



A model for art therapy in educational settings with children who behave aggressively

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ABSTRACT

This paper presents a model for improving the effectiveness of individual art therapy with children who behave aggressively. It addresses two major challenges. First, these children often present the therapist with several dilemmas, such as how to respond when faced with symbolic or direct expressions of aggression, and how to establish a treatment relationship when clients arouse strong emotions in the therapist. Second, when working in educational settings, art therapists often question whether they should strive to integrate themselves into the school and, if so, what should be their role with teachers and parents?

The model presented here emerged from a phenomenological study that included a survey of a large sample of Israeli art therapists and in-depth follow-up interviews with two sub-samples of therapists, who treated aggressive children and whose cases showed the most and least improvement. The study, which focused on the relation between treatment outcomes and therapists' practices, perceptions, and experiences, yielded a conceptual model for effective treatment. The model highlights the dual principal of conveying acceptance and directing toward change, which is applied on three levels: the child, teachers and parents, and the therapist. The paper presents the model and suggestions for its implementation.

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The introduction of art therapists into educational settings has been documented mostly in the past three decades. Art therapy provides a unique solution for children with special needs, as it addresses many aspects of the child, including cognitive, emotional, and social. When schools provide art therapy, they take responsibility for helping children to learn by removing emotional and behavioral barriers to learning and offer access to services for families who cannot afford to purchase them privately (Anderson, 1994; Bush, 1997; Dalley, 1990). Kramer (1971) suggests that art therapy is ideal for working with aggressive children¹ as aggression is an abundant source of energy for creative activity. The creative process both utilizes and neutralizes the client's pent-up aggression.

However, despite the importance of the creative process for expressing aggression, it arouses unique difficulties and professional dilemmas in treating this population, which may be implicated in treatment effectiveness. Moreover, there is a lack of research in this area and the little research that exists suggests that

art therapy may not always be effective with this population. A recent review of all the published studies conducted on the effectiveness of art therapy (Reynolds, Nabors, & Quinlan, 2000) revealed a total of only 17 studies, covering a wide range of age groups and referral problems and only two of them examined behavior change in children (Rosal, 1993; Tibbets & Stone, 1990). They found improvement in indicators of emotional well-being but only one found improvement in behavior. This paper explains the challenges that art therapists face in working with aggressive children and offers a conceptual model for effective treatment.

Aggressive behavior in children

Childhood aggression is a widespread problem that is gaining increasing attention throughout the world and the search for effective solutions poses a challenge to practitioners and policy makers (Astor, Wallace, Behere, & Fravile, 1997). The scope of aggressive behavior in children may be understood in light of the fact that many factors contribute to the problem, both external (society, environment, family, and education) and internal (personality, emotional, cognitive, and neuro-biological).

Most children will occasionally exhibit aggressive outbursts, but this behavior becomes problematic when persistent. Children with frequent disruptive behavior are usually classified as experiencing "emotional and behavioral difficulties" (EBD; Joughin, 2003),

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¹ In this article, I use the term aggressive children for reasons of brevity, but the more correct term would be "children who behave aggressively", as it highlights the child's problem behaviour, which can be changed, and does not imply a fixed personality trait.

such as Oppositional Defiant Disorder, Conduct Disorder, Attention Deficit Hyperactivity Disorder, or various learning disabilities.

Aggressive behavior bears a high cost for the child and is often associated with poor academic achievement, low self-esteem, low frustration tolerance, poor social skills, and depressive symptoms (Sanders, Gooley, & Nicholson, 2000). Aggressive children are more likely to truant from school and more likely to be in trouble with the police. Children who show behavior indicative of EBDs may suffer damage to relationships with family, peers and teachers. This paper focuses on the treatment of children with various types of EBDs, who are referred due to aggressive behavior. The position presented here is similar to that of Cohen (1994; p. 91), who states that “aggression as a symptom crosses diagnostic categories and confronts the treatment staff with severe challenges for coping; we often refer to these children as ‘aggressive children’ no matter to which category they ‘belong’.” Furthermore, in most cases, multiple causes may be involved that are often difficult to separate. It is suggested that aggressive behavior requires treatment in its own right, as it poses an immediate threat to the child and others, and inevitably creates a cycle of rejection. As such, there is a distinct advantage to having understandings about effective treatment that may be applied to various diagnostic groups.

The study

The model presented here emerged from a phenomenological study of therapists’ experiences, perceptions, and practices in the treatment of aggressive children in educational settings and their relationship to perceived treatment effectiveness (Nissimov-Nahum, 2007). Its goals were to describe, understand, and explain how art therapists work with this population and, in particular, to understand the difficulties involved and to learn from their successes.

The study included three stages of data collection. First, 113 art therapists who work in the Israeli educational system completed a questionnaire. They were asked to report on their general experience with this population and also to focus on a single case of individual treatment with a child, from kindergarten through junior high school, referred because of aggressive behavior. In the second stage, follow-up in-depth interviews were conducted with 11 therapists, focused on elucidating the factors that may be associated with effective treatment. Interviewees were selected on the basis of their questionnaire responses, as belonging to one of two groups: therapists who reported cases that showed the most and the least improvement. These two groups were compared and contrasted to identify the characteristics of effective treatment. Finally, six clinical supervisors of art therapists were also interviewed. Their perspective was important as it is based on their own clinical experience, their work with many therapists, and their extended involvement with the educational system. Analysis and synthesis of the findings from therapists and supervisors yielded a conceptual model that presents the principles of effective treatment.

One of the study’s main findings was that relatively few therapists (24%) reported major improvement that could be considered clinically significant. Mild improvement was reported in 49% of cases, and no change or worsening in 27% of cases. Moreover, when asked to provide reasons for any improvement, most therapists pointed to external factors and appeared to be largely unaware of the connections between their own activities and treatment outcomes. Finally, findings showed that most of the therapists (86%) reported a strong need for knowledge and skills for treating aggressive children. These findings, together with the above studies, suggest that when art therapy is applied with this population,

therapists may often be faced with unique challenges and results may be unsatisfactory.

Challenges in art therapy with aggressive children in educational settings

The study identified challenges in three main areas: in treating the child, in working with wider systems, and with therapists’ personal experiences.

Challenges in treating the child

Many therapists reported that, while they desire to provide a safe environment and encourage free expression, it is often unclear to them how they should respond to symbolic or direct expressions of aggression in the treatment room or even to aggression that is expressed only outside. These situations are associated with several challenges.

How to safely encourage free creative expression?

Creative expression is considered to be an ideal therapeutic strategy as it encourages sublimation of drives and promotes ego development (Rubin, 1978). However, with aggressive children, there is a risk of their losing control during the creative process and they may become overwhelmed with anxiety. When venting can lead to distress in the child, some experts suggest that the therapist should consider the possibility of structuring the creative process by limiting the materials that are offered or directing the child to specific materials, in order to encourage self-control (Hagood, 2000; Kramer, 1971). The challenge for therapists is to determine when to allow free expression and when and how to limit it, so that they do not provide too much freedom or, conversely, set limits that are too rigid.

How to process the symbolic contents of artwork?

The images displayed in the child’s artwork may reflect aggression and painful issues. McMurray and Schwartz-Mirman (1998) explain that the creative process transforms aggression into external images and this relieves clients’ stress and allows them to reflect on their inner world. There is debate among therapists, however, whether and to what degree metaphoric expressions should be discussed with the child, especially keeping in mind the fact that aggressive behavior often appears alongside difficulties in verbal expression (Ripley & Yuill, 2005). Discussion of the artwork can help children feel that they have been understood, to obtain insight into the meaning of their symbolic expressions, and to experience relief (Malchiodi, 1998). Inappropriate interpretations, however, may lead to premature uncovering of threatening material, loss of control, and an increase in anxiety and symptoms that may, in turn, lead to resistance to treatment.

The current study found that most therapists reported that they respond to aggressive symbolic contents in the artwork with encouragement, but refrain from discussing or interpreting the issues. They explained that they were concerned for the child’s capacity to contain a verbal intervention, due to the stress, anxiety, or pain that this could arouse. They also described their concern for jeopardizing the therapeutic relationship and arousing resistance. As such, therapists are faced with the challenge of whether, when, and how to process symbolic aggression in the child’s artwork.

How to respond when therapists are faced with direct expressions of aggression?

Although in general practice, aggressive outbursts may be a rare occurrence, they are to be expected when treating children who are referred for aggressive behavior. In the current study, therapists

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