

ART THERAPY WITH CHILDREN

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Presented in Partial Fulfillment of the Requirements

for the Degree of Master of Arts in

Art Therapy

The University of Wisconsin-Superior

May 2012

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ABSTRACT

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Art Therapy with children serves as a great healing tool because it allows the child to recreate what is in their mind onto paper. Children struggle with expressing themselves verbally and this paper will show the process of how art can heal. The evidence is presented through case studies, research, and my own experience.

Acknowledgments

I would like to thank professors Susan Loonsk and Gloria Eslinger for their support and supervision throughout the writing and editing of this work. I would also like to thank Ben Petersburg for his outstanding editing within this paper. I would like to thank Cheryl Vise for being an amazing co-intern and Lacie West, Molly Thompson, and Haley Forslund for being great peers, motivators, and friends.

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Introduction

I occasionally ask myself if my stance on art ever changes; and not just art but the healing process of art. Well, of course it does. I used to think that art was only for the gifted and talented people who could draw realistically but as I gained more knowledge about the healing process of art my views changed drastically. Instead of only thinking on one side of the spectrum, I now view art as a feeling of connectedness that ties me to emotions and expression.

I believe that everyone in the world depends on one another. If you help one person it is like helping the world. Idealistically speaking, together, we can make the world a better place. I believe that each person – no matter what the age – has a precious inner spark, or “soul,” that they are caring for. When I help a child heal, grow and develop, he or she moves towards his or her vast human potential. Undoubtedly, that will make the child’s inner world a better place, and the child will, in turn, grow to make the world a better place. That is my ultimate goal while working at the Boys and Girls Club.

I also believe in the individual’s innate capacity to heal, grow, develop, be resilient, solve problems, learn and be self-directed. I believe that people have freedom and free will, and although we all develop certain patterns or constraints based on genetic factors, it’s how we cope, and what we have learned that makes us who we are today. Because of freedom and free will, human beings have the capacity to make decisions, develop self-control, and choose a path towards a better and more satisfying life. They can also choose right over wrong or to think of others rather than only of themselves. This paper will go through my experiences of what being

an art therapist intern was like throughout my two years at UW-Superior. The vast amount of knowledge I have gained over the years through my professors, coursework, my internship, and my peers is too much to fit into this paper, so I will cover the highlights.

I enjoy helping people so much. Even if it's only for a minute, that minute they are happy is a minute they wouldn't be happy otherwise. The two years I've interned at the Boys and Girls Club I have come to the conclusion that these children need art. Every time I come in I see the excitement it brings to them, and that for me is enough all by itself. Sometimes it isn't about the therapeutic value with these children but more about the behavioral aspect of Art Therapy. This means using art as a means of teaching these children how to respect each others' boundaries and space, sharing and being kind to one another while making art in the process. Childhood is a sacred, unique part of the life cycle. Children are not miniature adults. They think, feel, act and communicate differently than adults and they need child-specific communication and therapeutic approaches to help them move through their challenges.

The success of Art Therapy owes to the fact that different kinds of art are connected with different functions of the brain. So, instrumental music activates the right cerebral hemisphere, reciting a poem sets the left hemisphere to work, and singing a song, consequently, is a task for both hemispheres. Knowing that depression attacks the left hemisphere, doctors can apply Art Therapy to the patients who need it. While it influences emotions, art, having a perceptible and image-bearing character, activates thoughtful feeling, and enriches both a person's emotional world and the person's mind. Art does not solely have a therapeutic impact upon human beings; it makes them more humane and puts the chaos of their feelings into a system, where they become reasonable emotions (Zahovaeva, 2005).

Chapter 1

Children at Risk

Children are at risk today. Not a day goes by without the television, newspapers, and radio announcing the latest statistics for child-related crime or giving an account of an incident in which a child has suffered through the cruelty or irresponsibility of adults. My work at the Boys and Girls Club mainly dealt with students ranging from ages 6 to 11 and most of these children come from homes that don't have what a child should have, such as clean clothes, enough food, proper supervision and an award system. Some parents are not there for the child and thus problems occur without warning; the big problem being school. About half of the students I have worked with were below the ages of 9. These years seem to be the most influential if a role model is in their lives. The Boys and Girls Club offers a place where children can complete schoolwork, socialize in a healthy manner, exercise and expand their minds via puzzles on the computer.

Providing an Art Therapy experience for these children serves to be a great outlet for many of them. Most of these students don't have an artistic background because they are so young, but that doesn't discourage them from trying. "Trying" is the key word here because some of these children don't have parents that encourage socially appropriate behavior. One of my goals while working at the Boys and Girls Club was about providing a place to learn and implement social skills. Porter makes a great statement in his book "Children at Risk". He suggests three general principles with at risk children. These being:

1. Children are vulnerable, and need our protection
2. It is possible to have freedom in our daily lives for ourselves and for our children – but it involves caring about what our children are experiencing and accepting the extra work that this sometimes involves.
3. We do not need to wrap our children in cotton wool. Childhood is a time of protection and preparation. It is our responsibility to introduce them to the world, without allowing them to be crushed by it. (Porter, 1987, p. 19).

If every parent out there followed these three very basic guidelines children today would see a much brighter future. Unfortunately today, children are becoming more and more exposed to television, drugs, and sex.

Television

Television definitely plays a part in today's youth. There are countless television shows that promote violence, nudity, drugs, and language. I see these issues arise sometimes at my internship when the child will walk in and spout his or her mouth. I ask them where they heard such a word and 9 times out of 10 the child will say TV, or at home (which was probably on a TV that they watched at home). Now, I'm not saying television can't promote good traits in a child, watching an educational program or movie with the family can be extremely beneficial; but when the television is on more times than not it can pose a problem. When Television assumes that kind of importance in a home, and is so often switched on, there are a number of consequences for children. The following are 3 ways television can be non-beneficial to the child.

1. *Television teaches by reinforcement.*

For the very young, *television becomes part of the furniture, a part of the world about which they are learning.*

2. *Television consumes time.*

Time is a big factor when watching television. It not only occupies the child, it occupies the parents as well. So the child's time that is available for him/her by other ways of getting to know the world such as books, pictures, playing outdoors, and talking to people is diminished, but so is the time the parent has to spend with a child.

3. *Television sets up its own loyalties.*

All parents try to bring up their children according to some idea of how they would like them to behave. Violence is indeed an alarming element of television. But more alarming, because more insidious, is the lowering of standards in what is considered acceptable family television. (Porter, 1987, p. 23).

In my view, guardians need to step up to the plate and become more involved in their children's lives. It's easy to dump your child in front of the television and retreat, but take a second and ask yourself if this is what good parenting really is. There are ways to monitor your child in what he/she watches, from parental controls, to setting time limits. The decision is ultimately up to the parents.

Computer use

The use of computers in today's world is everywhere. You can hardly go anywhere

without seeing a computer of some sort. The Boys and Girls Club recently got brand new computers and I have personally witnessed these things deteriorate the child's willingness to be creative with art. 75 percent of the students that participated in art before the computers were made available dissipated shortly after their arrival. Sadly, this weeded out the students who really didn't actively engage in art or even give it a chance. The students that ignored this bandwagon and stuck with it became more willing to take risks with art to explore their feelings because of their decision to create. I will go into more detail on why this is true in later chapters.

Computers for recreation can be a great outlet to a certain extent. Much like television, it can serve as a learning tool or it can serve as a digressive way to learn. In other words there are things in television and on computers that may be too mature for the child's viewing.

There are some problem areas with computers that Porter suggests. For children, there are many benefits in having computers in the home, but there are also several ways in which they present problems. The appeal of games is very strong, but few games are playable with two players, and those that are, are usually played in the one-player mode. The result can be that a child spends hours alone with a computer, and correspondingly less with other members of the family or with friends. It should be said that the same can be said of any obsessive play. (Pg. 70)

Computers have an instant appeal to children. Affordable, either as presents from adults or by saving pocket-money or other income, computers and arcade games are fascinating new technology for children.

At my current internship I have witnessed students play the same game for an entire year at least three times a week. When asked to do art they respond with, "Nah I'm busy." When I put more effort into trying to get them into a therapeutic art session they get even angrier and tell me to leave them alone. Now this isn't always the case but a majority of the children are so into what

they are doing on the computers at that moment that they shut out everything around them, which to me is very unhealthy. While the boys and girls club tries to maintain a healthy environment providing many different activities, computers are by far the most entertaining thing the child sees. I have tried to change this with some of the students, and to my surprise it has worked. I try to think of art activities that are engaging, therapeutic, and most of all fun. This will keep the children coming back for more. Still, the internship site would be far better off without computers. The games the students play are not educational and I have even come to the attention of the site director about doing art before the computers. As one would guess, the students who did not want to do the art activity in the first place rushed through it and said, "I'm done!" This idea didn't work at all, and it's been a rough roller coaster trying to get more children involved in Art Therapy. But that being said, the children that do come and do art, I believe have benefited greatly. They have learned boundaries, how to share, and how to be more sociable and friendly towards others. This was reinforced with proper teaching and explanations which I'll explain in later chapters.

Sexual Exploitation of Children

"Of all crimes against children, 75 percent are sexual in nature. . . One in every five victims of sexual abuse is a child under the age of seven. "Studies based on the recollections of adults estimate that 52 percent of the women and 9 percent of the men were sexually abused as children." (Berry & McBride 1985, p. 50). "Experts agree that 85 to 90 percent of all incidents of sexual abuse take place with someone the child knows and trusts, not a stranger." (Kraizer, 1985, p. 12).

I have yet to come across a sexual assaulted victim in my internship that I am aware of.

I'm not ruling out the possibility that I have worked with one and have failed to realize it.

One of the most heartbreaking risks that our children face today is child sexual abuse. The quotations above are mere statistics based on older studies. But there can be no doubt that child sexual abuse is real and just as horrific today as it was years ago. "Whether it is rampantly increasing, or whether we have simply become more aware of the problem because statistics are now better organized, there are no safe areas of the country or immune social classes." (Porter, 1987, p. 130).

A common metaphor in the Art Therapy world is that a hole in a tree represents some sort of sexual abuse that that child has witnessed and/or experienced first-hand. I have experienced this drawing countless times but have not had any leads on any sexual abuse from the child. The children I work with may or may not have dealt with sexual abuse and it has not come to my attention in the past 2 years that I have interned there.

Fiona Goble of the NSPCC (National Society for Prevention of Cruelty to Children) lists six common misconceptions about child sexual abuse and the facts to correct them.

1. *That child sexual abuse is rare.* It isn't. . .
2. *That people who sexually abuse children are usually strangers to them.* Only a minority is—and these tend to get the headlines. The majority are known to the child and are usually male.
3. *That abusers are totally evil and immoral.* Some are, but the majority are people with severe personality problems. (This does not mean that they are allowed to disown their actions.)
4. *That abuse equals intercourse.* Actually this is an extreme form of abuse; many cases may involve a range of sexual activities excluding intercourse.
5. *That all victims are girls.* Most are, but about twenty percent are boys.
6. *That child sexual abuse within families occurs mainly in isolated rural communities.* No

evidence at all to support this.

Sexual exploitation of children is growing in numbers. Though estimates vary concerning the number of sexually exploited children, the United Nation's Children's Fund (UNICEF) believes their numbers to exceed 100 million worldwide, not all of whom are located in "poor" or "developing" countries (UNICEF, 1997). It is important to educate the children of today so they are aware of how dangerous this issue is.

Drug Use

Risk and protective factors can affect children in a developmental risk trajectory, or path. This path captures how risks become evident at different stages of a child's life. For example, early risks, such as out-of-control aggressive behavior, may be seen in a very young child. If not addressed through positive parental actions, this behavior can lead to additional risks when the child enters school. Aggressive behavior in school can lead to rejection by peers, punishment by teachers, and academic failure. Again, if not addressed through preventive interventions, these risks can lead to the most immediate behaviors that put a child at risk for drug abuse, such as skipping school and associating with peers who abuse drugs. In focusing on the risk path, research-based prevention programs can intervene early in a child's development to strengthen protective factors and reduce risks long before problem behaviors develop. ("Preventing drug use," 1997)

The table below provides a framework for characterizing risk and protective factors in five domains, or settings. These domains can then serve as a focus for prevention. As the first two examples suggest, some risk and protective factors are mutually exclusive—the presence of

one means the absence of the other. For example, in the Individual domain, early aggressive behavior, a risk factor, indicates the absence of impulse control, a key protective factor. Helping a young child learn to control impulsive behavior is a focus of some prevention programs.

(<https://www.drugabuse.gov/sites/default/files/preventingdruguse.pdf>)

Risk Factors	Domain	Protective Factors
Early Aggressive Behavior	Individual	Impulse Control
Lack of Parental Supervision	Family	Parental Monitoring
Substance Abuse	Peer	Academic Competence
Drug Availability	School	Antidrug Use Policies
Poverty	Community	Strong Neighborhood Attachment

Prevention programs should enhance protective factors and reverse or reduce risk factors (Hawkins et al. 2002).

- The risk of becoming a drug abuser involves the relationship among the number and type of risk factors (e.g., deviant attitudes and behaviors) and protective factors (e.g., parental support) (Wills and McNamara et al. 1996).
- The potential impact of specific risk and protective factors changes with age. For example, risk factors within the family have greater impact on a younger child, while association with drug-abusing peers may be a more significant risk factor for an adolescent (Gerstein and Green 1993; Kumpfer et al. 1998).

- Early intervention with risk factors (e.g., aggressive behavior and poor self-control) often has a greater impact than later intervention by changing a child's life path (trajectory) away from problems and toward positive behaviors (Lalongo et al. 2001).

The purpose of the Boys and Girls Club is to provide a safe place for children to go after school when either their parents cannot watch them or they just want to hang out with friends in a positive environment. It's a place where the children can be taught proper ways to succeed in school, and in the community. A big problem with a lot of the older children at the boys and girls club is drugs. I rarely see drug use in art work from the younger children and rarely see it in the preteens. I have not had a chance to work with the older children, as their consistency on showing up is less than 25 percent.

A few decades ago it would have seemed unnecessary to include a portion of this paper to touch on the topic of drug abuse and addiction when dealing with children under the age of 13.

Today, including the information about drugs and risks to children is essential. The use of drugs and the awareness of drugs are all around us. It's quite simple nowadays to have access to drugs whether it is a family member, friend, or significant other. Drug use has not made its way into my Art Therapy sessions, which is a good thing. Most of the children I work with are not at that age where the risk is high. But a few more years and that child may know all about it or even have access to it. What I can do is try to create a peaceful environment for them while making art and to have them practice having a positive attitude towards themselves and to life in general. I hear in my internship the older children joke about drugs or mention it jokingly but never have they brought it to my attention or my art table that they are involved in it.

The risks a child endures through his/her early childhood all the way through to teenage

years is quite substantial. Through television, what they hear on the radio, and what they read all contribute to what they will take in. It's up to the guardians to take a step in the right direction and create a lifestyle for their child that is safe, educational, and most of all fun.

Chapter 2

Art Therapy: A Group Setting

Understanding how a child develops and the psychology of a child can be very beneficial. Knowing when transference and counter-transference is happening are keys to a successful Art Therapy session (Liebman 2004, p.34.) Group settings can be very difficult on a child that is not equipped with the basic social skills to communicate with others. During my Art Therapy sessions 9 times out of 10 it will involve a group setting. It can be very difficult for certain children to behave in these settings because they lack the social skills needed in order to communicate effectively and positively. While doing Art Therapy with children at my internship site I have noticed that most of the children do fairly well in group settings, but issues always come up involving boundaries. Boundaries are a very hard thing for children to learn because they have not yet learned how to respect each other. Let's take sharing for example. Instead of asking a fellow peer to use an item during an Art Therapy session the item is grabbed without permission from the person using it. Throughout my two years at the Boys and Girls Club I have thought of ways to help facilitate issues involving boundaries and sharing. A simple yet effective method I learned while researching Gail Wirtz' was to create boxes on the table out of tape for the students to stay within. This gives the child a safe secure place that no one else can enter. This also helps facilitate the art they do and how smoothly the session goes because they will be free from interference that other peers might impose. Before each session there is a silent break where none of the children may talk and they have to listen in order to start the art activity. The children are then called on to answer questions relating to rules. The children must follow the rules in order to stay within the group setting. If they don't follow the rules they are given two

warnings and on the third it's a removal from the group setting. They can do art by themselves but they will not be able to take part in the Art Therapy session that I am leading. Since the clients cannot go in another client's box, they are forced to share by asking before grabbing. If they grab out of their box, it's a warning. This technique has proved to be very successful. The tape boxes serve as a tool that helps visually create a personal bubble.

Group analysis

Group analysis represents a blend of elements drawn from psychoanalysis, social psychology, Gestalt psychology and general systems theory. The man who was chiefly responsible for bringing together these elements and formulating the basic assumptions, theoretical framework and clinical application of group analysis was S. H. Foulkes, a psychiatrist and psychoanalyst. (Behr and Hearst 1983, P.1).

Throughout my internship at the Boys and Girls Club I have tried many different types of groups, from open art groups to small art groups. Open groups were always fun because the children could come in, sit down and create freely. The full range of media was available; these included collage, watercolors, stickers, construction paper, acrylics, yarn, and even glow sticks. My main role was to act as a facilitator, but I also created images. These sessions were often enjoyable, but at times they were difficult to contain, by myself. I would have the other intern help me facilitate and control the group because if you can imagine, 10 children each doing a different activity can get very chaotic if not maintained in an organized manner. Often the children would use these types of sessions to act out pent-up feelings. With this in mind, one had to be continuously aware of the complex community dynamics. It was necessary for me to facilitate a bridge to many of the healthy and unhealthy issues that arose in these open art groups.

These issues included some of the children opening up about family issues, income, bullying, and school issues such as grades. Some were not so important such as birthday parties and who was invited and who was not. There were often times though, that my free-floating role would change into an art therapist by request, and individualize with one of the children in the room. This would happen when a student would create an image that brought on emotions that I might need to contain or pass some interpretive comment. I recall many people over the two years working at my internship of going through the process of splitting and re-engaging, and issues of transference. A child would become comfortable with me and begin familiarizing feelings that they may have had in the past on to me. I would acknowledge when transference was happening and I was able to deal with it appropriately through simply being aware. I could then step back and think about what exactly was going on in the present moment. Redirection was my biggest success when dealing with transference because it prevented me from using counter-transference. (McNeilly 2006, p. 73) describes the difference between transference and counter-transference.

1. The process by which a patient displaces on to his analyst feelings, ideas, etc., which derive from previous figures in his life; by which he relates to his analyst as though he were some former object in his life; by which he projects on to his analyst object-representation acquired by earlier introjections; by which he endows the analyst with the significance of another, usually prior, object. 2. The state of mind produced by 1. in the patient. 3. Loosely, the patient's emotional attitude towards his analyst. (Rycroft 1968, p.168)

A brief but to the point description of counter-transference follows:

The term counter-transference was first used by Freud in discussing the future prospects of psychoanalysis. He said of the psychoanalyst 'We have become aware of the "Counter-transference" which arises in him as a result of the patient's influence on his unconscious feelings, and we are almost inclined to insist that he shall recognize that counter-transference in himself and overcome it,. . . no psychoanalyst goes further than his own complexes and internal resistances permit'. . .

. . . as transference was, early on, seen by Freud as an obstruction to the patient's free flow of association, so counter-transference was consistently regarded as an obstruction to the freedom of the analyst's understanding of the patient. In this context, Freud regarded the analyst's mind as an 'instrument', its effective functioning in the analytic situation being impeded by the counter-transference. Freud did not take the step (which he took in regard to transference) of regarding counter-transference as a useful tool in psychoanalytic work. It should be emphasized that, for Freud, the fact that the psychoanalyst has feelings towards his patients, or conflicts aroused by his patients, did not in itself constitute counter-transference. (Sandler, Dare and Holder 1973, p.62)

Most of my internship at the Boys and Girls Club involved groups of three to four students. The small groups served to be the best environment for the therapeutic value of my art activities. Large groups tended to lack individual attention and it was quite hard to cope with all the issues that often arose during that specific session. It was quite difficult in the first year at my internship

to create a strategy that worked to offer therapy for every child. This was due to the fact that the children had not been exposed to Art Therapy with me. In my first year at my internship 90 percent of the children were not comfortable with me being an authoritative figure.

I eventually devised a plan with my co-intern to offer the children more choices, at least in the beginning, which worked great. Before each session I would tell the children to sit down and to pool their thoughts to decide what they wanted to do for the next art session. This strategy gave the children the freedom of choice and kept them interested and active in future sessions. I eventually stopped having them choose because the children became comfortable with what I was: an Art Therapy intern. These small groups sometimes turned into open groups or larger groups and that was when behavior problems started up. In the beginning, my idea didn't work so well. The children could not choose something that everyone wanted to do, and this led to boundary issues and the acting out that went with it. Examples of this include everyone talking at once, not raising their hand to speak, and generally not respecting their peers. This would be evident through lateness, absence, and leaving the session early, to name just a few things. Of course this would not always be the case as personal issues or interests would arise that played a part in the inconsistency of attendance.

Understanding the 'group as a whole'

From the group analytic Art Therapy perspective, the 'group as a whole' is best defined as:

an incorporation of all that occurs within the session, for its duration. This includes the group members' past and present lives. The 'whole group' view

promotes individual and collective free expression through pictorial and verbal imagery, with the union of language, that is the bonding cement of such a synthesis (McNeilly 1989).

One of Foulkes' central points of theory is the 'group as a whole'. Within Foulkesian group analysis, the idea of the individual and the group as separate entities is not one of conflict. (McNeilly 2006, p. 49) As Foulkes says, "There can be no question of a problem of group versus individual, or individual versus group. These are two aspects, two sides of the same coin' (Foulkes and Anthony 1984, p. 26) When Foulkes is looking at the group and individual in new perspectives, he says:

We have become used to thinking of intra-psychic processes, *ipsosfacto* as inside the same individual person, inside the same skull as it were. If we make such an assumption we beg one of the most important questions which arise. The fact that these mental processes are taking place physically in each individual brain is undoubted. If we hear an orchestra playing a piece of music, all the individual noises are produced each on particular individual instruments; yet what we hear is the orchestra playing music, the conductor's interpretation, etc. Not even in terms of pure sound do we hear a simple summary, a summation of all the individual waves which reach our ears, but these are modified significantly, being part and parcel of a total sound. In truth what we hear is the orchestra. In the same way mental processes going on in a group under observation reach us in the first place as a concerted whole. Those familiar with Gestalt psychology will find no difficulty in

understanding that the whole is more elementary than the parts. With this insight we have arrived at one of the basic concepts in group psychotherapy without which all observations are misinterpreted or insufficiently described, namely that what we experience in the first place is the 'group as a whole'. (Foulkes and Anthony 1984, pp. 25-26)

As an Art Therapy intern, I see the Art Therapy group as a collection of individuals and a place for children to be present. During my internship I tried to promote a field of vision per se, an example of this would be looking through a set of binoculars from the opposite end. This type of strategy I use quite often when working with a group. I look at the group as small as possible instead of a broad view; this helps me pay attention to details that I may otherwise have missed. I then move from one section of the group to the next, with a mindset to “telescope” on to single, but important elements that may arise, such as key words, expression, or body language and behavior while that child is creating art.

This internship has proven to be a great place to work at because it allowed me, as the intern, to create an atmosphere that was safe for the children individually and in a group setting.

Each session as a whole became easier to monitor, facilitate, and process through trust, acknowledgment, and by the fact that there was never a judgmental time that the child felt insecure about his or her artwork.

Chapter 3

Case Studies

I have worked with many children throughout my two years as a graduate student. Some come, some go, but I believe the ones that have benefited the most are with me still, creating and loving art. I have realized while doing Art Therapy with some of the children here at my site that they have benefited extremely well through adverse conditions within. I will take two children that I have worked with for an extended period of time and go through some of each child's art and explain the methodology I used as well as the outcome and process of each session. Names will be changed for client confidentiality.

It's important to note that my internship houses children that are like any other child in school. Typical children with normal childlike behaviors will occur. My goal was to improve these behaviors through the art they make.

CASE STUDY 1

The first child that hits my brain with excitement was a boy named Andrew. Andrew was seven at the time he came to me in late 2010 and suffered low self-esteem. He did not want to do art individually or within a group setting. This became a regular occurrence for a solid 2 months. He would sit there and not participate; only an occasional laugh or smile would come out if something was funny to him. Each session, I tried and tried to get him to do some sort of drawing or take part in a group activity, but the result was always the same: "No". This made me question if I was doing the right thing or maybe my method was so bogus that it wouldn't work.

Months went by and my role began to change, not as an art therapist but as an art teacher.

Staying late after the session when the other children would be eating snacks in the cafeteria, the question would be asked, how was Andrew doing on a personal level. To my surprise he would respond with “good”. Looking back a couple months before this, I would never have dreamed of hearing anything from him if I had asked him a question. This was the stepping stone to an extremely exciting time for Andrew. The following is the first activity I did with Andrew individually.

Activity: Halloween Cards

The therapeutic purpose was to let Andrew express himself freely. I wanted Andrew to be able to feel comfortable working with things he might be interested in. I was not expecting much, based on his past behavior. This was the first time Andrew would do art individually.

Procedure:

The beginning of this session involved certain materials being laid on the table such as stickers and various coloring supplies. By asking Andrew what types of materials he likes working with, he told me that he likes to use markers. As Andrew began looking at what to use, his mind was in full motion because his eyes kept closing and opening and then moving to each item on the table. Andrew said he liked using markers, but he never touched the markers once during that session. While watching him meticulously grab a large yellow square sticker, he paused and looked around before sticking it near the center of the paper. He grabbed a pen from the box and scribbled in the interior of the box, and at this point he was submerged into this activity. He then drew a figure of a person behind this scribble. At this point I was completely

silent and observed Andrew from afar.

Goal for this activity:

This activity brought out exactly what I hoped it would bring out: Andrew's view on his low self-esteem. The goal for this activity was that I wanted Andrew to create art comfortably and nothing more, because knowing he had a long way to go and it would take some time for him to eventually open up. Since this was the first piece of art he did, it was nothing short of wonderful. Even if it did serve some negative imagery, it was a step in the right direction. That was all that was wanted at this point. Andrew could only move forward from here.



Outcome:

Andrew would not explain the picture, as expected. It was only after the next session when I brought his artwork in again to see if he would open up, and to my surprise he did. He said to me, and I remember it vividly, "I'm going to be a loser". With an open heart and mind the question was asked, "why?" He would not talk to me for the next five minutes. He would not

even look at me. I told him that this is not true. Telling him, “You can make yourself be anybody you want to be. It is nobody's decision but yours.” He didn't believe me. By the end of the session as he walked out he spoke in a very soft tone, and pointed to the picture he had made and said, “That’s me in jail”. Before I could say anything the door had slammed shut and I found myself wondering what to do next. This type of behavior Andrew exhibited lasted for a couple months, I would be able to get him to do art at the minimal level, but it was never anything more than that. This was until some research was done on activities to do with children of low self-esteem. The main thing gotten from these readings was that the child needs constant attention, positive reinforcement, and praise. The picture of him in a jail suggests that he feared his future could end up like someone he knew, perhaps a family member close to him that may have had an influence on him.

Activity: Create a home for yourself

This involved Andrew imagining a place where he felt comfortable and could call home. This place could be anywhere he desired. The materials he could use were only crayons.

Procedure:

The process involved me asking Andrew to close his eyes if he felt comfortable enough and to think of a place where he would want to live. It could be a real place, or it could be a made up place. He closed his eyes for almost one minute and then said to me, “Okay I got a place I want to live.” The next step was to give the materials to Andrew and to set a time for him to work on this drawing. He had no problem working within the time limit of 10 minutes as he finished early and sat quietly until 10 minutes was up. The end part of the session involved me

asking leading questions such as, “what is the place you call home? Where is it? Is it far away?”

Goal:

The goal of this activity was to give me a sense of what he believed was safe, or maybe unsafe living conditions. My ultimate goal was to indirectly find out what his living conditions were like at home without asking him, because I felt it was too early to ask him such a personal question. Based on his behavior it was evident to me that he was not treated well at home. He demonstrated submissiveness and isolation when he would sit at the art table with other children. He would usually sit at the end of the table or at a spot where there wasn't anyone next to him.

**Outcome:**

When I asked questions such as, “where was the place you drew?” and “what was the place you drew?” Andrew was still hesitant on answering, and often changed the subject to something that made him more comfortable such as asking the questions, how old I was and if still in school. Any question that would take the attention off of him he would feel comfortable with. This led to the conclusion that these activities needed more structure. It was time for a

solid directive that involved issues he may be dealing with. Thinking of ways in which I could do this, the following sessions were directed towards school. This is where Andrew was able to open up more and it was the turning point in our sessions.

Activity: Create a poster related to school

The directive for the next activity was to create a poster that was related to school. It could be something as simple as a scenario that happened at school, or an issue that might be bugging Andrew. It was solely up to Andrew to choose what he wanted to draw on the poster.

Procedure:

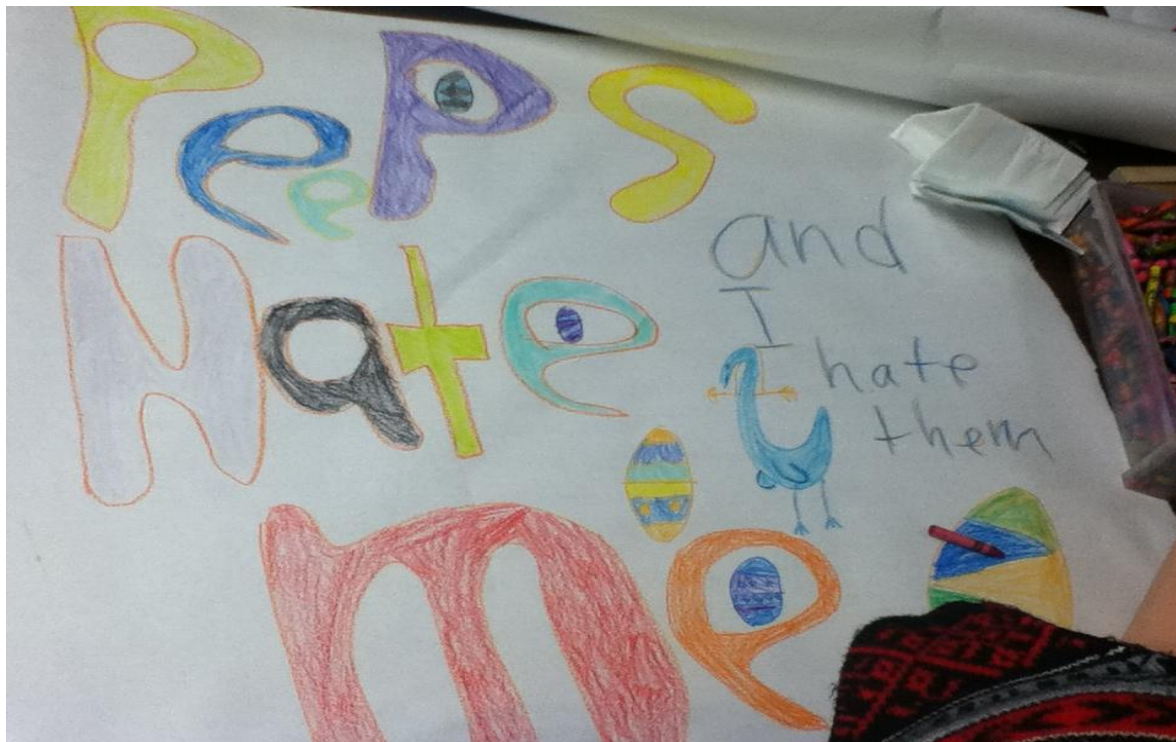
I started the session by laying a large piece of paper on the table along with a smaller piece of paper. I have realized in the past with other clients that some children can get overwhelmed when working on a larger scale. I provided the small sheet of paper for this reason. Andrew had no problem choosing the big piece of paper. In fact, he grabbed it before I could explain what the small piece of paper was for. The materials were basic and included markers, crayons, and colored pencils. I had asked Andrew to choose two different media to use. He ended up choosing colored pencils and crayons. This was a surprise because he said in past sessions that he liked using markers the most. This could have meant that he was feeling more comfortable making art and that was why he chose the two media besides markers.

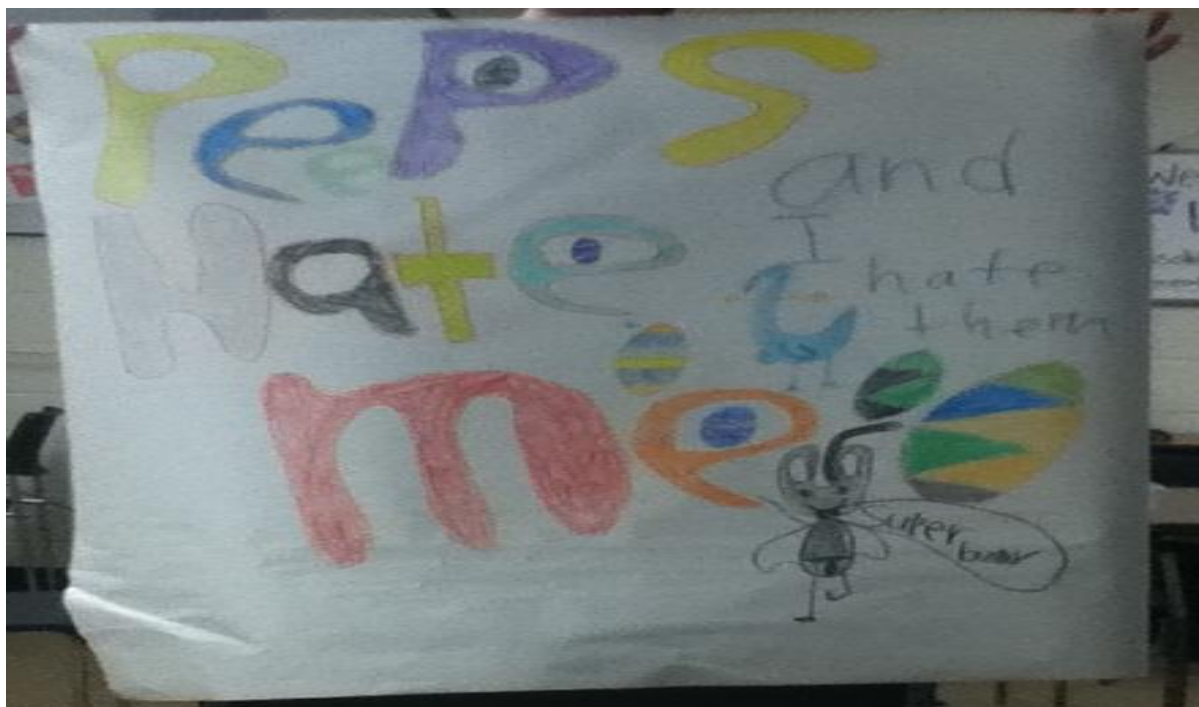
As Andrew began, I noticed a few things he hadn't noticed before. Andrew was standing up! He always sat down when he did art, but for this project he felt he needed to stand. The second was that he was a lot more talkative. We would quickly move to different topics that were related to school and how he felt he didn't have a lot of friends and that he didn't have nice

clothes like the other boys at school. As he continued to draw he created the letters first which read, "Peeps hate me and I hate them." Observing his drawing, I asked him questions like, "why do peeps hate you"? The only thing he could come up with was, "they just do." This activity took about one hour and Andrew was active the entire time.

Goal:

I wanted to let Andrew express himself with a specific topic. School took up most of his life and it would be a great way for me to understand maybe what was going on during his days at school. As Andrew kept coming to the Art Therapy sessions, the goal that was set out to be accomplished was becoming visible. He was expressing himself ten times better than he had 5 months ago. But there was still something missing. I wanted to know why he felt he was a loser, and with this, the answer would be prevalent very soon.



**Outcome:**

Andrew finished his drawing in about an hour and we had discussed some issues that he had been concerned with as mentioned above. Andrew worked quickly, but he didn't rush his drawing. He let me know when he was done by laying his crayon down and just stared with a big smile. As we talked about the issues that Andrew was worried about, he was put in the lead role and I was the listener. The main thing to note during this session was that Andrew became comfortable enough to share some personal information with me. He explained why he felt like a loser, it was not just because he had bad clothes, but because his dad was in jail and he felt he did not have a father anymore. This explained why he said in the first session that he was going to go to jail. Amazed at how Andrew could share something so personal with me, I felt honored. This would have been out of the picture months ago. Andrew was definitely showing improvement in the quality of his artwork as well as his communication.

Activity: Create a poster of expression

The activity was another poster, but this time the directive was different. Andrew was to create an expression that he was feeling for the day and then draw it on the paper. After he was finished drawing he was to process what he had drawn by communicating with me.

Procedure:

Andrew was already sitting in his chair before I had arrived. This was a great feeling knowing he was ready to do art. This activity involved me doing my usual structured session by laying out materials, the allotted time he was able to spend on this, and finally the process time. I always made sure that Andrew had enough time to process what he wanted to talk about at the end of the session. Since working with Andrew for almost six months I was able to freely ask him questions and expect a response.

Goal:

Andrew had been gaining trust in me and I in him. He knew what to expect each session and I was able to deliver a fun, enriching environment for him, even though the internship was chaotic with children running around. We had a bond that was getting stronger with each week. The goal for this activity was simply to let Andrew show me what he was thinking for that day. The response was nothing less than spectacular as seen in the outcome below.

**Outcome:**

The processing of this was something great. I talked to Andrew about art and wanted to know if he enjoyed it. He was a very creative child, and it is definitely apparent in his drawing above. What he explained about his drawing was that he was feeling crazy that day and Andrew had told me he feels crazy a lot during school. I told him that being crazy is a good trait as long as it is contained within limits. I had found it interesting that the drawing also said F.Y.I. Playing dumb, I asked him what that stood for. He said in a very 'really you don't know?' voice, "for your information". I said, "Oh yeah, that makes sense!" This discussion lead Andrew on a wild tangent about how he was in a higher learning class than that of his other classmates. He said he loved art and that he wanted to be an art teacher. When hearing him say this I was completely blown away, but at the same time something in my mind told me, 'told you so'. Andrew was one

of the most creative children I had worked with during my internship. This was another turning point in our sessions. From this point on he became so trusting and his social skills with other students became stronger.

Activity: Environmental Mural

I wanted Andrew participating with other students to create a mural. The directive of the mural was to create an environment or scenario that felt safe to you. After the drawing was done, the children were to pick an animal and place it somewhere on the paper that they wanted to be.

Procedure:

Keeping the children quiet while the directions were being explained was the first thing I did as the session started. After the children were quiet and ready to make art I explained what the directive was. For the next 10 minutes the children were to think of an environment that they would feel comfortable in. The majority of the children said the forest. After a general consensus was generated I laid a large piece of paper that covered most of the table down. Although the children were excited to create the forest, there were some boundary issues that took place such as drawing in other peers' areas and talking over others. Something to note was that Andrew was working quietly without any issues. When the forest was complete Andrew chose a spot where he would like to be. He drew an owl on a branch protruding from a big birch tree. After all of the children had picked a spot on the paper to put their animals, I had each child describe what animal they chose and why they chose it to be there.

Goal:

I wanted to observe Andrew in a social setting, while participating with other children of similar ages. Not as interested in the outcome of his art but instead on what his social norms were, and not hesitant to let Andrew take part in this activity because he was ready to take it on.



Outcome:

Since Andrew showed me that he was ready to participate in a group setting, I was able to offer him just that. Andrew did quite well and showed an improvement in social and behavioral skills. Andrew said he loved this activity and he really liked being involved with the other children. Not holding him back, I treated him as any other child in the group, and he responded very well.

Conclusion:

Andrew is a success story. Throughout the 11 months I worked with Andrew, we definitely hit several road blocks along the way. Most of these mental blocks that Andrew had was because he was insecure about himself. Andrew felt he was not liked because he didn't have a father and that he had ripped clothes. Through my sessions I continued to assure that Andrew could be anyone

he wanted to be, he does not need to follow in the footsteps of anyone. His issue with his appearance, especially his clothes, I didn't initially understand because he was such a nice child and so creative. But I then realized that that's not what children his age look for. It's all about being popular with name brands and nice things, sadly.

As Andrew became more comfortable doing art with me, he was able to explain his drawings, trust me, and take my advice. Andrew was a sad boy when I met him and through Art Therapy he found himself and realized he could express himself in a different and more positive way. Our time was coming to a close as Andrew was moving away very soon. The last session we had he made me a friendship bracelet and I still have it. I believe part of Andrew's success was that he was lacking an authoritative figure such as a father. I was able to show Andrew an incredible way to express himself and I believe he took it to heart. Andrew may have corresponded well with me because I was that male figure role model he was lacking.

Case Study 2

Ashley was six when I first met her. She seemed like the normal six year old, which she was. She was very social and friendly. Her struggle was that she could not follow directions or respect boundaries. She would constantly try to sit on my lap when doing art. This issue is something very important for children to learn at a young age, and though it is not something uncommon to see in a six year old, it was something that definitely needed to be corrected.

Throughout the year and a half working with Ashley she could not follow directions. She

would take items that other children were using and throw tantrums when she had to give them back, consequently not participating in art. My ultimate goal for Ashley was to create an environment that would teach her how boundaries worked. And secondly, to find out if there was an underlying issue that may be making Ashley act out.

To create an environment that displayed boundaries was quite difficult because the procedure was not known. Being informed by my co-intern of an idea, tape was placed onto the tables that were then set into squares. Surprisingly it worked well and it is something that is now incorporated into the sessions. Having a co-Art Therapy intern was very beneficial. In the session itself a co-facilitator can provide a 'model' for group members, can support the lead facilitator and (if necessary) go and help a group member who leaves early. After the session, two heads are better than one at evaluation (Liebmann 2004, p. 33). Ashley was never alone within the sessions. The sessions always involved a group setting with her, which may explain the results.

Activity: Fortune tellers

One of the first activities done with Ashley was fortune tellers. Fortune tellers are created by folding paper a certain way and then coloring the outside. From there the child creates a word that describes an emotion, and the final part is to have the child write an answer to each emotion with what they can do to overcome it in a positive way.

Procedure:

I explained to the group as a whole the importance of listening and following directions because this activity involved paying attention. Once the students were quiet I gave each of them a choice of colored construction paper. Ashley chose white paper. During the activity some of the

children needed help folding so assistance was given. After the activity, I had each child explain the emotions they came up with and what they can do to overcome them if they're negative.

Goals:

The goal was to help the children practice how to become better at paying attention. This activity involved many steps and I made sure that each step was driven out the correct way. I was there for Ashley when she was struggling. She had asked me a few times to do the folds for her but I told her that wasn't the way I ran the group.

**Outcome:**

Ashley had a hard time listening because of the children behind her playing on the computers. She was easily distracted and my job then was to redirect her to the art project again. This would happen three more times until she was finished with her fortune teller. The way she folded her first fortune teller showed me that she was not paying attention and wanted to do it her way. I explained to her that she needed to listen in order to do the project correctly. Her second

attempt was a success because she listened to me and was focused. This was a big improvement from the beginning of the session. As Ashley explained what her emotions were, I asked her what she could do to become more aware of when she was feeling that certain emotion. She said that she needs to pay more attention to herself. She showed me what she wrote inside her fortune teller. She had written the emotions: Crying, sad, happy, like, mad, hungry, bad, and hyper.

Ashley, for the most part had no problem telling me what she can do to cope with these emotions. For crying she told me that she can cry on her mom's shoulder. I told Ashley that crying is okay, and it's a positive way to express what you are feeling. She said the same things for mad and bad. She said punch a pillow. I said that was a good way for her to let off some steam as long as it's controlled. Ashley explained to me that her kitten makes her happy. When Ashley is hungry, she is usually hyper as well and she told me that something she can do to calm herself down is eat.

Activity: Ink blots

Create ink blots on construction paper and then find an image within that ink blot.

Procedure:

I took a risk on this activity because paint can be a regressive medium to use. I had only been working with Ashley for about a month but I needed to know if what I had been doing in the previous sessions had helped her with her boundary issues and attentiveness. This may have been too early to tell yet. Since I never worked with Ashley individually, she needed to be exposed to a group setting for her to practice respecting the other group members' artwork and personal bubbles. As I talked to the group about not using too much paint and rolling up their

sleeves so they don't get the paint on their clothes, Ashley was not paying attention, and she was talking to another child next to her. I asked Ashley to pay attention and she did fairly well for the rest of the session after that. I noticed with Ashley that if she is cued she usually pays attention for the rest of the session. It was the boundary issue that I'd have to keep reminding her to stay in her square.

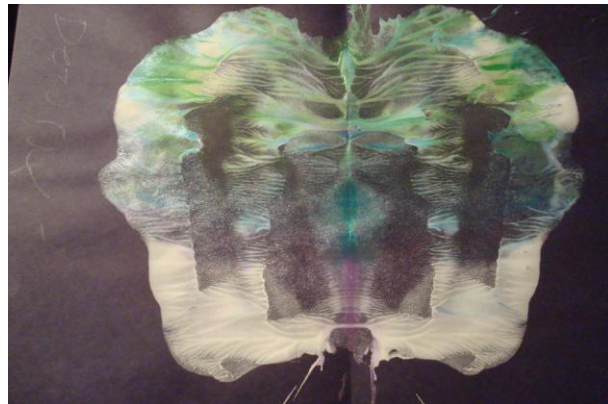
When I explained the directions all of the children nodded and wanted to get started. I placed all of the paint containers out on the table and told the children to choose one color at a time and when they were done to shut the cap and move to another cap. As Ashley began to start her ink blot she was looking around at what to do. This is due to the fact, like mentioned before, she was not paying attention. Once she got the idea, she had no problem starting. During the activity there were multiple issues with Ashley regarding keeping her hands inside her square. I stayed with Ashley the entire session while the co-intern monitored the other three children. Ashley used way too much paint and it began to run onto the table. The photo below is Ashley's first inkblot. The paint was so thick that it took an entire day to dry. As Ashley realized that she had used so much paint she wanted to do another one. I agreed with this but made sure she understood that she did not need a lot of paint to do this project.

As the children found objects within their inkblots, Ashley also found an image of a butterfly. She gasped with excitement as she opened up her inkblot to reveal her "butterfly". She yelled to me saying how cool hers turned out. I nodded and agreed. The second attempt she created a much more "clean" inkblot. The inkblot was not dripping with paint or seeping through the paper. Success! After Ashley was done I had her wait her turn before sharing with the group what she had found in her inkblots. She described that she had found a butterfly in her first one and could not find an image in the other one. She relied on the other children to help her. This

was fine at this point because she created an inkblot by herself and had found an image within it and also described it. This was a step in the right direction.

Goal:

I wanted this Art Therapy activity to facilitate boundaries and sharing since there was only a limited amount of paint bottles, the children had to wait their turn and then ask for that specific bottle they wanted instead of grabbing it from someone who may have been using it at that time. Ashley did better than she usually did but still needed a cue the first time.

**Outcome:**

Ashley really enjoyed doing the inkblots. She was cued once for crossing boundaries with the tape, and once for not asking to have the paint. Ashley had told me during this session that she likes paint because it's messy, and she doesn't get to be messy at home. I thought to myself, "odd... A six year old not allowed to get dirty...is that possible?" Ashley's mom has come in a few times to watch what everyone is doing during the sessions. I have spoken to her mother about Ashley's boundary issues and her mother agrees that what I have been doing will work, but only

with consistency. As I work more with Ashley, she becomes less and less dependent on me, but it's not 100 percent yet.

Activity: Clay

This activity involved Ashley working with clay. Ashley had mentioned in past sessions that she wanted to work with clay. So I brought her some clay to work with. The activity itself did not have a directive except to make something that she liked.

Procedure:

I asked Ashley and the two other children who would participate today to think of an object, animal, person, or something they like and create it. I told them that they have one hour to do this. Once the children showed that they were ready, I grabbed a chunk of clay and laid it in front of each of them. When the students were done they were asked to wait their turn to share what they had created.

Goal:

The goal was to see if Ashley could move forward with what I was facilitating: boundaries. I believe that Ashley was not aware of when she would cross boundaries until about a year into working with her. The art activities that I did helped with this. The constant reminders served their purpose. She was finally starting to understand when this type of action would happen.

**Outcome:**

Now that I had worked with Ashley for some time, she was ready to work with clay because she showed no digressive behaviors in the past sessions. When I asked if everyone was ready, Ashley did something that she had never done before. She raised her hand! I treated her like every other person who has ever done art with me and said, “Yes Ashley?” She then told me that she wanted to make a cat. I said, “Great! “I believe this project was the turning point for Ashley because she started raising her hand every time after this project. In my opinion it was also all the activities leading up to this that played a part in her practicing boundaries and respect. She was now seven, which is a big year because she started first grade and that could have played a part in her raising her hand.

When the students were playing with their clay I asked them to close their eyes and see if

they could create an image without looking. Ashley had no problem doing this while the other children refused. Ashley was definitely showing willingness to participate. She told me it was easier for her to make something then when she had her eyes open. Based on Ashley's behavior for this project, she showed me she had improved. It's a great feeling knowing that my hard work paid off with her.

Activity: Halloween Cards

The directive involved Ashley creating a Halloween card for someone special to her. The activity's materials included miscellaneous stickers, coloring supplies, foam cards, and glue.

Procedure:

The activity started when the children were calm and under control. The materials were laid out and I could see that the children were really excited about making these cards. When the children were done creating their cards, there was a huge mess. I told all of the children, including Ashley, that it was their job to clean up, not mine. They all cooperated and the session ended great.

Goal:

The goal was to really see if Ashley had been progressing. This activity involved a lot of materials, a lot of sharing, and a lot of patience. This was the ultimate project that would test Ashley. I was eager to see what the session would entail.

**Outcome:**

When the materials were laid out on the table I didn't want it to turn into a free for all as soon as I said, "okay you can start." It didn't, which didn't really surprise me. I had been working hard at keeping these children under control while doing art for the last year and a half. When I said, "okay you can start" each child picked something different. Ashley didn't get to choose anything because the other children had grabbed it before she could. Now a year ago, this would have made Ashley cry and run out of the room. But no, she looked at me and said, "I'm so slow!" I laughed and said, "well I'm sure someone will share something with you". This was a big deal for Ashley!

As the session progressed, Ashley was meticulously putting the stickers on her Halloween card. One of the girls next to her had run out of a letter that she needed. Ashley gladly

helped her look through the pile to find that letter. Ashley was showing me that she was growing up. She had taken what advice and skills I had given her and then put them to use. As I continued to work with Ashley, she showed improvement every week I saw her. She was a success story at my internship and there was a lot to learn from her.

Conclusion:

Ashley is a success story. Ashley and I worked together for about a year until I really started to notice that she was becoming an amazing artist, as well as a very special person. A method that worked well with Ashley was the Gail Wirtz method where tape was placed on the table into boxes. This gave Ashley a visual boundary that served as a reminder when she would go outside the box. Ashley's beginning attempts to sit on my lap, hug, whine and cross boundaries faded as the weeks passed. Art Therapy helped her. There is no question about it; she was able to express herself even if she didn't realize it. She was starting to grow up and I'm so thankful to have had the chance to work with such a special person. I believe Ashley was lacking a father figure as well because when I first started working with her she would try to sit on my lap. She would not do this to the other intern who happened to be female. Through her artwork and hard work, she was able to find herself and catch when she was being disrespectful, whiny, or invading personal boundaries. Now this didn't come easy.

Constant reminders, supervision and praise were all involved with the progress she has made. Ashley is now a straight A student and her sister has thanked me for working with her.

Chapter 4

Art Therapy: A Male Perspective

Being the only male in a group of 9 female Art Therapy interns has proven to be exciting yet difficult. Women are commonly thought of as sensitive, loving, caring and nurturing. So what does that leave a male art therapist with? For me, the exact same things mentioned above.

There has been quite a difference in the way girls and boys express themselves that I have found quite interesting, which will be explained in this chapter. When I started at the Boys and Girls Club almost two years ago there was a mix of male and female children. Through my years working at this internship site I have seen a change in consistency between girls and boys. In the girls, consistency has been quite good. This may be because I have done less activities that a “typical” 8 year old boy might enjoy such as constructing things with the hands, or more physical activity. The girls tend to grasp the concept of working with art to express their feelings better than the boys do. With the boys I have noticed and taken heed of their behavior when it comes to working with art. This behavior includes but is not limited to, yelling, not sitting still, asking for directions more than once, in fact several times, and not following the directions given. I’m not ruling out girls do not do this behavior because of course it happens, but it is much more prevalent with the boys that I have worked with throughout my time here.

The theory I have come up with based on this type of behavior and inconsistency that the males have shown is that this internship site has more to offer the male gender of this age group (6-10) than that of the female and similar age group. These activities that attract the “typical” male would be gym activities such as sports, and playing games on the computer. The boy’s

interest at this age group is not creativity in art but rather games on the computer. The girls' interest leans more towards socializing in a group setting and being creative with art.

Working with males

Socialization plays a large role in establishing male identity and masculine attributes.

Kim Etherington outlines three main areas of male socialization (Etherington, 1995.)

1. Gender and sex roles

Male children are socialized to be dominant, competitive, aggressive and tough. To be a normal male means to aspire to leadership, to be sexually active, knowledgeable, potent, and a successful seducer. The burden inherent in these expectations is clear (Etherington 1995, p. 32). Parents often have different expectations of male children in these directions, and male children seem to be more dependent on these stereotypes to guide them. This plays true while working with boys at my internship site. The boys, in general are far less patient than the girls, but are much more hands on when it comes to activities involving clay, play-dough, or folding paper. Boys generally do well in activities involving constructing something with their hands.

2. Patriarchy

This is the institutionalization of male dominance over women and children in society in general. It involves the notion of 'chattel property' as norm. Chattel property is a type of property over which someone exercises

possession and control. Women were considered chattel up until recent modern times. That means their husbands basically controlled them and made all financial decision, giving men the rights of ownership and therefore control of women and children, who in turn are encouraged to be passive and submissive. Although this view has been challenged vigorously, the continued existence of child abuse and domestic violence (mostly, though not all, committed by men) shows the persistence of this mode of thinking.

3. Homophobia

This is the fear of homosexuality, and often lies behind the intolerance of deviation from stereotypical male behavior or attitudes.

Other authors provide additional points of view. Male therapists have described how men are taught to switch off their emotions and then find it hard to relate to others, and have described the damage that has been caused to these men and women (Hodson 1984). Jungian psychology has also encouraged men to value their 'feminine' side and women their 'masculine' side. Interestingly, recent research emphasizes the flexibility of behavior with different socialization, so there is less reason to assign specific characteristics unchangeable to one gender or the other (Clare 2000).

It would seem that Art Therapy has much to offer men, but some have difficulties accessing it, because of factors connected with male socialization. The norms of therapy such as openness about feelings, communications, self-reflection, intimacy are areas where many men have difficulties. For this very reason Art Therapy has something to offer which they need.

Art Therapy has a special role in providing a bridge to these skills, in giving time for an

activity (and one with very visible boundaries), which may feel safer and more purposeful (in being active) than a verbal therapy (Hogan, 2003, p.123).

In Susan Hogan's editorial 'Gender Issues in Art Therapy' she discusses and points out the many ways of practicing Art Therapy with men.

- There needs to be a recognition of the extra difficulties men may find in accessing therapy; perhaps some literature, in which men speak of the benefits, could help the cautious to be reassured about Art Therapy – in particular the vulnerability of being a client.
- The 'art part' of an Art Therapy session is likely to be the more important part for many men, especially at the beginning of therapy.
- Sessions comprising structured exercises may be helpful in containing men's anxiety about the unfamiliar world of feelings.
- Work around feelings may need to be divided into smaller, more manageable steps.
- Some men may find group work easier than individual work, because it is less intimate, and group solidarity compensates for their feelings of being 'deficient men' for needing therapy.
- Men's groups may help men to look at their specific needs without instinctively relying on women to 'do the emotional bit'.

It's important to acknowledge that there can be an overlap between men and women in

their approaches. Stereotypes from each end of the spectrum can occur such as men who are comfortable with feelings and women who experience similar difficulties to many men. These reflections may be relevant to some women as well (Hogan, 2003, p 124).

Working with boys at my internship site I have found a few things to be true. The boys that I have worked with tend to display aggression towards objects, such as markers, erasers, or other similar objects. This could sprout from the fact that a lot of these boys come from homes where parenting is not up to par and there is bullying going on from older siblings. Another observation I have seen while working with boys is that they do not like to talk about their artwork for processing purposes. It takes a lot of persistence from me as the art therapist intern to get them to say anything about their work, even when it's just me. As I have gained experience in this field I have thought of ways to incorporate different types of solutions for this type of problem.

First, it is important to make the child as comfortable as possible when sharing his or her art. An art therapist should constantly remind and approve of their actions in a positive way. An art therapist should tell them that they will not be judged and if they still feel uncomfortable they do not need to share. More times than not, though, the child's willingness to share comes around even if it takes months of continuous attempts. Being a male art therapist intern at a place where there are a lot of children it is problematic to slip into the "father role" to many of these children that do not have fathers active in their life. I have witnessed myself being put into the father role more than once, and what I mean by father role is that some of these children both male and female, mostly females, around the ages of 6 to 8 tend to treat me as a male authority like a father would be. There are many examples of things the children do that try to put me into this role. These include attempting to sit on my lap, constant whining, seeking constant approval,

trying to hug me, and constant attention seeking negative behaviors.

Working with females

In today's times, women have the opportunity to become whatever they want to be. They have the freedom to make choices that weren't always there in the past. They have the world at their fingertips. Women are caregivers, mothers, daughters, lovers, wives, partners, teachers, leaders, athletes, artists, entrepreneurs, and politicians. With all of these comes a great responsibility and weight, and it can be overwhelming at times. Most women want to be healthy, happy, and to get to the end of the day feeling good inside. Women have a strong inner guidance but don't always know how to recognize or pay attention to it. (Gildred)

My experience when working with girls in the age group of 6-11 at my internship site is that they are typically shyer than the boys. They express themselves deeper than the boys do. They think about what they are producing before starting. They really put emotion into their artwork and are able to express themselves relatively easily compared to boys. I have experienced the father figure placement more with the girls than the boys. The age range of 6-8 is the most common for this to occur. It's nice to know that the child is comfortable but it's very important that I keep a professional profile while working with these children. I can provide assistance to their art, along with guidance and appraisal but certain boundaries are obviously off limits as they are unprofessional. Things like lap-sitting, kissing, even hugging are inappropriate.

It is important to keep a professional state of mind so that the child and I can both benefit from art without other obstacles getting in the way. Girls tend to be much more sensitive when creating art. They need constant approval of what they're doing is good. Based on my

experience, some girls tended to always think that their artwork was bad. There have been recent milestones, though, that have proven otherwise. Through hard work and determination, I have provided a safe environment for the children and I believe through that, we can all become closer to each other.

Throughout my two years as an Art Therapy graduate intern I have come to two conclusions: First, based on my experience with both girls and boys within this profession, I strongly believe that both boys and girls benefit equally from Art Therapy. It is important to keep in mind that females and males display it differently, however. Boys are much more internal when it comes to expression, and my goal was to find ways in which they are comfortable enough to eventually express themselves verbally and explain their artwork. Girls are also very internal when it comes to sharing things that might be bothering them, but they have an easier time demonstrating and expressing what they are feeling through art and are able to verbalize their feelings easier.

Chapter 5

Conclusion

Throughout this paper I have talked about how Art Therapy has worked with my clients. Art Therapy healed and lit a path for these children and that was incredible to be a part of. I enjoyed the long and fulfilling road every step of the way. I enjoy helping people so much. Even if it's only for a minute, that minute they are happy is a minute they wouldn't be happy otherwise. The two years I've interned at the Boys and Girls Club I have come to the conclusion that these children need art. I see every time I come in the excitement it brings to them, and that for me is enough all by itself. Sometimes it isn't about the therapeutic value with these children but more about the behavioral aspect of Art Therapy. This meaning using art as a way to teach these children how to respect each others' boundaries and space, by sharing and being kind to one another while making art. Childhood is a sacred, unique part of the life cycle. I believe that children are not miniature adults. They think, feel, act and communicate differently than adults and they need child-specific communication and therapy approaches to help them through their challenges.

The success stories I have shared are magical because Ashley and Andrew were troubled children with problems. Art Therapy changed them in ways that they may have never been able to experience. With Andrew learned how to be more social as well as communicate effectively. With Ashley she learned how to respect boundaries. The success of Art Therapy, not only for children, owes to the fact that different kinds of art are connected with different functions of the brain. So, instrumental music activates the right cerebral hemisphere, reciting a poem sets the left

hemisphere to work, and singing a song, consequently, is a task for both hemispheres. Knowing that depression attacks the left hemisphere, doctors can apply Art Therapy to the patients who need it. While influencing emotions, art, having a perceptible and image-bearing character, activates the thoughtful feeling, and enriches the emotional world of a person as well as their mind. Art does not solely have a therapeutic impact upon human beings; it makes them more humane and puts the chaos of their feelings into a system, where they become reasonable emotions.

The world of Art Therapy revolves around the client and the therapist. To create a comfortable environment there has to be communication and trust. The only way to gain these is through persistence and compassion. As an Art Therapy intern I can say that through my experiences I have gained an understanding of this field as well as finding my passion: Art Therapy.

Bibliography

- Berry, J., & McBride, K. (1985). *A Parent's Guide to the Danger Zones*. Waco: Word Books.
- Bunch, C. (1997). *The Intolerable status Quo: Violence Against Women and Children*, in Unicef The progress of Nations ([Http:www.unicef.org/pon97/women.htm](http://www.unicef.org/pon97/women.htm)).
- Case, C., & Dalley, T. (2009). *Art Therapy with Children; From Infancy to Adolescence*. New York, NY: Routledge.
- Foulkes, S. H., & Anthony, E. J. (1984). *Group Psychotherapy: The Psychoanalytical Approach*. London: H. Karnac Books.
- Gerstein, D.R., and Green, L.W., eds. Preventing Drug Abuse: What Do We Know? Washington, DC: National Academy Press, 1993.
- Gildred, J. (n.d.). *Art Therapy with Women*. Retrieved from <http://www.jennifergildredarttherapy.com/ArtTherapywithWomen.en.html>
- Goble, F. (May, 1985). Child Sexual Abuse: The Unspeakable Crime, The Children's Friend (magazine of the NSPCC, London, UK) May 1985.
- Hawkins, J. D., Catalano, R. F., & Arthur, M. (2002). Promoting science-based prevention in communities. *Addictive Behaviors*, 90(5), 1-26.
- Hogan, S. (2003). *Gender Issues in Art Therapy*. London, England: Jessica Kingsley Publishers.
- Kraizer, S. K. (1985). *The Safe Child Book*. New York: Delacorte Press.

- Kumpfer, K.L.; Olds, D.L.; Alexander, J.F.; Zucker, R.A.; and Gary, L.E. Family etiology of youth problems. In: Ashery, R.S.; Robertson, E.B.; and Kumpfer K.L.; eds. *Drug Abuse Prevention Through Family Interventions*. NIDA Research Monograph No. 177. Washington, DC: U.S. Government Printing Office, pp. 42–77, 1998.
- Lalongo, N., Poduska, J., Werthamer, L., & Kellam, S. (2001). The distal impact of two first-grade preventive interventions on conduct problems and disorder in early adolescence. *Journal of Emotional and Behavioral Disorders*, 9, 146-160.
- Levine, S. K. (2002). *Crossing Boundaries: Explorations in Therapy and the Arts*. Toronto, Ontario: EGS Press.
- Liebman, M. (2004) *Art Therapy for Groups*. East Sussex: Brunner-Routledge
- Martin, W. E., & Lavatelli, C. (1959). *Child Behavior and Development*. New York: Harcourt Brace & World.
- McNeilly, G. (1989). 'Group Analytic Art Groups.' in A. Gilroy and T. Dalley (eds.) *Pictures at an Exhibition: Essays on Art and Art Therapy*. London: Routledge.
- McNeilly, G. (2006). *Group Analytic Art Therapy*. London: Jessica Kingsley Publishers.
- McNiff, S. (1992). *Art as Medicine: Creating a Therapy of the Imagination*. Boston, Massachusetts: Shambhala Publications.
- Mileski, K. (1982). *Art Therapy and Group Work: An Annotated Bibliography*. Greenwood Press.
- Moon, B. L. (2004). *Art and soul: Reflections on an artisitic psychology*. Springfield, Illinois: Charles C. Thomas.
- Moon, B. L. (2007). *The Role of Metaphor in Art Therapy*. Springfield, Illinois: Charles C. Thomas.

Porter, D. (1987). *Children at Risk*. Westchester: Crossway Books Publishers.

Preventing Drug Use Among Children and Adolescents. (1997). Retrieved from
<https://www.drugabuse.gov/sites/default/files/preventingdruguse.pdf>

Rappaport, L. (2009). *Focusing-Oriented Art Therapy*. London, UK: Jessica Kingsley

Rycroft, C. (1968). *A Critical Dictionary of Psychoanalysis*. Harmondsworth: Penguin Books.

Sandler, D. J., Holder, A., & Holder, C. (1973). *The Patient and the Analyst: The Basis of the Psychoanalytic Process*. London: George Allen and Unwin.

Skaife, S. (1999). *Art Psychotherapy Groups, Between Pictures and Words*. Psychology Press.

Smith, L. L., PhD, F., Elliott, C. H., & PhD, F. (2011). *Child Psychology and Development for Dummies*. Indianapolis, IN: For Dummies.

Wills, T., McNamara, G., Vaccaro, D., & Hirky, A. (1996). Escalated substance use: A longitudinal grouping analysis from early to middle adolescence. *Journal of Abnormal Psychology*, 105, 166-180.

Zahovaeva, A. (2005). Art as a Philosophy of Healing. *The Philosopher*, LXXXIII (No. 1)

