CHAPTER 3

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CHAPTER 3

CHILD ART, PSYCHOLOGICAL PERSPECTIVES AND ART THERAPY

When an artist paints a portrait, he paints two,
Himself and the sitter

(Hammer, 1958:8)

3.1 Introduction

On reading the literature on traumatic grief in children, it is evident to me that therapies that are useful for trauma would also be useful for traumatic grief. Jordan (2001:1-12) suggests that there are a range of therapies from which to choose, which have proven to be effective with children who have experienced trauma. Indicated therapies include:

a) play therapy (Axline, 1947:9)
b) expressive therapies, such as art therapy (Kramer, 1958; Naumburg, 1947); music therapy (Lee, 1955) and/or movement therapy (Affolter, 1990);
c) psychotherapy (Freud, A. 1979:141; Klein, 1979:125);
d) cognitive-behavioural therapy (Knell, 1993);
e) eye-movement desensitization and reprocessing (EMDR) therapy (Shapiro, 1997);
f) family therapy (Berg-Cross, 2000) / group therapy (Schiffer, 1984).

In the humanistic approach to therapy, which is essentially client-centred (Rogers, 1957:95-103), the therapist looks to the needs of the individual child to dictate which therapeutic approach would be most effective. This then demands of the therapist a wide range of knowledge in a variety of therapeutic approaches. This knowledge provides the necessary tools from which to choose, in order to best serve the needs of the child.

This chapter looks at art therapy which is one of the indicated expressive therapies. As an introduction to the topic of art therapy, pertinent aspects of the history of child art will be explored, followed by the exploration of art therapy and practices.

3.2 The history of child art as a recognized expressive medium

During the late 19th century and early 20th century, a modernist revolution was raging in the world of the visual arts. This period heralded the movement away from “high” realistic artistic expression and a movement towards simplicity, creativity and authenticity. Artists such as Pablo Picasso and Paul Klee embraced the artistic language of childhood art and African art, using both as inspiration for their modernistic artistic expression. This raised the level of interest in, and respect for, child art as a unique entity. Rather than perceiving child art as feeble attempts to approximate adult art, child art gained recognition in its own right, demonstrated through public exhibitions of child art around the turn of the 20th century (Golomb, 2002: 9).

The revolution experienced was not isolated to the world of visual art. There were concurrent revolutions in intellectual thinking and the questioning of fundamental assumptions of human belief. The work of Charles Darwin (1955) *The Origin of*

the Species was significant in this respect. The philosophical influence of Jean Jacques Rousseau (1762) in his work *Emile* became popular. He criticised the formal education of children of his time.

Rousseau (1762) advocated informal teaching for young learners involving perceptual experiences in natural settings. His philosophical perspective was an important contributing factor to the development of a focus on the child which was previously absent (Golomb, 2002:117). Within this philosophical milieu, there was also intensified interest in the field of psychology and the study of child development.

Piaget (1926) was a generous contributor in the field of child developmental psychology, postulating that children's cognitive development was a steady progression through various stages, with universally recognizable characteristics in each stage. During each of these stages there is "a unique level of analysis, internal organization and understanding of environmental information and events" (Siegel & Brainerd, 1978:43). Cohen and Gainer (1984:30-31) compared Lowenfeld's stages of child art development and Piaget's stages of cognitive development and found that they correspond significantly. Piaget (1926) saw child art as an index of mental maturity as did others, such as Florence Goodenough (1926) and Dale Harris (1963). In 1963, *The Goodenough-Harris Drawing Test* was published which examined children's drawings in order to measure intellectual maturity. It is a drawing test which many practitioners still use today.

The revolution in fundamental thinking in the western world at the turn of the 20th century was like a pebble in a pond. The effects rippled into all areas of enquiry, from the sciences to the arts. In the area of child psychology, the result was a new focus on the child, child development, child psychopathology and child

therapy. In the area of art, there was renewed interest in, and respect for, children's art per se. The energized focus in both these fields, paved the way for the marriage of art and therapy and the development of the new field of art therapy.

3.3 Art Therapy

In this section, I will give a background to the development of art therapy and I will look at the major contributors in the field in a brief history of art therapy. I will then explore the process of art therapy by looking at: the elements and principles of art therapy; the media of art therapy; the therapy setting; and the process of art therapy with a child.

3.3.1 Background to the Development of Art Therapy

The value of art as a therapeutic medium has been prevalent since the time of Freud. In the latter part of the 19th century, psychiatrists began to take an interest in their patients' artwork. Tordieu and Simon (in Du Toit, 1998:36) collected and exhibited portraits and illustrations done by psychiatric patients between 1872 and 1876 and were given public aesthetic appreciation. This recognition was possible because of:

- the growth of Humanism in philosophy, where dignity was afforded to all humans alike;
- the high esteem the patient's artwork was given by artists as a contribution towards the development of modern art;
- the theory of symbolic meaning given to the field of psychology by Freud.

Art was seen by those in the public and psychological spheres in a new light. The juxta-positioning of art and psychotherapy, allowed for the exploration into art as therapy (Du Toit, 1998:36).

3.3.2 A Brief History of Art Therapy

Jung (1966) expressed an appreciation for art as part of the therapeutic process. Jung saw art as a projective process where the client's projections of psychological content - such as perceptions and feelings - into the art materials, was central to the therapeutic process (Gilroy & McNielly, 2000:102). According to Jung, underlying painful emotions and unresolved conflicts are expressed through concrete art materials and the analysis of the artwork itself facilitated awareness within the self (Gilroy & McNielly, 2000:102).

Naumburg (1947) developed the use of art as a tool in psychotherapy. The emphasis in her contribution was highlighting the use of psychoanalysis with the aid of art. As in classic psychoanalysis, the roots of therapy were to be found in the transference relationship between the client and the therapist, also using the method of free association. Free association entailed the client freely associating words and emotions that was evoked by the artwork. Intensive individual therapy with a client was advocated (Coleman & Farris-Dufrene, 1996:7).

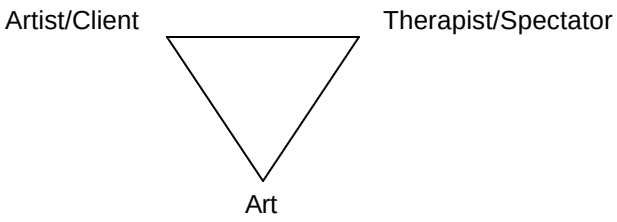
More than a decade later, Edith Kramer (1958) emphasized the aspect of "art" in art therapy. Value was placed on the inherent healing in art. Group work was encouraged and developing artistically was seen as a parallel to personal growth and integration. In 1972, Kramer presented principles and guidelines for the therapist to use in the interpretation of children's art. Art was viewed by Kramer as a medium which supported ego development, fostered the growth of identity and promoted maturation. "Its main function is seen in the power of art as a contributor to the development of psychic organization that is able to function

under pressure without breakdown or the need to resort to stultifying defensive measures" (Gilroy and McNielly, 2000:8).

To synopsize, at this point, art therapy holds two fundamental positions which emphasize either the "therapy" in art therapy (the more verbal psychoanalytic approach of Naumburg) or the "art" in art therapy (the non-verbal psychoanalytic approach of Kramer). Much of the subsequent development in the field of art therapy has been from the fundamental positions of these two contributors: Naumburg and Kramer.

Some of the major lateral developments of art therapy are as follows: Ulman (1975) synthesized the views of Naumburg and Kramer, recognizing the healing quality of artistic experience per se. She, however, also saw the need for completing the value of the therapeutic experience with insight and communication. Betensky (1973) saw the potential of art therapy in working with clients experiencing psychological distress, which is pertinent for traumatic grief. McNiff (1981) and Dufrene (1988) recognized the spiritual elements of healing through art therapy and the importance of understanding the spiritual dimension of the client during evaluation and treatment (Coleman & Farris-Dufrene, 1996:9). Case and Dalley (1992) introduced the idea of a standard practice of art therapy in order to centralize variations and differences in art therapy practice.

Case and Dalley (1992:1) define art therapy as "the use of different art media through which a patient can express and work through issues and concerns that have brought him or her to therapy". The person and the process are the focus of therapy as the art is seen as a form of non-verbal communication creating a safer context for the exploration of therapeutic issues. A triangular relationship emerges between the art, the art therapist and the client.



Together the client and the therapist attempt to make sense of the artwork and how it relates to emotional issues which emerge. In terms of art therapy with a child who finds difficulty in expressing emotions verbally art may become a new way of communicating and expressing oneself.

Acosta (2001:93) asserts that art therapy finds itself with a professional identity crisis because of its history. “Historically, the field of art therapy has been struggling to assert its professional identity because of the duality in its roots, psychology and art, and due to its lack of a unique and independent theoretical framework” (Acosta, 2001:93). While this appears to be an ongoing difficulty, the value of art therapy in many avenues of therapeutic or educational intervention should not go unrecognized.

In terms of a personal evaluation of the history of art therapy, I consider that each contributor adds a piece of puzzle to a growing understanding of the phenomena. Art therapy is a widely-used tool in the therapeutic community; from medical and educational environments to prison and other forensic environments. As has been said, it has strong roots in both psychotherapy and art, two previously independent fields of endeavour. This affords therapists the privilege to choose between art as therapy per se, or to use psychotherapy with art as a tool. I would like to suggest that the use of both forms of art therapy; verbal and non-verbal; are useful at different stages of the therapeutic process.

3.3.3 The Process of Art Therapy

In considering the process of art therapy it may be important to mention certain elements and principles of creative art. There will then be focus on the media and setting of art therapy and the process of art therapy with children.

3.3.3.1 The Elements and Principles of Art

The elements of art are line, form, colour, nuance, texture and shape. The principles are balance, rhythm and harmony (Johnson, 2003:5). These elements and principles are brought together to form a unique composition by the child. In psychodynamic terms, the child also unconsciously projects some aspects of the self into the artwork. Projection refers to the tendency of individuals to reveal their personal or subjective frame of reference which is carried over onto an object. These subjective contents form clues as to the workings of the individual's unconscious mind and alerts the psychologist to the emotional world of the client. With this in mind, the process of art therapy should allow the child:

- to be personally expressive;
- to be creative;
- to discover and experiment (Johnson, 2003:53).

3.3.3.2 The Media in Art Therapy

According to Johnson (2003:76) art materials should be developmentally appropriate. This means that the therapist must be aware of the developmental nature of the child's cognitive and artistic growth. Johnson also suggests that art materials should involve legitimate artistic media. Johnson (2003:76) and Geldard and Geldard (1997:120) suggest the following legitimate artistic media:

- ***Painting media*** *may include:* an easel, a table, paint (watercolours and/or acrylics), paint brushes (appropriate for various ages – a larger size is appropriate for younger children), old toothbrushes, a palette, water containers and various sizes and qualities of paint paper.

- ***Finger-paint*** *media may include:* finger-paints (recipe in appendix E), large oil cloth on the floor or on a table, apron and/or sensory items to add to the finger-paint (such as, seeds, coarse salt, sawdust). Mud, wet clay or shaving cream may also be used as a finger-paint medium.

- ***Drawing*** *media may include:* chalks, pastels, charcoal, pencil crayons, crayons, felt pens, pencils and various sizes of paper.

- ***Modelling*** *media may include:* clay, sculpting tools, salt dough (recipe in appendix E), dough (recipe in appendix E), a large oil cloth and an apron.

- ***Collage*** *media may include:* Magazines, material cloth, leather, feathers, sand, seeds, sandpaper, hessian, wool, string - stored in containers; cardboard and/or thick paper, glue, brushes or glue applicators, sticky tape and pairs of scissors (left-handed and right-handed).

- ***Construction*** *media may include:* pieces of wood, wine sleeves, boxes of various sizes, plastic containers, wire, pipe cleaners, cardboard tubes, ice-lolly sticks.

These media would form the core of the art therapy media in art therapy. However the therapist may expand his/her choice of media with each individual child.

3.3.3.3 The Art Therapy Room

Geldard and Geldard (1997:85) found that counselling children is easier and more effective when a room is set up specifically for play or art therapy. This is not always possible, especially if the therapist works in a school or in a hospital, but I will however discuss the ideal situation.

An art therapy room should:

- be soundproof so that extraneous noise does not bother the child and/or that the child feels that he will not be overheard by others;
- be warm and comfortable;
- have adequate lighting and ventilation;
- have a sink and a vinyl or tiled floor-covering so that messy activities can be cleaned up easily;
- have a child-high table and chairs, an easel and an oil cloth on the floor so the child can choose at which level he would like to work.

3.3.3.4 The Process of Art Therapy with Children

The child would be invited to freely choose any art activity. The child may set about creating his artwork with the therapist present. The therapist follows the child's lead. As has been said, the orientation of both Naumberg and Kramer can be incorporated into therapy with a child. If a child is comfortable to talk naturally about his artwork, the therapist can follow the child's lead in verbally exploring the artwork, as with the approach of Naumberg.

In terms of talking about the art created by a child in therapy, Bowers (1992:22-23) cites useful pointers. Her recommendations include the following:

- Suggest that the child describes the picture in the child's own way.
- Ask the child to tell more about specific parts of the picture, making parts clearer and describing people and forms in more detail.
- Ask the child to describe the picture in the "first person". With children who are comfortable, parts of the picture (people, animals etc.) can be dialogued with each other.
- If a child does not know what something means in a picture, the therapist can offer a tentative interpretation, but this should be verified by the child.
- Encourage the child to focus on the use of colours; what did they mean for the child?
- Watch for non-verbal cues for anxiety and use them consciously to slow down or continue the process of exploration.
- Watch for missing parts of a picture and/or empty spaces within a picture. Bring this to the awareness of the child and explore its possible meaning.
- Reflect to the child both the literal and figurative meanings in a picture.
- Check the child's experience of the artistic experience to monitor emotional comfort.
- Allow the child to work at his/her own pace, and trust that he/she will draw only what he/she is ready to confront.
- Look for patterns and themes in pictures and reflect these to the child.

While these pointers are useful in guiding a child in self-awareness, this approach may be premature for a child who has experienced traumatic grief. Before I focus on the use of art therapy with children experiencing traumatic grief, it may be useful to explore the advantages of art therapy within this context.

3.4 The advantages of art therapy

This section attempts to answer the question as to why art therapy would be advantageous in therapy with a child who has experienced traumatic grief.

3.4.1 Compromised verbal communication

Pantchenko et al. (2003:251) suggest that when clients have compromised verbal communication or minimal insight, disclosure may be facilitated by non-verbal procedures such as expression through art or dance. Compromised communication may be due to:

- **language difference** between the client and the therapist. In our multilingual South African context, non-verbal therapy may not only be a therapy of choice, but also of necessity;
- **physical injury to the brain** and resultant verbal losses;
- **the younger age of the client**. A child may be unable to verbalize experiences, emotions and/or conflicts;
- **psychological injury** in the form of trauma, abuse, grief or depression. A child's ability to communicate may be compromised by psychological injury because the child may have dissociated from a traumatic experience in order to protect or defend the self from the emotional pain of such an experience.

3.4.2 Defences may be Weakened by the Use of Art Therapy

Children who present with, or experience strong personal defences, such as withdrawal and/or avoidance, need alternative strategies of therapy. The therapist would look to shift focus away from the child's defences. Firstly, circumvention of defences is inherent in art therapy as follows:

- Art is often something already experienced by the child and thus is generally viewed as non-threatening. This familiarity initiates the weakening of defences. Although adolescent or adult clients may feel somewhat self-conscious about artistic ability, this is not usually a difficulty in childhood.

- Through sensory interaction with the art materials, the child is able to relax and self-soothe. This further diminishes defensive reactions. The sensory experience of art may also awaken blocked emotional aspects of the child by opening a pathway to the unconscious. Pantchenco et al., (2003: 251) quote Taylor's research, which concluded that "the right hemisphere is the biological centre for the unconscious mind". In creating the artwork itself, the child concretizes the unconscious right-brain's images in a projective way. "Drawing can be a potent problem-solving aid for both children and adults. A drawing can let you see how you feel. Putting that another way, the right brain, by means of a drawing, can show the left brain what the trouble is. The left brain in turn can use its powerful skills – language and logical thought – to solve the problem" (Edwards, 1979:67).

- Art has the inherent ability to release and give form to emotions while containing them at the same time.

- The projective quality in art, as discussed previously, can prove useful as a diagnostic tool in assessing the client's emotional state, in a non-intrusive way.

- The symbolic language of art helps the client work through a whirlpool of emotions that first need to be crystallized, before they can be verbalized. Studies of the synthesis of verbal and non-verbal expression in brain-laterality have been conducted. As described by Taylor (in Pantchenko et al., 2003:251) "the right hemisphere has verbal processes only after the left

> hemisphere receives the right hemisphere's affective and visual information. The left hemisphere labels it and then returns the verbal component to the right hemisphere". In terms of this research, the finding was that art therapy alone, without verbal or written expression, in clients disclosing trauma, appears to increase distress. Verbal processes were found helpful in integrating the negative emotions associated with the disclosure. Therefore attachment of verbal meaning and understanding to the non-verbal art form is useful in integrating emotion and thought/language in a meaningful and acceptable form.

To summarize, the magic of art therapy lies in its ability to lower a child's defences in relaxing and soothing the senses. It is able to release and give form to emotions while containing them at the same time. The projective nature of art is also useful in assessment. Art allows the client to access experience that cannot initially be verbalized. Through this process, art therapy can create a structuring of internal experiences and can restore a healing balance to the psyche. "Art therapy can allow the patient to re-create a sense of wholeness" (McGann, 1999:51).

3.5 Art therapy, children and traumatic Grief

In exploring the value of art therapy with children who have experienced traumatic grief, I will outline the importance of creating a safe therapeutic space and look at the inherent value of containment in art therapy. I will then explore a suggested process for therapy with children experiencing traumatic grief.

3.5.1 The Importance of the Therapeutic Environment: Creating a Therapeutic Space

- The primary task of the therapist is to engage in creating a safe environment simulating healthy attachment. The therapist will join with the child in such a way that affords the child an alliance in the face of his/her difficulty. In creating this relationship, the characteristics of the therapist are all-important. In this research (Chapter 5) the influence of Rogers' non-directive approach is evident. Carl Rogers (1957:95-103) identified "accurate empathy, unconditional positive regard and genuineness" as essential characteristics of the effective therapist. This research also embraces the non-directive therapy methods utilized by Axline (!989:14).

  > "Non-directive therapy is based on the assumption that the individual has within himself, not only the ability to solve his own problems satisfactorily, but also this growth impulse that makes mature behaviour more satisfying than immature behaviour" (Axline, 1989:14).

- The therapist should also be well versed in the nature of human behaviour and the clinical implications of certain behaviour.
- Practical considerations such as comfortable surroundings, adequate lighting, sufficient materials, should also not be overlooked in creating an atmosphere of relaxation and psychological ease.
- The personal qualities of the therapist are also pertinent in this regard. Personal qualities such as openness, creativity, intelligence and self-awareness are important to the wholeness of the therapist and in creating a therapeutic space that is only for the child.

This creation of a therapeutic space, a place of safety and containment is a cornerstone of effective therapy. It requires further exploration, as it has greater significance in the world of art therapy.

3.5.2 The Value of Containment in Art Therapy

The idea of containment has been part of psychotherapy since Klein and Bion. In *Learning from experience* Bion (1962:90-91) used the model of a container and what is contained to explain the process of emotional containment. According to Bion, a baby projects overwhelming feelings into the mother who receives them, holds them in her mind and gives them back to the child in a way that the child can accept as bearable and meaningful. The ability of the mother to contain her child's emotions will depend on her emotional state at that time. This taking of projections and reflecting them in a manageable form for the child, forms a pattern in the relationship over time. This pattern is internalized by the developing child who slowly begins to contain his own emotions and anxieties as he has an internalized "emotional container". The child uses this "container" in all situations in coping with life's challenges. In other words there is transference from the initial pattern of containment experience to all other patterns of relationship experience.

In therapy, the therapist and the therapeutic environment can be seen as a container for a child who is unable to contain his own emotions and experiences. Like a containing mother, the therapist needs to be able to contain the client's hostility, pain, anxieties and depression, hold it, and reflect it back to the child in a bearable manner.

For children who are working through trauma this creation of a warm, containing relationship with the therapist is a major focus of the therapy. The therapeutic relationship would parallel a positive attachment experience as described by Bowlby (1982). Art therapy adds another dimension to the client's experience of containment. In art therapy, the art materials themselves are self-limiting and thus are containing. There is a sense of free use of materials and whatever emotions are brought to the art experience are ultimately contained in and

framed by the canvas. The experience of freedom and limitation in one context is both liberating and comforting to the client. For example, clay can be manipulated with great force allowing great release of repressed emotions in a depressed child, or it can be gently touched and moulded by the anxious child. These feelings are all contained in the process and in the final product.

Another very useful dimension of containment is the use of boxes in art therapy. Farrell-Kirk (2001:88-92) states that boxes could be a central part of art therapy technique; for example the child's creation of forgetting boxes, memory boxes, treasure boxes. Boxes are also used to contain client's art work between sessions. The use of boxes is a powerful communication of containment, allowing the client to express his/her emotions in an artwork and have it contained by a box. It communicates to the child that the artwork (and therefore the child) is valued, is important and will be kept safe and private from others.

To conclude, each of the elements discussed - creating a therapeutic space, the qualities of the therapist and a containing environment - contribute to the child's feelings of being worthwhile, valued and respected. This is essential in meeting the needs of a child who has experienced traumatic grief. Worden (1999:14,141-143) outlines the needs of a mourning child:

- They need to experience the emotional aspects of loss gradually and in ways that do not overwhelm their coping capacity (1999:14).
- They may need help in dealing with emotions that are too intense to be expressed. Commonly these include sadness, anger anxiety and guilt (1999:143).
- They need to know that they will be cared for (1999:141).
- They need reassurance that they are not to blame (1999:142).

- They need validation of feelings and opportunities to express their thoughts and feelings in their own way. They need a person to hear them and not minimize their concerns (1999:142,143).

3.5.3 A Proposed Process of Art Therapy with Children who have Experienced Traumatic Grief

Some children who have experienced traumatic grief find themselves unable to integrate the experience meaningfully. “If we experience something that is not accurately symbolized in our awareness, it seems to linger somewhere in us, awaiting a time when we are ready to re-experience it and integrate it properly into our self-structure” (Tolan, 2003:10). Art therapy gives such an opportunity for integration.

From a client-centred perspective, the client’s needs dictate the entry point into art therapy. The more severely depressed or traumatized the client, the more the therapist would engage in creating a safe space, simulating healthy attachment. The client would be given a regular time, a regular setting, and offered a consistent therapeutic environment. The free choice of art materials would be part of this consistency, where the client can choose to express himself creatively in the warm, accepting presence of the therapist and the therapeutic setting. This may reflect the kind of therapy envisaged by Kramer. Kramer emphasized the “art” in art therapy (a non-verbal psychoanalytic approach).

As the client begins to trust the therapeutic space, there may be a shift in the needs of the client, who may invite participation of the until-now spectator therapist. There may be more verbalization of emotions, which is possible because of the sensory experience of the art medium, which may have allowed the crystallization of thought and emotion to occur. The therapist may become

more involved at this point. This may reflect the kind of therapy envisaged by Naumburg which emphasized the “therapy” in art therapy (the more verbal psychoanalytic approach). For the client whose need is for more verbal interaction, this type of therapy may be the starting point.

To conclude, art therapy with a child who is experiencing traumatic grief would begin by the therapist concentrating on creating a safe and containing therapeutic space and building a therapeutic relationship. The ability of the therapist to contain frightening emotions allows the child to explore them further. The sensory art medium itself encourages the child to self-soothe, to crystallize thoughts or emotions and eventually to put words to them with the help of the therapist. “By reproducing aspects of the traumatic experience in symbolic form, the child feels more in control of the emergence of memories and can begin to master feelings and integrate the trauma into the psyche without being overwhelmed” (Greenacre, 1971:561).

3.6 LIMITATIONS OF ART THERAPY

Much criticism has been levelled at the door of art therapy. This has mainly been criticism of the lack of scientific basis or orientation in art therapy.

The limitations of art therapy research have been outlined by Burleigh and Beutler (1997:375-381), who found a number of inadequacies in the published reports. Not only were the research measures used in published reports inadequate for identifying the complexities of the changes occurring during treatment, but the research lacked experimental control, systematically described or replicable treatments, objective data, and clearly defined therapeutic problems. They therefore concluded that despite published claims, there is no empirical evidence of art therapy's treatment efficacy. Indeed much of the

research conducted in the field of art therapy is based on case studies, with an emphasis on qualitative aspects.

According to Acosta, criticism of the lack of scientific basis or orientation in art therapy is a trend to diminish the value of the intuitive response to visual images. “The term ‘intuition’ is commonly described as subjective and variable, hence unreliable” (Acosta, 2001:93). Arnheim’s (1966:104) aesthetic theory, the concept of “visual thinking”, states that “the reductionistic approach of measurement analysis in response to art, is at the expense of the intuitive whole which is dynamic and active”. His view encouraged a holistic approach to appreciating the contribution of art therapy.

This art/science debate can be argued as areas of black and white. Art and science can, however, blend into a shade of grey where the complementary elements of the aesthetic whole are embraced. Bruner (1966:74) summarizes the interaction between science and art succinctly:

> “The elegant rationality of science and the metaphoric non-rationality of art operate with deeply different grammars, perhaps they even represent a profound complementarity. For in the experience of art, we connect by a grammar of metaphor, one that defies the rational methods of the linguist and the psychologist”.

There is also debate as to whether healing occurs through the process of creating art, or does the healing emanate from the interaction with the therapist. As Le Baron (2003:1) puts it “it is not the technique that makes the difference in the effectiveness of the intervention; rather it is the therapeutic relationship and the patient motivation working in concert, that creates the real transformative ‘magic’ of therapy”. This statement may be valid; however, the value of the

therapeutic relationship is built up by the choice of the appropriate therapy in response to an accurate diagnosis, which is an art in itself.

Although there is much to be said of the limitations of art therapy, practitioners continue to use and value art therapy as part of their practice, especially with children and adolescents. I maintain the position that all contributions maintain a balance of the whole. Art should not be indulged in a therapeutic setting without the presence of a scientific voice, and science should not be so prescriptive and reductionistic that it silences the artistic song.

3.7 CONCLUSION

Art therapy appears to be a most useful tool in the experienced therapist's hands. In terms of the psyche it can release and engage, free and contain, hold and integrate. Although art is not a science, and art therapy may become quicksilver in the efforts of scientific enquiry, it holds much value to those who use it and it is most useful in therapy with children who have experienced traumatic grief.

List of Figures

Appendix F

Scale two - the adjustive style scale

Analysis includes the evaluator's general impression of the drawing, as well as the written comments. At least one of the listed indicators that research associates with the category should be present.

1. *Anxious* – Indicators include very light pressure, sketchy, broken lines, excessive use of erasures, shading, obsessive detailing, and omission of nose and/or mouth (Kaufman & Wohl, 1992; Koppitz, 1968; Ogdon, 1978). Small figures have been sometimes associated with anxiety, as well as withdrawal and depression.

2. *Depressed* - Indicators include clouds, rain and/or snow, birds, a shaded sun, placement low on the page, tiny head, small drawing, inadequate detailing, and tears (Koppitz, 1968; Ogdon, 1978).

3. *Angry* – Indicators include very heavy pressure, crossed eyes, guns and knives, teeth, clawed nails and clenched fists (Hammer, 1968; Ogdon, 1978; Machover, 1980).

4. *Helpless* – Indicators include floppy or deformed hands, lack of arms and/or hands, short arms, and presentation of arms (Ogdon, 1978).

5. *Fearful/need for safety* – Indicators include no legs, no feet, small feet, unstable feet, too large feet, groundline treatment and slanting figure (Koppitz, 1968; Ogdon, 1978).

6. *Powerless/need for power* – Angular and squared shoulders, phallic extentions and overemphasised muscles (Ogdon, 1978).

7. *Aggressive* – Large size drawing, bulging muscles, long arms, big hands, teeth, guns, knives, clawed nails (Koppitz, 1968; Ogdon, 1978; Machover, 1980).

8. *Well-adjusted* – Central placement, reasonable size (not too big or small0, firm rounded strokes, essential but not unessential details (Ogdon, 1978).

Defence Mechanisms

1. *Denial* can be defined as a mechanism in which a person fails to acknowledge some aspect of reality that would be apparent to others (American Psychiatric Association, 1994). Denial can be inferred by comparing the child's comments with the global impressions of the drawing (Rudenberg, 1995).

2. *Distancing* is related to denial and withdrawal. An example is referring to events if they are taking place in another community (Gibson, Mogale & Friedlander, 1991). Indications of withdrawal and distancing include indications of inaccessibility on a second drawing, such as the absence of doors on the houses, heavily locked doors, very small windows, or a large street with no houses (Buck, 1948; Ogdon,1978).

3. *Intellectualization and isolation* are related defences which involve engaging in cognitive processes rather than experiencing the feelings associated with a disturbing circumstance (American Psychiatric Association, 1994). These can be inferred from the comments attached to the drawings. Indicators of emotional constriction, such as a rigid figure with clinging arms and legs pressed together, may be taken as indications of isolation as a general lifestyle (Kaufman & Wohl, 1992).

4. *Fantasy* is the substitution of excessive daydreaming for the pursuit of human relationships, more direct and effective action or problem-solving (American Psychiatric Association, 1994). Ommision of the eyes, head cut off by the top of the paper and large heads are often associated with excessive use of fantasy (Ogdon, 1978). The use of fantasy is inferred from the size of the head on the DAP (Buck, 1948).

Appendix E

Finger Paint Recipe

1 cup sugar
1 cup flour
1 cup cold water
3 cups boiling water
powder paint or food colouring

Mix the sugar, flour and cold water into a paste in a cooking pot. Add the boiling water and boil for approximately two minutes until it is cooked. Add powder paint or food colouring and use the finger paint either on thick paper or cardboard.

Salt Dough Recipe

1 cup salt
1 cup flour
1 cup water
food colouring

Mix the food colouring into the water. Mix the salt and flour in a cooking pot. Add the coloured water to the mixture. Heat until the mixture becomes a dough. Model while still warm and leave in the sun to dry.

Dough Recipe

1 cup flour
½ cup salt
1 cup water
1 tablespoon cooking oil
1 teaspoon cream of tartar
food colouring

Mix all the ingredients in a cooking pot. Heat on the stove until the mixture forms a dough. Knead. Enjoy.

Appendix D

The Connor's Behaviour Checklist

Appendix D

Sack's Sentence Completion Test

Appendix E

Impact of Event Scale

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List of Appendices