

Children Who Bully: A School-Based Intervention Using
Cognitive-Behavioural Art Therapy.

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ABSTRACT

**Children Who Bully : A School-Based Intervention Using
Cognitive-Behavioural Art Therapy.**

Melanie Forest

The following theoretical and clinical investigation explores the therapeutic potentialities of a cognitive-behavioural art therapeutic intervention and treatment within an elementary school with a child who shows bullying behaviours towards his peers. Bullying has become a serious problem found within schools and therefore, has led many schools to start implementing intervention programs to address these problems. Ma (2001) noted that there is a strong relationship between bullying in the school and future violence in the community. Consequently, if bullying is a common problem in elementary schools, it should not be overlooked on the belief that children will grow out of it. Therefore, early assessments and interventions into the bullying cycle may help prevent the development of antisocial behaviours in children who bully and potentially reduce the emotional trauma associated with being a victim.

The purpose of the present study was to show how using a cognitive-behavioural based art therapy approach can help a young boy who had been identified as a school bully, to understand the nature of his bullying behaviour, identify his maladaptive assumptions and eventually evaluate and modify his thinking strategies. Given that cognitive-behavioural therapy is an approach that involves collaboration between client and therapist, the student was involved in tracking, verbalizing and recording negative thoughts through both mental and visual imagery by allowing the student to input and design creative activities to support and enhance behavioural change.

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TABLE OF CONTENTS

	Page
List of illustration	vii
INTRODUCTION	1
a) Personal assumption	3
b) Delimitations	4
CHAPTER 1: BULLYING	6
1.1 What is bullying behaviour?	7
1.2 Types of bullying	8
1.3 Who is a bully?	9
1.4 Why do children bully?	10
a) The school factor	10
b) The home/family factor	11
c) The peer factor	12
1.5 Bullying tendencies in Canadian schools	12
CHAPTER 2: THE CASE STUDY: METHODOLOGY AND THEORETICAL FOCUS	15
2.1 Research design and method	15
2.2 The-single case study	16
2.3 Limitation of the study	18
2.4 Theoretical focus: What is cognitive-behavioural therapy?	19
2.5 How does cognitive-behavioural therapy and art therapy intersect? What is the function of an image?	21
2.6 What is cognitive-behavioural art therapy?	22

	PAGE
Chapter 3: THE CASE STUDY: A SCHOOL-BASED INTERVENTION USING COGNITIVE-BEHAVIOURAL ART THERAPY.	24
3.1 Personal and demographic description	24
3.2 What is Locus of Control?	26
3.3 Goals and initial treatment plan	26
3.6 Case study: Session synopsis	27
CHAPTER 4: BRINGING IT ALL TOGETHER	48
4.1 Discussion	49
4.2 Conclusion	56
REFERENCES	57
APPENDIX A	60
APPENDIX B	63
APPENDIX C	64
APPENDIX D	65
APPENDIX E	66

LIST OF FIGURES

	Page
Figure 1	28
Figure 2	29
Figure 3	31
Figure 4	31
Figure 5	31
Figure 6	34
Figure 7	34
Figure 8	36
Figure 9	38
Figure 10	38
Figure 11	40
Figure 12	40
Figure 13	42
Figure 14	43
Figure 15	44
Figure 16	44
Figure 17	45
Figure 18	46
Figure 19	47

INTRODUCTION: CHILDREN WHO BULLY: A SCHOOL-BASED INTERVENTION USING COGNITIVE-BEHAVIOURAL ART THERAPY

One of the increasing problems found in schools, classrooms, and playgrounds is that of bullying activity. Such behaviour has been found to have serious repercussions for the climate of the school and for the safety of the students. Having worked in elementary schools for several years, it is not uncommon for me to witness youth crime and violence as well as childhood antisocial behaviours within the school environment. A common behavioural problem which I have witnessed in such a setting is that of bullying. Bullying has become a serious problem found within schools and therefore, has lead many schools to start implementing intervention programs to address these problems. Harach, Catalano & Hawkins (1999) reported on a Canadian based study conducted by Dr. Debra J. Pepler. The study surveyed elementary school students in which half of the children surveyed reported being bullied at school. There are many reasons for this movement towards peaceful schools but I was personally alarmed by research findings which found that there is a strong relationship between bullying in the school and future violence in the community (Craig & Pepler 1999). Long-term studies have found that aggressive children will often take their social problems and aggressive behaviours with them into adulthood. Craig & Pepler's research and intervention work regarding bullying have found that children do not just grow out of bullying. If bullying behaviour is not corrected, it may develop into a more serious problem in adulthood.

Children who bully have learned that this assertion of power is an efficient method of gaining status, control and power over others. This established behaviour pattern can persist throughout a life span. Ma (2001) noted that boys who bullied as children and who continued this behaviour into adulthood were found to engage in criminality, marital violence, child abuse and sexual harassment. This behaviour may perpetuate the cycle of

domestic violence and potentially create a new generation of aggressive children. Given that bullying is a common problem in elementary schools, it should not be overlooked on the belief that children will grow out of it. Therefore, early assessments and interventions into the bullying cycle may prevent the development of antisocial behaviours in children who bully and potentially reduce the emotional trauma associated with being a victim.

Through this research project, I will investigate and describe how using a cognitive-behavioural arts-based approach can help a young boy who has been identified as a school bully by his teachers with the goal to understand the nature of his bullying behaviour, identify his maladaptive assumptions and eventually evaluate and modify his thinking strategies. Given that cognitive-behavioural therapy is an approach that involves collaboration between client and therapist, the client was involved in tracking, verbalizing and recording negative thoughts through both mental and visual imagery. Thus, the student had input and designed creative activities to support and enhance behavioural change. Through the process of re-evaluating how one thinks, perceives and interprets a situation, one can change their emotional and behavioural response to a particular situation.

I questioned whether the use of a cognitive-behavioural arts-based approach, could help the student become increasingly aware of his own thinking patterns, behavioural insights and consequences. In turn, would this correlate with an improvement in self-concept, self-esteem, empathetic interactions and communications with peers and the development of new behavioural strategies and problem solving skills.

Therefore, the purpose of this research project was to conduct a cognitive-behavioural arts-based intervention with a male student attending elementary school who had been identified by his teachers as exhibiting bullying behaviours (Appendix A). Therefore, my research question was: Will implementing a cognitive-behavioural arts-based treatment help a student identified as a bully understand his maladaptive behaviour and help him

develop a new repertoire of pro-social behaviours? Creating an environment where these maladaptive behaviours could be discussed and challenged through the use of cognitive-behavioural modification techniques as well as pictorial imagery, I hoped to create the potential for the identified student to learn and develop new behavioural strategies and problem solving skills. This was achieved by helping the student to identify his bullying tendencies towards peers, identify maladaptive assumptions, analyze the logic behind these thinking patterns and offer possible behavioural modification solutions and strategies which could aid in the development of more appropriate behavioural interactions.

Because bullies are at risk of suffering both immediate and long-term difficulties, I wondered if this participant could benefit from supportive counselling and training which has been designed to challenge and teach adaptive strategies and skills for managing his presenting difficulties.

a) Personal assumptions

Personal assumptions I made while conducting this study were as follows. Firstly, I assumed that art therapy is a beneficial treatment with young children. I made the assumption that young children do not always have extensive vocabularies for describing their feelings and experiences but may be more comfortable using art as a method to communicate. As well, I assumed that the exploration through art media, would allow the participant the possibility of creating a safe place to express and contain his defences and projections, identifications and forbidden thoughts in hopes of gaining a better understanding of the self. Furthermore, within this research, I assumed that the human mind seems to function using concrete images rather than verbal abstractions, meaning that humans have a tendency to translate complicated ideas or thoughts into symbols and images. I also made the assumption that the participant would benefit from the creative and self-exploratory process offered in art therapy, which would result in the participant

gaining a better self-understanding and control over his behaviour due to the acquisition on new skills. Lastly, I also assumed that cognitive-behavioural techniques work with this population and that the results would show positive behavioural changes. On an important note, labelling this behaviour as bullying is perhaps a socially acceptable label used in today's society and schools. The reality being that there is a strong possibility that the term "bullying" is just a zeitgeist terminology masking another behavioural diagnosis or presenting problems such as a possible diagnosis of a conduct or personality disorder which may be present in this population which may in turn explain their behaviour.

b) Delimitations

Delimitations to this study was that I had ideally wanted to work with an elementary school age boy who had been identified as a bully by his teacher through an observation questionnaire (Appendix A) given to teachers at the start of the school year. I designed the questionnaire which was given to the teachers that helped identify boys who exhibited bullying behaviour at school toward their peers. An important limitation to this study to be noted was that the teachers were nominating the student through the questionnaire. It is important to remember that most bullying occurs in the absence of adult supervision and most children will be reluctant to report such incidences. Therefore, teachers may not have an accurate knowledge or may underestimate the problem. A second important limitation is that the student is part of a community. If the school has established an anti-bullying program within the school, there is a possibility that there will be other factors that can influence the student's behaviour other than the art therapy intervention. It is important to mention that I was involved in creating an anti-bullying activity which was conducted with the entire school population. Homeroom teachers and their students were invited to work together and create anti-bullying slogans. Following this activity, as the school art therapist, I invited the class to make a representation of their slogans as a group. I accompanied this

activity with a discussion where imagery was created in which the students explored different types of bullying, identified the maladaptive assumptions and concluded the activity by redrawing possible solutions to the bullying representations. Furthermore, this study only focused on the male bully who exhibited both verbal and aggressive bullying. Therefore, this research does not address the female bully nor subtler types of bullying such as relational aggression and so forth.

Chapter 1: Bullying

Violence and aggression in school settings is a widespread social problem which has generated many concerns regarding the possible short-term and long-term psychological wellbeing of both the bully and the victim. Olweus (1978) noted that extensive research was conducted in Scandinavia where bully/victim problems were examined after 3 youngsters between the ages of 10-14 committed suicide after having been repeatedly victimized by bullies in their school. After learning of the death of these boys, the Norwegian Minister of Education asked Professor Olweus of the University of Bergen who was known as the international authority on the subject of bullying, to develop a school-based intervention program designed to reduce acts of peer violence and intimidation.

Throughout this review, bullying is defined as the ongoing relationship between a bully and his victim in which assertion of power is abused through aggressive acts (Charach, Pepler & Ziegler, 1995). In a Canadian based study, Charach et al. reported that 24 per cent of children surveyed identified themselves as bullies. Most alarming was the finding that childhood bullying is associated with adult antisocial, marital and spousal violence, sexual harassment and criminal behaviour. Therefore, bullying behaviour is a serious problem for society if it is not corrected. Since most bullying occurs during school hours, it is essential for schools to implement bullying intervention programs to address these issues.

The purpose of this literature review is to give an overall perspective on bullying behaviour and its implication towards implementing an art therapy treatment intervention within the school system. This review will focus on the following areas: i) aggressive behaviour of the elementary school aged boy identified as a bully by describing characteristics of bullying behaviour; ii) who is a bully; iii) why do children bully; iv) what is bullying behaviour, and v) different types of bullying found in schools

1.1 What is bullying behaviour?

Bullying behaviour as defined by Besag (1989) involves three implicit factors. Firstly, bullying behaviour is the conscious illegitimate use of power by an individual or group with the intention of hurting someone psychologically or physically. Secondly, bullying behaviour must occur over a prolonged period of time and can not consist of a random single aggressive act. Lastly, there must be an imbalance of power, where the powerful attacks the powerless in a direct or indirect verbal, physical or psychological nature.

Atlas & Pepler (1998) noted that bullying behaviour is an interaction between an individual bully and victim which unfolds within a social ecological context. There are many factors that can influence bullying behaviour. These are the individual characteristics of the bully and victim, the presence of peers and teachers, the context in which bullying behaviour unfolds and finally the dyadic interaction processes between the victim and the bully. Atlas & Pepler mention that bullying is differentiated from aggressive behaviour as it involves the misuse of power. The presence of this power imbalance is what distinguishes bullying from aggressive behaviour. An aggressive interaction between students of approximately equal physical and psychological strength is not considered bullying.

Suckling & Temple (2001) identify several key features found in bullying behaviour. Firstly, the bully has the intention to be hurtful towards his victim. His or her intentions are carried out with the intent that behaviour is harmful towards the intended target. The power of the bully is overwhelming towards the victim and there is no justification for the harmful action. This harmful behaviour is often repeated while the bully derives a sense of satisfaction from harming his victim.

1.2 Types of bullying

Bullying can be defined as a form of aggression in which an imbalance of power is present. Atlas & Pepler (1998) noted that bullying is present when the dominant person(s) intentionally and repeatedly torments or harasses a less dominant person which can cause distress to the less dominant person.

This aggressive behaviour described by Atlas & Pepler (1998) can be manifested in many forms. It can be behaviour expressed in physical form such as kicking and hitting or in verbal form such as name calling. Bullying behaviour can also be manifested in both direct and/or indirect forms. Firstly, direct bullying refers to an open attack on a victim. These can be seen in the form of kicking, pushing, hitting, teasing, taunting, mocking which can be both threatening and intimidating towards the victim. Indirect bullying involves the manipulation of the social status of an individual within his or her peer group by manipulating and changing the way others perceive, respond or interact with that individual. This type of indirect bullying can be seen in the form of social isolation, social ostracism, exclusion as well as nasty gossip. As well, Suckling & Temple (2001) added that bullying can be seen in the form of extortion in which a bully blackmails or threatens his victim by forcing them to give money as well as personal possessions. Visual bullying can be seen in the form of a letter, graffiti or even e-mails which has the intent of insulting and degrading the victim. Bullying can also be seen in the form of exclusion, in which a student is deliberately left out of an activity or group. Sexual bullying consists of obscene drawings and gestures, rude jokes, inappropriate touching as well as embarrassing questions which are meant to shame and embarrass the victim. Finally, racial bullying can be seen when one is negatively labelled different from others according to one's race. For example, children who come from another country often express that they are teased with remarks such as "your lunch stinks" or "your skin looks dirty".

1.3 Who is a bully?

According to the research on bullying, there seems to be a general agreement about what characterizes the elementary school bully. Olweus (1978) observed that boys who bullied had an aggressive personality style combined with physical strength. They are usually more impulsive, physically stronger, have a positive attitude towards violence and have a higher need to dominate their peers. They usually have little empathy towards their targets and no conscience about their bullying behaviour. Boys who bully have intentions of causing distress for their victim(s), which fulfills their own personal gain or gratification.

Ma (2001) noted that bullies can be characterized as being aggressive towards their peers, teachers, parents and siblings as well as other individuals within their community. Therefore, it would seem that bullying behaviour is stable regardless of context. Interestingly, bullies do not have low self-esteem and bullying behaviour is not the result of academic failure. Curtner-Smith (2000) mentions that bullies are children who start fights with, tease, pick on, and dominate other children. As well, bullies are easily provoked, generally active and are assertive and attracted to aggressive situations. Basag (1989) noted that bullies are considered to be physically stronger and seem to have more energy and confidence than other groups of children. Observers of bullying have note that bullies seem to enjoy conflict and aggression and will seek out situations where their aggression can be witnessed by their peers.

Middelton-Moz & Zawadski (2002) explain how it was popular belief for many to assume that the school bully was one who lived in a noisy community where people solved their problems with verbal and physical violence. Bullying was believed to be only present in towns where there was a large drop out rate and that these drop outs would hang out on street corner stealing the lunch money of smaller children. The truth being that the problem concerning school bullies has been recognized as a significant problem in schools around

the world. On the one hand, bullying can happen in schools where students score high in national achievement tests, within communities that have highly educated families with two parent households and those schools with families who have low divorce rates and high socioeconomic status. On the other hand, bullying can also be seen in schools where students test low in national achievement tests, within communities with high divorce rates and in single-parent families living in low socioeconomic status. Middleton-Moz & Zawadski stress that it was a popular belief that bullying mostly occurred at the low end of the socioeconomic spectrum, but the reality is it happens in communities at both ends of the spectrum and everywhere in between.

1.4 Why do children bully?

There are many factors that may influence why a child may use bullying tactics. There is no one factor that stands alone due to the fact that the bully is part of a system, which includes interactions with his family, peers, school and community. Batche, cited in Ziegler & Rosenstein-Manner (1991) noted that bullying is the result of environmental influences from the school, home and peer group.

a) The school factors

Ma (2001) stated that schools can make a difference in reducing or eliminating bullying because most bullying occurs in schools. A school that attempts to maintain a positive environment by encouraging students to have positive interactions with teachers and has tougher sanctions against bullying will keep bullying and harassment from flourishing. Ziegler & Rosenstein-Manner (1991) list numerous factors which tend to encourage bullying behaviour in schools. Bullying is encouraged if no clear rules about dealing with aggression are defined, classes have a large number of students, little principal involvement with students and teachers and finally, lack of involvement of teachers and students in decision making.

b) The home/family factors

Olweus (1978) mentions that there are many possible factors that can predispose a boy to become a bully. Firstly, the family influences can play an important role in the development of bullying behaviour or aggression. Curtner-Smith (2000) reported through a study that there was evidence that some mothers are socially unskilled and have poor relationships with other adults thus, providing poor parental modeling. Therefore, results showed that the ways in which parents model social interactions in their relationships with other children, spouse, and relatives can influence and help shape the behaviour of their children. This study also demonstrated that maternal anger, maternal depression, and lack of involvement in fun family activities were related to bullying behaviour. As well, the findings showed that family backgrounds of bullies were lacking in warmth and received low parent-child involvement. Parents of bullies were shown to be hostile, rejecting and indifferent and often used inconsistent discipline by combining hostility with laxness. When parents of bullies used punishment for misbehaviour, their punishment of choice was usually some form of harsh power assertion combined with violent emotional outbursts. Finally, this research found that most bullies have weak to nonexistent father figures. Therefore, parental modeling influences their son's tendency to bully and how the boys in turn interact with peers. Furthermore, a noted limitation of this study was that it was correlational and therefore, we cannot conclude causation.

Olweus's (1978) earlier study confirmed some of the findings mentioned by Curtner-Smith (2000). Olweus mentioned that the family relationship of aggressive boys plays an important role in bullying behaviour. Research has shown that bullying boys often have parents who have been hostile, rejecting, negative or indifferent in their basic attitudes. The parents have not placed consistent demands on their child regarding reasonably controlled and non-aggressive behaviour. Therefore, Olweus suggests that these parents have been

highly permissive or lax concerning these issues. Parents who often use physical punishment or power-assertive child-rearing methods, frequently have aggressive sons. Therefore, it would seem that negative, hostile and rejecting attitudes from the parent as well as the generally lax and inconsistent upbringing can influence a boy's aggression-controlling mechanism, which can be seen through overt bullying tendencies.

c) The peer factor

Suckling & Temple (2001) noted that a student's involvement in a bad peer group which engages in wrongful behaviour is linked to bullying. This bullying behaviour can make the bully feel closer to other members of the group when victimizing an outsider. The bullying behaviour can at times elevate the social status within his peer group. Studies done in elementary schools showed that boys believed that bullying gave them a feeling of higher status.

There are many factors that contribute to bullying behaviour. Suckling & Temple (2001) noted that reasons why bullying may occurs are many and complex. It is possible that the bully feels bullied by others and may need to retaliate towards another peer. Perhaps the bully has a restricted array of learned behaviours to choose from due to impoverished past experiences. There is also the possibility that the bully has a poor self-image, little confidence and feelings of hopelessness which can result in a failure to understand the effect of their behaviour on others. Some bullies are just less empathetic towards the feelings of others while other bullies may feel bored, want to have fun, feel lonely or may just want to seek revenge. The list is numerous, but it is important to know that each child is different and may not necessarily fit into a bullying stereotypic mould.

1.5 Bullying tendencies in Canadian schools

A review of bullying literature in Canada was conducted by Harach, Catalano & Hawkins (1999) in which they made the observation that within Canadian literature, the

term bullying appears to be broadly defined. Bullying is defined as direct physical aggression as well as indirect behaviour which can be seen in both boys and girls from early childhood to adolescent occurrence. Harach et al. noted that a major contributor related to research on bullying was conducted by Dr. Debra J. Pepler at the LaMarch center for research on Violence and Conflict Resolution at York University. In 1991, a descriptive study was conducted by Pepler at the request of the Toronto Board of Education. The study used surveys and was based on items utilized by studies on bullying conducted by researchers from the Scandinavian countries in the 1970s. Surveys were given to students, staff and parents from a random sample of elementary schools in which they tested knowledge regarding bullying behaviours and tendencies. A total of 211 children (105 boys, 106 girls) from grade 4 to 6 and grade 8 (ages 8 to 14), and parents and teachers participated.

The quantitative results of this survey suggested that almost half of the children who responded experienced bullying at school. Twenty-eight per cent reported being bullied once or twice a term, 12 per cent reported now and then, while eight per cent reported being bullied on a weekly or more basis. Twenty-four percent of the students surveyed identified themselves as bullies, who reported having bullied at least once or twice during the term. Fifteen per cent reported more frequent bullying. Most self-reported bullies were among the 11 to 12 years-old range. The survey reported that 23 per cent of boys in the sample identified themselves as bullies, while only eight percent of the girls self-identified themselves as a bully. An interesting finding was that 28 per cent of the self-identified bullies also reported being victims of bullying. In general, responses from teachers and parents greatly underestimated the frequency of bullying behaviour when compared with the student responses.

In addition to Pepler's survey research, a naturalistic observation of bullying episodes on the playground was conducted in order to examine the role of peers as they potentially impacted on bullying behaviour. Results showed that peers were involved in 85 per cent of bullying episodes and that in 81 per cent of the episodes, peers reinforced the bullying. It was found that peers were more respectful and friendly towards the bully than the victim and that in 48 per cent of the episodes, peers were active participants in the bullying. According to the student surveys, bullies were usually within the same grade as the victim and that most bullying occurred on the playground. Atlas & Pepler (1998) reported that bullying is most likely found on the school playground, followed by the classroom and hallways. As well, bullying tends to take place in relatively unsupervised areas. Therefore, it may be difficult for teachers and adults to fully understand the extent of the problem.

Atlas & Pepler (1998) as well as Charach et al. (1995) mention that research data regarding bullying and other forms of aggressive behaviours are usually collected by a variety of methods. These include peer nomination scales, peer relation and frequency questionnaires, interviews, surveys, self-report questionnaires and naturalistic observation using video cameras and recorders. Ma (2001) argues that statistics concerning bullying in schools may actually underestimate the actual problem for the following reasons. Firstly, many adults consider some verbal and aggressive tactics as normal and harmless childhood behaviour. Secondly, most bullying occurs away from adult supervision and most children will be reluctant to report such incidences.

Chapter 2: The Case Study: Methodology and Theoretical Focus

2.1 Research design and method

This research paper is a case study of one participant who participated in art therapy. The participant was a 10 year old boy in grade four who had been identified as a bully by his teachers at the beginning of the school year through the use of an evaluation questionnaire completed by his teachers (Appendix A).

The study design used qualitative research methodology. Data collection documenting art therapy sessions was completed in the form of case notes after each session. Observations were made by the researcher/therapist regarding how the participant expressed himself through the imagery, how he engaged with the art material and the participant's ability to resolve conflict through imagery and verbal interactions. Great attention was placed on how the participant interpreted his own imagery and experiences during each session. Hence, a great deal of importance was placed on the participant's subjective observations of his own experience within the art therapy process.

Since I was not able to have direct access in viewing changes in behaviour outside the therapeutic setting, great importance was placed on the participant's own perception of changed or improved behaviours throughout the art therapy sessions. As well, an evaluative research framework was also applied within this research. Throughout the course of therapy, session notes and artwork were compared for indications that both emotional and behavioural growth had been fostered through the course of therapy. These qualitative research findings are presented in chapter three in the form of a case study.

The present case study was conducted using a semi-directive approach in which the progression of each session's themes relied on what the therapist chose to address within every session. It was the researcher's task to address themes that emerged within sessions and to progressively guide the art creations to apply to increasingly more specific themes.

The goal for addressing specific themes was to build on each session, observe and question the client for data collection and relate this to the potentialities for therapeutic benefit.

Data for this study was collected by using a combination of discussion in relations to themes and imagery that arose within individual sessions, as well as observation of the client within both individual and group therapy. Observations were recorded in the form of case notes after each session.

I met with the client both individually and within the group setting weekly. I met the client for individual sessions for approximately four months and conducted an 11 week group session in which this client was a participant. The individual art therapy sessions took place within a school classroom in which only the client and the therapist were present. Data collection within the present study was derived using participant observation on the part of the researcher. Open-ended questioning was used in order to allow the client to come up with his own conceptualizations and to lessen researcher bias. Case study data analysis was performed through the researcher making connections between themes and emerging meanings or connections within the therapeutic process. It is important to keep in mind that while negotiating the data of this study, that therapy sessions were conducted by myself acting both as researcher and art therapist. Therefore, to ensure balance of being both the researcher and therapist within this case-study, weekly group supervision and bi-weekly individual supervision was provided.

2.2 The single-case study

Bromley (1986) defines the single-case study as “a prospective study of one or more aspects of the behaviour of one Subject under closely controlled conditions” (p. 9-10). The psychological case study as noted by Bromley is a report of an individual in a situation. Typically, the individual of interest usually has something interesting or problematic about themselves, their situation or their relationship between them. It is typically an account of

how and why a person behaves in a particular situation. Martens (1997) noted that single-case research is appealing to many researchers and practitioners because it is based on examining the effectiveness of a treatment intervention for a single individual. Franklin, Allison and Gorman (1997) noted that single-case studies are also appealing to researchers because they allow one to intensely study the process of change. As well, this design allows for objective experimental assessment of the efficacy of treatment for one particular individual. consequently, the researcher can ask the question “does the intervention work for this patients” as opposed to “does the intervention work for the average patient”.

The case study in itself is not a research method. It is up to the researcher to select the method of data collection and analysis that will generate materials suitable for case studies. Some of the well known qualitative techniques are semi-structured interviews, participant observation, diaries and focus groups. The most widely used methods in qualitative research is the semi-structured interview (Willig, 2001). The main reasoning for this is that interview data can be analyzed in many ways. Another reason for its popularity is that it is easier to arrange semi-structured interviews compared to other forms of qualitative data collection. The second well known qualitative technique is the participant observation method. Willig noted that observation is used as a technique for data collection in relation to participant observation. These observations tend to take place in natural settings where the observer can either be known to the participants or he can be incognito.

Willig (2001) noted that there are no right or wrong methods, but rather methods of data collection that are more appropriate in relation to the researcher’s research question. Once a researcher has formulated their research question, the researchers must make decisions about how he wishes to collect data which will be compatible with his research question.

While conducting my research, my primary method of data collection was conducted through participant observation within individual sessions. Data was also collected by gathering information on the participant's own perception of progress within therapy. Observations were recorded in the form of case notes after each session and/or observation.

In order to ensure credence of these interpretations, data source triangulation (Stake, 1995) was used to measure if the observations seen within individual sessions remain the same within other settings. Therefore, further information was gathered by observing the participant within group sessions as well as within the school environment. Teachers were also asked to share their observations on the participant's behaviour within their classroom.

Furthermore, investigator triangulation (Stake, 1995) in which other researchers are asked to discuss their alternative interpretations was employed by having weekly supervision and peer support to ensure minimal researcher bias.

2.3 Limitations of the study

There are inherent limitations involved in this research process. Firstly, this study is limited to the male gender, as the client involved in the research is male. Furthermore, the behaviour observed within this research was limited to verbal and physical bullying and therefore may not be applicable to other types of bullying. A third limitation to the study is the delimitation of the school setting as a treatment environment. The research data collected within this setting is limited to this specialized setting. Furthermore, the data collection and analysis is limited to my own subjective observation of what occurred during the course of each session. It is evident that another researcher may have viewed my observations, interventions and dominant theoretical focus which were dominant within the study very differently which in turn may have yielded very different results. Additionally, progress was noted by the participant and his perceptions of his behaviour may not be always factual. Finally, I was therapist and researcher. While I assumed the role of therapist

first and foremost, I was also aware that I would be writing a research paper, Therefore all data presented within this case study must be understood with the above limitations in mind.

2.4 Theoretical focus: What is Cognitive-Behavioural Therapy?

Cognitive-behavioural therapy (CBT) combines the individual goals and techniques of both cognitive-therapy and behavioural-therapy. The cognitive strategies of CBT as explained by Neenan & Dryden (2000) are to uncover irrational and problematic thinking styles that often accompany psychological distress. This theory was pioneered by psychologist Aaron Beck in the 1960s. He believed that maladaptive behaviours and disturbed mood or emotions are the result of maladaptive structural organizations of thinking.

Neenan & Dryden (2000) explain that there are three cognitive levels of structural organizational thinking in cognitive therapy. The first is *automatic thoughts*. These are inappropriate or irrational thinking patterns. A person who reacts to an automatic thought is reacting to his own distorted viewpoints of the situation, instead of reacting to reality. For example, a person may conclude that they are “stupid” just because they received a poor mark on a school assignment. The second level is called *underlying assumptions*. These are the unarticulated assumptions, which guide our behaviour, set the standards we must achieve or provide rules we must follow. For example, “if I do nice things for others, then they will like me” (positive assumption), but “if I don’t do nice things, then they will reject me” (negative assumption). The third is *core beliefs* (schemas). Core beliefs are usually formed through early learning experiences and become instrumental in shaping our outlook. These are fundamental beliefs about ourselves, others, and the world which help us make sense of our experiences. We have both positive and negative core beliefs. During an emotional disturbance, over-generalized negative core beliefs are activated which then

processes information in a biased manner. This then confirms the core belief and disconfirms any contradictory evidence.

Therefore, cognitive therapists attempt to make their clients aware of these distorted thinking patterns, or cognitive distortions, and change them. This process is termed cognitive restructuring. Cognitive-therapy involves helping a client think in a more effective manner. Therefore, one's feelings are a direct extension of one's thoughts. Thus, a cognitive therapist's goals are to challenge and to change maladaptive, self-defeating cognitions in order to help their client lead a more productive and satisfying life.

Behavioural techniques are also central to CBT. Neenan & Dryden (2000) describe behavioural therapy, or behaviour modification, as training individuals to replace undesirable behaviours with healthier behavioural patterns. These techniques follow the belief that maladaptive behaviours are learned, and therefore, can be unlearned. Unlike psychodynamic therapies, it does not focus on uncovering or understanding the unconscious motivations that may be behind the maladaptive behaviour. In other words, strictly behavioural therapists do not try to find out why their clients behave the way they do. Instead, they teach them to change the behaviour. Therefore, the goal of therapy is to help the client unlearn unwanted reactions and to learn a new way of reacting.

Neenan & Dryden (2000) noted that cognitive and behavioural strategies create a balanced approach to understanding and treating common life-problems. In CBT, the theory allows for the examination of the way in which an individual views themselves and their environment (cognitions) but also the way in which one act or react to that environment (behaviour).

There are three major forms of cognitive-behavioral therapies. These are described by Marcia Rosal (2001) as follows:

A) Cognitive restructuring psychotherapy

When it is believed that a client has a defective or maladaptive thinking pattern, using cognitive restructuring techniques, the goal is to develop a rational adaptive thought pattern. Therefore, changing a client's inner speech will lead to a change in overt behaviour.

B) Coping skills therapies

If you teach a client a vast array of coping skills, this could enhance their adaptation to stressful situations. Once these skills are learned and the client uses them during stressful situations, the client will have an increased sense of control in their life.

C) Problem solving therapies

If you teach a client how to resolve certain situational problems, you are teaching the client to find avenues to solve their conflict.

2.5 How does cognitive-behavioural therapy and art therapy intersect? *What is the function of an image?*

Aina Nucho (1995) explains that images are a link in the chain of phenomena that stretch from sensation to concept and symbols. She states that "images are an essential ingredient of cognition" (p.21). Nucho notes that images spontaneously arise in the mind, especially when strong emotions are expressed. These images serve the function of making sense of events in order for them to be responded to appropriately. Nucho explains that images are used as a self-programming device. This device sends information from the deeper layers of the organism in order to regulate the activities of the system. Therefore, an image is a signal. Images can be compared to a telegram message in which we can use to

send messages to the deeper, inaccessible portion of our system. Nucho mentions that images shape our behaviour and have important consequences in our lives.

Rawley Silver (1981) developed stimulus drawing techniques, which can be used as a therapeutic technique, a developmental technique, or an assessment technique. The therapeutic technique is based on the belief that different people will perceive the same stimulus drawing differently. This is perhaps due to different past experiences, which will influence perception. The response to the stimulus drawing will reflect different facets of a person's personality, which can later be quantified. The assessment and developmental techniques are based on the notion that drawing is paralleled to spoken words and that cognitive thinking can be evident in both visual and verbal conventions.

2.6 What is cognitive-behavioral art therapy?

As discussed in the earlier portion of this paper, CBT theory emphasizes the ability to symbolize, to link and to reflect on thoughts. As well, CBT theory offers choices between alternatives, the importance of perception and goal oriented thoughts and actions.

Therefore, when one combines cognitive-behavioural and art therapy techniques, the therapist is able through verbal techniques to elicit the client's thought patterns, identify maladaptive assumptions and examine the validity behind those assumptions. Art therapy techniques are used to elicit the client's imagery in terms of pictorial representations of cognitive distortions which is then subjected to the same evaluation and modification as thought processes. Therefore, if images are an essential ingredient of cognition (Nucho, 1995) and drawing parallels verbal and cognitive thinking (Silver, 1981), using drawing or other visual mediums, offers a visual image to our internal cognitive thoughts. In short, this is the essence of cognitive-behavioural art therapy.

Rosal (2001) mentions that art therapy focuses on the emotional components of an individual in order to understand their cognitive process system. Rosal stated that making

art can facilitate the acquisition of new ideas and learning. When an individual makes art, it is possible to retrieve their cognitive maps which can later be repaved and understood.

When an individual makes an image of a complex life situation or event, this will create an opportunity for problem solving by making alternative solutions in future image making.

Therefore, making images can help an individual discover their inner speech and their personal construct system. When both external and internal worlds are linked through image making, behavioural changes can be facilitated.

Malchiodi (2003) explains how image making can be integrated with cognitive-behavioural therapy to improve efficacy of the treatment. CBT is based on language while art therapy is based on the use of imagery in treatment. While CBT traditionally uses verbal modalities as an agent for change, image making actually complements cognitive-behavioural approaches by providing the therapist the opportunity to capitalize on visual communications to enhance therapy. Combining image making within cognitive-behavioural treatment, offers the client the opportunity to develop creative visual strategies to achieve change.

Chapter 3: The Case Study: Cognitive-Behavioural Art Therapy with a School Bully.

3.1 Personal and demographic description

The participant who I will refer to as Jim within this case study is a ten year old Caucasian male in the fourth grade, who was referred to me while I was the art therapy intern within an elementary school in a large Canadian city. Jim's teachers identified him as exhibiting both verbal and physical bullying on a daily basis. He bullied through means of teasing, swearing and shoving on the playground, corridor and in the classroom. Teachers also identified Jim as an anxious bully who was academically weak, had poor concentration and was perceived as being less popular and less secure than most students. Teachers also noted that Jim's difficulties could be attributed to possible anger management issues and his difficulties communicating and relating to peers. As well, by active communication with teachers, it was noted that Jim had had many episodes of inappropriate behaviours within his classroom towards his teachers and peers. He fought with peers, threatened his school teachers and also showed risky and disruptive behaviour on the school bus. He showed defiant behaviour towards teachers and had many episodes of not listening and was often non-responsive when adults attempted to communicate with him. He was known for having mood swings and inappropriate outbursts in class.

On many occasions, Jim ran out of his classroom without permission and had taken out his frustrations by running through the school hallways as well as kicking and punching school property. Jim showed difficulties in academic settings which may be due to emotional difficulties\maturity rather than cognitive deficits or learning disabilities. Due to these difficulties, his teachers felt that Jim may have been one year behind in terms of academics learning. However, no official testing had taken place. Therefore, the prior statement is purely teacher and in-school resource team speculation due to displayed behaviours and presenting problems displayed by Jim. Jim's teachers felt that Jim had

academic potential, but that most of his academic difficulties stemmed from his frustrations and emotional immaturity.

In terms of personal demographics, the school resource team was unable to receive detailed information regarding Jim's family situation due to a lack of communication with the immediate family. Jim resided with both biological parents. He is the youngest child of two and has a brother who is 18 years of age. Jim is very proud of his cultural heritage which is a combination of both European and South American heritage. There is quite an age gap between Jim's parents and it would appear that Jim's father may be retired and that his mother is the primary source of income for the family. During many sessions, Jim often spoke about the family moving to South America and that this would solve all their financial difficulties. Therefore, talk of relocating may have been prevalent in the household.

In terms of diagnosis, it is important to note that Jim had not received psychological testing regarding his displayed emotional and behavioural problems. Therefore, no diagnosis was available. Furthermore, Jim had not received prior therapies in past academic years. During the present academic year, Jim received some counselling sessions with the school psychologist. He also received individual weekly resource time to work on some of his academic difficulties. The school behavioural therapist created an individual plan for Jim in which she met with him twice daily.

Jim's art therapy schedule included a one hour session per week. As well, Jim participated in an 11-week group art therapy program with five participants who were identified as at risk of academic failure due to behavioural and/or emotional difficulties. The premise for forming this group was to examine if the involvement of participants in an art therapy group could provide these participants with relief from self-contained classroom. One of my interests for creating this group was to examine if repeated positive

experiences found within the art therapy sessions would transcend to other areas of their life. Since these students may not receive the positive reinforcement which typically accompanies academic success, perhaps they may find these reinforcing experiences within the art therapy group. Therefore, I was interested in examining if repeated positive experiences as well as the act of being creative, could aid these participants change perception of external locus of control to internal locus of control.

3.2 What is Locus of Control?

Rosal (1993) mentions that an important goal of art therapy is to change the perception of power, control and identity. Making art can help a person experience themselves as powerful when they make decision about their artwork. Making decisions can help a person feel effective and competent. Rosal explains this concept in terms of locus of control (LOC). Locus of control refers to the manner in which a person perceives reinforcement or rewards. People are said to have internal LOC if they feel they are in control of their own lives. People who feel that reinforcement depends on chance are said to have external LOC. Children who have external LOC are not able to see themselves as being able to affect their environment. Therefore, they may have difficulties relating to peers and will often exhibit behavioural difficulties ranging from conduct disorders to being withdrawn or passive. Art therapy can be an effective modality for helping behaviourally disordered children gain control. Therefore, producing art may become a process that relies on internal LOC. As such, positive experiences found in art making are repeated, LOC can become increasingly internal.

3.3 Goals and initial treatment plan

Based on the information provided by the resource and counselling teams as well as my own personal impressions, my goals in art therapy with Jim were as follows: Firstly, I wanted to establish a therapeutic alliance in which a safe place was created. Here acting out

within imagery or exploring inner thoughts could be achieved and contained within this framework. Secondly, by helping Jim to understand his aggressive impulses, through therapeutic intervention, I wanted Jim to experiment and explore with a broader repertoire of adaptive interpersonal behaviours. Through this exploration, I hoped this would help Jim gain better emotional regulation, develop positive peer relationship skills, foster pro-social behaviour as well as develop personal expression. Thirdly, the goal was to improve mental alertness through problem solving, visual memory, concentration and imagination. The fourth goal was to enhance self-image and self-esteem by changing identity from “problem student” to “creative student”. The fifth goal was to change perception in locus of control from external to internal. Lastly, I wanted to create a positive environment where creativity could take place and positive experiences could be shared.

3.4 Case study: Session synopsis

The following section will describe a session synopsis of Jim’s involvement within the art therapy sessions. I will provide a general description of the artwork along with relevant associations and interpretations which will be discussed within the fourth chapter. I will also only focus on relevant session highlights and will not report on each session in detail. As well, I will also include some discussion on Jim’s participation within the group art therapy because there were many instances within group sessions where Jim bullied other group participants in which this behaviour was later addressed within individual therapy sessions.

Session 1

During the first session, time was spent explaining confidentiality, my role in the school and introducing the various art materials. Upon meeting Jim, he presented as a confident boy who seemed able to express himself verbally.

The first session, I invited Jim to create his portfolio (Figure 1). He drew an image of a tree that gets provoked by a magic stick. He said that when provoked, the tree can get very angry. Jim explained that if the tree is provoked and in turn gets angry, this could possibly turn into a bad and or dangerous situation. Jim explained that if the tree gets upset, the big dinosaur beside the tree will also get upset. Jim added red smoke around the dinosaur which was a representation of the dinosaur's anger. Jim added a creature on top of the dinosaur who he explained was the dinosaur's friend, who holds the power to help him control his anger by helping him to calm down.

After the first session, I felt that a positive therapeutic alliance had been formed. It was apparent that he enjoyed making art and that he felt some connection to the process. He was able to take direction very well. He used the paints in a proper fashion and even incorporated some techniques I had taught him. He was very amazed by his artwork and was very impressed by his own talents. He mentioned how many kids in his class just don't understand the effort it takes to make an art piece.

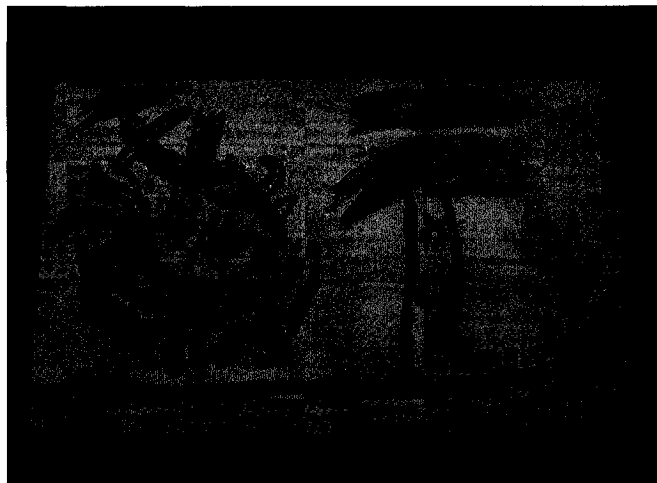


Figure 1

Session 2

For the second session, I asked Jim to draw a picture of his family using white paper and coloured pencils (Figure 2). Jim was very quiet during this session and drew his picture

in complete silence. Once he had completed his image, Jim told me that he drew a picture of his family walking over to McDonalds. He started his image by drawing himself which is the only figure to be fully completed and has the most details. He then added his father and mother and finished with his older brother. Jim was very quiet during this session and didn't seem to want to talk too much about his family. He completed the picture, explained to me its content and asked if he could return to class. Since this was only our second session, I wanted to make sure that Jim was comfortable within our environment, so I complied with his request. Therefore, we ended the session after 20 minutes.

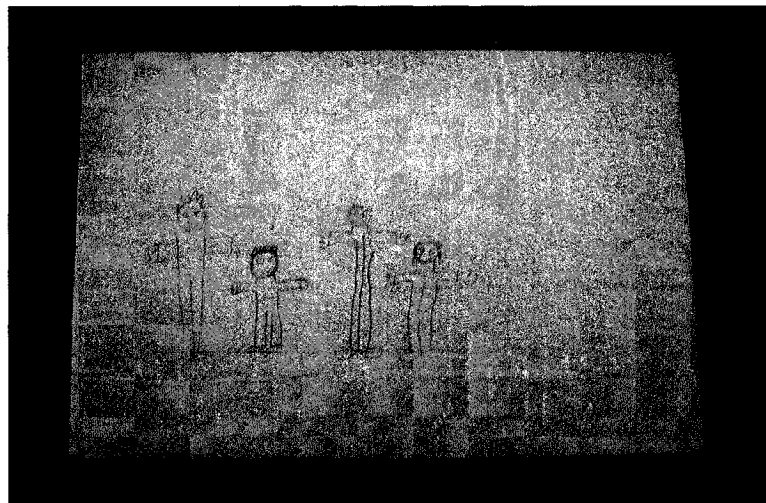


Figure 2

Session 3

As I walked into the school, I noticed that Jim was sitting outside the Principal's office. He was talking to himself and was clenching his hands into very tight fists. Jim was very upset and a teacher was yelling at him telling him that his behaviour was unacceptable and that he needed to calm down. I felt that this would be a good opportunity to have a session with Jim since we would be able to examine his anger, give him an outlet for his anger through the art media and maybe help him acquire coping strategies to deal with his anger. Therefore, we had an impromptu session.

Jim accepted to come to art therapy and told me that he was very upset at his music teacher who had paired him up with another boy to learn how to dance in front of all his peers. One of his peers who I will call Mathieu then teased him by making gestures as though Jim and his dancing partner were kissing. This was a very embarrassing situation for Jim, which in turn caused him to be angry and explode within the classroom. Jim expressed how he wished he could just hurt Mathieu with his Karate moves or even send him some ghosts or an evil spirit to scare him at night. He explained that he had learned techniques in anger management to help him calm down when he feels agitated but that these techniques just do not help him when he feels so much anger.

I acknowledged Jim's anger and spoke to him about the dangers of physically taking out anger on others. I invited Jim to make an image of his anger. Jim drew an image of Mathieu being hit by what he referred to as space garbage and eventually exploding when the garbage collides onto his head (Figure 3). He portrayed himself in the image as being very angry but changed the expression on his face to a smile after the space garbage hits Mathieu. He then made another image of Mathieu's head being eaten by a shark (Figure 4). The whole time he was drawing these images he was talking to himself and seemed very pleased to be hurting Mathieu in his pictures. Once he completed these pictures, Jim stated feeling a little less angry. We spoke about acceptable ways of showing anger and how physically hurting someone could be very dangerous but that drawing a picture about his anger may be a good method to release his anger without actually hurting someone.

To close this session, I invited Jim to imagine and create a safe place which would help him relax when he feels overwhelmed with anger (Figure 5). I explained to him that his safe place could be anywhere he wanted and could be comprised of anything he needed. He created a tree house which was made up of a tree that produces pizza and a dog living in

a nest at the top of the tree. He explained that in his safe place, there are friendly creatures that live along side with him.

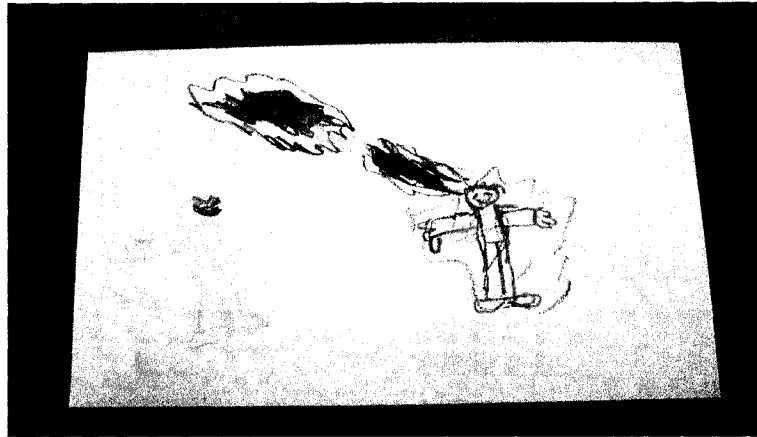


Figure 3

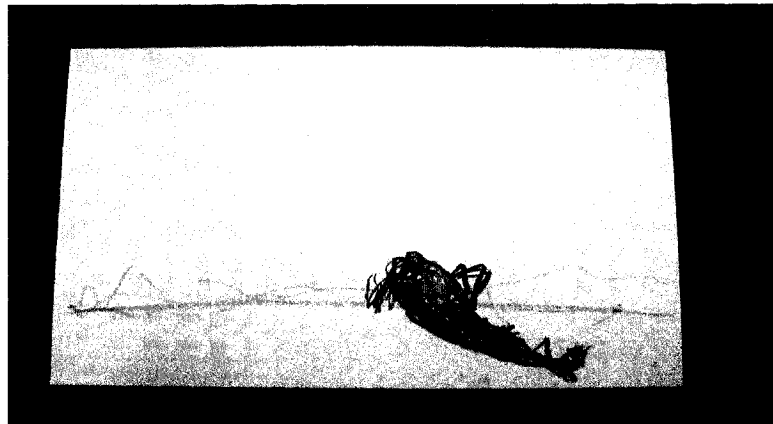


Figure 4

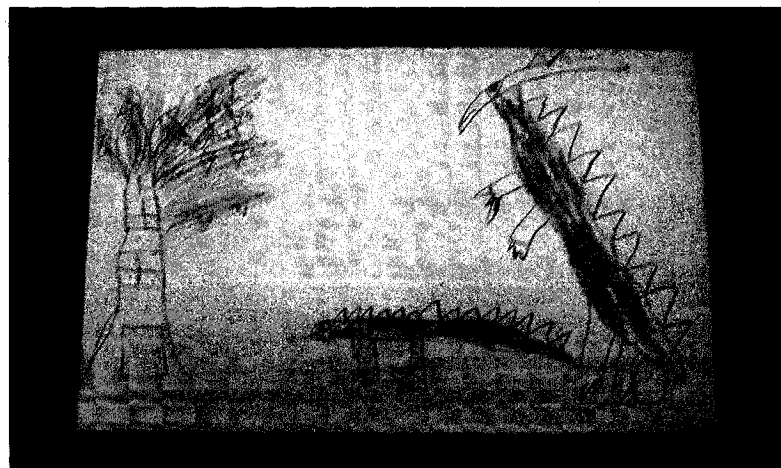


Figure 5

Sessions 4 to 7

I started the session by asking Jim how he felt regarding the incident which occurred with Mathieu now that a week had passed. He explained that he was still very upset at the situation because Mathieu was still teasing him but that he was controlling his anger by ignoring Mathieu and pretending that he doesn't exist. He mentioned to me how his Karate teacher reminded him that Karate is for exercise and self-defence and not for vengeance. I offered for Jim to create his safe place (which he had created last session) in 3D.

Before commencing his 3D art piece, I brought out Jim's picture of his safe place he had completed the previous session and explained to him that he could use this imagery whenever he was feeling frustrated or angry to help him calm down and relax. I asked Jim to close his eyes and visualise himself in his safe place. During this time, I asked Jim to tell me where he felt anger and what does it look like. He stated that it looked like a red cloud in his head. The anger eventually travels down to his hands and feet and this was when he felt the need to want to hurt someone or explode inside. As Jim continued to visualize himself in his safe place, I encouraged Jim to take deep breaths and to slowly release the tension in his hands and feet by visualizing himself calming down. Jim visualized himself playing with the creatures found in his safe place all the while helping himself to a slice of pizza (which for most, pizza can be seen as comfort food). For the remainder of the session, Jim worked on creating his safe place.

When I greeted Jim at his classroom for his 5th session, he expressed that he was feeling like he was collapsing inside. I assumed that this was his way of saying that he was feeling overwhelmed by his class work. He talked about his class work and how he felt that even though it was hard at times, it was important for him to try and complete it the best he could. Once again, he spoke at length about his karate skills and how he must remember that it can only be used for self-defence.

Jim continued to work on his safe place and expressed how he couldn't wait for it to be completed so that he could show it to his classmates so that they can see how talented he is and how much hard work goes into making art. He expressed feeling frustrated with those students who won't be able to understand all the effort that goes into making such an artistic piece.

Jim continued adding details to his safe place. As I was telling him that the session was coming to a close, he attempted to work at a quicker pace. His breathing got faster and it seemed like his hands were shaking because he was trying to work so fast. Even though I told him that he could work on his safe place during the next session and that he would have to stop, he proceeded and insisted on creating a creature that lived in his safe place. Given Jim's anxiety seen at the end of the session, I ended the session by asking Jim to visualize himself in his safe place all the while taking deep relaxation breaths to help him calm down.

Jim continued to work on his safe place during the sixth session by adding more details to the scenery and creature. Jim spoke about having lost all his passport points (behaviour system put in place by the school) because he lost his temper with his peers. Jim spoke about his anger management techniques and that most of the time they don't seem to work for him but that he was willing to work on new techniques with me within our sessions. Jim mentioned that he has been thinking about his safe place whenever he feels like he will lose his temper in class and that it has helped him relax and manage his anger.

Given we just came back from the two week holiday break, for the seventh session, I placed on the table all the work Jim had completed within his art therapy sessions. We went over some of the major themes seen in his artwork, in which anger was a dominant theme. I asked him if he wanted to add anything to his work and he stated that he wanted to add himself into his safe place. He placed himself into his safe place and stated that he enjoyed

being there. He gave himself a big smile and placed his arms upwards which he said represented he was proud of his hard work (Figures 6 & 7).



Figure 6



Figure 7

Jim was now participating in both individual and group art therapy. I feel it is important to include some discussion of Jim's participation in the group sessions because it was within the very first group sessions that I was able to witness Jim verbally bully and lash out towards another group member. This behaviour was addressed within his individual sessions and group discussion. It was through Jim's continued participation in group sessions that I was able to witness Jim's development of pro-social behavioural change towards his peers.

Session 8 & 9

As previously noted, Jim was taking part in group art therapy. During the last group session (group session #3), Jim had an episode where he lashed out at another group member by means of mockery (verbal bullying) and aggressive gestures towards his peer. Jim apparently got very upset at a group member who was, in Jim's opinion, producing artwork that was substandard to other group member's artwork. The group was working on a collective mural in which Jim felt that a particular group member was ruining the mural

with his childish drawings. Jim was not inhibited in letting this member know his point of view and seemed to take pleasure in mocking his artistic abilities. Jim even went so far as to physically destroy this group member's artwork by aggressively coloring over the existing artwork produced by this participant.

Given the importance of this event, I felt it necessary to address this behaviour within the group session by allowing the group to discuss what had occurred. As a group we discussed possible conflict resolution solutions in which group members agreed to include the destroyed artwork by transforming the destroyed image into a new image which fit with the mural's theme. During this process, it was apparent that Jim was still very angry but was complying with the group because he wished to continue being part of the group process.

During our individual session, I felt it was essential to address what had occurred within the group session. This was a perfect opportunity for me to gain insight into Jim's thinking process which led him to act out towards his peer. It was also the first occasion in which I was able to witness Jim bullying another student. When I addressed the issue with Jim and asked him to describe to me what he was feeling during our group session, Jim replied that he was very angry. Jim explained how he takes his artwork and artistic skills quite seriously and that he gets very "insulted" by those who aren't serious about their work and is "insulted" by those who lack talent as well as those who cannot recognise his own artistic talent.

I invited Jim to show me through the use of an image, where his anger was located in his body (Figure 8). Jim explained that his anger starts off in his mind and will eventually come out through his hands. Jim explained that he was feeling very insulted by this group member and that this eventually led him to feel quite frustrated within the group setting.

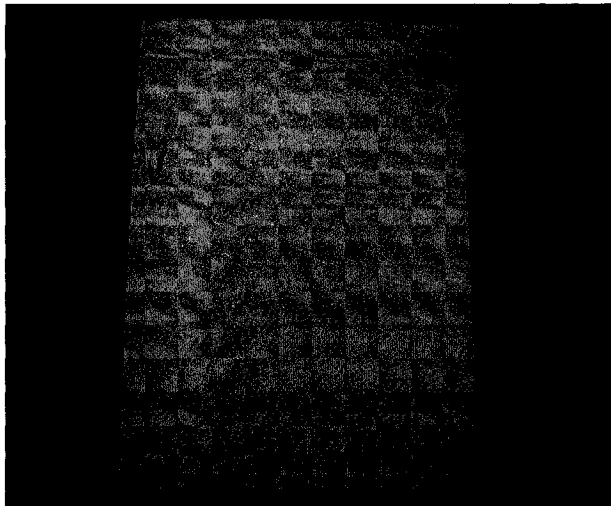


Figure 8

Having discussed Jim's anger, I was interested in knowing if Jim was able to show empathy towards his victim. I wanted to know if Jim was able to acknowledge that his reaction in the group could have possibly hurt the individual who was the recipient of his anger. I asked Jim if he could draw a picture of himself and this other group member and if he could depict how each other were feeling during this episode (Figure 9). Jim drew an image of himself and the other group member who I will refer to as John, involved in a confrontation where Jim tells John "you suck" and John replies "you are better than me". It is apparent in Jim's depiction of himself in his drawing that he is very angry at John. Jim explained how John's lack of talent was very frustrating but what causes more frustration, was John's lack of understanding that he has no talent. Jim even went so far as to call John "stupid" and even mocked John's facial expressions during the group session. Taking a look at Jim's picture, it is possible to see that Jim acknowledges that John was saddened by this confrontation. Jim drew John crying in his picture but seemed to enjoy this sadness by laughing at his image. Within the session, I acknowledged Jim's frustration with the situation and helped Jim understand that there are more appropriate manners of managing his frustrations and how negative outbursts to such frustration may cause other people's

feelings to be hurt. We also discussed that not everyone will share similar talents and that it is important to build tolerance to other people's differences.

I invited Jim to redraw this image by envisioning a more appropriate manner of dealing with his frustration (Figure 9 on the right hand side). Jim drew himself telling John "I understand you draw funny but you don't have talent enough like me". He drew John replying "I can't draw good like you because I draw bad". Looking at the image, Jim's figure seems to be less angry but there is still a condescending tone towards John, which we later addressed within the next session.

During the ninth session, we revisited Jim's previous images regarding his frustration towards John. I acknowledged that Jim was showing more empathy towards his peer but that his drawing still depicted intolerance towards John's perceived lack of talent. Jim spoke about his dislike towards John and how he admits that they are not friends at school. I explained to Jim that it was his right to like and/or dislike an individual but that he has a choice in managing his behaviour towards these individuals. Explaining to Jim that he has possible control in his behaviour and action was a way of empowering this student with the knowledge that he can manage his behaviour within his environment. I invited Jim to redraw his image (Figure 10) depicting his frustration towards John within the group situation. I asked Jim to envision himself controlling his frustration and keeping in mind John's reaction to Jim's words. Jim drew an image of himself and John where Jim tells John "you tried your best" and John replied "Thank you". We ended the session by acknowledging Jim's ability to see how his actions can affect other people's feelings and reactions and that he in turn has some control in managing his actions and behaviours.

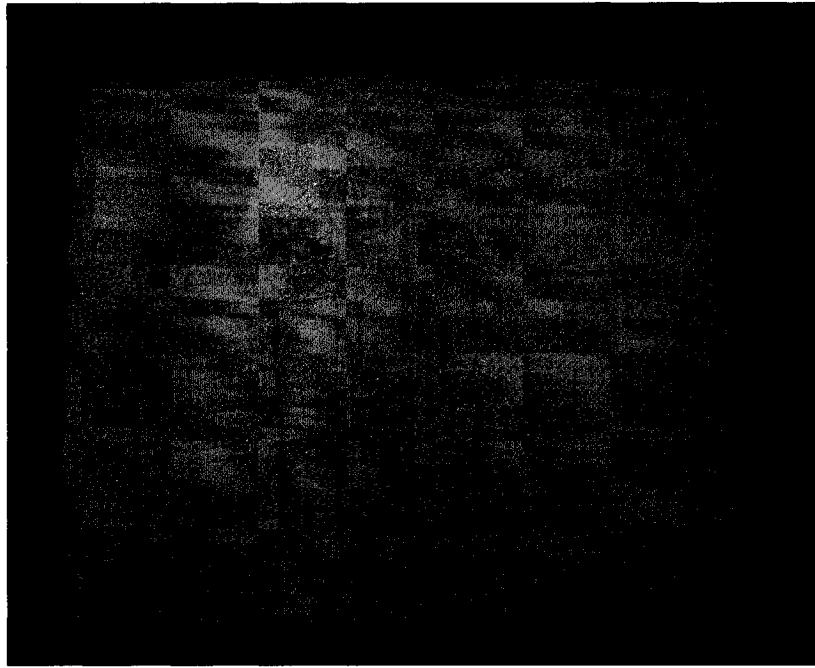


Figure 9

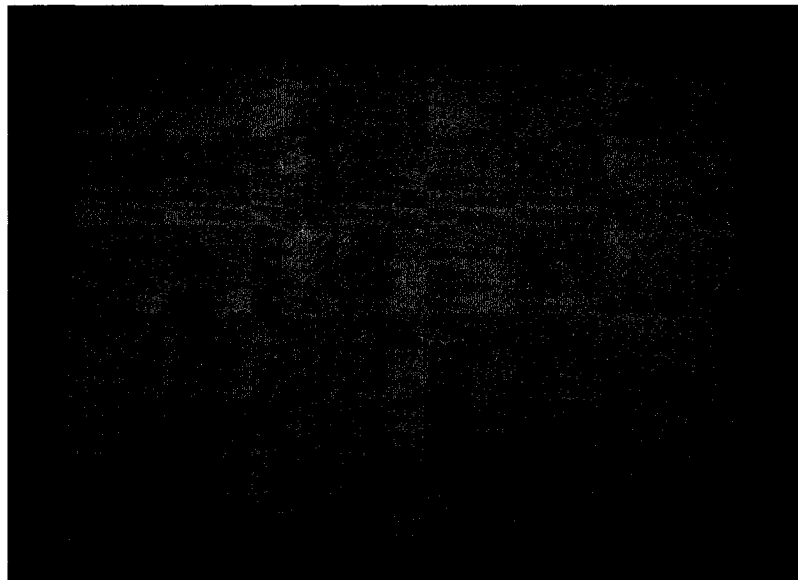


Figure 10

Session 10

Given the recent development and topics discussed in our past few individual sessions, I wanted to discuss with Jim the topic of bullying. Prior to discussing bullying

with Jim, I was interested in knowing if Jim knew what bullying was and if he perceived himself as a bully, a victim of bullying, or a bystander to bullying activity.

I asked Jim to draw a picture of bullying at school. I asked Jim to include himself and any other person within his image. Jim drew himself as the bully in the image. He explained that he drew a scene where a student had angered him and that he retaliated by calling the student names (Figure 11). Once the image was completed, I noticed that Jim looked very sad. When I addressed this with Jim, he stated that he was feeling very angry. He began to talk about Mathieu (the boy discussed in previous sessions) and explained how Mathieu angers him. From our discussion, it appeared that Mathieu teased Jim and would often make him angry. It was clear through this discussion that Mathieu was perhaps Jim's bully. Jim realized that Mathieu was indeed bullying him which caused him to become angry. I invited Jim to create an image of his anger (Figure 12). Jim drew a picture of himself physically hurting Mathieu and gaining much satisfaction from the event.

During the remainder of the session, Jim and I spoke about how he feels being a victim of bullying and how this makes him mostly feel anger and sadness knowing someone causes him this pain. I asked Jim if he could tell me if Mathieu reminded him of someone he knew. Jim could not answer but claimed that Mathieu often made him feel dumb. Jim explained how he hates that some students in his class think that he is dumb. Jim prides himself on knowing many facts about dinosaurs and Egyptian culture which many students have very little knowledge regarding these subjects. I normalized and validated Jim's feelings but felt this was a perfect opportunity to address Jim's bullying of others and how this could make others feel the same way he feels when Mathieu bullies him. Jim had a hard time understanding this concept but acknowledged that it is possible that he makes others feel bad at times through his actions. I reminded him of the situation in the group where he told John that he lacked in artistic abilities and that perhaps this made John feel

dumb in this situation. Jim acknowledged that his temper and anger have always been a problem since he was six years old and that he has often been in trouble for these actions.

Now that Jim was able to show acknowledgment of his problem, I offered to work with Jim at giving him strategies to help him control and manage his outbursts. Jim agreed that he was willing to work on these strategies for the remainder of our sessions.

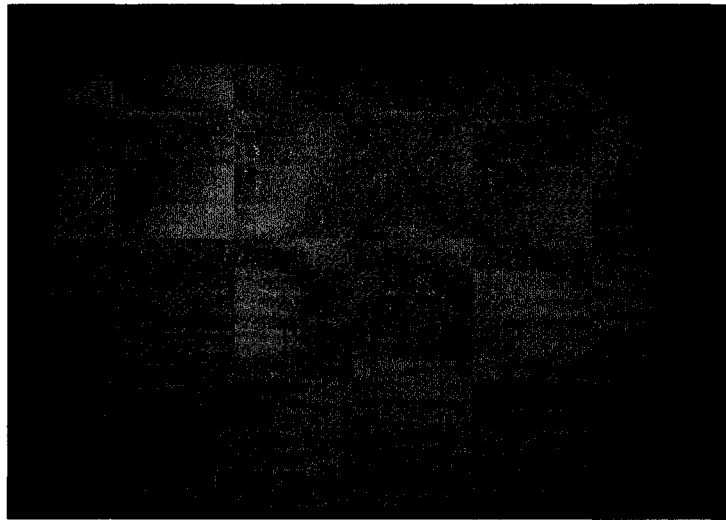


Figure 11

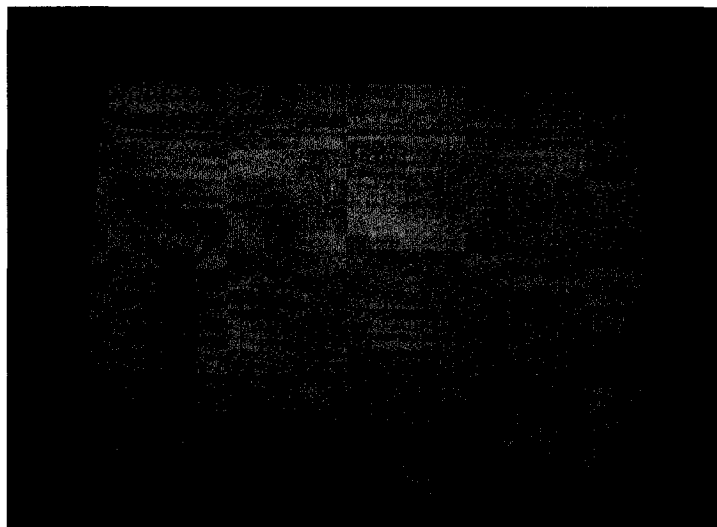


Figure 12

Session 11

The following week, as I was walking through the hallway, I was able to witness Jim in a situation where he was bullying another student. Jim was name calling another student, was mocking him and threw some food at him. Both the teacher and I witnessed this situation in which I asked the teacher if I could provide an intervention with Jim to address his behaviour. Both Jim and I went for a walk in the school yard where I gave Jim the opportunity to explain his behaviour. Jim explained how the class was involved in group work and how one particular student's work ethic was particularly frustrating. As we walked through the yard, I invited Jim to take some deep breaths to help him calm down and explained how he could use this breathing technique to help him calm down in these types of situations. As we were walking around we stopped to look at a bunch of pigeons in the school yard. I couldn't help but notice how there was one particular pigeon that seemed to be pestering all the other pigeons. I pointed this out to Jim and asked him if we could tell me how this pigeon was making all the others feel and why he thought that this particular pigeon was pestering the others. Jim replied that the pigeons seem to all be pushing away from the perpetrator because he was bothering them by pecking at them and therefore they must not really like him. It was at this moment that Jim looked at me and made the observation that the pigeon pecking on the others was like himself when he teases other kids in the school. This was a visual moment that helped Jim put his behaviour into perspective.

Session 12

During this session, I invited Jim to create an image of how he felt when he gets overwhelmed by his anger and frustration towards others (Figure 13). Jim explained that this image represented him being out of control. He noted that the image was full of darkness, hate, anger and negative feelings. The black in the image represented himself out

of control. He explained that this picture represented the storm of his anger. I then invited Jim to represent both the appropriate and inappropriate way of dealing with these feelings of being out of control (Figure 14). Jim represented the inappropriate way and represented his anger in green and placed red blotches in the image to represent violence and blood as a result of hurting someone. The appropriate way of dealing with his anger would be to remain calm by taking deep breaths and visualize himself in his safe place with his creatures. The yellow in the image represented his ability to talk and think about his anger and to find solutions. Jim then took white paint and placed it within the image and stated that the white meant that once you have been able to talk and think about your anger and remain calm, everything would then come back to normal and that the feelings of being out of control have passed.

This was a moment where I was able to see Jim's internal thinking patterns and see that he was able to conceptualize and visualize himself using strategies to help him control his behaviour.



Figure 13



Figure 14

Session 13 & 14

The following session was spent creating a symbol which would remind Jim that he had worked really hard to understand his anger and frustrations and that he was able to create new strategies which could be used to help him better manage his behaviour in difficult situations. I invited Jim to create a symbol (Figure 15) which would visually remind him of this process, which he later transform into a necklace using clay (Figure 16). Jim created a symbol which would remind him to recognize his anger. The symbol reminded him to calm down by taking the time to stop and think about his anger, take a time out and take the time to relax by taking a deep breath and/or visualize himself in a calm place such as his safe place. Jim explained that the orange in his symbol represented the positive things in his life. He explained that the green and red dragons were placed in the formation of a Ying and Yang. The red dragon represented the anger inside him and the green dragon helped him balance the anger by keeping him calm and providing protection. The spikes around the symbol were added as extra protection that protected the symbol as a whole. Jim ended the session by creating the clay version of his symbol which would be painted the following session.

During the following session, Jim painted his symbol and created his necklace. I also invited Jim to create another copy of his symbol which he could place on his desk/locker and at home (Figure 17) as visual reminders of his new strategies and hard work. Jim began creating new versions of his symbols and explained that his symbol could take on different shapes, colors and forms and that it still would remind him off all his hard work and new strategies he had acquired in all his sessions.

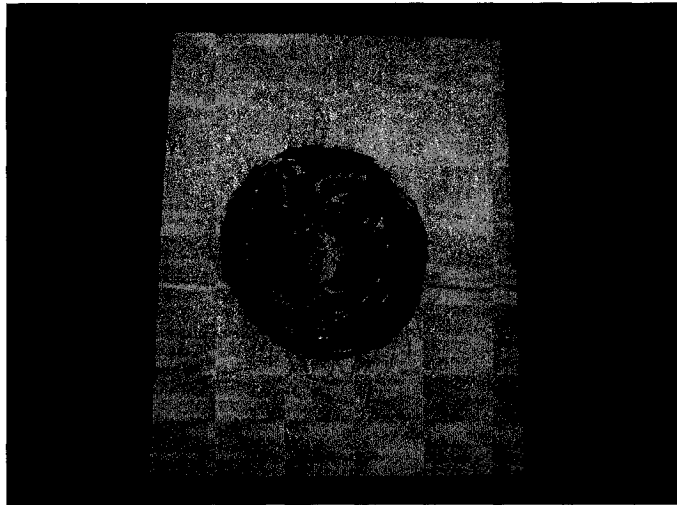


Figure 15



Figure 16

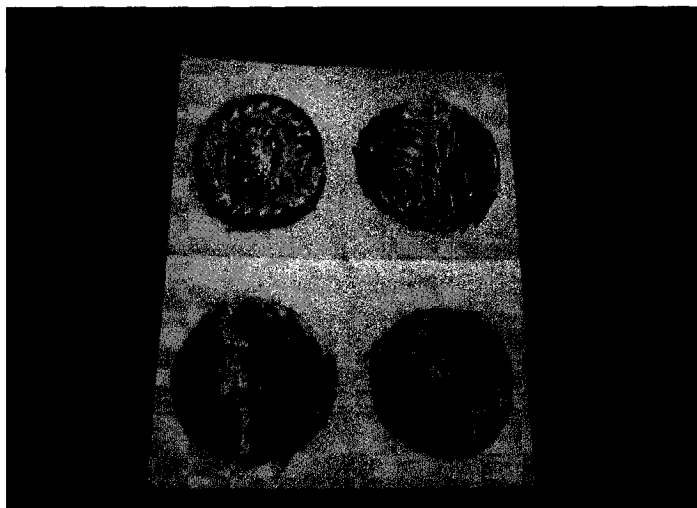


Figure 17

Session 15

I had been preparing Jim in both individual and group sessions that our sessions would be coming to an end. I wanted to dedicate this session to Jim's successes and acquired knowledge and strategies by creating an image that would symbolize Jim's present journey and journeys to come. I spoke to Jim about strengths and presented him with a list of strengths that I thought he could relate to. I asked him to read through the list and to choose a few strengths he believed he possessed and some strengths he believed he will have to work on as he experiences new challenges in life.

We spoke about challenges and goals he will set for himself in life and how it is possible that he will have to use his newly acquired strategies and perhaps acquire new strategies in order to achieve his goals. I asked Jim if he could represent in a picture his journey of acquiring and using his strengths to achieve his goals by drawing/visualizing himself achieving his goals. Jim chose to represent himself climbing a mountain in which each step represented an existing, newly acquired or strength to be acquired and applied towards reaching his goals (Figure 18). Jim chose appropriate strengths such as the ability to work hard, calmness, celebrating good things, decision making abilities, flexibility, honesty, intelligence, problem solving abilities, relaxation, respect, self-confidence, self-

regulation, thinking, thoughtfulness and tolerance to represent his journey. The strengths Jim chose were topics we had discussed within our individual sessions and it was nice to see Jim internalize these strengths and personalize them for himself. We ended the session by discussing how I had noticed a change in Jim's behaviour towards John during group sessions. Jim explained that when he feels frustrated, he reminds himself of his strategies and this calm him down and he is then able to resume his work. This was visible in a group mural activity during the group where John created an image on the group mural that upset the whole group. The other group members attacked John while Jim was the only one who came to his rescue. Jim was the group member who offered a solution to fixing the group conflict and found a way of positively including John's image within the mural in a manner which seemed to be accepted by other group members. Jim seemed really proud of his actions and I reminded him that one of his skills depicted in his image was to make sure he took the time to celebrate good things in his life. Therefore, we took a moment to savour his achievements.

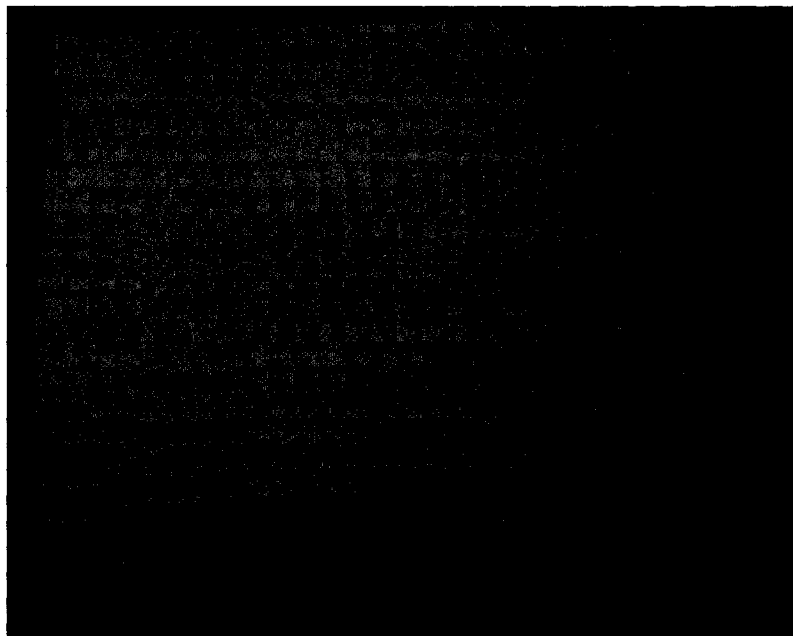


Figure 18

Session 16

This was our final session. I displayed all of Jim's work and we looked at all his artwork over the course of the school year. I then invited Jim to make a final image in which he could represent anything he wished. Jim seemed so proud of all his hard work and decided to make an image which represented all his newly acquired skills he had been working on during our sessions (Figure 19). I was curious to know why Jim decided to split the page. When I asked him, he replied that the left side of the image represented all the skills he had worked on within our sessions and that the right side represented the new skills he will develop should he require new skills and strategies to deal with new challenges.

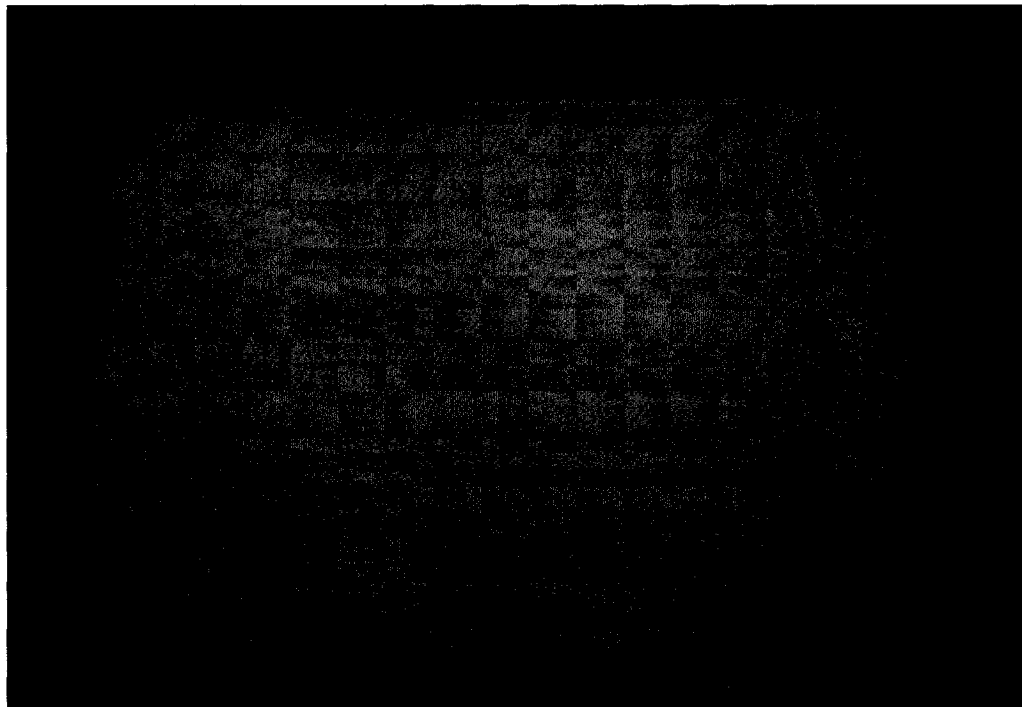


Figure 19

Chapter 4: Bringing it all together

Since most bullying occurs during school hours, it is essential for the school to ensure the safety of all their students. Craig & Pepler (1999), through their research and intervention work on bullying, found that children do not just grow out of bullying. If bullying behaviour is not corrected, it may develop into a more serious problem in adulthood. Children who bully have learned that this assertion of power is an efficient method of gaining status, control and power over others. This established behaviour pattern can persist throughout a life span. Therefore, if bullying is a common problem in elementary schools, it should not be overlooked on the premise that children will grow out of it. Therefore, early assessments and interventions into the bullying cycle may prevent the development of antisocial behaviours in these children.

Understanding Internal and External LOC helped formulate a therapeutic intervention with Jim. Helping Jim understand his social processing deficits and thought process in relation to his behaviour and helping him develop a new repertoire of tools he could use to replace his negative behavioural tendencies with pro-social behaviours has shown to be a positive intervention with this student. In Jim's case, simply punishing the bullying behaviour would not eliminate this problem behaviour. Through therapy, Jim was able to develop a repertoire of non-bullying behaviours to replace the existing maladaptive behaviours for more pro-social behaviours.

I believe that the art therapy intervention I conducted with Jim to be successful and a promising treatment strategy within the school system. Through my personal observations of Jim process, I believe that the interventions based on challenging Jim's internal cognitive maps and allowing him the opportunity for problem solving allowed him to acquire new strategies which aided in behavioural change. Helping Jim understand how he attributed hostile intentions towards his peers, build empathy towards his victims,

understand his reactions and then provide him with strategies to manage these situations, allowed Jim to develop a sense of internal control. Therefore, Jim was able to learn how to manage outside stimulus (his environment) from others in a more positive manner. These new strategies and new cognitive maps addressed within art therapy session, helped Jim change his perception of external locus of control to internal locus of control.

Integrating cognitive-behavioural art therapy techniques within the session structure allowed the opportunity for behavioural focus. Therefore, Jim was given the opportunity to monitor his behaviour. Training a child to visually imagine themselves thinking, feeling and behaving in the manner they would like to think, feel and behave can provide a child with the opportunity to learn new mediational strategies to guide his or her behaviour and thus improve adjustment. Therefore, making art along these themes can facilitate the acquisition of new ideas and learning within this population. Therefore, combining the visual representations along these themes offered Jim the opportunity to develop creative visual strategies to achieve change.

The following section will further discuss how implementing a cognitive-behavioural arts based approach allowed Jim the opportunity for behavioural focus within session format.

4.1 Discussion

Research findings noted in the previous chapters indicated that young children who exhibited persistent patterns of antisocial and aggressive behaviour are clearly at risk. Therefore, there is a strong need for the development of effective early intervention strategies. One such intervention is examined by Craig & Pepler (1999). They believe that the problem of bullying requires a systemic approach within the school community. Bullying is best understood using an ecological perspective. The behaviour of the bullies, victims, and peers are all interrelated within the school community. Therefore, it is important for

peers, parents, teachers and the Principal to get involved in developing an understanding of bullying problems as well as effective intervention strategies to address these problems. A first step would be for schools to implement a policy with clearly stated rules against bullying and allow children to engage in discussion regarding this issue. These classroom discussions can help sensitize children to the problem, engage in the establishing of rules and consequences for bullying, and in the developing of strategies for assisting children who are victimized.

As a researcher and art therapist, it was my belief that including an arts-based cognitive-behavioural therapeutic intervention within the school environment could aid in managing and improving impulse and behaviour management with children who display bullying tendencies.

Malchiodi (2003) noted that art making is seen as an opportunity to express oneself imaginatively, spontaneously and authentically, which over time can turn into an experience of personal fulfillment, emotional reparation and transformation. The view of art as therapy, believes that the creative process, in and of itself, can be a health-enhancing and growth-producing experience. Malchiodi noted that in the 1950s, art therapist Edith Kramer proposed that making art held healing potential stemming from the ability of creative work to activate psychological processes. The act of creating art involves channelling, reduction and transformation of inner experiences which can result in an act of sublimation, integration, and synthesis. The art image can provide a place where new attitudes and feelings can be expressed and tested out.

Malchiodi (2003) noted that art therapy can be beneficial with young children, because young children do not always have extensive vocabularies for describing their feelings and experiences, but are usually comfortable using art as a method to communicate. Piotrowski, cited in Hammer (1967) mentioned that drawing is a non-verbal

technique, which has obvious advantages for young children. The drawings of children serve as a means of making contact with his or her environment by forming a bridge between the child's consciousness and his or her emotional experiences. Therefore, art is used to bypass the defence mechanisms, and the artwork is the dialogue between the conscious and unconscious world. Consequently, the art produced is a possible representation of the self. According to Hammer, it is through art that the aggressive child may try to obtain appreciation for and contact with the world which he does not dare to express otherwise.

Tibbetts & Stone (1990) discuss how art therapy within a school setting is one effective intervention tool with disturbed children. Art therapy is unlike any other therapy, due to its integrated approach of utilizing cognitive, motor and sensory experiences on both a conscious and preconscious level. Tibbetts & Stone noted that art therapy initially appears less threatening to the child, which therefore increase the potential therapeutic involvement within a shorter period compared to other more traditional therapeutic approaches. Singer (1980) believes that school-age children who have behavioural problems can benefit from an individualized, therapeutically based art program because emphasis is placed on the understanding and appreciation of personal effectiveness. For example, emphasis is placed on establishing positive self-esteem and a positive self-image. Through this approach, the child can use the art as a motivating and learning tool to develop self-awareness, self-discipline and self-reliance.

Furthermore, cognitive-behavioural therapy (CBT) for children as explained by Durlak, Fuhrman & Lampman (1991) has been shown to be a promising treatment strategy for dysfunctional children. CBT for children consists of a variety of techniques in which children are taught to use mediational strategies to guide their behaviour and thus improve their adjustment. Such techniques found in CBT are challenging irrational beliefs,

relaxation education and training, self-monitoring, thought stopping, cognitive rehearsal, communication skills and training, assertive skills training as well as social skills training. CBT theory emphasizes the ability to symbolize, to link and to reflect on thoughts.

Furthermore, CBT theory offers choices between alternatives, the importance of perception and goal oriented thoughts and actions. Therefore, when one combines cognitive-behavioural and art therapy techniques, the therapist is able through verbal techniques to elicit the client's thought patterns, identify maladaptive assumptions and examine the validity behind those assumptions.

Art therapy techniques are used to elicit the client's imagery in terms of pictorial representations of cognitive distortions, which is then subjected to the same evaluation and modification as thought processes. As previously noted in earlier chapters, CBT traditionally uses verbal modalities as an agent for change. Complimenting the verbal modality by adding image making actually compliments cognitive-behavioural approaches by providing the therapist the opportunity to capitalize on visual communications to enhance therapy. Therefore, combining the visual within this modality may offer the client the opportunity to develop creative visual strategies to achieve change.

While conducting my research, one of my primary goals as a researcher and therapist was to assist, observe and describe the qualitative changes found within this participant process. Through the use of cognitive-behavioural art-based techniques, I hoped to describe how the involvement in art therapy created visual strategies to achieve changes in locus of control within this participant. I will discuss my reasoning for using a cognitive-behavioural art therapy approach within session format structure. In Jim's case, bullying appeared to be related to how Jim learned to deal with aggression as he grew up from middle childhood years onwards. Most children learn how to deal with this aggression appropriately while others find it more difficult. Jim seemed to anger easily in response to

peer stimulus in which he found great difficulty in managing difficult emotional situations. Therefore, outside stimulus from others guided his behaviour (external LOC) as opposed to Jim feeling that his own internal wishes were guiding his emotional reactions (internal LOC). Eddy (2001) noted that children who have adapted a repertoire of disordered behaviours may have developed cognitive processes that are ineffective in pro-social situation. For example, children who display aggressive behaviours tend to attribute hostile intentions to their peers even during neutral or ambiguous social interactions. These tendencies are labelled social processing deficits. These social processing deficits coincide with aggressive behaviour.

The following examples found within Jim's sessions demonstrate how participating in counselling challenged Jim's cognitive thoughts (maps) which have been associated to his manifested problem behaviours. Throughout therapeutic intervention, Jim developed understanding of his negative social deficits, which helped him identify and regulate his emotional reactions and experiences.

Within Jim's very first image, I believe he unconsciously represented his presenting problem that being anger control issues. Jim's portfolio image represented a creature who gets easily angered due to outside stimulus. When he angered, a cloud of red anger could be seen around this creature. This cloud of red anger was also seen within other sessions when Jim was asked to represent and visualize his anger. Jim also represented a friend within his portfolio image that helped the creature control his anger. One can-not help but see this creature as a possible representation of a therapeutic alliance between myself and Jim. Perhaps Jim saw me as the creature that would give Jim the tools and strategies to help him with his presenting problems.

Having had the opportunity to work with Jim immediately following a confrontation (session #3) with a fellow peer allowed me the opportunity to witness and address Jim's

anger and frustrations. It also allowed me to give Jim a positive outlet for his anger in which he was able to create representations of his anger. These representations allowed Jim the possibility to release and discuss his anger, which allowed him to return to class feeling calm and more in control of his emotions. Teaching Jim relaxation techniques such as taking a deep breath as well as visualizing himself releasing his anger allowed Jim to acquire techniques to self-control his emotive responses.

The creation of Jim's safe place was an important restorative image within his therapeutic process. Nucho (1995) noted that creating restorative imagery, is a technique that generates a sense of well-being, which has been found to improve physical and mental functioning. These techniques are restorative in that they restore normal levels of energy deployment. One such restorative exercise is that of creating a "safe place". This is a combination of relaxation techniques combined with an imagery of a favourite place or anything else for that matter. This technique invites the client to imagine themselves in a favourite place while practicing relaxation techniques. Jim spent many weeks working on his safe place. During these sessions, time was spent talking about Jim's anger and frustrations while training him to visualize himself in his safe place when he feels he was in a situation where he may lose control.

It was through group participation that I was able to witness Jim verbally aggressing another group member. Within individual sessions, I was able to address this behaviour and gain insight into Jim's cognitive processes. Through exploration of Jim's anger towards his peer and challenging Jim's irrational beliefs, Jim was able to realize that his anger stemmed from his lack of tolerance towards others differences. Within the eight and ninth session, Jim was able to work on understanding his negative cognitive maps and eventually redraw an appropriate peer interaction. These sessions allowed for Jim to understand that his

displayed behaviour can be hurtful towards others, which in turn helped Jim work on gaining empathy for his victim.

The session in which Jim portrayed himself as a bully within his image was an important milestone within therapy. During this session, I was able to gain insight into Jim's self-concept and self-identity. Jim portrayed himself lashing out towards another student. The pivotal moment within this session occurred when Jim felt saddened and spoke about a peer who bullied him at school. In this moment I was able to normalize and validate Jim's feelings. I was also able to ask him to project how his peer must have felt when he conducted himself in this manner within the group. Jim was able to acknowledge that he did have anger issues which led him to bully others and he was willing to work on strategies to help him manage and control his outbursts.

Through the art making process, Jim was able to gain a sense of accomplishment, which possibly enhanced self-esteem and could potentially lead to self-improvement. The art therapy experience allowed Jim the opportunity for tension reduction, self-esteem and discovery, problem solving as well as behavioural focus. Jim was able to create art which focused on his behavioural needs. Most importantly, through discussion of these themes, I was able to introduce to Jim the concept of choices. Jim learnt that he can make choices in how he chooses to display and monitor his behaviour. Within the twelfth session, Jim was able to create an image of both the correct and incorrect manner of dealing with feelings of being out of control. Through this session, Jim was able to show how he could use relaxation techniques to self-monitor in order to control his negative thoughts and in turn control his behaviour.

The creation of the symbol was offered to Jim in order to visually and symbolically represent his process within therapy as well as all the strategies and understanding he has gained throughout the process. It was interesting how Jim was able to create a symbol

which really summed up his understanding and process but he was also able to take it one step further. Jim was able to demonstrate that his symbol can be ever evolving due to the possibility that he may be faced with new difficulties/challenges but that he has the strategies and strengths inside him to adapt to these situations. Creating an image that demonstrated this journey towards overcoming his present and future challenges as well as representing his strengths was a proud moment for Jim. Jim was able to represent and understand that he can work on acquiring new skills to help him deal with his challenges. Working with strengths and that these are qualities that one can acquire over time seemed help Jim in which he realize that he does have many tools at his disposal. This was also very apparent within Jim's last session where Jim seemed very proud of all his hard work and represented an image of all his new strategies he worked on within his sessions. He was even able to acknowledge that he can acquire new strategies should the need arise by drawing an image of strategies he may need in the future.

4.2 Conclusion

I believe that implementing an art therapy intervention within the school system was an effective intervention strategy to address bullying. Working from a cognitive-behavioural model worked well with this participant in terms of behavioural management. Jim was a willing participant and acknowledged that he did have a bullying and anger problem and was willing to address these issues within art therapy sessions. It is important to note that not all interventions need to be cognitive-behaviourally arts based and that it is important to work within each child's emotional and developmental needs. As possible future research possibilities, it would be of interest to conduct an intervention using a cognitive-behavioural arts-based format within a group setting with children identified as bullies.

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APPENDIX A

**Referral Form
for
Potential Art Therapy Candidates**

To: Melanie Forest

Date: _____

Title: Art Therapy Intern
by: _____

Referred

Title: _____

Characteristics of the child identified as a bully:

Name: _____ Age: _____ Grade: _____

_____ is recommended for Art Therapy because of the following exhibited bullying behaviours or tendencies: (Please read through the following list of bullying behaviours and circle to the best of your knowledge using the provided scale)

	Big problem problem (On a Daily basis)	Moderate problem (2-3 times a week)	Small problem (Once a week)	Very small problem (once in a while)	No problem
Physical bullying	1	2	3	4	5
Verbal bullying	1	2	3	4	5
Extortion	1	2	3	4	5
Visual bullying	1	2	3	4	5
Exclusion	1	2	3	4	5
Sexual bullying	1	2	3	4	5
Racial bullying	1	2	3	4	5

Please circle one of the following in each category using the provided scale to rate the severity of specific bullying behaviours.

Big problem (on a daily basis)	Moderate (2-3 times a week)	Small problem (about once a week)	Very small problem (once in a while)	No problem
1	2	3	4	5
Hitting (punching, kicking, shoving)				
1	2	3	4	5
Use of some kind of weapon on someone				
1	2	3	4	5
Mean teasing				
1	2	3	4	5
Purposely left someone out of things				
1	2	3	4	5
Damaged or stole someone's possessions				
1	2	3	4	5
Swore at someone				
1	2	3	4	5
Made offensive sexual suggestions to someone				
1	2	3	4	5
Made nasty racial remark about someone				
1	2	3	4	5
Sent nasty (poisonous) letter(s)				
1	2	3	4	5
Says nasty things to make others dislike a person(s)				
1	2	3	4	5
Makes up and spreads untrue and mean gossip about someone				
1	2	3	4	5
Threatened someone				
1	2	3	4	5

Anything else (write in here)

Please check the appropriate category:

The following identified student best fits into the following bullying category:

___ **Confident bully:** He is physically strong, enjoys aggression, feels secure and is of average popularity.

___ **Anxious bully:** He is weak academically, has poor concentration and is less popular and less secure.

___ **Bully/Victim:** He is a bully in some situations and is bullied in other situations. He is not very popular.

To the best of your knowledge, most of his bullying tendencies occur (tick all places where you have heard or seen bullying take place)

___ in the playground ___ in the corridor ___ in the classroom

___ in the washrooms ___ on the way to school

___ on the bus ___ on the way home from school

___ anywhere else (write in here)

Please use the space below to add any clarifications, additional information or related factors that you believe are important and relevant to the bullying tendencies exhibited by this student.

APPENDIX B

Letter of Information for Participation in Art Therapy

Research title: Children Who Bully: A School-Based Intervention Using Cognitive-

Behavioural Art Therapy

From: Melanie Forest
Graduate student in art therapy
Concordia University
1455, Maisonneuve Blvd, West
Montreal, Quebec

Dear Parent/ Guardian

As a student in the Master's in Creative Arts Therapies Program at Concordia University, I will be completing my practicum in Art Therapy at XXXX Elementary School during this academic year. I am writing to you because your child has been referred to me for Art Therapy. The purpose of this letter is to ensure that you understand the nature of my work with your child and to explain the requirements of my practicum and program.

Over the next seven months, I will be meeting with your child for weekly one hour individual sessions in an effort to help him better succeed in both daily functioning and academic success. One of the requirements for my completion of the Masters degree in Art Therapy, in which I am currently enrolled, is in the writing of a clinical or theoretical paper on an aspect of art therapy practice. Writing such a paper is one way art therapy students learn how to become art therapists. The purpose of doing this is to help them, as well as other students and art therapists, to increase their knowledge and skills in giving art therapy services to a variety of persons with different kinds of needs.

The subject of my paper will be to examine the effects of art therapy on the behavioural and social skills of children with behavioural difficulties. Although my paper will be mainly a theoretical discussion about how children's behavioural skills can be improved through the creative process, I will include some case material and artwork done by the children in my paper. A copy of the research paper will be bound and kept in the Concordia University Library, and another in the Program's Resource room.

With you and your child's permission, I would like to be able to include some of your child's participation and art work in my research paper. Be assured that confidentiality will be respected in every way possible. Neither your child's name, the name of the setting where the art therapy took place, nor any other identifying information will appear in the research papers or on the art work. Be assured that your child's involvement in art therapy or any other aspects of the treatment will not be adversely affected if you decline to sign the consent form.

Attached, you will find a consent form for you to look over. If you have any questions about the study please contact:

Melanie Forest
Graduate student
(xxx-xxxx)

Suzanne Lister
professor & Supervisor
(xxx-xxxx X. xxxx)

Adela Reid
Compliance officer
Concordia University
(xxx-xxxx)

APPENDIX C

Consent Form
for
Art Therapy Sessions

I, _____, give authorization to Melanie Forest, art therapy intern from Concordia University, for photography, video recordings, audio recordings and the use of case materials related to the arts therapies that she deems appropriate, and to utilize and publish them for educational purposes, provided that reasonable precautions be taken to conserve confidentiality.

Please indicate your consent for the following:

	Yes	No
Taking photographs and slides of art work	_____	_____
Audio recording of some sessions	_____	_____
Video recording of some sessions	_____	_____
Using some material from my child's participation and artwork as part of required research paper for course completion	_____	_____

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

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

Child's name _____ Date: _____

Parent/Guardian: _____ Date: _____

APPENDIX D

Dear teachers,

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

The subject on my paper will be to examine the effect of art therapy treatment on the behaviour of boys who have been identified as showing bullying tendencies. Since you have the most contact with the student body, I would really appreciate your cooperation in helping to identify potential candidates relevant to my research study.

I understand that most bullying occurs away from adult supervision and therefore it may be difficult to accurately identify all bullying behaviours exhibited by a particular child. I invite you to read the following attachment labelled “overview on bullying” where you will find the definition of bullying, which may help you identify bullying behaviours in potential candidates. If you feel that one of your students fits the described profile of a child who bullies, please fill out the attached form labelled “ **Boys with bullying tendencies: Referral Form for Potential Art Therapy Candidates**”. Once completed, you may hand it in to the school principal along with your signed “**consent form**”, who will later bring it to my attention.

Attached, you will find a consent form for you to look over. With your permission, I would like to be able to include some of your written comments in my final paper. Be assured that confidentiality will be maintained. Your name, the name of the school and the student’s name will not be mentioned in the paper, nor will any information that could compromise your privacy.

If you have any questions regarding the enclosed content, please do not hesitate to contact me for further clarifications. I thank you for your cooperation and interest in my research project. Please hold on to the “information page” and “overview on bullying” page for future reference.

Melanie Forest
Art Therapy intern

APPENDIX E

Consent Form for Teachers

I, _____, give permission to Melanie Forest, art therapy intern from Concordia University, the permission to use any written comment I have submitted to her regarding my student's bullying tendencies for her to include in her research paper.

I understand that my name, student's name nor the name of the school will not be revealed in any presentation or written papers. In order for identity to be protected and confidentiality maintained, some information will be modified.

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

If you have any hesitations or concerns, do not hesitate to contact me for further clarifications.

Teacher's name _____ Date: _____