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Art Therapy and Children: A Case Study on Domestic Violence

Abha Singh

A Research Paper

In

The Department

Of

Art Education and Creative Arts Therapies

**Presented in Partial Fulfillment of the Requirements
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Abha Singh, 2001



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Abstract

Art Therapy and Children: A Case Study on Domestic Violence

Abha Singh

This research paper investigates how art therapy is a creative process through which children who have experienced domestic violence can communicate their thoughts, emotions, and trauma. The research presents a practical look at violence and children and how art therapy can be utilized as a tool for such children. Some ethical concerns are presented and various assessment procedures that have been developed for children within the area of children and abuse are suggested. An attempt is made to understand the emotional content through indicators represented within children's art expressions. An emphasis is placed on the use of specific indicators portrayed in the images of children who have been exposed to violence followed by a discussion of the art therapy process and product and its importance when working with children who have been exposed to violence. The importance of play in therapy is presented as I found it beneficial to this population. Further, a case study of a child who has experienced domestic violence is incorporated within the research by way of illustration in support of the study.

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Children from Violent Homes

This research paper investigates how art expression is a creative process through which children may communicate their thoughts, feelings, and ideas. For many children art expression is their only method of communication, specifically those who have experienced some form of trauma in their lives. How effective is art therapy with children who are victims of violence? How does art therapy enable children to express their emotions and issues in a non-threatening manner? Can art therapy increase a client's self-esteem and provide an opportunity for relaxation? How can one understand the indicators depicted within children's art expression(s)? What impact does domestic violence have on children and their future? An attempt is made to answer these and other questions in this research paper. According to Malchiodi (1998) violence within the family structure may be defined as an interaction involving the use of physical force against another family member, psychological maltreatment and emotionally cruel child-rearing practices. Children who live in violent homes may have experienced other family dysfunctions such as alcoholism, chemical dependency and mental illness that may be acute or chronic and the violence may have occurred over many years or by a recent stress to the family.

There is a range of observational data on the characteristics of the art of children and violence. When trying to comprehend the drawings of a child, it is of importance to have a solid understanding of the child's background and any other pertinent information regarding the child's history. The findings of some experimental studies state that art expression(s) of children who have been traumatized by violence suggest or express vividly detailed drawings of domestic violence or abuse (Malchiodi, 1998). However, most often it is the opposite that occurs. Children exposed to domestic violence encounter a vast variety of emotions and intense psychological pain including depression, anxiety, fear, loneliness, helplessness, and vulnerability (Malchiodi, 1998). It is suggested in the DSM-IV-R (American Psychiatric Association, 1994) that symptoms of posttraumatic stress disorder include a loss in enjoyment of prior activities in which one took pleasure, limited affect, a sad sense of the future, somatic protests, fear of repeated experience, and possibly psychic numbness following the trauma (Malchiodi, 1998). According to Terr (1990) a decline in cognitive performance, withdrawal, anxiety, hypervigilance, and nightmares are

common features of posttraumatic stress disorder. The American Psychiatric Association (1994) affirms that children who have been subjected to violence, particularly family violence or physical abuse, also may experience posttraumatic stress disorder.

Children from violent homes come from varied backgrounds. They may have been abused, neglected or witnessed violence perpetrated on other family members. According to Malchiodi (1998) although violence within the family structure may be defined as "any interaction that involves a use of physical force against another family member", it also includes psychological neglect and emotionally harmful child-rearing practices. Children living in violent homes may experience other types of family dysfunction such as alcoholism, chemical dependency and mental illness.

Researchers (Manning, 1987) suggest that family dysfunction may be acute or chronic. Violence may occur over a period of several years or it may have been activated by a recent stress to the family structure. Within the family organization, children are most often victims of violence because family violence often involves abuse of power. In other words, a more powerful individual takes advantage of a less powerful one. Malchiodi (1997) observes that abuse tends to gravitate toward the relationships that generate the maximum power discrepancy, a dynamic typical in situations that involve family violence, as a mother may abuse a young child.

Jaffe, Wilson, and Wolf (1990) state that although anger and conflict in relationships are a normal part of life, violence is not a suitable way to resolve conflict. Children who witness both parents being violent lack alternative role models who can help them deal with their own anger. This may lead the child to feel that the cycle of violence is inevitable and feel frightened by his/her own anger. When one parent is abusive the child may also experience feeling responsible for having caused the violence. This in turn creates false perceptions that lower self-esteem and promote self-blame. Also, the child should be aware of basic safety skills in order to prepare for future family crises so that the child may help to ensure his/her safety. Further, when one parent, both parents, or a parent of a single parent family is extremely abusive the child/children may be placed in the care of extended family or friends. This creates instability, uncertainty and

insecurity for the child as s/he does not have a secure home environment and does not know when or where s/he is going to be placed.

Art Therapy As A Tool For Children Who Have Experienced Domestic Violence

The importance of art in child development has been interpreted in several ways. Ferrara (1991) states:

as an expressive communication channel, art may embrace creativity, self-exploration, and manipulation of the environment. Therefore, art contributes to overall development by providing the conduit for responding to experience and expressing the change that occurs at every developmental stage. (p.44).

Williams & Wood (1977) maintain:

art is an opportunity for new learning where a gap has existed. It is a means for venturing into the next, new steps among the challenges of childhood (p.vii). Thus when making clinical or symbolic interpretations of a child's artwork, it is essential to utilize a developmental framework in order for the provision of appropriately attuned experiences for the child's precise developmental requirements to be met (Ferrara, 1991).

Theory suggests therapy with traumatized children aims to strengthen ego functions to improve reality testing and to increase frustration tolerance. Verbalization and symbolization are encouraged as alternatives to repetitious physical reenactment. Ideally, there is a gradual internalization of a more benign role model and super-ego. When the child can recall the trauma at will yet be capable of turning her mind to other matters, there is resolution, neutralization and synthesis (Stronach-Buschel, 1990, p.49). Being a form of psychotherapy, art therapy aids in the resolving of emotional conflict, helping individuals understand themselves, releasing anxieties, promoting learning and communication skills, and enhancing personal growth through the use of art materials. Art therapy may also be used as a tool for children from violent homes to express hidden feelings. It may also be utilized to release hostilities and as a means of expression with or without verbalization. Thus, it may be viewed as a safe outlet for the expression of repressed anger.

Kramer (1971) indicates although this use may provide a temporary remedy for overwhelming emotions there remain deeper, more substantial uses of art therapy. She suggests that within the fields of art therapy, creative arts therapies, and play therapy, there seems to be greater progress in defining the scope of practice with children from violent homes. Many art therapists, along with dance, drama, play, and music therapists, have explored and expanded the use of art making with children who have been exposed to violence. Kramer's (1971) work with art therapy and aggression with children from violent homes is of importance as it touches on many issues significant to the treatment of this population. She states:

as the child learns to love art, the activity can become a sanctuary wherein feelings and perceptions otherwise drowned in constant hostilities can be experienced for the first time. (p. 171)

Thus, we are shown how the art process provides an interlude from psychic disturbance that is associated with positive feelings rather than inner stress or turmoil. By means of sublimation through art expression, the actual art making enables divert chaotic, aggressive energy into constructive and perhaps acceptable actions. Kramer (1971) also states:

although art cannot remove the root causes of dysfunction or directly change a family situation for the child, it has great significant effect by serving as a model for ego functioning. The art activity is a forum for expression of feelings and ideas and for experimentation with changes. It may even become a metaphor for the overwhelming stimuli in the child's life, giving (the therapist) insight into the child's experiences, ego strength, and methods of coping. All of these areas are integral to understanding and treating a child from a violent or dysfunctional home. (p. 34)

When a child has the ability to enter into art making it may be an indication of the child's ability to enter a transitional space between internal and external reality. As suggested by Winnicott (1971) and further discussed in Chapter III (Termination), a child may enter this transitional space only if the child felt secure and was confident of the mother's dependability as an infant. The containing environment and the following aptitude to utilize transitional space is

interrupted by trauma. Thus, as the child achieves a sense of trust in the art therapy environment, in the therapist, and in his/her own ability to cope with the affect that the artwork may produce, the child slowly commences expression more in art. This indicates that growth and development of children's creative potential may be assisted by the release of personal conflicts along with the liberation of energy, which is then available for less restricted productions (Greenacre, 1971).

The transitional space afforded by the artwork enables a safe space in which the child may experiment and repeat feelings of the experienced trauma. Similar to play, the art may be viewed as trial behavior and may also serve as a vehicle for

wish fulfillment, assimilation of overpowering experiences according to the mechanism of the repetition compulsion, transitional from activity to passivity, leave of absence from reality and from the super-ego and fantasies about real objects. (Greenacre, 1971, p. 561)

Through the process of reproduction in symbolic form, the child may recreate characteristics of the violence experienced. When supported by a therapist, this in turn enables the child to feel more in control of the arising memories, while gaining a sense of mastery in integrating the trauma into the psyche without being overwhelmed. Art making may also be ego supportive encouraging feelings of competence that may be incorporated to other areas (Kramer, 1971).

Many young children do not have the ability, or are not at a level where they have sufficient vocabularies to express themselves verbally. They do, however, have the ability to express themselves through drawing(s) rather than verbal communication. Art enables the child to create a visual vocabulary where s/he may relate stories/experiences, as suggested by Hibbard and Hartman (1990). Similarly, Stronach-Buschel (1990) delivers the idea that art therapy seems to meet the needs while addressing the stresses of children whose abilities to visualize and symbolize are damaged by disturbances.

Children who may not have been directly abused yet are exposed to family violence are as equally at risk. Their emotional developmental state is just as fragile as the child who has been physically abused. As stated by Hurley and Jaffe (1990), children who are exposed to

family violence are at risk for both short and long term behavioral/emotional complexities that significantly impact their interpersonal relationships. Children may not have the ability to express their feelings; however, expression through art enables children to recollect their experiences, disclose it through the art-works and feel contained. The facilitating process is discussed in Chapter III.

Ethics

Ethical issues also arise during the course of the therapeutic session. When working with children and domestic violence issues of confidentiality are important to take into account. Being an ethical issue, confidentiality is the basis of all therapeutic relationships and carries the responsibility to protect clients from unauthorized exposure of information within the therapeutic relationship (Corey, Corey, & Callanan, 1993). Art expression(s) are not always regarded as confidential communications by parents, and sometimes by the children in therapy themselves. For some children the art created in therapy is created with a display in mind or to be shared and viewed by others. Malchiodi (1998) indicates:

art made as part of therapeutic treatment intensifies the importance of issues of confidentiality and privacy regarding display. These expressions may contain material that, if publicly disclosed, may not be in the child's best interests and perhaps be dangerous to the self or others. (p. 221)

Also the messages and content within the art expression(s) are usually disguised and cannot be interpreted or understood by others, since the language of art is very personal. When working with children and domestic violence ethical consideration of the art expression(s) should be carried out with sensitivity.

Tests/Assessment

Within the area of children and abuse, many different assessment procedures have been developed for children using art media. It is suggested by Groth-Marnat (1997) that drawing techniques be viewed as a method to increase the understanding of the client based on client/clinician interaction connected to the drawing(s). Furthermore, there are a limited number of studies that account for a variety of factors that influence drawings; an individual's "artistic skill,

the testing situation, intelligence, previous experience with similar situations, characteristics of the examiner, and test-taking attitudes" (Groth-Marnat, 1997, p.505). In addition, the administrator can influence interpretations of a client's drawings as s/he may project him/herself into the client's drawing(s). Groth-Marnat (1997) further states the projection "of the self should not be defined in narrow terms. It might be subjects' actual self, the ideal self, or their feared self, or it might represent their perception of other people in their environment" (p.509). Thus, interpretations need to take such instances into account.

Some tests involve the exploration of one drawing such as the Kinetic Family Drawing (Burns & Kaufman, 1970) in which participants are asked to draw everyone in the family enacting an event or involved in action with another member of the family. The reason the directive is emphasized is in order to encourage children to draw images that include action between the family members. This is intended to encourage children to express their ideas, feelings, and their awareness through family drawings. The Kinetic Family Drawing is also intended to be a visual record of self-development within the family structure (Golomb, 1990). This procedure was designed to help mobilize a child's feelings particularly in the area of self-concept and interpersonal relations. As stated by Neal & Rosal (1993), among the most useful diagnostic tools within art therapy remain projective drawing tests. This is mainly because most professionals easily understand these instruments. Yet, Golomb (1990) also indicates that although there are several positive aspects to the Kinetic Family Drawing procedure, it is hard to voice just how accurate the family drawings are in relation to family dynamics. It is useful to consider all aspects involved in each individual child's particular case. Thus, it is important for therapists to speak to the child before coming to any conclusion in regards to the family drawings as children have their own reasons for situating figures in certain places/ways. Another valuable feature to remember when investigating the Kinetic Family Drawing is that making a family drawing may bring up both positive and negative issues for children. Malchiodi (1998) suggests:

children who are traumatized by family violence, the question "draw your family doing something" usually yields mixed results. Sometimes children do draw their family members engaged in an activity, but more often they draw a series

of figures lined up in a row. Despite the request to draw their families in action, this child population either resists or is unable to draw them at all. (p.165)

Buck (1973) designed a task of drawing a house, tree and person drawing. He then asked subjects to define, describe, associate to, and interpret their drawings. This technique was developed in order for one to have greater insight into the individual's maturity, efficiency, and degree of personality integration, flexibility, sensitiveness and his/her interaction with the environment. The drawing of a house is likely to be associated with pertinent aspects of the person. The house is suggested to "represent the part of the self that is concerned with the body (the 'house' one lives in) as well as nurturance, stability, and a sense of belonging" (Groth-Marnat, 1997, p. 525). Researchers suggest "tree drawings may represent the life history of an individual including developmental processes, past experiences, and hopes for the future, as well as characterological aspects" (Rankin, 1994, 127). Rankin further suggests that the tree image may indicate the presence and absence of psychic trauma. The tree drawing is suggested to encourage ideas about the child's psychological development and feelings about the environment to surface (Malchiodi, 1998). The drawing of the human figure is an image capable of eliciting powerful feelings, especially if there has been a recent harm to the child. As suggested by Machover's (1949) psychoanalytic thinking, "the human figure drawn by an individual who is directed to 'draw a person' relates intimately to the impulses, anxieties, conflicts, and compensation characteristic of that individual. In some sense, the figure drawn is the person, and the paper corresponds to the environment" (p.35).

This test may be significant when working with children and violence as the house, tree and person drawing encourages conscious and unconscious associations and information on events related to the child's home environment as well as individuals living in the home.

Groth-Marnat (1997) suggests interpretation(s) of the human figure be made with caution as the environment/circumstance(s) in which the drawing(s) were created may have influenced the client. Further the author suggests clinical psychology and psychiatry often will show a bias towards problematic areas rather than toward the individual's strengths and areas of positive growth. However, in a study relating to healthy drawings it was summarized that diverse features

were found in drawings that indicate "positive self-esteem, confidence, security, well-functioning interpersonal relations, openness to self and environment, clarity regarding sexual orientation, and ability to organize self and life effectively" (p. 511). More recently, Mitchel, Trent, and McArthur (1993) developed an adult scoring and interpretation system as a screening device for cognitive impairment that may have been caused by mental retardation, psychopathology, or neuropsychological dysfunction.

Thus, in assessing drawings of the human figure by children exposed to violence, one may be able to see some indication of conflict, defense mechanisms, anxieties, and perhaps the actual violence the child may be suffering as well as positive indicators of the self as the child builds a optimistic self image, confidence, and security through the therapy sessions.

CHAPTER II

Emotional Content of Children's Drawings

In trying to understand art expression, in art therapy the artwork is normally viewed in a multifaceted context including the client's past history, immediate life events, behavior during the session, comments in regards to the art work, the structure of the session, the relationship with the therapist, a comparison to the client's other art creations, and the treatment medium in which the art therapy occurs. However, it is also possible for the art therapist to look at a piece of art expression and receive a message from it, as the artwork remains a visual communication on its own. Yet, a complete understanding of art expression requires "sensitivity to visual communication and encouragement of the client to relate to the art production" (Wadeson, 1995, p. 67).

What the Drawings Reveal: Understanding Imagery

Wadeson (1995) indicates the necessity to understand the individual characteristics of the visual properties to which an art therapist is sensitive as well as receiving the visual expression in its totality. For the purpose of this paper, references are made to pictorial characteristics such as medium, organization, space, balance, form, color, line, focus/direction, motion, detail, content, affect, and investment of effort.

The choice of media establishes the nature of the art expression. The amount of control exercised in the use of media and color in particular are two important aspects to consider. How and if the client carefully thought out or used a spontaneous approach to employ the media, and if the client chose particular colors, or was influenced by the medium used, assists one in understanding certain characteristics about the art expression (Wadeson, 1995).

While the use of organization presents information concerning control, in terms of space and balance it is important to view the composition arranged symmetrically/non-symmetrically and the impression of stability and balance whilst understanding if the art expression was planned or was intently arranged in a particular manner (Wadeson, 1995). From a cultural perspective there remain differences in content dependent on where the client may be coming from. Children from tropical countries may include more outdoor scenes rather than chimneys, or palm trees as opposed to pine trees, while there are certain universal indicators and specific details that increase with age (Groth-Marnat, 1997).

In understanding the use of form, it may help to recognize if the client was able to execute what s/he wanted to express, and color may represent the child's feeling's of intensity, harmony, and other powerful emotions. The amount of color utilized or the lack of color used is also pertinent in understanding the art expression (Wadeson, 1995). The linear quality within art language discloses information by its strength or tentativeness of line. the thickness, precision, direction, and amount, as the focus/direction of the art work(s) signifies where the client's attention on a particular part of the art expression may be, and how the art focuses the viewer's awareness to a particular part or an all over pattern that assumes special attention (Wadeson, 1995).

Motion, detail, and content depicted in images also infer the emotion of the client. However, the client's explanations of the content included within the art expression are also a necessity when trying to understand imagery. Malchiodi (1998) emphasizes understanding the content of drawings created by children who have been exposed to violence mainly because children who have experienced such a trauma are normally hesitant to voice their feelings. Yet despite the fact that there remains little reliable information to support precise interpretations of

affective material in children's drawings, there are certain characteristics that can alert the clinician to the existence of emotional problems.

In addition Malchiodi (1998) stresses the importance of art expression for children who lack the ability to communicate emotions verbally. She stresses the importance of how the artwork may bring stability and containment to feelings that may perhaps be contradictory, confusing, or hard to express verbally. She states "art is a potent container for their emotional lives and is undeniably an important aspect of understanding children" (Malchiodi, 1998, p.111).

As art is a modality that may contain conflicting emotions simultaneously, it also evokes powerful feelings in individuals who observe them, leading the viewer to project their own feelings into the art expression of the child. Thus, it is of value for the therapists to learn to recognize that they may be affected by the child's art work(s) in personal ways that can or cannot be symbolic of what the child is encountering or expressing (Malchiodi, 1998).

As expressing emotion in art is an abstract concept for young children, portraying structural elements such as line, shape, color, size, and organization of a child's art expression may also be influenced by the child's developmental level as the child may have less motor control. Thus, the clinicians must exercise caution when interpreting what the child may be trying to convey through the art expressions.

Indicators Depicted in Art Expression(s)

When trying to understand images created by children who have been exposed to violence, Malchiodi (1997) suggests that most drawings will depict distinctive indicators of physical abuse. Although she does not present statistical support in the literature the author suggests the most common indicator amongst children of young age is the disproportionately large head, which is a compelling signal of physical abuse. Malchiodi further states that along with what the drawing may reveal, the child's verbal description of the illustration may also add more applicable information. Drawing images of people also may result in bringing up issues, both positive and negative, within the child's environment. The child may draw individuals as negative and/or as positive and reliable social support in their lives (Malchiodi, 1997). Similarly, Wakefield and Underwager (1998) also state that drawings of children experiencing distress and

trauma may sometimes include images of large heads. Yet in order to determine trauma one needs to examine a series of drawings that hold many indicators (p.183).

Another important aspect that pertains to emotional significance is the relative size of the figures and items drawn by children. According to Malchiodi (1998) the drawing of a human figure is very significant and relates to the child's sense of self-esteem. This is based on the assumption that they are creating a self image reflecting feelings about themselves when asked to draw a human figure. Although very small drawings, especially of human figures, may have a connection to the child's sense of self, there can be other reasons in addition to low self esteem. (p.116)

Further, Malchiodi (1997) states "low self-esteem and self-depreciation manifest themselves directly in art expression. Excessively small human figure drawings may indicate a feeling of low self-worth, inadequacy, and inferiority in the individual" (p. 41). Similarly, Groth-Marnat (1997) state empirical research has produced unpredictable results, yet there remains moderate support for the "view that size reflects varying levels of self-esteem, mood, anxiety level, and relative degree of self-inflation" (p.520). Thus, children who draw themselves as small may be expressing their desire to hide themselves from adults who they see as intrusive and may feel powerless.

Other relevant information that may be clinically helpful in soliciting indicators is further discussed. Manning (1987) designed an art activity in which the child is encouraged to draw a "favorite kind of day", a tool used as a projective technique and as a diagnostic tool. This art-based task was invented in order to assess physically abusive environment(s) through examination of weather, size, and the degree of movement within the created image. In the bounds of this task the physically abused children may depict themselves in an outdoor environment, unshielded from the rain or may show some large raindrops falling from the sky. Similarly, Jolles (1971) maintains that any form of movement created within an image validates the suggestion that strong environmental forces such as wind, symbolizes violence in the child's environment. Further, Parciak, Winnik, and Shmeuli (1975) observed violent content reflected in

the movement of weather. Therefore portrayal of consistent violent weather can support a working hypothesis that the child has a chaotic home environment.

Finkelhor et al. (1983) observe the distortion of self-image as probably the most disturbing effects of family abuse, and that the deficiency of internal worth may cause the child to become cautious when engaging in art activities for fear of possible failure or retribution. Children who are physically attacked and/or witness others being attacked may exhibit their feelings regarding violence in their art expressions depending upon their reactions to these experiences. Some children may experience feelings of wanting to be attacked or of being attacked (Jaffe, Wolfe, & Wilson, 1990). Similarly, Schornstein and Derr (1978) suggest that objects that are indicated as falling or hanging over a child's head portray aggression within the image. Aggression may be directed at the person who may be trying to help the child, such as the therapist. The child may express anger through images of aggressive indicators such as monsters, in vengeance. The symbolic aggressiveness may be viewed as an avenue to manage the figure that the child may depend on for support and nurturance (Jaffe, Wolfe, & Wilson, 1990). Thus, the therapist should allow for aggression within the play space and the media (to some extent) enabling the child to move from object relations to object use. The therapist-object survives the attacks on his/her supplies, remains her/himself and the child is thereby relieved of the frightening feelings that s/he may be omnipotent in his/her own aggressive behaviors (Winnicott, 1971). This serves the reality principle, placing the therapist and his/her materials outside the self to be used by the child, and can help the child with Oppositional Defiant Disorder. to reach the point of not feeling his/her own anger is the cause of the parent's, and that s/he is to blame.

The experiences of physical and psychological abuse the child endures may cause him/her to become withdrawn, lethargic, depressed, and to have suicidal thoughts. Certain children become voiceless and detach themselves from their surroundings and individuals involved in their lives. However, this may also be related to psychological numbing expressed through lapses of attention, trying not to think, dissociation, preoccupation with intrusive recollection of crisis, or avoidance of individuals that prompt the traumatic events or abuse and

avoidance of proceedings that remind the child of the traumatic events or abuse (Pynoos and Eth, 1985).

At times the indicators are not as obvious as the child may have hidden their feelings in the art expression. This masking of expression may be viewed as a defense mechanism for the child who may be in a transitional crisis phase of repression (Malchiodi, 1997). Malchiodi (1998) further concluded that depressed children often carry intense feelings of despair leading them to feel guilty for their own thoughts, feelings and actions. Such children may also express the desire to change families, their lives or living environments.

Color plays an extremely significant role when trying to understand the emotional content of children's art expressions. This is mainly because color carries several emotional connotations, leading therapists to discover whether the color utilized has a particular meaning or a diagnostic value. The use of limited color, or one color, also raises concern; however, it is significant to remember that several reasons may influence how/why children use color in their art expression(s) (Golomb, 1990). The use of color must always be assessed within the child's cultural context as culture may also influence the content of children's drawings.

Malchiodi (1998) suggests although there has been much emphasis on the meaning of color mainly with reference to emotion, it is subjective and generalized. The color red may be regarded as the most emotional color attached to aggressivity, anger, hate, passion, affection, and expressiveness. The color red also seems to be a strong or favored color with both young and older children. The color yellow seems to represent energy, light, and positive feelings, whereas blue may be related to emotions of peace or depression, or associated with the sky/water. The repetitious use of the color black in children's drawings is normally an indication of depression. The color black in an image that normally would require a lot of color may sometimes be a direct indicator of depression. According to Malchiodi (1998) the use of color within children's art expressions may be linked to cultural aspects that may cause one to be surprised and at times contradict what may seem to be the dominant culture's norm.

However, Gulbro-Leavitt-Schimmel's (1991) concludes that children who are depressed do use more color in their art expression(s) as compared to non-depressed children. This results

in contradicting the belief that children who may be depressed use the color black/monochromatic color schemes. The color black, according to Furth (1988), "may indicate or symbolize the unknown; if used for shading, it is generally seen as negative, projecting, dark thoughts, a threat, or fear" (p.97).

Machover (1949) has linked images depicting excessive shading to anxiety in her research. Epperson (1990) also concludes that in researching children and violence there remains an inclination to shade images of the environment and that shading may provide a separate psychological purpose instead of a pathological one. For some children shading may be comforting yet hypnotic while for others it may be calming or relaxing. Rubin (1978) however, indicates that although shading may be a predictor of anxiety, correlations as such are not often validated especially for children who are in a dynamic process of development. It may seem safer to have such predictions as hypotheses yet remain open to further possibilities. Similarly, Groth-Marnat (1997) suggests the area that is shaded within a drawing is liable to imply concern with regards to the specific area. However, a lack of shading does not indicate that there is no anxiety in the specific area that is not shaded, and shading may also represent the client's effort to work on a three-dimensional aspect.

Additional indicators may include tears or raindrops in environmental settings. These themes as put forward by Malchiodi (1997) are not always indicative of sadness; however, they are elements that are usually not included in children's drawings. Thus, the repeated representations of tears and rain should be given focus if there remains a concern about the possibility of depression in a child. Physical abuse may lead a child to experience feelings of alienation, abandonment, and rejection. Malchiodi (1998) suggests that themes of isolation in children's drawings can be striking and/or subtle. Children may depict themselves as being isolated, and encapsulated within the framework of a home especially if the abuse comes from the child's own family. The art expression is a release that provides personal protection from the physically abusive home environment. In addition Malchiodi (1998) observed that as a result of trauma children may not speak in art therapy groups due to psychic numbness or "intrusive

thoughts and may have a difficult time focusing on drawing tasks because of attention difficulties or dissociation" (p. 127).

Art expression may be utilized as a space for the impossible or unreachable to occur. Children's images may become a place where visual fantasies can transpire. Malchiodi (1998) noted that children created images of home environments that they rarely experienced and that their drawings often enclosed satisfying scenes with colorful houses, gardens and toys. They will often describe these drawings as secure and nurturing home environments when in reality they are fantasy images of what they hope for in the future.

Repetition can be seen in the structural elements and the art behaviors of children living in a violent environment, who have witnessed the act of violence and who have experienced the abuse of violence. Malchiodi (1998) states that children often repeat images related to their abuse, repeat themes of rescue by an authoritative figure, or replicate ideas of violence or destructiveness geared towards the aggressor through their artwork. Epperson (1990) observes that the drawings often became unrecognizable due to a maze of lines that evolve through repetition, which leads the images to sometimes be unrecognizable. He further suggests repetitions may serve as part of the healing process enabling the child to gain symbolic power over the trauma by continually repeating an image.

Children exposed to violence may exhibit the effects of trauma in their art expression(s) and in their behavior. Being subjected to an environment that continuously involves trauma and anxiety leads to psychological trauma. As suggested by Van Der Kolk (1987):

Psychological trauma is generally understood to occur when an individual is exposed to an overwhelming event and rendered helpless in the face of intolerable danger, anxiety, or instinctual arousal. The essence of psychological trauma is the loss of faith that there is order and continuity in life. Trauma occurs when one loses the sense of having a safe place within or outside oneself to deal with frightening emotions and experiences. (P.87)

In summary, when searching for specific signs of violence in children's art expressions, Malchiodi (1997) suggests certain indicators typically included in the drawings of children who have experienced violence:

Indicators As Guidelines With A Brief Description

1. Outline the contents of the drawing and fill it in with another color.

Working Hypothesis: An attempt to firmly establish boundaries of the contents of the drawing.

2. Rarely include people in their drawings.

Working Hypothesis: Perhaps a need to isolate themselves from relationships and/or a need to avoid the abusive environment.

3. Inclement weather – rain, hail, snow, and/or wind portrayed within drawings.

Working Hypothesis: Physically abused children depict the weather as disproportionate and/or excessive in size. They may also portray the weather as "falling" on contents of the drawing. Weather portrayed in a drawing is a projection of the child's environment. It is judged to be the depiction of the externalized physical abuse/threat. The intrusive nature of inclement weather may be compared to the intrusive nature of physical abuse inflicted upon the child.

4. Excessive Shading – Associated to anxiety.

5. Disproportionately large head.

6. Distortion of self-image – effects of family abuse.

Working Hypothesis: Low self-esteem.

7. Drawings depicting "monsters" that are both attacking and also being attacked.

Working Hypothesis: Feelings of wanting to be attacked or of being attacked.

8. Overuse of the color "Black".

Working Hypothesis: Depicted in drawings of children who suffer from withdrawal/depression, somatic/physical illness, or burned children.

9. Images of child being encapsulated within the framework of a home/environment.

Working Hypothesis: Isolation

10. Drawings with unrealistic content.

Working Hypothesis: Visual fantasies for something that is impossible/unreachable.

11. Repetition: Present in both structural elements and art behaviors. Child may repeat the image related to trauma or themes of rescue or violence/destructive acts.

When looking at the emotional content of a child's art expression it is also important to observe their behavior(s) and how they react to art directives or art tasks. It is important for the therapist to watch the manner in which the material is used, whether it is tentatively, fearfully, confidently, dissociatively, or repetitively used along with the content of the child's final product(s). This is mainly because "children who have experienced violence to themselves often remain in a state of constant alert and pseudophobia" (Silvern, Karyl, & Landis, 1995) for fear of a recurrence of a prior traumatic encounter. A child may be on guard when a personal threat is sensed close by and this can be provoked by any characteristics from the previous experienced trauma, including the art process. The art process may connect the child to a memory related to the violence reflecting the child's fears and further powerful emotions.

Children may benefit from expressing themselves through art expression(s) and convey their distress, hopelessness, and fear(s). However, the most reliable and complete information with regards to the art expression(s) evolves from the client. With the encouragement of the therapist and the creative exploration of the art expression(s), together the client and art therapist may discover the importance of the art for the client, progressing the therapeutic process.

Chapter III

The Art Therapy Process and Product

There remains much to be learned from the products created in the art therapy sessions. The elements involved within the process are equally as important, particularly when observed within the context of what is being created. As stated by Wadeson (1995):

The art therapy process is one of creating, understanding, and relating to imagery. In all these ways it offers potential for viewing the framework of our own existence. Realizations in the realms of soul or spirit seldom are delivered

through rational processes. More often they involve emotional experiences, frequently accompanied by images arriving unbidden (p. 293).

Children who experience domestic violence are at short/long term risk for behavioral and emotional difficulties. Their symptoms may include anxiety, helplessness, sleep disturbances, and somatization that are irregular with the child's level of development and severity of experienced trauma (Jaffe, Wolfe and Wilson, 1990). Thus, pertaining to the characteristics of this population it is clear that art therapy would seem beneficial.

Entering Therapy: Testing The Container

During the initial stage of the therapeutic relationship there is a degree of uncertainty and testing from children that takes on several forms including demands for additional art supplies, attention seeking actions, and testing of limits, time and space, or behavior during the therapy session. This may be mainly due to past disappointments with an abusive environment leading the child to have the inability to trust or believe in a new adult figure. When working with children it is of importance to remain firm, set limits, and convey clear and consistent messages while devoting oneself to the child during the therapeutic sessions. In turn this promotes a secure therapeutic alliance in which the child can develop the sense of security that s/he needs in order to feel free to disclose and to take risks, as most children exposed to domestic violence are protective of their parent(s) and are reluctant to reveal the violence they have experienced or witnessed in their home (Jaffe, Wolfe, & Wilson, 1990). Following disclosure it is essential for the art therapist to ensure that the child is listened to and also supported.

It is also important in the beginning sessions for the therapist to be consistent and non-threatening as described by Rubin (1978):

the early period is a time for making the situation as pleasant as possible for the child. It is a time for helping him to learn what is expected of him in both doing and reflecting upon his art work, for initiating him into the rules of this particular game. (p. 79)

Therefore, children who experience domestic violence should be reached out to in a meaningful manner.

The Therapeutic Alliance

Development of the therapeutic alliance is also of great magnitude when working with children. The therapist's primary approach is customarily a supportive method and the focus may be directed toward encouragement of the child. The child is thus provided with an opportunity to work on his/her strengths and healthy strategies whilst gaining a sense of mastery in his/her overpowering circumstances (Farrelly, 1991). Feelings of guilt and low self-esteem usually accompany children who have experienced domestic violence. Focusing on how to build up self-confidence and helping the child to alleviate self blame for the violence is an issue that may be worked out through the art experiences. Children of this population require an intense need for nurturance to help gain a positive image of themselves; thus, in order to enhance a positive self image the therapist should implement a program designed to eliminate the responsibility that these children feel for causing the violence. The use of art within therapy can facilitate the development of the alliance between the therapist and child. The utilization of art enables the therapist to be aware of the child's experiences and how they are perceived regardless of the child's verbal ability or engagement. Thus, the therapist may take the role of a supporter ensuring that the needs of the child are fulfilled. In doing so the therapist may encourage art expression(s) that help the child to deal with his/her feelings in regards to his/her family situation and may also help the child to cope with feelings of ambivalence towards their parent(s). The child may love his/her parent(s) yet not approve of the violence and may feel hatred towards the abusive parent(s) and love him/her at the same time. Similarly, the child may feel compassion for a parent who is being abused by a spouse but simultaneously resent the parent's helplessness and inability to protect herself/himself and the child/children.

Structuring the Art Therapy Process

Developing trust and confidence in the therapeutic relationship varies with children and is supported by maintaining consistency with regards to all aspects of the therapy sessions. The timing, the rules, materials, space, mode of interaction, and stability are all components essential to creating a concise and secure framework for further work. Thus, with the present anxiety and uncertainty a child may already be experiencing it seems crucial to establish trust between the

therapist and child whilst being consistent with routine, place, time, and the availability of supplies within the same location.

The use of art with children who have been subjected to violence creates a method of communication through which the therapist and child can work on the child's issues and create safe boundaries, as the art remains a diversion from the control they are careful to maintain in their verbal communication. As stated by Malchiodi (1990) "children who have been abused or have witnessed violence in their homes and are often silent in their suffering, art expression can be a way for what is secret or confusing to become tangible" (p. 5).

While discussing the value of the environment, the materials in art therapy, and the essential logistical and structural foundations of the work, Wadeson (1995) also discusses "structure" as inclusive of the organization of the entire art therapy process. The first thing to consider is the reason why the child is coming to the art therapy session. Is it a routine, a referral, or self-selection? For children who have been exposed to violence, the initial phases of therapy may be difficult as the child may be afraid and uncertain of a new adult figure (the therapist). Gaining trust will take an incredible amount of time for the child as s/he has experienced traumatic events at home.

Consistency and continuity are valued considerations in scheduling, as art therapy becomes an anticipated process when there remain consistent session times, which a child can depend on. As stated by Wadeson (1995) the decisions regarding the time,

are not made arbitrarily but with client needs and capacities and the total treatment framework in mind. Because the art therapist knows better than anyone else what is involved in the art-making and art-exploration process, it is she who should organize the art therapy schedule rather than its being imposed by other staff members. (p. 25)

Children who experience domestic violence are usually not provided with appropriate care and structure in their daily lives. Their worlds normally consist of disaster in which they feel alone, unsupported, and left to cope by themselves. Thus, these children require the need to feel continuity in the therapeutic sessions, as it is essential for them to feel that they can depend on

the therapist and trust that there is a developed routine, where they can encounter a positive and ongoing experience.

Time is also an important factor to consider as the length of the sessions, duration of the art therapy treatment, frequency and organization of the art making and discussion time are all major points to consider when dealing with structuring. In some cases children who have experienced domestic violence are not able to focus for more than ten minutes at a time due to their internal chaos. Also, the length of therapy will determine how much the therapist promotes containment: working within the metaphor, or facilitating less cloaked disclosure. Further, it is important for the therapist to establish a procedure so children are aware that the artwork will remain in the therapy room where they may be safe especially when the child may be subjected to violence because of the content. Explaining to the child why the art expression(s) are retained is an indication that the therapist respects the child and also the art product (Malchiodi, 1998). Thus, the therapist needs to structure the art therapy session in accordance to the child's individual need(s). Perhaps the therapist may encourage the child to engage in an art directed/non-directed activity for a certain amount of time and then allow the child to engage in play for the next ten minutes with the intention of working on building up the session to a longer period through the therapeutic process. The therapist may also encourage the play around the issues of violence, as some children who are exposed to domestic violence may not respond well to art activities.

Wakefield and Underwager (1998) suggest that it is through play that a child can express and work out conflicts and problems. Dependent upon the toys a child may choose and how the child plays with them, the therapist may suggest symbolic interpretation(s) of the abuse. Through play children who have experienced violence represent unconscious and conscious wishes and fears unlike children in general. The child's behavior in play "can reveal troubling unconscious factors otherwise not available to either the child or the observer" (p.188). Levine (1999) suggests that a child's play is regarded as an internal symbolic universe. For children who have suffered traumatic experiences, the therapist may provide him/her "with interpretations of the play material which speak to the underlying anxiety, begin to address and diminish the defenses, and

ultimately release the child from the rigidity that the trauma has produced in the psyche" (p. 259). Thus, it may be necessary to incorporate several modalities from the creative arts therapies to help the children deal with their issues.

Pertinent to space, the art therapy room should have provisions to guarantee privacy, adequate space and promote free exploration, as children may only be able to express themselves in such style. It is also important for the space to be free from intrusions or distractions as this may affect building trust between the child and therapist. For children who have been exposed to domestic violence a room that is located close to a location where sounds are heard may cause disruption and distractions for the child. The sounds of voices and footsteps may trigger an emotion of fear as the child has already experienced anticipating panic and fear associated to such incidents. Although this may be a frightening experience for the child each time s/he attends the therapy session, the therapist may also find this to be an opportune time to work on issues of fear, panic, anxiety, and uncertainty as these are common emotions felt by many children who have experienced domestic violence. In addition, with time the child will learn to trust the therapist in a contained environment. This results from the therapist guaranteeing space and time free from disruption and being clear about any observations being written, audio taping, video shoots, or photography taken in order to present the child's art work to those involved. The child's fears and thoughts regarding who may view these confidential sessions may also need to be explored.

It is vital for the therapist to convey a protective framework to the child while exploring any distrust and concern the child may be experiencing. However, as this remains an ongoing process, the development of trust may regress as traumatic experiences are revisited, or as new ones are experienced in the home environment during the course of therapy. As affirmed by Rubin (1978):

the development of trust is a gradual process, and like any other kind of growth can regress under stress. It may become apparent in the child's behavior and interaction with the adult in general, and is especially obvious as the verbal communications become more confidential. It is also apparent in the child's

symbolic communications, as these move from more disguised and defensive ones to more open and expressive ones. (p. 80)

Also, when exploring the child's feelings around familial violence the child may have difficulty in expressing a response to the trauma because of their relatively short-term defenses against remembering, their inability to express their feelings and their suspicion(s) of the willingness of an adult figure to listen (Malchiodi, 1997).

Structure also relates to the activity of art therapy. When considering the individual needs of the child, the specific goals, and limitations of the environment, the art therapist needs to prepare activities accordingly. The limitations of the child may also influence the art therapist's choice of more or less structure for activities. In addition, gathering background information on the child and identification of particular goals are important for reasons such as the treatment plan and assessment. This may be conducted in the form of an interview or by asking the child to draw an image of his/her family; by asking the child about the image, the therapist can learn about the child's perception of the family from the various elements/characteristics depicted. However, of most significant value is the aspect of sensitivity and creativity in structuring art therapy. As the art therapist responds in a sensitive manner to the child's needs and utilizes creativity to develop a structure of art making, the therapeutic process also has the possibility to advance.

As a child creates art-work(s) the therapist is provided with an opportunity to observe the child's manner/style of working, the form of the working process, and the way the process changes over time. During the process the therapist will recognize the client's individual rhythm and energy level. As the sessions proceed, normally children become relaxed and more spontaneous and physically open. For children dealing with domestic violence, expression through art permits a particular remembrance that may not be as guarded or perceived as being unsafe, as verbal disclosure of the child's experiences. Gradually, the child's art expression(s) may depict what s/he has experienced or witnessed and may become better understood by the therapist.

A child engaged with clay/play-doh, may become angry and aggressive as a result of the child being exposed to such behavior and the association the child may make with an unpleasant memory of violence. Or it may simply be the materials evoking such emotion.

Children who have experienced violence may become increasingly anxious with: overwhelming feeling and loss of control, sometimes crossing the boundary between fantasy and reality. A rapid regression and disorganization in behavior and the form of the art products is often associated with the use of fluid and messy tactile media, especially finger paint and clay. Their similarity to body products may have exerted a strong regressive pull, stimulating memories and feelings associated with early childhood, as well as impulses (Rubin, 1978, p. 68).

This emotional flooding within a session may also be portrayed in a regression in the form of the product(s).

The Middle Phase

Depending on the individual, after a period of time the consistent structures and trustworthy relationship lead to a middle phase of therapy characterized by risking and communicating, facing disclosed information, repetition, accepting and coping. The client's disclosure of internal feelings and thoughts, which may initially be hidden from the child, is a slow process that requires time for forward and backward movement as Rubin (1978) states:

to establish trust and enable a child to risk facing the fears within, it is necessary to find ways of communicating which are meaningful for both parties. It may take time, and even some trial and error, to discover the words and images and frames of reference that make sense to a particular child. (p. 81)

The most difficult of the therapeutic work occurs when a child is ready to face information that s/he has disclosed. When the child has the ability to step back, view the product and reflect upon the process and product, it is an indication of the child's readiness to utilize an insight-oriented approach in therapeutic work. The child may create an image, accompanied by a story, yet to have the ability to relate the story to the self may initially be an enormous task for the child.

Facing fearful/painful experiences may seem easier in art expression(s) as the art offers a certain degree of distance, which may be left undisrupted. The child has the choice to deal with the art expression(s) or to put it aside for another time that s/he may want to face his/her issues of violence. In certain instances a reflective approach may enable the child to move along both in and out of the therapy sessions. However, for children needing help in making connections between expressions and their own lives, it is essential for the therapist to intervene more actively. In such instances the process may be difficult as this type of experience may be painful for the child, who may attempt to avoid or resist. Through the process of the art therapy sessions a child may learn to trust the therapist, leading to the ability to face his/her unconscious, unacceptable wishes, thus feeling a sense of accomplishment. Once the facing of conflict is successful, Rubin (1978) suggests:

what is needed is enough to help him to integrate this newfound awareness, and to move on to more adaptive ways of thinking, feeling, and behaving, through changes inside himself...It takes a long time, from the first glimmer of hard to handle conflicted aspects of the self, to reach the point at which the child can accept, without undue anxiety, these previously hidden secrets. (p.84)

This may require that a child work on the same issue time and time again. Repetition gives the child time to work through the experience s/he is having difficulty with as Rubin (1978) maintains:

this working through process is often accomplished through repetitive confrontations with the feared idea, through drawing or playing out a loaded theme, often with a limited amount of modification. While this process may seem like a stuck one to the therapist, it is a necessary one for the child, who may be going through something analogous to a desensitization process, gradually becoming more and more comfortable with previously unacceptable ideas and feelings. (p. 86)

Similarly, Klingman, Koenigsfeld, and Markman (1987) states:

the therapist's role in dealing preventatively with reactions to disaster is to assist the children through the process as constructively as possible and, thus,

enable them to alter their thoughts, feelings, and behavior that tend toward the destructive or pathological. (p.153)

Domestic violence is a horrific experience that leaves children with the inability to manage their situations. The use of art therapy is extremely essential as it offers children a creatively socially acceptable passage for their feelings. Through observation of the therapeutic sessions the therapist becomes aware of the child's experiences and how s/he perceives them, thus taking on the role of a supporter guaranteeing that the child's needs are being addressed and met within the art therapy sessions.

Accepting and coping with the emotions and feelings are important therapeutic goals. Through the process the child may have to "relive" the events in order to risk, and face the traumatic experiences enough to be able to cope effectively. This may permit for the release of inner stress caused by the violence a child has been subjected to. Also, the self-story, previously too painful and perhaps shameful to bear, has been witnessed and re-storied through the art process and the therapeutic relationship. Through reliving the violent experiences with a therapeutic holding environment the child is also disposing of the manifestation of the trauma. Although the memories of the traumatic events cannot be erased, with the use of art therapy the child is able to heal or, alleviate his/her suffering through accepting and coping with the internalized effects of the violence experienced.

The Art Product As Process

While the art production has been examined in Chapter II for its graphic indicators, the product is the settled form of a process of making that occurs in time, space and in relationship with the therapist. The product of the therapy sessions is of importance as it may represent how the child feels about his/her self-image and self-confidence. The product may also be viewed as part of an extension of the self. As stated by Rubin (1978) "the child is symbolically fed with materials, which he then digests with his hands or tools, and which finally emerge as his own unique creations, analogous to body products" (p.74). The sense of identification remains present and fluctuates enabling the child's feeling in regards to the quality of the product reflects to a certain degree, the child's feelings about himself/herself. Normally, as the child expresses

concern or inadequacy, the degree and intensity are all indications to the child's feelings of self-esteem. Thus, the therapist may pay close attention to whether the predominant attitude toward the product is one of ambivalence, shame, disgust, or pleasure (Rubin, 1978).

Wadeson (1995) suggests that the art therapist be encouraging with positive remarks towards the final product in a nurturing non-threatening environment. As stated, "frequently there is something subtly seductive in a positive way in what the art therapist is offering. In early childhood, mother may have watched us make various kinds of productions in a similar caring way" (p.64). Similarly, in the therapeutic relationship the therapist representing the mother figure provides a caring and safe environment for the child who has experienced violence. The therapist/child relationship may unconsciously or consciously take on the reparative role of a parent/child dyad, fostering the positive characteristics in the child.

Utilization of art materials does not always result in an end product although the child may be creating while in the therapy session. The product may undergo repeated transformations, or may be produced but then destroyed as the child proceeds through the session. In such a situation, it is important for the therapist to note and observe what product was produced although s/he may not be left with a concrete visual product. This is a common ritual for children who have been exposed to violence. Many times the child will create an art expression that triggers feelings of anger/resentment that leads the child to destroy the product. This is not because the child does not like what s/he has created but rather because of the emotion the child is experiencing. In other instances the child may create an image of the abusive parent and will show aggression towards the product that represents the abusive parent. Thus, the product helps the child express what s/he may not be able to express in reality to the abusive individual. This enactment affects the release of some of the inner turmoil and conflict that the child is experiencing and enables him/her to move forward.

In terms of the formal aspects of art products, Rubin (1978) suggests that they offer important signs regarding the state of the child's cognitive level and how the message is being conveyed. The degree of organization, clarity, movement, symmetry, completeness, or color is helpful in describing and perceiving the art product(s) as mentioned in Chapter II.

Rubin (1978) further indicates that the content of the product may be considered with regards to the verbal/non-verbal behavior taking place during the process of making the object, the visible topic, the associative content with regards to the projected images related to the product during the finishing point, and the implications of latent content apparent in symbolic selection. However, it is important to realize that all behavior(s) have meaning and are not random; keeping track of the sequence of the events may prove to be useful in trying to decode the meaning(s) of communication. "What precedes and what follows a particular creative act, like the sequence of forms within a product, is assumed to be meaningfully related in a (psycho) logical way" (Rubin, p.71).

Observing the process over a period of time is of importance and helpful in understanding the dynamics of the surfacing expressions and interactions. Every child's process is unique and may display actions along the continua of being disconnected/connected, organized/unorganized, and relaxed/tense.

With the permanence and tangibility offered through the art creations, a child is provided with the opportunity to verify and confirm his/her perceptions. The art work(s) is also a provision for documentation of the progression of therapy, as "the work itself remains as a witness, available for immediate review or later to evaluate changes over time. The original work can be altered or revised to suit the needs and desires of the clients" (Naitove, p.291). As the child does so during this middle phase of therapy, s/he experiences in this symbolic way, the possibilities of personal transformation.

Termination

During the termination phase of the therapeutic process separation plays a significant role. Working on and working through issues relating to separation with the child and therapist may take up most of the therapy time. The child may have mixed feelings with regards to terminating the therapeutic relationship that may have become an important part of his/her life. In some situations providing a child with a transitional object(s) may help the child cope with termination. This object in turn may facilitate comfort for the child. The object is real but also serves the purpose of "the comforting breast" (Winnicott, 1971). The child holds onto the object

as security and it serves to protect against anxiety, fear, and stress. The art expression(s) created in the therapeutic environment may contain content that is not appropriate to be shared with others, specifically an abusive parent. With the expression of violent detail or traumatic events that have occurred or are presently taking place, it is not advisable for the artwork to go home with the child or to be shared with the parent. By permitting such private and intimate details to be exposed to abusive parents the therapist may be endangering the child's safety and well being. Thus, careful consideration should be maintained with regards to the disposition of art expressions for children whose lives may be compromised through further mistreatment.

Often children who are exposed to violence remain in the violent environment unless the violence is so intense that youth protection has to physically remove the child from the home. Thus, a supportive reminder of the positive time spent in the therapy sessions would be an object the child could take home when termination occurs. This transitional object can be any of the art expression(s) created in the session(s) or a token given to the child by the therapist. This art piece may represent the symbolic transitional object and speaks of how the child is handling the termination of the therapy. As the child reaches a point when greater independence is reached and the child has a sense of the self, separate from the therapist, the child is able to cope with situations and handle situations by themselves.

When terminating therapy there are many ways in which a child may react. While focusing on the emotion the child has expressed it is also important for the therapist to be aware of the complexity of feelings beneath the one expressed and to handle termination with sensitivity when dealing with children who have experienced domestic violence (Penn, 1990).

Stepping out of therapy may be a representation of growth and progress yet it may also exemplify loss with accompanying emotions as stated by Rubin (1978):

by accepting and trying to understand distorted transference reactions, just as one tries to understand symbolic representations, one gets a sense of the child's inner world. The separating from the parent-therapist in the transference, toward whom the child has experienced strong emotional reactions, takes place along with separating from the real person-therapist, who

has accepted the child and helped him to create a more contented self through art. (p. 89)

Children exposed to domestic violence may at times regress during termination, feeling abandoned and betrayed by the therapist who has been nurturing and providing for the child who lacks such comfort in the home. It is a difficult process to accept and the child in turn may terminate the therapy and avoid coming to the last session as s/he may resent the therapist for terminating their relationship. Through the therapeutic process the child has developed a private and safe relationship where s/he feels cared for by the therapist. In the therapeutic environment the child does not have to fear violence, is provided with the opportunity to express/release emotions, has invested personal information, and depends on the therapist for support. Some children may experience anxiety, feeling they cannot manage without the therapist while others may feel a sense of loss for the therapy and the therapeutic relationship. Seibold (1992) states:

following the announced ending of treatment, much of what the client raises may relate to termination, but as with many other factors in the client's life, feelings and associations are disguised, denied, or avoided. Time is needed for the person to take in, act out, and master the news. (p.331)

Thus, although the termination is of the present therapeutic relationship, the child will tend to deal with the termination based on previous termination experiences in other relationships.

In other instances although the child may be returning to a violent environment s/he may have learned how to cope in such an atmosphere and will have the ability to focus on the mechanics of terminating while reflecting on what has been accomplished within the therapeutic process. While it will be difficult for the child to remain in a violent home, the therapeutic relationship will have provided the child with something good that s/he will be taking with him/her self (Penn, 1990).

Chapter IV

Case Study

Introduction / History of Presenting Problem:

"Mark" is an eight-year-old male diagnosed with Oppositional Defiant Disorder, which manifests in the home and in school. Prior to being admitted in the inpatient unit of the hospital he lived at home with his mother (36 yr.), half brother (15 yr.), and full brother (4 yr.). The stressors included violence in the home, birth of sibling (when Mark was four years old), and parental conflict/separation.

At present Mark's father does not live at home and is described by his mother as being violent and abusive.

Mark requires constant supervision, has some mild developmental delays and is overactive. In his previous daycare, Mark was extremely difficult to attend to. He required constant attention and was problematical to manage in-group situations. This led to reducing his attending days. Mark displays a short attention span; displays anger in tantrum form and speaks in a loud voice when agitated. However, Mark seems to function better in a one to one situation.

Setting:

The setting is in a large hospital in an urban setting. It is an inpatient unit within the department of child psychiatry. Mark has a regular routine, where he attends school five mornings a week, has an outing for two hours once a week, participates in group activities throughout the week, is part of a group therapy session for one hour a week, and comes to individual art therapy sessions twice for half an hour on a weekly basis.

Presenting Issues/Client's Strengths:

Mark is a very active boy. He is hard to handle, displays tantrums, screams and requires continuous watching, as he is extremely active. Mark is a very pleasant child to work with. He enjoys being around people and interacting with the other children on the unit. According to his mother, when at home, he will often run to the neighbor's house for no apparent reason. He is not a good sleeper – afraid he will miss something if he sleeps. Usually when Mark sleeps one night he will be up for the next three nights. Mark's mother also feels that his behavior is a result

of the violence he has been exposed to. Mark continually tests limits and openly displays aggression. He turns away when structure is imposed. With firm imposition and guidelines that ultimately lead to rewards, he can be encouraged. He requires continuous coaxing and supervision and when something catches his interest, he is more focused. Formal functioning is still very much compromised by behavior problems such as opposition, impulsiveness and low frustration tolerance.

Birth & Developmental History:

Mark was a planned pregnancy; however, his parents separated within the fourth month of the pregnancy. They were back together when Mark was one year old. His mother describes her experience as a good pregnancy and birth. She describes Mark as a "good baby" who ate, slept well, remained pleasant, smiled and was not angry. He was breast fed, walked at ten months and knew many words at the age of one and a half years old.

Family History:

Mark's mother is one of nine siblings. She has a close family unit. Mark's father is frequently in trouble with the law and drugs/alcohol are involved. Mark's mother was twenty-seven years of age when she got involved with his father.

Referral Source:

Therapeutic Kindergarten Program.

Prior Therapy:

Overall length of contact: Two years (at a hospital). Frequency of treatment contacts for ten months, two times a week with therapist, and then nine months in a Therapeutic Kindergarten Program.

Beginning Diagnosis/Clinical Impressions:

Three years ago Mark was given the Wechsler Pre-school & Primary Scale of Intelligence (WPPSI-R) to measure change since commencing the Day Treatment Center at The Therapeutic Kindergarten Program – special K program to assist in further school planning. The results of this test were in the average range.

Mark was found to be globally functioning in the low average range. He displayed difficulty in spatial perceptual tasks and in abstract verbal conceptual skills. Test results indicate that reproduction of abstract forms with blocks and pencil came up to average and his arithmetic was also at the average level.

Oppositional behavior: Impulsiveness and attention immaturities. Marks expressive skills were immature and he was resistant to putting efforts into thought. He displayed immaturities in the aspect of receptive language.

Mark has been taking the medication, Ritalin for a few years now as his pediatrician prescribed it. He is diagnosed with Oppositional Defiant Disorder, Attention Deficit and Hyperactivity Impulsive Disorder.

Goals & Initial Treatment Plan:

In view of the fact that Mark's behavior difficulties present a problem, therapeutic intervention was required. As art therapy has been found to be most effective in the treatment of children experiencing emotional and behavioral difficulties (Anderson, 1992), individual art therapy sessions with set boundaries and consistent limits with structure seemed appropriate. Due to his short attention span, Mark was scheduled to attend one short, thirty minute session twice a week during his stay in the inpatient unit of the hospital.

Mark began individual art therapy sessions in early September. The initial goals of the therapy were to provide a safe holding environment within which the therapeutic alliance could be developed. Other goals included building self-esteem, helping Mark control his impulses, and sublimating aggression in art products /process. Mark began to voice issues concerning violence by December. Thus, to further explore the issue of violence became an important goal and focus of the therapy, as it may have been the root of his behavioral difficulties. Mark came from a diverse background. He had been physically abused, neglected, and witnessed violence to other family members: his mother, and older brother. This violence also included psychological maltreatment. In addition, Mark has experienced other types of family dysfunction such as alcoholism, and chemical dependency. The abuse to Mark occurred over a few years and was triggered by particular stressors to the family structure, as mentioned earlier. Further, Mark

seemed to lack the ability to communicate emotions verbally. Through the art therapy sessions he was provided with the opportunity to explore his feelings and the emotional difficulties of his complex life.

When I first learned of Mark I had decided to go to his room and introduce myself to him. Before meeting him, I thought it would be appropriate to learn about his history and reason for being hospitalized and referred to art therapy. Upon completing my reading of the material presented in the case study book I was hesitant to meet Mark, as I feared I would not be able to control his inappropriate behavior and aggression.

However, to my surprise as I walked down the hall and stood at the entrance of his room I saw this little boy lying face down in his pillow, on his bed. He seemed calm and collected, unlike what I had read on him and when I called out his name he gently turned his head and sadly looked at me acknowledging my presence. As I spoke to him and introduced art therapy and myself to him I found Mark to be very calm. Following my introduction we decided on a time and date for our first session the next week.

Session One:

As I entered the area where I was to pick up Mark to come to the art therapy session, I heard a loud voice talking to a nurse. To my surprise it was Mark. When he saw me he immediately dashed to the elevator's and screamed, "I can press the button first. which one do you think is coming?" (There are four elevators, two opposite the other two). Before I could answer Mark began to jump up and try to reach the top of the elevator. I calmly asked him to stop jumping and step aside, but he did not listen and continued until we reached the art therapy room. Once we entered, Mark began to explore the room, the objects, furniture everything that was with in his sight range. It was extremely difficult to get him to sit, let alone focus on an art activity. I decided to allow Mark to explore the room and find out what he likes and dislike. As I observed Mark, he tested his limits and displayed aggression while playing with toys. I was afraid to speak to him, thinking that if I did his aggression would escalate and I was already having a difficult time trying to get him to sit still. When our time was up and I escorted Mark to the elevator, he once again ran for the elevator. I realized that I needed to set limits and restrictions

immediately, as Mark may have sensed my fear. I did, and suggested that I may have to hold his hand if he wasn't able to walk down the hall and wait for the elevator. When we reached his floor Mark turned around and asked me when I was going to meet him again. Knowing Mark's history of abandonment, I was pleasantly surprised when he showed interest in meeting with me again and assured him that we would meet at the same time and same place.

Wadeson (1995) suggests that there is much testing that occurs during the initial stages of therapy (Chapter III). Thus, being aware of this fact I knew that Mark's testing of limits were perhaps due to his experiences with an abusive environment and that it would take him time to trust a new adult figure.

Sessions two, three & four:

Mark willingly came to the art the art therapy sessions; however, the focus in these initial sessions remained on setting limits and boundaries around appropriate behavior and use of the equipment in the room. Mark had also decided where his place would be in the room and where I would sit during the time spent in the sessions.

Although the art materials had been placed out on the table for him, he never attempted to use any of the materials despite my many invitations to do so. The setting of limits and boundaries seemed everlasting. I was not sure at this point if I was going to be able to engage Mark in any art activity, as he had not shown any interest. Perhaps this was because he sensed my anxiousness for him to use the art materials I had carefully selected and displayed on the table. His interests evolved around exploring the drawers of the desks, walking in and out of the closet, going through the baskets of toys and sitting in various places of the room. I realized that Mark was testing his limits, and thus, continued to remind him of the rules and limitations of the therapy sessions. As suggested in theory (Wadeson, 1995), it is important to continuously be consistent with firm and direct limits while dedicating oneself to the child. This in turn allows for a secure therapeutic alliance where the child can feel safe and be able to express him/herself.

Mark also displayed aggression when playing with the stuffed animals. He would punch, kick and throw the animals against the wall without speaking. I took this opportunity to intervene realizing that this might be our first crisis. I knew where his anger and pain was

stemming from; however, when I tried to speak to Mark about his aggression, he withdrew and quietly turned away, going into deep thought, choosing another toy to play with. I knew that Mark's hurt, anger, and withdrawal were longstanding, and that he did trust me enough to express himself; thus, I reassured him that he was safe and we could work on his feelings together when he was ready. I did not get a response from Mark but knew he was listening, as he would stop playing and listen despite having no eye contact.

I was hoping that the art materials would be inviting enough for Mark to engage in the art making process. However, he chose instead to play. The importance of play as suggested by Wakefield and Underwager (1998) is an indication of how well children can express their thoughts and feelings. At times children may be overwhelmed by these feelings, thus being unaware of them until acted out in play.

Session Five:

Mark willingly came to the art therapy sessions, walked to the elevator, but continued to race to press the button. At this point I decided that it would be his place to press the elevator button, leaving him in control.

When we entered the art therapy room, Mark sat in his chair at his table, and asked me if he could draw. I was pleasantly surprised and further delighted when he began to draw. This was the first time that Mark had shown any interest in engaging in an art activity. In the midst of his drawing Mark looked up at me and invited me to sit down at the table across from him. At this point I realized that our therapeutic relationship was forming and that Mark was perhaps beginning to feel comfortable with me.

Mark sat for approximately seven minutes at the table, demonstrating his ability to focus and engage in his artwork. Upon completion of the work Mark suddenly jumped out of his chair and shouted that he was done and zipped over to pick up a ball and shoot it at a poster of a cat on the door. When I asked him why he was throwing the ball at the cat he stated that the cat deserved to be hurt and then spoke about a cat he once had that got lost with her baby. He then rushed to the toys and while searching for a toy to play with he picked up a toy and said that he once had a toy like the one he was holding and it also got lost. Knowing his history of

abandonment I reassured Mark that the toys were not going to get lost and attempted to engage him further (through the metaphor) with the issue of abandonment. However, Mark did not respond, so I further invited him to help me clean up the table that he had been drawing on. Mark complied, playing with toys and cleaning up the table simultaneously. He then asked me where he should keep his work and I directed him to a shelf where he could place his work in a folder and explained that he would take his entire work home at the end of our sessions. He then happily left the room and we went back to his floor.

During this fifth session, Mark joined in the art. His artwork (fig. 1) consisted of a series of lines, carefully drawn, and parallel to each other. It is suggested (Malchiodi, 1997) that repetitions may serve as part of the healing process as it enables the child to gain a symbolic power over trauma. I felt that this may be significant yet the bridging of the two lines to me suggested the developing therapeutic alliance between me (the therapist) and Mark, with conflict indicated by the scribble above. Hope and anxiety therefore seem expressed in this image, potentially of the therapeutic relationship. He had folded the corner, turning his drawing into a captain's sailing hat, perhaps because he was feeling in control of the session. Mark asked if he could keep the drawing/captain's hat but I reminded him that it was to stay in the art therapy room but he could take it with him when the sessions ended. He seemed a little bothered by this: however, he put the drawing/captain's hat in his folder saying he would wear the hat every time he came to the room since he was the captain and "the boss."

This session permitted Mark to feel in control and gave him enough self-esteem to feel like "a captain" and "the boss." I was pleased to see Mark's progression and hoped that he would continue to feel confident. I assured him that he would be the captain when he wanted to and he was thrilled. He left the session asking if he could stay longer, which was an indication of his contentment in the session.

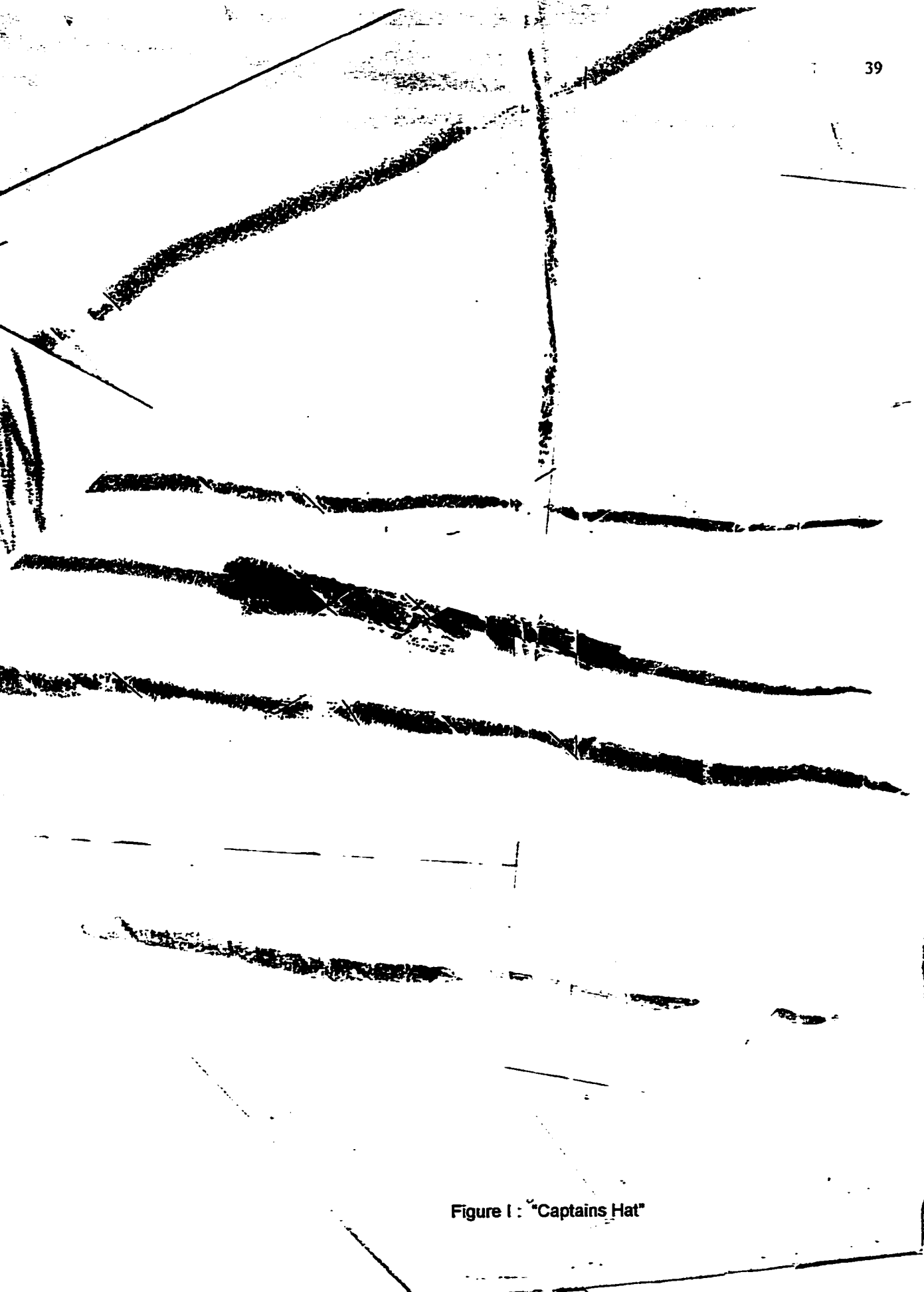


Figure 1 : "Captains Hat"

Session Six:

The following week Mark came to the session and routinely explored each section of the room until it was time to sit down. This time Mark invited me to join him on the floor rather than at our normal placement at the table. I happily went and sat down beside him on the floor as he played with some wrestling men. His play was aggressive and violent. He seemed angry and was visibly upset. When I questioned him about the anger he was feeling, Mark stood up and began kicking a big stuffed panda bear in the stomach, head, and back. He moved within the next twenty minutes from an angry, aggressive boy to a calmer, quiet boy as I tried to contain his emotions through words. The play seemed to enable Mark to release a certain degree of anger and anxiety he was experiencing. Softly, but clearly, Mark responded with single words to my questions about his aggressivity towards the toys, indicating that he felt hatred towards his father and that he was going to hurt him back one day. Mark's ability to express his anger and willingness to answer my questions filled me with hope for our future work together. He was beginning to open up and confide in me which was a difficult task for Mark as children such as him who are exposed to violence have difficulty trusting adult figures especially if the abuse has come from an adult figure.

Fighting is an issue of concern to Mark's mother, as Mark has an older half sibling who tends to emulate young teenagers who fit the description of aggressive and rebellious individuals. She is concerned that his older sibling influences Mark. Her second concern revolves around the area in which they reside. It is an area of low-income families, many of whom she reports are dysfunctional and on welfare. Mark also seems to be influenced by WWF wrestling. Often in his play he will take the figurines and make them wrestle until one of them loses a part of his/her body. However, when I question him about the wrestling he relates it to the actual wrestling shown on television. I feel that he may be enacting some of the violence that he has experienced in his home along with episodes of WWF wrestling, as he takes the names of the wrestling characters and also the names of his family members.

Since every child comes with a different set of dynamics including social factors and coping mechanisms, children perceive family violence in different ways although the

circumstances of trauma may be similar. At times children maintain incredible allegiance to their abusers, while others times they react with ambivalence, and feel anger and protective towards the abusing parent/guardian (Malchiodi, 1997). This trait has begun to surface in Mark. He shows anger, fear and frustration when he speaks of his father and has a tendency to withdraw while punching a stuffed animal, or slamming play-doh onto the table. Thus Mark's tendency is to react with anger and fear while displaying incredible protectiveness towards his mother. I also feel that his aggressive behavior is a learned behavior as this is what he has been exposed to at home. Mark's mother has also voiced her concern for Mark hitting his younger sibling. However, when this issue is brought up in the art therapy sessions, Mark will color using great force until the paper tears. He is able to release his anxiety through the art; thus, it is an issue to further explore as the sessions progress.

Through Mark's play in this session I was able to understand some of his issues. His play expressed his problems with his father, something he cannot put into words. The spontaneous play Mark engaged in was an outlet motivated by his inner processes, desires, problems, and anxieties (Lewis, 1991)

Session Seven:

The art therapy sessions have fallen into a routine. Mark's typical routine is to come to the session, look at the room, play with the toys for approximately five minutes, work on his art for twenty-five minutes and then play for approximately seven to ten minutes. This is a routine that has been mutually set by Mark and myself from the beginning of the therapy sessions. The goal is to eventually bring his session up to one hour.

In this initial phase of therapy we have shown how the art process provided Mark with a respite from psychic upheaval, and can be an activity associated with positive feelings rather than conflict and inner stress. Thus through sublimation through art expression the art making may divert chaotic, aggressive energy into constructive, acceptable actions.

Although art making within the therapeutic relationship cannot remove the root causes of dysfunction or directly change a family situation for the child, it can have great significant effect by serving as a model for ego functioning. The art activity is a place where the child can express

feelings and ideas and for experimentation with changes. It may even become a metaphor for the overwhelming stimuli in the child's life, providing insight into the child's experiences, ego strength, and methods of coping to the therapist, and to the child (Kramer, 1971).

Through this art therapy session Mark released some of his negative energy through the use of various art media. Mark is more expressive through drawing rather than verbal communication because his vocabulary is not sufficient enough to express his experiences. His art expression(s) enable him to create a visual vocabulary through which he seems to be able to relate stories/experiences.

Figure II is an illustration of Mark's "family drawing." Within the area of children who experienced abuse, many different assessment procedures have been developed for children using art media. Some involve the exploration of one drawing such as Kinetic Family Drawings (Burns & Kaufman, 1970) in which participants are asked to draw everyone in the family "doing something."

This procedure was designed to help mobilize a child's feelings particularly in the area of self-concept and interpersonal relations. As stated by Neal & Rosal (1993) the most useful diagnostic tools within art therapy are projective drawing tests (as mentioned in Chapter II).

Mark's drawings was a non-directed activity; however, when asked, "who are you drawing?" my client became anxious and stated that he was going to draw his family using stick figures. Although this was a complicated task and overwhelming for Mark, he managed to complete the drawing. This drawing represents Mark's mother, younger sibling, himself and half brother. He has not rendered the image with precision and has not accurately represented the members in his family in terms of living at home. Although Mark's half brother does not live at home (he lives with his natural father), Mark still included him with strong hands in the drawing, likely because he plays an important role in his life. This may be a "visual fantasy" (Malchiodi, 1997) for his brother to live at home with him, which is something that seems unrealistic. Mark's most significant person in the world is his mother; however, in the drawing he has placed himself next to his half brother. The mother also seems disconnected at the waist, and this may be due

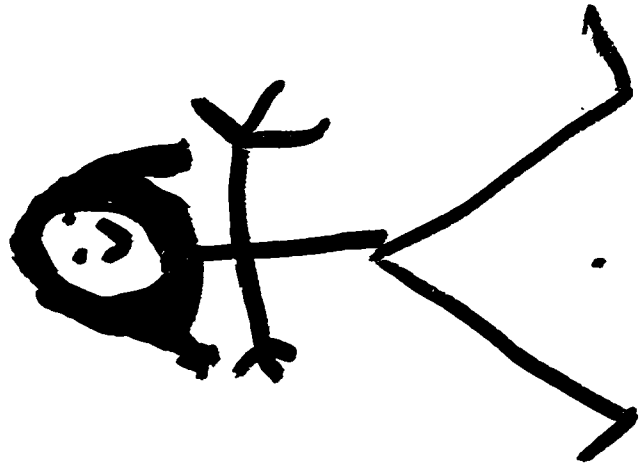
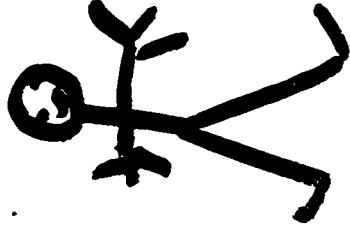
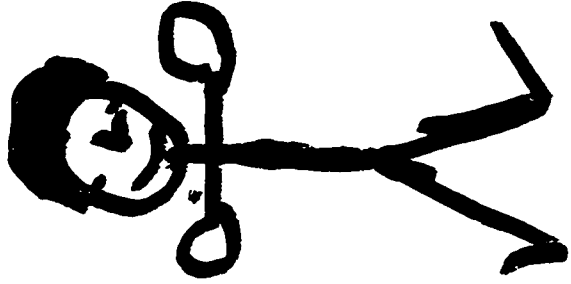


Figure 11

to the fact that she is presently going through a medical problem that is of concern to Mark. Mark is stressed over this and perhaps feels safe with his older brother.

The color he used in this drawing is red, as was the rest of the work from this session. I am unable to connect the color to an analysis at the time but feel that perhaps "red" is a color that represents uncertainty for Mark as it seems to be used in all his work dealing with uncertainty.

I was pleased to see the family drawing Mark had made and feel it emerged because Mark has now become comfortable with our relationship, trust, routine and structure of the therapy sessions. Wadeson (1995) discusses the value of structure as inclusive of the therapeutic process (Chapter II). As it is difficult for a child who has experienced domestic violence to trust and feel relaxed with an individual whom they are unfamiliar with, being consistent and organizing the entire therapy process will eventually enable the child to reach a level of comfort.

Session Eight:

The progress of Mark's ability to express himself continued in the following week, when, sitting in his chair facing me as he worked, he produced a painting (fig. III) of two houses floating above the groundline. Mark painted the house and then put a few marks at the bottom of the page. Both the houses appear to be ungrounded and seem to be caught up in some unstable environment. Theory suggests (Malchiodi, 1998) that ungrounded houses and turbulent environments are related to children's inconsistent and violent home life.

As well, Mark stated the few red dots on the paper to be the beginning of "rain". Malchiodi (1998) suggests that any form of inclement is a sign of an abusive environment. Although Malchiodi suggests that inclement weather is an element that physically abused children include in their work, I feel that this may only be concluded with solid and significant information. Thus, when I saw Mark drawing rain, especially in a drawing of his house, and being aware of his history, I found his image to lend some support to Malchiodi's research. It is difficult to speculate between the ungrounded house and his inconsistent violent home life. I also feel that for his developmental level this painting is accurate. When asked to "tell a story about the painting," Mark had stated that this was "his home and his grandmother's home," where he sometimes



Figure III

stays. When asked what was going on inside the houses, Mark voiced issues of abandonment and fear through speaking about the loss of toys and a pet animal. Although houses are supposed to embody children's impressions of family life and other significant relationships (Groth-Mamat, 1997), Mark seemed at a loss. He voiced that everyone but his mother has "gone". His half brother left, his abusive father, there was the loss of a cat, and also the loss of a grandfather and aunt at sometime in his life. Thus, abandonment is an important issue for Mark. He refers to his grandmother's house as "home" and a place that he sometimes "stays," where as his own house is perceived as unstable as Mark voiced that he and his family move quite often. Mark has moved several times due to the violence his family has had to deal with. Thus, he does not have the sense of a secure and stable home like most children do. The fact that he also painted his grandmother's house represents a certain degree of "belonging" to her house as she represents security/nurturance for him.

After completing his painting, Mark looked up at me and asked me what my house looked like and I reflected the question back to him and asked him what he thought it looked like. Without any hesitation he pointed to his grandmother's house and said my house would probably look like his grandmother's. Perhaps I represented a mother figure that provided him with the necessary nurturance and security he lacked in his home environment. Mark's progress in art expression was definitely moving forward as he was able to sit, create and even speak about his artwork. He also seemed to enjoy engaging in the art as long as I was sitting down at the table with him. The session(s) seemed to be providing Mark with the nurturance that young children required as Mark was not given enough of this comfort in his up-bringing at home. Rather he was physically abused and moved from home to home leaving him with a sense of insecurity and abandonment. Perhaps this was also due to countertransference issues of me wanting to take care of him. I felt very concerned and worried about Mark's domestic environment and history of abuse. Thus, I took it upon myself to make sure that I would take care of him while he came to the therapy sessions. I also felt that working on an individual basis with Mark has provided him with security and containment. He has also learned to trust and accept me without fearing. The regular routine of the sessions and room have also provided Mark with feeling safe and familiar

with his environment, unlike his unstable and chaotic home environment where there remains constant fear that his father will return.

Session Nine:

The drawing of the human figure can elicit powerful feelings, especially if the child has experienced abuse. In this session Mark entered the room and said he wanted to draw a picture of himself. We sat in our usual seats and Mark began to draw. I observed the pain, confusion, fear, and anxiety exhibited by Mark while engaging in the drawing he created in this session. As Mark drew himself, he became very involved in deep thought and sat quietly for a long while (fig. IV). Malchiodi (1997) suggests drawing a small figure of the self is an indication of low self-esteem that was apparent in Marks play, actions, expressions and dialogues. He seemed to become very disturbed and upset. Through our dialogue I came to understand that Mark was feeling afraid and revealed that "sometimes" his father would "get angry and hit my head." The scribbling by his head seems reminiscent of the upper scribble in Fig. I, too, of the "Captains Hat" as protection from his father's abuse. Immediately after this statement he got up and went to the toys and began to play in his usual aggressive manner – hitting, punching and kicking the toys. I tried to establish a dialogue and tell him that he was safe, yet he seemed to disconnect himself completely and did not respond until he had decided that he wanted to include me within the play and invited me to do so. I accepted this offer and sat down to play with him when he decided that we would play ball. There was no aggressivity involved in the play at this time. By the end of the session he left asking when we would meet again.

With this experience I felt that Mark was still unable to express his traumatic experiences. This may be because the trust in the therapeutic relationship was in the initial phase of development. However, I felt that he enjoyed the sessions, as he always asked when the next meeting would be.

Engaging in the art for a limited time, I found it difficult to go into depth with Mark when he began to express himself. Thus, during play I tried to continue the dialogue with the issue he was dealing with, both directly and through the metaphor. I have also observed that through the art expression(s) and play Mark was able to calm himself if he was in an intense mood. However,



Figure 1V

I feel that my comments, despite his not responding to them, were important and appropriate, as they seemed to make him feel comforted and cared for.

Session Ten:

Mark came to the session seeming sad and quiet. I thought to myself how Mark had changed from the little boy who use to run all over the place to a quiet little boy who willingly followed the routine of the sessions and willingly came and went without any resistance. Mark sat down and began to draw a drawing with figures on it. He was very involved as he slowly drew the figures of the individuals. I sat across from him and watched him draw. Earlier in the day I had learned that Mark's mother had stopped coming to visit Mark, as she was physically not well. It was suspected that she might have a tumor.

Mark drew a figure and said it was his mother (fig. V). The figure is represented as a positive and reliable social support in his life. Through this drawing there is an indication of the need to be in a relationship with his mother as suggested in Malchiodi's research on indicators (Chapter II). This drawing is revealing in the sense that we can see that he feels protected and shadowed by his mother as he shows her arms reaching across the page. In this work Mark focused on his significant other to identify family support. It is an expression of feelings of separation (as he is living in the hospital and not with her), support (as she is his only caregiver), and concern (the disconnected waist) for the mother and her newly discovered medical condition. Mark stated that his mother is special as she takes care of all of them, and also his worry about her not being well. He seemed anxious about knowing whether or not she was going to "be better." I feel this drawing is relevant because it provided a way for Mark to express his fear about his parent, and also reduce some anxiety he was experiencing about his mother not coming back to visit him. In his drawing we may see typical indicators of physical abuse, such as the disproportionately large head (of his mother) that is a strong indication of physical abuse in children of young age as suggested in Malchiodi's (1997) research. The children's verbal description of the drawings may also add more pertinent data. Drawing people may bring up issues, both positive and negative in the child's life. They may draw people as negative images and/or positive and reliable social support in their lives (Malchiodi, 1997).

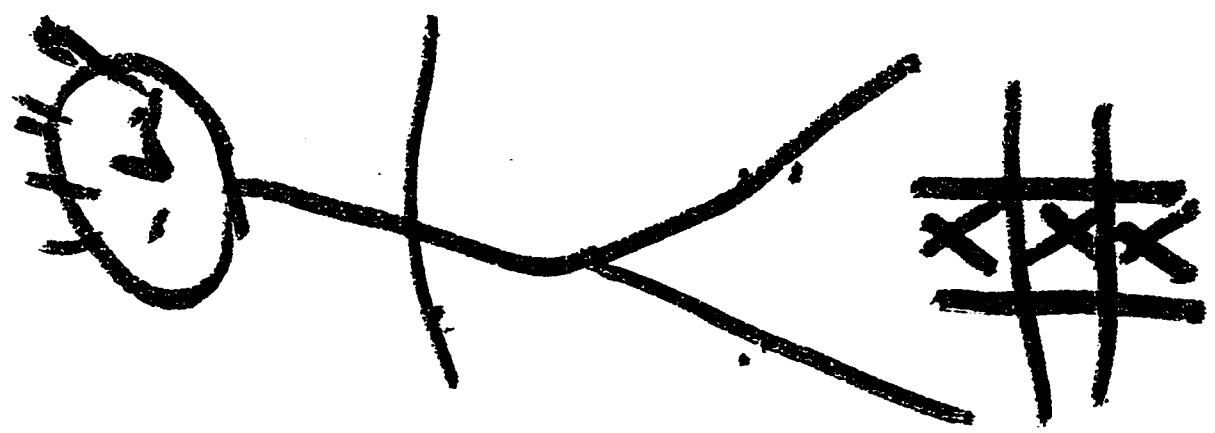
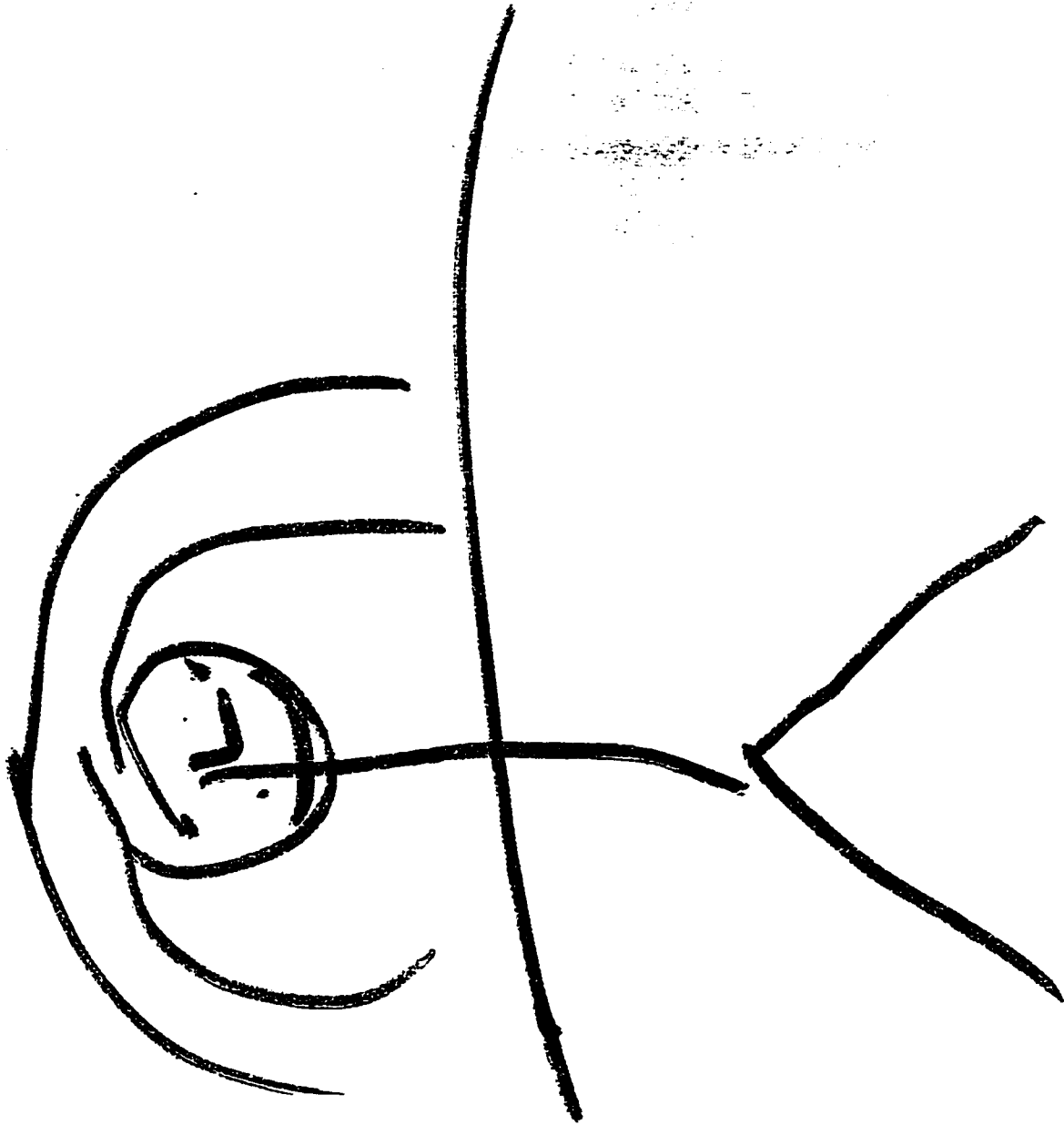


Figure V

Mark also seemed agitated with me and perhaps this is a transference issue relating to the emotions he is feeling towards his mother. He has expressed anger for her not visiting him and fear of abandonment. He seems to view me as a maternal figure in our relationship, thus it only seems natural that he would feel angry towards me because he may already be thinking of termination. The image of the tic-tac-toe with only one player also seems to be an indication that Mark is aware that he will not have me in play/art therapy for ever.

Session Eleven:

In figure VI, my client represented me (the therapist), and his house. Drawing people brings up both positive and negative issues in the child's life (Malchiodi, 1997). He identified his house and me, viewing me as a positive and reliable support in his life as he stated, "you will be beside my house, so I can see you when I want to". Upon completion of the painting, Mark spontaneously volunteered that his father was a "bad man" who hit him and that he wished him ill. Obviously the house elicited some bad memories of Mark's violent past and we can see the house as different from the norm. The roof was painted as lop-sided and there was an X painted through the bottom half of the house. When I asked my client "where is your bedroom?" He stated that it was upstairs and pointed to the left side of the house, which seemed to be bending downwards. He did not draw any windows or a door, perhaps an indication of feeling "stuck" inside the abusive environment and not getting help from the outside world. The image represented me outside the house may be because Mark was protecting me from the inside abusive environment. Also, Mark may have perhaps felt angry that I could not go inside the house and help him. Similarly, the outside world was unable to see what was going on inside the house. Through analyzing the painting and with a very brief dialogue between Mark and myself I understood that Mark felt trapped in an abusive environment despite not being in such an environment at present. I felt that these were issues that were not dealt with and were still alive within Mark's world. Thus, an attempt to explore this issue further within the next session was thought of.



Figure VI

Session Twelve:

For this session I decided to continue the artwork from the last session hoping to enable Mark to express more about his abusive environment. Thus, I decided to try and use a directive approach. I suggested to Mark that perhaps we would work on the theme "home" and he could continue to paint his house. Mark agreed and began to paint.

Mark again made an image depicting rainy weather showing the multiple factors in his life conducive to feeling "under the weather." Being aware that abuse has occurred in Mark's case, other situations such as a patient's (his mother) illness may have also result in a portrayal of less than ideal weather. Although theory (Malchiodi, 1997) suggests that inclement weather is an element that physically abused children include in their work, I feel that this may only be concluded with solid and significant background. Figure VII is a drawing in black of Mark's house with "rain" falling on it. When asked about the drawing, Mark stated that it was "a rainy day outside" and no more. The recession of the house now into the distance, the roof now leaning the other way, and the absence of a door (compared to fig. III & VI), seemed like a hopeless invitation for me to enter. Perhaps this may be because of the increased vulnerability Mark was experiencing due to his mother's illness. Being aware of the background, I was able to relate theory to this drawing. Manning (1987) designed an art based task in which she asks a child to draw a "favorite kind of day" (AFKD), to assess a physically abusive environment by examining weather, size, and amount of movement in the picture. The AFKD drawing may be used as a projective technique and as a diagnostic tool. Physically abused children may depict themselves outdoors, unprotected from the rain or may show some large raindrops falling from the sky. However I wonder if it is sufficient information to connect the drawing to the issue of weather and physical abuse as I have seen non-abused children also include weather in their art. Malchiodi's (1997) theory of inclement weather being an indication of physical abuse also betrays a bias against rainy weather. Some children and adults enjoy this kind of weather, especially in rural areas where it nurtures the crops.

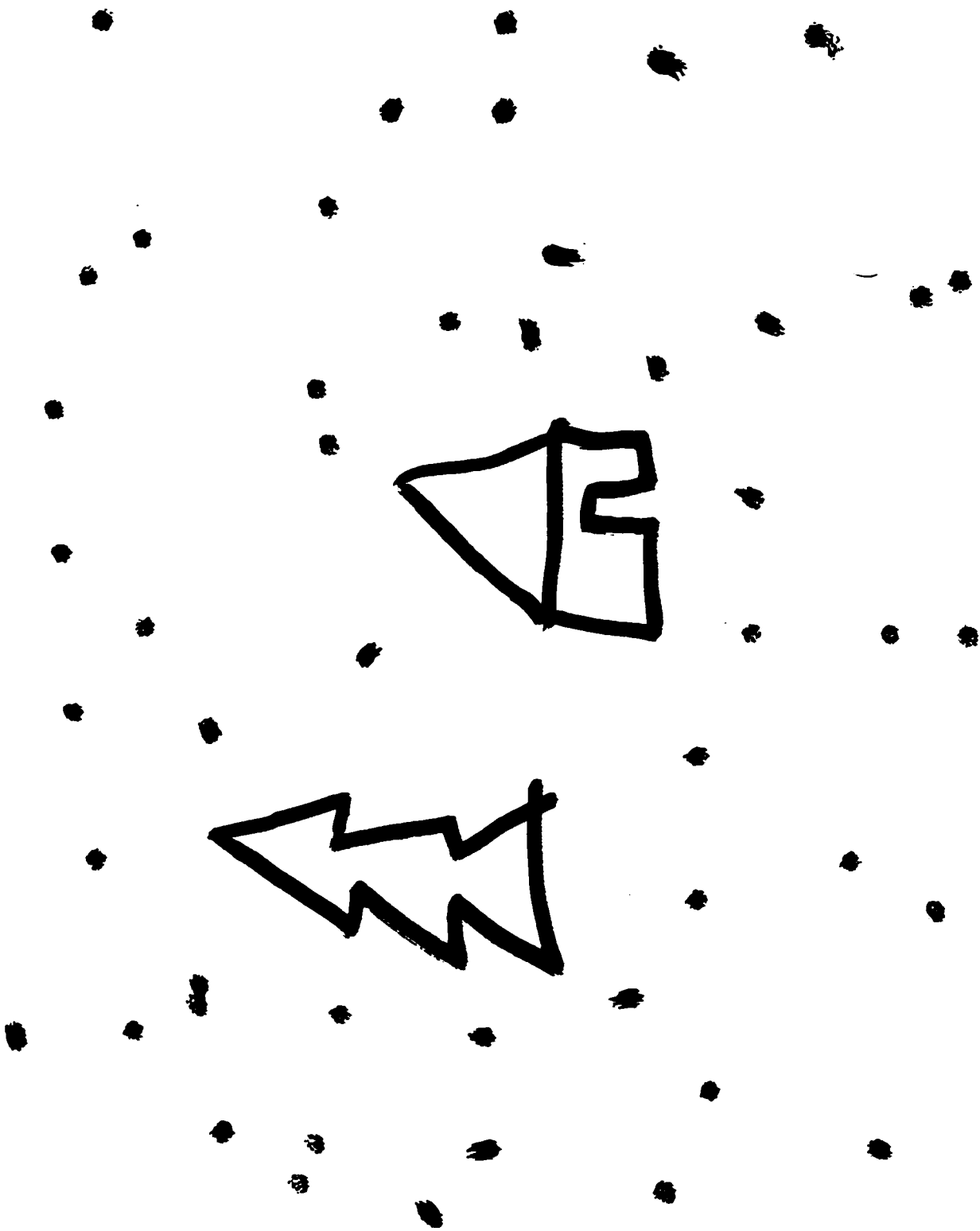


Figure VII

When I asked Mark if he would like to continue he said he was done and wanted to spend the last five minutes playing with the toys. Mark was calm and I relayed to him that he was no longer in an abusive environment and that he was safe.

Session Thirteen, Fourteen, and Fifteen:

During the next three sessions, Mark came to the sessions but refused to engage in any art expression, which was interesting as this occurred after his image of his retreated house in a distance. I allowed him to be and did not force the issue. He played with the toys and expressed concern for his mother not being well.

During session fourteen, Mark had quietly taken my keys and hid them from me. Perhaps this was an indication of an unconscious wish for an open door to me as suggested in fig. VII. I played along with him and waited until he gave them back to me. He laughed and seemed to enjoy this type of game.

In session fifteen I waited to see if Mark was going to take my keys again, and sure enough he did. He seemed to find comfort in keeping the keys with himself as he played, so I let him keep them as he may have felt in control of getting access to me when he needed to. When it was time to leave Mark willingly turned around and handed me the keys while smiling at me. I sensed that he felt I trusted him with my belongings that made him feel important.

Despite engaging in art in the previous session(s) Mark did not want to participate in any art activity. When exploring this issue, Mark revealed his fear towards the construction men working out in the corridor. I realized the fear Mark was experiencing was stemming from the violence he had experienced. The noises seemed to remind him of the violent incidents and the male figure(s) of his father. Despite feeling safe in the art therapy room and being with me, the environment with the men working in the hall triggered an old memory which was difficult for Mark to deal with as it stirred up emotions of fear, anxiety, and frustration of the violence he was exposed to. It seemed that Mark felt alone and afraid as he may have felt throughout the years he experienced violence at home. I reassured him that the men were temporarily working in the corridor and that he was safe and away from his father. He listen to me but still seemed frightened. Since the men were going to be working in the corridor for a while, I thought this

would be a good opportunity for Mark to experience that not all men are violent nor did he have to fear them. Thus this was an issue to work with throughout the next session(s).

Session Sixteen:

During the next session I asked Mark if he could engage in an art activity and he was open to the suggestion. He listened to the workers in the corridor and I reminded him that they were doing their job and would not interfere with our session and that he was safe and did not have to fear anything. Having observed Mark's style of working, it was obvious Mark was not following his regular rhythm and rather than becoming spontaneous and relaxed, Mark seemed to become anxious. This contradicted the theory in Chapter III, however I realized that the reason for this was the intrusion of the workers that had upset the routine in therapy.

He sat down in his seat as I gathered the materials. He then looked at me and asked me to sit down with him, so I did. Mark began to draw a picture, stopped, crumpled the paper and tossed it into the garbage. He did this a couple of times before I interrupted him and asked him if he would like to share the drawing with me. His answer was no, because the drawings were "nothing". Through a dialogue I realized that Mark was attempting to draw himself and was not satisfied with the outcome.

Emotionally, and physically abused, Mark may have been experiencing a loss of self worth. As we can see low self-esteem manifests directly in art expression. Mark's excessively small human figure made on an 8X10 size paper (Fig. VIII), may indicate a feeling of low self-esteem (Groth-Marnat, 1997). Malchiodi, (1998) states that a child who has an inconsistent lifestyle and has been verbally emotionally, and/or physically abused may experience a loss of self worth. Similarly, researchers (Finkelhor et al. 1983) observe the distortion of self-image to be one of the most devastating effects of family abuse. The lack of internal worth may cause the child to be hesitant to engage in art activities mainly because of fear of possible failure or retribution. Further, Malchiodi (1997) states "low self-esteem and self-depreciation manifest themselves directly in art expression. Excessively small human figure drawings may indicate a feeling of low self-worth, inadequacy, and inferiority in the individual" (p. 41). Mark expressed feeling abandonment and rejection as he was placed in the hospital. He stated, "I keep moving

Figure VIII : "My Portrait"



and being left alone without my mother and brother". He did not make a face and said his head "hurt where I had two operations when I was small." I asked what operations he was referring to, and he said he needed to have an operation when he was small because of the way he was born. I also asked him if he had any recollection of the operations and he stated, "no, my mommy told me." Mark also expressed that he was placed in the hospital because his school did not want him there and he did not have any friends to play with. With all that he had been exposed to and had had to experience I feel that it was not a surprise that Mark's self-esteem was low. I felt so sorry for Mark after hearing the experiences he spoke about and noticed that after completing the drawing, he seemed upset and went to quietly play. I believe that my countertransference was mostly responsible for his sadness. Mark seemed however to disconnect himself from his emotions quite rapidly as though he had an internal off/on switch, which may have been a self-preservation tactic. Occasionally Mark would stop and listen to the workers who, however, continued to carry on. When the session ended and we left the room Mark looked at the workers in the corridor and said they were the same men as the last time. He then walked to the elevator and we went back to his floor where he had to prepare for the next activity. As I left I heard Mark throwing a tantrum. Perhaps the experience of the men working in the corridor triggered an emotion that left Mark feeling agitated.

Session Seventeen:

Mark came to the session in a very hyperactive state. He ran to the table and sat down. I was aware that his medication was being changed at the time and realized it played a big hand in Mark's behavior. I allowed Mark to be and observed his art making. As I watched him work with oil pastels, I noticed the amount of pressure he was using to make the marks on his paper. He quickly made the drawing and for the first time did not ask me to sit down across from him. Upon completion of his art expression, Mark stated that **figure IX** depicts a monster coming to "visit". Mark stated that he was going to be attacked and then moved on to beat up a stuffed animal. At times it was very difficult for Mark to speak, but his actions spoke for him. On occasion he became upset and did not want to continue engaging in the art. Being physically

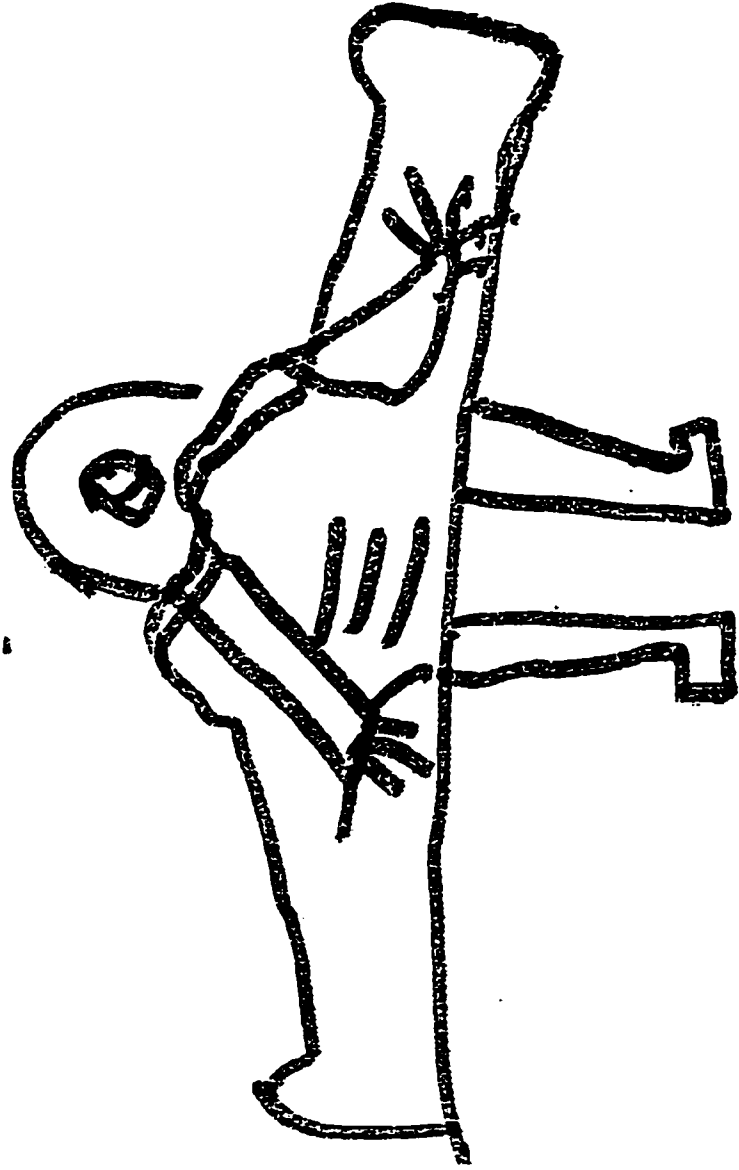


Figure 1X

attacked and a witness to others being attacked, Mark displayed his feelings about violence in his art expression(s).

He then dashed to the door and asked if he could go back to his room. I agreed to take him back and also informed him that I was going to be absent the next week. He ignored my statement and ran off to his room without saying good-bye. I suspected that Mark may have felt upset that I was going to be absent and had decided to ignore me in return, rejecting me before I could reject him.

Session Eighteen:

The following session was different from all the others. Mark came to the session but seemed angry with me, perhaps for being absent for a session. I realized that consistency was an important aspect of the therapy as indicated by Wadeson (1995) and that Mark required structure and care in order to deal with his feelings of loneliness. However, I also felt that being absent was a normal part of life and that Mark would have to learn to adapt to this.

Sometimes aggression is clearly focused at the person who may be trying to help the child, such as the therapist. The child may express anger through some pictures of aggressive indicators such as monsters, in retribution. Children who are physically attacked and/or witness others being attacked will display their feelings about violence in their expressions depending upon their reactions to these experiences. Some children may experience feelings of wanting to be attacked or of being attacked (Malchiodi, 1997).

The symbolic aggressiveness may have been a way to control me, the therapist, as he seemed to depend on me for support and nurturance. In figure X, Mark stated that he was upset that his mother had not come to visit because she was not well. Thus, the transfer of this anger was very direct. Mark created a "monster" stating that it was "looking at you because I don't want to be here again." He was very upset and spent a long while staring at the drawing and pounding on play-doh. I realized that the play-doh helped Mark to release his anger and aggressiveness. When I looked up at Mark sitting across from me at a small table, he quickly put his hand down as he was aiming the play-doh at me and wanted to throw it at me. Rubin (1978) discusses the importance of understanding that behaviors have meaning and maintaining a record of the

sequence of events may help in understanding the meaning behind it. Thus, with this in mind I let Mark be and decided to closely observe his behavior.

Throughout this entire session all my efforts to engage Mark failed. He was simply upset and angry and did not want to comply or engage in any activity with me. Thus, as he left he left taking the same mood with him. However, as we reached his floor and left the elevator, he turned and asked me if I would be visiting him again and I reassured him that I would be. I realized Mark felt abandoned and rejected and was expressing his feelings in reaction to this, however, his asking if I would be visiting him again indicated his desire to attend the art therapy session and perhaps his fear of being alone. Also, I felt that Mark was facing information that he had disclosed in the session as he made the image of the monster and was able to relate it to a story (Chapter III) and was checking to see if I was surviving his attacks.

Session Nineteen:

As Mark entered the room I asked him what he was going to work on and he said he wanted to work on an old drawing in his folder. Mark took out his family drawing and became very upset. I asked him what was bothering him in the drawing and he did not answer. I offered him another piece of paper and crayons that he willingly took and started to scribble on.

Lethargic, and seeming depressed Mark was voiceless, and withdrawn. This may also be related to psychological numbing, trying not to think, and preoccupation with intrusive recollection of crisis, dissociation, or avoidance of objects that remind him of traumatic events or abuse (Pynoos and Eth, 1985). I had seen signs of "withdrawal" in my client throughout the sessions, and trying to engage him any activity at the time seemed extremely difficult. I thought with time I would be able to connect to Mark and help him cope with his inner turmoil. Mark scribbled on nine papers, each of which he crumpled and tossed into the garbage until it was time to end the session. He left in the same mood and stated, "see you next time". I allowed Mark to express his emotions through crumpling paper being aware that the art production did not always result in an end product and provided him with a holding environment (Chapter III).

During this session I felt that Mark was distant and did not want to share his thoughts/emotions with me. Perhaps this was an indication of regression as Mark revisited his traumatic experiences as suggested by Rubin (1978).

Session Twenty:

As our sessions would soon be ending, I introduced termination at the beginning of the session so Mark would have time to process the information. The play may have been his response, as he immediately got involved with the toys. At times he would stop and listen to the footsteps in the hallway and as they passed he would continue to play. Perhaps Mark was experiencing fear, and some anxiety. When I asked him if he was afraid he ignored my question and continued to play.

Mark suggested that some of the toys were not well and reasoned that, "that's why they have black marks on them" (there remain dirt marks on some toys). He acted out how the toy was sick and had to lay on a stretcher and be taken to the hospital where the doctors then "cut him open" and then "he got beaten up by someone." I wondered if this incident was fictional, had any relation to him or if he relates his mother's illness to her past physical beating by his father. I was surprised at the amount of aggressiveness and violence Mark incorporated in his play and tried to encourage the play around the issues of violence.

At this time the construction being done in the hallway was coming to an end. However this still seemed to disturb the session as Mark remained hyper vigilant. Through out the session Mark would play and then stop to listen to the voices and footsteps. Occasionally looking at me and coming and standing beside me, perhaps for protection as discussed in Chapter II, with time the child learns to trust the therapist and may feel protected and sheltered from intrusions and betrayals. I had opened the door and showed him who was outside the room but this did not put Mark at ease. Finally, it was time to go and we left the room. I showed him the repairs that were done and told him that the workers would not be there during the next session, and Mark seemed pleased at this.

Session Twenty-One:

During this session, feelings of alienation, abandonment, and rejection surfaced. Many times the indicators are much less obvious because the child may hide their feelings in the art expression. This masking or denial of expression may be a defense mechanism for the child who may be in a "transitional crisis phase of repression or psychological retreat" (Malchiodi, 1997). Themes of isolation in children's drawings can be striking and/or subtle (Malchiodi, 1998). In figure XI, we are presented with a single snake "with two legs." Mark expresses his feelings of being alone at the hospital and being abandoned by his mother. I reassured him that he was not being abandoned and was eventually going to return home. Issues of abandonment seem to be set deep within Mark. He often drew a single object on a sheet of paper expressing that the object was alone. I attempted to engage Mark in an art activity but he said he would rather play with the play-doh. While playing we discussed the violence and how Mark was away from it. He seemed to understand but was experiencing anger that was coming out in his involvement with the play-doh. After a while when Mark was calm we played ball and he reminded me that he was going to go home within the next week and that he would miss me and the sessions. He then took my keys and jokingly suggested that he may keep them and I would be stuck in the hospital. We laughed and he returned the keys. I realized that Mark was happy to leave the hospital and also may have been content with terminating the sessions.

Session Twenty-Two:

Being aware that he was going to leave the hospital and that our sessions were coming to an end, Mark seemed very compliant. He decided that he was going to play with some of the toys he never had the chance to play with in the prior sessions. I sat on the floor and watched him play while he spoke. Through observing his play, I felt that through his play within the session(s), Mark had been provided with a form of adaptation as play facilitates the emotional and cognitive processes which promote adaptation to the external world (Winnicott, 1971).

He described a stable and nurturing home environment that in reality was a fantasy. Mark verbally described a house full of toys as in the store "toys R us". I thought the word "us"

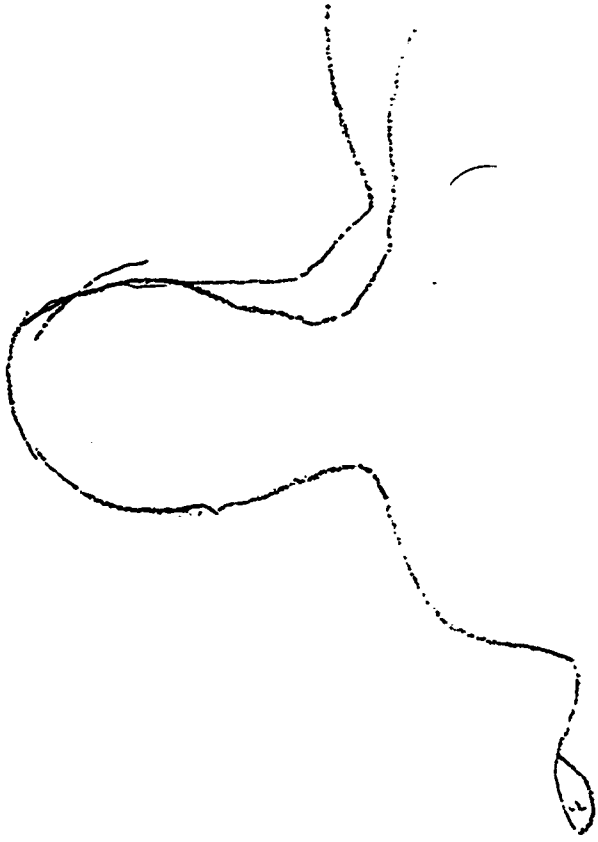


Figure XI

may represent Mark and me. He stated, "everyone is happy and has a lot of things to play with". This seemed to indicate that Mark had a "visual fantasy" about his desired home as his present home is not like the one he described. Reminiscent of the image he made in session seven (fig. II) he also suggested that his older brother was living at home and that they were in charge of the house where his father would never come. Or perhaps this was Mark's way of coping with termination, trying to disguise his feelings as suggested by Seibold (1992) in Chapter III.

I concluded that Mark's fears had lessened and that he developed new perspectives and coping mechanisms. His desire for his brother to live at home remained present. Mark still seemed to fear his father, yet he did not associate him to his home environment.

Session Twenty-Three:

Mark wanted to paint during this session and spoke about his going back to school and home. He seemed very content and happy. As he painted his paintings became unrecognizable due to the maze of lines that evolved (figure XII). Repetitions may serve as part of the healing process because it enables the child to gain a symbolic power over the trauma through the repetition of an image created over and over again. Also, repetitions seem to be present in both the structural elements and the art behaviors of abused children. Children may repeat images related to the trauma they or may repeat themes of rescue (such as a police or fireman coming), or violence or destructive acts (aimed at an aggressor or perpetrator) through their artwork (Malchiodi, 1997). In figures XII & XIII, we can clearly see the repetition of lines. Figure XIII also may represent the defensive movement of fragmenting the self into a strategic pseudo-coherence that allows for attacked pieces to break off without annihilation of the whole. Alternatively, it may suggest Mark's feelings of desire and aggression toward the therapist. These are typical drawings created by Mark. He continued to create repetitious drawings using various mediums. Hopefully this was therapeutic for Mark and helped in the healing process as the theory suggests (Malchiodi, 1997).

Mark moved on to play-doh, as I observed I realized that in many instances, Mark, like other children who are traumatized by abuse quickly execute an image without much detail (Malchiodi, 1997). Mark will engage in such action through his work with play-doh. He will begin

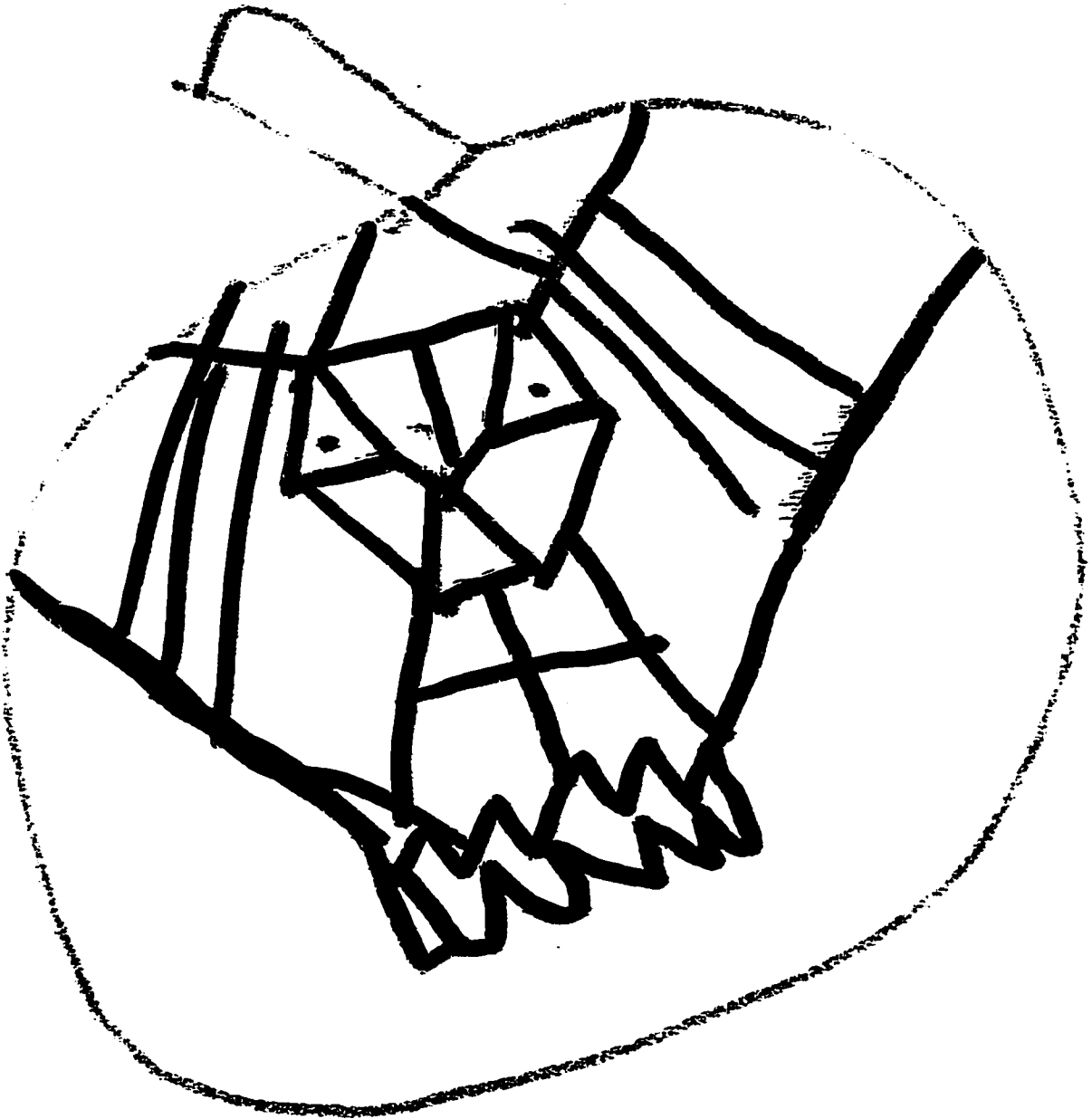


Figure XIII : "Cyberspace"

to create a person and then immediately destroy the figure and bang it on the table. When asked, "What happened to that person?" Mark will respond by saying that "He's gone". This is an ongoing process for Mark, as he will create a figure and immediately destroy it. Mark's statement about "he's gone" may be related to people (me, the therapist), things (the materials being used in the session), and places (the hospital), as not being permanent in his life.

When he was done, Mark cleaned up and said that he would come and visit me one last time before he went home. We set the time and decided we would go through his folder of work at which time he could decide what to take back home with him.

Session Twenty-Four:

Mark came to the session and went through all his artwork within five minutes. He decided what he was going to take and what he did not want. He then asked if he could play.

During play, Mark expressed enormous aggression through punching, hitting, stabbing, throwing, jumping on top, and hitting with other objects. He generally used a huge stuffed panda bear and seemed to release a lot of energy through these actions. While playing with a tennis racket, Mark would look for a target such as an image of a cat on the wall or a doll and whip the ball at the target. He would repeatedly enact this until the object would fall to the ground or as he stated be "almost dead" and then he would go over and kick the object. Through observing Mark in his play within the session, there seemed to be structure to the play. Mark sat and played one at a time with the toys. His play had changed from jumping from one toy to another, to a more focused and involved play where he seemed to enjoy playing with a particular toy for a certain amount of time before moving to the next. I felt that my countertransference might have had some influence as play emerges in early childhood, starting with the potential space between the child and mother (Winnicott, 1971). I felt that I had provided Mark with the necessary nurturance through out the therapy sessions and that he would be fine without me.

When trying to understand the extent of how deep the aggressivity was rooted, Mark expressed that "people just like to hurt people." He also seems to have no feeling when he is acting out these aggressive acts and when he speaks about them. However, when he speaks of his father while playing, he gets upset, angry and defensive. Mark had just begun to speak in

depth about his father through art and play. Thus future therapy sessions may help Mark to deal with the issue of violence.

Before leaving the therapy room Mark asked me if he could visit again. I then decided to give Mark one of the toys as a transitional object (Winnicott, 1971) to help him deal with termination. I also felt that this object would represent security, protecting against stress and anxiety (Chapter III).

As Mark and I walked up to his floor he spoke about coming to visit me when he came back to the hospital. I told it would be nice and that he would be fine at his new school and living at home with his mother and younger brother. We said good-bye and Mark walked away.

Summation:

Confirming findings in the literature on providing therapy with children who have experienced domestic violence, Mark demonstrated a need for limit setting, and assurance of the consistency of the therapeutic frame and relationship.

Mark was referred to a hospital for treatment in order for a new functional system to settle the discomfort caused in the family setting and school. Within the structure of the hospital program Mark was offered individual art therapy sessions.

During the first few sessions Mark was very difficult to contain and engage in the art activities. In the beginning he engaged in a tremendous amount of testing which was expected according to Wadeson (1995) theory that suggests during the initial stages of development the child will test limits with all aspects such as behavior, materials, rules and interaction. However after approximately six half hour sessions, a routine was set in which Mark could play for five minutes, engage in the art and then play for seven to ten minutes.

Being diagnosed with Oppositional Defiant Disorder, Attention Deficit, Hyperactivity Impulsive Disorder, experiencing violence, the birth of a new sibling, and the loss of a parent, Mark was experiencing a great amount of trauma. Due to all these difficult complexities that were intrinsically linked within Mark's life style, his emotional response was a very serious matter. The feelings of anger, which were identified with the violence and abandonment, soon became the main focus of the therapeutic sessions. Being psychologically exhausted influenced the vitality of

expression leading Mark to perhaps eventually suffer defeat of internal resources (Malchiodi, 1997). This in turn restricted him from representing on paper a complex and strenuous series of traumatic events; thus play was incorporated into the sessions. Through his play, Mark was able to enact experiences of violence. Interpretations of the play material that spoke about the underlying anxiety were observed and helped in understanding Marks issues of violence (Levine and Levine, 1999). Through his "quiet play" he moved to the next level which involved speaking about what he was doing, why he was hitting/punching and directly expressing anger at his father.

Initially the therapeutic relationship took some time to develop. However, over time our relationship developed into a trusting adult child relationship. I feel that in the five months that I have had the opportunity to work with Mark, the last month was of the most significant value. He became comfortable, learned the routine and was also comfortable in expressing his concerns and showing his emotions as the bond of trust and security formed between us (client/therapist). This was mainly due to the organization of the therapy sessions as this is a significant aspect pertaining to art therapy. As stated by Wadeson (1995) "structuring includes materials and space as well as the organization of the whole art therapy process" (p. 25).

Mark's unexpressed fears, rage, uncertainty, and sadness seem to be manifested in various ways. Perhaps this may explain his poor performance in school, misbehaving at home, hitting his younger sibling and inability to focus on any thing for more than a few minutes at a time. His family system was unbalanced and in a state of turmoil. He was exposed to physical abuse at an early age, which was expressed in his behavior and art expressions. It is through the art therapy process that he was provided with the opportunity to heal and learn to understand his inner self. It is a process in which he was given the opportunity to come to terms with internal turmoil, confront/overcome their personal issues and simply release anxieties in a procedure that evolves over a period of time through trust, empathy, comfort and containment. The art therapy sessions seemed to prove positive for Mark. He has expressed and released emotions from deep within.

Mark enjoyed coming to the sessions and formed a bond with me (the therapist). It is a bond that embodied, nurture, trust, and empathy, all of which was essential to the healing of Mark. In the therapy sessions Mark worked on issues relating to the setting of limits and structure (which were very important to establish), aggressivity, and the violence that he was exposed to. These are important issues that were invested in and I feel a certain degree of healing had occurred, enabling Mark to better cope with his trauma.

However, upon being discharged from the hospital, I feel that Mark will still require therapy for further progress. Lengthening the sessions to a full hour also would have required a longer period of time spent in art therapy. Mark still has deep rooted issues related to his experienced trauma and requires a one on one relationship in order to help him focus on the positive aspects and to feel secure and contained.

Chapter V

Conclusion

Art expression may provide children with the opportunity to explore his/her feelings. For children who have experienced domestic violence, art expression may be their only method of communication. Children from violent homes come from diverse backgrounds that may include abuse, neglect and witnessing violence within the home environment. Art therapy for such children proves to be a positive experience through a process over time. For children who experience violence at home, violence becomes a familiar act that they may express in actions through play as well as in their art expression. However, this can only be determined after spending a long period of time with the abused child. Also, violence in play may also be viewed as the norm for male individuals as it is part of boy's play.

Kramer (1971) has contributed significant theoretical information pertinent to art therapy and children from violent homes. She has examined what children are trying to express through their art expressions while exploring their processes of art making. When working with children who have been exposed to violence, art therapy provides several methods to work with in order to cope with internalizing/externalizing behaviors. As shown in the person of my case study, Mark, he gradually learned to express himself in the art expression indicating that the art process

did indeed provide an interlude from psychic disturbances associated to positive feelings. The actual art making enabled him to release his aggressive energy into constructive art expression.

Although the tests mentioned in this paper were not conducted on Mark, I feel that they were relevant in addressing Mark's images (fig. II & fig. VII). There remain several tests/assessment procedures developed for children using art media. Buck (1973) designed the House Tree Person (HTP) test and Burns and Kaufman (1970) created the Kinetic Family Drawing (KFD) (Chapter I). However there are several factors to consider prior to reaching any conclusion on the client's art expressions, such as validity and reliability of the tests. Similarly, trying to understand the emotional content (Chapter II) of the children's drawings needs to be done with caution. The therapist must be sensitive to the art expression(s) and also encourage the client to relate to the art. In fig. VII, Mark was feeling upset and created a drawing indicating inclement weather that is an indicator of physical abuse according to Malchiodi's (1997) research. However, Mark's drawing does not provide enough information to conclude that inclement weather is an indicator of abuse. As with any population, individuals do draw images of weather but are not necessarily physically abused.

Color also plays a significant role in the children's art expression. Several aspects of the art expression(s) such as how the client used the media, the emotional state the child was in when creating the art expression, control, choice media, linear quality, motion, detail, content, and effect all need to be considered when preparing to engage with a child. Thus, it is important not to be overly influenced by theory. Mark's work often consisted of the color red simply because red was his favorite color. In theory a few examples of the meaning of the color red are aggressivity, love, or hate. Color symbolism offers guidelines, but not rules, for beginning to inquire into the specific meanings of each client's chromatic repertoire.

Creating art expression(s) within the therapeutic sessions is of significant value as the child may feel stability and containment for feelings that may have been confusing or difficult to express verbally. Further, indicators depicted within the art expression play an important role in art therapy. However, analysis of the art expressions should be conducted with care, as all cases are individual. Specific indicators are also relevant in determining the child's experience(s), yet,

should also be analyzed with caution. Thus, indicators should not be generalized; rather the therapist should refer to the client's background and through the therapeutic relationship learn what certain images drawn by the client signify, as shown through Mark's art expressions in the case study and discussed in Chapter II.

Setting boundaries and limitations in the initial stages of therapy is essential, as is confidentiality, for both the client and the artwork created within the therapeutic sessions. Importance should be given to the initial, middle, and final stage of the therapeutic process. During the initial stage the therapist sets the stage for the child who will test the boundaries as the therapeutic alliance develops with time paying close attention to trust, nurturance, security, and a holding environment. The second stage, structuring the art therapy process is also of significant value as the location, timing, materials and structure of the overall therapy sessions add to building a solid and reliable therapeutic relationship. In this way my observations confirm the findings of Rubin (1978).

During the middle phase of the therapy, the importance is on communicating, risking, facing and disclosing pertinent information with regards to the child's issues while the art production represents how the child feels about himself. Remaining with the child in a contained environment is extremely essential in order to help the child benefit from the therapy.

The art product does not necessarily result in an end product as it may undergo repeated transformations or be destroyed. The content of the product may also be considered through behavior during the process of the art making as was done with Mark.

Termination, the final stage of therapy differs with individuals. In this particular case Mark seemed to react calmly. Perhaps he disguised his true feelings. Dealing with aspects of being the aggressed-against substitute object, while negotiating the rescue fantasies and sense of impotence were powerful during termination. The use of a transitional object as suggested by Winnicott (1971) seemed appropriate for Mark as a reminder of security, assurance, and a reminder of his progress and strengths achieved in the art therapy sessions. Thus, the therapeutic alliance, structuring the art therapy process, the middle phase, the art product as process, and termination are valuable stages in the healing of the client.

There are several modalities of the creative arts therapies that one can include within the art therapy sessions in order to help the client deal with their issues. In this case play was of significant value and appropriate. Through play Mark was able to repeat and re-enact the traumatic issues giving a voice through play confirming Levine and Levine (1999) while providing me (therapist) with a visualization to understand his experiences. Play enabled Mark to express his thoughts and feelings that he seemed overwhelmed by. Play helps to work through and master psychological difficulties, as it is a road to the child's conscious and unconscious inner world. The use of play had a positive impact as the use of the room changed from chaos within a holding space to gradually becoming more organized and focused in physical and emotional space. This confirms what Lewis (1991) has suggested.

Certain children will maintain loyalty to their abusers while others will express emotions of anger and ambivalence. Through art therapy the child can release his/her feelings towards the abusive parent(s) while feeling safe and contained. With time, trust, containment, and security the child and therapist can build a relationship in which the child may learn to express his/her traumatic experiences of violence. Art therapy enables the child to express his/her feelings, and to cope with stress and release anxiety. Through art expression, children exposed to violence have the ability to divert negative energy into constructive actions. However, it is of importance not to generalize all products but rather to understand them with regards to the context of the session with the child as suggested by Wadeson (1995). As shown in the drawings of children exposed to violence, it is very rare that a child will create an image with detail expressing the violence and the majority of the time such children will not draw any direct image of violent acts. This is why it is of importance to listen and observe the child's behavior while s/he is creating the art image(s). Finally, it is essential to pay attention to the individual client in terms of health, physical ability, the willingness to attend the art therapy session, as well as the time factor when trying to understand art expression. As indicated in the case study, Mark was unable to focus or to engage in any art activity when he was withdrawn or experiencing anxiety. Once again, my findings are similar to Wadeson (1995) and Malchiodi (1997).

In terms of theory there is little on children and domestic violence. Thus, additional research on children and domestic violence is needed. A more definite analysis on the use of color and indicators with the population of children who have experienced violence would also be appropriate in order to empirically test the theory that Malchiodi (1997) suggests, and to understand the meaning of images created by traumatized children. Theory related to children and sexual abuse can also be utilized for this subject population, as the findings seem similar in several areas of the research. I also found that it is not in the best interest of the child to make public the art expression(s) of the child. Finally, I found the use of play, as a creative modality is useful to incorporate into the art therapy sessions as it triggers both conscious and unconscious issues enabling the child to express and work out conflicts and problems within the therapeutic setting.

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Appendices

Date:

To:

From: Abha Singh
Art Therapy Intern
Creative Arts Therapies Unit
Concordia University
1455 de Maisonneuve Blvd. West
Montreal, Quebec

Re: Consent for Art Therapy

Dear Parent/Guardian,

As A student of Concordia University I am doing a practicum placement in Art Therapy at Inpatient Psychiatric Unit, from September 2000 to April 2001. I am writing to you at this time because your child has been referred to me for Art Therapy. The purpose of this letter is to ensure that you understand what the nature of my work with your child will be and to express my desire of forming an alliance with you.

Over the next six months I will be meeting with your child on a weekly basis in an effort to help him better succeed in his daily functioning. The supported use of art can often attend to the issues a child may have, in a way that is well suited to his age and abilities. Issues such as relating to others, self-esteem, and self-expression are some of the areas that may be focused on. Art materials such as paint, markers, fabric and clay will be offered for your child to work with.

As my work at my practicum is also part of the completion of the Master's in Art Therapy Program at Concordia University I wish to use the experience towards the writing of a research paper. With your permission I would like to take photographs of the work produced and include them in my paper.

Understanding that this information is of personal nature, it is understood that your child's confidentiality will be respected in every possible manner. Neither his name, the name of the hospital, nor any other identifying information will appear in the paper. The artwork will be completely confidential and your child's identity will not be revealed.

Your consent for my inclusion of your child's work in my research paper is independent of your child's participation in art therapy. Also, you may withdraw your consent at any time before the research paper is completed with no consequences and without giving any explanation. To do this or if you have any questions you may contact me through the Child Psychiatric Unit.

Request for Consent

I, _____, undersigned, give permission to Abha Singh, Art Therapy Intern, to photograph the art work produced by my child, _____, in the art therapy sessions. I understand and give permission for these photographs to be used for educational purposes, in the writing of a research paper.

I understand that both my child's identity and the setting where the art therapy sessions took place will be kept strictly anonymous and that no identifying information will be given. I understand that agreement to this request is voluntary and that I can refuse to allow my child's art to be photographed with no effect on _____ involvement in art therapy. I also understand that I may withdraw my consent at any time before the research paper is completed, without explanation, simply by contacting Abha Singh. This decision will have no effect whatsoever on my child's art therapy.

I have had an opportunity to ask any questions about the implications of this consent, and I am satisfied with the answers I received.

I have read and understood the contents of this form and give my consent as described above.

Signature: _____

Date: _____

Witness: _____

Date: _____