COMMUNICATING WITH CHILDREN: THE USE OF ART IN SOCIAL WORK

KAROLA DILLENBURGER

Art as a means of communicating with children is often undervalued and its use in therapy remains vaguely understood; it urgently needs demystifying. This paper describes what art therapy is about and shows how in a wide range of situations it can be of help to workers and their clients even without elaborate training and resources.

ART THERAPY APPLIED

Art therapy has been applied in a variety of settings and with a large number of different client groups. It has been used for aesthetic, educational and clinical reasons. One of the main applications in the past has been to measure intelligence. However, the test-retest reliability was found to be poor. For example, intelligence or projective tests in clinical psychology, like the ‘Rorschach ink-blot test’ often rely on intuitive subjective impressions rather than scientific analysis. In addition they often only consider surface structure not the process of art making. They have, therefore, largely been abandoned and art is no longer used as measure of intelligence in general although it is still a useful means to assess particularly low intelligence.

Today art is viewed as offering a more indirect method of assessment of abilities and diagnosis. For this purpose it is important that the therapist is fully aware of the task-demands of the drawing task and assesses the child in relation to her overall environment. If, for example, the child has never been encouraged to draw, she cannot be expected to have gained the same proficiency as a child who has been encouraged and is thus a more experienced artist.

Much more use is made of art in education, in particular for remedial teaching. Rudolf Steiner schools, for example, put a great emphasis on art in education. They feel that individual self expression in art is essential for healthy emotional and personal development. Art can be used as occupational and social therapy and recreational therapy for all children (Simon, 1986).

A very useful method inherent in art work is the process of systematic desensitisation. When during art therapy the child/adolescent relaxes she may be encouraged to draw a feared situation. This process of pairing can help to master anxiety. ‘The assumption being that relaxation reciprocally inhibits the anxiety response leading to a weakening of the association between stimuli and anxiety’ (O'Sullivan in Dryden, 1990, p.253).

METHODOLOGICAL IMPLICATIONS

If art therapy is to be carded out successfully certain basic conditions have to be met. In the main a suitable room, time, and equipment have to be made available to the worker and the client.

The art room

The room in which art therapy is to take place should be a quiet, comfortable room in which the child/adolescent does not need to worry about being interrupted during the art activity and about things like spilling paints or dirtying the floor or her clothes. Nothing can be
as detrimental to the flow of the therapeutic process as a therapist who is constantly concerned about the tidiness of the room or the child she is working with. Thus protective clothing and floor covering should be provided in the therapy room.

In the art room different kinds of art material (glue, paint, clay, paper, trash treasures, sculptor's wax) should be made available to the client. The appropriate use of a particular medium is important in communication, offering a variety of stimuli in order to provoke a variety of responses. For example, the introduction of paint, clay, and sand at a specific point of therapy might be crucial especially in situations where the child is 'stuck' in the sense of not making significant progress. The introduction of new material may open up new possibilities for new experiences. 'Art materials are enormously versatile, and yet each has particular therapeutic properties' (Dalley et al., 1987, p.4).

The therapist

The task of the worker is to extend and support symbolic play, identify operant modes of representation and avoid confusions which commonly arise in discussions of drawings when structure is confused with content. Clearly the intensity of the relationship between the child or young person and the art therapist is of utmost importance. As in any other therapeutical method of intervention the personality of the therapist influences the conduct and the outcome of the therapy. Even if the therapist intends to achieve non-directive dimensions and aims to foster free expression of the child, this is never entirely possible. The limitations set by location, time, equipment are easily recognised and do not need elaborate explanations. The inherent structure set by the therapist herself is a much more delicate subject. Even non-directive methods such as Rogerian client-centred counselling (Rogers, 1981) suggest a level of structure, in particular, in terms of relationship building, empathy and listening skills. Although Rogers emphasised the importance of tuning-in and of understanding where the child is, in order to work from there, these methods obviously influence the art activity of the child or young person inherently.

Any introduction of new art materials has to be skilfully and sensitively managed by the worker. The therapist has to be familiar with the material and know their potential effect. In this sense the therapist acts as facilitator while the child actively and systematically seeks out any further manifestations of the same structure with different materials, cross-modal and cross-media. In some cases the introduction of different kinds of artists (sculptors, weavers, painters) may even be suggested.

The art activity

The need for spontaneity is essential within the art therapy situation. If art is too regulated it may be altered by compulsions and rules. Art to rule is no longer art. Adults may need rules to be able to play or to produce art since spontaneous play is often associated with fooling around or being childish, but children often prefer to set their own agenda during the art activity. The methods used in art therapy depend mainly on the therapists interpretation of the problems which are addressed. Depending on her school of thought, she will offer the art material freely to the child/adolescent for their free association or use a more directive method, either in
terms of the art material or the subject to be drawn. During the art activity she will either interpret the drawing or leave it to stand on its own merits.

During the art activity the child/adolescent experiences her relationship with the therapist, the art material and herself. Especially during assessment she may be asked to draw a particular picture, for example, she may be asked to draw her family, her home and all the people who belong to it and their usual activities; she may be asked to draw her family in animals or just position them on the page according to where she feel they should be, similar to the idea of a family sculpture. On the other hand, the child/adolescent may be encouraged to draw or express with other materials her biggest fear or incidents from the past, present or future.

In this approach the therapist takes the lead in determining the subject of the drawing which may help to assess or focus the child. Some therapists, however, feel that this method is too limiting to the expression of the child's feelings and prefer a more non-directive approach. They offer the art material to the child and let her develop her own agenda. During this activity some therapists verbalise feelings which are expressed while others prefer verbal communication to be limited to, for example, practical matters such as the need for more paper or paints.

To illustrate the above some examples of art therapy are described in the following. Further elaborate description of other case examples are offered in Bentivegna et al. (1983), Faulkner (1986) and Hill (1986).

Case example A

'A' is a nine-year-old girl. She is the only child of middle-aged parents and highly overprotected by her mother. For example, her mother does not allow her to go out on her own and constantly worries that something may happen to the child. Her mother's overprotection stems from the fact that she had always wanted a child and was told for years that she could not have children. When she became pregnant she had a very difficult pregnancy and was aware that she could not have any more children.

The presenting problem was that 'A' would not go to the toilet anywhere else but in her own home. In turn, some medical complaints such as kidney infections became apparent which increased the mother's worry and overprotection. The problem also had some obvious social implications, for example, the family could not go on holiday or 'A' could not visit school friends for any length of time.

During the assessment, a direct approach was used, asking the child to draw a house with her family members in it. She drew the parents inside the house and herself on a swing outside the house. While she was drawing she verbalised the wish to be able to play outside. In the following session she felt quite relaxed with the therapist, the art activity and the vicinity. In order to use the pairing process of relaxation and anxiety she was encouraged to draw a picture depicting her biggest fear. She drew herself being locked into a toilet behind a big grey door, shouting for help (see Picture 1). This pictorial expression facilitated the pairing process between relaxation and a feared situation while enabling the child to experience control over a situation which was usually frightening. During the drawing process...
we talked about the reality of being locked in a toilet and the feeling of being locked in which she experienced through over-protection.

In this session `A' verbally rehearsed alternative behaviours. In the following session she rehearsed these in practice. Together with the therapist she visited a number of toilets in the unit and was encouraged to playfully experiment with these while remaining in control of the situation. The therapist remained in close proximity. Following this session behavioural principles of positive reinforcement were explained to the parents (Prior, 1985). After the third session the family went on holiday. On their return both mother and child reported that she had used toilets whenever and wherever necessary.

The use of art and the consequent success in regard to the toileting problem of this child did not only bring stress relief to the family and solve medical and other social problems, it also enabled the therapist to do more detailed work with the mother in regard to her feelings of anxiety as she had gained full confidence in the therapist.

Case example B

Client `B' experienced in the assessment of a ten-year-old boy who displayed behavioural problems, such as temper tantrums, low achievement in school, fear of new situations, over eating. The older brother of this boy had been killed in a car accident when the boy was one year old. `Me boy obviously could have no conscious memory of the brother.

During assessment again the directive approach was used. The boy was encouraged to draw his family in animals. In his picture the older brother, who had been killed, dominated the picture being represented as a tall giraffe while the boy portrayed himself as a cuddly teddy. His mother was depicted as a mouse, while his father was portrayed as a dog (see Picture 2). During the drawing process the boy was enabled to express a mixture of feelings in regard to his parents and brother. In particular he was enabled to express jealousy of the older brother who dominated the home environment although he died nine years ago. The boy was enabled to ventilate as well as label his feelings in therapy. Behavioural problems consequently decreased. Bereavement counselling continued with his parents.

Case example C

`C' is a fourteen-year-old girl. She lives with her mother and three younger sisters in a small village. Her father had left home following marriage break-up. The girl was referred to art therapy following an incident of sex abuse by a trusted family friend, a man of her father's age. She was deeply disturbed by the experience and suffered nightmares, hyperventilation and fainting fits. Shortly after the incident she was admitted to hospital for a two week period and prescribed anti-depressants by the psychiatrist.

During therapy she was offered art material and began to express herself on paper. Although she was encouraged to draw, she was not ask to draw anything in particular. During the art activity she verbalised her feelings and at one point said that drawing and talking at the same time felt like 'getting rid of it doubly quick'.
Some of her pictures are included here (see Pictures 3, 4 and 5). Overall they seem not only to have facilitated recovery but also to reflect the recovery process. In a sense the pictures speak for themselves as ‘C’ expressed fear, guilt, anger, nightmares and eventually new growth and beginnings of recovery. Together with the use of a number of different relaxation techniques and systematic desensitisation she was able to use art in her recovery process.

CONCLUSION

In conclusion it can be said that at times art can be much more expressive than language. Although children may find a variety of ways with which to express themselves the main significance of art lies in its position as a socially acceptable activity. If adequate communication, be it verbal, non-verbal or through art, can be fostered psychological disturbance and breakdown may not only be prevented it may also be reversed. The main value of art as a therapeutic tool lies in the comparative ease with which most children and adolescents can use it. Thus social workers must meet the challenge of making this process available to all those who might benefit from it.

The relationship between artist, social worker and material needs time to develop. With increasing acquaintance with what develops on the picture surface this complex relationship can lead to the evolution of symbolic language which in turn leads to communication between artist, art and thus the external world. It is important to reinforce the therapeutic gain by repeated meetings in places and with people who have become familiar to the child or the adolescent.

However, art therapy is not itself a cure. We cannot simply use it to ‘read-off’ supposed meanings of the products without considering the dynamic processes. The therapist herself has to be viewed as part of the context of the child’s representational behaviour as a whole. Drawing has to be viewed as one member of this family of expressive and representational behaviours. In this sense art has to become part of an holistic life experience.

References


Faulkner, C. 'An account of two sessions with a nine year old girl', Inscape, Winter.


Further Reading


Footnote
Reprints can be obtained from Dr. Karola Dillenburger, Dept. Social Work, The Queen's University, Belfast, Northern Ireland.