

**THE VIABILITY OF EXPRESSIVE TECHNIQUES  
AS USED BY THE EDUCATIONAL PSYCHOLOGIST**

*by*

**ROSEMARY JOYCE EXNER**

*submitted in accordance with the part requirements  
for the degree of*

**MAGISTER EDUCATIONIS (guidance and counselling)**

*in the*

**DEPARTMENT OF PSYCHOLOGY OF EDUCATION**

*at the*

**UNIVERSITY OF SOUTH AFRICA**

**STUDY LEADER : DR. H. E. ROETS**

1995

## **ACKNOWLEDGEMENTS**

My gratitude to

- \* God, for the spark of creativity
- \* my parents, for nurturing that spark
- \* my husband Vic, for the space and freedom to be creative
- \* our sons, Ross, Justin and Nicholas for putting up with extensive creativity
- \* my supervisor, Dr Elsabe Roets, for patience, guidance, wisdom and encouragement
- \* Marguerite, an artistic soul for having captured the images on film
- \* Karen, for final layout and production
- \* and Nina, who has lived through this experience with me, page by page.

## **SUMMARY**

**TITLE** : The viability of expressive techniques as  
used by the educational psychologist

**STUDENT** : Rosemary J Exner

**STUDY LEADER** : Dr H. E. Roets

This study proceeds from the assumption that art as a creative modality, is capable of deepening the individual's awareness of the self and the manner in which he communicates and forms relationships with his self as well as with significant others.

This assumption is supported by references to personality theory which is essentially client-centred in origin.

The study describes and assesses the value of art as a therapy for the emotionally troubled adolescent, focusing on the process rather than the product.

The results would indicate that art is therapeutic as the cathartic experience allows the graphic image to speak in symbolic language for the client, allowing the therapist to observe the client's psychic relationships and his coming to terms with his self.

**KEY WORDS:** art therapy; education; expressive therapy; relation  
therapy; self-talk.

**DATE:** May 1995

## **TABLE OF CONTENTS**

### **Page**

### **CHAPTER ONE : INTRODUCTION**

1.1	AWARENESS OF THE PROBLEM	1
1.2	ANALYSIS OF THE PROBLEM	2
1.3	LITERATURE REVIEW	4
1.3.1	Expressive Therapies in General	4
1.3.2	Therapy	5
1.3.3	Specific Techniques	6
1.3.3.1	Music therapy	6
1.3.3.2	Dance and movement therapy	7
1.3.3.3	Drama therapy	8
1.3.3.4	Art therapy	9
1.3.3.5	Other expressive techniques	10
1.3.4	Various Schools of Thought	11
1.4	DELINIATION OF THE STUDY FIELD	12
1.5	STATEMENT OF THE PROBLEM	13
1.6	THE AIMS OF THE STUDY	14
1.7	DEFINITION OF TERMS USED IN THE STUDY	14
1.7.1	Viability	14
1.7.2	Expressive Techniques	15
1.7.3	Educational Psychologist	15
1.7.4	Relation Therapy	15
1.7.5	Self-talk	16
1.8	PREVIEW OF CHAPTERS	16

### **CHAPTER TWO : DEVELOPMENT OF ART AND ART THERAPY**

2.1	THE GENESIS OF ART	18
2.1.1	Old Stone Age Art	19

2.1.2	New Stone Age Art	19
2.1.3	Art in Ancient Egypt	20
2.1.4	Art in Ancient Greece and Rome	20
2.1.5	Hindu and Buddhist Art	21
2.1.6	The Gothic Tradition	22
2.1.7	Art in the Renaissance Period	23
2.1.8	The Nineteenth Century to Today	24
2.2	THE BEGINNINGS OF ART THERAPY	
2.2.1	The American Perspective	25
2.2.2	Contributions from Great Britain	28
2.3	VARIOUS SCHOOLS OF THOUGHT	31
2.3.1	Psychodynamic Approaches	32
2.3.1.1	Freudian psychoanalytic ego approach	32
2.3.1.2	Object relations approach	35
2.3.1.3	Self-psychology approach	35
2.3.1.4	Jungian analytical approach	36
2.3.2	Humanistic Approaches	37
2.3.2.1	A humanistic approach	37
2.3.2.2	The phenomenological approach	38
2.3.2.3	Individual psychology approach	39
2.3.2.4	The Gestalt approach	40
2.3.2.5	An existential approach	41
2.3.2.6	Relation therapy approach	42
2.3.3	Behavioural/Cognitive/Developmental Approach	44
2.3.3.1	A behavioural approach	44
2.3.3.2	The cognitive or perceptual approach	45
2.3.3.3	A developmental approach	46

## **FIGURES**

2.1	The Genesis of Art	25
2.2	Early Contributors to Art Therapy	31
2.3	Theoretical Bases of Art Therapy	32

2.4	Foundation of Relation Therapy	44
2.5	Contributions to Art Therapy by the Main Schools of Thought	48
2.6	Why Man does Art	48

### **CHAPTER THREE : THE THERAPIST AND THERAPEUTIC INTERVENTION**

3.1	INTRODUCTION	50
3.2	CHARACTERISTICS OF THE ART THERAPIST	50
3.2.1	Personality Traits	51
3.2.2	Social Skills	53
3.3	THE TRAINING OF THE ART THERAPIST	56
3.3.1	Great Britain	57
3.3.2	United States of America	58
3.3.3	South Africa	59
3.4	THE STRUCTURE OF ART THERAPY	59
3.4.1	The Scope of Art Therapy	60
3.4.2	The Therapeutic Setting	62
3.4.2.1	The initial phase	63
3.4.2.2	Mid-phase	65
3.4.2.3	Termination	66
3.4.2.4	Roadblocks and resistance	67
3.5	ART THERAPY MEDIA	69
3.5.1	Surfaces	70
3.5.2	Drawing Materials	70
3.5.3	Colour Materials	71
3.5.4	Modelling Materials	71
3.5.5	Various Tools	71
3.6	EVALUATING ART	73

### **FIGURES**

3.1	Factors in Successful Therapeutic Intervention	56
3.2	British Art Therapy Training	58

3.3	American Art Therapy Training	59
3.4	Scope of Art Therapy	62
3.5	Media Continuum	70
3.6	Art Media	72
3.7	Formal Art Assessment	74
3.8	Noon's Formal Evaluation	75
3.9	Wadeson's Picture Evaluation	75
3.10	Wadeson's Modelling Evaluation	75
3.11	Case E, Calley's Art Therapy Checklist	76
3.12	Personal Checklist	76
3.13	Art Assessment from a Relation Therapy Standpoint	77

#### **CHAPTER FOUR : ART THERAPY TECHNIQUES**

4.1	INTRODUCTION	79
4.2	DRAWING TECHNIQUES	80
4.3	PAINTING TECHNIQUES	81
4.4	CLAY MODELLING	82
4.5	SPECIFIC TECHNIQUES USED TO GAIN INSIGHT INTO VARIOUS RELATIONSHIPS	83
4.5.1	Relationships with the Self	83
4.5.1.1	Free association	83
4.5.1.2	Self-portrait	83
4.5.1.3	Foot creature	84
4.5.1.4	Creative diary	84
4.5.1.5	Pre and post treatment human figures	85
4.5.1.6	The scribble	85
4.5.1.7	Painting as accompaniment	85
4.5.1.8	The shape of you	86
4.5.1.9	Finger painting	87
4.5.1.10	Name design	87
4.5.1.11	The Mandala	88

4.5.1.12	The coil pot	89
4.5.1.13	Mirror me	89
4.5.1.14	Self-sculpture	90
4.5.1.15	Magic carpet	91
4.5.2	Relationships with the Family	91
4.5.2.1	Add-to-the-picture	91
4.5.2.2	Family collage	92
4.5.2.3	Change your dream	92
4.5.2.4	Family sculpture	93
4.5.3	Relationships with Ideas and Objects	94
4.5.3.1	Earliest recollections	94
4.5.3.2	Colour mixing	95
4.5.3.3	Free association	95
4.5.3.4	Wall graffiti	96
4.5.4	Relationships with the School	96
4.5.4.1	Free association	96
4.5.4.2	Cartoon workshop	97
4.5.5	Relationships with Peers	97
4.5.5.1	Clay monster	97
4.5.6	Relationship with the Therapist	98
4.5.6.1	The graphic secretary	98
4.6	CONCLUDING COMMENTS	99

## **FIGURES**

4.1	Examples of Art Therapy Techniques	79
4.2	Specific Art Therapy Techniques to gain insight into various relationships	80

## **CHAPTER FIVE : THE RESEARCH DESIGN**

5.1	INTRODUCTION	
5.2	THE RESEARCH PROPOSAL	101



5.2.1	Study Aim	101
5.2.2	Motivation for the Study	101
5.2.3	The Research Hypothesis	102
5.2.4	The Research Design	102
5.2.5	The Research Group	102
5.2.6	Duration of the Study	103
5.2.7	Length of Individual Sessions	103
5.2.8	Study Working Area	103
5.2.9	Data Collection	103
5.2.10	Media to be Used	103
5.2.11	Data Evaluation	104
5.3	POSSIBLE OUTCOMES OF THE STUDY	104

## **CHAPTER SIX : THE EMPIRICAL STUDY**

6.1	INTRODUCTION TO THE STUDY	105
6.2	METHOD OF REPORT	106
6.3	CASE STUDY ONE - OWEN	106
6.3.1	Personal History	106
6.3.2	Description of the Art Sessions	108
6.3.2.1	Session one - scribble pattern	108
6.3.2.2	Session two - free association	109
6.3.2.3	Session three - charcoal sketch	111
6.3.2.4	Session four - chalk and charcoal	112
6.3.2.5	Session five - collage	114
6.3.2.6	Session six - add-to-the-picture	115
6.3.2.7	Session seven - acrylic painting	116
6.3.3	Evaluation	118
6.4	CASE STUDY TWO - CHERYL	121
6.4.1	Personal History	121
6.4.2	Description of the Art Sessions	122
6.4.2.1	Session one - free association	122

6.4.2.2	Session two - scribble pattern	124
6.4.2.3	Session three - free association	125
6.4.2.4	Session four - pencil sketch	126
6.4.2.5	Session five - painted Mandala	128
6.4.2.6	Session six - clay modelling	129
6.4.3	Evaluation	131
6.5	CASE STUDY THREE - NATALIE	134
6.5.1	Personal History	134
6.5.2	Description of the Art Sessions	136
6.5.2.1	Session one - scribble	136
6.5.2.2	Session two - completing the scribble	137
6.5.2.3	Session three - painted Mandala	138
6.5.2.4	Session four - free association	139
6.5.2.5	Session five - pencil sketch	141
6.5.2.6	Session six - clay modelling	142
6.5.3	Evaluation	143
6.6	CASE STUDY FOUR - MIKE	147
6.6.1	Personal History	147
6.6.2	Description of the Art Sessions	148
6.6.2.1	Session one - the wall	148
6.6.2.2	Session two - pencil and chalk	150
6.6.2.3	Session three - clay modelling	151
6.6.2.4	Session four - pen and ink	153
6.6.2.5	Session five - charcoal sketch	155
6.6.2.6	Session six - acrylics on canvas	156
6.6.2.7	Session seven - pottery head of man	158
6.6.3	Evaluation	159
6.7	CONCLUDING COMMENTS	162

## **FIGURES**

6.1	Specific Art Therapy Techniques used in Study	105
6.2	Not Too Happy Face	108

6.3	The Dream	110
6.4	Bank Robbery	111
6.5	Magic Carpet Ride	113
6.6	My Happiest Time	114
6.7	The Tennis Player	116
6.8	The Perfect House	117
6.9	Owen's Personal Checklist	121
6.10	Nameless	123
6.11	My Scribble	124
6.12	Nature Scene	125
6.13	My Jigsaw	127
6.14	Confusion	128
6.15	The Mask	130
6.16	Cheryl's Personal Checklist	134
6.17	The Scribble	136
6.18	Emotion Wheel	139
6.19	Me Today	140
6.20	One Line Drawing	141
6.21	The Head	142
6.22	Natalie's Personal Checklist	146
6.23	Graffiti	149
6.24	Regrets	151
6.25	Family Sculpture	152
6.26	Ears of the Land	154
6.27	Angry Man	155
6.28	Tulips in Blood	157
6.29	Possessed World	157
6.30	The Head	158
6.31	Mike's Personal Checklist	161

## **CHAPTER SEVEN : SUMMARY OF STUDY**

7.1	INTRODUCTION	164
7.2	CONCLUSIONS DRAWN FROM THE LITERATURE	164
7.3	CONCLUSIONS DRAWN FROM THE EMPIRICAL STUDY	168
7.4	ART THERAPY AND THE EDUCATIONAL PSYCHOLOGIST	169
7.5	RECOMMENDATIONS FOR FURTHER STUDY	171
BIBLIOGRAPHY		

# **CHAPTER ONE**

## **INTRODUCTION**

*My life is cold, and dark, and dreary;  
It rains and the wind is never weary;  
My thoughts still cling to the mouldering Past,  
But the hopes of youth fall thick in the blast,  
And the days are dark and dreary...  
Into each life some rain must fall,  
Some days must be dark and dreary.*

Henry Wordsworth Longfellow from 'The Rainy Day'

### **1.1 Awareness of the Problem**

The Adolescent, a whirlpool of emotions, thoughts and behaviours is possibly one of the most vulnerable of creatures. He is neither child nor adult. At the time when he is most idealistic, he is confronted by paradoxes that illuminate the disparity between the real and the ideal (Goodman, 1978:151).

He is involved in establishing an identity, defining his life goals, defining his basic values, choosing and preparing for an occupation and has to undergo certain interpersonal and psychological transformations (Gerdes, Ochse, Stander and Van Ede, 1981:264). A mask of self-confidence is in place, to defend the self-esteem which comes under threat and attack.

So often, unwelcome emotions emerge which tend to distort both the mask and the persona. In order to navigate the whirlpool, other blocks are established by the self in order to defend itself (Berg, 1982:3). The subsequent hurt that is experienced by the adolescent cannot always be verbalised. Often he is not even able to recognise the fact that he is hurt. However, he knows that something is wrong. One is not always aware of the emotional timebomb, and whether or not it is about to explode. In order to safeguard himself from further hurtful situations or repercussions, he recoils into himself, pulling up the emotional drawbridge and then takes a defensive stance against the world.

The client may present as disruptive, rude, bombastic or withdrawn, recoil from social contact or fail to actively contribute to the academic process. He may appear anxious, tense or lazy and disinterested. These are the outward signs that the class teacher notices and thus refers him for counselling.

From experience, the writer has found that, diagnostically he presents with a multiplicity of problems. Emotional problems such as overprotection, spoiling and neglect have fanned the fire of inability to cope with life. This inability presents as anxiety, depression, attempted suicide, lack of motivation, aggression, identity disorder, eating disorders such as anorexia nervosa and bulimia, sleep disorders, juvenile delinquency, chronic illness, personality disorder, sexual promiscuity and substance abuse. Other contributing factors are intellectual inadequacies, single parent homes, verbal, physical, emotional and sexual abuse, rape, molestation, financial instability and poor self concept.

Working with the adolescent is an exhausting, demanding and rewarding experience. The writer, having been exposed to most facets in the life of the adolescent, has found that working with him in a counselling context within an academic high school, raises certain questions.

The most prominent of these is 'How to find a creative way of breaking through the barriers that prevent the adolescent from being able to make sense of what is happening to him?'

It is at this point that the writer has started to look at alternative techniques that could help the client make sense of his frightening, topsy-turvy world.

Moving from the traditional verbal techniques, the writer has embarked on a journey into the world of expressive therapies and their concomitant techniques. They afford the writer the creativity that she seeks as an alternative to long-established methods of psycho-analysis, techniques that could trigger the inner core of feelings in order to experience a sense of release or understanding in the client. The innovative methods of helping the client by means of painting, drawing, sculpting, dancing and singing warrant further investigation and thus the writer embarks upon this study.

## **1.2 Analysis of the Problem**

On researching the topic many questions have evolved which propel an inquiry into the various strata and sub-strata of expressive techniques. The four main areas are Art Therapy, Drama Therapy, Dance/Movement Therapy and Music Therapy.

Techniques used within art therapy are those that involve sketching, scribbling, painting,

clay-modelling and three-dimensional work. Within the field of Drama Therapy falls role play, mime, movement and puppetry.

In dance/movement therapy the techniques centre on physical movement, boundaries, space and relationships and, likewise, music therapy techniques, used in conjunction with movement therapy, focus on relaxation techniques, vibroacoustic techniques that reduce anxiety and self-injurious behaviour in certain individuals, as well as stimulate, invigorate, energise and uplift others.

As one starts to explore this complicated field, one is greeted by a number of queries. The writer seeks to answer a number of these in this study and it is hoped that those left unanswered may prompt a fellow colleague into propagating a further study.

Some of those to emerge are amongst the following:

- \* What role does art play in the life of man?
- \* Possibly most pertinent, would be to ask whether or not these expressive techniques would be effective with the adolescent with whom the writer has daily contact?
- \* Is it possible that Art Therapy techniques could be successful within the Relation Therapy rationale?
- \* How much success in using these techniques lies in the hands of the therapist and where do the barriers to success lie with the client?
- \* Is it feasible to expect educational psychologists who are not all accomplished artists, pianists, soloists and dancers, to use these expressive techniques?
- \* Why is it that in the literature, expressive therapists tend to be seen as adjunct and not primary therapists?
- \* What does the therapist look for when using expressive techniques in a session?
- \* How is the expressive therapist trained? Are there any specialised training facilities for expressive therapists in South Africa?
- \* How are the sessions conducted?

It is with these questions in mind that the writer intends investigating the topic and hopes to gain some conclusive evidence.

### **1.3 Literature Review**

#### **1.3.1 Expressive therapies in general**

Expressive techniques have contributed to the therapeutic world for the past fifty years in the form of creative arts, namely music, art, dance and drama.

The doyenne of art therapy, Margaret Naumburg, started her work in 1941 (Naumburg, 1966, 1973) paving the way for other therapists such as Kramer (1986, 1992), Ulman and Dachinger (1975), Ulman, Kramer and Kwaitkowska (1978) and Ulman and Levy (1980), Ulman (1991, 1992a), Wadeson (1975, 1976, 1980) and Wadeson, Durkin and Perach (1989). Much of the pioneering work was done in America by the above-mentioned persons and it is enthusiastically continued by colleagues in both America and in Great Britain, especially Case and Dalley (1992), Dalley (1984), Waller (1991), Waller and Gilroy (1992), and Waller (1993).

A number of therapists combine the different expressive therapies in the literature such as Payne (1993), Feder and Feder (1981), Kluft (1992), Herink (1980), Lakovics (1978), Weiss (1984) and Wadeson (1976). Feder and Feder (1981) take these techniques and looks at them from an historical perspective, discussing how each has played an important role in the psychological well-being of mankind from the earliest times and how they have developed until today. The creative process itself comes under fine scrutiny, with each specialist looking at it from a particular perspective. It can create harmony from chaotic stimuli that surround the client, restoring order and balance ultimately healing the client's wounds. (Robbins, 1987:23 and Kramer, 1992:140).

Creative therapy provides a pathway to the unconscious and awakens emotional and physiological reactions, helping the client to express ideas long before they are articulated, by inspiring action by means of painting, modelling or drawing and in so doing dramatises the emotion in a visual enactment (McNiff, 1981:164).

Unlike the traditional therapy session where memory can be distorted, there remain permanent records of the created image (Wadeson, 1980:10). It also affords the client a chance to structure inner experiences and this gives form to feelings (Rhyne, 1973:240).

The creative process aids cognitive skills, by enhancing the ability to control and master the media, the management of different sensations and the accompanying cognitive processes (Wilson, 1985 a:79, 1985 b:129).



### 1.3.2 Therapy

Whether moving with others, modelling with clay, miming a scene or relaxing to music, the rationale that underlies expressive therapy is that inner conflict will be exposed, resolved and integrated in order to enable the individual to live a socially intentional, constructive life. The techniques are used as diagnostic tools that assess the state of the self. They then proceed to aid the client in the process of resolution and integration of conflict (Robbins and Sibley 1976:253; Tyson, 1981:2; Landy, 1986:46 and Chodorow, 1991:41).

Therapists appear to be involved in group sessions, either formal or informal, as well as individual therapy sessions within the realms of private practice. Haeseler (1989:70-77) likes to work alongside the individual client, Bowes (1990:10-15) sees this as a supportive and trusting role, helping the client to experience creativity.

More often than not, group therapy predominates, due to the fact that large numbers of clients at institutions require therapy. Waller (1993:44) notes that group therapy is not always helpful as scapegoating can occur, discomfort between individuals can arise and group members terminate due to external pressures. Yet there is evidence that cohesion develops within the group, that a sense of hope pervades and ultimately that the clients take responsibility for their own actions (Lucas, 1980:1 and Liebmann, 1990:14, 1994:9).

What began in psychiatric hospitals and clinics (Naumburg, 1966), has spread to community health centres (Spring, 1985), geriatric centres (Weiss, 1984), rehabilitation centres for the handicapped (Anderson, 1992), as well as correctional institutions (Ackerman, 1992).

Expressive therapies are used by both the psychiatrist (Kubie, 1973; Tinnin, 1990; Wolf, Willmuth and Watkins, 1986 and Lakovics, 1978) and the psychologist is (Rhyne, 1973; Agell, 1989 and Kramer, 1986).

Other specialist therapists such as education (Anderson, 1978 and Berg, 1982), dance and movement (Esenak, 1981 and Wethered, 1973), music (Alvin, 1991; Benenzon, 1982; Michel, 1985 and Nordoff and Robbins, 1985) and drama therapists (Jennings, 1987, 1989, 1992, 1994; Jennings and Minde 1993; Landy, 1986 and Wethered, 1973) feel that the art is the means of reconciling the individual's inner needs with the demands of the outside world.

Expressive therapies are also used by occupational therapists (Williams, 1976:35) where emphasis is

often placed on the end product, rather than the process. These techniques are thus used in recreational programmes where skill, technique and commercial application are all underscored. A number of writers (Wadeson, 1976, 1987; Waller, 1993; Case and Dalley, 1992 and Furrer, 1982) deal with the specifics of the techniques such as physical requirements, administrative requirements, training and treatment.

Other art therapists deal with the therapy as such, offering a wide variety of different techniques and materials (Kwiatkowska, 1978; Rubin, 1984a:9; Wadeson, 1987; Moon, 1992, Keyes, 1974 and Marais, 1976).

### 1.3.3 Specific Techniques

#### 1.3.3.1 Music therapy

The literature points to music as a tool to reach the emotions. Russell (in Harbert, 1974:21) comments that

*'in therapy, the client will respond to the security of the interpersonal relationship first by being free to express himself emotionally. This cathartic experience has been described as perhaps the fundamental contribution of music as a therapy.'*

Tusler (1991:38) remarks that *'music has the phenomenal ability to penetrate our Being to undiscovered levels'*. It is used both to arouse and bring repressed feelings to the surface as well as soothe and calm the individual. *'Music is a catalyst for healing, that can put us in touch with our unconscious and that it can complete and expand the circle of growth'* (ibid:72).

Three basic premises emerge from the literature, namely:

- \* music can aid therapy by its socialisation function in that it helps the individual establish interpersonal relationships  
(Nordoff and Robbins, 1985:135 and Tyson, 1981:10).
- \* music therapy aids the development of self, helping the individual to function at his social best, by adjusting behaviour and habits and learning new skills (Lehtonen, 1989:8 and Robbins, 1980:256).
- \* musical rhythm can bring healing, order and energy into the individual's life (Wethered, 1973:116 and Watson, 1989:16).

The trend today is towards community-based, mental health care centres - rather than traditional institutions. The music therapists are seen to work in special education programmes, with the aged,

in rehabilitation centres and in programmes for the disadvantaged (Blascho, 1978:51 and Wright, 1977:1 in British Society for Music Therapy).

### 1.3.3.2 Dance or movement therapy

Underlying dance or movement therapy is the principle that physical movement is intermeshed with the individual's emotions and thoughts. Moving the body not only reflects what the individual is thinking, but the physical process can create the thought process (Espenak, 1981:8 and Chodorow, 1991:41).

Body language can betray the innermost thoughts and feelings. When verbal expression fails, the movement therapist looks to the body as a means of inner expression. The client is made aware of his body and its image which may be quite inaccurate. He is helped to see himself in relation to the outer world, to recognise his body limits, his boundaries (Wethered 1973:50; Robbins, 1980:258; Feder and Feder, 1981:172 and Salkin, 1973:19).

The client is also taught to cope with a problem if he can recognise it, such as a tight neck muscle which can indicate tension. He is then taught how to deal with this tension. Feder and Feder (1981:173) explain that it is possible for man to control both the voluntary muscular and nervous system as well as the reflex or autonomic system. Fleshman and Fryrear (1981:92) note this self-awareness, body language, deep muscle relaxation, biofeedback and psychosomatic medicine are areas wherein mental health workers are beginning to recognise the interdependence of physical and mental processes. Therapies to emerge are sometimes termed 'body therapies'.

Movement therapy is also seen as a cathartic release of tension and anxiety. This in itself may offer instant relief to some, while in others, this catharsis is really only another form of transference (Chodorow, 1991:7).

The fundamental catalyst in dance therapy is rhythm (Espenak 1981:11). The therapist becomes aware of the client's sensitivity regarding different mood-inducing rhythms. Slow rhythm can reflect sadness or calmness. Fast rhythm can elicit fear, anxiety or exhilaration. Espenak (1981:74) encourages the restoration of natural personal rhythm in the client. Here breathing and pulse rate are monitored and the client learns to develop a harmony between dance movement and proper breathing. He is taught to monitor his emotional reactions. By so doing, the client is learning to communicate with himself, but is made aware that the body is also a social communicator (Feder and

Feder, 1981:177 and Chodorow, 1991:152). As movement is communication a greater movement vocabulary allows the individual greater expression and at the same time, allows him to interpret the signals that he receives from other people.

The focus in dance movement therapy as seen by Espenak (1981:22) and Feder and Feder (1981:158) is on the dynamics of mind and body as they interact on the emotional level. It is felt that the client must, first of all, become well-acquainted with his own body. This also builds the client's self-confidence in that he can recognise his own inner rhythms, those of others and respond freely to them, and in so doing is able to understand the body as an expressive mechanism which can release emotions.

Freedom of movement and expression can bring 'unfinished business' to the surface which can then be attended to. Feder and Feder (1981:159) quote the American Dance Therapy Association's official definition of dance therapy. It is, in part:

*'The psychotherapeutic use of movement as a process which furthers the emotional and physical integration of the individual. Dance therapists work with individuals who require special services because of behavioural, learning, perceptual and/or physical disorders.'*

*Dance therapy is used in the treatment, rehabilitation and education of the emotionally disturbed, physically handicapped, neurologically impaired and the socially deprived.'*

### 1.3.3.3 **Drama therapy**

Drama therapy appears to be a complex medium that has not been fully explored (Fleshman et al., 1981:110). A well-established therapeutic intervention in both Europe and the United States of America, it continues to develop in Great Britain (Jennings, in foreword, 1992).

Central to drama therapy is role play and mime or movement. Acting a role will involve mental as well as physical expression, incorporating both mind and body. For many, this can be both a training device as well as a cathartic release mechanism. Role play involves relating one's self to others, this is thus people-orientated (Langley, 1983:97), whereas mime and movement tend to focus on the self, coming to terms with one's body, linking the mind, feelings and the body (Landy, 1986:96). This coming to terms with one self, termed catharsis, is seen by Landy (1986:101) as: *'the ability to recognise contradictions, to see how conflicting aspects of one's psychic life or social life, of one's thinking, speaking, or feeling can exist simultaneously.'*

Recognising the psychological paradox, by means of spontaneous role play, mime or movement, can

be most beneficial to the client.

Drama therapy is based primarily on actor development, mime and body movement. Some therapists take it further with situation and character improvisation, scene rehearsal, costume and makeup and finally the presentation of a play.

It is felt by Grainger (1990:74) that the therapist's main task is to set the scene, the environment in which the client is free to explore and imagine. He also includes the therapeutic use of games, which help psychological and physical relaxation of the client.

Jennings (1992:17) uses different approaches when working with the story or myth, such as without words, with voice sounds and with percussion instruments. Landy (1986:135) includes other projective techniques, such as photography, video, dolls and puppets, dreams and masks. Grainger (1990:76) underscores the varied use of such media that can be used very successfully in presenting a metaphor of life, directing attention to the meaning of things that occur in the life of the client. The more the individual gets to know and understand himself, the more empathy he can develop and by identifying with significant other people, he can begin to establish his own identity.

From the aforementioned comments, drama therapy can be seen to be used in many different settings and for many different reasons, in psychoses (Grainger, 1990:53 and Langley, 1983:54), the handicapped, in corrective institutions and in community centres (Landy, 1986:180, 204, 210).

#### 1.3.3.4 Art therapy

Throughout the ages, man has used paint, clay, stone and wood to explore, symbolise and express that which could not always be expressed in words (Keyes 1974:1). In art therapy today, art is seen as the therapeutic tool whereby the emotions can be freely expressed within the safe therapeutic relationship (Rubin, 1984a:51 and Bowes, 1990:10).

Art activity has the personality of the client as its motivating force. It is a means of trying to bring order to chaos, to give meaning to a mass of impressions, a means of discovering one's self and establishing a relationship with the outside world. In the creative process, a new entity is formed from both internal and external realities (Dalley, 1984:xiv; Douglas, 1986:103 and McNiff, 1988:93). Intimate information about one's self is expressed in the image which the client chooses. Liebmann (1990:13) describes art therapy as that which can serve a change in the life of the one

willing to use the art materials in an exploratory way.

Case and Dalley (1992:54) feel that these media serve as a means to break down and remove defences, allowing the true emotion to emerge (Feder and Feder, 1981:74). Both Lewis (in Liebmann, 1990:13) and Malmquist (in Linesch, 1988:54) find the image in art therapy as bridging the gap between the inarticulated feelings and change that is desired. It is felt that in using the different media, repressed emotion will be aroused. The images that are produced, constitute symbolic speech, connecting the client and the therapist (Naumberg, 1966:1). She is sceptical that the process of art actually aids healing in itself. This pioneer of Art Therapy is felt by Feder and Feder (1981:81) to be more of a psychotherapist than an art therapist. Another pioneer, Kramer (1986:74), also working from an analytical angle, feels that art is inherently a healing process. The artistic process must be complete so that therapeutic healing may take place.

Basically, all art therapy is aimed at the specific needs of each individual client. The creative process is used as a means of reconciling inner conflicts as well as developing the self and thus aiding personal growth. Into this sphere comes the cathartic process, and both intra- and interpersonal communication. The ultimate ideal is for the individual to be able to live a sociable, integrated, meaningful life.

From the literature, one is aware that art therapists are working in psychiatric hospital settings (Conger, 1988 and Haeseler, 1989), mental health centres (Wadeson, 1975 and Peacock, 1991), with the elderly (Harlan, 1990; Weiss, 1984), in various rehabilitation centres (Stronach-Buschel, 1990; Spring, 1985), with the handicapped (Lowenfeld, 1987 and Wilson, 1985a,b), in the correctional services (Ackerman, 1992 and Day, in Wadeson et al., 1989) as well as in special education (Mullins, 1973 and Steinberger, 1987). Most therapists work as members of a multidisciplinary team with a few operating on a solo basis.

#### 1.3.3.5 Other expressive techniques

Expressive techniques, covering the creative therapies, is used to include art, music, dance movement and drama therapy (Feder and Feder, 1981:2; Robbins and Sibley, 1976:8 and Robbins, 1980:16). Herink (1980) has compiled a psychotherapy handbook which covers more than two hundred and fifty different therapies in use today. Expressive therapies that can be used as diagnostic tools, improving interpersonal relationships, and aid to catharsis and personality integration are discussed.

Some of the techniques that appear in the literature are to be found in bibliotherapy, poetry therapy, storytelling, video tape therapy, photography, audiotape and film therapy, puppet therapy, shadow therapy, writing therapy, paraverbal therapy, cooking therapy, Lomi body work, Mandala therapy, body energy therapy, breathing therapy and communication therapy.

Each therapist involved in a particular type of therapy, works from his own paradigm which brings the writer to the next point.

#### 1.3.4 Various Schools of Thought

From the literature there appears to be no one, correct, all-encompassing approach that would suit all therapists. Ellingson (in Landgarten and Lubbers, 1991:5) comments that therapists debate the questions of the importance of the process, the media, how much verbalisation should take place, the ratio of art to therapy or therapy to art, the importance of creativity and the ultimate product. All this points to the fact that the expressive therapies are constantly being defined and redefined.

In the search for the perfect approach, one is confronted by the myriad of divergent therapeutic styles, each based on a theoretical foundation. This shows the wide application of art therapy within these theories (Kozman, 1993:28). Each has its own merits and highlights a different facet of growth and personality (Naumberg, 1966; Kramer, 1986 and Ulman, 1991). A therapy is only as good as the hands that use it and the literature covers a variety of approaches that work exceedingly well for many therapists (Rubin, 1984 a; Rhyne, 1990; Waller, 1991 and Wadeson, 1980, 1987). Bowes (1990:12) discovered that after approaching imagery and fantasy techniques which enhance inner awareness with scepticism, that they were tremendously beneficial, not only to the client, but to the therapist herself. She found these techniques to be a source of calm, relaxation and personal strength, giving direction to her life. Haeseler (1989:72) finds it therapeutic to both client and therapist to work alongside each other. She creates in response to the client's needs and both connect through their artwork.

There appears to be a tripartite division adhering to the three major psychotherapeutic orientations, namely the psychodynamic, the behavioural/cognitive/developmental and the humanistic approaches (Rubin, 1984a:xvi). Each therapist works from his or her own personal referential framework and theoretical or psychotherapeutic basis. Feder and Feder (1981:23) point out that most expressive therapists work from a Freudian or neo-Freudian perspective.

Within the psychodynamic group, falls Freudian sublimation and symbolism (Naumberg 1966:29), objects relation approach, the self-psychology approach and the Jungian analytic approach. The psychoanalytical approach deals with the pre-conscious level, the level of images just below the level of awareness where free association and dream interpretation are major exploratory tools (Feder and Feder, 1981:25). From a Jungian perspective, dialogue between the conscious and unconscious is facilitated by means of dreams and symbols.

As an alternative to the psychoanalytical approach, from the humanistic angle, one finds the Adlerian approach, the phenomenological approach, the Gestalt approach, the existential approach and the client-centred approach in relation therapy. The humanist rejects the art in therapy. Rather, the therapy in art should be designed to help the client move towards wholeness. Gestalt therapy as seen by Rhyne (1973:237) fosters creative change and makes the client aware of responsibilities.

In the third main approach one finds the cognitive or learning approach, the behavioural approach and the developmental approach. In the psychodynamic approach, dreams are seen as messages from the unconscious. In this third large group, it is felt that these 'messages' could be biologically induced, reactions and responses to changes in the body's biochemical and neurological makeup (Feder and Feder, 1981:43). All behaviour is learned, be it normal or abnormal and thus a behaviour disorder does not reflect the problem, it is the problem.

From the great myriad of approaches, the therapist will work, using the theory as a springboard from where she can adapt and adjust the techniques that she uses. As a creative individual, the therapist is continually on the lookout for new ways of creating the safe climate for the client, and allowing him the freedom to explore and imagine, eventually leading him to self-actualisation and wholeness.

#### **1.4 Deliniation of Study Field**

Although expressive techniques may not be used to any great extent in South Africa, there is extensive literature to be found, primarily in North America and also, in Great Britain. Margaret Naumberg (1966), considered the founder of the field, especially art therapy, started her work in the United States of America. The techniques became popular and started developing in Great Britain. The term 'Art Therapy' was only used in the 1940s and training criteria were only established in the 1980s (Waller, 1991:253). Expressive techniques, as an umbrella term, is too vast a topic to deal with in its entirety. The writer, for the sake of study purposes, has decided to restrict research of expressive



techniques to the realm of art therapy with a variety of techniques that pertain to this area. Thus music, dance, movement and drama therapy will not form part of the project.

During the past two years, the writer has worked as counsellor within the environment of an academic high school of 750 pupils whose ages range between thirteen and nineteen years. The school is multi-culturally based and many of the clients have suffered trauma in some way or other.

As not all adolescents are able to verbalise sufficiently, the writer feels that art therapy techniques could be a creative way of helping the client with his problem. Art knows no cultural or language barrier and it is this field that she intends to explore, as possibly being congruent with relation therapy. She intends to discover whether or not, relationship with self, significant others, objects and ideas can be improved by means of art therapy techniques. Clients will be seen individually with a possibility of group therapy work with clay.

### **1.5 Statement of the Problem**

The writer, confronted by the confused adolescent, troubled on either the scholastic, vocational or emotional level, is aware that more often than not, this young person knows that something is not quite right in his life. He may not be able to recognise this disturbance of equilibrium as a problem, neither may he find it easy to admit to having such a problem. It is evident that the adolescent finds difficulty in describing the problem, talking about it or how he is feeling about it. It is then up to the therapist to try to find creative ways to get through to the adolescent to aid him in his difficult task of self-examination and evaluation.

On a closer analysis of the problem, one is confronted by a host of techniques proposed by one particular therapist or therapeutic school. Then others offer their contributions until one can become totally overwhelmed by insight, input and invention.

The task at hand is to sift through the literature, discover what these techniques entail and experiment with them in practice. Amongst the myriad of available techniques are art therapy techniques which may be able to supply some sort of answer to the adolescent who finds difficulty in expressing feelings.

It has been said by Kwiatkowska (in Levy, 1975:17) that:

*'the only technique of art therapy is the technique of relating to a patient through art.'*

The main task of the therapist will be to use the techniques to relate to the client who may not feel like producing an artistic work on a given day and this is where the therapist's imaginative and creative skills can try to find a way of leading the client into action. The primary need is for the therapist to get in touch with the client's needs and experiences as well as one's own experiences that will respond to those needs.

Are these techniques able to exist on their own as a method of self-analysis or are they only part, or an extension of, existing therapies? Must they be used in conjunction with, or in lieu of other projection media? In order to address this problem, one must be able to answer the question, are expressive techniques, with special emphasis on art, able to exist independently and work effectively as therapeutic tools in order to aid the educational psychologist in the quest to guide the adolescent into making sense of his world?

Thus, are expressive techniques viable for the educational psychologist?

## **1.6 The Aims of the Study**

The aims of the study are:

- \* to conduct a literature study on expressive techniques with special emphasis on art therapy,
- \* to facilitate a survey of different art techniques by looking at the techniques, how they work, how to put them into practice and methods of evaluating the results.
- \* To conduct research in the clinical/therapeutic situation with clients who are currently in therapy,
- \* To describe and discuss these case studies in depth as to how the techniques have worked within the Relation Therapy framework, and
- \* to suggest guidelines for the use of Art therapy within the field of educational psychology.

## **1.7 Definition of Terms Used in the Study**

For the purposes of this study, the writer wishes to elucidate the following terms:

### **1.7.1 Viability**

According to Greenbaum and Whitcut (1989: 755) viability is biologically speaking, '*...something*

*able to survive and develop...is workable, sound, effective and practicable.*' Fowler (1954:679) states, '*...viable means...will it work?*' Thus viability in this study points to the possibility of the technique working successfully, being effective for the client, yet capable of standing on its own within the science and having the capacity to develop and grow as a technique in its own right.

### 1.7.2 **Expressive techniques**

In most of the literature, this appears to be an umbrella term for all the modalities whereby the client is enabled to express the self, often observing what he cannot verbalise. This symbolic communication can take place by means of art, music, dance and movement as well as drama within the therapeutic situations. In all these situations, the creative process is enabled to take place. For the purpose of this study, expressive techniques will refer specifically to Art Therapy techniques which are currently under review.

### 1.7.3 **Educational Psychologist**

As opposed to the clinical, industrial, counselling and research psychologist, the educational psychologist is specifically trained to deal with didactic problems, namely various learning problems, and the diagnosing and testing thereof. Remediation, study methods and personal help are afforded the client as well as therapy to help overcome the anxiety and frustration that is encountered within this learning situation. Behavioural-emotional problems are handled, such as neurotic behaviour, uncontrolled behaviour, regression, withdrawal, aggression and depression. The client is afforded career guidance in the guise of career information and self-knowledge. Family therapy is also undertaken whereby problems are diagnosed, therapy is planned and undertaken and parental guidance also offered. The educational psychologist has a specialised Master's degree and is registered with the Medical and Dental Council having served an internship in an approved institution.

### 1.7.4 **Relation therapy**

As an alternative to the traditional therapeutic schools such as Psychoanalysis and Behaviourism, Relation therapy techniques developed from an Empirical-Educational theoretical base. The foundation of the intrapsychic structure, the I, the self, and self concept, is supported by the attribution of meaning, experience, involvement and self actualisation. The conditions for successful self actualisation have to be met by the formation of relationships as well as the educational climate. The life world of the client comprises relations with his self, with significant others, such as parents, the school and peers. He also is involved in relationships with objects and ideas. If these relationships falter, the result can be depression, aggression, withdrawal and emotionality, to name but a few.

### 1.7.5 **Self-talk**

Self-talk is used by the individual to judge himself and his behaviour against his own subjective collection of norms and values. The way in which he talks to himself will affect his self-concept, which will ultimately affect both his relationships and behaviour. He interprets his own environment and the people in it by means of his self-conception. His behaviour, actions and reactions are based on and limited by the self-concept which is formed by means of his self-talk or intrapsychic communication.

## 1.8 **A Preview of the Chapters**

Chapters Two and Three will form a literature survey, covering the expressive therapies, Art in particular, which will highlight the origin, the various schools of thought, the methods, media, evaluation, characteristics and training of the art therapist.

Chapter Four will focus on art therapy and its variety of techniques such as drawing, painting and modelling techniques with the specific media and aim of each technique being specified.

Chapter Five will contain the research methodology consisting of the research proposal, the aim, motivation for and hypothesis concerning the study. The research design, data collection, media to be used, evaluation and possible outcomes of the study, will be explained.

Chapter Six will focus on the empirical study, describing the current case studies of four children. In each instance a case study background will be given followed by a description of the art therapy sessions as well as a discussion of the case.

Chapter Seven will serve as a conclusion to this study incorporating findings of the literature, findings of the empirical study, recommendations for further study followed by a Bibliography.

## **CHAPTER TWO**

### **DEVELOPMENT OF ART AND ART THERAPY**

#### **- MAN AND HIS ART -**

The thing that hath been,  
it is that which shall be;  
and that which is done  
is that which shall be done;  
and there is nothing new  
under the sun.

Ecclesiastes 1:9

From time immemorial, man has mirrored his feelings, spiritual aspirations and attitude towards life in his art. One would like to understand why man creates and what it is that drives him to commit images to cave walls, paper, marble or metal. Why does he feel it necessary to leave these historic markers? If art can be viewed as a type of social and emotional coping device for man, then is it not possible that art therapy techniques recognise the creative drive in man and are able to aid the healing of his damaged psyche by means of his own natural creativity? These questions make it necessary for the inclusion of the development of art through the ages as well as the development of art as therapy.

The writer includes a section in this chapter on the various theoretical bases from which therapists work. This is tantamount to the study as each individual's referential framework will reflect his or her underlying predilection or preference for working from that stance.

The question that is asked here, is, will a particular theoretical basis direct the manner in which the therapist will conduct the art therapy as well as goal setting in the therapeutic alliance?

Summarily speaking, this chapter deals with the development of art from the Old and New Stone Age, the ancient Egyptian, Greek and Roman eras, Hindu and Buddhist contributions as well as the Gothic and Renaissance eras up until the modern world. This chapter then looks at the development of art therapy from a North American perspective as well as the role Great Britain has played in the establishment of art as therapy. Concluding this section is a look at the theoretical bases from which the therapist works, namely the psychoanalytical, the humanistic as well as the cognitive/behavioural/developmental angle.

## 2.1 The Genesis of Art

Art has been one of the greatest civilizing forces in history. The artist returns to history and mankind, the product of ability or inability to cope with the changes that history has placed on him.

History has a way of holding up a mirror to man, reflecting the present, the past as well as the future. In order to know where he is going, man needs to understand the past, and this past reflects the adjustments that he has had to make, the disasters, the achievements and the potential. These reflections mirror the way man sees the self. Richardson (1984:4) underscores these comments by mooted that art works are products about life and the world and enjoying them enriches one's life. Elsen (1981:v) feels that art reveals how men and women have interacted with the environment. Dorra [1972:1] notes that art gives man meaning to his life in seeing himself in relation to the cosmos. It is as if the artist:

*'tries to capture and crystallise a single moment in time, to distill the essence from a constantly changing situation.'* (Fleming, 1980:1)

Spencer (1975 in his introduction) moots that it is the wonderful dimension of the malleable mind with its fluctuating processes, interacting with everyday experiences that turns man into the image maker. These images collectively reflect man's existence as part of society as well as a private entity.

Art is thus the combination of a lifetime of experiences as well as fields of fantasy where one has not actually trod. Art is the sum of one's attitudes, dreams, fears, aspirations and self-projections; it reflects the true essence of man, and can be traced back across continents and cultures to time immemorial, where man just expressed himself artistically.

What follows is a brief look at some of the main contributing periods.

### **2.1.1 Old Stone Age Art (Paleolithic Age)**

Between 1,000,000 and 10,000 BC, art served a utilitarian purpose. Feder and Feder (1981:1) propose that art during this period was functional, used to call up spirits, in magical incantation as well as exorcism. During this period, as man was a nomadic hunter, the paintings found in caves would suggest their use to be of a sacred nature rather than domestic or aesthetic enjoyment (Dorra, [1972:8]).

Possibly these two viewpoints are not divergent, as Paleolithic man used religion to ensure a successful hunt (Fleming, 1980:9 and Myers, 1967:9). Richardson (1984:18) feels that the paintings suggest fertility-and-hunting-magic, which would ensure a food supply. Feder and Feder (1981:2) underscore this angle and in addition, feel that, besides providing a resting place for spirits, art was used to treat mental and physical disorders. The images or symbols that the artists used, were depictions of the spirits of good and evil, of the natural elements and of the dead. Fleming suggests (1980:10) that through rituals and gestures, tribal man could make contact with the unseen forces in the cosmos. The spirits could be appeased and physical and mental disorders would be relieved.

It appears that Paleolithic man had a number of uses for his art, and Elsen (1981:22) points out that the themes and recurring motives found in the caves suggest that the art from this period centred on a complex belief system and myth tradition that modern man may never fully understand.

### **2.1.2 New Stone Age Art (Neolithic Age)**

This period from ca 10,000 to 1,000 BC saw the nomad develop into an agriculturalist, totally reliant upon the whims of nature. He led a settled existence in small villages and concentrated on utensil-making.

The magic of the Paleolithic age developed into animism, the beginnings of religion where the world was viewed both physically and spiritually. Myers (1967:11) comments on man recognising different gods each with special powers, as being responsible for the various life-phases of all living things, plant, animal and man. Animism demanded actual symbols and thus idols, masks and totems emerged.

Primitive architecture developed during this period where open-air temples such as Stonehenge in Wiltshire were built. Richardson (1984:18) notes that no paintings are evident from this period, due to the fact that man had progressed from the hunting stage and did not need to use caves as religious

centres. Dorra (1972:9) disagrees as a fairly recent archeological discovery of mud-brick houses in villages in southern Turkey, dated 6,500 to 5,000 BC shows paintings and sculpture decorating manmade walls. Thus mans' purpose in using art was developing.

### **2.1.3 Art in Ancient Egypt**

Central to the religious belief of the Egyptians was the belief that if the soul were to continue in an afterlife, then the human body had to be preserved (Gombrich, 1982:42). Spencer (1975:97) notes that the Egyptians were not obsessed by death, but rather with life, as embalming had continued throughout the ages.

Statues and portraits were lifelike and life size with important persons appearing larger than anyone else. Much of the architecture and sculpture is colossal (Richardson, 1984:40), possibly meant to last for ever. Many of the friezes, paintings and relief-carvings that adorned the walls of the tombs of prominent Egyptians, show the expressive arts, particularly musical instruments which, as Feder and Feder (1981:3) point out, were used to treat physical and mental problems. These magnificent elaborate furnishings were to ease the after-life of the deceased, making him feel completely at home in his continuation of life after death. Mummification, elaborate friezes and paintings recounting the deceased's life, would ensure immortality. Egyptian tomb art can therefore be seen as a life-like recreation and comprehensive picture of what life was like for the ancient Egyptian (Fleming, 1980:15).

### **2.1.4 Art in Ancient Greece and Rome**

The Ancient Greeks had a culture in which man was the measure of all things. Man, with his moods, potential and abilities was seen to be connected to the many energies in nature. These cosmic forces were gradually refined, becoming anthropomorphic images as can be seen in Homer's epics, as early as the ninth century BC. These Olympian gods had sanctuaries in natural, already sanctified places. Each embodied the element of nature, be it earth, air, fire or water and were seen to intervene in the affairs of man by means of natural phenomena and selective human seeds. Spencer (1975:116) notes that even though the ancient Greek may not have fully comprehended natural science he had a psychological grasp in that he was able to compress these forces enough for his own reconciliation as this was essential to his art.

The main concern of the Greeks, was man; his relationships, his place in the natural environment and where he fitted into the universe. Although the universe could be reduced to basic elements by



the philosophers, what was clearly seen was the relationship between mind, body and soul. What was observed as being beautiful, was believed to be good. Perfection in physical skills and the arts was highly idealised. Although the artistic themes still centred on heroes and the gods, current humanism influenced the artist, so that his creations were impressive and inspirational making religion vital and alive (Myers, 1967:47). Thus humanism helped to promote one facet of artistic expression, namely sculpture trying to secure the godlike image in human form.

Humanism and idealism influenced the Greek arts, in that the artists, pursued an ideal order which could be obtained through the senses by means of the intellect. Rationalism also raised its head and found an outlet in Greek architecture which was thoroughly reasonable and understandable. Fleming (1980:52) notes that:

*'This faith in reason also imparted to the arts an inner logic of their own, since when a craftsman's hands are guided by an alert mind, the sword can penetrate the surface play of the senses and plunge to deeper levels of universal experience.'*

One Greek city to eventually emerge as the dominant Hellenistic power was Rome. Gibbon (1952:32) writes that this was a period in world history where man was most happy and prosperous.

Fleming (1980:93) feels that this could be due to the dexterous handling of the theories concerning the ideal state and human behaviour on the one hand, and religious speculation of happiness in the world to come which could exalt the mind and soul. The accent and character of art had now changed and the main aim was no longer dramatic expression, beauty or harmony (Gombrich, 1982:86).

The Greeks wanted to tell the story as it really was. Borrowing from the classical Greek, Stoic and Epicurean viewpoints, the Romans turned art into something practical and utilitarian (Myers, 1967:84). Hence, one finds great aqueducts, vaults, gates, walls, arches, bridges, temple structures and bronze sculptures as well as paintings and portraiture were created to serve a purpose, rather than to be valued as abstract beauty (Myers, 1967:ibid and Fleming, 1980:94).

#### **2.1.5 Hindu and Buddhist Art**

Alongside the great civilisation of Egypt and Mesopotamia, was that of the Indus in India which was totally destroyed ca 1,500 BC by the Aryans. Known as Hindu, the people initiated the caste system which is still a strong force in India today. Religion dominated and still dominates Indian life and no Indian art of consequence is anything but religious art (Dorra, 1972:296).

Richardson (1984:51) points out that Hindu art is stylised with little room for individual creativity.

All the arts are integrated, for example, the temples have dance-floors on which musicians and dancers perform as a regular facet of religious observance, and the themes are common to the music, the dance and the sculpture on the walls. Sculptural design is seen as being more important than representation and there are a great variety of designs. A Cambodian temple, Angkor Wat, shows Vishnu, a manifestation of the one God tugging at a serpent brilliantly depicted. The construction of this Hindu temple is astounding. Faurot (1974:25) notes that there are four miles of carved moulding on the outer walls, 10,000 pinnacles on the towers and 2,000 life-size figures. One of the mile long walls has a low-relief carving at the height of six feet, of the Ramayana cycle of Hindu scripture. The other three walls contain a single continuous story and Faurot (1974:25) remarks that the organisation is highly artistic with each scene blending in remarkably well with the next, producing a strong sense of direction.

A reactionary development to Hinduism was Buddhism ca 500 BC. Buddhist art is a derivation of Hindu art, but very little has survived due to the fact that Buddhists are not concerned with materialism, thus the religious buildings are the ones that remain. Richardson (1984:55) remarks that very few palaces belonging to rulers have remained, as they were built of wood. What have survived however, are images of the Buddha dating back to the first few centuries of our era. These early statues (ca 270-230 BC) were only symbols of the Buddha's spiritual power and accomplishments, but were never representational. It was only later, the fourth and fifth centuries, that the classic image of the Buddha emerged. It was formal, sophisticated and elegant (Myers, 1967:97). Painting in this period was just as beautiful and gracious. Myers also points out that a few wonderful wall decorations together with some architecture and sculptures have been preserved in western India, in caves at Ajanta.

Buddhism has stuck to the prototype for 1,500 years probably as a result of the belief that certain prized statues had magical efficacy for the worshipper and that the artist was encouraged to work from inspired memory which was obviously fed by existing metaphors and images (Elsen, 1981:45).

#### **2.1.6 The Gothic Tradition**

The Gothic era followed the collapse of the Roman empire. The Barbarian invasion of Roman Europe took place and Christianity was founded, creating the milieu for early Christian and Byzantine art.

Sculpture during this period assumed a modest place; it was used in a teaching role in the Church. The surrounding pagan religions, as Fleming (1980:109) points out, served to focus Christian art in

other directions. Parables and symbols were used to portray Christian concepts, rather than sculptures.

Richardson (1984:96) notes that interest shifted to the churches and castles, which were built to reflect the glory of God. A system of symbols appeared which have become embodied in the Christian tradition. Trefoils symbolised the Trinity, a peacock, the Resurrection and a lamb was symbolic of Jesus Christ. Fleming (1980:118) comments that this new shift in interest was a response to the need for new verbal, visual and auditory expression. Magnificent churches were built by the people for themselves where they could express themselves and glorify God with their handiwork (Faurot, 1974:45). Thus the Gothic cathedrals came into existence (ca 1150 AD) where all the artists could work, such as glass blowers, metal workers, masons, sculptors, woodcarvers and stone cutters. Besides the wonderful architecture, medieval France and England gave the world another art, namely liturgical drama, where clergy, congregation and choir enriched the church with drama and pageantry (Faurot, 1974:50).

The dynamic Gothic style was an end to a means, rather than an end result. It is seen by Fleming (1980:172) as having been

*'designed to bridge the impossible gap between matter and spirit, mass and void, natural and supernatural, inspiration and aspiration, the finite and the infinite.'*

Gothic art and architecture spoke to the individuals' affective being, arousing his emotions. Artworks which, during the early medieval period, had been confined to the heavenly order, gradually became available to those outside the privileged class, and as Elsen (1981:103) puts it, became part and parcel of life. People were able to come to terms with both their religious and personal lives and this would create a pathway which would wind towards the Renaissance.

#### **2.1.7 Art in The Renaissance Period (ca 1200-1500 AD)**

Thanks mainly to the Muslim and Jewish scholars, the return to the works of the ancient Greeks took place after the Crusades. The Renaissance was marked by a vested interest in classical civilisation and Richardson (1984:106) notes that during this period all the arts started to thrive.

Fleming (1980:174) summarises the Renaissance as a period encompassing a shift away from heavenly visions and medieval symbolism, towards a more accurate representation of the natural world. Man began to value free and rational enquiry, thus thought and art fought for independence from the Church. Elsen (1981:105) points out that although God was still to be praised in art, so were worthy

men and women. Worldly values therefore infiltrated both secular and religious art and sculpture. The ordinary man, who now had access to these works of art, had his interpretative skills challenged, as more sophisticated visualisations demanded greater emotional involvement (Spencer, 1975; Gombrich, 1982 and Richardson, 1984).

With the Renaissance came the revival of interest in arts therapies, especially the use of music (Faurot, 1974:49) and Fleming (1980:174) observes

*'All in all, with these momentous developments in knowledge, thought, science, religion, exploration, statecraft and the arts, the Renaissance was truly a rebirth for humanity at the dawn of the modern era.'*

### **2.1.8 The Nineteenth Century to Today**

Elsen (1981:249) points out that this period showed a very different approach to art in that various changes were taking place which would alter the answers to questions concerning the influence of both the past and the present. Major social, political and economic changes took place during this period and the artist continued to search the styles of the past, looking for his own creative level.

For the first time ever, it was found that art was the perfect way of expressing mans' individuality (Gombrich, 1982:398). The artist felt that he had a new-found freedom in which he was able to reproduce his own actual visual experience and share it with others. Different schools and styles emerged, each hoping to break the traditional rules of art and evolve new ideas and new possibilities, which undoubtedly brought the art world into the modern era that is known today.

To summarise the preceding section in the diagram below, man has been influenced by art and has spoken to subsequent generations through the medium of the creative image. It is this image that is sought by the art therapist, in order to try and understand the psychic conversation of the client.

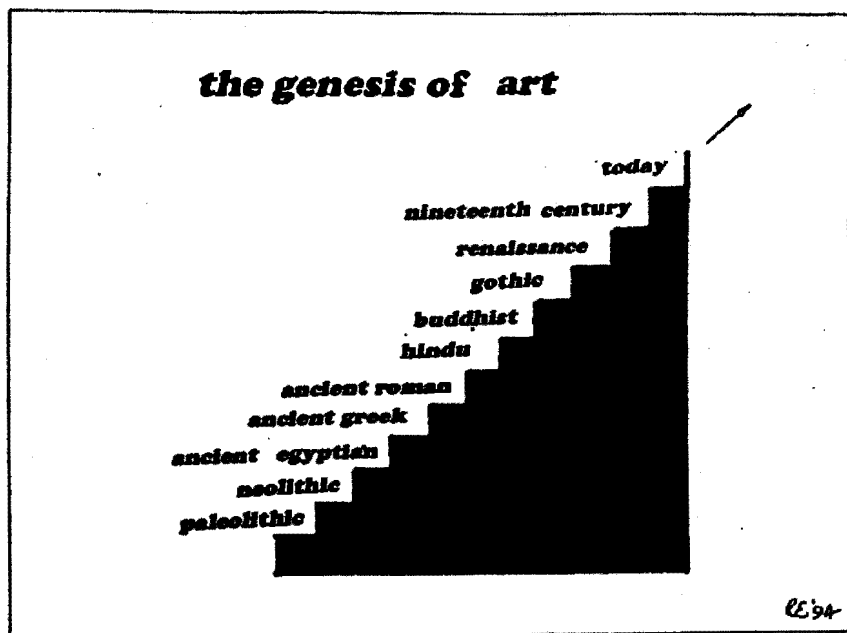


Figure 2.1

## 2.2 The Beginnings of Art Therapy

### 2.2.1 The American perspective

Art therapy from the North American perspective is often termed 'visual arts therapy'. It has its roots in psychoanalysis of the early 1940s, pioneered by Margaret Naumburg. She began her work at the New York State Psychiatric Institute where she investigated hospitalised children and their reaction to dynamically oriented art therapy. Waller (1991:5) notes that Naumburg's first published monograph 'Studies of the Free Art Expression of Behaviour Disturbed Children and Adolescents as a Means of Diagnosis and Therapy' (1947) is concerned with clinical case studies compiled between 1943 and 1945. Her focal point is free art expression, rather than art therapy, looking at art and its concomitant activities as a dream in concrete form. In the revised edition, Naumburg (1973:50) notes that through art, the patient is able to tap the unconscious in the symbolic language of images, often bringing to the surface what he dare not express in words. This may help to release confidence and satisfaction in the patient and the therapist has the benefit of a most revealing projective technique needed for diagnosis and therapy. Naumburg furthered the idea by means of spontaneous image-making, wherein a transference relationship is seen to develop between patient and therapist (1966:2).

Ulman (1983:122-123) wrote just after Naumburg's death at 93, that it was Naumburg who, almost single-handedly initiated the emergence of art therapy as a profession. Margaret Naumburg's main contribution to the development of art therapy was in the form of art psychotherapy. The client, undergoing psychotherapy, is introduced to art activities which will greatly enrich his therapeutic situation (Ulman, 1983:123).

It was Margaret's older sister, Florence Naumberg Cane, who began her career as a revolutionary educator. As founder of the Walden School in 1914, Margaret employed her sister as an art teacher. They worked together for a number of years and it was during this time that Cane's art teaching ideas began to take shape. Ulman (1983:122) remarks in her tribute to the sisters, that having admired Cane's techniques, it was only much later that she realised how central to art therapy was her teaching as a whole.

Cane's greatest contribution to art therapy is the scribble drawing, invented by her as an art educator to enrich the expressive experiences of her pupils. She later used the scribble technique in adult art therapy. In her only book to be published, and long out of print, The Artist in Each of Us, Cane (1951:318) clearly describes the technique for novice art therapists. She maintained that healing came about through drawing from the unconscious, and that she

*'...functions as the creative teacher, perceiving the meaning of the patients' work, but leaving the analysis to the psychiatrist.'* (in Ulman, 1983:123)

Naumberg went one step further by developing and explaining the verbal treatment of the pictorial image (ibid).

An art teacher, trained in Vienna and Prague and a contemporary of Naumberg, Edith Kramer, although influenced by Freudian psychoanalysis like Naumberg, differed in that her thrust was not transference, but rather on the healing properties of the complete art process, where the art itself is seen as a container of emotions. Waller (1991:7) comments that Kramer sees art as a means of feeling sublimation. This could be positive, as in art, an object could emerge that was symbolic of the client's inner feelings of destruction and aggression. This symbolic representation could prevent them from being acted out.

Kramer underscores the necessity for empathetic service, one of skill and imagination on the part of the therapist. She argues for the attainment of fundamental graphic, sculptural and painting skills which become subordinate when working with the client. She believes that pictorial intervention may be necessary; a helpful sketch, suggesting the right colour or brush on the part of the therapist, allowing him to become the client's 'Third Hand' (Kramer, 1986:72). She feels that the foremost task of art therapy is to support the processes whereby feelings take on a visual form. It is most important that the client be afforded the opportunity to produce pictorial communications that are within his or her capabilities (Ulman, 1986:71).

Kramer was first and foremost an artist. She was able to devote four months of each year to her own art. She did not see herself as a primary therapist, but rather as an artist who used art as

therapy. Thus for Kramer, art as therapy is an adjunctive therapy, unable to exist solely as a primary treatment modality.

Another experienced artist who underwent clinical training in art therapy is Elinor Ulman. She has contributed many articles covering a great variety of clinical settings (1975, 1991, 1992a,c,d). She views the art experience as a means of finding oneself in this world. She sees art as a way of reconciling the inner self with the world outside by establishing a relationship between chaotic inner feelings and impulses and the bewildering mass of external impression (Ulman, 1991:74).

Ulman started work in the early 1950s in a psychiatric clinic as an art teacher, not an art therapist.

She says of herself

*'I wanted to be the kind of art teacher I wish I had had... The subtle relationship between psychoanalytic and artistic insights began to come clear to me, and I was provided with theoretical backing for my unarticulated feeling that my functioning as an artist-teacher and an art therapist were not so far apart.'* (Ulman, 1986:132)

Ulman found psychotherapy fascinating and had a desire to understand art therapy that was rooted in both Naumberg and Kramer's ideas. Eventually, she was able to comment that art psychotherapy and art as therapy can exist side by side in the same room at the same time. As a clinician she moved between the two, using either art as therapy or art psychotherapy whenever deemed necessary (Ulman, 1986:132).

In her tribute to Ulman, Dewdney (1986:13) feels that her significant contribution came in the form of her publishing and editorial skills. She remarks that it was Ulman who instigated the publication of the Bulletin of Art Therapy in 1961 lifting other clinicians out of their isolation as they were all able to share discoveries, successes and failures. Ulman was also a founder member of the American Art Therapy Association as well as founder and editor of the American Journal of Art Therapy. Her list of publications is impressive and Dewdney (ibid) feels strongly that Ulman has played the most significant role in the development of art therapy in North America.

A sculptor of some renown, Hanna Yaxa Kwiatkowska, pioneered clinical work in family art therapy.

She introduced art therapy at the National Institute of Mental Health in 1958, where each patient was first seen individually and then parents and siblings were invited to join the sessions in order to obtain a clearer view of family dynamics (Ulman, Kramer and Kwiatkowska, 1978:17). Kwiatkowska (1978:10) remarks that these developed into two sessions; with the adjunctive family art therapy session either following or preceding the conjoint verbal family therapy session. What developed from her work was family art sessions that could be used in three distinct ways; as a sole method of

treatment, as a means of evaluating family interactions and as an adjunct to family psychotherapy (Ulman et al., 1978:137). Art expression opened many new avenues of communication between family members as well as between families and therapists, taking art therapy one step closer to being accepted in the psychotherapeutic domain (Ulman et al., 1978:215).

It would appear that while great contributions have been made to art therapy in the United States of America, as well as establishing sound training programmes, there may be some difficulty in acceptance by the wider traditional medical fraternity. Wadeson (1987:247) likens art therapy to occupational therapy when it is sometimes considered a filler of time rather than a mode of treatment. Kwiatkowska (1978:11) has similar feelings on this subject. Although art therapy is respected today, many people are sceptical. There are therapists who feel that they are merely tolerated with a condescension they could very well do without. Mullins (1973:58) feels that the emerging expressive arts therapists need professional identity, separate from art education, occupational therapy and psychotherapy. She feels that the time is right for expressive therapists to extend their range of practice, move out of small clinics and private practice and join social institutions where they can effect real social change within the larger community.

From the Canadian perspective, art therapy is still in its fledgling state. Fischer, a psychiatrist, founded art therapy as an alternate way of dealing with patients. He established it in 1977 and the Canadian Art Therapy Association assumed its present constitution in 1981. The director of the Vancouver Art Therapy Institute comments that the therapists are fighting for recognition as the medical fraternity, as well as some educational bodies, are still highly sceptical of its effectivity. Most therapists work as part of a multi-disciplinary team in clinics or day-centres while some educational authorities have art therapists working in the local schools on a daily basis. This does not apply to all the Canadian provinces however.

### **2.2.2 Contributions from Great Britain**

Petrie (in Waller, 1991:47) points out that the Second World War resulted in amongst others, a call to regenerate the nation, to construct and create order. It was necessary for artists to help heal society of its hatred and fear.

A sculptor and art educator, Petrie was adamant as to the avoidance of commercial or popular art as she felt the consumer or beholder was not directly involved in the creative process. It was the creative process itself that would be the healing mechanism for the individual. Although Petrie left for the United States of America, her beliefs and ideals were shared by a contemporary, Adrian Hill,



who continued to propagate them.

Hill claims to have devised the term 'art therapy' as a means of describing his work. While convalescing from tuberculosis in the King Edward VII Sanatorium, he was encouraged, along with Frank Breakwell, to develop art therapy at various sanatoria and hospitals (Simon:1986:14). Once recovered he began to give art appreciation lectures at these institutions. Hill campaigned heartily for his scheme, run under the auspices of the British Red Cross, whereby works of art were selected that represented the great tradition of post-imperialist Britain. These pictures were on loan to various institutions in order to make them accessible to ordinary man and strengthen his artistic and cultural values. Having procured a socially useful role as an artist, Hill could now fight for art therapy, where he, keeping the goodwill of the nursing staff and occupational therapists, could introduce patients to activities like drawing and painting (Waller and Gilroy, 1992:49).

Hill worked with convalescing patients noting that when physical condition was at an all time low, the imagination would peak and then fall back once the patient had recovered. He comments that very often patients would become exasperated by morbid introspection and the resentment, anxiety, bitterness and distress could be expressed in symbols or images. He found that inciting the very opposite type of picture making, in the form of sequential painting, a more hopeful psychological state could be established (Waller, 1991:46).

A contemporary of Hill, one Edward Adamson, also involved with the British Red Cross Picture-lending Scheme during World War II, was a commercial artist, thought by Waller (1991:52) to also want a definite social role as an artist. He became involved in art therapy by chance, being invited by medical staff at Netherne to open an art studio for patients. Adamson was not regarded as a therapist by his medical colleagues as he was neither allowed to interpret the painting nor was he to show any interest in the patient's case history, lest he influence the current creation or any subsequent artworks. Thus he worked under strict experimental conditions where all materials were standardised in order that controlled experiments could be undertaken (Waller 1991:54).

It would seem then, that this was the beginnings of art therapy in Britain. Commenting on Adamson's work, the medical superintendent of Netherne felt that the paintings done during this period, had been of diagnostic importance, had helped to avert possible crises or suicide and could thus be used as a tool in psychotherapy (Sax in Waller and Gilroy, 1992:55).

Rita Simon, a commercial artist working for a publishing house happened to become involved in art therapy by chance through a psychiatric nursing friend who suggested voluntary work with a group

of ex-psychiatric out-patients (Waller, 1991:58). In her 'Thoughts of a Pioneer Art Therapist in England' published in the American Journal of Art Therapy, Simon refers to her mentor, Dr Joshua Bierer, the Adlerian pioneer of the Day and Night hospital movement as being aware that with sufficient professional help, many extremely unhappy, disturbed, even mad people, could be aided to live within a community (1986:14). Bierer gave Simon the necessary encouragement to try her hand at art with such patients. In the 1940's, Simon was afforded the chance to work with severely stressed people, suffering from a variety of clinical conditions. Unlike Adamson and Hill, Simon as a staff member of the Social Psychiatry Centre, worked in informal settings and in order to better understand her patients' psychological makeup, went into analysis herself. Neither Hill nor Adamson deemed this aspect of art therapy as necessary or important.

Simon feels that there are three tasks that face the therapist. The first is to practice the skills that are offered to the client, keeping in touch with both extrinsic and intrinsic needs. Secondly, in order to provide the means by which the client can help himself, the therapist must see the client clearly with both empathy and compassion. Finally, there is a duty towards professional colleagues, offering help and support, sharing experiences and aiding each other in this particular field of caring work (Simon, 1986:14).

Concurrent with Adrian Hill setting up art classes in sanatoria and Rita Simon working in the social psychiatric clubs, a husband and wife team was busy establishing an experimental psychotherapy centre in Devon, namely Irene and Gilbert Champernowne. Irene was a psychotherapist and Gilbert an occupational therapist. The Withymead Centre was established to be as different as possible from the current traditional mental hospitals. Waller (1991:71) notes that this centre offered Jungian analysis combined with art therapy to selected patients who would be in safe, comfortable and empathetic surroundings. Champernowne saw image-making as the communication of inner unconscious conflicts within an appointed or prescribed relationship and was able to use Withymead as an informal training base for future leading art therapists.

Waller's 'History of Art Therapy in Britain' (1991) illuminates the struggle to find recognition, to establish art therapy as a profession separate from occupational therapy, art education and psychotherapy. Eventually the British Association of Art Therapists was inaugurated in 1966. Today there are two universities and a college of higher education that offer training courses at both diploma and Masters' level and Waller (1991:xiv) concludes that although art therapy exists as an occupation, and perhaps as a profession, it still does not fit neatly into any system, neither the arts nor the sciences. It exists despite the attempts to give it all sorts of labels. As great changes are occurring in the national health service, the profession will face more competitive working

environment as more therapists are trained.

Waller (1991:266) feels that art therapists will have to continue to scrutinise their profession and themselves in order to keep on providing a genuinely effective alternative treatment to people, especially those who are often considered unsuitable for insight-providing treatment or psychotherapy.

The following diagram summarises the above-mentioned contributors.

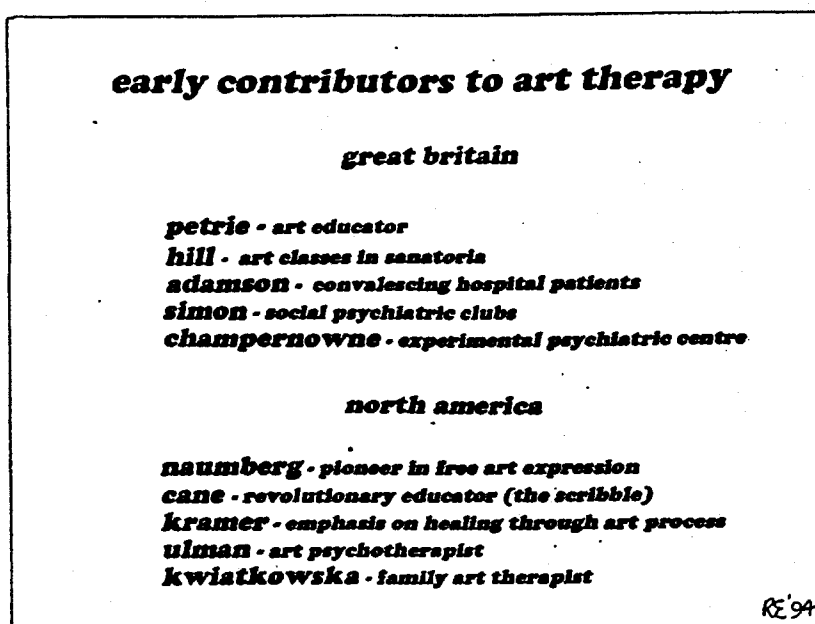


Figure 2.2

## 2.3 Various Schools of Thought

Although art therapy has only been in existence some fifty years or so, great strides have been made by committed, dedicated therapists who have continued against all odds, to aid the client in all types of situations. Each therapist comes into the therapeutic setting with a particular theoretical referential framework as a basis for art therapy. These theoretical bases will help direct the type of technique used for each individual who is unique in his own right.

As rich, diverse and dynamic as the growth and development of human personality, so is the beauty, richness and depth of the creative process which lies at the very core of the art making process in art therapy. As different as individuals attitude to art, whether classical or modern, so is the great variety of theoretical approaches to art therapy itself. Rubin (1987:xvii) comments that it would be foolish to debate the 'correct' approach as so many different ones seem to work. More important, is the understanding of each approach

and the link between practice and theory.

What follows is a look at the dominant approach to art therapy, namely psychoanalytic theory, which has led the field in American psychiatry and psychology. Responding to the role played by determinism in both psychoanalysis and behaviourism, there has arisen a third wave, contributions from therapists who feel that man has a say in his fate, that he is not at the receiving end of his invisible unconscious or even his learning experiences. He has the ability to take the reins, to self-actualise (Van den Aardweg, 1988:111). The following diagram illustrates the major theoretical bases from which therapists work.

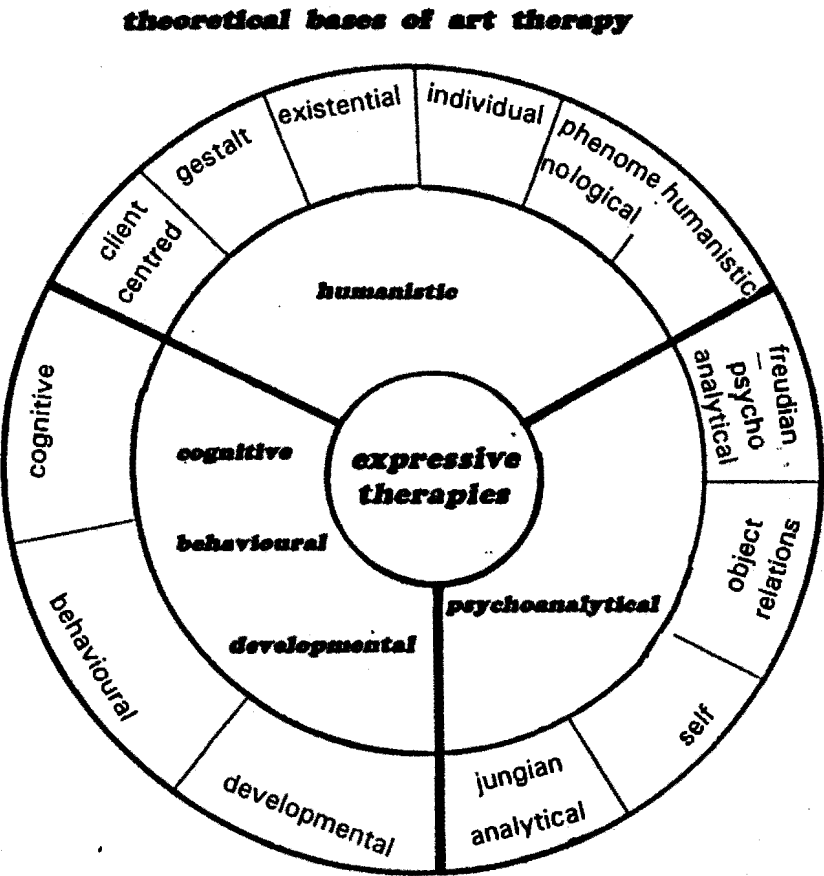


Figure 2.3

2.3.1 Psychodynamic Approaches

2.3.1.1 Freudian psychoanalytic ego approach

Central to Freudian theory is the concept that conflict is innate and ingrained in man's nature. Throughout his life, man struggles to placate these inner antagonistic pressures (Freud, 1949:361). His tripartite personality is comprised of the id, the ego and the superego. The id is the origin of impulsive, instinctual drives and urges which desire immediate satisfaction. These strong urges, both aggressive and sexual, form the basis of the unconscious (Van den Aardweg and Van den Aardweg, 1988:185). The ego is the conscious, rational self, including such aspects as thinking, imagination, fantasy, reasoning, concept formation and perception. It negotiates the conflicts between the superego, or conscience (ego ideal) and the id. It tries to find real ways and means of reducing the

tension which are socially acceptable and appropriate (Corsini, 1983:32).

These internalised conflicts are usually repressed and the purpose of art therapy is to bring the unconscious imagery to the fore, by means of stimulating free association and expressing these hidden conflicts which interfere with effective functioning. Altman (1975:9) refers to Freud's use of the dream which is the springboard for associations that would lead to unconscious ideation, responsible for both the dream and the symptom. Naumberg (1973:46) finds spontaneous or free art expression as a starting point for unconscious emotions and ideas, also hidden behind symptoms, which when released, is both cathartic and communicative. Discussion of these behaviours and thought patterns takes place whereby the client comes to an understanding or insight into his behaviour modes as relative to these inner conflicts.

(a) **Sublimation**

One psychoanalytic facet of Freudian theory is sublimation; the diversion of energy or action from the source of origin to a more noble or acceptable level. In Freudian terms, the ego diverts the instinctual energy from the demand of the id and channels it into another related activity (Van den Aardweg and Van den Aardweg, 1988:222).

These primitive drives such as aggression and sex, are either transformed into socially productive, but not always acceptable, behaviour, or they can be diverted into an acceptable activity. Kramer (in Rubin, 1987:26) remarks that in sublimation there is always change in three ways; change in the object of central interest, of the desired goal and a change in the type of energy required to attain the new goal. Sublimation can alleviate the pressure of both aggressive and sexual drives in the individual and can be seen as a type of defence mechanism.

In art therapy, sublimation can therefore be seen as a powerful energy source that can be used to relieve the client of the binding effect that his inner conflicts have on him. Through sublimation, he moves these conflicts to the world outside, a world of creativity and imagination. Although the conflicts may still be present during the creative process, the client is master and not victim. Kris (1952:302) summed it up very succinctly by explaining that creation can have a twofold effect on inner conflict. It can serve as the comprising factor between forces that conflict and it can act as a defence mechanism against a dangerous instinct.

(b) **Symbolism**

Symbolism, in a standard dictionary definition is seen as typifying or representing something by resemblance or association (Hayward and Sparkes, 1976:1143). Altman (1975:21) sees symbolism as a universal primal language representing an association between ideas having something in common, even though one is not always able to detect this relationship. Wilson (1985a:79) goes one step further by explaining that although the symbol represents the original object it is more than that. It does not only stand in place of, but stands for, thus it can be regarded as a substitute.

Symbol formation is a developmental process that accompanies ego function growth during the individual's life, in the form of pre-perceptual sensory data, developing into percepts or memory traces, experienced as clues or signals. Perception later develops into a mental representation, an abstraction, of the absent object (Beres in Wilson, 1985a:79). Beres sees symbolism as one of the very necessary building blocks which will lead to further complicated cognitions such as imagination, concepts, fantasy, thoughts and language.

Dysfunction in adequate symbol formation is seen by Wilson (1985a:80) in severe disabilities, amongst others, retarded ego development where the client cannot distinguish between the real and the representative object; schizophrenia, where there is difficulty with reality function; and organic brain disease or damage where the client suffers inability to articulate ideas, known as aphasia. Wilson (1985a:88) moots that in the case of the above mentioned developmental pathologies, language usage is either impossible, too threatening or too frightening. The patient can rather use and develop his visual-motor function by means of manipulating visual images. This, rather than using words can aid his development.

In art therapy, the client uses visual imagery as his raw materials. The symbolic object represents the original and although similar, is different from it, thus standing both in place of, and for, the original. During the therapeutic process, buried unconscious material and fantasies move towards the preconscious, the state of awareness. This may develop into verbal awareness of the inner conflicts (Kramer:1992:140).

#### **2.3.1.2 Object relations approach**

As a compliment to Freudian drive theory, which focuses on how an organism discharges its impulses, object relations theory explains a developmental continuum for understanding how man operates and what he needs (Henley, 1991:69). Hamilton (1989:1152) sees object relations as a maturation developmental sequence whereby the individual forms attachments to people or things who are psychologically significant. Robbins (1980:88) views this attachment as that which motivates each individual to reach out, connect and make contact with the world. Very early in life, the child negotiates various stages of attachment, separation and self-determination, involving objective perception and subjective conception.

Essential individuation should see the personality forces as centred, balanced and harmonised, inducing healthy interpersonal relationships (Van den Aardweg and Van den Aardweg, 1988:15). If problems with this congruence are encountered along the way, the client can suffer developmental deficits, as each stage has its own set of anxiety and hurt (Robbins, 1987:45). Henley (1991:69) points out that during the process of 'becoming', when the individual is at his most vulnerable as regards interpersonal and intrapersonal relations, he may present clinical symptoms due to emotional or physical hurt.

A safe psychological climate should afford the client a chance to overcome disturbed object relations whereby the therapist can offer empathy (Robbins, 1987:27). This safe environment is seen by Lachman-Chapin (in Rubin, 1987:90) as a holding environment wherein object relations can develop. Art therapy affords the client the opportunity to organise and express these attitudes, moods and emotions of past relationships within a safe, supportive space, acting as a type of buffer, deflecting the tension and subsequently enhancing the client's self esteem and sense of self.

#### **2.3.1.3 Self-psychology approach**

The literature reveals therapists who question the client's relationship with his inner self and the manner in which he has been able to separate from the mother image (Kohut, 1978:432a; Mahler, 1975:109). These therapists say that problems in early childhood can be caused by failure in empathy by the parental figures (Lachman-Chapin in Rubin, 1987:75) and this lack results in affected self cohesion or self consolidation, which at a later stage has bearing upon sexual and aggressive conflicts.

The self is the sum total of all that an individual can call his own, his attitudes, values, ideas, experiences, feelings as well as dynamic processes that govern behaviour that develops from birth (Van den Aardweg and Van den Aardweg, 1988:205). The child initially sees himself as perfect, powerful and supreme (roughly 18 months of age) and is able to win attention and admiration by doing things. This narcissism or self-admiration, part of his development, is satisfied by the mother.

The need to enhance one's self is termed self-object by Kohut (1978b:554). However, Winnicott (1971:131) sees this self-object as projection of bad self feelings of the mother on to the child, leading to the child developing bad feelings about himself. If the mother, the self-object, does not reflect empathy, the developing self in the child's personality is damaged or disordered.

Art therapy, in its many guises, can provide a vehicle by which the client can express wishes and desires that remain outside his integrated self. These desires could be those that were not met by parental figures in earlier years. It is within the therapeutic encounter that the client can get attention and try to meet parental expectation, previously unobtainable, without feelings of threat or failure (Lachman-Chapin in Rubin, 1987:91). The therapist functions as the self-object, providing the empathy and nurture. Then in a step towards individuation, Lachman-Chapin points out that the actual artwork can itself become a self-object for the client, as it is a way of creating, being understood, admired and seen, thus having one's self affirmed (in Rubin, 1987:80).

Lachman-Chapin comments that each person needs self-objects throughout life. Art can thus be used during any life phase, to strengthen the self.

#### **2.3.1.4 The Jungian analytical approach**

Jungian theory sees the self or psyche as consisting of the personal and collective unconscious, complexes, the ego and archetypes. The unconscious has two distinct layers, namely a personal unconscious containing lost memories, repressed ideas that are forgotten on purpose and vague perceptions at the pre-conscious level and a universal or collective unconscious. Jung feels that

personality grows and is maintained by the manner in which the psyche is able to manage conflict (Maduro in Corsini, 1983:149). This conflict is fundamental to encounters between the archetypes and the ego, by means of the complexes. These archetypes are seen as concentrated psychic energy ever ready to respond to environmental cues.

Storr (1983:71) sees these archetypes as primordial images, a blue-print in the human brain. They are impressions of repeated experiences which, when occurring in life, in a fantasy or in a dream, either gears the individual into action or arouses great interest. This archetypal material is thus seen as the main reconstruction capability of the psyche as it will generate images that are the result of



repressed events or fantasies from the past, facts of the client's personality and inner experiences that embody a host of possibilities and feelings.

The therapeutic art setting is the ideal situation in which this event can take place. When the client views the image that he has created, his relationship with unconscious material begins to alter. As these previously unconscious images emanate, inspired to continue, he comes to realise that he is creative, spontaneous and original and this will lead to further development and psychic growth (Edwards in Rubin, 1987:104). As Schaverien (1992:89) notes,

*'A sense of self begins to emerge in direct correspondence to the image; it feeds back in a positive sense... This transformation of the image from internal to external is the beginning of a change in state from one of unconscious fusion with the image, to differentiation and separation from it.'*

This is where the healing begins to take place.

### 2.3.2 **Humanistic Approaches**

What follows is an overview of some of the major humanistic views of man. There is no one shared theoretical framework as was seen in the preceding section, dealing with Freud and Jung. Instead, one will observe that the common denominator is the concept that man has his own potential for development and growth at his fingertips. He is the one who at the final count is responsible for his life.

There does not appear to be a classical technique for any one theoretical persuasion, be it Gestalt, phenomenological or humanistic. Art therapists tend to work from a particular framework, but freely use elements of psychodynamic, behavioural, developmental and cognitive theories if deemed necessary.

#### 2.3.2.1 **A Humanistic approach**

By way of contrast to psychoanalysis and behavioural psychology, Abraham Maslow propounded a theory of motivation that forces one to look further than the immediate life, towards complete capabilities (Maslow, 1987:57). Underlying this theoretical persuasion is the concept that behaviour is man's response as an integrated entity towards the result of trying to adjust himself within his world as best as he is able.

In contrast to Freudian psychic determinism man is seen as an individual with potential, who should take responsibility for his own life. Van den Aardweg and Van den Aardweg (1988:111) see him as capable of personal decision and choice-making and that he is motivated by the personal meaning which he attributes to experiences. Maslow focused on a hierarchy of needs which motivates man into action and progress.

Humanistic psychology seeks to understand the individual, how and why he operates by way of exploring his needs, desires, values, feelings and perceptions that constitute his unique behaviour. This involves studying man and his life as a whole, both of which are given identity and meaning through self actualisation. Creative accomplishment is a major basic need, the failure of which can result in anxiety and guilt (Garai in Rubin, 1987:188).

Rank (in Rubin, 1987:190) sees life as a journey in creation, and creating is part and parcel of the journey through life whereby man is free to fashion his own mode of living. In order to become a true creative being, man should be able to call upon his inner experience as a means of attributing significance to his life.

As an art therapist, Garai (1987:ibid) sees the goal of therapy, not as eliminating feelings such as anxiety and fear as such, but rather transforming them into real expression within the creative space of the art-making modality. Thus, through creative expression, the client seeks physical and psychological health (Jourard, 1971:32). The humanistic therapist realises that the client may experience a number of identity crises that occur at different life stages and by means of creative expression, can pre-empt these occurrences, helping him to cope by means of preparation. Life can be made more meaningful by adding a spiritual facet (Frankl, 1987:99 and Maslow, 1987:269). Together, the client and the therapist try to reveal the inner man who is able to create from within his own psychic space.

#### **2.3.2.2 The phenomenological approach**

A known philosophy from the middle of the 18th century, phenomenology is viewed by Betensky as the qualitative exploration of the human experience (in Rubin, 1987:149). The founder, Edmund Husserl (1958:101) made a study of consciousness, and in so doing, tried to find the essence of phenomena perception. A phenomenon is anything that can be observed with the mind and through the senses. To observe any phenomenon with meaning, is termed intentionality, a fundamental tenet

of phenomenology, which orientates the individual towards the world as reality.

Strasser (1977:28) sees intentionality as influencing emotion which activates man into orientating himself to his world. He highlights three stages of emotion, the preintentional stage where a vague impression is left unidentified. During the second phase, the intentional level, this vagueness connects with the unidentified object. Once this object is fully understood, metaintentionally, during the last phase it becomes part of the individual's life world. This build-up of emotion towards the object is seen by Frankl (1987:113) as highlighting the emergence of meaning, personal meaning for the client.

Betensky (in Rubin, 1987:165) views art therapy from a phenomenological angle, as getting the self in touch with the artwork. Reality does not lie in the art of doing art, but rather in the client's own perception of the event. Thus the emphasis is on perception, subjective experience and personal meaning, enabling the client to experience his inner world as something that is very real. Betensky (1987:158) posits four sequences that constitute the art therapy process. The first is informal experimentation, serving as a warm-up period wherein safe small risks can be attempted. She feels that here the client will play with colour paints just to see what will happen when he mixes them.

The second stage is the actual creation of the phenomenon, the artwork. Once the artwork is complete, it is placed where it can be viewed. During the third stage, that of distancing, the client moves away from the artwork in order to get perspective. He is able to investigate the emotions that the visual phenomenon contains, by looking at the artwork with intent. He is in dialogue with his creation, in touch with his inner self, looking at his interpersonal relationships. This discovery can lead to a transcendence of self-centredness as he finds a change in the way in which he reacts to others, leading him to a level of socially intentional living.

### **2.3.2.3 Individual psychology approach**

Alfred Adler is seen by many as having had the greatest influence on modern psychotherapy (Frankl, 1987:99 and Maslow, 1987:165). He stressed the wholeness, unity and uniqueness of the individual moving towards a life goal. Adler comments (1968:175) that the most important task pertaining to individual psychology is to prove this wholeness of the individual, wholeness in his behaviour, in his thinking and in his feeling. This unified expression of his personality is termed his lifestyle. Although a unified being, man is seen to interact with, and form part of, larger social organizations,

namely his family, his community and humanity (Ansbacher in Corsini, 1983:70). To fully comprehend the human being, one must view him in relation to his social environment. As part of the larger whole, he needs to be socialised and will be successful if he pursues social objectives rather than personal ones (Garlock in Rubin, 1987:139).

Adler continues to explain that the psyche finds ways and means of communicating the life plan of the individual. He notes that feelings reflect the meaning that the individual gives to his life and the goals that he is striving to attain. Emotions accentuate the character traits which are to be seen in social relationship and one of the most indispensable resources in life, is the development of healthy emotional processes (Adler in Rubin, 1987:140).

Group art therapy has been developed as one way in which man can operate as a social being, rather than an individual with his own special destiny (Garlock in Rubin, 1987:142).

The safe, non-threatening environment of art therapy is the ideal setting whereby the disturbed individual can express himself freely, his own self-determination becoming a creative force. This then enables him to look at his life, his own goals and objectives and he is encouraged to adjust himself in order to be able to live a socially constructive existence.

#### **2.3.2.4 The Gestalt approach**

Popularised by Fritz Perls (Corsini, 1983:377) this is a phenomenological - existential therapy where the method is dialogic, bringing immediate present experience into focus and awareness. Keyes (1974:91) mentions that Gestalt techniques focus on awareness and self-responsibility of the immediate present as many clients block their awareness of the present by dwelling on past experiences or fantasising about the future.

A mentally healthy person is in contact with his personal needs which obviously affect his perception of the present moment and help organise his awareness field. The individual who is not truly in touch with his needs will be confused about what he wants. Bowes (1990:12) remarks that in order to help the client understand his needs and problems, he should be aided in focusing clearly on the present and being encouraged to speak clearly about his imagery.

The total personality and not symptom relief is the focal point of Gestalt therapy. Stevens (in

Herink, 1980:247) explains this as all the different parts of a person's functioning relating to each other in a functional process. These different parts, part of his Gestalt only have meaning in relation to the whole.

Janie Rhyne (1990:3; 1972:242) uses the Gestalt art experience to allow both client and therapist to search the dominant or central figure which matters most to the client. Together they make contact through the visual form, with the therapist helping the client to understand the line, colour, form, shape and texture in his expression, seeing the whole as it appears to him. Rhyne (1990:3) feels that looking at the interactive parts that make up the whole, the client may start to understand his own expressive structuring. Without interpretation, he may see his self-created reality constructs. As these configurational patterns emerge, the client is able to observe reality that he has constructed himself and eventually get to know himself as a whole person. As the individual increases his self-awareness, he is able to experience himself as capable and responsible which can bring about opportunities for creative change.

#### **2.3.2.5 An existential approach**

Seen from the existential angle, the individual has the sole responsibility of making himself what he is. He should be aware of his needs and accept responsibility for his behaviour choices. These choices ultimately create his self, based on freedom, responsibility and accountability (Van den Aardweg and Van den Aardweg, 1988).

Ludwig Binswanger (1963:139) promoted a personality theory which involved the psychotherapeutic technique of '*Daseinanalyse*' whereby meaning is given to existence by means of human potential, that man is ultimately the constructor of his own life by means of responsible decision making.

Frankl (in Corsini, 1983:407) developed, by means of his technique of logotherapy, a treatment in which the client looks for meaningful content in a seemingly indifferent and meaningless world. He maintained that this meaning is communicated by means of values namely experimental, creative and attitudinal.

Maddi and Kobasa (in Corsini, 1983:408) underscore Frankl's assertion that the search and attribution of meaning is a core construct in man's personality. The activities that create this meaning, Binswanger's '*Eigenwelt*' (1963:31), are orientated towards the self, including the dialogue that the

individual has with himself, which include judgement, symbolisation and imagination.

Man's interactions with others, his '*Mitwelt*' (Binswanger, 1963:31) or need for communication and contact (Maddi in Corsini, 1983:410) influences his attribution of meaning for self and the world. Likewise, man's interaction with the world around him, his '*Umwelt*' aids and creates meaning for the self.

Life is seen as a series of decisions which involve a certain amount of freedom and possibilities which may result in anxiety and guilt. Courage is necessary when choice and decision making are involved as anxiety can be experienced during this process. Thus it is faith in one's capabilities in making the right choice by means of imagination, symbolisation and judgement (May, 1967:192). Maddi (in Corsini, 1983:410) encourages use of these three constructs on the path to becoming an individual in one's own right, in feeling that he is capable, assertive and has a certain amount of control over both his environment and himself.

Moon (1990:6) finds the existential approach in art therapy an ideal framework from which he can understand the client. Imagination, symbolisation and judgement, all key elements in the art therapy process, are involved with the self and the inner dialogue that the client has with his self. Moon (1990:76) maintains that it is the intellectual discourse taking place within the client that is addressed rather than the holistic image that is represented on paper or in clay.

Within the safe climate of the art therapy experience, the client has the freedom to look at the situation and condition in which he finds himself and can then examine, together with the therapist, the emotional struggle that accompanies this condition or situation.

#### **2.3.2.6 Relation therapy approach**

The relation therapy approach, partly based on the client-centred work of Carl Rogers, has been developed and is defined by Jacobs and Vrey (1982:14) as therapy which aids the client in his attainment of self-actualisation. Acceptable formation of relationships with himself, significant others, objects and ideas, together with an appropriate educational climate, based on love, knowledge, care, respect, acceptance, trust and honesty, will support the client in the quest towards 'becoming' or self-actualisation.

The manner in which the client experiences joy, sadness, aggression, etc. will determine the quality of these relationships. This is the affective component of the relationship. As important is the

cognitive aspect of relationship formation. The two people involved in the relationship must have knowledge to enable each to understand the other. In the therapeutic setting, the therapist develops real empathy and love for the client which enables her to experience the world through the client's eyes.

A very important aspect is the healthy development of one's relationship with one's self. From this approach the therapist's main goal is to get to the self-talk of the client (Raath and Jacobs, 1990:28-45). As Jacobs and Vrey comment a dissection of this self-talk will reveal whether or not the client's identity is diffused or clearly developed. This identity is developed within a climate of meaning attribution, experience, involvement and self-actualisation. The individual will constantly evaluate himself by means of his self-concept which is aided by his self-talk. It is essential to dissect this self-talk as it ultimately affects his relation formation, his behaviour and his orientation to the world (Jacobs and Vrey, 1982:38).

When the client's identities are formed, such as: 'me as sportsman, me as a teenager, me as a hopeless mathematician', he judges himself by means of self-talk, against his own subjective collection of norms and values. The resultant outcome of this self-evaluation will be seen in a low or high self-concept either realistic or unrealistic and this then determines the actualising client's relations as negative or positive. The final outcome is that these negative or positive relationship further influence the client's behaviour in either a positive or a negative fashion.

The therapist, looking at the client's self-talk, helps the client to see himself as a person, to see that he is both important, has worth as well as being of importance, as summarised in the following drawing (Figure 2.4). He is helped to see where he is going, what he expects of himself and to generally get to know himself. Rogers comments that '*each individual has worth, dignity and the capacity for self-direction*' [S.a.:6] and this is facilitated by the therapist's role of empathy, congruence, openness and honesty as she listens to the client in depth. What is to be researched is whether or not art therapy could be accommodated within this field.

## **foundation of relation therapy**

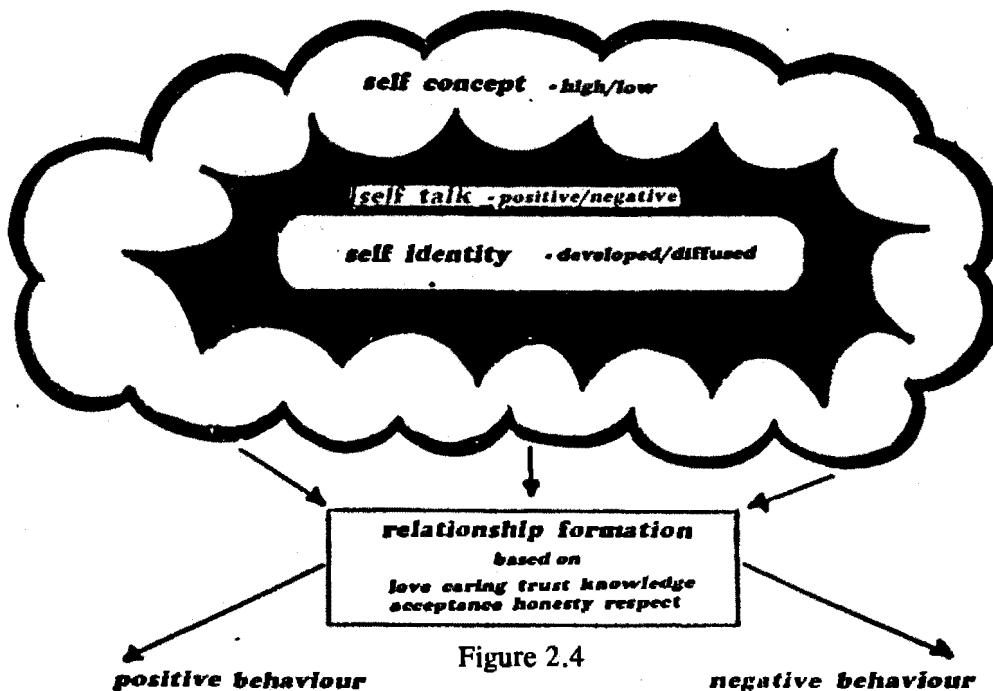


Figure 2.4

### **2.3.3 Behavioural/cognitive/developmental approaches**

The three approaches namely behavioural, cognitive and developmental comprise the third wave which has arisen in response to determinism, apparent in both psychoanalysis and humanism. Man is not slave to his fate, but has a say in self actualisation.

Behavioural art therapy addresses the changes in certain behaviour patterns and the learning of new skills in the life of the client. Cognitive art therapy highlights the role that art can play in the identification, evaluation and development of learning skills. Finally, developmental art therapy focuses on the artistic development, as well as emotional understanding and cognition of the client.

#### **2.3.3.1 A behavioural approach**

Behavioural therapy is the treatment of observable symptoms of undesirable behaviour. It has evolved in two directions. The first being Pavlovian where classical conditioning is the focal point, underscoring a conditioned stimulus eliciting a conditioned response. The second avenue is Skinner's operant - conditioning/reinforcement approach whereby the individual learns to repeat rewarded behaviour and discontinues unrewarded or castigated behaviour (Corsini, 1983:307). Operant conditioning thus involves a continuous shaping of behaviour by means of tiny supportive advances (Skinner, 1953:9). Modelling procedures help to change the current behaviour so that it will meet external requirements. Together, these behaviour modification techniques are used within the art



therapy situation to address emotional needs as well as changing certain behaviour patterns.

Roth (in Rubin, 1987:218) explains how she uses reality shaping which educates within the therapy situation. Art therapy seeks a goal behaviour for the individual and sets out to shape his understanding of what is to be represented. During the art therapy session, a poorly conveyed concept in the client's production is identified which is further developed representationally by means of a three dimensional model, giving a concrete form to the vague concept that may be underlying the child's pathology. By means of prompting a positive continuous reinforcement, the foundation is laid. Gradually the prompts, usually verbal, fade and positive reinforcement is now no longer continuous, but appears occasionally. Eventually the client is able to transfer his representation to another medium and hopefully will be able to maintain it over a period of time. One must bear in mind that therapists who use this type of approach, find the population that is most receptive to adaptive behavioural techniques to be the emotionally disturbed, mentally retarded group. Although seeing to emotional needs, this therapy addresses itself directly to changing certain behaviour patterns and teaching the individual new skills.

#### 2.3.3.2 The cognitive or perceptual approach

Cognition in the broadest sense is knowing, attributing meaning to objects, distinguishing between the self and others. Included is thinking, imagination, fantasy, perception, concept formation and reasoning (Van den Aardweg and Van den Aardweg, 1988:39). Art therapy seen from a cognitive approach can thus be understood as the role that art plays in the identification, evaluation and development of learning skills. Beck (in Hoffman, 1984:2) maintains that *'cognitive therapy may be defined more narrowly as a set of operations focused on a patient's cognitions (verbal or pictorial) and on the premises, assumptions and attitudes underlying these cognitions.'*

Silver (1978:5) comments that verbal skills follow logical thinking and although language can help and amplify thought, high level thinking can continue sans language.

To prove this hypothesis, studies were done using non-verbal instruments to assess the cognitive and emotional potential of deaf children; learning disabled children (Lavin and Silver, 1979:11); normal and handicapped children as well as gifted, handicapped children (Lavin and Silver, 1979:10). Here, Silver refers to the difference between left and right hemispherical thinking. Current predominance in education is the left brain, verbal-analytical-sequential thinker. Those with communication or language handicaps may in all probability favour right brain, visual-spatial-simultaneous thinking.

Thus this area is the one that can be developed non-verbally through art forms.

Art symbols can serve the function of language, by creating the images of experiences and perceptions on paper or in clay. Thus it is felt by Silver (1978:51) that cognitive skills can be assessed through the medium of art, as children all over the world draw the basic house, trees, people and animals in a similar way. These drawings may be associated with thought long before one can recognise what is being drawn, similarly, children can associate feelings, by means of distorted symbolic subjects giving the therapist valuable information.

Art therapy also concerns itself with emotional abnormality. Cognition and emotion go hand in hand, and the slow or handicapped learner, encountering problems falls behind the mainstream, experiences frustration, inadequacy, anxiety, demotivation and/or depression. Cognitive art therapy thus investigates the emotions that accompany cognitive skills, helping the client regain his self-confidence, removing a degree of both tension and anxiety.

#### **2.3.3.3 A developmental approach**

Art therapy viewed from a developmental framework, is based on artistic development, cognitive as well as affective understanding (Aach-Feldman in Rubin, 1987:245). Working from a Piagetian angle the therapy focuses on the client at the presymbolic stage of art expression, that is both the sensorimotor (birth to two years) and the preoperational (two to seven years) stages (Piaget, 1967:4).

It stands to reason that the most receptive population benefitting from this approach would be disabled clients. Lowenfeld (1987:112), Horowitz (1983:271) and Silver (1978:3), to name but a few, have had an impact with developmentally focused art therapy. Williams and Wood (in Rubin, 1987:254) gave the therapy its title having worked with emotionally disturbed children with a fair degree of motor and cognitive capabilities.

It appears that each therapist, although working from this theoretical angle, will differ in style, setting and method. Naumberg (1966:4) encouraged non-directive, free expression in her clientele; Kwiatkowska (1978:25) set tasks done in family or group sessions and Ulman allows the client to create a series of illustrations, usually starting with a scribble. She feels that the scribble lowers the defenses and allows strong feelings and other unconscious material to surface (1992a:88).

Aach-Feldman (in Rubin, 1987:255) posits that the client at a presymbolic developmental stage may have difficulty in choosing the media, using traditional age-appropriate art material as well as

expressing feelings either through language or symbol. She suggests three stages:

- i. an initial pre-art and traditional media non-directive stage
- ii. an intermediate structured stage with traditional media
- iii. a structured stage with pre-art media

In the initial stage the client is offered a wide selection of media such as water, sand, shaving cream, rice, dried peas etc. The client is allowed to select the media and determine how and what he wants to create.

The middle, directive stage sees the client being given specific instructions, for example, to model a person from clay, to draw a house. The final stage will enable the therapist to evaluate the manner in which the client is involved with the media. Is he able to organise sufficiently (mix, combine)?

The therapist notes how he manipulates the media (pour, dribble, bang) and then how he responds to it (positive, aversive, apathetic). Thus, through diagnostic assessment, the therapist can obtain information as to his skills level, his use of, and response to the media as well as the manner in which he is able to express his feelings.

Art, even at this very early stage of development, can be used by the client as a vehicle for expression, instead of language. Art therapy conducted from this framework should enable the client to move from formless creative exploration to representational images that have meaning for both he and his immediate environment and thereafter, to symbolic imagery which have meaning for him at a deep, affective level. Aach-Feldman (in Rubin, 1987:271) has found in her work with developmentally delayed children that they were eventually able to handle their feelings and become socially interactive after having learned to discriminate between feelings, handle the media and thereby create a basic symbol.

In conclusion, the great variety of theoretical bases (Figure 2.3) makes it possible for each and every therapist to view art therapy from a different angle, be it psychoanalytical, humanistic, cognitive, developmental or behavioural. Some therapists combine approaches to form an eclectic approach within which they feel free to work.

Conclusions to be drawn from the development of art as therapy are that a great number of practitioners have contributed to the establishment of art therapy as a profession and continue to strive

to make it a genuinely effective alternative to psychotherapy.

The various schools of thought highlight the rich diversity of approach in the profession and the main contributions that can be made by these standpoints are summarised below.

**contributions to art therapy by the main schools of thought**

**psychoanalytical approach**

- \* *art therapy brings unconscious imagery to the fore as a powerful energy source to be used as a second language*

**humanistic approach**

- \* *creative accomplishment is a human need en route to self-actualisation which can bring about psychological and physical health of the whole person*

**cognitive approach**

- \* *art can help to identify, evaluate and develop learning skills*

**behavioural approach**

- \* *art therapy helps to change behaviour patterns and teaches new skills*

**developmental approach**

- \* *art therapy can be used at every level of the client's development as a vehicle of expression where symbolic imagery has deep affective meaning for him*

RG 94

This chapter has focused on the development of art, the development of art therapy as well as the various schools of thought. A question asked at the outset of this chapter was why has man felt the need to do art? The findings in this development of art section are shown in the figure below.

**why man does art**

- \* *to show how man copes with changes in life*
- \* *to help him find his place and meaning in the cosmos*
- \* *it is a means of dealing with the complexities of the physical, emotional and spiritual world*
- \* *it speaks to man's affective being*
- \* *man has a need for verbal, visual and auditory expression modes*
- \* *man needs to share his own visual experiences with others*

Figure 2.6

RG 94

The following chapter attempts to explain the cardinal requirements that, together with the preferred theoretical stance, are required in therapeutic intervention.

# **CHAPTER THREE**

## **THE THERAPIST AND THERAPEUTIC INTERVENTION:**

### **A FRAMEWORK FOR FREEDOM**

*The phases of art therapy are paradigmatic of much of life's experience. We touch another, we join, we create, we separate. Hopefully both partners, in this interchange take with them the growth they have derived from their shared experience.*

Harriet Wadeson, 1987:197

#### **3.1 Introduction**

In this chapter, the writer will look at the therapist and the therapy. Included will be personality traits and social skills needed by the therapist, professional training of the therapist, art therapy settings, how the sessions are conducted and the way in which the therapist is enabled to assess the graphic image that is created by the client in such an art session.

#### **3.2 Characteristics of the Art Therapist**

What makes an art therapist successful? If this question were to be asked twenty times over, one would receive twenty divergent answers. As many as are the approaches to art therapy so are the yardsticks by which the therapist can be measured. There is no one final answer to this question.

Each individual client's need will require a specific approach. The initial engagement of client and therapist can be futile if the atmosphere does not lend itself to the occasion. This atmosphere has to be created and much depends upon the therapist's personality traits and social skills.

Sarah Lewis (in Liebmann, 1990:74) posits specific needs that the client may have when entering the therapeutic situation. He may have the need to:

- \* concentrate on the self
- \* be listened to, heard, seen and understood
- \* be with, to share, to belong
- \* have vulnerability affirmed
- \* express unacceptable feelings and thoughts in a non- judgemental atmosphere

- \* be assisted in emotional or personality development
- \* have contained solitude
- \* test reality, put feelings and thoughts into perspective
- \* to be accepted as he is.

Within this therapeutic environment, the writer has found in practice, as there are different needs for each client, that no one element is responsible for effective therapy. There arises a combination of factors, amongst which, personality, ambiance of the therapeutic setting, media and interpersonal skills seem to be most prevalent.

### 3.2.1 **Personality traits**

High on the list of important characteristics is that of empathy, defined as the capacity for reacting to the experience of, or appreciating things or emotions outside (Hayward and Sparkes, 1976:370). Empathy is seen by Wadeson (1987:12) as the caring, the concern and the genuineness felt by the therapist for the client. Petrick (1986:121) sees it as entering into the client's needs, seeing, feeling and hearing the client accurately and putting oneself in the client's place. Franklin (1990:44) cautiously suggests that in order to be empathetic, the therapist should connect aesthetically with the artwork, reflect the observations within and then move to diagnosis and treatment. The therapist ends up modelling empathy for the client.

Past experiences, training and culture also have an influence upon the therapist's capacity for empathy as judgemental reactions and observations can be tainted by subjective interpretations, which should be avoided. McNiff (1986:213) sees empathy as the development of sensitivity to feel the client's needs. He sees it as the improvement of ability to feel into the client and then open himself to him.

A second fundamental characteristic is that of self-awareness. Wadeson (1987:9) sees this as a lifelong sensitivity to one's own processes. This includes knowing and understanding oneself, appreciating one's potential, acknowledging one's weaknesses but being evermindful that the responsibility to act, experience, develop and change is in the hands of the individual. Some clinicians feel that self-awareness can be taken one step further by encouraging the student, novice and established art therapist to experience personal therapy for herself. Moon (1992:62) underscores this aspect as he sees it as a time of personal growth and a means of developing skills that the art therapist needs. As most academic programmes are very often separated from the individual's self-awareness and discovery, McNiff (1986:172) notes that often personal therapy affirms its own

role with regard to training. The student therapist has an opportunity to work through fears, conflicts and aspirations that may be aroused by clinical training. There are art therapists who engage in art work or sculpting of their own in order to get in touch with themselves and keep self-awareness alive (Kramer, 1986; Wadeson, 1980; Haeseler, 1989; Bowes, 1990 and Moon, 1992).

A third dimension that will aid the therapist is that of openness. This is defined by Hayward and Sparkes (1976:798) as being ready to admit, receive or be affected without obstruction. Wadeson's interpretation is that of understanding the client's world view (1987:10). Petrick (1986:113) sees openness as accessibility of the client to the very core of the therapist. In the eyes of Jules Weiss (1984:173) this means seeing and experiencing the client from the context of his life, with both love and acceptance. This would include the art of being flexible in every situation which allows the client the security and freedom to be himself (Vrey, 1979:207).

Intelligence is also seen as an important facet. Although there does not seem to be a universally accepted definition, Van den Aardweg and Van den Aardweg (1988:117) have combined a number of attempts at defining the concept in order to reach the following

*'the ability to profit from experience, to solve problems, to adjust and relate to one's environment, to perceive relationships, to think abstractly, to learn and to behave competently and effectively.'*

Wadeson (1987:11) sees intelligence as encompassing the ability to react rapidly to clients emotions and then being able to put the client's personal puzzle together by means of slower conceptualisation.

McNiff (1986:212) suggests that the guiding skill of the therapist is compassionate intelligence, which underscores empathy and support in the healing process. It holds projection in check and prepares the therapist to give of herself.

Petrick (1986:126) views intelligence as ability to be extremely versatile. In the therapeutic situation it is often impossible to follow a planned course of action as the client may steer the session in an unexpected direction. Quick thinking and alternative solutions are a necessity and this will mean that the therapist needs have a rich field of experience and ideas on which she can draw. This will necessitate an enthusiasm for her life's work that will ensure that she is well-read and is able to try new methods and techniques in order to aid the client.

Linked to the aforementioned characteristic of intelligence is that of self-direction. Wadeson (1987:11) maintains that there is no written script to follow in the therapeutic situation. So much



rests on the inventiveness and creativity of the therapist in order that image making on the part of the client becomes a fruitful experience.

McNiff (1986:196) sees therapy as an exploration of possibilities for helping to strengthen the imagination. Creativity views every element of life as opportunity and as a powerful psychological process, has the ability to activate possibilities or turn this instinct against the human self. Creative people as seen by Rogers (1993:243) are those who are able to respond; to seek resolution and this means staying open-minded, hopeful, flexible, constructive and persistent in finding alternative solutions.

Together with the abovementioned traits, go high motivation levels. These are seen by Vrey (1979:23) as the intensity of involvement and heightened functioning towards the realisation of a meaningful, significant goal. The goal, seen by Garai (in Rubin 1987:9) is mental, spiritual and physical wholeness, expressed in a meaningful lifestyle.

To the novice art therapist this may seem a daunting task. Lowenfeld (1987:112), however, encourages the therapist as he is convinced that the human spirit, so dim that it is just a spark can be fanned into a flame by the therapist.

These comments all point to the therapist as wanting to help, to be there for the client, to assist in the healing process that will eventually re-establish him in a meaningful relationship with his world.

After working with a long-term psychiatric patient, Dalley has included the patient's comment in the preface to her publication 'Art as Therapy' (1984).

*'Painting, art therapy is an exquisite art. It tells of people and fears. There is dynamo and dynamite in painting. It alleviates suffering and hails freedom, as if no artist was ever frightened of the misery and suffering of the world. Just think of the universe you can paint. Just think of all you can paint. It is wonderful!'*

Are these not the horizons for which the art therapist strives for her client? Can the final readjustment of the client into his world not be equated with the proverbial pot of gold at the end of the therapeutic rainbow?

### 3.2.2 **Social skills**

The art therapist should develop the ability to communicate with the client in such a way that she exudes inspiration and confidence. McNiff (1986:199) terms this ability 'contagion'. It is a two-way energy exchange whereby the client obtains help from the therapist who accepts his problems

and allows it to pass through him. He notes that contagious reactions, provoked by the therapist can restore the creative power within the self. The therapist inspires the client simultaneously showing personal power used in a sensitive manner.

Moursund (1990:214-215) comments that competence as a therapist cannot exceed competence as a human being. She feels that if the therapist as a human being loses her zest for life, curiosity, caring and confidence, she will lose those qualities as a therapist as well, and the ability to inspire will be affected. She urges the therapist to pursue her dream. Even though she may experience high and low periods, may stumble and fall, she gets up and climbs again, as the call to explore the intricate human pattern, is tantamount to the therapist's profession.

One must accept that there will be periods when one is feeling down or disheartened (Moon, 1992:121 and McNiff, 1986:205). Moursund (1990:212) notes that although the therapist is able to balance her life, she can still expect to experience a great deal of emotional stress as emotionally charged sessions inevitably allow unresolved conflicts in the therapist's life, to rise to the surface. She records three problem areas.

- \* the lack of confidence
- \* counter transference - feelings towards a client that are more appropriately directed towards someone else in your past or present life
- \* a client beginning to act out in a potentially dangerous or damaging way.

It is the therapist's duty to both himself and his client, to strive for emotional well-being which will afford both inspiration and confidence to the client. McNiff (1986:205) feels strongly that the competent person is able to believe in herself during periods of alienation, stress, conflict and struggle. She discovers her vulnerable areas and uses conflict's energy to her advantage.

Another very important social skill is the ability to be articulate. It is defined in The New Oxford Dictionary as being able to express things clearly and fluently (Hawkins, 1992:22). Cawood and Gibbon (1985:76) see articulation as speaking clearly and audibly, using familiar words and terminology, keeping to the point, using 'you' and 'your' rather than 'I' and 'my', and most importantly, keeping silent when this is judicious.

Evans, Hearn, Uhlemann and Ivey (1989:45) go into more detail, noting the fundamentals of clear and effective expression, namely the use of open inquiry whereby the client is afforded the opportunity to introduce a relevant topic, as well as offering minimal encouragement to continue the discussion. Effective communication is concerned with both verbal and non-verbal language and is,

on the part of the therapist, the ability to identify the client's feelings, and reflect them in appropriate affective words, selecting words that best describe them.

Cawood and Gibbon (1985:75) note that focusing and following the client are both very important.

This involves courteous listening skills, but also other non-verbal gestures of maintaining appropriate eye contact so that the client knows that the therapist is involved in what he is saying. Evans et al., (1989:26) calls attention to a natural relaxed body posture, slightly forward leaning which together with appropriate facial expression, gives the client an indication that the therapist is focused and following.

The articulate reflection of content incorporates the paraphrasing of the client's statements, accurately reflecting the essence of his communication, so that the client is encouraged and reassured if threatened by the discussion of his feelings (ibid:84). Thus the therapist, using appropriate non-verbal behaviour, develops these verbal skills which build rapport and aid information seeking while being sensitive to the client's responses and choosing appropriate skills or adjusting existing ones.

Finally, Wadeson (1987:13) colates the above characteristics as the ease with which the therapist relates to other people, in other words, his humanness is tantamount. These, together with warmth, patience, tolerance and a sense of humour are felt by the writer as tools that will serve the therapist well. Yet Moon (1992:70) proposes that warmth, wholesomeness and a healthy charisma alone do not equip the therapist for his task. Neither are intelligence, artistic sensibility nor concern for humankind. The therapist must add a passionate discipline that will blend all the above-mentioned skills with a willingness to work. Jules Weiss (1984:173-174) in working with the disabled and elderly through the medium of expressive arts therapy feels that there are a number of principles for understanding and working with the client. The therapist needs to

- \* accept the client within his own life context, in love
- \* see the client just as he is
- \* work and communicate from the heart, using the mind
- \* share with the client the feeling that potential is present in every moment
- \* acknowledge that the client has the potential to understand and develop
- \* recognise the child, the adolescent and the adult in each client and afford him the opportunity to test unknown waters.

What Weiss, Moon, McNiff and Wadeson are saying is that the therapist, together with the client

should perceive all experiences as opportunities for growth.

Cheyne-King (1991:98) adds to the list of desired characteristics. She feels that besides being able to communicate effectively, be patient and professional, the art therapist needs to be assertive when people question his work. Society needs to know that the art therapist is a highly trained professional who has the ability to reach the client who may be unreachable by conventional therapy.

### Conclusion

### ***factors in successful therapeutic intervention***

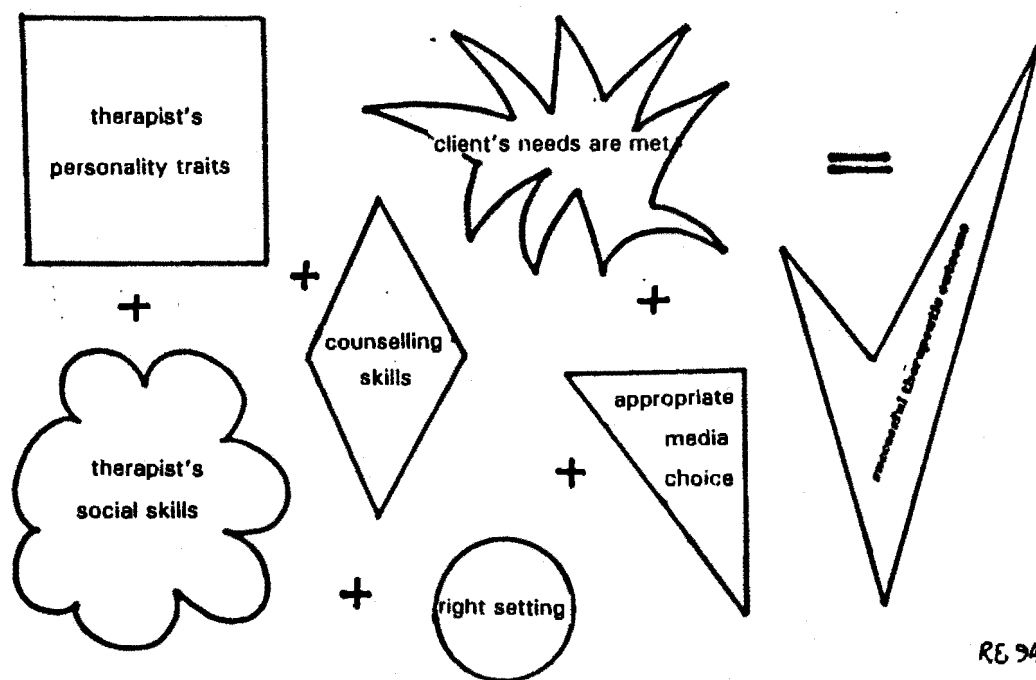


Figure 3.1

The writer feels that these specific personality and social skills, as well as counselling skills, are necessary in order to meet the client's needs within the right setting, using appropriate media. All these factors, as illustrated above, must combine if a successful outcome is desired.

Having answered the question on what makes a good therapist and therapy successful, the writer would like to look at the type of training that is afforded the art therapist with an eye to future possibilities in South Africa.

### **3.3 The Training of the Art Therapist**

In this section the writer will look at the training of art therapists in Great Britain, North America and South Africa. The aim of this section is to examine the British and American perspective and whether or not similar structures exist in South Africa.



4. Certain personality requirements are also desired, such as a degree of creativity, openness, ability to express ideas well, warmth, flexibility, tolerance, emotional toughness, sensitivity and a stable personality. (Dalley, 1992:197)

The course (full-time and part-time) comprises various facets, as seen in Figure 3.2.

### **british art therapy training**

1. **Basic theoretical knowledge**
  - \* **psychological : personality theory**
    - ! **psychotherapy**
    - ! **psychopathology**
  - \* **art therapy : media**
    - ! **processes**
    - ! **general principles**
2. **Practical experience**
  - \* **art therapy workshops**
  - \* **psychotherapy groups**
3. **Clinical work in :**
  - \* **psychiatric hospitals**
  - \* **general hospitals**
  - \* **institutes for the mentally handicapped**
  - \* **adult training centres**
  - \* **assessment centres**
  - \* **special schools**
4. **Own art work**
5. **Dissertation (for Master's degree)**

Figure 3.2

#### 3.3.2 United States of America

Formal training was introduced in the United States of America in the early 1970s (Moon, 1992; McNiff, 1986), when a Baccalaureate in Art Therapy became available. There are numerous institutions offering the Masters Degree in Art Therapy. Wadeson (1987:273-280) notes that one can arrive at the destination of ATR (Art Therapist Registered) by two means. The first is by means of a university based training programme where one can read for any of the following degrees approved of by the American Art Therapy Association.

- M.A. (Art Therapy)
  - M.A. (Art, specialising in Art Therapy)
  - M. (Education and special art therapy training)
  - M. (Psychology and special art therapy training),
- plus undergo 1,000 hours of paid art therapy experience.

The second method is via clinically-based training where by registration is granted by the AATA due to a combination of both education and experience. Into this category fall many of the pioneers who

did not necessarily graduate with formal art therapy qualifications. Moon (1992) and McNiff (1986) note these practitioners are professionals in clinical psychology, medicine, fine arts, the liberal arts and religion.

For those would-be therapists who seek a formal qualification, the Master's course is a full-time two year period of study, as seen in Figure 3.3 below.

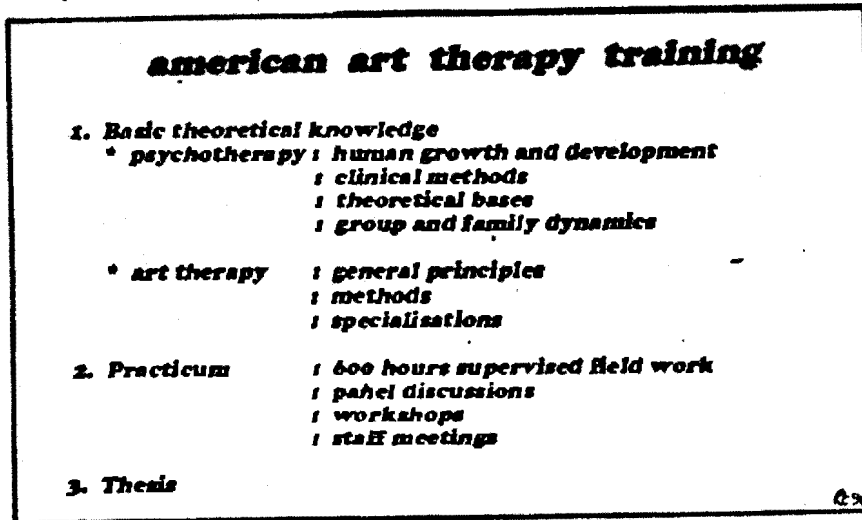


Figure 3.3

The writer has visited some of these training centres in North America and has found the directors and therapists extremely keen to share their knowledge and experience and introduce the writer to the different facets of art therapy practice.

### 3.3.3 South Africa

Unfortunately, to date, the writer has no knowledge of any institution in South Africa offering training in art therapy in either fine art, art education, education, psychology or occupational therapy departments.

## 3.4 The Structure of Art Therapy

What follows, is a look at the different areas where art therapy is taking place as well as specific areas of treatment. The writer will concentrate specifically on the therapy session, the preparation for therapy, occurrences during therapy such as transference and counter-transference as well as termination of the therapy session. Problems that can cause blockages in effective therapy will also be addressed.

### 3.4.1 The scope of art therapy

Man has always used the art of music, poetry, dance, drama, painting, writing and sculpture to symbolize, explore and say what could not be said in words. Keyes (1974:1) comments that the genius in the creator of the art work highlights man's being in the world and reflects his ever-present questions about his existence. Even though he may not be able to say how he is feeling, the creation mirrors these emotions and attitudes.

For the client unable to express himself, to describe what or how he is feeling, art therapy is an ideal medium for creating a situation within which he can achieve both conscious and unconscious expression, as the art is used as a means of non-verbal communication. Dalley (1984:xiv) explains it as an intellectual and emotional connection of the meaning of the picture and the client's own life situation, providing him with previously unclear or hidden aspects of his life.

Wadeson (1987:21) suggests that when the therapist is working with the client, she is working towards the client's positive development, regardless of what type of art expression may be the result.

Warren (1993:5) takes the concept further afield and moots that if artistic processes are reintegrated within society, they can help promote healthy individuals and thus a healthy society, by holding up a communal mirror to society as a whole, resulting in growth in self-esteem, self-image and social interactions.

The literature highlights the great variety of populations wherein art therapy is taking place where it is seen to be fruitful and effective. Art therapy was first practised in the initial population of patients in psychiatric hospital settings. These are seen as chronic or residential long-term patients where most suffer psychotic disorders and the others are social dissidents. About two-thirds in British institutions are chronic schizophrenics, worsened by problems brought about by prolonged stays in hospitals (Dalley, 1984:174). Others who have worked with schizophrenic patients and published their findings are Mann (in Robbins and Sibley, 1976:144), Wilson (1985a:81; 1985b:132), Ulman (1992a:81; 1992b:92) and Lowenfeld (1987:141).

Another group that often encounters some long-stay patients is the rehabilitation group. Here work has been done with anorexics (Murphy in Dalley, 1984:96; Lubbers in Landgarten and Lubbers, 1991:49 and Wolf et al., 1986:39), with victims of sexual abuse (Shields in Landgarten and Lubbers, 1991:111; Peacock, 1991:100 and Spring, 1985:13) and with victims of incest (Serrano in Wadeson, 1989:114).



Amongst the many therapists working in substance abuse rehabilitation was Margaret Naumberg (1966:85) and Spring (1985:13). Many clients with depression have undergone art therapy, aided by Naumberg (1966:85) and Wadeson (1987:223). Others in residential settings are the elderly who, as Weiss (1984:3) comments, can find a way by means of group art therapy, to express themselves as individuals, thus giving meaning to their lives.

Millar (in Daley, 1984:127) and Zeiger (1976:47) have also done some work in the geriatric residential area (in Dalley, 1984:127). Golub has investigated war survivors (in Wadeson et al., 1989:5); Thrasher has worked with new immigrants (in Wadeson et al., 1989:43); Steinberger has worked with autistic clientele (1987:40); Lagorio has undertaken art therapy with battered women (in Wadeson et al., 1989:92); Alzheimer's sufferers have been investigated by Harlan (1990:99) and Borderline Personality Syndrome victims by Silverman (in Landgarten and Lubbers, 1991:83) and Conger (1988:34).

Post-traumatic stress disorder has been documented by both Stronach-Buschel (1990:48) and Howard (1990:79). Children who have suffered bereavement have been helped by Zambelli (in Wadeson et al., 1989:60) and Berg (1973:39). Sexual promiscuity has been dealt with by Ulman (1992d:95) and conduct disorders by Wilson (1985:130) as well as Clements and Clements (1984:3). The topic of suicide and attempted suicide has been addressed by Byers (in Landgarten and Lubbers, 1991:21), Conger (1988:34) and Wadeson (1975:75).

The terminally ill patient has benefitted from art therapy thanks to Millar (in Dalley, 1984:127) and Baron (in Wadeson et al., 1989:148). Individuals undergoing prison sentence have undergone art therapy as shown by Ackerman (1992:143), Day and Onorato (in Wadeson et al., 1989:126), Laing (in Dalley 1984:140) and Wadeson (1987:211). A lot of research has been carried out with mentally retarded or brain-damaged people, by Lowenfeld (1987:134), Wilson (1985a:84), Dodd (1975:83), Stott and Males (in Dalley, 1984:111) and Ellis (in Robbins and Sibley, 1976:128).

The other very large population to benefit from art therapy is that of the physically handicapped (Anderson, 1978:15). A lot of work has been done with the visually handicapped. Here Lowenfeld (1987:118), Anderson (1978:14) and Clements and Clements (1984:114) provide clear cut methods in dealing with these clients. Those with hearing problems have been researched by Lowenfeld (1987:131), Clements and Clements (1984:96), Anderson (1978:9) and Silver (1978:84). Those with learning disabilities are dealt with by Anderson (1978:3) and Silver (1978:225).

From the abovementioned research, it would appear that only individuals handicapped in some way

or other have been catered for. The literature also exposes another area, that of the gifted individual and the way that he may experience problems. Both Clements and Clements (1984:148) and Mullins (1973:52) use art therapy for this client, in order that the client may better understand his world and himself and in so doing, be better equipped to communicate with others. Thus, the research points to a great variety of areas where art therapy can be and is being used most successfully as illustrated in the following diagram.

#### ***scope of art therapy***

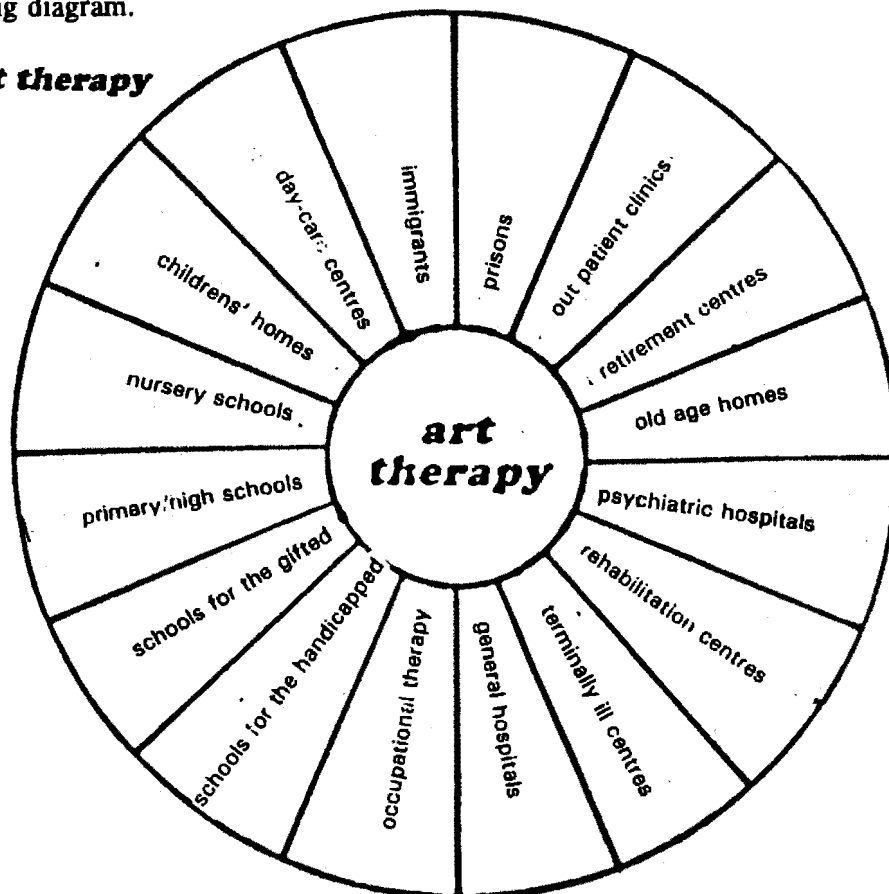


Figure 3.4

#### **3.4.2 The therapeutic setting**

The primary aim of any therapy is to allow the client a framework for freedom, wherein he is free to come to a meaningful understanding of both himself and his world. Rubin (1984:17) explains this as essential conditions that are necessary for this freedom framework which include sufficient, organised predictable space and time as well as a trusting, interested, accepting, supportive attitude on the part of the therapist. Only then can the therapist and client attempt to begin therapy and work through the problem areas until termination is reached.

#### 3.4.2.1.1 The initial phase

Rubin (1984a:7) clearly notes that before the therapist can contemplate a session, she must know her materials, the possible processes, the products, the nature of human development as well as why people behave in certain ways and what the symptoms are that represent deviations from the norm.

Wadeson (1987:153) includes looking at the time that is necessary for the session. She suggests one hour per individual session and one and a half to two hours for a group session. Obviously the venue must be able to accommodate the whole group. Furnishings should be simple, with access to water and media, tables to work on and enough space within which to move.

Possibly the therapy session has started long before the client enters the room as often there is a completed questionnaire or report from a referral source that reaches the therapist before the client does. One should be familiar with the information but treat it as hypothesis rather than fact. This will allow the therapist a reasonable degree of objectivity. There are therapists who do not like to familiarise themselves with such information as they feel it can jeopardise therapy as there are pre-conceived notions (Moursund, 1990:35).

During the initial interview, Wadeson (1987:178) posits three basic aims.

- \* to establish rapport
- \* to introduce art therapy
- \* to make an initial assessment and then plan further sessions and set goals.

During rapport establishment, Van Niekerk (1987:145) comments that language, facial expression, gestures, sympathy and empathy, listening, mutual help, attending, working together and showing love, all work together to show the client that the therapist trusts him to be able to achieve something and to be worth something. This climate of mutual trust is sincere and open-hearted. (Vrey (1979:35) explains it as being mutually involved which presupposes a valued objective. This can be seen in his degree of attention, interest, expectation and absorption. The therapist will know when the client is not involved as attention and interest levels will be markedly low. This may be a very difficult phase if a client does not want to be part of any art activity and has no intention of becoming involved.

Moursund (1990:36) points out that at the outset of the initial session, the client is normally rather anxious and the therapist's task at this early stage is to create the ambience wherein the client is able to relax and focus on his needs.

Van den Aardweg and Van den Aardweg (1988:193) point out that a relationship is a particular mode where persons are mutually connected. If there is no mutual connection, with possibly the therapist

working very hard and the client extremely reluctant to connect, a rapport and mutual relationship cannot be formed. This experience is both cognitive and affective as both parties get to know each other and experience either rejection or acceptance. If a positive rapport is established, both client and therapist accept each other in an ambiance of mutual love, care, trust, respect acceptance and security.

The writer has found that very often this initial interview has lasted an hour or so, with no art work even being suggested. Although progressing towards art work is a goal during the first interview, the therapist must be flexible, and not stick rigidly to preset plans, as each client is different, his needs are different and the way one sets out working with him will differ from the methods used with another client.

Once the therapeutic climate has been achieved, the therapist tries to get enough information from the client so as to make tentative decisions about further planning, further therapy and goals that one would like to see achieved. Moursund (1990:38) points out three road rules of this journey, firstly, the therapist keeping herself centred, devoting all attention to the client so that the client gets the message that the therapist is focused and ready to become totally involved in the process. Secondly, the therapist should follow the client's lead and allow him to tell his tale. The therapist listens to the content, the non-verbal communication emanating from the body language as well as the style, pattern and logic of the client's dialogue.

The final step for the therapist is to remember to be herself. In an effort to appear competent, one may jeopardise the warmth and genuineness that one needs in establishing rapport. Being oneself is the therapist's most effective therapeutic tool. Only then can the client experience the real and spontaneous humanness of the therapist and by so doing, learn an important lesson about how to relax and be himself. Rubin (1984a:69) adds to Moursund's ideas in that even if the therapist is new in this field and may feel incompetent, if she believes in what she is doing, she will more than likely succeed. She maintains that there is no perfect personality type, the only proviso, is that the therapist must genuinely love working with people and relating to them. One must be able to experience both the pain and the pleasure of the process alongside the client, if the therapeutic alliance is to be at all successful.

Wadeson (1987:178) adds a practical notion to the initial stage. She comments that some therapists tape the session with permission from the client, while others take notes. If the therapist feels that these options may be disruptive, she may rather want to make notes directly after the session, noting concrete information, the client's reactions, as well as the therapist's reactions, whether or not she is bored, confused, relaxed or excited. The writer has found that the client can feel very threatened

when using a tape recorder. Far better to simply make quick notes along the way, or straight after a session.

#### 3.4.2.2 Mid-phase

Wadeson (1987:185) refers to the mid-phase as the settling down to solid work phase. The client initially ill at ease, has settled down, power struggles have probably disappeared, wariness and suspicion have diminished and trust has been firmly established. Engagement is seen to be serious.

The client should be aware that the therapist respects him, is interested in him and that she takes his concerns earnestly. He knows that he can depend upon her and that she is direct, saying what she really means. During this phase, transference and counter-transference are issues with which the therapist must deal.

##### a. Transference

Moursund (1990:64) finds in many therapeutic settings, the relationship between client and therapist to be the major authentic tool for therapeutic change. This tool helps to show the client that he is reproducing something in his past in his ambivalence towards, or appreciation for, the therapist, using the therapist as stand-in for the important persons throughout his life.

Moursund (1990:144) likens transference to old business with a mother, father, brother, sisters or any other significant person being played out in the session. During this time, the client, aided by the therapist takes a new look at these relationships, works through past trauma, heading towards a healthy ending. Wadeson (1987:119), too, comments on these early emotions as being childlike during arousal by the art therapy situation.

Oster and Gould (1987:72) have found that a colour or a theme can arouse these early emotions, often expressed in an aggressive use of the art materials. The client may draw either the therapist, the treatment facility or other staff members, or even himself in such a way that he manages, by changing some personal angle, to resemble the therapist or other staff members. Dalley (1984:xxii) notes that this aspect is seen to be of great importance as these strong infantile feelings originating in early relationships or childhood experiences, when transferred onto the therapist can be related to current situations which becomes the focal point of the psychotherapeutic relationship. This places the therapist in a crucial position as she may find that she is on the receiving end of a great deal of hostility and reproof, as representing a parent figure, which she must be able to tolerate and with which she must know how to deal. This brings one to a problem that could possibly arise at this stage, namely counter-transference.

#### b. Counter-transference

Dalley (1984:42) points out that the therapist must be aware that during therapy, emotions may be triggered off in her life possibly recalling some unfinished business of her own. Haeseler (1989:71), copes with counter-transference by working alongside his client, which while giving him some privacy often reflects how the therapist feels about the client. He warns that one must guard against self-observation that may detract attention from the client.

However, Wadeson (1987:125) points out that counter-transference, like transference, an unconscious process, is often very difficult to detect and the therapist is not always aware that something is wrong. Therefore, she moots for conscientious self-awareness. When confronted by a client's art work, the therapist cannot always explain her response to it. Feelings and ideas, not personal belongings, may arise which are not necessarily caused by the therapy session, yet the therapist has to allow them to exist alongside the therapy, without interfering with her relationship with the client.

Wadeson (1987:127) posits a possible solution in that the therapist could use art making as a personal self-processing possibility. She feels that by creating images of one's relationships with clients, the therapist can become aware of her own troubled feelings towards these people and is then better able to deal with them.

Moursund (1990:212) suggests watching out for danger signals that could herald the onset of counter-transference, such as uneasiness following a session, a fear of losing the client, cultivating his dependency or affection, disinterest and dreaming about the client, amongst others. She suggests calling in the aid of a colleague with whom one can work through these many reactions.

The middle phase sees a shift of focus from external problems to internal problems, from primarily cognitive-level work to primarily emotional-level work, where, instead of looking at outside relationships, one is focused on the relationship within the therapy session (Moursund, 1990:64). Finally, the therapist must be evermindful that no two clients react in the same way and that progress may not develop evenly from stage to stage. There may be much backward movement before the client is empowered to move forward to a healthy conclusion.

#### 3.4.2.3 Termination - the final phase

Although termination is the goal towards which both client and therapist works, knowing that treatment must and will come to an end, this is very often a very difficult experience. Edelson (in Wadeson, 1987:191) phrases it thus

*'Separation is inextricably bound up with that which in life we value most: growth, achievement,*

*anticipation, the joyful sense of purposeful ongoingness. Yet each choice, each accomplishment, is a commitment, and further limits the possibility of what can be...*

Moursund (1990:82) comments that many humans do not as a rule handle the ending of relationships and cutting off contact very well. If at all possible, one will find a way of putting off the final moment or try to ignore it altogether. Although the art therapist is well-trained to look for the problems of mid-phase therapy such as acting out, transference, unfinished business and defensive manoeuvres, she is not very well equipped to recognise signals for appropriate termination.

Oster and Gould (1987:80) find it appropriate, when termination arrives, to allow the client to look through all his artwork and then ask him to draw himself changed by therapy. The writer has allowed the client to study all his artworks at one sitting which has helped the client to assess his changes. This is underscored by Wadeson (1987:194) who adds another dimension in that, if the client chooses to leave the art works behind, it may be in the hope that the therapist will not forget him. Moursund (1990:86) feels that when approaching this final phase, she has to help the client establish the balance between autonomy and dependence.

Ideally, the decision for closure should be shared by both therapist and client, however, the client may choose to terminate himself, or the therapist may decide to terminate. Ideally, therapy should terminate when delineated goals have been reached, or progress is not possible, but as Moursund points out, there are very few who have all issues resolved and their lives perfectly in order, so that they are able to terminate neatly. Feelings of disappointment and frustration at what has been left undone are sometimes evident and other feelings that could emerge at this stage are fear, anger, sadness and guilt as well as joy and satisfaction. Not all clients are reluctant to terminate. There are those who experience wholeness and a new-found ability to cope, however slight it may appear to be. Wadeson (1987:194) points out that all these feelings should be dealt with in an encouraging manner, and that although one has touched, has joined, has created, one now has to separate, taking with one the knowledge that both have grown through the shared experience.

#### 3.4.2.4 Roadblocks and Resistance

Although the therapist may be very well trained, possess most of the desired personality traits, have the best of media at one's disposal, just when one feels that one is starting to get somewhere with the client, problems can set in for which one may not always be prepared. Wadeson (1987:56) sees one of the greatest roadblocks to self-expression as performance fear. The writer has found that some clients say that they find it silly and childish to have to draw, paint or work with clay. As they are, in the writer's case, ultra-sensitive adolescents, with low self-images, they may be scared that their

feelings of low self-worth would be shown in the art work. One 18 year old presented as highly anxious and embarrassed as he could 'only' draw stick figures, possibly thinking that the therapist would see it as inability and childishness.

Self-revelation is seen to be a problematic area. There are times when the client does not realise that he is resisting insight. Tinnin (1990:68), a psychiatrist, underwent art therapy himself but actively resisted therapy in limiting the creative process by means of the production of familiar stereotyped drawings. By so doing there was no danger of self-revelation. Therapy consequently helped him to counteract these stereotypes by turning a scribble into a picture, which was fairly unthreatening for him.

Wadeson (1987:61) suggests one way of dealing with this problem is to help the client understand that he does most of this interpreting, but that it is a collaborative effort on the part of both therapist and client. Together they explore the various possibilities and the client gradually comes to realise that the therapist does not make assumptions from his art.

Also problematic for the client is the fact that art therapy may have been foisted upon him in that someone else decided it would be beneficial for him to undergo this type of therapy. He may feel angry, resentful or defiant. The building of a solid, safe therapeutic alliance is necessary wherein the client is finally encouraged to recognise these feelings and to express this anger, defiance or resentment through the art media.

McNiff (1988:42) notes that lack of motivation and inner direction are probably the most consistent problems with which he has had to deal in art therapy as the client cannot express himself if he lacks direction and drive. The writer has experienced this type of apathy with most adolescent clients. A lot of hard work has to go into the relationship between therapist and client, before he finds some sort of inner direction.

Waller (1993:35), using art therapy within the group, finds problems arise that hinder the therapeutic efficacy of group interactive art therapy. She comments that group therapy is not always helpful as there may be heightened discomfort between members where a withdrawn individual bears the brunt of a sarcastic outburst, or an aggressive member may turn on a nervous one. During the evaluation period, one member, by making sarcastic comments may cause another member to regress, or to leave the group as he finds the comments too painful. This is often seen in the victimisation or scapegoating of one member in particular. Often the group can be seen to 'elect' a leader who is supposed to 'rescue' them when that leader is not ready for that type of responsibility at that stage. A member deciding to terminate therapy prematurely (due to external pressure) causes other



members to regroup and the terminated member leaves with a lot of unresolved problems and unfinished business. In such cases, individual art therapy would best serve the client's purposes., where he would not affect the rest of the group.

Looking at this section, one is aware of the intricacies involved in the three stages of therapy, getting started, maintaining the therapy and final termination. One has to be on the look out for problems such as apathy, performance fear and the resistance of insight that can creep into the therapeutic setting and become a real threat to a successful outcome. Part of the success of the session, is the choice of media, with which the writer will now deal.

### **3.4 Art Therapy Media**

The literature suggest a great variety of media, from drawing, painting and modelling to two and three dimensional construction. However, the writer finds that the simpler the medium, the less technical know-how required by both client and therapist and therefore fewer problems are experienced by the client in getting started. She also finds that a limitation in material in the initial stages of therapy proves more effective than supplying a whole range from which the client can choose. Often, the client is confused by the great variety and may spend an entire session trying to get started as he does not know which material to use first.

When deciding which media to incorporate into the art therapy programme, Lowenfeld and Brittain (1975:362) suggest that one remembers that the actual material chosen does not have to have any artistic quality in its natural form. The material becomes an art material and the shape assumes meaning through expression in the art process itself. The material should be able to be changed, manipulated and built up in many different ways. As it will affect the final shape and design of the artwork, one must not consider the material as a means to an end, but rather that the client should experience the process of actually working the material, feeling and seeing the product develop beneath his fingers. This should allow him to express himself freely and deeply as he knows that he is in control of the end result.

Gentle (1985:170) advises a careful, considered choice of materials as to the type and quality. This is underscored by Rubin (1984a:7) a choice of both structured and unstructured material and that they serve the purpose for which they are to be used. Thus they should be simple, sturdy and effective.

One must take great care of the media, maintaining the paint supplies and consistency, cleaning the brushes and storing the paper very carefully. Rubin feels that certain boundaries must be set when the client begins therapy. The therapist must teach the client the value of material, that he must

respect the property of other individuals and that he should take care with his creation. In order to do this, the therapist must have sufficient experience in technical matters. She should know the limitations as well as capacities of the different surfaces, colouring and drawing material as well as the modelling media. The therapist will have her own method of introducing the media and a specific reason for using them.

Moon (1992:140) adds an interesting perspective. He places the media on a continuum, grouped according to specific requirements or results.

Figure 3.5 Media continuum

Warren (1993:40) suggests introducing one medium at a time which engenders a wider exploration and comprehension of all the possibilities regarding one particular medium. He also suggests plenty of available material, especially paper. What follows is a compilation of materials that have been most useful to various therapists (Wadeson, 1987:33; Rubin, 1984a; Furrer, 1982:ix and Anderson, 1978:250) as well as the writer who has worked with most of these materials over the past two years.

3.5.1 Surfaces

Canvas

Board

Paper	* pastel	* coloured	* watercolour
	* manilla	* newsprint	* construction
	* fingerpaint	* white drawing	* tracing
	* shelf	* foil	* wrapping

3.5.2 Drawing materials

Erasers           \* soft

Pencils           \* graphite       - writing (HB) sketching (B4, B5)  
                  \* coloured       - hard (water soluble)

soft (water resistant)

	* grease	- very soft, limited colours	
Pens	* ballpoint	* ink	* felt-tipped
Charcoal	* thin	* thick stick	* pencil form
Markers	* water soluble	* water resistant/permanent	

### 3.5.3 Colour materials

Paints	* acrylic	- tubes/liquid
	* water base	- watercolours (tubes/pans)

powdered tempera

cake/block tempera

liquid tempera

Crayons	* wax	- water repellent
	* conte	- pastel-like finish
	* litho	- black, greasy

Pastels \* square, round, stick form, various degrees of hardness

Oil Pastels \* short, thin/fat, chunky

Chalks \* white, inexpensive, effective on dark paper  
\* coloured - can be messy and brittle

Inks \* India  
\* waterproof drawing - tend to be expensive  
\* waterproof writing

### 3.5.4. Modelling materials (3-D)

Clay	* stoneware	* plaster of Paris
	* earthenware	* modelling dough
	* porcelain	* papier mache

### 3.5.5 Various tools

Brushes	round/	
	flat	* watercolour * enamel
		* tempera * stencil
found brushes	* sponges	* toothpicks
	* feathers	* straws
	* string	* bottle tops
	* earbuds	* sponge haircurlers

## **Sculpting tools**

**Glues** \* white, rubber, cement

**Scissors**

**Rulers**

**Staples**

**Tape** \* scotch, masking, insulation

**Punch**

**Stencils**

**Palettes** \* ice cube trays, old muffin tins, TV dinner trays

**Fixative**

**Water containers**

**Knives**

**Boxes**

**Material and leather offcuts**

To summarise, the three main areas considered to be effective by the writer are illustrated in the diagram below.

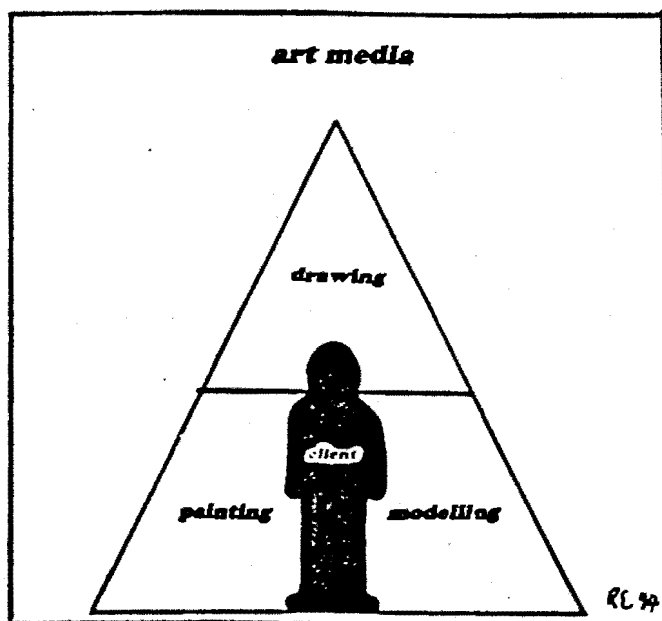


Fig. 3.6

She finds that as therapy sessions are limited by time, construction materials seem superfluous. The adolescent clients choose simple materials such as pencils, charcoal and paints and if available, clay, with which to work. Therefore, the writer concentrates on drawing, painting and modelling.

In the final section of this chapter, the writer will look at evaluating or assessing the art product and try to answer these questions.

- \* does evaluation have a role to play in the therapy process, and
- \* if so, how does one go about assessing?

### **3.6 Evaluating Art**

Assessment or evaluation takes place at every stage of therapeutic engagement, from the initial contact right through to termination. What the client is thinking and how he is experiencing the concomitant emotions, at any given stage of therapy can be examined by both the therapist and the client alike.

Both the verbal and non-verbal messages from the client to the therapist via the art work can help the therapist assess the state of the client's psyche. It can also aid the client in evaluating himself in terms of personal growth within the therapeutic alliance. Wadeson (1987:55) sees this art work as an expression of the self, an extension of the self. Douglas (1986:120) views the creative image as an extremely intimate revelation of the client's personality. Not only the chosen image, but also the way in which the task is executed, reveals the condition of the self.

Besides looking at symbol and the way in which the task is handled, Tinnin (1990:12) suggests looking at colour and texture at the outset of the evaluatory stage. This allows the non-threatening characteristics to be discussed while simultaneously allowing both therapist and client to remain open to the non-verbal messages. By so doing, the therapist is on safe ground as she may be tempted to analyse the underlying symbolic meaning which could be clouded by her own obligatory verbal censorship.

Verbal censorship can also be experienced by the client. When a client tries to verbally communicate an emotion, it usually ends up as a long discussion about the origin of that feeling and in a way, avoids the real issue. Tinnin (1990:12) moots that the conscious mind will censor any feelings when the individual tries to reduce them to words and if these emotional memories were not originally coded and stored in a verbal form, they cannot be recalled. Thus, by doing art, the transient emotion can be confined to the art work, before the censoring conscious becomes active. The non-verbal message is thus rescued in its wordless form.

Oster and Gould (1987:69) comment that in some cases, the client's personal insight through the images is enhanced by the art work, thus eliminating the necessity for interpretation by the therapist. The therapist must listen very carefully to what the client says about his art work. This information,

together with the performance results supplied by the client, enables the therapist to look at how and why the client reacts emotionally, intellectually and cognitively. There is therefore an important role to be played by assessment in creative therapy and Boenheim (1973:88) backs evaluation as a means of reaching a client's psyche that cannot be reached by means of verbal expression.

What has been discussed above can be termed 'the informal stepping back method', where both client and therapist discuss and explore the art work together. It is as if the client works as co-therapist, in assessing himself. This method is very valuable to the therapist who, like the writer, is not first and foremost a trained artist. Such a therapist will question whether or not she is capable of assessing an artwork as effectively as the trained artist.

Jordan (1989:9) gives the non-artist hope. Although a trained artist is taught to think visually in a different way, the non-artist very often has a more honest and direct approach. She does not come into the therapeutic situation with preconceived artistic bias. What she does have, however, is the knowledge that she is to use the artistic image created by the client, to speak to her, to tell her things about himself, things that he cannot verbalise. She therefore waits for the image to speak rather than reading needs, perceptions, drives or feelings into the symbol. She may pay very little attention to the artistic development of the client, not examine the picture for tone and feeling, not worry too much if the client's motion is tight, and constricted, or loose and fluid. What is of tantamount importance is what the image says to both client and therapist.

However for the therapist who is firstly an artist and then a therapist, formal evaluation is relative to the art training background. This therapist will look for all the aspects shown in the table below.

**formal art assessment**

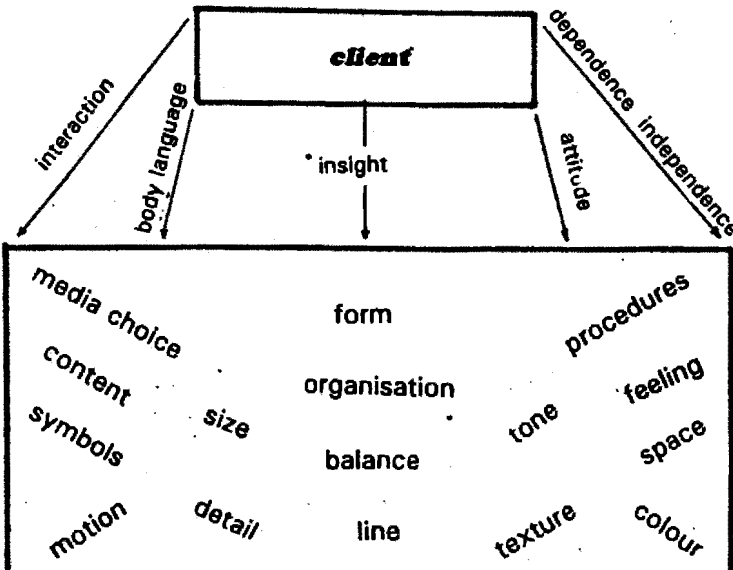


Figure 3.7

One such therapist is Moon (1992:138) who uses a fairly complex evaluation at the end of a session.

## moon's formal evaluation

		Name :
<b>1. MEDIA USED</b>		
<b>2. MOTION</b>		
line	gross	
aggressive	passive	
tight	constricted	
loose	fluid	
rhythmic	spasmodic	
<b>3. PROCEDURES</b>		
repeats task	has to think	
tries new skills	relies on familiar processes	
<b>4. SYMBOL</b>		
needs	drives	
perceptions	feelings	
<b>5. SEXUAL IDENTIFICATION</b>		
task choice	engagement style	
image content	frame of reference	
<b>6. SELF-INDULGENCE</b>		
exhibitionist	own creative energy	
mechanical responses	abandons end product	
claims end product		
<b>7. DEPENDENCE/INDEPENDENCE OF ACTION</b>		
creates as desires	prefers structure	
individualistic	competent	
self-image state	identifies with end product	
<b>8. ARTISTIC DEVELOPMENT LEVEL</b>		
scribbles (3-4)	pre-schematic (4-7)	
schematic (7-9)	realistic (9-12)	
pseudonatural (12-14)	art appreciation (14+)	
<b>9. LITERAL DESCRIPTION</b>		
line	texture	
shape	colour	
<b>10. FEELING AND TONE</b>		
global image comment		
<b>11. SUBJECTIVE RESPONSE</b>		

Figure 3.8

Wadeson (1987:69) offers a simple list that will guide the therapist as to what she should look for when evaluating either pictures or clay models.

<b>wadeson's picture evaluation</b>	
<b>medium :</b>	<b>organization :</b>
<b>use of space :</b>	<b>line :</b>
<b>focus :</b>	<b>motion :</b>
<b>detail :</b>	<b>content :</b>
<b>feelings :</b>	<b>effort spent :</b>

Figure 3.9

<b>wadeson's modelling evaluation</b>	
<b>size :</b>	<b>motion :</b>
<b>construction :</b>	<b>detail :</b>
<b>space usage :</b>	<b>content :</b>
<b>permanence :</b>	<b>feelings :</b>
<b>focus :</b>	<b>effort spent :</b>
<b>texture :</b>	

Figure 3.10

A contribution made by Case and Dalley (1992:162) reveals a small, scaled-down check list that contains the essential ingredients for evaluation.

<b>case &amp; dalley's art therapy checklist</b>	
<b>name :</b>	<b>time :</b>
<b>materials :</b>	<b>body language :</b>
<b>verbalisation :</b>	<b>interaction :</b>
<b>decisions :</b>	<b>attitude :</b>
<b>process :</b>	<b>product :</b>
<b>contents :</b>	<b>insight :</b>

Figure 3.11

However all the above assessment aids while easily understandable to the trained artist, can pose a daunting task to the non-artist therapist. Due to the fact that the writer is not a trained artist, she, during the process of research and practice, has compiled a check list that focuses on relationships and self-image as seen below.

<b>personal checklist</b>	
<b>date</b>	<b>:</b>
<b>name</b>	<b>:</b>
<b>age</b>	<b>:</b>
<b>reason for referral</b>	<b>:</b>
<b>behaviour</b>	<b>:</b>
<b>media</b>	<b>:</b>
<b>body language</b>	<b>:</b>
<b>attitude</b>	<b>:</b>
<b>degree of dependance</b>	<b>:</b>
<b>involvement</b>	<b>:</b>
<b>decision-making</b>	<b>:</b>
<b>symbol</b>	<b>:</b>
<b>colour/texture</b>	<b>:</b>
<b>tone</b>	<b>:</b>
<b>relationships</b>	<b>:</b>
<b>*self</b>	<b>:</b>
<b>*family</b>	<b>:</b>
<b>*ideas and objects</b>	<b>:</b>
<b>*school</b>	<b>:</b>
<b>*peers</b>	<b>:</b>
<b>therapist</b>	<b>:</b>
<b>self-image</b>	<b>:</b>
<b>feelings</b>	<b>:</b>
<b>insight</b>	<b>:</b>

Figure 3.12

Any educational psychologist who would like to use art therapy as an added dimension in the therapeutic setting, can use this checklist with little trouble, knowing that a lack of art training will not affect her evaluation and assessment of an artwork.

Because one is not assessing the image as one would assess it in a child's formal drawing or a similar projective drawing technique such as Draw-a-Person, or Kinetic Family Drawing, one does not have to concentrate on space utilisation, size, proportion, profile, line or texture. The writer feels any of the above aspects may be significant if repeated often enough and will lead to in-depth discussion.



She has found that three aspects appear to provide insight to the client, namely colour, tone and symbol.

Clients notice their own repeated use of certain colours, as well as the overall tone of a picture that can make it either happy or sad. The writer waits for the client to identify the symbol himself. More often than not, he has worked it all out for himself; that fact that he has used a certain symbol to represent himself, a certain situation, object or idea.

Art assessment from the perspective of relation therapy, looking at the execution of the task through to the examination of the final product, enables the therapist and client to extrapolate just how the client views himself in relation to the self, parents, peers, school, objects and ideas, as is illustrated in the figure below.

### **art assessment from a relation therapy standpoint**

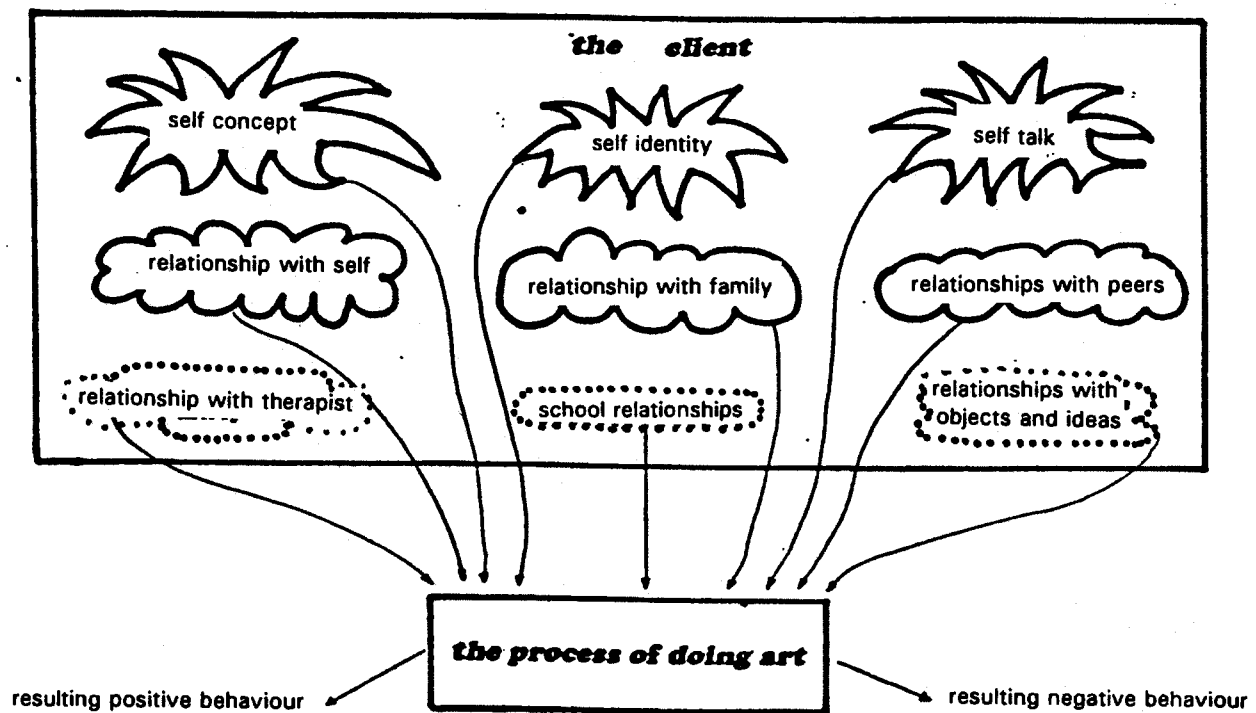


Figure 3.13

In conclusion, the safe therapeutic alliance, the framework for freedom wherein the client is free to explore his self, is formed by a number of contributory factors:

- \* Personality traits and social skills should be well developed in the therapist
- \* Professional training as a therapist rather than an artist is important
- \* Art therapy can be used in a great variety of settings
- \* The manner in which the therapy session is structured and conducted, together with appropriate media will both contribute towards successful therapeutic intervention
- \* The manner in which the therapist evaluates the art process and product is fundamental to the

client's understanding of his own problem.

In the chapter that follows, the writer will address the task of looking at the state of the client's self by means of appropriate tools. She will look at a variety of methods that can be used with success by the non-artist educational psychologist.

## **CHAPTER FOUR**

### **ART THERAPY TECHNIQUES - A HANDS-ON EXPERIENCE**

*Art therapy is a life-quickenning process. It is not meant to substitute for the relationships of the real world, but it provides means for comprehending them and for trying new behaviour.*

Margaret Keyes, 1974:94.

#### **4.1 Introduction**

In this chapter the writer takes a hands-on approach in looking at various art therapy techniques that are used in practice. The purpose of this chapter's inclusion is threefold.

Firstly, it strives to illustrate the fact that a non-artist therapist can comfortably use any of the techniques without being overcome by complicated media and highly sophisticated technical demands, such as oil painting or three-dimensional construction. Some extremely simple ideas follow that fall into one of the three media fields; drawing, painting and clay modelling as illustrated in the figure below.

#### ***examples of art therapy techniques***

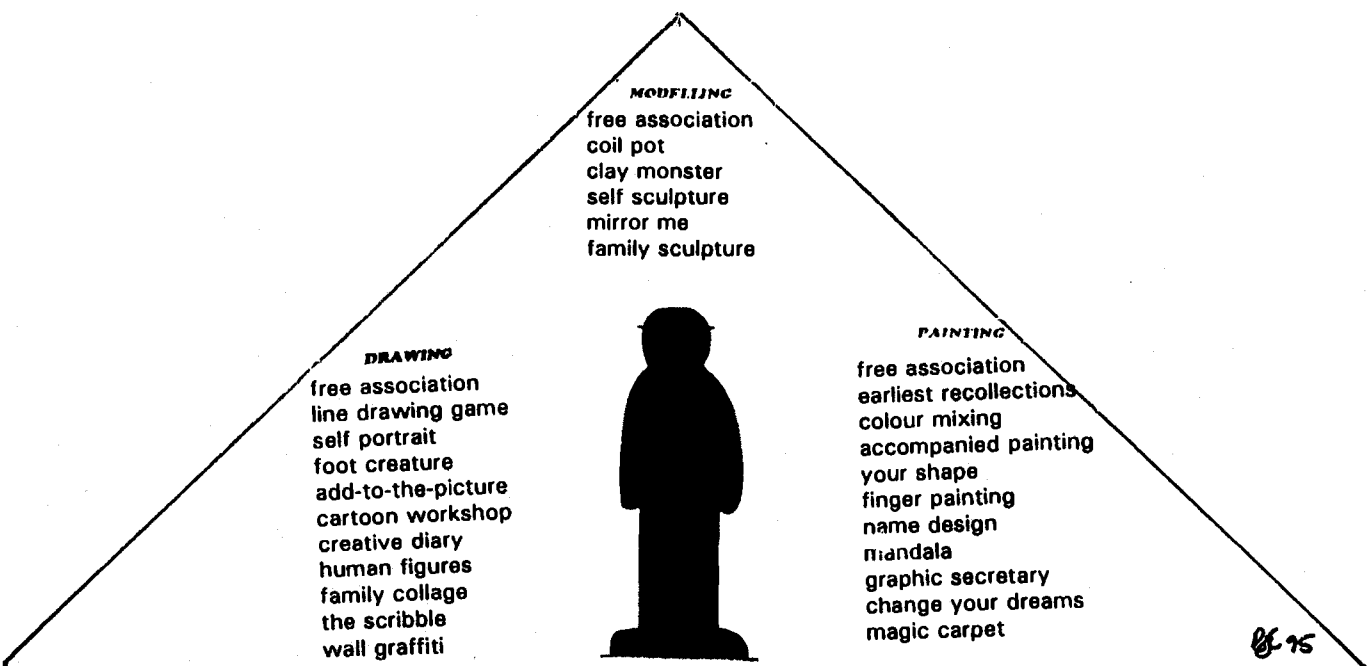


Figure 4.1

Secondly, the writer would like to address the advantages of using drawing, painting and modelling techniques and how each subsection can contribute to one's understanding of the client and his

dilemma.

Finally, the writer wishes to answer the question of how these techniques fit into the rationale of relation therapy.

Because the writer's approach to art therapy is from a relation therapy angle, a number of techniques that concentrate on exposing and developing the relationship with the self, have been included. In practice, the writer has found that most of the clients create from this perspective as the majority have low self-concepts and negative self-talk. The two other areas, not nearly as troublesome to the clients as their own psychic state, but nevertheless problematic, are family relationships and how the clients relate to ideas and objects.

In Figure 4.2 below, specific techniques pertaining to particular relationships are presented. This is to show that the techniques can be useful in each of the relation therapy categories.

***specific art therapy techniques used to gain insight  
into various relationships***

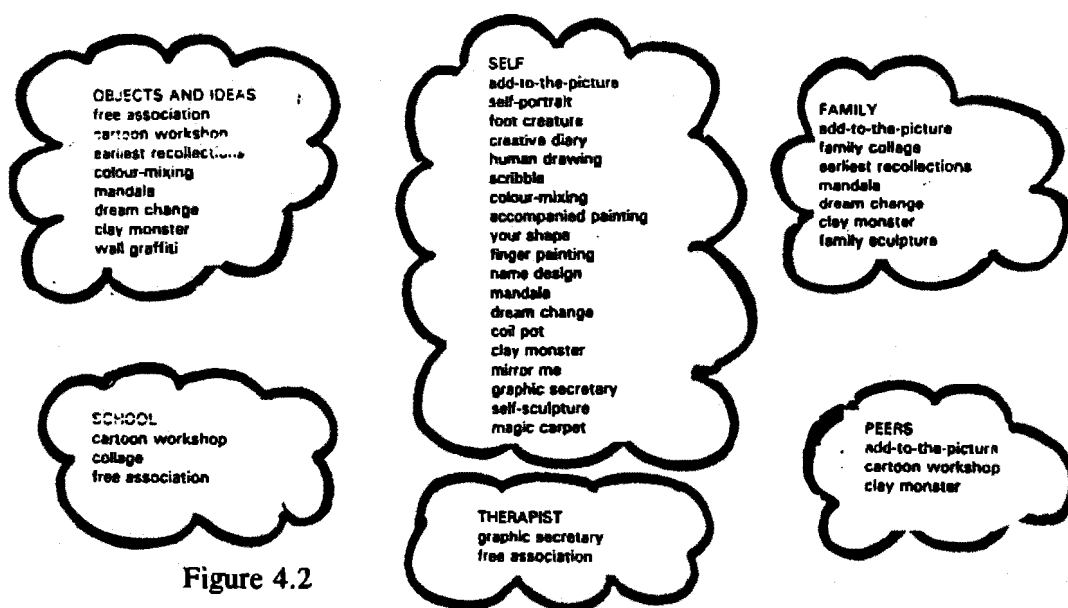


Figure 4.2

However, one must remember that a prerequisite of a good therapist, is a number of personality traits, one of which is creativity. A therapist who is creative will be able to use most of these techniques in an interchangeable manner as no, one particular technique is prescribed for use in one area only. One can use free association for example, to explore each of the six categories, not only in exploration of the self relationship.

## **4.2 Drawing techniques**

Gentle (1985:171) sees drawing as possibly the most natural way of expressing one's self visually and

thereby communicating with the world at large. Edwards (1990:10) finds that this type of expression promotes the exercising of the client's imagination, enhances spontaneity, reduces inhibitions, and allows the client to explore his own creativity and develop his self awareness. As Oster and Gould (1987:10-11) remark:

*'Of all the techniques used in seeking the goals of psychotherapy, drawings seem to accomplish the objectives of developing the individual's expression and ability to relate in the easiest and richest fashion.'*

The drawing is a permanent record and a helpful tool when surveying the therapeutic process in order to decide as to whether or not goals have been achieved and termination is to be considered.

The types of drawing materials suggested in this chapter include pencils, markers, pens and charcoal, crayons and pastels. These, varying in shape, size and effect, offer the client as great a choice as possible. Some of the media may be unfamiliar to the client. Introduce him to them by showing him the different properties and let him experiment until he is comfortable with the medium. Show him, for instance, the versatility of charcoal, by using the point, the whole side of the stick and the effect made by smudging lines with the finger. Show him how playing around with lines, patterns and dots can alter shape and tone. Once he is aware of the different combinations and possibilities, the client should feel safe enough to break away from the traditional line drawing and will feel free to experiment. However, there will be a client who does not wish to experiment, who may take six sessions before committing any idea to paper, or who feel safest using the traditional line drawing. This is totally acceptable and the therapist should allow this freedom.

### 4.3 Painting Techniques

Painting suggests the use of colour and Jennings and Minde (1993:43) comment that one's entire daily life from birth is a changing season of colours. In art therapy, when painting they have found that each client has his or her own special meaning for colours. The therapist can glean much information from dominant colours, missing colours, camouflaging or masking colours.

Carl Rogers' daughter, Natalie Rogers (1993:73), remarks that feelings can be explored by using colour and line without a specific image appearing. The unconscious comes to the fore when colour and line emanate from inner feelings. One of her co-workers explains it as beginning with the black line in the centre and realising that this black was a powerful emotion. She found that by using gold around the black, the black, instead of acting as debilitator, became the strength around which the gold could move most easily. Her insight into this work, was that she could learn to deal with her black moods in a similar vein.

Case and Dalley (1992:52) see painting as the pooling of unconscious events, associations and feelings in the form of an externalised image. This is rather like a dream, but unlike the dream it does not evaporate on waking. A painting remains long after the actual experience and can take on new significance with increased understanding and insight. It is the interaction of these unconscious feelings with the brush and the paint, together with the support of the therapist that allows the client to eventually come to terms with himself.

Ulman (1975:47) describes a client who mixed colours wildly after discovering a new-found creative freedom. She became very aggressive and Ulman, foreseeing tears and tantrum was amazed when eventually the messy, wild painting made chaotic by aggressive energy was transformed into an autumn mountain image.

In fact a small comment from the therapist that the wild painting looked like beautiful mountains was enough to enable the client to link her inner turmoil to a positive memory, allowing her to express the calming, supportive forces that were uppermost in her thoughts. It is indeed a powerful medium.

#### 4.4 **Clay Modelling**

The wonderful thing about clay is that it is messy and regressive and something can be made over and over again. Rubin (1984b:58) confirms clay's capacity to be smashed and hammered multiple times. The client is enabled by means of the clay to return to childlike states and play out fantasies or unfinished business in a non-threatening environment. Keyes (1974:5) sees the sensory, tactile qualities in clay which have the propensity to bring out feelings and ideas for which the client has no words. It is a wonderful way of exploring sticky, messy, bad feelings.

Smilansky, Hagan and Lewis (1988:22) comment that clay can help make sense of an often bewildering world. Clay can assist children in developing concepts, communicating ideas and finding methods of self-expression. They also support the sublimative and cathartic value of being able to work in clay. Psychologists and clinicians see this

*'...as primarily a means of release from aggressive drives, as well as an acceptable way of expressing curiosity about anal and sexual objects. They tend to emphasize the aspect of emotional release, regarding clay as a good projective material for diagnosing emotional and developmental conditions.'*  
(Smilansky et al., 1988:23)

The techniques that fall into the above-mentioned groups of either drawing, painting or modelling will now be briefly discussed within the groupings of the relation therapy rationale.

## **4.5 Specific techniques used to gain insight into various relationships**

### **4.5.1 Relationships with the self**

#### **4.5.1.1 Free association (Furrer, 1982:69)**

Free association technique is the most commonly used technique in art therapy as it allows the client free rein as far as visual expression, imagination and creativity are concerned.

##### **Materials**

White paper 60 x 42 cm or 42 x 30 cm

pencils, eraser, charcoal, crayons, pastels

##### **Procedure**

Distribute materials

The client may proceed with the material of his choice and own subject matter. He is free to explore any relationship, idea or feeling.

##### **Closure**

When the client's work is completed, ask the following questions to lead into a deeper discussion:

How did you feel while you were working?

What would you title your picture?

Why did you choose this subject?

#### **4.5.1.2 Self-portrait (Edwards, 1990:84)**

The idea is to examine the self in an unusual way as the client starts out by playing a game, which can then be used to describe one's self graphically.

##### **Materials**

White paper 60 x 42 cm or 42 x 30 cm

black felt-tipped marker

crayons or pastels

##### **Procedure**

Distribute the materials.

The client begins drawing at point near the edge of the paper.

Draw a closed shape by combining a straight, curved, angled and a free line.

Tell the client that this is the beginning of a self-portrait.

He must now complete it with hair, clothes and features by using the crayons.

##### **Closure**

Discuss the creation by means of questions, such as

Do you think this looks like you?

What would you like to change?

What were you thinking while you were creating?

#### 4.5.1.3 Foot Creature (Furrer, 1982:29)

The foot creature technique provides an opportunity to use humour through exaggeration and distortion. It stimulates fantasy and imagination and also encourages body-awareness. It is particularly suitable for younger children and adolescents find it most amusing, relieving tension and self-consciousness.

##### Materials

White paper 42 x 30 cm

pencils, eraser, colouring pencils, crayons.

The client traces around his bare foot in the middle of the paper.

The client is told that the shape is the mouth and that he must complete the funny face by adding all the missing facial features. Or he may prefer to use the shape as a body and then completes the creature.

##### Closure

Topics for discussion will include feelings during the process, feelings about the work and why the face/creature is funny.

#### 4.5.1.4 Creative diary (Furrer, 1982:3)

Keeping a daily or weekly journal enables the client to record his awareness of significant events, memories and reflections, reactions, experiences, frustrations and fears, dreams, wishes as well as ideals and goals.

##### Materials

Hard cover book, sketch pad or note book

pencils, coloured pencils, felt-tipped pens.

##### Procedure

The client visually expresses his experiences and feelings on either a daily or a weekly basis.

The journal is brought back to the therapist when the client feels so inclined.



### Evaluation

This is an ongoing activity. The therapist and client will discuss the various representations and omissions, if any occur.

#### 4.5.1.5 Pre and post treatment human figures (Marais, 1976:36)

It is a good idea at the beginning of a therapeutic intervention to ask the client to draw a person. As termination draws to a close, ask the client to once again draw a person. It is most useful to compare the two sets of drawings, by discussing them with the client. Is he able to see how he has changed? Is there any difference and if so, what is different?

#### 4.5.1.6 The scribble (Ulman, 1983:123; Robbins and Sibley, 1976:246)

There are a number of variations on Florence Cane's scribble drawing. The scribble is suitable for all ages and all populations. It is non-threatening.

### Materials

Paper 60 x 42 cm

felt-tipped marker pens

chalk, crayons, pencils, charcoal

### Procedure

The client using random lines to record his rhythmic movement, produces a scribble pattern, using the whole sheet of paper (with closed eyes).

The shapes are then studied and coloured or patterned and are further developed as the images emerge.

### Closure

Discuss the scribble, looking at the client's verbal associations which could lead to the discovery of personal symbolism that appears in the end product.

#### 4.5.1.7 Painting as accompaniment (Robbins and Sibley, 1976:233, 244)

If there are unresolved issues that need to be dealt with by the client, the therapist finds an appropriate poem or music that should provide the mood setting, stimulate the imagination and set free the emotion.

### Materials

White paper 60 x 42 cm, brushes  
suitable poetry or music  
poster paints or tempera.

### Procedure

While the poetry is being read or the music is playing, the client can begin his composition.  
He paints the feelings that come through the poetry and/or music.

### Closure

By means of discussion the client and therapist will explore the feelings that have come through the stimuli.  
Relate them to the client's unfinished business and present situation.

#### 4.5.1.8 The shape of you (Edwards, 1990:88)

The shape of you technique develops body awareness, reproduces an artistic body image, affects self-image and develops visual and spatial discrimination. It is most suited to the younger child and works very well in a group situation.

### Materials

Paper longer than body length  
pencil, paints and brushes  
pair of scissors

### Procedure

Facilitate a discussion about individual attributes and uniqueness highlighting the positive.  
Following the discussion, work as a pair, if in a group.  
The therapist can also work with the client, if in an individual session.  
One lies down on the paper and the other traces around the body shape.  
Then the roles are reversed.  
Cut out the body shape and paint in clothing and facial features.  
The painting may be very detailed if so desired.

### Closure

Display the shapes and each client tries to recognise the other.  
If it is an individual session, the therapist can discuss the work with the client.  
Talk about what is liked and what is disliked in the shape.  
Is there any part that the client would like to change? Is he happy with who he is?

#### 4.5.1.9 Finger painting (Fearing, Mayton, Francis and Beard, 1982:88)

Although finger painting meets a special need for the very young child, it can be used most successfully with both adult and adolescent populations in group or individual work. It is an extremely non-threatening medium in which to work as it allows the individual to regress, to behave like a child, and make a mess while at the same time, once the image is 'painted' and it is not pleasing, it can be changed very swiftly. When working with the individual, the therapist should try and talk through most of the impressions made as many images may appear and be removed in rapid succession. The therapist should note those with which the client has no desire to deal and use them in further sessions.

##### Materials

Thick paper 60 x 42 cm or shelf paper  
a formica-top work table  
prepared finger paints

##### Procedure

As the client is playing with the paints, the therapist asks him what he is experiencing.  
How does it make him feel?  
What other things make him feel like this?  
How would he like to change this feeling?  
Encourage him to so do on his paper.

##### Closure

The client and therapist both discuss the experience and visual result. If the client has worked directly on the formica table top and he wishes to save his painting, a monoprint can be made by pressing a sheet of clean paper on to the fresh paint which may elicit further discussion on mirror-imaging.

#### 4.5.1.20 Name design (Robbins and Sibley, 1976:243 and Furrer, 1982:52)

The name design process, used in both individual and group settings, helps to increase self-awareness, builds the self-concept and reinforces the client's imaginative and creative expression.

##### Materials

Stiff white paper 60 x 42 cm or 42 x 30 cm  
poster paints, brushes  
felt-tipped marker pens, pencil

pair of scissors

#### Procedure

Tell the client that he is going to design his name.

Have him experiment with the letters in his name, picking colours, shapes, lines and symbols that he feels are appropriate.

The therapist may want to work alongside the client, all the while offering support and encouragement to the client.

#### Closure

Discuss the finished image.

Ask the client how he feels about his work and how he felt during the creative process.

The name shape can then be cut out and put somewhere special in the client's house if he so wishes.

4.5.1.21 The Mandala (MacRae in Herink, 1980:362; Robbins and Sibley, 1976:240 and Keyes 1974:58)

Creating the Mandala is a meditative and relaxing procedure. The process satisfies the need for order and tries to bring together the light and dark sides of the psyche by reconciling and balancing through relating to the centre. This process will elicit insight-directed dialogue.

#### Materials

White paper 60 x 42 cm

large paper plate or any other circular object

poster paints, inks, brushes

#### Procedure

Trace a circle from the plate, in the middle of the sheet of paper.

The surrounding area should be roughly the same area as that of the circle.

The client must mark the dead centre of the circle with a preferred colour.

Then concentrating on that coloured mark, consider it as the nucleus of a design and then spontaneously begin to design the Mandala.

The therapist should inform the client that the edge of the drawn circle is a fence but not a barricade.

He may wish to extend his design past that circle.

If the client finds this a pleasant procedure, he may wish to repeat it.

Here the therapist may suggest topics such as your day and night, your lifespan, your inner experience and other relationships, you and your other person.

### Closure

During discussion, the client views his design from all angles and decides which is the top. He is then encouraged to comment on the work, how he feels, what he was thinking while creating the Mandala.

#### 4.5.1.22 Coil pot (Gaitskell, Hurwitz and Day, 1982:256)

This modelling procedure may help to express or release strong feelings. It can improve self-esteem in that the client is able to create something foolproof which he can use afterwards. It is useful for all ages.

### Materials

Lump of clay  
small board or plaster bat  
trimming knife, plastic to cover.

### Procedure

Trim a flattened, circular clay base 10 cm diameter and 1.5 cm thick.  
Roll four or five coils about 1 cm in diameter.  
Pinch the first coil to the base which has been scored and moistened.  
Continue until the fifth coil has been added.  
Cover the top coil in plastic so that the client can continue to work on it in the next session as the pot can collapse under its own weight if too many coils are added in one day.  
Trim the lip when the pot has reached the desired height and shape.

### Closure

As this is time consuming, the therapist will be able to communicate at some length with the client. Many side issues may emerge during the process which can lead to further in-depth dialogue.

#### 4.5.1.23 Mirror me (Henley, 1991:71)

For the client who is fearful, resistant or indecisive, the mirroring method will hopefully urge him along the road of self-development. It is useful in all populations in individual sessions.

### Materials

2 large clay lumps  
2 plaster bats

plastic to cover

#### Procedure

The therapist forms a very rough head and bust, rudimentary and featureless.

This she moves to the client.

She then proceeds to form a bust of her own.

The therapist starts to build different features, encouraging the client to mirror the movements.

When noting the therapist's positive affective responses, the client is encouraged to mimic all hand movements, until the sculpture is complete.

#### Closure

Look at both pieces.

Talk about them.

Then concentrate on the client and his sculpture looking at feelings and experiences.

#### 4.5.1.24 Self-sculpture (Edwards, 1990:133)

Creating a self-sculpture underscores exploration in clay while simultaneously integrating guided fantasy use. It enhances the attributes that make each individual unique. It is a low-risk activity applicable to all populations and group sizes.

#### Materials

2 handfuls of clay per client

plaster bat or linoleum floor tile

#### Procedure

Hold a ball of clay in each hand.

Close the eyes and squeeze, punch, stroke the clay, get the feeling of what it is capable of doing.

Shape the clay into one round ball and place on bat.

Open eyes and focus on the fingers and what they have been doing to the clay.

With closed eyes, visualise the image of your clay and that it is slowly changing into you.

When you have got a fairly clear image, reach out and still with closed eyes, allow your fingers to shape that clay into you.

After 15 minutes, open eyes and examine the clay.

Without making any major changes, work on it until it is finished.

#### Closure

The client describes his self-sculpture, noting whether it is abstract or realistic.

He then identifies with the sculpture explaining how he feels, what he is like and what the experience

has done for him.

He must understand that the sculpture need be meaningful to him only.

#### 4.5.1.25 Magic carpet

Creating a magic carpet ride is an opportunity for the client to escape his present situation by means of imagination and fantasy, especially as the client is totally free to choose. It is suitable for small children, adolescents and adults alike. It is non-threatening and enjoyable.

##### Materials

White paper 42 x 30 cm

pencils, crayons, inks, paint, pastels, chalk, charcoal

##### Procedure

The therapist tells the client to close his eyes and to imagine that he is on a magic flying carpet.

The client is free to choose wherever he wishes to travel in time and space.

The client can depict any scene that he chooses with any of the materials.

##### Closure

While the client is working, the therapist may ask the following questions:

To where are you going?

What is your journey like?

What do you see on your way?

How do you feel on this journey?

Can you describe your strongest emotion at this moment?

#### 4.5.2 Relationships with the family

##### 4.5.2.1 Add-to-the-picture (Rogers, 1976:37)

In the add-to-the-picture, the client uses a photograph or magazine picture as a central subject and is free to expand his ideas by adding drawn details to that subject.

##### Materials

Photograph or magazine photograph.

paper 60 x 42 cm or 42 x 30 cm.

a pair of scissors, glue, black crayon or felt-tipped marker.

##### Procedure

The therapist has a number of photographs cut from magazines lying face down on the table.

The client is told to pick one.

The chosen photograph is only glued to the sheet once the picture has been planned and enlarged upon by means of the black marker or crayon.

#### Closure

Discuss the picture with the client.

Why did he choose a particular photograph?

Is he happy with the result?

What was the feeling while he was making the picture?

#### 4.5.2.2 Family collage (Marais, 1976:34)

Similar to the pre and post treatment drawing technique is the making of a family collage. In a Kinetic Family Drawing, only a drawing medium is used, whereas in the family collage other media are incorporated. It can be used early on in therapy to assess the interpersonal relationships and dynamics of the client's family or may be repeated at termination to assess any growth or changes that may have occurred.

#### Materials

Paper 60 x 42 cm

figures cut from magazines

glue, markers, crayons, pencils, charcoal.

#### Procedure

The client pages through old magazines to find pictures that would represent his family members.

He cuts them out and glues them on to the paper. Then with the other media he adds other features, speech bubbles, comments etc.

#### Closure

Discuss the work with the client asking him how he felt while doing it, what does he think of his creation? What are the other people thinking?

What do they think of him?

If he could change his picture in any way, what would be different?

#### 4.5.2.3 Change your dream (Robbins and Sibley, 1976:238)

The change your dream procedure is suitable for all populations in both individual and group therapy.



It allows the client the responsibility and freedom to create his own reality.

#### Materials

White paper 60 x 42 cm or 42 x 30 cm

various brushes

tempera, poster paint, inks.

#### Procedure

Ask the client to recall an unpleasant dream.

He then starts to paint the dream but creates a more satisfactory ending than the original one.

#### Closure

What was so dreadful about the first dream?

How has he changed it?

How did he feel when he had that dream?

How does he feel now?

What were his feelings while he was working?

#### 4.5.2.4 Family sculpture (Keyes, 1974:28)

The family sculpture enables the therapist to assess the interpersonal relationships and family dynamics. The client is able to play out unfinished business and face unresolved conflict.

#### Materials

Clay

plaster bat

paper, pencil

#### Procedure

Ask the client to go back in time between two and eight years of age.

The client must think about his various family members who they were, their age and how he felt about them.

Write down adjectives describing each member.

Sculpt each adjective as an individual.

Place these family members in relation to each other.

Write one comment from each family to you, the client.

Write one comment from you the client, to each of them.

### Closure

Discuss what has taken place.

Ask the client how he felt while working.

How does he feel now?

Look at the written comments.

What does he feel about them?

An alternative to this method is one which the writer has used whereby the client is asked to model his family, without using adjectives to describe them. Often the client may model himself and only one other member. The other member is, more often than not, a most significant family member and the questions, when answered can reveal a tremendous amount of data on that particular relationship.

Who is the other member?

Is he/she important to you?

What role does this person play in your life?

If you were this person, what would you say to the other figure?

### 4.5.3 **Relationships with ideas and objects**

#### 4.5.3.1 Earliest recollections (Robbins and Sibley, 1976:230)

Painting one's earliest recollections is most effective in adult and adolescent population. It enables the client to concentrate on beliefs, influential memories and themes that continue to arise throughout his life.

### Materials

Paper 60 x 42 cm, brushes

tempera, poster paint, inks.

### Procedure

The client chooses the medium and is told to paint his earliest recollection as well as the next earliest one.

### Closure

During discussion, the past recollections are related to the present situation.

#### 4.5.3.2 A thousand vibrations of green and red (Barnes, 1989:157)

The process of colour-mixing can be used during the initial phase if the client is reluctant to handle these media or is unwilling to actually paint an image. It is a good icebreaker and is suitable for all populations in both individual and group therapy.

##### Material

Newspaper sheet, brushes

tempera, poster paints (thick)

crayons, pastels, chalk.

##### Procedure

The client is told to imagine looking at a fire or fruit through a pane of frosted glass.

Tell the client that his two basic colours are red and green.

The client is allowed to add yellow, white and black to alter shade and hue.

He then proceeds to cover the entire sheet with these multitudinous variations.

There should be no more than a few brushstrokes that are exactly the same colour.

The client may then add crayon, pastel or chalk.

##### Closure

During the discussion the client will be asked about his feelings while playing with these colours.

What was he thinking while he was doing it?

What could he call the end result?

What has he learned from this experience?

Was it worthwhile?

#### 4.5.3.3. Free association

The free association technique enables the client to express pent-up emotions or to create something from his dream world.

##### Materials

A lump of clay

plaster bat

plastic to cover

##### Procedure

Tell the client he may make anything that he wishes.

He may pound the clay on to the bat, over and over again, getting rid of a lot of pent-up anger.

He may make an object that is totally unrecognisable, but has meaning for him. He may want to create something that is very realistic and take a lot of trouble to perfect the model.

There is no set end result. The client has total freedom.

#### Closure

Talk the client through each stage.

The therapist asks him why he created it, how he felt while so doing and what it means to him now.

#### 4.5.3.4 Wall graffiti

Building a wall and writing one's own graffiti can be a cathartic experience. It is an opportunity to look at the self, the emotions, significant people and ideas that have all contributed to the client's life.

#### Materials

White paper 60 x 42 cm

felt-tipped pens, chalk, paint, ink.

#### Procedure

The client is told that he is to build a wall brick by brick. Once the wall is coloured in and completed, the client may then place his own graffiti on the bricks.

#### Closure

The therapist asks the client how he is enjoying this assignment.

Which bricks are easier to fill in than others?

Which brick is the most important to him?

Are there any other bricks that he may have wanted to include in the wall?

How does the overall picture make him feel?

#### 4.5.4 Relationships with the school

##### 4.5.4.1 Free Association (Furrer, 1982:69)

As with drawing, the free association painting technique is used most often allowing the client who wishes to explore, the freedom to do so.

#### Materials

White paper 60 x 42 cm, brushes

tempera, poster paint, various inks.

#### Procedure

Client proceeds with own subject choice and any of the materials that he wishes to use.

#### Closure

Ask client how he feels about the work?

What made him feel good?

What did he not like?

What were his feelings while he was working?

Why this particular subject?

What is the title of the art work?

#### 4.5.4.2 Cartoon worksheet (Furrer, 1982:18)

The cartoon workshop technique introduces the client to the concept of brainstorming, helps him to express mood, feeling and ideas and by so doing, aids the healthy development of the self-concept.

It is suitable for all ages as well as individual and group work.

##### Materials

White paper 60 x 42 cm or 42 x 30 cm.

pencils, charcoal, erasers, markers, crayons, coloured pencils, pastels.

##### Procedure

The client folds paper into three sections.

Each section then is labelled: section one 'eyes'; section two 'noses' and section three 'mouths'.

The client draws as many different kinds of eyes in the 'eyes' section and likewise 'noses' and 'mouths' as he is able.

The client if stuck, may page through magazines, junk mail, comic books or newspapers, to add to the three columns.

Looking at each individual sketch, the client then labels each sketch with a mood or feeling.

If the client so wishes, he may create a cartoon character or cartoon strip on another sheet of paper, using all the ideas that he has sketched.

##### Closure

The client is encouraged to talk about his character or characters as well as the different moods and emotions that he has sketched. This will lead to an in-depth session on current and past feelings.

#### 4.5.5 Relationships with peers

##### 4.5.5.1 Clay monster (Robbins and Sibley, 1976:229)

Creating a clay monster is one way of concretising and assimilating fears or scary feelings. It works well in both group and individual sessions with both adolescents and children.

### Materials

Clay

plaster bat

plastic to cover.

### Procedure

The client is asked to think about a three-dimensional monster or creature from either a dream or fantasy and he then proceeds to create this monster.

### Closure

The therapist talks to the client while he is busy making the creature.

The therapist asks him how he feels.

What effect does the monster have on him?

The therapist should allow the client the freedom to destroy the model if so wished but that action must be followed up by a discussion on why it was destroyed and how the client feels about it.

## **4.5.6 Relationship with the therapist**

### **4.5.6.1 The graphic secretary (Steinhardt in Wadeson et al, 1989:354)**

The graphic secretary procedure is an excellent tool when working with highly self-critical, manipulative individuals as well as those who cannot get started. It follows the actions of the artist Henri Matisse, who when illness prevented him from working, directed his secretary into painting, cutting shapes and placing them on a wall, in accordance with his inner vision.

### Materials

White paper 60 x 42 cm

a range of paints and brushes

### Procedure

The client sits next to the therapist and choosing colour and brush size directs the therapist in painting the picture.

The therapist thus paints the whole picture by instruction but simultaneously stimulates the creative imagination of the client by asking questions about size, placement, colour and detail.

As the client gains control he is free to ask for things that he would never have thought to draw on his own.

## Closure

A discussion follows concerning the visual result. How does the client feel about the picture? What was happening to him when given the instructions? Has the drawing turned out the way that the client initially envisaged it? Does it have a suitable name?

## **4.6 Concluding comments**

This chapter has covered the various media techniques and the educational psychologist with little or no formal art training should feel free to use any of the techniques as they are simple, direct and user-friendly.

There are certain advantages in using these simple media, drawing, painting and modelling and they are, amongst others, that

- |                  |   |                                             |
|------------------|---|---------------------------------------------|
| <u>drawing</u>   | * | is a natural communication form             |
|                  | * | exercises imagination                       |
|                  | * | enhances spontaneity                        |
|                  | * | reduces inhibitions                         |
|                  | * | encourages creative exploration             |
|                  | * | develops self-awareness.                    |
|                  |   |                                             |
| <u>painting</u>  | * | gives meaning to colour                     |
|                  | * | pools events, associations and ideas        |
|                  | * | encourages creative exploration             |
|                  | * | has a fair cathartic quality.               |
|                  |   |                                             |
| <u>modelling</u> | * | has sensory, tactile qualities              |
|                  | * | plays out messy feelings                    |
|                  | * | can be made and unmade                      |
|                  | * | plays out fantasies and unfinished business |
|                  | * | has a strong cathartic quality.             |

Finally, the techniques can all be used to examine various relationships; relationships with the self, the family, objects and ideas, peers, the school and the therapist, as seen in Figure 4.2 (p 81)

The creative therapist will find them easy to apply and, more importantly, the client should enjoy

exploring them.

The following chapter looks at the methodology of this study; the task of doing art therapy with a number of adolescents and the tools that will be used to execute this task.



## **CHAPTER FIVE**

### **RESEARCH DESIGN - THE TASK AND THE TOOLS**

#### **5.1 Introduction**

This brief chapter precedes the empirical study in order to explain how the research study is to proceed. The aim and motivation for the study will be explained as well as the actual research design which includes the research group, the media to be used, the method of evaluation as well as possible outcomes of the study.

#### **5.2 The research proposal**

##### **5.2.1 Study aim**

The primary aim of this study is to analyse and describe the possibility of usage and efficacy of art therapy techniques when used with clients within the educational environment by an educational psychologist or school counsellor.

##### **5.2.2 Motivation for the study**

The secondary school adolescent finds himself in a period of physical transition, a state of flux emotionally with intrapsychic and interpersonal relationships often in a volatile cauldron of confusion.

The secondary school counsellor, trained to assist, encourage and intervene on scholastic, vocational and emotional levels, may experience resistance to offers of help on the part of the adolescent who, although aware of a problem, may not admit to having a problem, does not recognise it as a problem or is unable to communicate the essence of that problem.

Art therapy techniques may supply an answer for the pupil who finds difficulty in verbalising his feelings. Art, as a non-threatening communication tool, will engage both the adolescent and the therapist in indepth dialogue by means of the visual image. Research of this nature could be of some

value to the South African school counsellor, offering an alternative, or adjunct process to traditional counselling techniques that could be both acceptable and beneficial to, as well as rewarding for the client.

#### 5.2.4 **The research hypothesis**

The writer will not be working along the lines of the traditional hypothesis as the research is not based on a nomothetic study, but rather an idiographic one, assuming that expressive techniques can be used effectively by the educational psychologist to aid the individual client.

#### 5.2.4 **The research design**

The chosen research method is descriptive as it seeks to describe the actual process of doing art within the therapeutic setting as well as the client's relationships with himself, his family, peers, school and ideas. It is idiographic in approach as individual case studies will be examined in an attempt to understand and describe the individual without trying to generalise the findings to any particular group.

The reasons why a descriptive idiographic design is to be used are: that time and space factors do not allow for group work as the academic and extramural curricula make it impossible to timetable such group sessions and many of the clients feel extremely vulnerable and threatened by a group. Thirdly, a previous study has been conducted in South Africa which deals with group art therapy (Marais, 1976), so the writer feels that this present study should be confined to individual art therapy sessions, which could generate hypotheses for further research.

#### 5.2.5 **The research group**

The survey sample will be drawn from a heterogeneous population of secondary school pupils, aged between fourteen and eighteen years, with whom the writer has daily contact. The adolescent, as observed by the writer, not always able to make sense of his own world, may benefit by alternative creative techniques which could help him experience release or understanding by triggering his inner core of feelings. Eight pupils who have already been identified with educational problems which have led to emotional problems, will take part in the study. The representative group will consist of four girls and four boys in Standards Six to Ten, which is a fair distribution of gender and age

amongst the members of the group.

#### **5.2.6 Duration of the study**

The study will extend over four school terms, which accounts for one full academic year, from January to the end of November.

#### **5.2.7 Length of individual sessions**

The individual sessions will fall into the current school timetable where provision is made for half-hour counselling periods that can be joined to provide hour or one-and-a-half hour sessions. Each individual client will dictate the pace and number of sessions that he finds necessary.

#### **5.2.8 Study working area**

The art therapy sessions will be confined to the counselling centre at the high school which consists of a very large room containing a teaching area, a partitioned counselling area and a third area for art therapy. This section has four large tables, chairs, all the necessary media as well as pinboards for art work display. The centre is private, set at the end of a classroom wing, where the clients will be able to work unhindered by other pupils.

#### **5.2.9 Data collection**

The data in the study will be at an experiential level revolving around the self-awareness, self-perceptions and self-conceptions of the subject as experienced within the realm of art therapy. The data collection instruments will consist of structured questionnaires, namely the Rotter Incomplete Sentence Blank, the Adolescent Self-Concept Scale as well as a Personal Checklist to be administered at a pre and post treatment level.

Data will also be obtained by means of unstructured interviews, recorded observations and permanent visual images in the form of drawings, paintings and clay models.

#### **5.2.10 Media to be used**

The client will be able to choose the media that he wishes to use. He will be able to work with

drawing media such as pencils, charcoal, chalks, pastels, felt-tipped pens, pen and ink. He may wish to use finger paints, acrylic paints or tempera. He may find working with modelling clay satisfactory.

#### **5.2.11 Data evaluation**

As previously stated, the Adolescent Self-concept Scale and the Rotter Incomplete Sentence Blank will be administered at pre and post therapy stages. This is to avoid subjectivity in assessment and will enable the writer to note any changes that may occur. These two instruments deal with how the individual feels about himself, and a third instrument that will be used is the writer's Personal Checklist which looks at body language, attitude, degree of dependence, symbol, colour, tone, self-image and relationships. Checklists will also be completed on a pre and post therapy level.

Unstructured interviews will be conducted in order to ascertain the client's personal background, his scholastic background as well as his counselling history.

The visual or graphic data obtained in the various therapy sessions will be assessed as to feelings, insight into the problem, self-image and relationship development, as far as self-talk is concerned. The vital data to be obtained is how the client talks to himself during the sessions which will reveal his feelings, his insight and the state of his psyche.

#### **5.3 Possible Outcomes of the Study**

- \* a clearer understanding and record of how the client interacts with himself and others during the process of art therapy.
- \* provision of another therapeutic tool which the psychologist can use effectively within the educational arena.
- \* a sparking off of further research into art therapy planning and execution.

In the following chapter the empirical study will be reported and the findings of the study will be discussed.

## CHAPTER SIX

### THE EMPIRICAL STUDY - DOING ART

#### 6.1 Introduction to the Study

As was explained in the previous study, eight clients have been identified with educational problems which have ultimately led to emotional problems. Of those eight clients highlighted for this study, only four remained for the full one year period. Two standard ten pupils found the academic work load too heavy and genuinely could not spare the time to paint and draw, but succumbed when presented with a ball of clay. The other two younger members resisted all attempts to do any art work at all, but continued to come for therapy as long as it was not drawing or painting. Those four clients will not be included in this study.

The previous chapter discusses many different techniques that the therapist may use to encourage exploration of the client's various relationships. However it has been impossible to include all these examples in this particular study. The examples and number of sessions used are indicated in Figure 6.1 below.

<b><i>specific art therapy techniques used in the study</i></b>	
• <i>free association</i>	<i>( 14 sessions )</i>
• <i>the scribble</i>	<i>( 3 sessions )</i>
• <i>free clay work</i>	<i>( 3 sessions )</i>
• <i>the mandala</i>	<i>( 2 sessions )</i>
• <i>family collage</i>	<i>( 1 session )</i>
• <i>add-to-picture</i>	<i>( 1 session )</i>
• <i>wall graffiti</i>	<i>( 1 session )</i>
• <i>family sculpture</i>	<i>( 1 session )</i>

E594

Not all methods are suitable for all clientele and the free association technique has turned out to be extremely popular with the adolescent in both drawing, painting and clay modelling. Free association is a helpful tool whereby the therapist is enabled to assess the client's psychic state as well as his self-talk.

## **6.2 Method of Report**

Each client will be dealt with, in chronological order, starting with the youngest boy, Owen, in standard six, the two girls in standards eight and nine, Cheryl and Natalie, and finally the oldest client who is an adolescent boy, also in standard nine, called Mike. Colour photographs capture the art work produced by each client as one works through the session from beginning to termination. Important comments made by each client were noted during each session and relevant sections extrapolated in the form of small case study vignettes.

In order to avoid subjectivity that may creep in during the assessment stage, the Rotter Incomplete Sentence Blank and the Adolescent Self-concept Scale have both been administered on a pre and post therapy basis. Included in the final evaluation is the writer's personal checklist also applied at the initial and termination stage of therapy.

The four clients' various vignettes and art works will appear in succession, followed by a brief discussion of each client before proceeding to the next one. The youngest boy, Owen, will now be discussed.

## **6.3 Case Study 1 - OWEN**

### **6.3.1 Personal history**

Owen is a fourteen year old male adolescent.

### Family history

He is the elder of two sons. There were no problems at birth and to date, he has had no medical problems. His parents were divorced four years ago. As his mother had an alcohol abuse problem, initially he lived alone with his maternal grandmother. The mother now lives with them, holding down a fairly responsible job. His father and girlfriend live in the same city with two of her five children. The younger brother who is ten, lives with his paternal grandmother two hundred miles away. Owen has access to his father who he sees on an irregular basis. He does not see his brother very often.

### Scholastic history

Owen has attended four schools in his academic career and he is currently in standard six. Primary school reports note that he lost interest and motivation during and after the divorce. Teachers were concerned that he would fail. Although school work suffered, he remained a helpful responsible pupil. He started high school this year where his marks have in fact improved slightly on his primary academic record.

### Counselling history

His mother requested an interview as she felt concerned about his welfare. She reported that although he had started the year with enthusiasm, she felt he lacked motivation and his test results reflected this. He thus presented with disinterest and lack of involvement and motivation with regard to his school work.

### Appearance and functioning

He is neatly dressed and takes good care of his appearance. His teachers find him quiet, unassertive and not very forthcoming in the classroom situation.

The writer notes that he is very shy, timid, reserved and embarrassed, smiling only occasionally. His reserved nature has not helped him to obtain a large circle of friends.

As he does not like to talk about himself, finding this type of communication very embarrassing, it was felt that Owen would be an ideal client for art therapy as it could possibly provide a less

threatening alternative to traditional counselling techniques.

### 6.3.2 Description of the art sessions

#### 6.3.2.1 Session one - scribble pattern

Owen has a choice of media, charcoal, pencil, felt-tipped markers, paint. He shows a lot of resistance at the beginning commenting that he is only here because his mother has made the appointment for him and he does not really want to be here!

The therapist suggests a scribble pattern and explains how to do it. He makes a start, choosing bright, lively colours once the pattern has been drawn and then asks her to leave as he is embarrassed. He is left alone for a half-hour. On her return, the therapist finds Owen messing all the colours together and the scribble pattern is no more.



Fig 6.2 Not too happy face



### Vignette

- Th. *I see that you nearly finished.*  
O. *Yes.*  
Th. *Do you like it?*  
O. *No I don't.*  
Th. *Did you like your scribble pattern?*  
O. *No I didn't, that's why I covered it up.*  
Th. *What did you feel like when you were doing it?*  
O. *Not too happy. This is a not too happy face with a big, black mouth.*  
Th. *Who is that?*  
O. *Oh I don't know - just a silly painting. I don't think that I like this at all.*

He clearly has no wish to discuss the work or to talk about himself. He terminates the session abruptly by announcing that he has to go as the bell has rung. The therapist wonders as to whether or not he will return the following week.

### 6.3.2.2 Session two - Free Association

The choice of materials this time consists of wax crayons and oil pastels. Owen appears the following week, takes one look at the pastels and asks whether he really has to do it or not. There is still resistance but not as much as before. He complains that he doesn't really know what to do.

The therapist makes a suggestion to get him started. The idea that is tossed about for ten minutes or so is My biggest fear.

### Vignette

- O. *This happens when I sit down and try to learn. He comes into my thoughts - sometimes I think maybe I'm just trying to get back at him.*  
Th. *Can you use the pastels and show me?*  
O. *Oh I don't really know where to start or what to do.*  
Th. *I know that it is painful. Just think about those thoughts that you have.*

Owen starts drawing. Names himself sitting at the desk. Without talking, he completes the orange figure.

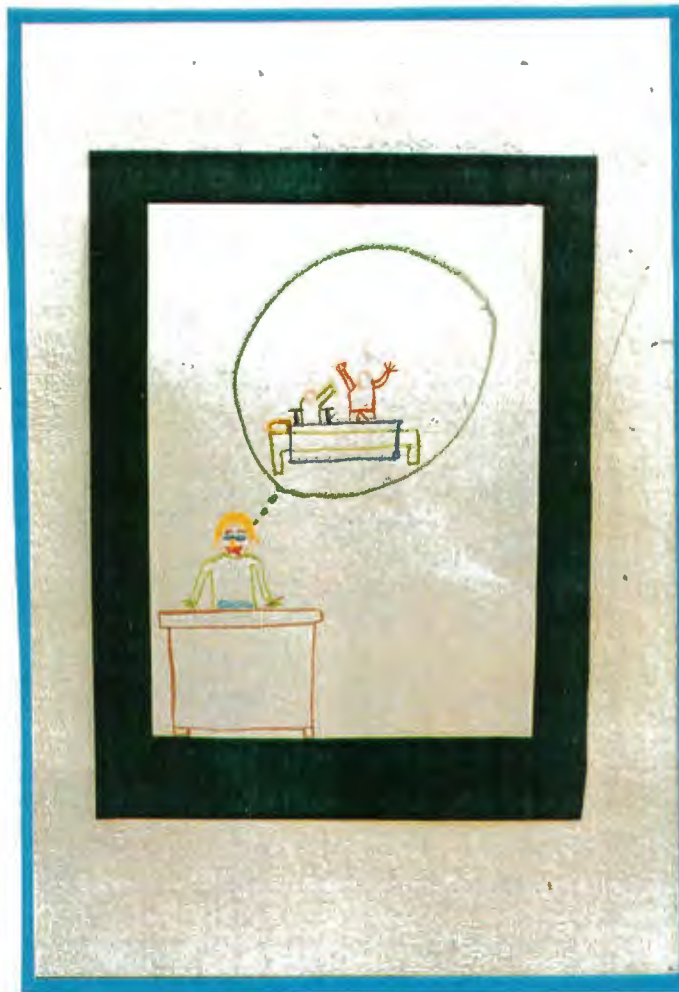


Fig. 6.3 The dream

- O. *They're back! I'm scared that he's going to hit me. I'm shivering, sweating, I'm scared.*  
 Th. *What's back, Owen? Tell me about it.*  
 O. *I'm embarrassed, but that's me at the desk. These ideas come to me when I'm learning. My dad used to hit me in standard two when I didn't know the answers in Maths.*  
 Th. *Why do you think that he hit you?*  
 O. *Oh he was tired of explaining the work. I don't understand the work. I'm patient, my dad isn't. He gets frustrated. I just couldn't tell him the correct answers or to stop hitting me.*

A discussion follows about fear in general, how Owen hides his fear by retreating into his shell, halting any meaningful communication. His not talking about school is possibly interpreted by his mother as non-involvement. It is explained to him that this is a signal that something else is wrong, it is a symptom and that the two, client and therapist will try to find the cause of the problem. It is suggested that tonight when he prepares to do his homework, that he write down a list of all the

things that he can do well, that give him enjoyment. This list is to be placed somewhere he can see it frequently, to remind himself that he is able to cope. He leaves the session with a brief smile, commenting that he is quite calm.

### 6.3.2.3 Session three - charcoal sketch

Owen returns four days later requesting a session. He seems to be quite enthusiastic when he sees the charcoal. He says that he used the 'stuff' for the first time today in an art lesson and that it is very messy.

The therapist may stay and watch, but he doesn't talk until he is finished and the therapist does not ask any questions.

#### Vignette

- O. *This is called The Bank Robbery.*  
Th. *What has happened here?*  
O. *This robber came in from the back, he killed one chap and has stolen the money.*  
Th. *Why did he do it?*  
O. *He was accused of having done something at work which he did not do.*  
Th. *How does he feel about it?*  
O. *Angry. Satisfied that he has got even.*  
Th. *I see he's wearing a mask over half his face.*  
O. *Well he doesn't want to be recognised. No one saw him. He was very lucky.*  
Th. *Do you think that he will do something like this again?*  
O. *No he doesn't need to, he is even.*



Figure 6.4 The Bank Robbery

He proceeds to say that he feels good about this sketch. The therapist picks up on the quick mention of anger pointing out that this can be a very deep-seated unconscious feeling that Owen has tried to hide. He admits that he is angry over the hitting incidents by the father and they talk about his wish to get even with his father.

The therapist points out to him that in the picture, he has taken control. Because there is a horse, the man doesn't have to stay in the bad situation, he can escape by riding away. He literally has the reins in his hands. Owen feels very good about this picture and says so twice.

#### 6.3.2.4 Session four - chalk and charcoal

The therapist notes the increase in confidence that this young man is showing. He wants to know what is happening today. the therapist explains that he has to imagine that he is on a magic carpet and that he can choose to go anywhere in time and space. He settles down to the task rather eagerly.

The therapist knows that she should just sit and watch without asking any questions as this is the set up wherein he finds himself the most comfortable.

#### Vignette

Th. *This is most interesting.*

O. *There I am on the carpet, heading towards the cloud.*

Th. *What is the journey like?*

O. *It's very quiet, the people that I pass on the way are very friendly.*

Th. *How do you feel on this journey?*

O. *I'm happy and I'm laughing.*

Th. *So you feel good about yourself. Tell me about the cloud and the building that you have drawn here.*



Fig. 6.5 Magic Carpet Ride

- O. *The cloud looks empty, but it is really full of life. It is thick, white and fluffy and it surrounds and protects Heaven. This is Heaven here. It's lovely to be here, all the people are friendly, there is happiness, good food, fresh fruit, lots of laughter, children playing, grown-ups working in the garden, happy families.*
- Th. *What one word would you use to describe it?*
- O. *Perfect.*

A discussion follows concerning life on earth that is imperfect, that most people have troubles, no family is truly perfect, each one has its own set of problems. Owen's family is discussed and he mentions the problems that he faces, an absent father, who is present in his thoughts, a brother he hardly ever sees, the fact that he has told himself that he is stupid which has been confirmed by his father's irritated and frustrated attitude towards him when he could not do the work.

The therapist explains to him how negative self-talk operates and the rationale behind putting up a list of his good points in his room. He has got used to telling himself negative things and allowing other people to confirm these thoughts. He must be aware of the times when he is talking to himself like this, and then tell himself that he is in a growth process, that when one starts to tackle daily



problems, that is when one starts to grow both spiritually and emotionally.

#### 6.3.2.5 Session five - Collage

The rationale behind this art process and subject matter is that the client may see fit to expose some sort of family dynamic and interrelationship. Seeing that the family was central to the previous discussion it is hoped that 'The Happiest Time' will include the rest of Owen's family. He starts cutting out magazine pictures and as usual, works carefully and quietly. He completes a camping scene.

#### Vignette

*Th. Why was this the happiest time?*

*O. It was when my family was still together. My brother C. is ten, he lives with my other grandmother in A. and I live with my mom and gran here in B. Dad lives with his girlfriend and two of her five children here in B. You see they have the same problem as us, not enough room for all the children, so her three are in boarding school.*

*Th. I see.*



Fig. 6.6 My happiest time

- O. *My little brother doesn't really understand what has happened. He keeps asking why Mommy hasn't come to visit him in A. I'm going with my dad next weekend for his birthday.*
- Th. *You'll enjoy that.*
- O. *One day my mom says she'll get a bigger place and then he can come back and live with us. I really miss him. I'd be really happy if he was back with us. For him nothing has changed - he's still in the same room in the same house, only Mom and Dad and I have gone. Gran is still there. See there he is in the picture.*
- Th. *Yes, he looks as if he is enjoying himself. What made this trip so special?*
- O. *We went rubber-ducking with my Dad. Now that was fun. I lost my breath when I was winded on a big wave.*
- Th. *Would you like to experience all that again?*
- O. *Yes, but I know I can't. Things have changed. I understand but my brother doesn't.*

There follows a dialogue concerning the collage. Comment is made on the fact that Dad is in the tent and Mom is on the outer edge of the composition and that he places himself in the middle of the picture. He is made aware of his interactions with his mother, father, grandmother and with his brother, although he doesn't see him very often. At the end of the session, he looks at the relationship that he has with himself. He comments that he has not had any of 'those thoughts' again.

#### 6.3.2.6 Session six - Add-to-the-picture

A number of faces bearing different expressions have been cut from magazines and the client is free to choose one of them. Owen chooses the happy, laughing face.

#### Vignette

- Th. *Why did you choose him?*
- O. *Because he's happy and that's how I feel today. His name is Matthew and he's a great sportsman.*
- Th. *What makes him great?*
- O. *Oh, his tennis. He's really very good. Wins most of his matches, beats the other boys.*
- Th. *Matthew's face is laughing; what is he feeling?*
- O. *He's very happy. He's had a good day and things have gone right for him. Hey, do you know that since coming here I haven't had any of those frightening thoughts. I think I am able to work now without them coming to disturb me.*
- Th. *That's terrific Owen. I'm really glad that you are feeling good about yourself.*
- O. *Yes, I tell myself that I can do it. There's the bell. I see you next week.*

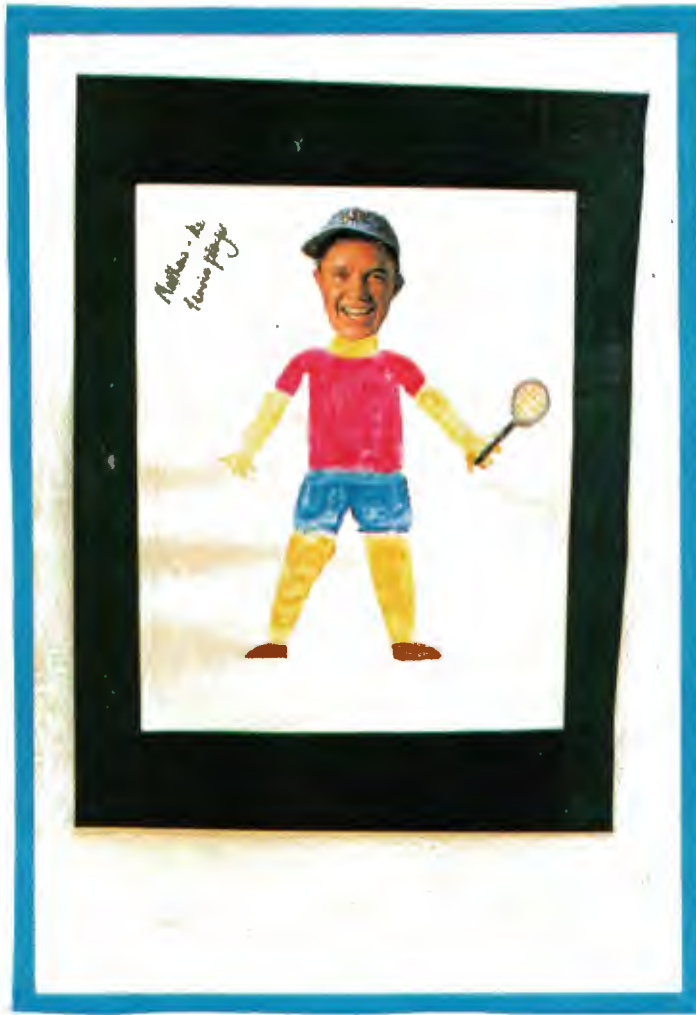


Figure 6.7 The Tennis Player

He terminates the session and leaves with a broad smile on his face.

#### 6.3.2.7 Session seven - acrylic painting

Today he is free to do whatever he wishes. In silence he paints a house. While he is busy he is asked what he is painting.

#### Vignette

- O. *You'll see soon!*  
Th. *That looks like a building.*  
O. *Yes, it's a house. Not just any sort of house, a special house.*





Figure 6.8 The Perfect House

Th. *Why is it special?*

O. *This is the house that I wish we had.*

Th. *Why do you say that?*

O. *Because of my split-up family. I do so wish that we could be a whole family again, in one house.*

Th. *You know that it cannot be like that because your mom and dad are divorced and your dad has a second family.*

O. *I think I know it in my head, but I still have a dream.*

Owen then asks if he can fetch all his other pictures. He says that he wants to look at them all. They are all spread out on the table in a row, from the scribble pattern through to his last neat little house. He studies them with intent and then turns and comments 'Not bad!'

Th. *Are you refering to the pictures or yourself?*

O. *Both I guess. I'm not much of an artist, but I did do some nice things. I feel good about that.*

Th. *What else do you feel good about?*

O. *I meant to tell you earlier. I'm getting on with my dad again. I've been to stay with him, three weekends in a row now. It's been okay.*

Th. *What about those nagging dreams?*

O. *I have been fine. I think I'm coping. The best is that I'm not afraid of my dad like I used to be and I think I'm going to do alright in these exams.*

This is a happy, yet sad, moment for both, for termination is looming ahead. He feels that he can cope and he knows that the therapist's door is always open and that he can return whenever he so desires.

### 6.3.3 **Evaluation**

The Rotter Incomplete Sentence Blank was completed at the beginning of therapy. The therapist also completed a personal checklist at the same time.

The Rotter reveals that the 35% negative sentences centre on his brother and his father who live far away. He experiences his self-concept, family, school and peer concepts all as negative and is neutral with regard to ideas and objects. As far as the A.S.C.S. goes, Owen appears to have a little difficulty accepting his physical self. He is slightly shorter than most and his voice has not yet broken. He appears as disinterested, often worried, feeling helpless in the situation, which could all indicate a low self-image. As far as his personal self is concerned, this is also indicative of a low self-image. He often speaks very softly and apologetically, seeing himself as inferior. He is indecisive, unhappy with what he has done in his life and protects his ego, all of which moot an unacceptance of the personal identity. As far as self and family are concerned, he has a problem fathoming the family situation and all the misunderstanding between family members. He refers to his father an inordinate number of times, blaming him for what has happened.

His social self-image is low. He is shy and tends to keep to himself. He doesn't always initiate conversation and he sees himself as rather a loner, unable to make friends very easily.

If one looks at Owen's first art therapy session, one finds an unhappy, angry young boy whose body language shuts out any contact with the therapist. His attitude is one of resignation as well as indifference. His degree of involvement is minimal. He does not wish to make proper conversation

with the therapist, and certainly has no wish to discuss what he has done to the scribble pattern. Clearly, he is feeling rather threatened and unhappy.

As the sessions progress, resistance and non-communication diminish. In Figure 6.3, The Dream, he finds a way of communicating the fear, anger and hurt that he is experiencing. It all revolves around the relationship that he has with his absent father. This is the core of his problem. He is angry with his father for invading his private thoughts, leaving him, separating him from his young brother. He is also rather scared of his father, scared that he is going to be punished for not doing well enough in school. This is very clearly shown in The Dream. The extent of his anger can be felt in Figure 6.4, The Bank Robbery, where he sees himself as robbing a bank involving his father. He is able to fantasise getting even with him. This appears to be the turning point in his drawings. He feels very good about what he has created and has in all likelihood been able to work at some of the resentment and anger that he has been harbouring for so long. From the relationship with the father, he now moves to his immediate family. In his Magic Carpet Ride, Figure 6.5, Owen is able to escape to the Perfect Place which houses the Perfect Family. It is as if he would like to wipe out everything that has happened and start afresh. He knows that he is part of a dysfunctional family, but his self-talk has convinced him that he is a less-than-perfect son and that worries him. He projects this sense of failure onto the relationship between his young brother and himself. This surfaces many times in the Rotter Questionnaire. His biggest wish is that his brother will return to live with him. It surfaces again in Figure 6.6, My Happiest Time, a good camping trip that was experienced by the complete family in somewhat happier times. Although he longs for those times, realistically he accepts that they cannot recur in the future. He has to set his current relationships right and that is going to be a large task for him. In the picture of The tennis player Owen projects a happy, successful individual who has a firm grip on life. Possibly this is how he would like to see himself, happy, outgoing, comfortable with himself and society. He freely admits that positive self-talk seems to be working for him as he is starting to feel good about himself now.

While painting his Perfect House, Figure 6.8, he volunteers information as to a significant improvement in his relationship with his father. He has been to visit him, signifying that he is coming to terms with the hurt and anger, and is not scared of his father the way he used to be.

Looking at the second Rotter and A.S.C.S that have just been completed by Owen, one sees a change in the picture. He has managed to complete all the sentences with 50% being positive and only 40% still negative, the balance being neutral. The negative ones concern his dad and his brother while the positive deal with the way he sees himself, his new relationship with his father as well as what he thinks the future will hold for him. On the A.S.C.S., there is improvement in this self-image as far as the physical self, the personal self, the family self as well as the social self is concerned. The only drop is that he is now more critical of himself than he was before. This is possibly due to the fact that although he was aware that he was unhappy he did not know why or what was making him so.

Looking at the pre and post therapy personal checklists in Figure 6.9, one notices an overall improvement in the checklist completed on termination, which is backed up by his graphic work as well as the Rotter and the A.S.C.S. He is now conscious of what he is thinking, feeling and saying to himself. Through the medium of art therapy he has been able to graphically verbalise all the feelings that have been churning around inside which, up until now, have had no positive means of expression, except poor scholastic performance, disinterest, withdrawal and bad dreams. Owen's scholastic record has improved and he appears to be far happier than he was before therapy commenced.

<b>owen's personal checklist</b>			
<b>PERSONAL CHECKLIST A</b>		<b>PERSONAL CHECKLIST B</b>	
<b>date</b>	feb 1994	<b>date</b>	nov 1994
<b>name</b>	owen	<b>name</b>	owen
<b>age</b>	14	<b>age</b>	14
<b>reason for referral</b>	scholastic disinterest	<b>reason for referral</b>	n.a.
<b>behaviour</b>	fairly resistant	<b>behaviour</b>	accepting
<b>media</b>	painl, paper	<b>media</b>	paper, acrylics
<b>body language</b>	no wish for contact.	<b>body language</b>	relaxed, communicative
<b>attitude</b>	resigned	<b>attitude</b>	enjoyment
<b>degree of dependance</b>	relies on therapist	<b>degree of dependance</b>	self-reliant
<b>decision-making</b>	indecisive	<b>decision-making</b>	making choices
<b>involvement</b>	minimal	<b>involvement</b>	immersed
<b>symbol</b>	angry face	<b>symbol</b>	house
<b>colour/texture</b>	thick, dark colours	<b>colour/texture</b>	bright, crisp
<b>tone</b>	angry, heavy	<b>tone</b>	cheerful
<b>relationships</b>		<b>relationships</b>	
* <b>self</b>	poor	* <b>self</b>	improved
* <b>family</b>	poor	* <b>family</b>	much improved
* <b>ideas and objects</b>	fair	* <b>ideas and objects</b>	good
* <b>school</b>	poor	* <b>school</b>	improved
* <b>peers</b>	weak	* <b>peers</b>	made 2 new friends
<b>therapist</b>	non-communicative	<b>therapist</b>	enjoyable
<b>self-image</b>	low	<b>self-image</b>	improved
<b>feelings</b>	anger, hurt, confused	<b>feelings</b>	coping, longing, acceptance
<b>insight</b>	negligible	<b>insight</b>	is able to identify feelings, thoughts & self-talk
	EE 94		EE 94

Figure 6.9 Owen's Personal Checklist

Owen has expressed his enjoyment in getting to know the therapist, but more so, in getting to know himself. His scholastic record has improved and he appears to be far happier than he was before therapy commenced. He sees his father every third weekend now and they share many father-son activities together.

## 6.4 Case Study 2 - CHERYL

### 6.4.1 Personal history

Cheryl is a sixteen year old female adolescent.

#### Family history

Cheryl has two older sisters, one of whom is married. She doesn't know her biological father as her mother has married three times and she was very young when they were divorced. She thinks that her father lives somewhere in the city but she has never seen him. At the moment she, her mom and her younger sister are living in the home belonging to the third husband. Cheryl resents his children, two boys, coming for weekends, and detests the discipline under which she has to live.

### Scholastic history

She has attended six schools in her eleven year school career and is in standard eight. She is a weak scholar who continually just manages to pass the end of year examinations. Looking at her school record, there has been very little, if any progress over the years. There are many occasions on which homework has not been done and her form mistress has been concerned about her for some time.

### Counselling history

Early one morning the therapist was called to see a very ill pupil in Sick Bay. It happened to be Cheryl. She was shaking uncontrollably and sweating profusely. Communication was nil. After an hour or so, she admitted to have swallowed twenty-one 'headache' tablets the previous night on top of not having eaten any food for just over two days. She said that she wanted to end her life as her home life was unbearable. She agreed to possibly coming for a chat when she felt better.

### Appearance and functioning

Although an attractive young girl, Cheryl is untidy and appears to be unkempt. The attitude towards her school uniforms spills over on to her attitude towards schoolwork. She appears to be sullen and permanently miserable. Various teachers have complained that she is very impertinent in class and sometimes gets up and walks out without excusing herself. She is short-tempered and difficult to talk to. As she appeared to be a difficult adolescent, it seemed applicable to try art therapy with her.

## 6.4.2 Description of the art sessions

### 6.4.2.1 Session one- free association

All the media are on the table and she is told she may make whatever she wishes. Unlike the others, she has no problem in getting going, but tells the therapist to go away as she can't work with her there watching. She asks as to whether or not her friend can come in as she at least can be trusted! The friend commences painting as well. Much giggling ensues and about forty minutes later the therapist moves towards the table.

## Vignette

- C. *Okay, you can come now. This is all I'm going to do.*  
Th. *What have you called this picture?*  
C. *Don't know, it doesn't have a name.*  
Th. *Would you like to give it a name?*  
C. *No, not really.*  
Th. *How did you feel when you were painting?*  
C. *Okay I guess.*  
Th. *What do you think of your picture?*  
C. *It's turned out better than I thought it would. Not too bad!*  
Th. *What did you enjoy the most?*  
C. *Messing with the grass. This paint in the tube works nicely. This blue is a dam. There are no ducks. The tree is bare but the sun is shining.*  
Th. *The house is unusual.*  
C. *Yes, the walls are red. I must go.*  
Th. *Before you go, did you want to be here today?*  
C. *No but my friend made me come. She thinks I have a problem, but she has the problem.*  
Th. *What are you feeling right now?*



Figure 6.10 Nameless

- C. *Angry - I don't want to be here and how do I know that I can trust you?*

A long discussion follows where it is explained that no one has forced her to come, she sets the pace and is free to go or stay if she so wishes. She says she doesn't trust people but she'll go home and



think about it.

#### 6.4.2.2 Session two - scribble pattern

As the last session was non-directed, and the experience not really enjoyed by the client, the semi-structured scribble process will be offered to Cheryl. She has a choice of all the available media and when the pattern is explained, she chooses a black felt-tipped marker pen and paint.

##### Vignette

*C. I quite like using these paints so I'm going to colour in the pattern with them.*

She becomes engrossed, no friend as companion this time, no obvious resistance is evident, but she clearly has no desire to talk. She asks the therapist to move away as she is nervous.



Fig. 6.11 My scribble



- C. *Look I'm finished. It's quite nice.*  
Th. *Yes it is. Do you know how long you've been working alone?*  
C. *Not long. Th. At least thirty minutes. What were you thinking about during that time while you were working?*  
C. *Nothing actually. It's the first time that I have been able to forget my worries.*  
Th. *You've been able to forget your worries. That's good.*  
C. *I don't want to talk about them. I enjoyed this. It's pretty but I must go now.*

She ends the session abruptly when her 'worries' are referred to and this is duly noted by the therapist.

#### 6.4.2.3 Session three - free association

Once again Cheryl has the range of materials from which to choose and she picks out the pastels. She seems to know what she wants to do and invites the therapist to stay and watch her working. She commences a nature scene.



Fig. 6.12 Nature scene

## Vignette

(towards completion of picture)

*Th How do you feel doing this today, still silly and embarrassed?*

*C. No it's okay. You don't laugh at my drawings and its nice to get out of class. I think I feel quite happy today. Can I see my painting that I did of the house?*

Therapist fetches first artwork (fig. 6.10) and places them side by side.

*C. I didn't like this first one very much. It's so heavy.*

*Th. What makes it heavy?*

*C. The dark colours and the thick paint. But I was feeling angry that day. That was two days after I overdosed on the pills.*

*Th. Care to tell me about it?*

A dialogue now ensues where the attempted suicide is tackled. She says that she has had enough of the stepfather and her mother always taking his side. She does not feel that she belongs in his home and this action seemed to be a good way of getting away from it all. She feels that they (the mother and stepfather) do not understand her and that they are not interested in her as a person. It is pointed out to her that although there are a lot of angry and hurt feelings (she comments that the teachers are also against her and that she only has one friend who understands her situation because she has been through a similar experience) she will start working through them and thereby become a stronger person than before.

Before the conversation can start moving to the deeper levels, she refers back to her painting.

*C. What I am looking at are the trees. I made this one bare, no leaves. Today's tree is growing and alive. Yes, I think it is the growth. Look here, I think I must add another tree.... Oh, see I had no flowers in that painting. I'm going to put flowers in over here, in the middle. I think the flowers have put joy and happiness in the picture.*

*Th. Would you like to give your picture a title?*

*C. Yes its 'Me Today'.*

*Th. You haven't actually drawn yourself have you?*

*C. No, but I am represented by the trees and flowers.*

She ends the session on a happy note, saying that she thinks she may be glad to be alive after all, that maybe she has been given a second chance.

### 6.4.2.4 Session four - pencil sketch

Cheryl is rather reluctant to work today. She appears rather sullen and moody. Sighing loudly, she eventually uses a sketching pencil and begins her picture.

## Vignette

- C. *Here at the bottom are my mom and her husband. They are the cause of the problems in my life.*
- Th. *Can you tell me why?*
- C. *Look, there's Jackson my dog, next to them. He was my puppy, but everyone else has taken him over. He does tricks for them. He's forgotten everything I taught him.*
- Th. *How does that make you feel?*
- C. *Like he doesn't need me, I'm not really part of his life anymore.*
- Th. *Does that worry you a lot?*
- C. *Yes, they (mom and stepfather) don't want me and he (Jackson) doesn't need me. So here is my room, very bare, quiet and lonely.*



Fig. 6.13 My Jigsaw

- Th. *And these (the pills)?*
- C. *They meant that I could get away from everything. I've been taking them everyday for about a month, until that Monday when I took twenty one, but they didn't work properly. I wasn't supposed to wake up. The only other thing that is an escape for me is to party, but they stop me from doing that too.*

We talked about her attempted suicide and the way she had been talking to herself, all the negative stamps that she had collected over the years until she felt that she could take no more, and decided

to end her life. She agrees to return the following week.

#### 6.4.2.5 Session five - painted mandala

She does not return within the week. Rather a whole month has gone by and today she returns and says that she wants to paint. A Mandala is suggested and explained to her and she sets to work.



Fig. 6.14 Confusion

#### Vignette

- Th. Can you tell me about it?*  
*C. Well... the dark half-moon is the night time when I'm asleep and peaceful and this other half has all the thoughts in my head.*  
*Th. What about those thoughts?*  
*C. Anger, confusion, sadness.*  
*Th. Why angry thoughts?*  
*C. Angry at him. He doesn't accept me. I'm not his child but he wants me to conform to the rules like his children.*  
*Th. The confusion?*

- C. *I'm confused about me. One minute I'm okay and I tell myself that I can cope, and the next, I'm down and thinking that I can't.*
- Th. *So that really confuses you?*
- C. *Yes and it makes me sad. I don't know what my mother wants. It's not like it used to be.*
- Th. *Where is the sadness?*
- C. *Here, (points to orange area) this half is creeping in on my peace.*
- Th. *And these?*
- C. *Those are my hands, trying to control all the things that are going wrong in my life. I look at this and I think I'm a mess.*

She proceeds to talk about her stepbrother being nasty to her mother, just the way she was nasty to the stepfather. Now she feels dreadfully guilty. Her feelings are discussed some more, who she is and what she is saying to herself to make her feel the way she does. She says she'll try to keep the next appointment.

#### 6.4.2.6 **Session six - clay modelling**

She is given a large lump of clay. She looks at it, gingerly pokes at it and is most reluctant to do anything with it. She is told that she may do absolutely anything with the clay - she eventually starts working it, in silence.

#### **Vignette**

- Th. *Well ,was it so bad?*
- C. *It's nice once you've got used to it. It's the first time I've used clay like this. What do you think?*
- Th. *You've made a pretty good face here!*
- C. *Its actually a mask; someone I know hides behind it. There are only sockets for the eyes.*
- Th. *Why is that?*
- C. *She doesn't see me anymore. She doesn't listen to me either, so she has no ears.*
- Th. *And the mouth?*
- C. *There is no mouth on the mask. She doesn't talk to me anymore.*

She begins to mould a pair of lips and places them, larger than life, above the mask.)





Figure 6.15 The Mask

- Th. Yes?*  
*C. The mouth is on its own. It talks about me behind my back.*  
*Th. Was she a friend?*  
*C. This is who I thought was my best friend. She's turned on me and is making life hard for me.*  
*Th. You sound very hurt and angry.*  
*C. I'm both those things!*

The session continues along the line of friendship formation and how and why these friendships turn sour. We both agree that she has only started to dig at the surface of her problem and arrangements are made to continue art therapy in the new year.

### 6.4.3 Evaluation

On completion of the initial Rotter and A.S.C.S. before art therapy starts, Cheryl presents a very negative picture. The majority of negative statements (52%) centre on the family, with a number of negative self-concept comments emerging. On the A.S.C.S., her physical self-concept is low, but she has an even lower self-concept with regard to her personal self, family and community self. She is not self critical and likes to blame everyone else for her situation in life. Both test results highlight the family as the critical arena in which problems have arisen and are currently surfacing. She regularly refers to her mother, how she fails to understand her daughter, how she feels that her mother does not love her or look after her needs. Although these problems have arisen she comments that she is scared that she will lose her mother's trust. She also refers to her biological father and is extremely hurt that she has never seen him and that he has never tried to make contact with her. She feels hurt, sad, angry, rejected and is unable to cope.

As mentioned previously, she was initially seen in a depressed state, having taken an overdose, not eating for two days, not sleeping properly, withdrawing from classmates, schoolwork suffering, avoiding returning home each afternoon after school, skipping classes and being periodically extremely impertinent towards various teachers, by speaking rudely or abruptly getting up and storming out of the classroom.

Her body language reveals a teenager who is not coping very well. Her shoulders are hunched, she walks slowly and her facial expression shows total disinterest and an element of sadness.

Her first painting is a naive stylised one, with the obligatory house, tree, grass, sun and two clouds. The overall effect is one of heaviness with some lighter contrast in the form of the bare tree. The sun is half-hidden behind the cloud, but the total picture is cool and distant. She does not become personally involved in the work and the impression that the therapist gets is that she is only doing this painting in order that the session may finish. The therapist is conscious that the client is trying very

hard to remain at a distance.

Cheryl returns without her friend as support and with very little fuss she sets to work. She appears to be enjoying herself somewhat. Her scribble, Figure 6.9, turns out nicely and she has an opportunity to forget what is troubling her. When mention is made of the problems, she brushes them away, possibly not ready at this stage to deal with them. The heartening aspect is that she finds the media non-threatening and the end result fairly pleasing. The therapist feels that Cheryl is beginning to show signs of relaxing in that she even offers information on how she is feeling. Every positive move must be seen as a step forward.

Her second nature scene is quite different from the first. Cheryl even requests to compare the two which the therapist finds most encouraging. It is as though she is starting to take stock of her life. She is the one (and not the therapist) who stands back from the two paintings and points out the differences between them. She can see that she was trying to give two different messages to the therapist in the sessions. The first message is 'I'm angry with every one, even you Mrs E, so get off my back, leave me alone, I don't want to be here, I don't trust you, like you or like what you are trying to do.' The second message is 'I find it okay to be with you, I am starting to enjoy this messing with colours and yes, maybe, I am starting to trust you as you don't pry into my life like members of my family.'

The breakthrough comes when she starts to talk quite freely and honestly about the overdose. All the hurt, the anger, the resentment, confusion and rejection pour out and it is probably for the first time since the incident that she is able to cry. Thus it has taken two interviews and three art sessions for her to feel comfortable enough with the therapist as well as herself, in order to start talking about her problems within the enclave of the family. She initially feels that the whole world is against her, no one understands her, she is no good to anyone, and no one cares enough to listen to her. But now in the therapeutic alliance, she is starting to feel both secure and loved and is therefore enabled



to start looking at the areas of her life that are hurting, angry and confused.

The writer finds it interesting to note that the actual suicide is not depicted in graphic form but that a 'happy' picture has elicited this discussion. In her pencil sketch, Figure 6.13, My Jigsaw, she, without hesitation pours out her soul on to the paper. She represents her current situation as a mosaic of different spheres; school, home, parent, family, self and peers, thus all the significant relationships in her life are revealed in one drawing. It speaks volumes. Piecing these relationships together may have taken two, three or more conventional sessions, but here one has the entire picture in one session. This is felt by the therapist, to be the positive turning point as all the hurt, anger and confusion come out in the mandala that she paints one month later. She now faces relationships that have soured in the home, especially those with stepbrother and mother. She also has to face the relationship that she has with her self, looking at all the negative self-talk and the effects it has had on her self-concept. In her final art session for the year, she reveals more hurt feelings, in that she feels totally betrayed by her so-called friend. She reveals this in the modelling of The Mask, Figure 6.15. She speaks most succinctly in the sculpture. No eyes, ears or mouth to begin with, shows the total breakdown in communication with her supportive friend. Just as she is starting to feel more positive about herself, there is a breakdown in a valued relationship, bringing more anger and hurt to the surface.

The second Rotter is somewhat encouraging as there is a slight increase in positive results and a larger decrease in negative ones. Although she has nothing positive to contribute as regards herself and her family, she sees the future as hopefully being a brighter one, for her. Even though she is still unhappy, angry and somewhat confused it is as though she feels that there is something to be gained from life, although she had not yet figured out what it is. The A.S.C.S. reveals a stanine of 2, even with an increase in self-criticism, is a very low self concept and this is confirmed in Table 6.16 below.

<b>cheryl's personal checklist</b>			
<b>PERSONAL CHECKLIST A</b>		<b>PERSONAL CHECKLIST B</b>	
<b>date</b>	feb 1994	<b>date</b>	nov 1994
<b>name</b>	cheryl	<b>name</b>	cheryl
<b>age</b>	16	<b>age</b>	17
<b>reason for referral</b>	attempted suicide	<b>reason for referral</b>	n.a.
<b>behaviour</b>	resentful	<b>behaviour</b>	starting to relax,
<b>media</b>	acrylics, paper	<b>media</b>	pottery clay
<b>body language</b>	apathetic	<b>body language</b>	more accepting
<b>attitude</b>	critical, suspicious	<b>attitude</b>	interested
<b>degree of dependance</b>	fairly independent	<b>degree of dependance</b>	independent
<b>decision-making</b>	fairly decisive	<b>decision-making</b>	makes up own mind
<b>involvement</b>	uninvolved	<b>involvement</b>	involved
<b>symbol</b>	house in garden	<b>symbol</b>	face
<b>colour/texture</b>	fairly dark, thick, heavy	<b>colour/texture</b>	smooth
<b>tone</b>	sombre, melancholy	<b>tone</b>	rejection, betrayal
<b>relationships</b>		<b>relationships</b>	
* <b>self</b>	negative	* <b>self</b>	low
* <b>family</b>	extremely negative	* <b>family</b>	improved
* <b>ideas and objects</b>	mediocre	* <b>ideas and objects</b>	status quo
* <b>school</b>	fair	* <b>school</b>	beginning to work again
* <b>peers</b>	fair	* <b>peers</b>	constant ups & downs
<b>therapist</b>	strained	<b>therapist</b>	improving
<b>self-image</b>	low	<b>self-image</b>	still low
<b>feelings</b>	anger, confusion	<b>feelings</b>	anger, hurt, rejection
<b>insight</b>	minimal	<b>insight</b>	recognises feelings and self-talk

Figure 6.16 Cheryl's Personal Checklist

Unfortunately, only the tip of Cheryl's problematic iceberg has been attended to and there is a lot more hard work ahead. Art therapy has enabled her to start looking at herself and the various options that she has at her disposal. It has not solved her problems. Art therapy must be seen as a process whereby the client becomes aware of the questions in his or her life, and for Cheryl, the past ten months have afforded her such an opportunity. She has become empowered to listen to her self-talk, to recognise when it is negative and to address that negativity.

## 6.5 Case Study 3 - NATALIE

### 6.5.1 Personal history

Natalie is a seventeen year old female adolescent.

#### Family history

She is the elder of two daughters. Her birth was normal and she has had no serious medical problems. Her parents were divorced a number of years ago. Both parents have remarried.

Natalie lives at home with her mother, younger sister and her stepfather, whom she calls Uncle L. She says that her stepmother is a lovely person, very supportive and understanding but does not work as she suffers from ill health. Both she and her sister have regular access to their father. She speaks both English and Afrikaans in the home. Yesterday she moved in with her father and stepmother.

#### Scholastic history

Natalie has attended three schools in her academic career. This year, she is in standard nine. Her record at primary school was above average and at high school she has kept up a good average. The only complaints that can be found is that there are times when homework does not get done and in the past, she was often absent, indisposition due to headache, stomach ache or backache.

#### Counselling history

The therapist was contacted by the stepmother who had Natalie's consent to telephone. She agreed to counselling immediately. Natalie had been thrown out of her mother's house by her stepfather. In three interviews prior to starting art therapy, Natalie decided to lay a charge against her stepfather for physical assault. She said that he had grabbed her by her long ponytail, dragged her across her bedroom and hit her in the face. This was apparently in reply to her cheeking him. As she is an extremely self-disciplined, quiet and well-controlled young lady at school, it was thought that art therapy may help her to work through some of her buried feelings.

#### Appearance and functioning

An extremely attractive girl who looks after herself immaculately, Natalie appears very neatly dressed at all times. Although she is very quiet and ladylike, she has a good circle of friends as she is friendly and helpful at all times. She takes part in athletics and is a very good athlete. None of her friends knows of her plight and she keeps up the appearance that all is well with her.

Natalie is given a choice of materials and the scribble process is explained to her. She examines all the media, trying each, taking some time to decide. She is very quietly spoken and handles the materials gently in an almost apologetic manner. She apologises for taking up the therapist's time and says she will really be no bother.

Vignette

*N. This is fun. I've an idea. Like something I did years ago. It calmed me.*

She does the scribble pattern in black paint.

*N. I wonder why people choose black? Maybe it's a heavy colour, dark, surely red would be better!*

*Th. What are you thinking about as you work?*

*N. My friend goes to a psychologist and she wants to see me.*

*Th. How do you feel about that?*

*N. I don't mind. I want to help. Maybe I've been through a similar problem?*

*Th. A similar problem?*

*N. Yes, with the hassles at home that I told you about yesterday.*

*Th. So you did. Is today any better than yesterday? You were very unhappy yesterday.*

*N. Today I feel totally neutral. I'm taking each moment as it comes. I can't plan anything in advance. My whole life is like that.*

*Th. But we planned this session.*



Fig. 6.17 The Scribble

- N. *This is different. I want to be here. I look forward to coming. It's somehow like riding my horse - total freedom, being one with the horse, thinking with him, taking him over the jumps. I forget all my problems when I'm riding. I'm free, I'm in control. My horse knows who's boss.*
- Th. *When you were thrown out of the home, was it like missing those jumps and not being in control - you know, the horse starting to run away with you, way off the planned course?*
- N. *It happened so suddenly. I couldn't plan anything. All I knew was that my dad would support me.*
- Th. *Have you heard from your mom?*
- N. *No, only my younger sister.*
- Th. *How do you feel about that?*
- N. *I'm hurt. Surely she could ask if I'm okay. But you mustn't worry, I'm very happy. My stepmother is amazingly supportive. She is so understanding, unlike my mother's husband. May I come tomorrow to finish this? I have to go now.*

### 6.5.2.2 Session two - completing the scribble

Natalie returns the following day and promptly gets down to work. She carefully paints in yellow, blue purple and green, commenting all the time and occasionally stopping, moving away to have a good look at the progress of the pattern.

#### Vignette

- N. *I'm glad I've got time to finish this today. It feels good to be able to choose the colours.*
- Th. *Do you feel that you haven't had much choice in the past few days?*
- N. *Things have happened which are beyond my control. Here today, I can control what is happening to me.*
- Th. *How does that make you feel?*
- N. *Stronger, like I've got the reins, I can decide which jumps to take.*
- Th. *You really feel good when out riding!*
- N. *Yes, it's been the one thing in my life that had kept me going. When things get too rough at home then I know I can get away from them when I'm on my horse.*
- Th. *Do you think that what you are doing now has any connection with those feelings of freedom?*
- N. *Here I'm free, I know I can say what I'm feeling.*
- Th. *How are you feeling right now?*
- N. *Well, I think I've experienced a real mix up of emotions the past few days. I'm going to call this 'Mixed Emotions'.*
- Th. *Are there any associations in this pattern for you?*
- N. *Well, I haven't used black as a colour, but as a separator and a bringing together of the whole. I think that was like Monday.*
- Th. *The day that you had to leave home?*
- N. *Yes.*
- Th. *Which is your next colour?*
- N. *Red, I know I used red when I was angry yesterday. That was bad news! I think the red*

- took a lot of building up. It took me a lot of time to get to the red.*
- Th. *Do you still feel red today?*
- N. *I think I'm the yellow. Look, the yellow here and here represents the dawning of a new day. I suppose I've put the red to bed. It lies in the past.*
- Th. *What is the new dawning for you?*
- N. *Being able to talk about it. No one in the class knows, only you.*
- Th. *Do you feel comfortable with that?*
- N. *Yes, my stepmother said you'd understand. It's like the blue that I've painted here. I see it as tears, but they didn't come. I couldn't cry. I want to, but can't. Maybe it will still happen.*

Just before the bell rings and she has to return to class, it is explained that these feelings will be worked through together and that she is not alone. She smiles and says that she is quite 'chuffed' with her picture.

### 6.5.2.3 **Session three - painted mandala**

Today Natalie is extremely keen to work and wants to know immediately on arrival what she can use. She has the Mandala method explained to her and she sets to work enthusiastically. She works quickly and economically.

#### Vignette

- N. *This was fun do do. I've enjoyed myself.*
- Th. *Tell me about it.*
- N. *There are very definite areas. The middle is dark - these are the dark, hurt, bad feelings I have, sad too; they centre on Uncle L., when he threw me out of the house.*
- Th. *And the red?*
- N. *This is some time later, when I became angry. In the beginning the hurt and the anger were confused. Now I am able to separate them.*
- Th. *What were you saying to yourself at that time?*
- N. *When hurt and sad? - I'm no good, he is rejecting me and why does my mother not stand up for me? I'm her child, why doesn't she fight for me?*
- Th. *What else?*
- N. *When angry I ask myself, why does he have to control me, control my life? Am I so stupid that I allow it? Then I get angry with my mother for making me feel unwanted. I'm also angry with myself for allowing myself to be made angry.*
- Th. *It's good that you're able to recognise your self-talk.*
- N. *The yellow ring represents my support system, Dad, stepmom and my best friend.*

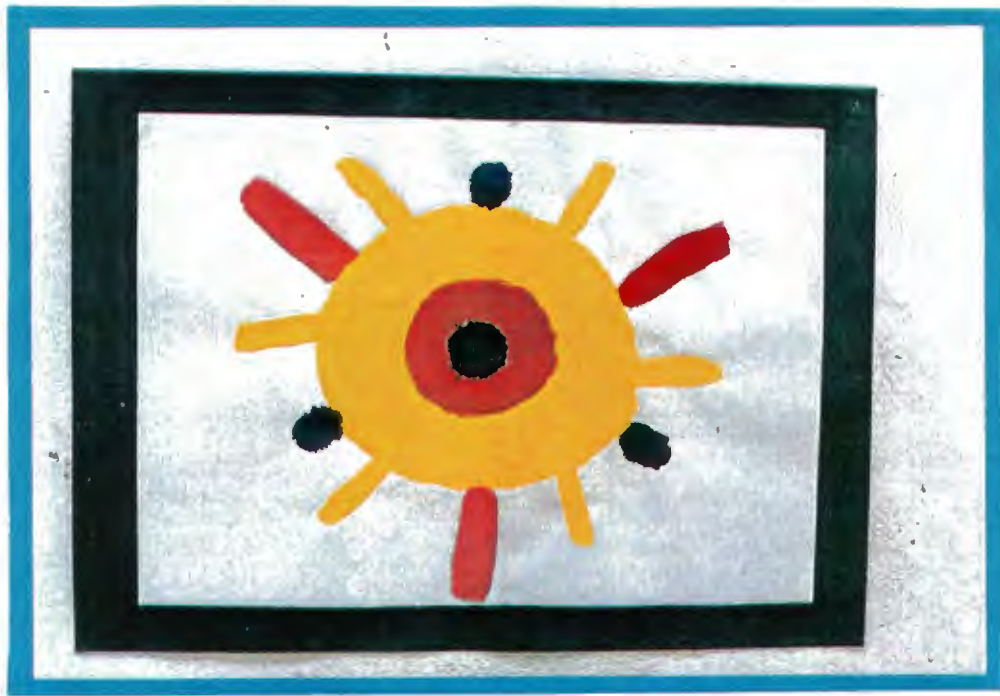


Figure 6.18 Emotion Wheel

Th. *What about them?*

N. *They have sort of held me together. You see the yellow is thick and supportive, just like they are. They have helped me move from the red into the yellow.*

Th. *What are these on the outside of the circle?*

N. *Well, I think these are the scars from the hurt and the anger. I don't bear grudges, but these won't disappear altogether. These feelings occasionally pop up every now and then, and I say to myself 'You are okay - you can make it', and I will, but it's such a long journey.*

She then tells the therapist that she is really longing to see her mother, but is a little afraid of how they both may react.

#### 6.5.3.4 Session four - free association

It is two weeks later and she walks in smiling, full of enthusiasm and starts to paint.

#### Vignette

N. *I don't want to make anything fussy; the plainer the better I reckon.*

Th. *Would you like to tell me about it?*

N. *It looks like a face within a heart. It is me. A big part of my life is made up of my friend*



*and our relationship. He is very supportive and the best friend anyone could wish to have. That is the blue. The green is my mom and sister. Her husband doesn't and won't feature. Those are the two clear areas of my life.*

*Th. How do you feel about this down here?*

*N. Part of me is still very angry, angry with my mother for not having taken my side.*

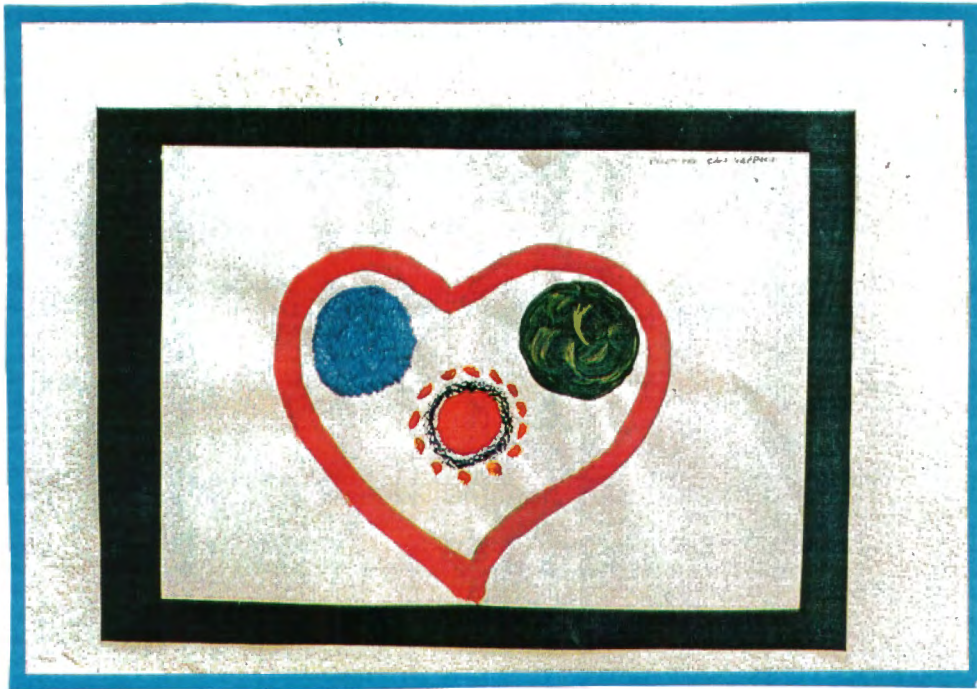


Fig. 6.19 'Me Today'

*Th. How do you think she feels about this whole thing?*

*N. She's mesmerised by him. She's so nice when away from him; she's normal, like Dad says. With Uncle L., she's like a puppet. He pulls the strings. But she'll never come to me and say sorry. She's like that, very proud! But the hurt is still there although it's starting to fade. I suppose the orange marks are the scars.*

Both client and therapist now engage in a discussion about emotional scars, positive self-talk and developing a positive self-concept. She then tells the therapist that she

- \* went to see her mother at work
- \* experienced a positive outcome
- \* says her relationship with her mother is definitely improving
- \* wants courage to ask her mother what is going on in her head as she can't understand it at all.



#### 6.5.3.5 Session five - pencil sketch

Today she has taken charcoal and she sits staring at the blank paper. Eventually she starts drawing, a minimalistic, one line sketch.

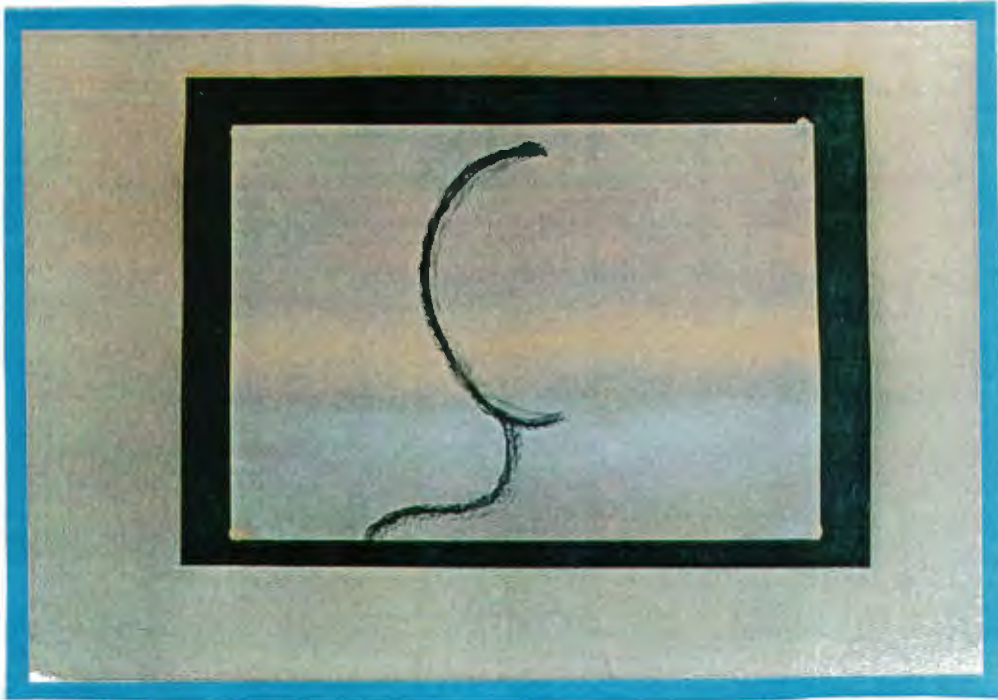


Fig. 6.20 One line drawing

#### Vignette

- Th. This is very simple and direct.*
- N. It can be one of two things. It is both my mother and me.*
- Th. Why do you say that?*
- N. Well, there is only the vague outline of half the head. With my mother, it is quite simple. I don't see all of her, I don't understand what is going on in her head. I suppose as our relationship improves, I'll be able to complete the sketch, but as it now stands, it says it all.*
- Th. You're absolutely correct about that!*
- N. And with me, its slightly different. This outline is what I allow people to see. They don't really know the real me and all the hurt that I carry with me. Few of my friends know what has happened in my life. I'm a very private person.*
- Th. Then I count it a priviledge that you are able to talk to me.*
- N. Here, I'm free to do so, and that is a good feeling.*

She has little time to talk as she must now return to a lesson.

#### 6.5.2.6 Session six - clay modelling

When she walks in and sees the lump of clay on the table, she laughs and comments that she hasn't played with clay since kindergarten. She doesn't say much as she works steadily, hammering and thumping the block to make it workable. After playing with the clay for about half an hour she proceeds to make what she calls, 'The Head'. In completion, she has the following to say.

##### Vignette

- N. That felt amazingly good. There were times when I imagined that the clay was someone who has upset me and I was free to give it a jolly good thumping.*
- Th. How did that feel?*
- N. Very good indeed. We must do this again. This ball is me, and the tiny markings are the rough patches in my life. The hard crust is holding everything together inside. I'm scared to let it all out as the result may be something like a volcanic eruption. Some day I'll get to that stage, but I'm not ready for it just yet.*
- Th. And this?*
- N. This solid block is the foundation, the support system, Dad and M. They are part of the reason that I can go on. I realise now that I am very lucky. They have given me a second chance.*

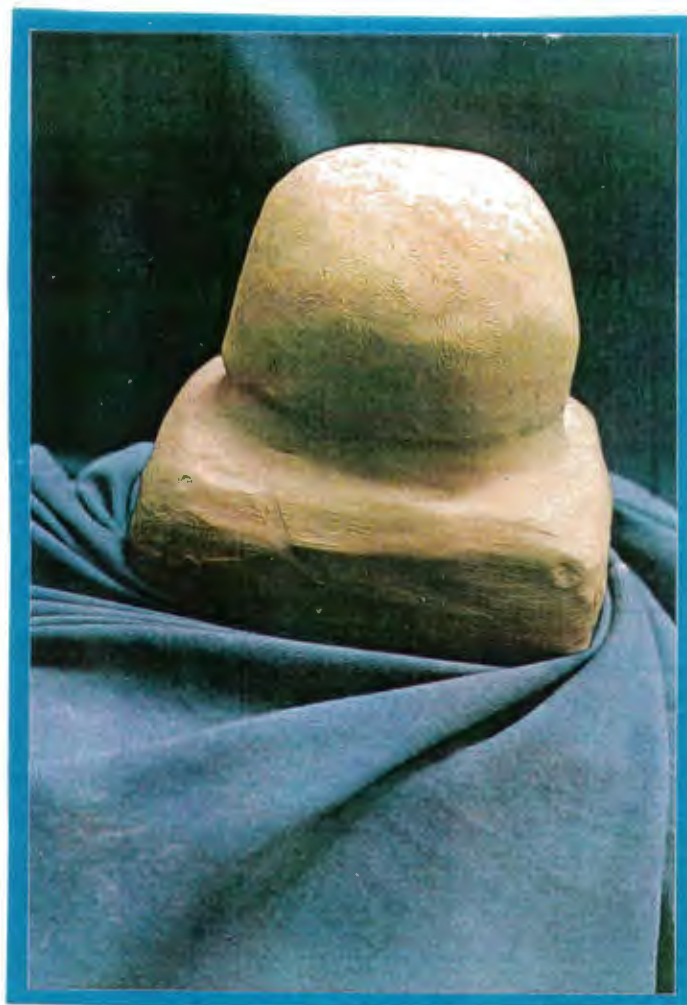


Figure 6.21 The Head

With that, comes the final week before exams and sessions terminate for the end of year holiday. She asks whether or not she can begin again in the January of the following year. She says she's pleased that she has been able to have these sessions.

### 6.5.3 **Evaluation**

From the very first encounter, Natalie is a pleasure to work with, she's enthusiastic, extremely pleasant - natural and articulate. She wants to be part of the therapeutic alliance and an ambience of trust and sharing is established right at the outset of the therapy sessions.

The results of the initial Rotter indicate that 50% of the answers are negative with more than half of them centering on the family and the remaining few dealing with her self. Forty-five percent of her answers were positive with the majority highlighting her peer relationships, then her self, then school relationships. As far as the A.S.C.S is concerned, the first one reveals that her self-concept regarding her physical self, her personal self, her family, her social sphere as well as her values self, are all slightly below average. The only area where she is well above average is that of self criticism. Looking at the test result as a whole, she has a stanine of 3 on this self-concept scale, placing her at the top end of the low self-concept group.

Although appearing cool, confident and in control, she does not see herself as being adequate. She hides behind the sweet, quiet voice. She is very busy protecting her ego, and in so doing, gets angry, but is able to disguise it in various forms; the quiet voice, riding her horse, being a very private person. She manages to keep the anger at what the stepfather has done under control as she is scared of what might happen if she really lets go. One aspect is most worrisome to her. Has she done the right thing by leaving her little sister behind? She is scared that she may have to go through a similar experience.

From the word go, Natalie is involved to the utmost in each session. Each session, although digging around in the emotional side of her life, is enjoyable in some way for her. She is a pleasure to work with and a delight to have in the counselling centre. It is easy to work with Natalie as she offers information all the way through the session. Unlike the previous two cases discussed, Natalie knows what her problems are and she genuinely desires help. Her very first work shows great control and this is to be seen in each of her paintings. Not once does she allow herself to just let go. She is always in control. This is evident in Figure 6.17, The Scribble, where she uses each particular colour with intent. Starting with black, she then uses red, green, blue and yellow. These are the colours that she will use in most of her following sessions. The analogy of the horse and riding that she constantly uses is her escape mechanism. For her, control in her life is tantamount. When situations get too rough for her, she is fortunate enough to be able to saddle her own horse and get away. Although she is in control of her mount, she is able to escape her problematic confines, and enjoy a freedom which allows her to forget for a short while. She comments that after riding like this, she feels that she is once again in some sort of control of her life situation and that she has more strength to carry on.

When she paints The Mandala, Figure 6.18, it is clear, concise and controlled. There are very definite boundaries and she is most careful in remaining within the design. Unlike Cheryl, there is no letting go and messing with the colours. She is very aware of her various problems, how they have been caused and how they are each affecting her life. The black centre is the hurt, sad feelings that she experienced when being thrown out of the family home. The red circle is the anger, the yellow is the kind, loving support system that she knows is encircling her at all times. However, little bits of sadness, hurt, anger etc., escape every now and then and they have left scars which will take a long time to fade.

A similar scenario is depicted in Me Today, Figure 6.19. All the old feelings are present, but

interestingly, the red paint has now been used to pull all the relationships together in the form of a heart. This is pointed out to her and she admits to having been able to start working through some of the anger, especially at her mother. Where the red is now orange, seen as scar material rather than red-hot anger as such. She resents her mother for not having stood up for her when the stepfather got so terribly angry, but that resentment is giving way to a non-understanding of how her mother thinks and why she reacts the way she does. She feels that her mother is controlled by the stepfather which makes her act in ways that are foreign to both her daughters. Her minimalistic one line drawing in Figure 6.20 is wonderfully eloquent. It represents both the non-understood actions and thought patterns of the mother as well as the controlled facade that Natalie allows people to see. In an early session, she comments that she has not been able to cry. The therapist's greatest desire is that Natalie experiences the freedom to cry, the freedom to let go of the facade, the lovely, gracious, ladylike mask and begin to really express how she is feeling, oblivious of the boundaries that she has imposed upon herself as conventional and acceptable.

In her final work for the year, The Head, Figure 6.21, she makes a breakthrough in that she is able to mess with the clay and starts thumping it around. She even gets as far as admitting that she is thinking of someone who has made her angry and is vicariously having a good go at that person. She enjoys the experience and says that it feels good. So once again one sees the tip of the emotional iceberg being addressed in that Natalie is only just starting to deal with her feelings.

The second group of tests administered show an interesting change. The Rotter shows a more positive attitude towards her mother as well as herself than before. The A.S.C.S. shows the overall improvement of the stanine from three to five, which moves her into a medium self-concept level, having started the year with a low self-concept. Although she is still critical of herself, her physical self identity has improved quite drastically. She sees herself as attractive, neat, healthy and seldom upset.

Her social self has improved. She is now quite comfortable with other people being interested in her. She does not appear to be as shy as she was in the beginning and her self-consciousness is not much evident. She has made friends with other pupils who have been for counselling and has enjoyed one group art session that was given a trial run. What is noticeable, is that she sees the good in other people and even though she has been angry, the writer has not heard her ever say anything nasty about someone else. She accepts that the stepfather will not disappear from her mother's life and comments that he must have some good points, otherwise why would her mother love him? She is yet to discover what these good points are. At the moment, she has no desire to talk about him at any great length.

Looking at Figure 6.22, the pre and post therapy personal checklists underscore the findings on the Rotter and A.S.C.S. as well as in Natalie's art work.

natalie's personal checklist			
PERSONAL CHECKLIST A		PERSONAL CHECKLIST B	
date	feb 1994	date	nov 1994
name	natalie	name	natalie
age	17	age	18
reason for referral	physical assault	reason for referral	n.a.
behaviour	extremely controlled	behaviour	much more relaxed
media	acrylics, paper	media	modelling clay
body language	accepting	body language	still very controlled
attitude	apologetic	attitude	co-operative, accepting
degree of dependance	independent	degree of dependance	independent
decision-making	decisive	decision-making	still decisive
involvement	involved	involvement	totally involved
symbol	scribble	symbol	a head
colour/texture	bright & dark	colour/texture	smooth, some rough areas
tone	hurt, hopeful	tone	utter control, tightness
relationships		relationships	
* self	low	* self	average
* family	negative	* family	improved
* ideas and objects	fair	* ideas and objects	fair
* school	works fairly well	* school	marks have improved
* peers	quite shy	* peers	made new friends
therapist	pleasant	therapist	extremely good
self-image	low	self-image	low, but improving
feelings	anger, hurt	feelings	anger, restraint
insight	little control of own life	insight	recognises negative feelings and self-talk
	RE 94		RE 94

Figure 6.22 Natalie's Personal Checklist

Her personal self-concept has dropped a little. As she is now aware of how she reacts towards her self, she is highly critical of her thoughts and actions which in turn makes acceptance of herself quite

difficult. Although her problems have not all been resolved, Natalie has just been asked by her step-father and mother to move back into the home. Natalie feels that she will be better equipped to deal with matters this time round as she is determined to remain positive.

## **6.6 Case Study 4 - MIKE**

### **6.6.1 Personal history**

Mike is a seventeen year old male adolescent.

#### **Family history**

He is the youngest of three children. He lives with his parents who have been married for 25 years.

He has two older sisters, one of whom is married with a young daughter. He had a natural birth, no complications and to date has not suffered any medical ailment. The family originally moved from Zimbabwe and both English and Afrikaans are spoken in the home.

#### **Scholastic history**

Mike has attended three schools since commencing his school career and is currently in standard nine.

All past reports show him to be a slow worker who has had an average of forty five percent for the past six years. He is a dreamer and teachers find that he doesn't always concentrate. He does art as a subject and wants to continue with it once he has matriculated.

#### **Counselling history**

Mike is part of a group of six friends, three boys and three girls. The other five in the group had been for counselling at various times, complaining that Mike was trying to split up the group. They said that he tried to break up relationships within the group and then go out with the girls. Mike came with the other five for group therapy on three occasions and then appeared on his own as he had personal problems.

He said that he felt confused as the youngest girl in the group had just jilted him. He said he also felt ostracised by the group members who he felt, kept him at the edge of the circle. He did not feel

accepted and was tired of being blamed for everything that went wrong in the group.

It was decided, as his interpersonal as well as intrapersonal relationships were weak and he happened to enjoy art, that art therapy could possibly be the vehicle whereby he could express himself in an acceptable way.

### Appearance and functioning

Mike does not worry too much as to how he looks. He is a heavy smoker, even at school where it could be problematic for him and his school clothes constantly smell of tobacco. His appearance is unkempt but he does not appear to notice it. His hands and nails are constantly stained by inks and dyes that he uses during his formal art classes. He appears to be shy and retiring. He is most polite and gentlemanly in his manner towards adults, but seems to be rather abrasive with his peers. On his own, he is a likeable young man, yet his personality changes within the group context. He becomes aggressive and defensive.

## 6.6.2 Description of the art sessions

### 6.6.2.1 Session one - The wall

Mike has the choice of materials. The only instruction that he is given is to draw a wall and place his own graffiti on it. He talks constantly while working, often stopping to explain a point quite emphatically with his hands.

### Vignette

*M. I'm enjoying the smoothing sensation.*

*Th. How do you feel when you do that?*

*M. Very restful. Now I'm putting the bottle of brandy in the middle. It's very important. I feel accepted and part of the group when I drink.*

*Th. What else is important to you?*

*M. Sex.*

*Th. Why is that?*

*M. So I can feel accepted by the group.*

*Th. Why is that so important to you?*

*M. I'm scared of being lonely and I want to be liked. I'm putting God here, I think he is there but I'm not sure. Oh my cigarettes, I'll put them down there.*



- Th. What other bricks are you going to build into your wall?
- M. My family, my mom and dad, a good support system. Also my two sisters and my niece. She's very special.
- Th. Why is that?
- M. She takes me as I am. I can't pretend with her.
- Th. I see you've included music.
- M. Now that I really enjoy. You know I am enjoying this, I feel quite calm now.
- Th. Were you not calm in the beginning?
- M. No, I didn't know what to expect. Now I want to add this to the wall.
- Th. Why 'hurt'?
- M. Because I am hurt and I fear getting hurt in the future. I got hurt by loving someone, you know who, so I also fear love and fear being lonely. Let's remove SEX - maybe on second thoughts it's not so important. Look here, SEX is connected to DRINK, connected to MUSIC, and HURT and FEAR connect all those to LOVE.



Figure 6.23 Graffiti

This tips the discussion in the direction of love, what it is and why he needs it so badly. At the end of the session, it has been pointed out to him, via the graffiti, that he needs acceptance, security and the knowledge that he is not only physically attractive to the girls, but that he has a sensitive side - his art, and that is a side that they don't see. Rejection by the erstwhile girlfriend is also talked about and once again hurt and fear appear.

#### 6.6.2.2 Session two - pencil and chalk

Due to the fact that two emotions played a big role in the first session, this session will be directed towards starting to work through one of them.

He has the choice of materials and he chooses pencil and chalk. The therapist suggests that he use them to sketch any regrets he may have in his life.

He commences by drawing two eyes after thinking about it for a good ten minutes.

#### Vignette

M. *This is Jessie, not much of her left, she's not central to this picture. I'm getting her out of my system.*

(continues to talk about father, sisters and niece, no mention is made of mother). Draws the mauve thorn.

M. *This thorn has made a hole. The hole is closing, the hurt is going away. (sketches cigarette) Wish I could stop smoking. It's really a filthy habit, but I've been smoking for ages.*

Th. *Tell me more about the hurt.*

M. *I am, I'm drawing it. (returns to head) This is colourless, she is fading.*

Th. *You mean the memory of Jessie?*

M. *Yes, see this, these are angry red thoughts that come from her. This circle is the empty spot in her life - a nothingness - something that I can't fill, she'll have to do it for herself.*

Th. *Do you think she tried to get you to fill that space?*

M. *Yes, but I couldn't.*

Th. *Why not?*

M. *Because she had so many of her own problems. (the further he moves from the face, the softer the angles become) There, I'm finished. I feel so good... tranquil. I wish my friends could also experience this. I'm going to ask them to join me here. I really feel good.*

Th. *What is it that feels good?*

M. *Others tell me I'm no good. I tell myself that too. I can't even keep a girlfriend. But today*

*I am telling myself that this feels good, that I am getting over the hurt of being rejected.*



Figure 6.24 Regrets

With no further ado, he packs his bag and goes to his next class.

#### 6.6.2.3 Session three - clay modelling

Mike was given clay four days ago to work on at home. He has made one figure. This session he will continue.

#### Vignette

*M. This is the second one that I'm going to make. I used the clay that you gave me last week*

*to make the first one. That one is crouched, doubled over.*

*Th. Why did you make it like that?*

*M. I just did. I don't know why. I really didn't think about it. I'll bring it in for you. Look he's kneeling, trying to stand up. He has no sex. That will come later. Now he's neither male nor female.*

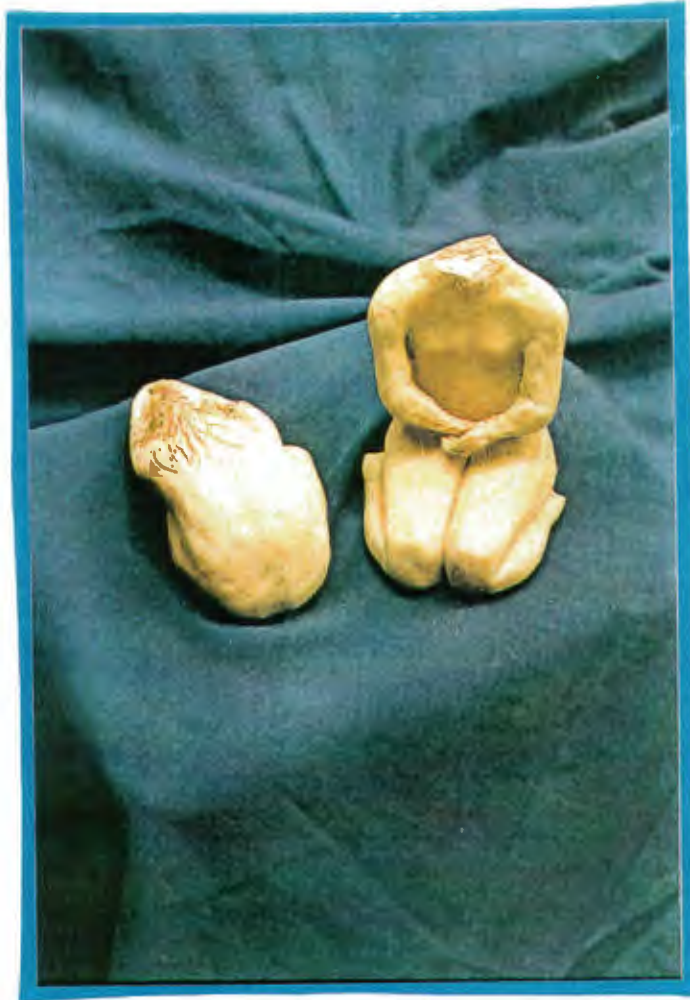


Figure 6.25 Family sculpture

*Th. What goes on in your mind when you work like this?*

*M. I blank out everything that's bugging me. I lock it away. I think about what I'm doing now. If it's not perfect, I'm going to scrap it.*

*Th. You'd want to scrap it?*

*M. It doesn't meet my standards.*

*Th. Does it disappoint you when something doesn't turn out correctly?*

*M. Yes, but then I try again until I get it correct.*

*Th. What is perfection, in your eyes?*

*M. It's like meeting a beautiful girl, it's a gut feeling. I stand away and look from a distance. I just know and it takes my breath away. It knocks my socks off - I can look at it and say: 'That's mine, I made that'.*

*Th. Do you see anything of yourself in this sculpture?*

*M. Yes, this is an extension of myself. I think the figure is me, kneeling near the ground.*

Th. *Kneeling.*  
M. *Yes, I'm on my way to getting up. (lots of chatting about family, part-time work, new girlfriend)*  
Th. *Would you say that working with clay is a 3D experience?*  
M. *Yes, it's like working with window putty.*  
Th. *Does it do what you want it to do?*  
M. *It's as though it is listening to me, it does what I want it to do.*  
Th. *Are you conscious of time when you're working?*  
M. *No, I switch off completely. I lose track of time, I get so involved in the art. I'm only going to do the nose I don't have patience to do all the fiddly things like eyes and ears.*  
Th. *What is patience?*  
M. *I don't know, maybe you're able to carry on with something.*  
Th. *Don't you think that you are patient when you take four hours to complete a sculpture?*  
M. *Well, maybe I am. I've never thought so. This is fascinating, what I make, you know... the actual doing. It's like an escape and my mind goes.*  
Th. *Escape from what?*  
M. *Little things that bother.*  
Th. *Are there little things that bother?*  
M. *Yes, but not now. I'd like to show the headmaster when its finished.*  
Th. *Would you feel good doing that?*  
M. *Oh yes! I'll finish this next time... Ja, I'm feeling good about myself. I'm okay.*

Session is ended by a ringing bell.

#### 6.6.2.4 **Session four - pen and ink drawing**

During this session, Mike is totally engrossed in what he is doing. He doesn't say much but every now and again, stands back from the picture and has a good look at it.

#### **Vignette**

M. *These remind me of the carvings and pictures in my room, heads and faces that look at me, but don't hear.*  
Th. *What don't they hear?*  
M. *The cries around them, to stop and listen to what the earth is saying to them.*  
Th. *What is the earth saying?*  
M. *Look after me, preserve me, you won't have me forever.*  
Th. *How does that make you feel?*  
M. *Sort of desperate I suppose, and that's why I've drawn myself here, in the middle as the tulip; a beautiful, delicate flower.*





Figure 6.26 Ears of the Land

*Th. Why a tulip?*

*M. It's strong and determined, although delicate. It stands proudly here, alone amongst the statues, the lifeless, deaf statues, and it hears and it sees and it grows. It's amazing isn't it?*

*Th. So you see yourself as seeing and hearing and growing?*

*M. Definitely. It's not always easy, but I'm getting there.*

Here follows a discussion on just how transitory life is and how we listen to ourselves and to others, with emphasis on how easy it is to collect negative stamps when one is feeling down.

#### 6.6.2.5 Session five - charcoal sketch

This session takes place a week later. He arrives looking a little anxious and takes paper and begins to work quickly and deftly.

##### Vignette

*Th. What made you decide on a face today?*

*M. It's how I'm feeling today. I want to draw a face. I haven't had a good day in school today.*



Figure 6.27 Angry Man

*Th. How do you feel?*

*M. Angry and confused.*

*Th. Why do you feel angry?*

- M. *I don't really know. It hasn't been a good week either, come to think of it.*  
 Th. *So things haven't gone too smoothly for you this week?*  
 M. *No, and with exams around the corner, I'm a little tense. Look at the tension in his eyes, he's frowning. He's not happy at all. The problem is he doesn't know what is making him mad. So I'm simply going to call it 'Angry Man'.*

With this, he terminates the session, says that he doesn't have any more time, but that he will work at home and bring me something within the next few days.

#### 6.6.2.6 Session six - acrylics on canvas

Six days later Mike appears with two completed paintings. He seems very pleased and delighted to be able to show someone else besides the resident art teacher.

#### Vignette

- M. *I promised you that I'd work at home and I've brought two of which I'm proud.*  
 Th. *That's great.*  
 M. *Don't talk, because I just want to let the paintings speak to you. I've also written some poetry to try and describe to you how I was feeling when painting at home, not in a session here with you when I can talk to you.*  
 Th. *I'm excited to see what you have brought!*  
 M. *This one I call Tulips in Blood. This I started to paint after breaking up with J. You know how painful that was. I finished it this week and this is what I've written*

*I'm bleeding internally  
 Now, what a feeling,  
 And all the people can see in me  
 is my blood red tulip pupils,  
 in my green eyes.  
 I'm bleeding in my heart,  
 in my brain,  
 in my lungs.  
 Rotting with gangrene,  
 turning blue, then green.  
 As they say, all good things must end.  
 So must this sad case end.  
 It hurts.  
 Love hurts,  
 but so does loneliness.*





Figure 6.28 Tulips in Blood    Figure 6.29 Possessed World

*This other one is called Possessed World.  
 Don't blame him for the colour of me  
 or for the whirlpool in my brain  
 or for his blue ear  
 Blame it on the possessed world.  
 And as the calming colours  
 bring him out of my brain,  
 so a girl is forming  
 in a new daisy blossom  
 But who shall it be,  
 who can it be, in this possessed world?*

With that, he leaves the paintings in the room and tells the therapist that she may take them home for the weekend. He then goes off to his next class.

### 6.6.2.7 Session seven - pottery head of man

This session takes place after the holidays. He is very pleased to see a great lump of clay that he is free to use if he so desires. He starts working quickly. He says that this is like a bust that he made in the holidays with a small lump of clay that he had at home.

#### Vignette

- M. This is where I can really relax. I wish I would take this as a subject at school. I think it's what I want to study at the end of next year.*
- Th. I'm glad that you're enjoying it.*
- M. This head is very different to the figures that I made earlier this year - you know the headless and despairing ones.*
- Th. How is it different?*
- M. This one is strong. He knows where he is going. His head is slightly bent as if asking which way, but it is tilting upwards towards the sky. He feels good.*
- Th. What do you think he is saying to himself?*
- M. That life is turning out okay for him. It's not always good. It could have been better, but there is surely something to look forward to.*



Fig. 6.30 The Head

He fetches the earlier work and compares them.

*M. Yes, I can see the change. Do you know I think I know what I want to be. A jewellery designer. Yes, I'd really like to be one. I'd really enjoy that kind of work.*

It is on this fairly confident note that client and therapist part. Mike asks whether he can start again in the coming year and a plan is set in motion to start art therapy again after the December vacation.

### 6.6.3 **Evaluation**

Being an art student, Mike is able to immediately identify with the art session. He is always keen to work and willing to experiment. Terming himself a 'crazy, mixed-up kid', he has tried just about everything in order to be popular. Art therapy for him is a final resort in the quest to be accepted by the peer group.

The initial Rotter indicates 35% positive sentences, 32,5% negative ones and 32,5% neutral answers. More than half of the positive answers are with regard to himself and the majority of negative sentences refer to his peer group. He has a problem with other teenagers, who in turn, have a big problem with him.

His unpopularity is supported by the A.S.C.S. Here his lowest score is in the social sphere. His social identity is very low; he is not popular with his 'friends', neither do the girls fuss over him. Peers do not seek his friendship. They, in turn, tend to irritate him. He says he can relate far better to older people than to his peers. Acceptance of the relationships of this identity have him ill at ease and extremely self-conscious. He gets particularly upset by the fact that people don't understand him, but his behaviour makes it very difficult for them to do so. He is suspicious and constantly on the lookout for ulterior motives. He has difficulty in trusting his acquaintances.

The overall stanine for the A.S.C.S is two which indicates a very low self-concept. His physical self-concept, personal, family and values self-concepts are all below average. He is also rather self-critical.

The very first session he represents himself most graphically in The Wall sketch, Figure 6.23. Central to

his being accepted, is alcohol. This leads to sex, tobacco and music. Somewhere along the line he includes love, but remarks that that brings fear and hurt with it. He wants to be loved so that he can love in return, but in his experience, this brings hurt as he always gets rejected in the end. The only ones that love him unconditionally are his family members. He has had one failed relationship after the next and each time the scenario is exactly the same. He suffers rejection. In Figure 6.24, Regrets, Mike sketches the previous girlfriend with a large thorn dominating most of the sheet of paper. It is as though J has torn a large hole in his life and the hurt is still there. He feels somewhat responsible for the relationship not having worked but is able to see that she is also responsible as she has a great many problems of her own. She has, in fact, been on drugs, has played truant a number of times, and when the therapist last heard, was awaiting expulsion from her current school. Mike says that this is the sad tale of his life. He wants to help and so he gets involved, but more often than not, the girls with whom he gets involved have very serious problems to deal with of their own. It is as though he is caught up in a world where no one has time to listen to what he is saying or offering, these others all have multitudinous problems of their own. In the Ears of the Land, Figure 6.26, Tulips in Blood, Figure 6.28 as well as Possessed World, Figure 6.29, Mike has used symbols of ears and plant life to illustrate just what he is experiencing. There appears at first glance no connection between the ears and the tulip in Figure 6.26 as well as the face, the flower and the whirlpool in Figure 6.29. Yet when he explains why he is using these symbols, one finds a unique form of expression in these works. Although there are ears present, living objects, each with a most important function they are as statues, dead, lifeless, unable to hear what he (the tulip, the alive growing being) is saying. Even though situations around him are beyond his control, like the whirlpool in Possessed World, and what he communicates is not understood by all, he finds that he is vitally alive, that he has a destiny and he is making positive moves towards reaching it, which is most encouraging. Mike's graphic works are not as easy to understand as the other clients. An artistic mind allows him the freedom to express himself in unusual symbols that do not follow traditional stylised stereotypes, such as Cheryl's nature scenes. These stereotypes help her to avoid revealing too much of herself. Mike uses unconventional means and in so doing makes himself vulnerable by revealing his inner processes. The writer would like

to think that Mike finds the therapeutic alliance to be such that he can trust himself to expose every raw nerve allowing the therapist to enter his private, hurting world.

The clay modelling in the last session, when compared with the first attempt, shows a positive change. Mike himself notes that the first two figures contain an element of hopelessness, haplessness and helplessness, in comparison to The Head, Figure 6.30, which he feels is facing upwards towards the future, ready to meet that to which he can look forward. It is at this very point where his future career suddenly hits him. He will design jewellery. He will be someone who can use his talent to make beautiful objects that will make people feel cared for, precious and happy.

mike's personal checklist			
PERSONAL CHECKLIST A		PERSONAL CHECKLIST B	
date	feb 1994	date	nov 1994
name	mike	name	mike
age	17	age	18
reason for referral	weak interpersonal	reason for referral	n.a.
behaviour	shy [relationships	behaviour	relaxed
media	chalk, markers	media	clay
body language	relaxed, accepting	body language	accepting, comfortable
attitude	prepared to work	attitude	enthusiastic
degree of dependance	independent actions	degree of dependance	independent
decision-making	makes own choices	decision-making	quite decisive
involvement	total	involvement	total
symbol	cross, peace, alcohol	symbol	head
colour/texture	dull	colour/texture	smooth
tone	confusion	tone	expectant
relationships		relationships	
* self	very poor	* self	critical of self
* family	below average	* family	average
* ideas and objects	below average	* ideas and objects	average
* school	weak	* school	improved
* peers	poor	* peers	still alone
therapist	good	therapist	good
self-image	weak	self-image	improved
feelings	non-acceptance, rejection	feelings	positive expectancy
insight	love & acceptance	insight	understands self-talk
	central to his life		
	RE 04		RE 04

Figure 6.31 Mike's Personal Checklist

Looking at the second Rotter, it is very similar to the first one. He has more negative comments about himself this time. He now knows what self-talk is all about and is very critical of himself and his actions. He is more conscious than before of what he is feeling and why. On the A.S.C.S. the only area to rise above normal is the physical self-concept. He is quite happy with his physical self and his behaviour shows this. His personal identity stays the same while his social self-concept has improved slightly. Although

there is no dramatic change, Mike scores a stanine of 4 on this scale which indicates a medium self-concept, so there is some improvement.

Here one can also see the slight improvement in the self-concept. Mike commenced the sessions fearing getting hurt and being lonely. He felt that no one listened to him and he was to blame for everything that went wrong. At termination, he is far more focused, he is aware of his self-talk and the way in which the negative aspects of his life were gradually starting to dominate everything. He knows that he has to nurture his self, and once he feels positive about who he is, he will be able to deal with negative eruptions when they occur. He sees himself as now being able to see and hear as well as grow and in his own words, that 'in the future, there is something good to look forward to.'

## **6.7 Concluding Comments**

These four clients represent many hours of intense emotional input and catharsis on the part of both client and therapist that has taken place over a period of twelve months. What has been concentrated upon due to the theoretical perspective, is the self-concept, how it takes various knocks and how it develops. For the writer, the main aim has been to allow the client to become sensitive to his or her own self-talk, that he or she is aware of how the self-image is built up or broken down thereby.

Observing all four clients and what they have 'said' in their artworks, the writer can conclude that art therapy has its merits. It has allowed these clients the freedom to express what they may have found problematic in the traditional setting. Each one came into therapy from differing backgrounds with very different problems and the reasons for using art therapy with each one were diverse. Yet each in his or her own manner has allowed the writer to get right alongside and become part of his or her life. This the writer counts as a privilege but she, at the same time, acknowledges that what one has glimpsed at is but the tip of the iceberg in each client's life and the long road lies ahead where the rest of the problems will have to be addressed.

Art therapy is not an instant crash course in short, effective therapy. Neither does it solve the problems that arise. It is only a vehicle, if handled properly, for looking at the questions in each person's life. It is not a quick-relief diagnostic tool, but rather an effective aid for the psychologist who may be looking for a creative way of reaching the client's inner being.

Viewing art therapy, used in the school context, as an alternative or adjunct to traditional counselling techniques, one can conclude the following:

- \* it is non-threatening to most clients
- \* it allows the client to concentrate on the self
- \* it allows the client to be accepted as he is
- \* it affirms the client's vulnerability
- \* it tests reality by putting the client's feelings and thought into perspective
- \* and it allows the client to be listened to, heard, seen and understood.

For both the therapist and the client, overall success lies in the degree to which the individual is able to come to terms with his or her own self, how he is made aware of his problem and how he goes about dealing with the problem.

## **CHAPTER SEVEN**

### **SUMMARY OF STUDY**

#### **PUTTING THE MOSAIC TOGETHER**

*Creativity is like freedom: once you taste it, you cannot live without it. It is a transformative force, enhancing self-esteem and self-empowerment.*

Natalie Rogers (The Creative Connection)

##### **7.1 Introduction**

This entire study has centred on the way an individual is enabled to accept the shadow within him and embrace the light that comes from that experience. Facing the unwanted, dark, shadowy, disliked parts of one's psyche and concluding one's own unfinished business is often most unpleasant, and the individual tends to shun it or bury it at such a deep level that he feels that it may disappear.

The method used to tap the hidden self-talk of the client has been art therapy, one of the expressive therapies and its techniques. The process of investigation has brought some questions to the fore which must now be addressed.

##### **7.2 Conclusions drawn from the literature**

One of the first questions to be asked in this study was what role does art play in the life of man? The literature shows that art is one of the means whereby man copes with change, showing him where



he fits into the cosmos, giving meaning to his life, allowing him to be spoken to affectively and to speak to others on an affective level. Man has a need to share his own visual experiences with others.

Although art therapy is still in the process of developing, it is seen by many practitioners as an adjunct to traditional therapy, to be used in conjunction with existing therapies. The literature points to many clinicians who take the opposite standpoint in that they feel that art therapy is a primary therapeutic intervention, still in the state of development to which they are all contributing. These art therapists who, working from a variety of theoretical bases, concentrate only on art therapy techniques. It is felt by these therapists that art techniques allow the individual to come to terms with his or her life situation and work towards resolution and growth as effectively as in any other psychological technique in use today.

Although art therapy does exist on its own in North America and Great Britain, the writer appreciating the work done in this field, is of the opinion that if used in conjunction with other psychodynamic therapies and techniques, art therapy could be even more effective than ever before.

She feels that using art therapy techniques alone may have a limiting effect on the client. Using art therapy techniques in conjunction with other techniques, can offer a far wider scope for self-evaluation and be of ultimate benefit to both the client and the therapist.

Looking at art therapy itself, many questions have been examined such as the question of success lying in the hands of the therapist. The writer was most concerned that the sessions would not be successful due to the fact that she has very little art training and technical know-how. However, as the sessions progressed it was apparent that technical background was unimportant.

The literature points to creativity, sensitivity and a razor-sharp ability to see, hear and feel with the

client. One must be able to appreciate all the valuable assets that the activity holds for the client, using the special relationship as a safe and trusted environment in which he can experiment, explore and eventually adapt his perceptions, conceptions and behaviour.

Success ultimately lies in a combination of factors. The therapist needs a variety of well-developed personal and social skills as well as suitable technique application. Rubin (1984a:72) remarks that no matter how excellent an art therapist may be from a technical point of view, with a wide basis of scientific knowledge, the success lies in the ability in relating to the client in a sensitive, artistic and effective manner. The success is in enabling the client to get to his inner core, helping him to express himself in this second language of art. It remains to say therefore, that a psychologist who has developed these personal skills, is creative without necessarily being an artist and is able to relate to what the client is doing and experiencing, may find art therapy techniques to be a most rewarding additional therapeutic tool.

A practical issue to emerge, and answered in the literature, is the training of therapists and conducting the sessions. As to date, there are no training facilities in South Africa. In order to become a registered art therapist, one would have to study in North America, Great Britain or Europe. An ideal situation stares one in the face where most schools have qualified art teachers. If these teachers could have a course in Art Therapy included in the basic training, early detection and diagnosis of problems could possibly become evident which may prevent later problems. The ideal would be to include a module of Art Therapy in the Master's degree course for all psychologists, if a complete degree in Art Therapy was not at all viable.

A question asked at the outset as to what happens in a session is answered in the literature. The manner in which the therapy session is structured and conducted, together with appropriate media, will contribute towards successful therapeutic intervention (see Figure 3.1, p 56).

It is to be noted that therapy sessions have three stages, initial, mid-phase and termination. Each one brings its own requirements and demands. Within these phases are barriers or roadblocks where resistance occurs in various guises. Performance fear and embarrassment are probably the greatest, with fear of self-revelation as another problematic area. Lack of motivation and direction was found to be the biggest drawback in this study as most of the clients presented with apathy, lack of interest and in some cases, depression.

A problem area for the writer was trying to juggle the school timetable in order to accommodate each client for a period long enough to complete an art work. Working in a session for one and a half hours after school was seen as the ideal but was not always practicable and therefore quite a number of therapy sessions took place within the pupil's extra-mural programme, working after school hours.

As far as evaluation is concerned, from this study it has emerged that most art therapists tend to view assessment from rather a formal angle. Here a tremendous amount of time is spent assessing what has gone in to form the product as well as verbalisation of what the client feels for the process and the product. The writer would like to suggest that less time be spent on the evaluation of the more formal aspects and greater emphasis laid on how, what and why the client is conceiving and perceiving at that given moment as monitored by his or her personal checklists.

The actual process of doing art is the important facet, as in the doing, the client reveals by means of the *second language*, (the product) the self-talk by which he assesses himself. Very little emphasis is laid on the art work as such yet the therapist must be aware at all times that colour, tone, texture and symbol may each tell a story of its own to that will add up to form the grand mosaic of the client's view of himself.

### 7.3 Conclusions drawn from the empirical study

A question asked at the outset of the study was whether or not art therapy techniques would be effective with teenagers?

This study was aimed at adolescents in order to establish whether or not these techniques would be effective in a group of emotional, volatile and often disinterested teenagers where communication within the school environment is difficult at the the best of times.

Of the eight subjects chosen at the start of the survey, only four remained in art therapy. Two of the clients refused point blank to even attempt to commit anything to paper. They both commented that they felt very threatened by the fact that they could not 'do art'. Even after lengthy explanations, they preferred to sit and talk during a session. The other two clients, both in their final year at school, attempted claywork, saying that it had been a valuable experience as both had learned a lot, but terminated thereafter.

The four clients in the study have all asked to continue the sessions in the new school year. It was found that the clients were inclined to see their art works as part of themselves, as personal achievements. No technical ability was ever considered and as each client worked in an individual session, no comparison with another client could be made which may have led to some negative reactions. They did not feel that they were under pressure except in the very first session when they did not fully understand what was expected and felt a little strange and unsure of both themselves and the therapist.

From looking at the results of the study, it would appear that these clients have benefitted in varying degrees from the art therapy sessions. A sense of pride and self worth was often evident at the end

of a session and the overall comment made was that each one felt far better than when he or she had started the sessions.

The writer feels that the success lies in the growth of each client as he or she has ventured, albeit tentatively, along the path of self-discovery. Each has become aware of his or her own self-talk and the way in which it affects identity, self-concept, relationships and ultimate behaviour. As these concepts underscore the relation therapy rationale, whereby the client grows towards self-actualisation within the therapeutic climate of knowledge, love, trust, respect, care and honesty, art therapy techniques may be used most effectively from the relation therapy standpoint. It ultimately offers the client the opportunity to examine his psyche.

Art therapy is an ideal mode in observing the client's psychic relationships, the way in which he talks to himself and the picture that he has built of himself. The I, the self, the identity and therefore the self-concept can be seen in the way in which he evaluates himself through his self-talk. With the freedom of expressing the self through various media, it is a less threatening way of communicating with the therapist than by direct dialogue. The client may not know how he is feeling, but he may express it through colour, tone, texture or symbol as well as the way in which he reacts to and interacts with the therapist.

It is the opinion of the writer that art therapy techniques are a viable form of expressive therapy that, if used sensitively and selectively, can but add another dimension to the therapeutic alliance, an alliance which can benefit both client and therapist.

#### **7.4 Art therapy and the educational psychologist**

The educational psychologist is uniquely placed within the educational environment, where she is able

to observe the intrapsychic structure of the client en route to maturity. In order to self-actualise, the client needs a foundation of attribution of meaning, experience and involvement. This is available to him in the educational climate surrounding him with love, knowledge, care, respect, acceptance, trust, honesty and support. These essences will help him develop appropriate relationships with himself and significant others and it is these relationships that the educational psychologist is able to explore by means of expressive techniques such as art.

The educational psychologist can afford the client the foundation, the desired climate and most importantly, the opportunity to look at himself and his situation by means of non-verbal communication. As the client matures along the road to self-actualisation, the educational psychologist is there to help him deal with each new stage and the concomitant problems that may arise.

The ideal situation would be to have a registered educational psychologist who is familiar with art therapy techniques in a permanent position in every school. As she is trained to deal with vocational and learning problems, as well as emotional ones she is ideally positioned to gain knowledge of the child in all respects, emotionally, socially, scholastically and spiritually, as she can have daily contact with him. The child therefore does not have to wait until after hours in order to have his problem seen to. It can be dealt with almost immediately.

Rather than in the current position, where the educational psychologist plays a curative and rehabilitative role in the community, she could be seen to play a more preventative role where problems could be picked up at a very early stage, dealt with effectively and thereby avoiding a really serious clinical outcome.

## **7.5 Recommendations for further study**

One aspect that has not been studied is the effect that art therapy could have in crossing cultural barriers in a multiracial environment. Rogers (1993:205) sees this as a peeling away of social masks and a mutual sharing that can build personal bridges that could last a lifetime.

The writer trusts that this aspect could propel a colleague into undergoing an extensive study in the future which could prove to be invaluable to the educational psychologist in the counselling setting.

Another aspect which has been noted by the writer, would be to look at pertinent adolescent problems and relate a specific problem to art therapy. One could look at eating disorders and art therapy, suicide ideation and art therapy, depression and art therapy. Possibly group work could also be attempted in this realm as a number of adolescents suffer from the same problems.

An area that could be investigated is that of the inclusion of Art Therapy as a course in the training of the art teacher or art educator. This person is in an ideal situation within the school where he or she could be trained to use art as a diagnostic tool. The art teacher would then be the initial contact in the therapy situation, possibly picking up problems unseen by the class teacher or the parent. The pupil could be given initial therapy by the art teacher or referred to the psychologist for further treatment.

Yet another study that could be undertaken would be to look into the possibility of training registered art therapists in South Africa and the viability of offering such a course at university level.

The final recommendation is an indepth study of the other expressive techniques not dealt with in great depth in this study such as music, dance, movement and drama and how each of these would be of benefit to the client from an educational psychology rationale.

In conclusion, the initial hypothesis that stated the viability of expressive techniques as used by the educational psychologist can be verified. Art therapy and its techniques can be used with success by both therapist and client.

As stated in the previous chapter, art therapy is not seen as a quick fix, an instant problem solver. It is not a quick-relief diagnostic tool, but rather an imaginative, creative, cathartic tool whereby the client can be assisted along his path within his lifeworld, towards self-actualisation and a mature, mentally healthy adulthood.

By helping him recognise who he is and how he functions intrapsychically and interpersonally, the therapist by means of art therapy assists the individual to negotiate reality on the journey towards the building of a healthy personality.

'One's personality is what one is;  
one's self is what one takes oneself to be  
And, what one takes oneself to be,  
is a matter of reflected appraisals.  
The self is the tip of the iceberg,  
a shifting amalgam of self-awareness.  
The self is who I think I am  
and it designates what I shall notice  
or not notice about the world around me.'

(Levenson, 1991:230)



*ART THERAPY DOES NOT ANSWER THE QUESTIONS. IT  
PROVIDES A PROCESS TO CLARIFY AND DEEPEN THE  
QUESTIONS, AND AWARENESS OF HOW THE INDIVIDUAL  
HERE AND NOW PARTICIPATES IN CREATING HIS LIFE  
CONDITIONS AND IT POINTS TO SOME OPTIONS THAT  
MIGHT BE CHOSEN.*

*MARGARET KEYES  
THE INWARD JOURNEY 1974*

## **BIBLIOGRAPHY**

Ackerman, J. 1992. Art therapy intervention designed to increase self-esteem of an incarcerated pedophile. American Journal of Art Therapy, 30, May: 143-149.

Adler, A. 1968. Understanding Human Nature. London: Allen and Unwin.

Agell, G. 1989. Art therapy in a new key. American Journal of Art Therapy, 28, August: 18-19.

Altman, L. 1975. The Dream in Psychoanalysis. Revised edition. New York: International Universities Press.

Alvin, J. 1991. Music therapy. London: Stainer and Bell.

Anderson, F. 1978. Art for all the children: a creative source book for the impaired child. Springfield: Thomas.

Anderson, F. 1992. Art for all the children: approaches to art therapy for children with disabilities. Springfield: Thomas.

Barnes, R. 1989. Art, design and topic work 8-13. London: Unwin.

Benenzon, R. 1982. Music Therapy in Child Psychosis. Springfield: Thomas.

Berg, C.D. 1973. Helping a child deal with a matter of life and death. American Journal of Art Therapy, 13 (1), October:

Berg, C.D. 1982. Teenagers, Totems and Teddybears: art as therapy in a public school class. American Journal of Art Therapy, 22 (1): 3-9.

Betensky, M. 1973. Self-discovery through Self-expression: use of art in psychotherapy with children and adolescents. Springfield: Thomas.

Binswanger, C. 1963. Being-in-the-world: selected papers of Ludwig Binswanger. New York: Basic Books.

Blascho, S.P. 1978. Case study: art expression as a guide to music therapy. American Journal of Art Therapy, 17, January: 51-56.

Boenheim, C. 1973. The Choice of Method in Contemporary Psychotherapy. American Journal of Art Therapy, 12 (2): 79-93.

Bowes, M. 1990. Art and Fantasy: theory into practice. Pastoral Care, June: 10-15.

British Society for Music Therapy Conference (1976: London). 1977. Music Therapy in the Community.

Burpee, C. 1993. The wall: a group mural with male adolescents at a day programme for young offenders. Canadian Art Therapy Association Journal, 7 (2), Fall: 1-14.

Case, C. & Dalley, T. 1992. The Handbook of Art Therapy. London: Routledge.

Cawood, J. & Gibbon, J. 1985. Educational Leadership and Staff development. Goodwood: Nasou.

Cheyne-King, S. 1991. The evolution of an art therapy position. American Journal of Art Therapy, 29, May: 98-99.

Chodorow, J. 1991. Dance Therapy and Depth Psychology: the moving imagination. London: Routledge.

Clements, C. & Clements, R. 1984. Art and Mainstreaming. Springfield: Thomas.

Conger, D. 1988. Suicidal Youth: the challenge to art therapy. American Journal of Art Therapy, 27, November: 34-44.

Corsini, R. & Marsella, A. 1983. Personality Theories, Research and Assessment. Itasca: Peacock.

Dalley, T. (ed.). 1984. Art as Therapy: an introduction to the use of art as a therapeutic technique. London: Tavistock.

Dalley, T. 1987. Images of Art Therapy: new developments in theory and practice. London: Tavistock.

Dewdney, I. 1986. A Tribute to Elinor Ulman. American Journal of Art Therapy, 25, August: 13.

Dodd, F. 1975. Art therapy with a brain-injured man. American Journal of Art Therapy, 14: 83-89.

Dorra, G. 1972. Art in Perspective: a brief history. New York: Harcourt.

Douglas, B. 1986. The use of art in the diagnosis and treatment of body boundary disturbances in schizophrenia. Pretoria: University of South Africa.

Edwards, L. 1990. Affective Development and the Creative Arts. Columbus: Merrill.

Elsen, A. 1981. Purposes of Art: an introduction to the history and appreciation of art. New York: Holt.

Espenak, L. 1981. Dance Therapy: theory and application. Springfield: Thomas.

Evans, P., Hearn, M., Uhlemann, M. & Ivey, A. 1989. Essential Interviewing: a programmed approach to effective communication. 3rd edition. Pacific Grove: Brooks.

Faurot, A. 1974. Culture Currents of World Art. Quezon City: New Day.

Fearing, D., Mayton, E., Francis, B. & Beard, E. 1982. Helping children see art and make

art. Austin: Benson.

Feder, E. & Feder, B. 1981. The Expressive Arts Therapies: art, music and dance as psychotherapy. Englewood Cliffs, Prentice-Hall.

Fleming, W. 1980. Arts and Ideas. 6th edition. New York: Holt.

Fleshman, B. & Fryrear, J. 1981. The Arts in Therapy. Chicago: Nelson-Hall.

Fowler, H. 1954. A dictionary of Modern English Usage. Oxford: University Press.

Frankl, V. 1987. Man's Search for Meaning: an introduction to Logotherapy. London: Hodder & Stoughton.

Franklin, M. 1990. The Esthetic attitude and empathy: a point of convergence. American Journal of Art Therapy, 29, November: 42-47.

Freud, S. 1947. The Ego and the Id. London: Hogarth.

Freud, S. 1949. Introductory lectures on Psycho-analysis. London: Allen & Unwin.

Furrer, P. 1982. Art Therapy activities and lesson plans for individuals and groups: a practical guide for teachers, therapists. Springfield: Thomas.

Gaitskell, C., Hurwitz, A. & Day, M. 1982. Children and their Art: methods for the elementary school. 4th edition. San Diego: Harcourt.

Gentle, K. 1985. Children and Art Teaching. London: Croom Helm.

Gerdes, L., Ochse, R., Stander, C. & Van Ede, D. 1981. The Developing Adult. Durban: Butterworths.

Gibbon, E., 1952. The Decline and Fall of the Roman Empire, vol 1. London: Benton.

Gombrich, E. 1982. The Story of Art. Oxford: Phaidon.

Goodman, N. & Marx, G. 1978. Society Today. 3rd edition. New York: Random House.

Grainger, R. 1990. Drama and Healing: the roots of drama therapy. London: Kingsley.

Greenbaum, S. & Whitcut, J. (eds.). 1989. Longman guide to English Usage. Essex: Longman.

Haeseler, M. 1989. Should art therapists create artwork alongside their clients? American Journal of Art Therapy, 27, February: 70-79.

Hamilton, N. 1989. A critical review of object relations theory. American Journal of Psychiatry, 146: 1552-1560.

Harbert, E. 1974. Opening doors through Music: a practical guide for teachers, therapists, students, parents. Springfield: Thomas.

Harlan, J. 1990. Beyond the patient to the person: promoting aspects of autonomous functioning in individuals with mild to moderate dementia. American Journal of Art Therapy, 28, May: 99-105.

Hawkins, J. 1992. The New Oxford School Dictionary. Oxford: University.

Hayward, A. & Sparkes, J. (eds.). 1976. Cassell's English Dictionary. 4th edition. London: Cassell.

Henley, D. 1991. Facilitating the development of object relations through the use of clay in art therapy. American Journal of Art Therapy, 29, February: 69-76.

Herink, R. (ed.). 1980. The Psychotherapy Handbook: the A to Z guide to more than 250 different therapies in use today. New York: Meridian.

Hoffmann, N. (ed.). 1984. Foundations of Cognitive Therapy. New York: Plenum.

Horowitz, M. 1983. Image Formation and Psychotherapy. Revised edition. New York: Aronson.

Howard, R. 1990. Art therapy as an isomorphic intervention in the treatment of a client with post-traumatic stress disorder. American Journal of Art Therapy, 28, February: 79-85.

Husserl, E. 1958. Ideas: general introduction to pure phenomenology. London: Allen & Unwin.

Jacobs, L. & Vrey, J. 1982. Self konsep, diagnose en terapie: 'n Opvoedkundig - sielkundige benadering. Academica: Pretoria.

Jennings, S. (ed.). 1987. Dramatherapy: theory and practice for teachers and clinicians. London: Croom Helm.

Jennings, S. 1989. Art Therapy and Drama Therapy: their relation and practice. London: Kingsley.

Jennings, S. (ed.). 1992. Dramatherapy: theory and practice 2. London: Tavistock.

Jennings, S. & Minde, A. 1993. Art Therapy and Dramatherapy: masks of the soul. London: Kingsley.

Jennings, S. 1994. The Handbook of Dramatherapy. London: Routledge.

Jordan, H. 1989. An Interview with Janie Rhyne. American Journal of Art Therapy, 28, August: 5-12.

Jourard, S. 1971. The Transparent Self. Revised edition. New York: Reinhold.

Keyes, M. 1974. The Inward journey: art as psychotherapy for you. California: Celestial

Arts.

Kluft, E. (ed.). 1992. Expressive and Functional Therapies in the treatment of Multiple Personality Disorder. Springfield: Thomas.

Knibbe, C. 1990. Treating sexually abused children using art therapy. Canadian Art Therapy Association Journal, 5 (1), Winter and Spring: 18-26.

Kohut, H. 1978a. The Search for self: selected writings of Heinz Kohut 1950-1978, edited by P. Ornstein. vol 1. Madison: International Universities.

Kohut, H. 1978b. The Search for self: selected writings of Heinz Kohut 1950-1978, edited by P. Ornstein. vol 2. Madison: International Universities.

Kozman, K. 1993. Art Therapy - What is it?: a case study using an integration of theories. Canadian Art Therapy Association Journal, 7 (2), Fall: 27-40.

Kramer, E. 1986. The Art Therapist's Third Hand: reflection on art, art therapy and society at large. American Journal of Art Therapy, 24, February: 71-86.

Kramer, E. 1992. Reflections of the evolution of human perception: implications for the understanding of the visual arts and of the visual products of art therapy. American Journal of Art Therapy, 30, May: 126-141.

Kris, E. 1952. Psychoanalytic explorations in art. New York: International Universities.

Kubie, L. 1973. Unsolved problems concerning the relation of art to psychotherapy. American Journal of Art Therapy, 12: 95-105.

Kwiatkowska, H. 1978. Family Therapy and Evaluation through Art. Springfield: Thomas.

Lachman-Chapin, M. 1973. The Use of movement in art therapy. American Journal of Art Therapy, 13 (1), October: 22-34.



Lakovics, M. 1978. Expressive Psychotherapies: administrative considerations. American Journal of Art Therapy, 17: 141-144.

Landgarten, H. & Lubbers, D. (eds.). 1991. Adult Art Psychotherapy: issues and applications. New York: Brunner/Mazel.

Landy, R. 1986. Drama Therapy: concepts and practices. Springfield: Thomas.

Langley, D. 1983. Dramatherapy and Psychiatry. London: Croom Helm.

Lavin, C. & Silver, R. 1979. Developing cognitive skills in handicapped children through art. New York: New Rochelle.

Lehtonen, K. 1989. Relationship between Music and Psychotherapy. Turku: Turun yliopisto kasratustietieden laitos.

Levenson, E. 1991. The Purloined Self: Interpersonal Perspectives in Psychoanalysis. New York: Contemporary Psychoanalysis Books.

Levy, B. 1975. Integration of Divergent points of view in Art Therapy. American Journal of Art Therapy, 14: 13-17.

Liebmann, M. (ed.). 1990. Art Therapy in Practice. London: Kingsley.

Liebmann, M. 1994. Art Therapy with Offenders. Bristol: Kingsley.

Linesch, D. 1988. Adolescent Art Therapy. New York: Brunner/Mazel.

Lowenfeld, V. & Brittain, W. 1975. Creative and Mental Growth. 6th edition. New York: Macmillan.

Lowenfeld, V. 1987. Therapeutic Aspects of art education. American Journal of Art Therapy, 25, May: 111-146.

Lucas, X. 1980. Artists in Group Psychotherapy: the emergence of artistic creativity. Athens: Litsas.

McNiff, S. 1981. The Arts and Psychotherapy. Springfield: Thomas.

McNiff, S. 1986. Educating the Creative Arts Therapist: a Profile of the Profession. Springfield: Thomas.

McNiff, S. 1988. Fundamentals of Art Therapy. Springfield: Thomas.

Mahler, M. 1975. The Psychological birth of the human infant. New York: Basic Books.

Marais, U. 1976. Kuns as Medium vir Psigoterapie. MA verhandelng, Pretoria: University of South Africa.

Maslow, A. 1987. Motivation and Personality. 3rd edition. New York: Harper & Row.

May, R. 1967. Man's Search for Himself. New York: New American Library.

Michel, D. 1985. Music Therapy: an introduction including Music in Special Education. Springfield: Thomas.

Moon, B. 1990. Existential Art Therapy: the canvas mirror. Springfield: Thomas.

Moon, B. 1992. Essentials of Art Therapy Training and Practice. Springfield: Thomas.

Moursund, J. 1990. The Process of Counseling and therapy. 2nd edition. Englewood Cliffs: Prentice-Hall.

Mullins, J. 1973. The Expressive Therapies in Special Education. American Journal of Art Therapy, 13 (1), October: 52-58.

Myers, B. 1967. Art and Civilization. New York: McGraw-Hill.

Naumberg, M. 1966. Dynamically Oriented Art Therapy: its principles and practices. New York: Grune & Stratton.

Naumberg, M. 1973. An introduction to Art Therapy: studies in the Free Art Expression of Behaviour Problem Children and Adolescents as a Means of Diagnosis and therapy. Revised edition. New York: Teachers College.

Nordoff, P. & Robbins, C. 1985. Therapy in Music for Handicapped Children. London: Gollancz.

Oster, G. & Gould, P. 1987. Using Drawings in Assessment and Therapy: a guide for mental health professionals. New York: Brunner/Mazel.

Payne, H. (ed.). 1993. Handbook of Inquiry in the Arts Therapies: One River, Many Currents. London: Kingsley.

Peacock, M. 1991. The Personal Construct Approach to Art Therapy in the treatment of post sexual abuse trauma. American Journal of Art Therapy, 29, May: 100-108.

Perls, F. 1973. The Gestalt Approach and Eye Witness to Therapy. Ben Lomand: Science and Behaviour.

Petrack, H.C. 1986. The Equipment of the School Counsellor as Educator. Pretoria: University of South Africa.

Piaget, J. 1967. Six Psychological Studies. Edited by David Elkind. New York: Random House.

Raath, M. & Jacobs, L. 1990. Dinamiek van die Selfkonsep. Academia: Pretoria.

Rhyne, J. 1973. The Gestalt Approach to Experience, Art and Art Therapy. American Journal of Art Therapy, 12: 237-248.

Rhyne, J. 1990. Gestalt Psychology/Gestalt Therapy: Forms/contexts. American Journal of Art Therapy, 29: 2-6.

Richardson, D. 1984. Introducing Art: a first book on the history and appreciation of the Visual Arts. London: Murray.

Robbins, A. 1980. Expressive Therapy: a creative arts approach to depth-oriented treatment. New York: Human Sciences.

Robbins, A. 1987. The Artist as Therapist. New York: Human Sciences.

Robbins, A. & Sibley, L. 1976. Creative Art Therapy. New York: Brunner/Mazel.

Rogers, D. 1976. The Donald Rogers Illustrated Handbook of Arts and Crafts Lesson Plans for the Elementary Teacher. West Nyack: Parker

Rogers, N. (S.a.) The Creative Connection: a person-centred approach to Expressive Therapy. Santa Rosa: PCET Institute.

Rogers, N. 1993. The Creative Connection: Expressive Arts as Healing. Palo Alto: Science and Behaviour.

Rubin, J. 1984a. The Art of Art Therapy. New York: Brunner/Mazel.

Rubin, J. 1984b. Child Art Therapy: understanding and helping children grow through art. New York: Reinhold.

Rubin, J. (ed.). 1987. Approaches to Art Therapy: theory and technique. New York: Brunner/Mazel.

Salkin, J. 1973. Body ego technique: an educational and therapeutic approach to body image and self identity.

Schaverien, J. 1992. The Revealing Image: Analytical Art Psychotherapy in Theory and Practice. London: Tavistock.

Silver, R. 1978. Developing Cognitive and Creative Skills through Art. Baltimore: University Park.

Simon, R. 1986. Thoughts of a Pioneer Art Therapist in England. American Journal of Art Therapy, 25, August: 14.

Skinner, B. 1953. Science and Human Behaviour. New York: Macmillan.

Smilansky, S., Hagan, J., & Lewis, H. 1988. Clay in the Classroom: helping children develop Cognitive and Affective skills for Learning. New York: Peter Lang.

Spencer, H. 1975. The Image Maker: Man and his Art. New York: Scribner.

Spring, D. 1985. Symbolic Language of Sexually Abused, Chemically Dependent Women. American Journal of Art Therapy 24, August: 13-20.

Steinberger, E. 1987. Long-term Art Therapy with an Autistic Adolescent. American Journal of Art Therapy, 26, November: 40-47.

Storr, A. 1983. The Essential Jung. Princeton: Princeton University.

Strasser, S. 1977. Phenomenology of Feeling: an essay on the phenomena of the heart. Pittsburgh: Duquesne University.

Stronach-Buschel, B. 1990. Trauma, Children and Art. American Journal of Art Therapy, 29, November: 48-52.

Tinnin, L. 1990. Biological processes in non-verbal communication and their role in the making and interpretation of Art. American Journal of Art Therapy, 29, August: 9-13.

Tusler, R. 1991. Music: Catalyst for Healing. 1st edition. Alkmaar: Krijgsman.

Tyson, F. 1981. Psychiatric Music Therapy: Origins and Development. New York: Creative Arts.

Ulman, E. & Dachinger, P. (eds.). 1975. Art Therapy: in Theory and Practice . New York: Schocken.

Ulman, E., Kramer, E., & Kwiatkowska, H. 1978. Art therapy in the United States. Vermont: Art Therapy.

Ulman, E. & Levy, C. (eds.). 1980. Art Therapy Viewpoints. New York: Schocken.

Ulman, E. 1983. The Significance of Florence Cane and Margaret Naumberg for Art Therapy. American Journal of Art Therapy, 22, July: 122-123.

Ulman, E. 1991. Art Therapy: Problems of definition. American Journal of Art Therapy, 30, November: 70-74.

Ulman, E. 1992a. A New use of Art in Psychiatric diagnosis. American Journal of Art Therapy, 30, February: 78-88.

Ulman, E. 1992b. Art Therapists as Diagnosticians. American Journal of Art Therapy, 30, February: 117-118.

Ulman, E. 1992c. Art Education for the Emotionally Disturbed. American Journal of Art Therapy, 30, May: 3-4.

Ulman, E. 1992d. Therapy is not enough: the contribution of Art to general hospital psychiatry. American Journal of Art Therapy, 30, May: 89-97.

Van den Aardweg, E.M. & Van den Aardweg, E.D. 1988. Dictionary of Empirical Education/Educational Psychology. Pretoria: E. & E. Enterprises.

Van Niekerk, P. 1987. The Teacher and the Child in Educational Distress. Stellenbosch: University Publishers.

Vrey, J. 1979. The Self-actualising Educand. Pretoria: University of South Africa.

Wadeson, H. 1975. Suicide: Expression in Images. American Journal of Art Therapy, 14 (3): 75-82.

Wadeson, H. 1976. Combining Expressive Therapies. American Journal of Art Therapy, 15, January: 43-46.

Wadeson, H. 1980. Art Psychotherapy. New York: Wiley.

Wadeson, H. 1987. The dynamics of Art Psychotherapy. New York: Wiley.

Wadeson, H., Durkin, J. & Perach, D. (eds.). 1989. Advances in Art Therapy. New York: Wiley.

Waller, D. 1991. Becoming a Profession: The History of Art Therapy in Britain 1940-1982. London: Tavistock.

Waller, D. & Gilroy, A. (eds.). 1992. Art Therapy: a Handbook. Buckingham: Open University.

Waller, D. 1993. Group Interactive Art Therapy: It's use in training and treatment. London: Routledge.

Warren, B. (ed.). 1993. Using the Creative Arts in Therapy: a practical introduction. 2nd edition. London: Routledge.

Watson, A. 1989. Healing Music. Bridport: Dorset Prism.

Weiss, J. 1984. Expressive Therapy with Elders and the Disabled: Touching the heart of

life. New York: Haworth.

Wethered, A. 1973. Drama and Movement in Therapy: the therapeutic use of movement, drama and music. London: Macdonald & Evans.

Williams, S. 1976. Short-term Art Therapy. American Journal of Art Therapy, 15, January: 35-41.

Wilson, L. 1985a. Symbolism and Art Therapy I: Symbolism's Role in the development of the Ego Functions. American Journal of Art Therapy, 23, February: 79-88.

Wilson, L. 1985b. Symbolism and Art Therapy II: Symbolism's Relationship to Basic Psychic Functioning. American Journal of Art Therapy, 23, May: 129-133.

Winnicott, D. 1971. Playing and Reality. New York: Basic Books.

Wolf, J., Willmuth, M. & Watkins, S. 1986. Art Therapy's Role in the Treatment of Anorexia Nervosa. American Journal of Art Therapy, 25, November: 39-46.

Zeiger, B. 1976. Life Review in Art Therapy with the Aged. American Journal of Art Therapy, 15, January: 47-49.