Art Therapy for Children: How It Leads to Change

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ABSTRACT

The aim of art therapy is to facilitate positive change through engagement with the therapist and the art materials in a safe environment. This article will explore how art therapy is used to help children with emotional, developmental and behavioural problems. It will show how change occurs during the process of physical involvement with the materials; through the making of a significant art object; through sublimation of feelings into the images; and through communication with the therapist via the art object. The article is illustrated with case vignettes which demonstrate how the theories underpinning art therapy are put into practice, drawing attention to the changes that occur as a result.

KEYWORDS

art therapy, children, psychotherapy, theory of change

BRIEFLY, THE fundamental principles of art therapy are that:

1. Visual image making is an important aspect of the human learning process;
2. Art made in the presence of an art therapist may enable a child to get in touch with feelings that cannot easily be expressed in words;

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3. The art can act as a ‘container’ for powerful emotions;
4. It may be a means of communication between child and therapist;
5. It can serve to illuminate the transference.

In addition, children who find it difficult to play gain confidence to do so through experimenting with art materials within the safe confines of the art therapy session. In a group setting, the process of art making and the interaction among members helps all of the above and in addition can assist in the acquisition of social skills and lead to behaviour change (Waller, 1993/1996).

What do we mean by change in art therapy?

The complexity of deciding how and why change occurs in psychotherapy is discussed by Applebaum (1981). In a chapter entitled ‘Change through Evocativeness’, Applebaum compares psychoanalytic psychotherapy and art and suggests that evocativeness in therapy is similar to that in art. In describing the relationship between therapist and patient, he says: ‘The process between artist–audience and therapist–patient affords an opportunity for both partners – not just the artist and the therapist – to share at least some of what may be considered art. The patient as an artist attempts to tell the therapist–audience about his experiences’ (p. 104). It does not matter whether or not the patient is a ‘good’ artist for the important thing is that the spontaneous making of art is akin to free association in the Freudian sense. It can be playful, help the patient get in touch with primary processes and to regress and, importantly, to understand that the expected reaction – rejection (learned by experience in family or other relationships) – is not forthcoming from the therapist.

Wiser, Goldfried, Raue, and Vakoch (1996) highlight what appear to be agreed-upon principles of change. These are the client’s expectation of help on entering therapy; the therapeutic relationship; providing an alternative way of understanding self and environment; ongoing reality testing which involves providing both increased awareness (insight) and associated risk taking (action) that results in corrective experiences (pp. 102–103). Art therapists would add *the engagement with art materials* as an additional means of understanding self and environment and of communication with the therapist. Those who use a broadly psychodynamic approach in work with children consider that positive change may occur when a child is able to direct their pain, rage, shame and other difficult feelings into making art which can then be shared with the art therapist. The therapist receives the communication and helps the child to tell their story through the art. How, when and if change occurs obviously depends on each child’s capacity to engage with this process, and it may take much time and patience on behalf of the therapist while the child builds confidence. There may be change in expectation of response, in the child’s perception of themselves, and/or in actual behaviour.

Case study: Art therapy 30 years ago

Back in 1970, a young, keen and inexperienced ‘art therapist’ takes up her first post in the Adolescent Unit of a large psychiatric hospital. In fact, she is really an artist with a strong interest in art therapy (which at that time could not be called a profession but more of an occupation rather like an adult education art tutor or special needs teacher, and one entered without specific training). Having had an interview with the Consultant Psychiatrist, she is thrilled to be offered a sessional post for 2 evenings a week. She did not see the facilities at the interview, having assumed that an art room in the main Unit would be available. This was wrong. On arrival at the Unit, she is taken by the nurse who will remain in

the session to a hut quite far from the Unit, is referred to as 'the needlework hut'. The hut is pleasant enough, well-lit and has several tables in the centre. Around the walls are benches on which the results of needlework classes may just be seen under the cover of sheets thoughtfully placed there to protect the fabrics from the likelihood of paint splashes. Fortunately, the children are not due to arrive for another half hour, so the art therapist has time to chat to the nurse about who is expected. The nurse is not particularly keen to stay, but has been told she must 'for safety reasons'. These children can be violent. They are very disturbed, self-harming and often aggressive to their peers – and to staff! It is autumn and getting dark and the art therapist is now in a state of extreme anxiety.

The first children arrive. They are aged between 11 and 15. They are curious about their new 'art teacher' and obviously looking forward to testing her out. The art therapist is now quite confused as her contract clearly says art therapist but everyone so far has referred to her as an art teacher.

She is told that 6–8 children are expected. In the end, 5 turn up on time and one comes in a bit late. The nurse sits by one of the tables, looking expectantly at the art therapist. The children romp noisily around the room, picking things up, swearing and asking personal questions very loudly. The art therapist is filled with terror, more about what may happen to the needlework than about her personal safety. Adopting a posture which is meant to signify 'Don't mess with me' she asks them to sit down while she introduces herself and asks them to do the same. They are apparently surprised by this and do it. The concept of group dynamics hasn't yet filtered into art therapy consciousness, so the art therapist decides that she must make relationships with each of the children, very quickly, to see what they want to do with their time (2 hours). This is not easy, since they all want attention at the same time. Again, resorting to a street-cred posture, she tells them to choose some of the art materials that she had laid out on an empty table, and think of something they want to do. For a couple, running around the room bashing others with a ruler is chosen. One boy seems to enjoy the bashing process and hits every object in his path with his ruler shouting, 'bang, bang!' He then pretends to be an aeroplane and whirrs and screeches to simulate an engine. In a flash, the art therapist decides to offer him Collage – make a Collage of an aeroplane – 'here, take these magazines, cut out everything you can find about aeroplanes (hope there are some pictures there . . .) and stick them down. But stick them very well and bang the pictures to ensure they are stuck. Here's the glue'. Incredibly, he starts to work. He shouts, 'hey Miss, my dad's a pilot, I am going to be a pilot!' Tom is suffering from hyperactivity, probably now known as attention deficit disorder. He bursts with energy as he cuts and sticks and whoops with joy as he finds the pictures he wants. He is settled. Others are still enjoying ruler bashing. One young woman, Amanda, has badly scarred arms. This is the result of self-mutilation using coins and knives. She rocks on her chair, moaning to herself. She shows her arms and the art therapist winces, saying, 'that looks painful'. The therapist asks what she would like to do and she opts for lino-cutting. That sounds dangerous and with a history of self-harm, is it too risky? How about potato-prints, using a rather blunt lino tool to make the design? Amanda doesn't know what a potato print is and unsurprisingly there are no potatoes handy. So the therapist describes the process and suggests she uses some other objects to dip in paint and make prints. This goes down very well and the therapist makes a note to bring potatoes next week.

While Amanda is printing another boy, Sam, is in urgent need of attention. He has started to paint a flag but he has spilled paint on his shoe. He suffers from an obsessive-compulsive disorder and cannot bear to get 'dirty'. An art room is a dangerous place for him. He is very distressed about his shoe, so the therapist shows him how to wipe the paint off and asks him about his painting to distract him. He is painting a Union Jack and must get every detail accurate. He wants to put the painting in his room in the Unit and it must be perfect. As he deliberates over the colours, he calms down and gets engrossed in the

process. He wants to discuss the Union Jack and why it is red, white and blue. Meanwhile, one of the oldest boys, a large young man, is bored and keen to start trouble. He picks up a tin of black powder paint and empties it on the floor, daring the therapist to do something about it. Being pretty angry, the therapist says, 'Pick that up, now!' She moves across the room and stands in front of him menacingly. He is taken aback. He gets a dustpan and brush and starts to clean it up, leaving black smears all over the floor. Again, the therapist fears for the needlework. She doesn't ever imagine that he will NOT clean up. Now he has to save face so she suggests he helps her sort out the paints and see what needs to be ordered. At least he keeps occupied for long enough to forget about making trouble. And so it goes on. There is a lot of chatting and some swearing but the frantic energy of the earlier part of the session has calmed. The time passes quickly, some children don't want to make any art but they are interested in the others' work. Rather quickly, the time is up and the children leave, shrieking and running across the field accompanied by the nurse. The therapist has survived her first session.

The following week, the nurse tells the therapist that she can't accompany her to the session as they are experiencing a staff shortage. The therapist is on her own with the children. This time more girls arrive and make an obscene poster which they then howl with laughter about while waving it in front of the therapist's nose. When she starts to discuss the images they get embarrassed and tear it up: 'Don't tell, Miss, please Miss . . .' – it's a chaotic session, but they all survive and reports come back that the children 'really enjoy their art therapy sessions'! Occasionally the therapist is asked by medical staff, 'do you think X is a schizophrenic, or Y is a manic-depressive?' This seems quite far from what is happening in the groups where such terms don't have much meaning.

This example of an art therapy session 30 years ago illustrates how the art therapist had to use her experience as an artist and skills as a teacher to cope with difficult and potentially dangerous situations. We see how the therapist built a relationship with the children through engaging them in the art process, albeit at a fairly simple level. Later, the relationships deepened and the children were able to share something about their troubled lives. This remains the basis of art therapy despite the many developments in theory and practice that have taken place.

Case study: Amanda

In the case of Amanda, the self-harming child referred to earlier, a positive change was observed in her behaviour after several weeks of art therapy, in that she was more able to trust others to recognize her pain and to see her vulnerability. She had been totally withdrawn and isolated, mocked and somewhat feared by other children because of her cutting behaviour. Doing something simple, like printing from potatoes, and making monoprints, enabled her to transform destructive physical and emotional energy into something very colourful and impressive. The feedback from this creative process in turn gave her more confidence and a better self-image. She began to enjoy the 'play' involved in printing and her prints were important to her and moreover were admired by other children. Amanda was a very disturbed young girl who had suffered violence and abuse, so changes were very slow and gradual. In this example, the therapist related with her primarily through the art work, until such time as Amanda was ready to share her distress about her family situation. Amanda did not receive her expected response of being rejected by the therapist, despite her self-perception of being 'dirty' and 'unwanted'.

As to the setting, nowadays the children would have been assessed beforehand as to their suitability for group art therapy and it is highly unlikely that a novice therapist would be located on her own in a hut far from other staff with a group of violent and highly disturbed young people.

The development of art therapy with children

The art education influence

One of the earliest designated 'art therapists' to work primarily with children, in the 1940s, was American pioneer Edith Kramer. She considered that it was the art activity itself that had inherent healing properties; that an object could emerge out of destructive and aggressive feelings which would symbolize those feelings and thus prevent them being acted out. (We can see this in the case study earlier, where engagement in creative activity allowed Tom's potentially destructive feelings to be used to produce a collage, and Amanda a print). Through this process, and through the relationship with the therapist, the child was able to gain control over his feelings and actions which produced a change in behaviour (Kramer, 1958, 1971).

Many of the founder art therapists were art teachers and were influenced by their own art education which in the late 1930s to 1950s tended towards the 'child-centred' approach developed in the period between two major world wars, a time of economic stringency and apprehension. This approach continued in a modified form well into the 1960s under the influence of Herbert Read (1943) and Viktor Lowenfeld (1947). There was a weakness, though, in these theories of art which stressed the 'natural' development of the child and seemed to pay little attention to the fact that a child or adult could be positively as well as negatively influenced by social and cultural factors. This quote from Franz Cizek, a prominent member of the end of 19th-century Vienna Secession movement (whose aims were to break with classical art and to make a critical assault on bourgeois culture) demonstrates a tendency to idealise and romanticize 'child art': 'Child art is sacred. If it is destroyed, external values are destroyed. And if it is covered by foreign layers, the natural growth of the child is made impossible. The task is to let the child grow naturally, but not arbitrarily' (cited in Viola, 1942, p. 45).

Concepts such as 'natural', and the 'inner' world, which may be discovered through exposure to therapeutic experiences, and 'self-actualization', 'becoming who one is meant to be' and blaming 'society' for all ills, are popular ones in the culture of counselling and art therapy. However, they are examples of reification, a process strongly criticized by figurational sociologists like Norbert Elias (1956, 1978). The belief that there can exist an 'inner world' separated from socioeconomic, cultural and political influences is not one I personally subscribe to as I believe that as human beings we are in a constant process of movement and change. Art therapy can be an important element in such a process and this is supported by Rubin (1978):

> Art for a child can and does become different things at different times. I find it impossible to characterize the process, even with one human being or in one setting, as being any one thing alone or always. Rather, it seems that for anyone, the art activity over time ranges from being central and integrative to peripheral and adjunctive and back again, serving many different possible functions. (p. 17)

Rubin gives a useful example of how group art therapy produced changes in members of a children's group as members develop trust in each other and the leader, and the group becomes cohesive and able to solve their conflicts. She describes how one boy, Don, began by working alone but gradually communicated more with the other boys and through his art:

> At first, he sat closer to others, still silent, and became somewhat freer in his abstractions, needing fewer boundaries and allowing himself more range within them. He then turned to work with more regressive media, like clay, perhaps stimulated by the others, and first made tame animals (dogs and cats), then larger, more

> aggressive ones (lions and dinosaurs). Eventually, he was able to model and paint a boy who had been violently wounded, with red blood streaming out of his maimed body. (p. 175)

Rubin describes how Don was first able to let her know this wounded boy was his brother, then later, on her suggestion, was able to share this information with the group, who responded with relief to know that they were not the only ones with angry feelings towards their siblings. He followed this angry, regressive phase with a freer kind of order in his work. This example shows how important it can be for a shameful feeling to be shared, leading to relief not only for Don but for his peers.

These premises are applicable today as evidenced by Rubin's (1978) recent work. As she pointed out (p. 18), art therapy in the 1970s was a technique in search of a theory and it had already found many useful different psychological frames of reference, including psychoanalytic (Naumburg, 1947, 1950), Gestalt (Rhyne, 1973), humanistic (Garai, 1971) and phenomenological (Betensky, 1973).

Moves towards radical psychology and psychoanalysis

Many British pioneers had been influenced, in their 1960s' art school days, by the 'antipsychiatry' movement and the teachings of R.D. Laing, whose work with Mary Barnes at the famous and radical Kingsley Hall therapeutic community was intriguing to art therapists as a result of her total immersion in painting throughout her 'madness'. The patient was allowed to regress to a baby-like state, smeared the walls of her room with her own faeces as well as with paint, and was fed milk through a bottle (Barnes & Berke, 1971). There are many references to basic bodily functions in this account, especially to the relationship between painting and faeces which occurs in children with chronic bowel disorders, constipation and enuresis. Art therapy seems effective in helping them to overcome these problems and further research is needed to discover why this is the case.

The importance of 'mess making' or perhaps symbolically, 'shitting', in art therapy has been discussed by several art therapists working with both physically and sexually abused children (Lee Drucker, 2001; Lillitos, 1990; Sagar, 1990). This may be to do with the loosening of control that happens when a child becomes deeply immersed in the physical process of painting. Materials may be smeared, spilled and wasted and the therapist has to struggle to maintain boundaries and to tolerate a high level of anxiety aroused in the child as a result of their attacks on the therapeutic space. In describing art therapy with an 8-year-old girl, Sally, Caroline Case (2003) mentions the importance of having a 'messy area' in an art therapy room, where images can be made safely but also destroyed in private if the child feels too disturbed to keep them. Making a mess also brings life and animation to children who have been flattened emotionally. Case shows how Sally shredded and wrecked materials:

> At times she seemed to be searching desperately for something bigger to contain her, trying to get into her art folder or her emptied box of toys, under tables or under my chair and into me. Another part of her tried to destroy anything that was whole, pretty, beautiful; wanting to downgrade, destroy, break, fragment or shred, soil or smear. The struggles of the confused and entangled child can be seen clearly in this alternation between wanting to be inside and part of the object, and the ensuing rage when reality intrudes on this phantasy. (p. 24)

(This was a feature of the group described at the beginning of this article, especially when the girls produced the obscene poster, initially wanting the therapist to be part of it and then experiencing shame and anxiety in case she retaliated.)

The following quote from Lillitos (1990) demonstrates changes through art therapy in a boy with chronic constipation, faecal overflow soiling and 'antisocial' behaviour. Lillitos observed that the patient, David, appeared to see art therapy as a place for 'decontaminating' himself and evacuating his feelings. He had little control on the paint and seemed to be unaware of the mess he was making. However, if he accidentally spilled some paint he would try to clear it up but make a bigger mess. His attempts to control himself in the sessions mirrored his physical symptoms: 'In another session just prior to a break, he arrived with a partially deflated balloon he had found on the ward. He pummelled and kicked it and attempted to burst it by stamping on it. Finally he pierced it with the scissors and told me plaintively: "It's going to rain now", as he felt as let down (because I was going away) as the balloon' (p. 83).

Lillitos describes how David made a print by pouring paint onto a sheet of paper, covering it with another and squishing the paint out with a rolling pin. He expected it would look 'like shit' but in fact he was surprised and delighted as it looked like a rainbow. He then used more and more paint which mixed together looked like faeces, then smeared it all over his hands and arms. Lillitos concludes that David was eventually able to sublimate his feelings and to find symbolic equivalents for them. Rather than attempting to 'destroy' her, or the room, he showed concern about the 'mess' and made attempts at reparation. This was a positive change.

Lillitos felt that David had worked through his regressed infantile stages until he was emotionally old enough to express concern and to work through the Oedipal jealousy he felt towards his father. Being 'out of control' symbolically and in a safe space enabled him to master his aggression, take control and let go enough to be creative. Felicity Aldridge (1998, pp. 2–9) further explored the relationships between food, painting and faeces while working with neglected and abused children in the context of a social services Child Protection Unit. Ambridge (2001) has discussed how images are used to reflect mother–child relationships in the case of children who have been sexually abused and who are often so traumatized that they cannot speak about their experiences. The physical involvement in exploring art materials appears to be of great benefit to these damaged children, as well as providing the opportunity to externalize feelings, particularly of rage and shame.

Influences from psychoanalysis

The major influence from psychoanalysis on art therapists working with children over the past 20 years or so has been D.W. Winnicott. His book *Playing and Reality* (1971) remains a core text on university art therapy reading lists. His accounts highlight the importance of play and creativity, and the therapist's role in facilitating this. Furthermore, his paper on 'Transitional Objects and Transitional Phenomena' (1951) led art therapists to believe that the art in art therapy may serve as a transitional object in that it can maintain a connection between the child and the therapist both within and between the sessions. The child is thus helped to move from an insecure attached position to a secure one. Another aspect of Winnicott's practice that has been adopted by art therapists is the 'squiggle game', in which spontaneous drawings, or 'squiggles', are made to start a process of communication. The image acts as an intermediary between patient and therapist and assists in creating a dialogue either verbally or through the squiggles and the reactions of both parties to them. Sometimes making the 'squiggles' and 'doodles' enables a child to learn, for the first time, that it is possible to engage in a playful process with an adult. The premise is that change takes place through learning how to play and thus to release emotional energy. The child is able to express and share emotions and to learn new patterns of relating – in turn leading to becoming more confident and creative, and to feeling more in control of their world.

The importance of studying drawing development

Some art therapists prefer a broadly 'humanistic' model to the more predominant psychodyanamic one, and emphasize the importance of perception and drawing development in art therapy. Dubowski (1989) pointed out the necessity for art therapists to understand how children develop drawing skills, making reference to Gardner (1985) and Matthews (1989) whose extensive studies on very young children's drawings demonstrated their importance to the development of a range of intelligences. Matthews found that children's 'scribbles' are not meaningless experimentation with mark making but a symbolic substratum on which representation develops. The child at this stage is not trying to represent objects but is representing their understanding of the way objects operate in the world, the way they behave in space and time and that this is closely related to what the child is doing in his play at the time. His focus has been on how basic drawing structures have been acquired and how the child learns as a result – information gained through his highly detailed recorded observations of very young children, including his own (p. 27).

Matthews's (1999, 2003, 2004) research forms an important critique of traditional accounts of drawing which consider its sole purpose to be the encoding of view-specific information and takes into account the influence of the social and cultural context, something not much discussed in art therapy literature on children until quite recently. His work enables us to understand how children construct their world and how they grow and change through art.

Combining art education and psychoanalysis

In the 1980s then art therapists working with children tried to combine insights from psychoanalysis, the arts and art education. In 1987 two papers of significance for art therapists working with children were published by Caroline Case and Diana Halliday.

Case (1987) makes an interesting distinction between the role of the art therapist and psychotherapist, highlighting the importance of the art therapist's own immersion in art order to avoid the pitfalls of inappropriate intervention in the child's process:

> What seems important is that the art therapist in a studio brings a personal history of apprenticeship at making, and for this reason has, for instance, a range of interventions available different from other therapies. As well as verbal interactions there are possibilities in painting and modelling, working together, drawing the client, modelling feelings, and ways of recognizing and feeding back. (pp. 36–37)

The art object which exists in the space between therapist and child enables feedback to be given to each other, which is an important learning experience for both and produces change in the relationship.

Halliday was employed in a child guidance clinic and provided not only the usual range of paints, paper and clay but also a variety of other materials including Lego, balsa wood, sand trays, punchballs, typewriters, dolls, forts and farmyards and other familiar objects which were to engage the children in whatever way possible – and many of them were extremely difficult to engage due to the poverty of their familial and other relationships. Halliday (1987, pp. 128–156) presents moving examples of art therapy integrated with play and using psychoanalytical insight. Here is an extract from one of her studies:

> Con was difficult. For most of the eighteen months of therapy, he tested me to the limit. Knowing he was 'bad' he tried to make himself obnoxious. In this he ultimately failed.

> Aged 9 on referral, he was two years older than his little brother, Greg. Con was bitterly jealous of the baby who replaced him in his mother's affection; Con could do no right. From the moment of conception, Con had given trouble . . . His mother was ill after his birth, and could only feed him for six weeks; all the love she had was lavished on her second baby, Greg. Con was enuretic from that time on . . . His first painting was of a dream about a fire which killed his father and his cousin. That night his father asked him what he had done at the clinic and was furious with him when Con innocently described his picture . . . his next picture was a solemn one. It was of a church in a rainstorm – perhaps a symbol of his father. He tried to paint a roof to protect the church from the rain and the rain resembled tears. The picture seemed to me to be about his hurt and vulnerable self. It seemed also, in some way, an act of reparation. He felt so much better after doing it that he told me there was nothing wrong with him . . . (p. 185)

As the relationship between Halliday and Con progressed, the sessions were filled with violence and aggression, with spoilt paintings, and clay and paint being thrown around the room. Con was aggressive to other children and to their art as well as to his own. Eventually he threw paint at a picture he had painted of Halliday, which marked a turning point, in that he could contain his aggression within and on the painting rather than acting it out around the room. Here the role of the art as container and also, literally, the object of projection, is clearly demonstrated, as is the need for the art therapist to maintain very strong boundaries and to focus the child's violent feelings onto the art rather than his or her own person, or onto others. Change takes place as a result of the child learning that it is possible to have angry feelings but to express them 'safely' through the art, and in the knowledge that the therapist will not retaliate.

Sometimes it is enough for the child to make the art and few words are exchanged. At other times the child may speak about it, or be prompted to tell a story about it. Externalizing distressed feelings and being able to share these with an empathetic adult has proved very helpful to generations of unhappy and disturbed children, although expression of feelings alone is usually not enough to bring about significant changes. It is a beginning. Patterns of relating and behaviour are established very early on and art therapy is not a quick fix for deep disturbance. The following case study shows how change can take place if the therapist and the client fully enter into the process of creative growth:

Case Study: Jean

> Jean was a young girl who was bitter, upset and confused, having very poor relationships with her peers. Her anger came out in physical symptoms, mainly severe headaches and tummy upsets. She did not seem interested in, nor able to play. I tried to encourage her to use clay feeling she may have less inhibitions about it than paint. She had made some paintings, looking bored and dissatisfied with the results.
>
> At first she ended up flattening what she had made. However, one day she wanted to make 'something' and asked how to prepare the clay so it could be fired in the kiln. I showed her how to get all the air bubbles out and she enjoyed bashing it on the floor during this process. She seemed particularly intent on ensuring that this object would survive. I did not know what was happening but had a feeling there was a change afoot as she had more sense of purpose than before. She made a rather formless object, smoothing it over and over again until she was satisfied, then it had to be left to dry until it could be fired so she put it on a shelf with other objects. I was anxious that it would survive the firing, and it did. Jean then asked me for a small box and tissue paper. Together we looked for this in the art therapy room. She then wrapped the clay object carefully in the paper, we put the

lid on the box, wrapped it up with a lot of string and put it at the back of the top shelf. We didn't talk much, only about how much string to use. She did not mention the box for several months. I thought about it regularly and checked every week to ensure it was safe For some weeks she remained quiet but seemed more composed. Then one day she made a clay girl/woman and stabbed her with a craft knife. I felt an awful pain in my stomach. It was a shock. She just smiled. It was terrifying. I avoided asking her who the woman was, but I am sure it was Jean herself. I had felt the pain for her. For some time I had thought that she may have been physically abused but she had never spoken about it. I felt her shame. I said, 'what shall we do with your woman? Do you want to leave her like this?' She cried and said, 'NO!' so I suggested we repair the cuts and take care of the woman till she was better. We did it (and clay is wonderful for this as when wet it can be moulded easily). We put the woman on the top shelf, wrapped up in some cloth, next to the box. About a month later, she asked me to get the box down for her. I gave it to her and she said, 'let's open it!' It was a truly magical experience because she was so excited to remove the 'object'. I had a sense it was the frozen part of herself, abused as a young child, hidden in a box, but safely. We put the box, the object and the woman together on the back of the top shelf, where they stayed until she finished her therapy. The changes in her physical appearance from the time of opening the box were remarkable. She smiled and showed interest in her peers and she started enjoying school and going out with her friends. I remember this well as it was so important for me to join her in her rituals, not saying much, but being there and letting the process take its time. Through the art therapy process she was able to reveal a shameful secret and to obtain the care and support that she needed as a result.

As shown in this case study art therapy is a powerful medium that can affect the therapist as well as the patient, given that images are often frightening, violent and painful. Once seen, an image cannot be 'unseen' and many images I have seen have stayed with me even though they may have been 'worked through'. So it is important for processing to take place, even if this happens on a nonverbal level. By processing I mean a working through of the symbolic content until it has no longer any power. Supervision and personal therapy help in this vital aspect of art therapy.

In 1989, *Working with Children in Art Therapy* was published as an edited work by Caroline Case. The editor says:

> The subjects of the chapters were chosen to cover different ground but, interestingly, many cross-themes emerged, most notably, absence of fathers and the precarious balance of working between inner- and outer-world material. It seems that one mutual experience of all the authors was the degree to which their own feelings were aroused by writing in such depth and essentially re-examining the traumatic situations of the child. This was at times experienced as some mirroring of symptoms by the authors . . . Other aspects, such as resistance, anxiety, pain, secrecy, or even finding words for the images, caused problems for some contributors. (p. 5)

As art therapists began to draw on psychoanalytic theory and group analysis, they increasingly took into account their own influence on the therapeutic process, and how this may be manifested in the art objects and the child's responses and contribute to positive change in the child's emotional state.

Case concludes that different theoretical perspectives in their book share the same foundation in that the role of art can offer the child an *alternative* means of communication which does not involve sophisticated speech; that the art process can offer the child *another language*, nonverbal and symbolic through which feelings, wishes, fears and phantasies can be expressed (my italics are to emphasize the nonverbal aspect of art therapy that was thought to be one of its benefits and certainly a key in producing positive change).

The current situation

Research into drawing development (e.g., Dubowski, 1989; Matthews, 1999, 2003, 2004) goes alongside the psychoanalytic approach still much influenced by Winnicott and the British object-relations school. Few art therapists working with children have incorporated contributions of art historian/art theorists such as Baxandall (1985) with the exception of Robin Tipple's (2003) research which he embarked on with a questioning of the role of assessment in a paediatric disability setting. Using an ethological methodology, Tipple explores the relationship between the subjects and the artwork that the child produces. He asks how theory influences both our practice and our interpretation of it, which seems to be a vital question when we seek to discover how art therapy contributes to change in a child's perspective on the world, and his or her behaviour in different contexts.

Increasingly art therapists are turning to attachment theory to explore early childhood relationships and their impact on subsequent behaviour; and to family systems theory which seeks to make a change in the way that members interact rather than focusing on the child or children with 'the problem'. These theories will be particularly helpful in understanding how the child's social context influences their emotional state and behaviour and are applicable to a range of disturbances or learning difficulties, including autism and Asperger's syndrome.

Conclusion

This account discusses how change occurs as a result of participation in art therapy. It suggests that art made in the safe confines of the art therapy room may enable a child to explore and express feelings that cannot easily be put into words. Instead of acting out 'difficult' feelings the child puts these into the object. This can then be shared with the therapist. The art can act as a 'container' for powerful emotions, and can be a means of communication between child and art therapist. Some art therapists focus on the physical enjoyment, and the 'play' elements of art therapy, believing that the more a child can become creative, the better for his or her psychological growth. Further research incorporating insights from art education, psychoanalysis, art theory and ethnology is needed to tell us more about the complexities of the relationships between therapist, child and art object, and how the process of change actually occurs.

The examples selected from actual case work (with details changed to protect confidentiality) show how theory is put into practice.

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