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**LA THÈSE A ÉTÉ
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ART AS THERAPY
WITH MENTALLY HANDICAPPED ADULTS
(IN A RESIDENTIAL SETTING)

Judith Rosen

A Thesis
in
The Department
of
Art Education
and
Art Therapy

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To Pierre Gregoire who always made me feel I knew what I was doing, to the Professionals and Staff at the Miriam Home who never really knew what I was doing. To Michael Edwards and Julia Byers who felt I would get where I was going and to Mike who never let me drown along the way.

ABSTRACT

Art as Therapy with Mentally Handicapped

Adults (in a residential Setting)

Judith Rosen

A study conducted in 1968 (F. Menelscino) found a significantly high ratio of emotional disturbances among mentally handicapped children. Further investigations, into this area, have been scant. Although much has been written about teaching the mentally handicapped to accomplish new tasks, very little has been written about helping this population to deal with emotional disabilities which often result from being handicapped. In many cases, a diagnosis of an emotional disorder in a handicapped person will be ignored because most institutions are not able to deal with both issues.

Some work in Art Therapy and other therapies have shown positive results (Wilson 1980, Satir 1972) in the treatment of these emotional disorders. A mentally handicapped person will remain so, because of a physiological disability, but research shows ways in which the emotional disabilities can be understood and helped.

Through a literature review and clinical work, this paper proposes to discuss some of the possibilities available for this population.

Using Piaget's theory of developmental psychology coupled with Object Relations Theory and W. Winnicott's thoughts on creative living, steps leading to greater self awareness and some cognitive growth develop. Issues such as preservation are discussed from the same

psychological outlook.

Finally, case studies of two mentally handicapped adults are presented. A summary follows the case work with specific reference to aforementioned theories.

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CHAPTER I

1. INTRODUCTION

A study conducted by F. Menolascino (1968) found that a large portion (177 out of 256) of mentally handicapped children exhibited signs of a behavioural or psychotic reaction. One might assume that these disturbances do not disappear as the child ages, but rather that they remain and grow.

At the time of that study, recommendations were made as to treatment plans, including affective therapies, as a way to establish a working relationship with the handicapped. As well, these interventions would allow a psychologist to work with a whole child as opposed to focussing upon a symptom.

Growing use of Art Therapy with mentally handicapped clients has been proved to make considerable differences. For instance, Laurie Wilson (1980) has shown how a child can be gently lead through developmental stages to a higher cognitive level. Virginia Satir has shown how affective therapy (play therapy) can make a difference in the confidence level of the handicapped. This population seems to find new experiences frightening and difficult to deal with. James Crawford (1980) has introduced Art Therapy to mentally handicapped clients and has shown how the client will express and symbolize experiences in a less threatening manner, much as a client of normal intelligence will do.

Notwithstanding the above examples, literature regarding this particular field is pitifully scant. One is led to believe that behaviour modification is the main mode of treatment used with this population. This is not so. Play therapy (Satir), Art Therapy

(Wilson, Kramer, Crawford, Site), music therapy and other affective therapies are being used successfully. The mentally handicapped adult can and does react to the therapeutic relationship and benefit from art therapy much as a normal client does. In actuality because the handicapped adult is often denied much human contact, the progress made through art therapy can seem more appreciated. The process seems greater. The aim of therapy with this population, as others, is towards greater human potential and the emergence of a more confident self. Also there seems to be greater awareness of the environment and the client's place in it.

This paper proposes to discuss some of the possibilities available to this population and to illustrate practical work situations through case material.

2.1.1 Defining Mentally Handicapped

As mentioned, in the 1968 Menolascino study, a significant number of emotional disturbances were found among the mentally handicapped. For the most part, these disabilities are not dealt with. Often, a diagnosis of mental retardation will dismiss the possibility of treatment for an emotional problem. Many facilities are not prepared to treat double diagnosis clients. The emotionally disturbed retardate is often left to deal with these problems alone.

Most literature about mental retardation is limited to possible cognitive improvements rather than development of the whole personality. The idea of the handicapped as a human being, to be respected, is relatively new. A study conducted by Zigler and Harter (1969) concluded by saying,

".... it is unfortunate that so little work emanating from the personality point of view has been done with the retarded".

The notion that the mentally handicapped person has less emotional sensitivity can be seen as an extension of the myth that all the retarded are happy and loving (Evans, 1983). Problems that may seem small to the normal client can seem insurmountable to the retardate. Also the handicapped face difficulties derived from social attitudes (Evans, 1983). This situation contributes to the high incidence of emotional disturbance in this population.

Apart from the Menolscine study, others have found high numbers of emotional disturbances in mentally handicapped. Craft (1959) found that one-third of retarded people investigated showed emotional problems. M. Rutter (1971) found that as high as 50% of institutionalized retardates showed emotional disturbances.

Talk of suicide among mentally handicapped people was found to be significantly higher than in normal populations. (Berman 1967).

It will be seen from the above that the idea of the "blissful idiot" is a misnomer (Evans, 1983).

1.1.2 Previous Definitions

In 1962 the typical behaviour associated with mental retardation was described as;

"that which does not meet standards of dependability, reliability, and trustworthiness; behaviour which was persistently asocial, antisocial and/or excessively hostile; the inability to recognize the needs of others in inter-personal interactions; the inability to delay gratification and the lack of long range goals;

response only to short term". (R. Heber, 1962)

Twenty years ago, a greater emphasis was placed on moral issues as a means of determining whether or not a person could be seen as handicapped. This raises the question of how standards are set.

1.1.3 Present Definitions

In the late 1960's a shift began away from moral issues towards a definition based on either physical or cognitive factors.

Gunner Dybwad (1968) described two main criteria for mental retardation. Firstly, a significant sub-average intellectual functioning, which would be manifested during the developmental stage, and would be associated with a distinct impairment of adaptive behaviour. The second criterion, which would have to be seen in conjunction with the first, is a distance impairment of adaptive behaviour of the social performance in day to day living normally expected of a person of a particular age, by the community or culture of which that person is a part.

1.1.4 Accepted I.Q. Numeric Levels

Based on accepted I.Q. tests (which measure intelligence in comparison to others, (85 - 110 is commonly considered average)).

Below this level the categories are as follows:

<u>CATEGORY</u>	<u>STANFORD-BINET</u>	<u>WECHSLER</u>
Mild retardation (educable)	52 - 68	55 - 69
Moderate (trainable)	36 - 51	40 - 54
Severe	20 - 35	25 - 39
Profound	below 20	below 25

The range between the highest sub-normal figure and the lowest normal figure is the borderline retarded level (B.R. Gearheart & F. W. Litton, 1975).

1.1.5 Aligning Numbers With Definitions

The figures shown as I.Q. levels can be deceiving in their simplicity. On the positive side labels do tend to demystify the common stereotype that the handicapped population is an undifferentiated mass. However, on the negative side, from Dybwad's two criteria for mental retardation one can see that although a man may score 65 on an I.Q. test (putting him in the mild range) if he is able to adapt to the social and cultural demands of his environment, he might not, and should not, be considered retarded. Achievement skills are very important in determining intellectual levels.

Other adaptive behaviour scales used to objectify testing procedures are:

- The Cain-Levine Social Competency Scale,
- The Vineland Social Maturity Scale, and
- The American Association of Mental Deficiency Adaptive Behaviour Scales. (Evans 1983).

For the purposes of identification, the World Health Organization has determined that between .1 and .2% of the population of developed countries are retarded to the point of needing institutionalization.

Within the realm of retardation there are many different levels of intelligence much as within the normal range.

By categorizing a large group as one, we are taking away from possible individual differences.

1.1.6 Psychological Definition

Thomas Webster (1970) has described the development of the mentally handicapped individual as disturbed with

"impairment in the differentiation of the ego functions".

He continues that this leads to a slow or incomplete unfolding of the personality, associated with fixations resulting in infantile or immature personality structure.

In development terminology (Piaget 1967) mental development is due to the interaction between assimilation and accommodation. Therefore, the retarded may not be in equilibrium but rather in an arrested state of accommodation only.

Brabner (1967) questions the use of the term mental retardation altogether.

"It is pointed out, further, that the relationship between sub-average general intellectual function and non-adaptive behaviour is far from clear and that any explanation of such behaviour in terms of intellectual criteria is simplistic".

Luria (1963) dismisses some retardation as solely a "class bias" of our society. To Luria, mental retardation only has meaning when it is used to denote brain injury leading to anomalous development of mental activities.

Finally, B. Maher (1963), after examining the social context surrounding people diagnosed as retarded feels that what constitutes a mental handicap depends upon the society making the judgment.

He feels,

"mental retardation is a socially defined phenomenon and it is in large part meaningless to speak of mental retardation without this criterion in mind".

1.2 THE HANDICAPPED IN INSTITUTIONS

As a rule institutionalized handicapped persons tend to function at a lower level than other handicapped outside of the institution.

Jordan (1966) thought this could be because their limited ability was trained toward dependence rather than independence.

Working in an Art Therapy setting with institutionalized clients can present some unusual problems. Possibly because of what Jordan sees as trained dependence, it may take months before a client chooses a media or initiates a subject or conversation (Wilson 1980). Progress can sometimes seem an unattainable goal.

1.2.1 Potential for Growth or Positive Change

If there is a proper match between a new situation encountered and an already understood one (Paiget, 1969) then there can be positive motivation and pleasure in learning and growing. At that point experiences are pleasurable and non-threatening.

J. McV. Hunt (1961) has explained that increases in intelligence were regarded among children who took an active role in decision making, and who were surrounded by people who understood and valued their opinions. He calls this a democratic atmosphere.

It would appear that a variety of experiences, combined with concern, is important for intellectual growth. In other words, if there are new challenges which motivate, but do not frustrate, growth of experience and intellect may take place.

In a situation, such as residential living, which cannot constantly offer new situations, one can see how growth can stagnate. By necessity, institutions tend to run by schedule, which may inadvertently under-stimulate and limit new experiences.

1.2.2 To What Extent is the Mentally Handicapped Person Aware of the Self

Most handicapped are aware of the difference between what may be considered normal and abnormal. In most cases they are aware enough to realize they are different. Successive failures, over the years, often lead to a pattern of self consciousness and low self esteem (Satir, 1972). This seems to lead to emotional problems.

Virginia Satir (1972) has written about the "Pot of Self-esteem" which can be filled or emptied. Success and pleasurable interactions tend to replenish the pot and failures deplete it. When we are experiencing a full pot we feel decisive and confident. When this pot is low, we feel depressed and helpless.

For the retardate feeling this confidence is not easy. Self-esteem is low to begin with. This is often caused by the realization of being below normal standards. Most of this population have the capacity to realize they are different and may be called stupid by social standards. This confidence is further diminished by repeated failures resulting from the physical and mental inability to function in a society which values logic and intelligence.

CHAPTER II

2. ART THERAPY WITH THE MENTALLY HANDICAPPED INDIVIDUAL

2.1.1 The Role of the Art Therapist

Laurie Wilson, who has worked extensively with institutionalized handicapped, feels the possible goals of an art therapist working with this population, might include expanding sensory perception and motor horizons through manipulation of materials. Advances in the development of the ego function would be recognizable by the appropriate independent use of art materials.

By establishing a relationship through human contact and exterior stimulation (Art Media) the art therapist invites the handicapped to grow, accomplish and achieve. Through this method, the individual can feel a sense of self-esteem and learn to take pride in his or her abilities.

The Art therapist's awareness of the slow rate of development in the handicapped leads to total acceptance of infantile work and a seeming lack of progress which might then lead through the development stages from "kinesthetic art experience to organized imagery" (Wilson 1980).

James Crawford (1980) who has also worked with the mentally handicapped, feels that self-expressive art activities will help individuals to symbolize their experiences in such a way as to make them less threatening. Psychological tensions can be reduced and more personal adjustments made, by realistic self knowledge and a broadening acceptance of experiences.

Crawford has also brought out the point that one assumes the drive towards personal adjustment is present in the retardate, yet it

is not taken for granted that the retardate has the resources to solve personal problems.

2.1.2 To What Extent is Intellectual Potential Necessary

This, then, is a major question. Is it necessary that one possess the mental resources to solve problems in order for art therapy to be useful?

Edith Kramer (1977) defines art in therapy as:

"a means of widening the range of human experiences by creating equivalents for such experiences. It is an area wherein experiences can be chosen, varied and repeated as will".

She feels that an art therapist makes creative expression available to a disturbed person in the service of the total personality. There is no mention made of mental ability, but rather the whole person.

Margaret Naumburg (1980) has stressed the importance of images as a form of communication between patient and therapist. She describes this as symbolic speech.

For the mentally handicapped individual who has long remained in the background, this could mean a communication on even ground. By not relying on words, the client is likely to deal more comfortably with problems. As one client recently explained,

"you have to be quiet so no one notices you" (see case work).

A particular advantage of art therapy in this connection is that it does not depend on the spoken word because emotional problems can be directly communicated through the art.

2.1.3 Possible Goals

In a paper entitled "Parallels in Art and Play Therapy with a Disturbed Retarded Child", Ellen Roth and Rowland Barrett (1980) found that art and play therapy aid in decreasing disturbed behaviour. Through the affective therapies the client is re-channelling anti-social behaviour into more acceptable and cathartic activities.

With a decrease in disturbed behaviour, the retardate may have a better opportunity to improve intellectual functioning by being more open to new experiences and stimulae.

Other affective therapists have also described positive results in working this population. Virginia Axline found significant changes in retarded children exposed to various forms of play therapy.

Michael-Smith (1956) found more emotional and social adjustments in groups of young retarded adults participating in a form of group therapy. These therapists attempted to meet the needs of the mentally handicapped for more stimulation, socialization, ego development, greater self-concept and more integration of the fantasy life, leading to a better orientation towards reality.

2.1.4 Characteristics of the Art of the Mentally Handicapped Individual

F. Wachs (1966) and Karen Machover (1956) have cited a number of commonly found features in the art of the handicapped client. Such observations, although possibly valid, should be seen in the light of physical ability since they often have little to do with the emotional content of the work. Once again this seems to represent a denial of emotional problems within this population.

Based on style alone, these points seem to have some value. The features which Wachs and Machover regards as typical of the handicapped are as follows:

- immature human figure
- poor integration of parts
- emptiness of facial expression
- omission of parts
- lack of detail
- perseveration (to be discussed in next chapter)
- drawings resembling those of a much younger person

Notwithstanding the above, for the most part, it seems that the mentally handicapped deal with issues of a more personal level, much as one would expect from a higher functioning client. Issues of family, friends, separation and frustration are present in the art although they may be expressed on a more primitive level.

CHAPTER III

3. DEVELOPMENT MODEL OF MENTAL DEVELOPMENT

3.1.1 An Introduction

A developmental model such as Jean Piaget's (1977) might help us understand mental development. Also, play therapy and other affective therapies support the view that encouraging the individual to make symbolic forms is a relatively unthreatening means of learning.

3.1.2 Piaget's Model of Development

In this model mental development is likened to a vast continuous construction (1969) that becomes more solid with each addition. Developmentally, the handicapped person does not achieve the level of functioning possible for the age bracket.

The word "developmental" is a biological term referring to physical growth over time. Piaget's theory of mental development is centered on cognitive development, i.e. mental processes such as perceiving, remembering, reasoning and believing. At any given time, intellectual abilities will determine certain behaviours. In this context, the ability to interact with others, as an emotional being, depends on the ability to think communicate and understand what is happening.

3.1.3 Defining Intelligence - Piaget (1967), Flavell (1963,1977) McV. Hunt (1961)

Intelligence, according to Piaget, can be defined as an individual's ability to cope with a changing world through continuous organization and re-organization of experiences. What these repeated experiences are organized into has been called a "schema", by Piaget. Although this word lies at the root of his theory of developmental psychology, Piaget never clearly defined it.

A repeated action or a set of similar sequences which are repeated can be called a schema. Flavell (1963), an interpreter of Piaget, describes a schema as,

"a cognitive structure which has reference to a class of similar action sequences".

No two sequences will be exactly alike, (at no time will a child grasp or let go of an object in exactly the same way) and so the schema is representative of a category or concept and not one specific item or movement. During cognitive functioning, actions and objects are assimilated into a form of organization which represents a learning step and is a schema. Repetition stabilizes a schema, but also provides the necessary condition for change. Generalization enlarges schema by extending its properties (Flavell 1963). Finally, schema do not necessarily stand alone, they may interact, interlock or merge into a more complex and encompassing relationship.

McV. Hunt explains that as a schema becomes more complex, the child will repeat actions in order to understand them and fit them into his or her repertoire. He or she is enlarging schema in order to learn.

Piaget stressed that a totally new object or phenomenon will be of no interest to a child if there is no connection to already assimilated schemata.

Flavell (1977) reminds us that it is important to bear in mind that although it may seem step follows step in cognitive gain, man is not a collection of unrelated components. Man is a complex organized system of interacting and inter-related parts. What one knows affects and is affected by how one perceives. How one conceptualizes will

influence the way one reasons.

3.1.4 Assimilation, Accomodation, & Adaptation

Piaget's theory of mental development is dependent on three principles of human functioning. Adaptation is the most important and is the process of adapting to the environment. It involves the two other processes of assimilation and accomodation.

Assimilation is the gathering of ideas, information, perceptions and experiences and fitting them into existing mental models.

Accomodation is defined as a modification of new information to form new mental plans or schema. When the processes of assimilation and accomodation are "in equilibrium", intelligent adaptation may be said to be taking place.

3.1.5 Relating the Model to Art Therapy

One might wonder how this theory of cognitive development can be interpreted in terms of art therapy.

Piaget closely aligned these theories with a theory of play. He felt that a child who plays with dolls, for example, is really re-creating his/her world as he/she would like it to be.

This "symbolic play" exemplifies, for Piaget, egocentric thinking to such an extent that he felt it could only be surpassed by dreams or daydreams.

When accomodation predominates over assimilation, the result is imitation; but when assimilation is dominant, the result is play. To define play in Piagetian terms, one could say that it is the fitting in of a stimulus with previous experience and then adapting it to suit the individual's needs.

At the point when an infant starts to repeat an activity, even though that activity may not elicit any response, this repetition for pleasure becomes the forerunner of play. Piaget calls this "reproductive assimilation".

Once learned, this activity will be repeated many times and become "functional pleasure" or pleasure in being the case. In this way, play is not just repetition, but becomes repetition with variations. A new schema is developed and something new is learned.

Ultimately, what is being suggested is that play is more than repetition of an already mastered action, it is the repetition of an action in order to understand. At this point, play becomes a distinctive instrument of cognitive growth and a major vehicle for learning and mental development (Flavell 1977).

To sum up what has previously been presented, one learns through experiencing new situations and stimulæ. However, how one experiences new input may be directly influenced by one's relation to objects.

3.2 OBJECT-RELATION THEORY

3.2.1 Transitional Phenomenon and Transitional Objects

D. W. Winnicott (1971) has explained that the first possession of an infant, be it a blanket or a thumb, represents the growing ability to recognize a separate reality. What is perceived as reality will be the new experiences from which one learns and grows. The way an infant relates to this first separate object will often colour the way that individuals relate to others, as maturation takes place.

This first object will often become very important to an infant; it may comfort and serve as an imagined protector against anxiety and depression. After a time, the object will become gradually deattached. It may not be forgotten but rather it loses meaning because a much larger area of experience comes into importance.

In much the same way, Winnicott says that art products and experience may be seen as having a transitional function with a special relationship to the out and inner world of experience.

In "Playing and Reality" (1971) Winnicott describes how cultural experience begins with creative activity first manifested in play. This cultural experience is located in the potential space between the individual and the environment. This, he says, is the area of potential growth, either cognitive or affective.

3.2.2 Potential For Growth

Melanie Klein felt that a child's play represents, symbolically, anxieties and fantasies. This seems to connect with Piaget's idea of "symbolic play".

D.W. Winnicott suggests steps which should be present in a therapeutic relationship in order to promote play, growth and an awareness of reality. These are as follows:

3.2.2.1 A Gaining of Trust Based on Experience

Trust can be seen as the therapeutic alliance which is usually built up over a series of sessions. For the institutionalized mentally handicapped this can mean a gradual realization that the art therapist is interested in what this person has to say and draw.

3.2.2.2 Creative, Physical and Mental Activities

Because the handicapped will seldom volunteer information, the therapist must be willing to accept minimal art until such time as the clients comfortable enough and able to instigate themes. In the meantime, responses can be elicited through verbal interaction. The imagination can be engaged by asking the client to visualize himself or herself as a part of the picture, bearing in mind that the handicapped person will seldom see the art product as a personal projection.

3.2.2.3 Summary of Experiences Forming the Basis of a New Sense of Self

At this stage, the handicapped person may learn to recognize the environment and his or her place within it. The client may learn to accept a personal sense of reality and begin to deal with it. In this way the client may gain a new sense of worth, and learn to accept and recognize his/her world. This can then lead, in a developmental step, to assimilation, accommodation and the forming of a new schema. (This would be a step forward developmentally, a growth of personal awareness and change).

3.3 SUMMARY

Winnicott says that possibly there cannot be a total destruction of an individual's capacity for creative living. There may exist a secret life that is created by and original to an individual and therefore may be regarded as satisfactory. (1971).

If creative living is first manifested in play, we can move a step further to the idea that creative living may bring about a move forward, developmentally, to a greater awareness and initiative in a client's lifestyle.

The art therapist's role seems to be to promote the developmental idea of a child's play remaking his/her life in an acceptable way which allows reality to be compensated for and completed, by means of a fantasy or fiction, (i.e. Wilson 1980). By creating a sense of creative play through art and fantasy, the handicapped person is helped to begin symbolic reconstruction.

James Crawford, in an article entitled "Art for the Mentally Retarded; Directed or Creative", suggests that as the area of client's self is expanded the client may assimilate previously denied experiences and awarenesses.

CHAPTER IV

4. PRACTICAL PROBLEMS

I have discussed the way in which repeated sequences will produce new schema and thus learning. The developmentally handicapped or mentally handicapped will also go through the same stages, yet at a slower pace. One element which slows learning is the limited attention span of many handicapped. The shorter the attention span, the less chance of repetition of sequences with variations and so a lessening of developmental growth through experimentation. Symbolic representation will sometimes be repeated many times. The client is simply learning at a slower speed. Because of this slower development, working in a Art Therapy setting with mentally handicapped people can be long and painstaking. In comparison to other populations, progress can sometimes seem impossible. One cannot hope for a major breakthrough, and yet, there can be great satisfaction for the client (who now has someone who values his work) and the therapist. A small step forward can be a large developmental change, the forming of a new set of sequences or schema.

4.1.1 Perseveration

In light of the previous material, perseveration can be seen as the repetition of an act in order to understand (Piaget). As well, repetition might also seem like the "first object" (Winnicott) which is used to comfort, and which will eventually lose its importance and be deattached. Thomas Webster (1970) contends that the mentally handicapped tends to repeat in a quest for pleasure and contentment (again in line with the first object (Winnicott)). Since most handicapped people are seldom complimented on a task well done, a picture which is approved will be repeated in an attempt to gain praise.

Webster feels the unfamiliar is not so much avoided as unnoticed. There is simply no interest in it. Laurie Wilson (1980) found that repetition in the mentally handicapped usually is to be distinguished from defensive perseveration of a higher functioning individual because lower ego development precludes this as a defense.

4.1.2 Repeated Theme and Colour

The tendency to perseveration may also be seen as more than an inability to avoid repeating the image. It can also be seen in the repetition of a theme or colour. If two or more paintings are produced in one session they may contain the same colours and seem near copies of each other. Part of this might be because the institutionalized client has been trained to take what is given and not to choose. Part seems to be another form of perseveration inherent to the brain damaged client (Machover 1956). It seems important always to require the retardate to choose the media in an effort to stimulate independent thought.

4.1.3 Recognizing Change

A client's breaking a repeated pattern (in perseveration) might be one way of measuring change and growth.

A picture of a retardate's environment may be another way to recognize the growth process. This could indicate a slow awakening to the reality of the environment.

4.1.4 Emotional Support

Perhaps the most important function of the Art Therapist who works with mentally handicapped, is to facilitate the expression of emotion.

The following case studies will hopefully illustrate the idea of emotional and developmental growth in two handicapped adults who have had the opportunity to work in one-to-one art therapy sessions over an extended period of time:

CHAPTER V

CASE STUDIES

5. INTRODUCTION

Presented, herein, are two case studies of work done in a residential setting with mentally handicapped adults.

The two cases illustrate different aspects of art therapy with the handicapped. The factor which ties them together is the emotional intensity expressed by each client.

The first case deals with a 32 year old man who resided in this residence for twelve years, made strong emotional bonds, and has finally been told he will be moved to another facility in another city. His emotional distress is partially fear of mistreatment in a new situation (he has had previous unhappy experiences at other institutions), and his attachment to the people to whom he will be saying goodbye. This distress is expressed by anger at being moved.

The second case study concerns a bright downs syndrome woman who has quietly slipped into the background, using less and less speech. In fact, she was able to mask most emotions and present herself as the "happy, loving, retardate". At the request of supervisors who feared she would lose her ability to communicate, she was seen in therapy.

CASE STUDY A

STEVEN A

PRESENTING FACTORS

A 32 year old male, mildly retarded, resident in a home for intellectually handicapped adults verbally and physically abusive. Developmental level approximately 6 years old.

Steven worked in a sheltered workshop. There is a tendency to form strong relationships with intervening staff.

Referred to Art Therapy in order to help him cope with a possible move to another city and the anger he was feeling about this.

Steven A. entered into art therapy in late June 1982. During his first session, he produced two pictures and arrived holding a third which he presented to the therapist. The three images presented in that session became his basis for all other drawings and clay figures produced over the course of the art therapy sessions, (repetition in order to understand Piaget 1967) Symbolic play, and symbolic representation of fantasies (Klein 1946-1963)).

He arrived holding a picture of a large tractor trailer (Fig. 1) On the side was written "Continental Galleries". This truck was only outlined and Steven asked if he could colour it during the session. He was told he could but requested to come to future sessions without pictures. I wanted him to understand that what he produced would be especially for Art Therapy. Steven had a history of presenting pictures to staff members as a way of ingratiating himself.

Steven said he was leaving for camp and wanted reassurance that he would be able to continue in Art Therapy upon his return. He was assured the time was his.

When invited to draw the camp he immediately proceeded to draw, instead, a picture identified as Johnny Cash (Fig. 2). The drawing was bordered in blue but it was not until much later that Steven labelled it a record album cover. There were no hands, feet or eyeballs in the picture, a truly immobile feeling. There seemed to be a sense of experiencing without participation. Steven did add very large ears (was someone talking about him?). He explained that Johnny Cash was very happy because his family was close to him and that he, Steven, would like to be like Johnny Cash.

The third picture of that session was a self portrait (Fig. 3). Here, as well, there were no hands, feet or eyeballs. On the side of this picture he wrote his name, date of birth, place and time of birth. Steven wanted to explain that he had been born white but was now very dark, (there was no evidence of this). Also he had been born missing one testicle which made him different which was very bad. He left shortly thereafter, coming back once to see if I was present.

These three images, the truck and two portraits were to repeat throughout the seventeen weeks Steven was in Art Therapy. In some ways they represented his fantasy of his life situation.

The truck seemed to symbolize a powerful masculine image. (This brings to mind the need to represent life as he needs it to be symbolic play - Piaget). As well, it may have initially represented the long slow haul of his life but later seemed to mean a way to a

personal freedom.

I thought that Johnny Cash seemed to represent the ideal hero; in control of his destiny, the antithesis of Steven's life situation. The self-portrait changed to express his week-to-week frustrations or victories.

At that time I felt that Steven might move ahead to a greater consciousness, if he felt he had some control over his life. Therefore he was always allowed free choice of materials and subject.

During the second session, when the room became very warm, Steven was invited to remove his jacket. He became very agitated and said he could not show his arms. He yelled through most of the session. Steven explained that when he swore his mouth was washed out with soap. Whatever anger he felt was not allowed to be expressed in verbal ways.

He proceeded to draw an airplane with the same markings as the truck, Continental Galleries. He indicated he would be in the last window and this plane would be flying to California where he would have "booze and blondes". When asked to place himself in this picture he indicated the last seat which is too far back to have a window. I asked him to picture himself as the pilot of this plane but he was unable to do that and finally drew himself walking away from it (Fig. 4).

What seemed to be surfacing was his inability to control his life or even his fantasies. As well, he did not want to deal with leaving, as if it would be a death rather than a new beginning.

In two subsequent sessions this image of the truck or airplane was repeated. In one instance the truck was leaning downhill so

sharp it seemed to balance on its ear (Fig. 5). In each picture Steven placed himself verbally as "hidden away":

Steven always seemed angry when he came to the session. He was not often allowed to verbalize these feelings in the institution, and he began to use the sessions to express his anger through art. During the sixth session, Steven started to discuss his feelings about the possible move. He said he was angry because his mother had not provided him with a large enough suitcase for a trip to Toronto, the home of the new facility. I asked how large a suitcase he would need, and would he like to draw a suitcase and fill it with what would be necessary. This was done together. When I packed a brush he became very angry, saying his hair looked like a porcupine and he had no need for a brush. When he packed a toothbrush and deodorant he began to yell and finally ripped the paper and threw it away (Fig. 6). He paced around the room only stopping long enough to explain that he was not angry with me, but only at the paper. Here, he was using the art medium again to re-channel his anger and, frustration.

Finally, he drew a closed suitcase and said it was already packed. Even so, he said he did not think he could lift it. By standing back to back Steven was able to compare his height to mine. He was clearly much taller and so I suggested he should be able to carry this case. He expressed fears that he would not have Art Therapy when he returned and was assured he would. Finally he said he needed a rest, and left.

The self-portrait done during that session was very scribbled giving a strong impression of anxiety (Fig. 7). Also, there were no hands, feet or eyes.

Steven was away for almost one month. The first day back he came to the Art Therapy room. He was very upset and it took a while for him to calm down enough to sit down. He had an argument with his mother and although he liked Toronto, he was very upset by the move. By now it was clear that he would be going but the date was unknown. Steven seemed to feel caught in a push-pull situation in which he was helpless.

The pictures produced that day were, again, repeated schema; an airplane (Fig. 8) and a self-portrait record album. They were both coloured in which was a new development. Steven used oil pastels, which he did not favour, and both images give the impression of frustration and agitation, due to the pressure used, the amount of scribbling and the total colouration. The face of the self-portrait was a mixture of pink and black (Fig. 9). As Steven had previously stated, he was born white and he became black. I felt this could be his way of seeing himself go from good to bad, or accepted to unaccepted. He seemed angry and this impression came across clearly.

Any mention of the move was enough to start Steven yelling. He asked if I was aware he was born with a mental handicap. I asked what he saw as a handicap. He answered, "anyone who was different".

Steven expressed fears about being treated badly when he moved. Although he had a handicap, he said, he was bright for someone like that.

This session seemed to mark a change in the therapeutic relationship. There seemed to be a realization of the reality of the situation. After this conversation, Steven began to share more verbally and creatively.

The airplane drawn that session was, again, coloured (Fig. 10). The top half was white, and the lower half red. The wings were clear and next to the strong colours, almost non-existent.

The residence sponsored a sports day but Steven would not take part. Instead he stayed in his room "singing to God" and pretending he was "Johnny Cash in his mind". He drew an album cover of Johnny Cash (Fig. 11). This album was entitled "A Lady Came From Bastemiers" and it was on the "Continental" Label. He would not colour it, explaining there was no room for colour.

He was invited to design an album cover for himself. It was done in pen, one of several kept in his breast pocket at all times. There was an expression of delight on the face. This album was recorded live at Place des Arts, backed by the Montreal Symphony Orchestra, and it was on a Viscount Label. The cover was designed by Continental Galleries. The name of the album was "SAA sings ~~Johnny~~ Cash (Fig. 12), and the title song is "Father Uncle Coming Kenny". He would not explain this title. The longest song on the album was "Bitch Bitch Bitch" which, when asked, he explained was about Mothers Dogs. I asked him when I would be able to buy this album, by this new singing sensation. Steven wanted to know how much money was available - \$10.00. He felt the therapist should buy the Johnny Cash album at \$7.99 because his was too expensive at \$10.99. The underlying question seemed to be how much was one willing to give this relationship.

At last Steven had found a way to externalize his anger. The record album became a permanent feature and would be used to express

feelings openly. In this album cover the first letter from his title song spelled the four letter word which would invariably cause a mouth-washing. Indeed, he seemed to be testing the limitations of our relationship by this new twist. By writing the words and disguising them, instead of yelling them he was releasing his hostility and feeling a small victory. He had outwitted the residence.

By the beginning of October there was no doubt that Steven would be moving. He had spent 12 years in this residence and his fellow-residents had become almost like his family. There would be no return visits. Once he left, relationships would end.

His parents were moving two weeks hence and Steven said he felt deserted. He felt they only cared about themselves. Through this all, he did not want to be left behind and yet he wanted someone to want him to stay.

The trucks in his pictures changed with this new development. Instead of facing downwards, they now faced away (Fig. 13). Steven had started saying goodbye to the staff. He expected to leave at anytime, and wanted to be prepared.

Another album cover was drawn and Steven's usual figure had changed. There were now eyeballs, hands, buttons on the shirt and some more scribbling on the inside thigh of his right leg. This brought to mind his stated birth defect. One of the songs on this album was "Phoque off my Love" (Fig. 14) and he explained that when one says goodbye to a girl and says this,, she says it back. I asked if Steven felt an attachment to any girl in particular. This attachment was to his Art Therapist, he explained. He then wrote down

another title, "What is truth" and when questioned about this he answered that what he had said before was the truth.

Suddenly, it was announced that he was leaving in two weeks. He asked me to measure arms with him - bare arms. This seemed a big step for someone who could not remove his jacket initially. Since we were so close to termination, this issue of sexual transference remained closed.

Steven was very upset about leaving. He explained that even after 12 years no one seemed to care that he was leaving. He did another album cover "About People". The facial expression seemed worried, (Fig. 15). The eyeballs were now coloured in. The hair was scribbled. He wrote his full name across the top of this cover and then listed the songs; Black and Blue (like the bruise), Blondie Avenue, Continental Blondes, Phoo off you Bastard (a very sad song) and Bad Dreams. He said he found it hard to say goodbye. Just before he left the room he presented a picture done earlier, on a hand towel, of a "dump truck" because he said, he felt people always dumped on him, (Fig. 16).

It was the second to last session. During the day he had thrown a tantrum in the workshop, his head was bruised from banging it against the wall. This frustration was now spilling over into self-abuse. He was leaving in one week.

Steven drew and coloured in a large truck which was once again, going downhill, (Fig. 17). The windows were also coloured. At the same time, I made a small clay figure. Steve identified the small figure as Johnny Cash. The truck was driving to California where Johnny Cash was making a movie called "You Son of a Bitch". In the movie, Johnny would kill a rattle snake with a big gun. This was acted out with figures made of clay. Steven shot the snake, saying,

Johnny Cash is not afraid of anything.

The figure became Steven who was riding "Shotgun" for Johnny while he drove the truck. The truck was hauling musical instruments and then he drew the trailer (Fig. 18). This was the first time Steven had drawn the back of a truck. He attached this to the tractor part of the truck with scotch tape and then rolled the pictures up tightly so that they would not get lost. He asked that the clay figures be put someplace special, along with the gun and a newly fashioned guitar, and he left.

In the final session Steven started a plane but ran out of ink. He became very angry; yelling and throwing his pens into the garbage. He would use only the presented art materials. Steven drew two pictures one of a plane (Fig. 19), and one album cover, (Fig. 20). The plane was black with some red writing. Although he would usually write all over his drawings he did not seem to have much to write on this last day. There was no discussion about his leaving, he refused. The final album was entitled, "Black and Blue Lover". This portrait had more physical details than any preceeding ones, There were hands with fingers, lip, eyeballs, eyebrows and clothes. He seemed to be presenting a more complete image of himself.

Finally, Steven wanted to know if his art was being kept in a safe place and when he was satisfied by the answer, he left.

Steven has not been heard from since then.

Steven's growth development can be seen in the gradual introduction of detail. This final self-portrait which includes fingers and eyeballs gives evidence of his new awareness of self and environment.

Constant repetition in this case seems to be his need to understand his situation, (schema concept) and identify with powerful objects and people, as a way to symbolize fantasies and his numerous anxieties. His trucks are almost a "first object" (Winnicott) with a special relationship to inner and outer realities.

CASE STUDY B

CHRISTINE W.

Presenting Factors

A 50ish year old woman with downs syndrome, resident in a home for the mentally handicapped. She rarely spoke and, even then, so softly it was difficult to hear her.

She was referred for Art therapy by supervisors who felt she was becoming too quiet and withdrawn.

At the time of writing Christine has been seen individually, once a week for one year.

Christine has resided in this home for 12 years. Her Father was alive at the start of these sessions but has since died. She was raised at home, with a family which seemed to place great emphasis on knowledge. As a result she can read and write very well. Her drawings are at a developmentally higher level than the other residents. At times, Christine refuses to answer remarks made by other residents, giving the feeling that she feels superior because of these abilities.

Throughout most of our time together, Christine would go home on weekends, to her Father's apartment. During the week she resided in a separate community, within the institution, reserved for higher functioning residents.

Christine W. entered into art therapy on June 1982. The first picture, (Fig. 21) drawn was of a flower with four petals. Three of these petals were similar but the fourth and uppermost one contained three inner nipple like shapes. This flower was alone on the left hand side of the page, suspended in space. The drawing took Christine close to one hour to complete. She did not speak unprompted and

finally, in response to questions about her silence she replied that she did not speak because no one listened to her. At the time, I felt that Christine had perhaps become so institutionalized that this was almost acceptable. She had been institutionalized for most of her adult life.

In the next session Christine drew a picture of several flowers separated by lines of rain. Again there was one large flower on the left side (Fig. 22), separate, and then other green ones clustered in groups of two or more. Perhaps this was an accurate description of how Christine saw herself in relation to others, different and alone. On the corner of this page Christine wrote a small paragraph to describe her picture. Since she found it difficult to express herself verbally this became the way Christine would often drop hints about matters important to her. This particular picture was about remembering camp. She expressed worry about oversleeping, missing work and ending up on the wrong bus, going to camp again. Christine seemed to deny liking things she wished for.

By the third session, it seemed apparent that Christine was forming a strong therapeutic bond. Because she spoke so little, busy staff would sometimes find it impossible to stop and wait for her to express herself. Art was becoming an important means of expression for Christine. She drew a picture which she entitled "The Funny Looking Duck", (Fig. 23), "The Ugly Duck" and underneath her title she wrote her birth date in a lighter print as if it was not quite as important. The duckling is partially enclosed in what appears to be a womb like shape. There are numbers from one to ten which are connected with a line, to form this enclosure. Christine explained that this bird goes on stage every night and becomes transformed into a beautiful swan.

The womb shaped outline was the curtain which closed over the stage. In this picture the duck was still behind stage and still ugly. The beak is an awkward shape and has no slit for a mouth. It seems to be a muzzle as much as a beak.

One month later Christine drew another duck (Fig. 24). She came 30 minutes early for this session as if she had something she had to draw.

The duck seemed to be straining towards something. The mouth is open. Christine placed this duck in a pond but as her colours became lighter she changed to others and eventually created a multi-coloured pond; blue on the left side (which the duck seemed to strain towards) and red, yellow, blue, and black on the other side, behind the duck (where it was coming from). Finally, under the duck it is black and the impression of a bird stuck in the mud is unsettling. This is one of the only pictures Christine did not title, however, she did tell a story about it. She explained that the duck was quacking and very happy because she had baby ducks whom she could teach to swim, fly and walk. Ironically, this duck was stuck in the mud.

About this time, Christine got lost coming home from the workshop. According to her, she was not lost, but running away. She had decided to go and find Elvis Presley because she could not believe he was dead and had been found running down the stairs of a metro station. Christine was taken off public transportation and was now transported by the Home's mini-bus.

On our eleventh session, Christine included two animals in her picture for the first time, (Fig. 25). Her time for art therapy had

been changed and she was now the first client seen in the day. She was very pleased to be first.

Christine drew a horse with six legs which she entitled Black Butie. (Actually there seems to be seven legs). She worked very slowly, as usual and with four minutes left was asked if she had anything else to add. She did. She drew a small duck, following the horse. She describes it as the horse's friend. Christine seemed to be making a visual connection between herself and me. When I questioned her about the number of legs on a horse Christine said there were four (and yet this horse had six). I asked if it was faster or freer with six legs. Was it magical? She did not speak. This session left me feeling very pleased. Christine had visually shown the therapeutic bond which existed.

From this time on there was a change in Christine's pictures. Instead of only a baseline, her picture now had a sky as well. The pictures went from being divided in two to being divided in three, with room in the center for her theme. I felt she was framing her thoughts. This also seemed to indicate a developmental step forward and a transitional change.

Her pictures started to contain the occasional person and Christine started incorporate fairy tales and fantasies into many of our sessions. At this time Christine's imaginative abilities became evident. Much of Christine's thoughts involved fantasy people and places. The first picture containing people was of Cinderella whom Christine said she wished she could be on Halloween, (Fig. 26). This was the first picture started from the top of the page rather than the bottom. In it is a stick figure and a coach. The coach is almost three dimensional but the figure is an unclothed basic stick. Christine

signed this picture "Cinderella Christine W.", and thought this so funny that she laughed aloud. She was re-creating herself in her fantasy figures (Klein 1946-63).

So many of Christine's pictures now contained very important issues, such as the following discussion about death.

Christine drew a picture of three "trees" and entitled it "A Fall Picture", leaves turn red and yellow and green, (Fig. 27). All the leaves were green. There was no evidence of leaves turning but the pressure used during the execution seemed very hard. I finally asked if she had a problem. She replied, "Where did E.T. go?" Why was he in a box and how did he get better and not die. From this it was apparent that she was worried about death. Her aunts and uncles had died and only her Father, who was very elderly, remained. Christine was afraid of being alone. She said she would not let him die because she loves him too much. Like Elliot in E.T., Christine wished her love would keep him alive. Before she left she said that E.T. was lucky to have a friend who loved him. I wondered if she unconsciously making a connection between an ungainly, ugly, other world creature and herself. The connection does not seem outrageous to this therapist.

Christine had been in Art Therapy for five months and had developed a close rapport with the therapist about the time that Steven (see 1st case study) moved to Toronto. The two were residents of the same wing in the home and although they had never formed a close friendship they had lived together for 12 years. This session Christine drew an airplane (Fig. 28), that was incomplete. The plane seems to be missing the back end. This was one of the few times Christine did not complete an image. She explained she did not trust airplanes and did not think they were safe. Christine wanted to know where Steven was

going. She asked if his parents were aware of his leaving. Finally she said that every morning she went to the workshop and every night she returned home. She wanted to know if Steven would be doing the same. I explained he would not be coming back but that he would be safe and cared for somewhere else.

We entered the Christmas session and Christine's imagination took flight. After one picture in which she portrayed Santa's sled, (Fig. 29) she explained he was not in this picture because he was busy in the department store where he was a salesman, (this was quite intuitive I thought).

Again she asked if Elvis was really "gone". What did she think? She thought he really was, now.

One month later Chris had an argument with one of the other residents on the mini-bus. She had been yelled at and ridiculed. Christine was very worried because she had not (in her view) done anything wrong. In that session, Christine's picture was entitled, "Yeller went into the Forest to Get Bitten". According to Chris, yellor (could be old yellor) from the movie of the same name, or could be yellor on the bus, who went into the forest and did not realize how dangerous it was. A wolf was going to hurt him. She could not say how the story ended. In the picture "yeller" has two painted legs and one unpainted shape. This session was one in which a basically non-verbal person was able to tell of her anger and express a wish for revenge in a metaphoric way which she might not have acknowledged otherwise. Again the use of "symbolic play" to recreate what she wished, (Piaget). A step had been taken towards her accepting her feelings and expressing them out loud.

Given an opportunity, Christine was becoming more verbal. She had, recently, mentioned that the other residents did not like her but would not elaborate on this.

In the next session Christine told a fantasy, again, to express her feelings. She started by saying she was not as smart as the other residents in her wing, especially Mary (name changed). This was especially ironic in light of Chris's superior attitude. Mary could not read or write. Mary was very smart and she had stolen the letter Chris wrote to her Old Camp Councillor. Chris then went on to explain that she did not know anything about "bodies" and Mary did. Apparently this wing had been receiving sex education and Christine was surprised to discover she had a girl's body. Boy bodies were different, she explained. Mary knew about this and so, was much smarter, and had laughed at Christine. Christine wondered if there were wolves in the forest near the residence who might sneak in and steal letters, (Fig.30). If so Mary could get blamed. Revenge, sweet revenge! This client had so much to say that no one had heard before. On the outside she was always smiling and accepting, quiet and shy. The following session she told me, that she thought it was bad manners to talk about yourself. People should be quiet so as not to draw attention to themselves. Perhaps, as a child, and an unusual child, Christine had been told to be quiet and stay unnoticed. Now it seemed she had stayed quiet for years.

For several sessions after this Christine dealt with the story of the "Wizard of Oz", (Fig. 31 - 34). She would be Dorothy, her Father, the lion; and the therapist Glenda the good witch. It was very hard to get to Oz, according to her, because one has to cross 33 bridges.

Another resident was in the room during a session and Christine drew

a red yellow brick road and spikey red trees giving the impression of anger, (Fig. 35). She called the other resident a "dummy". For the first time she was verbally angry as well as creatively.

Christine had written a series of letters which she gave to me. They expressed her fears and hopes in oblique ways and were rewritten during the week when she was not in Art Therapy. She would place them, quietly, among the papers and then leave the room knowing they would be discovered during the clean-up.

Another picture entitled, "6 trees in the forest which talk to people" brought up the issue (for some reason) of Elvis' death, again. Where did he go when he died? Why was she acknowledging this death? Was someone going away? In light of the later death of Christine's father, these discussions seem very appropriate. She was dealing with his approaching death.

One of the other residents was moving into a group home. He would still be working at the workshop but would be living independently, now. This made Christine feel sad (as was expected by everyone) and happy (unexpected). Why would she be happy now? This resident hit Christine on the head and at the party that night she wanted to say goodbye and that she hopes never to see him again.

Christine is still in art therapy once a week. It is starting to make a noticeable difference. Other therapists have noticed she speaks more and seems quicker in her actions. She seems to take part more in group activities. She had even told this therapist off verbally. Upon returning from a meeting which kept Christine waiting for 5 minutes, she said, quietly, "About time you got here".

SUMMARY OF CASE WORK

As illustrated by the case work, both of these residents seemed to become more aware of their abilities and emotions. From tentative beginning each was able to express part of their anger and frustration with situations which were beyond their control. There were many issues which were not dealt with in this paper, including death, separation and sex. Each of these issues would require much deeper investigation than this paper allowed.

Metaphor and Art Therapy

Through the use of metaphors (fairy tales, fantasies and heroes), each was able to better understand their problems and, in some way, create a positive answer for each.

For Steven, who was being moved, against his will, the Art Therapy room became a place where he was able to vent his anger in an acceptable manner. His use of repeated images reinforces the idea of creatively reconstructing his life's situation into a model he could manage. Rather than the "abandoned child" he might have been, he could recreate himself as a hero, a powerful mover (truck image) and a lover. The use of Johnny Cash, as a role model, made Steven able to control his own life and future in a small way.

A closer look at the image of the hero also bears out this thought. Jung refers to the hero as the powerful man who vanquishes evil in the form of dragons, serpents, monsters, etc., and who frees people from death and destruction. The believer, according to Jung, believes that ordinary man can be freed from personal impotence and given superhuman qualities. In light of Steven's situation this seems appropriate.

In our own times, we can easily see how the weakling, the smallest or youngest, can become the hero. Superman, Luke Skywalker, the children in movies like the Bad News Bears, all go on to conquer and win, in a gentle and honest way.

In the end Steven did seem to accept, more easily, his place in the scheme of things. He was able to view himself as a more complete person, witness the eyes, fingers, etc. of the final drawing. He seemed more able to deal with his reality (Winnicott).

As well, Christine used the heroine to bring meaning to her existence. Dorothy does, finally, get to the City of Oz although there are 33 bridges to cross and a long, difficult road to travel.

She also used the fantasies to reconstruct her past, to bring revenge in an acceptable way. For one who had seldom expressed anger or dissatisfaction, her use of the wolf as a symbolic force of revenge was satisfying. In each tale of the Wolf, Little Red Riding Hood, Briar Rabbit, the wolf is finally controlled by the force of good. It is controlled anger.

CHAPTER VI

6.1 APPLICATION OF THEORY

As Thomas Webster had pointed out, the handicapped tend to persevere in quest for pleasure. However, at this time, one should remember the concept of schema, an action in order to understand, an action or sequence of events which will represent a learning step.

The repetition in each of the preceeding case studies does seem to be a repetition of the familiar for pleasure, but is also a step towards the more cognitive area of creative play and symbolic re-organization.

Each of these clients was becoming more aware (of themselves) as a person with a right to emotions, choices and much of what we "normal" take for granted.

To refer back to a developmental theory, play is assimilation being dominant. Art seems to be one way of making play a reality by committing it to a tangible area, i.e. paper. In these example, we can see repetition of theme as the repeating of an action in order to understand.

Not only have these clients learned to create something of value, they have seemed to learn to recreate emotions. If this is so, they have gained consciousness.

By keeping the therapy on the level of metaphor, avoiding interpretation for the client, both were lead through Winnicott's (1971) Sequence of Growth; relying in a relationship of trust, learning to convert the mental activity manifested in play into images which give the possibility of containing feelings hard to

to deal with, and finally forming the basis of a sense of self.

This final point can be seen by the greater intricacy of theme and the greater detail in the drawings. For Steven, this also was demonstrated in his final gesture of being able to ride shotgun for his hero. He became someone who could protect another, perhaps he consciously realized he could protect himself.

6.2. SUMMARY

In each situation, the approach taken in therapy by this therapist was one which offered choices. Because of the institutionalization factor, each of these clients was used to a very dependent role. Although this seemed to take care of their basic needs, it did not allow for any stretching of the imagination. The choice of media and subject was always up to the client. This choice seemed initially to inhibit them but as they became used to this format they were able to use the freedom constructively, for their own needs. They were learning to feed themselves.

CHAPTER VII

7.1 A FINAL WORD

The preceding has been a presentation of some of the issues which arise from working with the mentally handicapped or brain damaged client.

Emphasis has been placed on choice and creativity as a means of stimulating growth and awareness. Institutions and residences do the best work possible with the resources available. It seems the duty of an Art Therapist working within the institutional structure, to supplement the work done by the staff and educators, through the use of imagination and choice.

As can be observed Progress does seem to take place within this population.

For the most part, behavioral therapy is used in institutions for the mentally handicapped. This enables clients to learn certain tasks and gain an increasing degree of integration in the social setting.

The Art Therapist's role is to engage the imagination and create a new and different sense of accomplishment. One which touches the client emotionally.

It would be unfair to all concerned if one expected more than was feasible. Thomas Jordan (1966) cautions us to remember that the seriously inadequate will never be normal, but if someone can be raised to a lesser degree of inadequacy, that may be a major step as well.

A lesser degree of inadequacy and a new sense of accomplishment can be a major step towards awareness and fulfillment.

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