

Art therapy with children after a disaster: A content analysis

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Abstract

The following paper is based on a review of 31 communications consisting of refereed journal articles, news articles, television interviews, and books. Each communication focused on working with children using art after a disaster. Each communication was analyzed in six key areas: design of communication, theoretical basis of art therapy conducted, environment surrounding art therapy practice, the art therapist, the client, and the artwork. The following patterns emerged: only two communications met the criteria for research studies; the communications described art therapy in short-term crisis situations and longer-term therapeutic settings; it takes strong, resourceful, compassionate, and resilient people to work as art therapists in this setting; art interventions ranged from free choice activities to very structured craft activities; no prevalent theory about working with children emerged. It is concluded that semi-structured art interventions work well with this population, but more reliable research and planning is needed on working with children after a disaster.

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Background

When discussing the use of art as an intervention with children who have experienced disaster, one must first define what a disaster actually is from the children's perspective. Disaster for a child can take on many forms. The meaning of disaster for a child can encompass manmade events such as war, uprisings, or terrorism. It can encompass natural events such as hurricanes, tsunamis, tornadoes, and earthquakes. It can also encompass individual and personal events such as death of a parent, loss of a pet, or child victimization. Many times children caught up in larger events will experience a combination of manmade, natural, and individual disaster.

For instance, a child who was caught in Hurricane Katrina in the United States experienced the storm itself, loss of her home and personal items, the death of family members, exposure to disease, looting, and violence in the streets of New Orleans, a move to a new area, hunger, and family financial stress due to loss of income (Kim, 2005). This child's perception of the disaster was expressed through visual representation of the storm, disease, corruption in the environment, and people's feelings of loss. Her imagery demonstrated that she was affected by a combination of manmade, natural, and individual disasters. When a child is exposed to disaster on these multiple levels, he or she can be traumatized and this psychological trauma may lead to post-traumatic stress disorder.

When children experience disaster, the trauma may influence normal developmental issues that they are working on during and after the disaster, thus compounding the psychological impact of the disaster. After disaster children may be regressed, withdrawn, aggressive, depressed, anxious, defiant, hyperactive, antisocial, vulnerable, or paranoid.

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They may act out or have nightmares because of this trauma (Brunick, 1999). A 9–15-year-old person is already experiencing normal adolescent identity issues, which then may be compounded because their notions of who they thought they, their family, their neighborhood, and their school were, have suddenly been disrupted and changed. A child may feel guilt about animals, friends, or family that were left behind during an evacuation, bringing into question for them who they were, are, and who they will become. Children between three and 10 years may have memories of what they have survived. These memories can become recurrent and can interfere with the child's ability to form trust in people, self-identity, positive relationships, and healthy coping mechanisms. Children who are in the process of learning language (12 months–3 years) often suffer language-learning problems that relate to neurotic behaviors due to disruption in the developmental process. Young children have the most difficulty dealing with nightmares because they stem from their pre-verbal memories (Ascher, 1984).

Trauma as experienced by a child during disaster is biphasic in nature (Howard, 1990). This means that the self disassociates during the trauma, bearing an intolerable memory to the unconscious. It is difficult for trauma victims to attach words with feelings because linking affect to cognition may lead to re-experiencing the trauma through dreams, nightmares, and flashbacks. Physical, mental, and emotional energy is then used for defending against anxiety and recurring threatening thoughts, rather than for natural development and healthy relationship building (Howard, 1990). Art is a way to provide distance from the intense affect associated with the disaster, and a way to work around and through the natural defenses that arise when trying to link affect with cognition. The ability to create art about the threatening thoughts and feelings channels the child's energy into the art, or into a positive task, which then can be explored safely. If these thoughts can be examined, discussed, and made meaningful in a concrete fashion through the art, the continual cycle of disruptive thinking, acting out, or symptoms can be interrupted and perhaps relieved or reduced (Howard, 1990).

Creating art after a disaster offers a way for children to make sense of their experiences, to express grief and loss, and to become active participants in their own process of healing, beginning the process of seeing themselves as “survivors” rather than as “victims.” Art is a natural form of communication for children because it is often easier for them to express themselves visually rather than verbally (American Art Therapy Association, 2003).

Research problem and purpose

As communication media develops, increases range and speed of transmission, and becomes available in more settings, people are exposed to worldwide traumas literally on a minute-by-minute basis. As a result, it often appears that large-scale disasters, such as the Kashmir earthquake, Hurricane Katrina, and the Iraq War are becoming more prevalent. Manmade, natural, and individual disasters have always occurred in human history, and will continue to occur at a higher rate than we may wish to see or know about. What has changed, due to increased communications and media development, is our awareness of these events and their impact on our personal lives. People in helping professions, such as art therapy, are reaching out beyond their local communities due to increased awareness of these global issues. Art therapists are responding to worldwide events, and thus are increasing the use and public awareness of art therapy as a disaster intervention. Within disaster intervention services, art therapy is getting the most public recognition for its work with children (AP, 2005; Art Reach Foundation & CNN, 2005; Chachere, 2005; Kim, 2005; Mientka, 2002; UNICEF, 2005; Wise, 2006; World Vision, 2006).

Many of these general public articles, and even some journal articles, are merely descriptive of the therapist's or the child's personal experience and do not add in a pragmatic way to the knowledge base of art therapy interventions with children after disaster. However, several articles, publications, and projects do present data and information on actual art interventions and theoretical foundations used by art therapists with children after a disaster. These articles provide important information that can be used by art therapists who are working as part of a disaster intervention team, or who are caught up in a disaster event and can thus provide crisis intervention spontaneously. However, due to the range and variety of news and educational sources in which this information can be found, it is difficult to get a thorough picture about what is being done in art therapy with children after disaster. By using a content analysis research method, the purpose of this paper is to analyze, review, and shape what is known about using art therapy as an intervention with children after a disaster, and to help solidify the knowledge base on this topic for art therapists. This descriptive base then might lead to a consideration of different approaches to this particular area of art therapy practice. It should be noted that a meta-analysis was not done because only two of the communications found were written describing reliable data collection methods and complete descriptions of the sample collection. Since most

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