

PRACTICE

COMMUNICATING WITH TROUBLED CHILDREN THROUGH EXPRESSIVE ARTS

—by Mary Jean Meyer

The use of expressive arts therapy is gaining acceptance as an adjunct to more traditional therapeutic interventions, particularly in the field of child abuse. Children who have been victims of physical and sexual abuse frequently have trouble with impulse control, defensive functioning, reality testing and speech and language development. These children are often unable to verbalize thoughts and feelings surrounding traumatic life experiences. The fear, pain, and anger they feel may be expressed more readily through a variety of art forms such as drawing, painting, sculpting with clay, playing in the sand, making puppets or woodworking.

Therapists do not need to be directly involved in creative expression, but they must feel comfortable allowing a child to use such means of expression. By receiving the messages that are either too painful or too dangerous to verbalize, or for which there are, as yet, no words, the therapist conveys a sense of acceptance and provides an otherwise missed opportunity for advancing the goals of therapy. Below are some art therapy techniques which have proven effective in working with victimized children.

Engaging a child in a conversation about his or her artwork is key to understanding the content. When talking to a child about his or her art, one must employ genuine listening, unintrusive observation, and gentle verbal intervention. Ask the child to describe in his or her own way a drawing, painting, or clay project. The question, "What is this?" sometimes shuts a child down. Instead, you might ask, "Tell me about this," or, "Can you give this a title?" Children are usually quite willing to tell a story about their pictures. Art form descriptions are often like dream descriptions: they contain omissions, strange wordings, and interesting affect. Note the inclusion and exclusion of specific items as a child makes choices based on what is emotionally meaningful. Be aware of the choice of, lack of, and unusual use of color. You can promote further self-discovery by asking a child to elaborate on specific aspects of an art object. Show enthusiasm for a child's willingness to share his or her art, and write down everything he or she says about his or her art projects: this is rich information about his or her perceptions and feelings.

Some children are hesitant to begin a therapeutic relationship, but even the most resistant ones can be persuaded to engage in a simple activity called the squiggle game (Winnicott, 1971). Request that the child make a free spontaneous scribble on a piece of paper, with eyes open or closed. Then

create something from the child's scribble in a contrasting color. Next, reverse the procedure: the therapist draws a scribble and the child creates something from it. This exercise can be repeated rapidly through several sequences, with the therapist asking the child to share what she has drawn. The squiggle game helps children overcome their inhibitions about drawing, and encourages free expression of ideas and fantasies. As a process without rules, it is an excellent exercise for children who are fearful of making mistakes. I have seen many children reveal conflicts in their lives through this process: squiggles become instruments of abuse such as belts, whips, and sticks, or become body parts which concern the child. Some children have created graphic pictures from squiggles and disclosed physical and sexual abuse.

Children may also reveal significant information through the social atom technique. This exercise, developed by Vander May (1975) on the basis of Moreno's concept of the social atom and the sociogram (1946), is valuable as a regular intake procedure. The approach is to present the child with glue, markers, a large circle of drawing paper, and a wide selection of colored construction paper cut into circles (to represent women) and triangles (to represent men). The therapist asks the child to imagine that the circle of paper represents his or her world, and requests that she put herself at the center, and place around his or her family members and others (including pets) who have been involved in his or her life, both positively and negatively, irrespectively of death, distance, or other factors. Persons with whom the child feels closer should be placed nearby, and those with whom the child feels distant should be further away. When children have finished, they are quite willing to identify people and explain the reason for their placement and their color, revealing a wealth of information about their thoughts and feelings. When used in family therapy, parents can gain a great deal of perspective on the differences in their own and their children's perceptions of family dynamics.

Sandplay is a wonderful medium for working with troubled children. One of its advantages is the ease with which a child can present his or her situation. The sand box requires no skills—just a desire to play. In sandplay, no instructions are given. The child is simply encouraged to create a sand world with miniatures and small symbolic objects. Dealing with small inanimate things gives a child a chance to gain control over situations that are overwhelming. The child may repeatedly bury abusive parents in the sand, where they have much less power to hurt the child. Some children give a running commentary about events in their sand world, both ventilating feelings and providing the therapist with valuable information. Other children may be silent as they play. Engag-

ing the child in conversation about his or her sandplay can elicit important clarifications and provide insight about his or her activity.

Of all the materials I use with children, clay is the most popular. Clay is useful for its tactile and kinesthetic qualities. For borderline children who are struggling to maintain a hold on reality, the malleable cohesive quality of clay conveys a sense of reality and substance (Kramer, 1979). Aggressive children can pound clay, anger can be ventilated through clay, children with low self-esteem can gain a stronger sense of self by shaping and reshaping clay, making mistakes less noticeable. The similarity between clay and body products can exert a regressive pull stimulating memories and feelings from early childhood. Although some therapists are put off by the apparent messiness of clay, in fact it's the cleanest material I use with children. It dries to a fine dust, and easily washes off hands and clothes.

Footprints is a technique I have found particularly useful in allowing victimized children a non-threatening way to get in touch with the reality of past experiences. Unroll a long sheet of white paper on the floor (shelf paper will do, or a roll of drawing paper from an art store). Ask the child to take several slow steps on the paper, and as she does, draw around his or her feet to make footprints. Eight footprints are usually ample, but leave extra paper in case more are needed. Explain to the child that the footprints represent his or her life from birth until now, and ask him or her to fill them up with good and bad memories. Begin with the earliest happy memory, as children often find it difficult to share sad feelings until they have shared the safer happy ones. In the second footprint, ask for an unhappy memory, going back and forth between positive and negative as they fill up. I have found that victimized children often run out of good memories, and use the footprints to record the reality of traumatic events in their lives.

Using expressive arts techniques is an appropriate way for victimized children to begin externalizing some of the trauma they have experienced. Neither the therapist nor the child need to be skilled in the use of art materials to use art techniques effectively. With every technique, be sure to write down everything the child says for your own and your agency's records. The various art forms serve as a bridge to verbalization so that a child can become more effectively involved in the therapeutic process.

Mary Jean Meyer, MA, is an expressive arts therapist who provides consulting and therapeutic services to child care facilities, state agencies, and private agencies in New England.

References

- Kramer, E. (1979). *Childhood and Art Therapy*. NY: Schocken Books, Inc.
- Moreno, J.I. (1946). *Psychodrama*. First Volume. NY: Beacon House.
- Vander May, J. (1975). Perceptual social atom sociogram. In *Group psychotherapy and psychodrama*, 28, 128-134.
- Winnicott, D.W. (1971). *Therapeutic consultations in child psychiatry*. NY: Basic Books, Inc.