recording of some sessions	___	___
* Using some material from my child's participation and artwork as part of required papers for course completion	___	___

It is my understanding that my child's name or the name of the hospital will not be revealed in any presentation or written papers. In order for his/ her identity to be protected and confidentiality maintained, some information will be modified. As for audio or video recordings, they are used as learning tools and will only be viewed by Isabelle Lachance and her supervisor. The tapes will be destroyed after viewing.

I understand that my refusal to sign this consent form will not affect my child's involvement in art therapy or any other aspect of the treatment. I also remain free to withdraw my consent at any time, without having to justify my decision in any way. In the case of written papers, I may revoke my consent at any point before the paper is completed, with no consequences.

If you have any questions or concerns, do not hesitate to get in touch with me at (XXX) XXX-XXXX, from Wednesday to Friday.

Patient: _____ Date: _____

Parent/ Guardian: _____ Date: _____

APPENDIX # 3
Evaluation form

Behavior

	Low		Moderate		High
Anxiety level	____	____	____	____	____
Motivation	____	____	____	____	____
Concentration	____	____	____	____	____
Listening skills	____	____	____	____	____
Communication skills	____	____	____	____	____
Self-esteem	____	____	____	____	____
Self-confidence	____	____	____	____	____
Verbal interaction	____	____	____	____	____
Autonomy	____	____	____	____	____
Perseverance	____	____	____	____	____
Level of activity	____	____	____	____	____
Disruptive behavior	____	____	____	____	____

	Unable		More or less able		Able
Shares	____	____	____	____	____
Works cooperatively	____	____	____	____	____
Complies with rules	____	____	____	____	____
Expresses needs	____	____	____	____	____
Expresses feelings	____	____	____	____	____
Recognizes feelings	____	____	____	____	____
Exercizes self-control	____	____	____	____	____
Initiates interactions	____	____	____	____	____
Maintains interactions	____	____	____	____	____

	Unable		More or less able		Able
Makes positive statements about self	____	____	____	____	____
Makes positive statements about others	____	____	____	____	____
Accepts praise well	____	____	____	____	____
Takes responsibility for actions	____	____	____	____	____
Cleans up	____	____	____	____	____
Respects materials	____	____	____	____	____
Respects others' work	____	____	____	____	____
Helps others	____	____	____	____	____

	Inappropriate		More or less appropriate		Appropriate
Reaction to novelty	____	____	____	____	____
Interactions with peers	____	____	____	____	____
Interactions with the therapist	____	____	____	____	____
Dealing with conflict	____	____	____	____	____
Appropriateness of requests/ demands	____	____	____	____	____
Expression of feelings	____	____	____	____	____
Coping skills	____	____	____	____	____

	Very much		More or less		Not at all
Demanding	____	____	____	____	____
Directive	____	____	____	____	____
Loud	____	____	____	____	____
Challenges therapist	____	____	____	____	____
Challenges others	____	____	____	____	____
Respectful	____	____	____	____	____
Polite	____	____	____	____	____
Involved in sessions	____	____	____	____	____
Settles well	____	____	____	____	____

Artwork	Low		Moderate		High
Variety of work	____	____	____	____	____
Manual skills	____	____	____	____	____
Creativity	____	____	____	____	____
Use of color	____	____	____	____	____
Well-developed work	____	____	____	____	____
Applies ideas to work	____	____	____	____	____
Perseverance	____	____	____	____	____
Involvement	____	____	____	____	____
Responds to work	____	____	____	____	____
Working speed	____	____	____	____	____
Repetitive gestures	____	____	____	____	____