

ART THERAPY FOR AN ANGRY CHILD: A Case Study

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What teacher of grade-school children, upon receiving the list of students for the school year, hasn't perhaps experienced a sharp intake of breath when one or two names jump off the list? A fellow teacher may commiserate with, "I see you got one of those. Too bad. Good luck." But these are mainstream education kids and, for the veteran teacher, the addition of a spirited youngster will usually guarantee an eventful year. For a teacher of learning handicapped or disturbed children or both, the percentage of "those" kids may well be significantly higher than a regular classroom counterpart faces. Storms become more than seasonal; they are perpetual events.

At one private school specializing in educating learning handicapped children, the storm in question became the focal point for educators and therapists alike. Tim, age nine, had for a number of months eluded the best efforts of several individuals to curtail and redirect his violent episodes. Some of these episodes had led to physical damage of persons and

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things, such as an eight-inch hole knocked in a wall. It was determined that something had to be done, both for the youngster and the classroom milieu. A strategy was devised which ultimately modified Tim's behavior to a degree significantly beyond our expectations. It is hoped that this strategy, the use of art therapy, may aid others in working with violently aggressive children.

Profile of Tim

Tim had come from a program for the severely handicapped, which had apparently provided few special services. In the new situation he experienced daily outbursts of violence, including hitting, throwing, biting, scratching, swearing, and screaming. Often his voice carried well above the hum of activity in the classroom. He was constantly in motion.

A speech evaluation given soon after his arrival in the fall of 1980 indicated that both expressive and receptive language skills were far below his chronological age. That both were at about the same level led the evaluator to hypothesize that his might be a case of developmental delay rather than language disorder. His utterances were usually confined to about two words.

In the area of motor development, initial evaluation showed an inadequate pincer grasp, poor hand-eye coordination, low proprioceptive skills, visual problems, and problems integrating sensory information. His first IEP set improving balance and body image skills as the primary objective.

His mother reported that until the age of two, Tim had seemed to develop normally. At two, he had his first grand mal seizure after receiving a spanking from his mother, and Tim soon learned to manipulate her attempts to discipline him by faking petit mals. With this advance warning, the school staff was able to assist her in discerning real from feigned seizures.

A grand mal seizure in school in early 1981 resulted in new, concerted efforts to find a course of action for Tim. A description of his behavior (hyperactivity, pronunciation problems, awkward movements, nervousness, slurred speech, confusion, forgetfulness, frequent upsets, and aggression) was shared with his pediatric neurologist. The aggression was particularly difficult to handle because it was almost totally un-

predictable. Attempts to correlate the violent episodes with any predisposing factors in the environment, from upcoming holidays to a stringent behavior modification program, proved futile, and Tim's behavior continued to deteriorate. (Even his hugs seemed hard and unloving.)

The staff carefully studied all available information on Tim. For example, the Peabody Picture Vocabulary Test, which had been given to him in 1979, yielded an IQ of 50. Adaptive skills as tested on the Vineland indicated high self-help abilities. Shining through all of the test scores were his creativity and imagination which were well enough developed to seem to preclude his being a true TMR. Staff members working with Tim became convinced that he possessed untapped abilities which time and patience might elicit.

The Introduction of Art Therapy

Tim joined the rest of the children in the school for art therapy twice monthly. From a situation of daily outbursts, his behavior slowly began to diminish to no more than three serious episodes a week. He was then given art therapy once a week. The teachers continued to notice a decrease in violent behavior and an increase in more compliant behavior. The change was not only in frequency of outbursts but in nature and duration. Instead of lasting all day, outbursts might last only an hour or less. At an IEP review meeting, it was decided to increase art therapy sessions to three times weekly. Again a decrease in outbursts was noticed, this time to approximately one a week.

Violent outbursts changed in another way. Tim was no longer so aggressive toward persons, but would vent his anger on an object readily at hand. A concomitant improvement was his ability to express anger verbally and at times even describe why he felt angry. This trend of more and better expression continued at home where he asked his mother how to handle difficulty with another child.

It was felt that the structure of the art therapy sessions should be as loose and flexible as possible. Tim liked to "call the shots," and art provided him with an excellent opportunity to do so. Verbalizations were encouraged by the therapist, but always in an open-ended, nondirected manner. He was allowed

to dictate the length of the sessions as much as possible, the average being about thirty minutes. He never experienced an outburst in the art therapy area, although twice he was reluctant to come and twice he left quickly. He was capable of accepting whatever limitations were imposed, his only occasional problem being distractability. Gradually Tim began to accept more direction and ask for help. Near the end of the forty-one sessions of art therapy, he became very cooperative, took on clean-up jobs, and helped with materials. By this time he was also able to tell complete stories about his work. This was a monumental change from his earlier sparse communication skills.

Expressions of Emotions Through Art

Several priorities were implemented by the art therapist. Of far greatest significance for Tim was the need to project deep-seated anger directly onto the materials at hand. For this purpose, paint and clay were preferred media. Choice of activity was generally left up to Tim as much as possible; only compulsive activity or projects beyond his psychomotor abilities were discouraged. Clay was favored for active venting, and Tim often leaned his weight, knees, and feet into the clay, pounded and gouged it to produce the desired release. Eventually, actual objects, crude, whimsical, and often charming, emerged from his clay sessions.

Painting also began slowly to evolve although with many returns to regressive (more infantile) activities and with an occasional glowing surprise. Tim almost always demonstrated a high intensity and concentration during art therapy. His use of color was deliberate, not random, and progressed from dark, amorphous masses to brighter colors and distinct forms. His best was a wonderful painting of a boy playing with a ball, which was far better than anything done previously. The use of more color roughly paralleled the imminent arrival of his mother's third child, an addition Tim anticipated with much enthusiasm. The art, both in paint and clay, began to tell the story of difficulties with Tim's father and of the fierce competition between Tim and his father for his mother's love.

Generally speaking, in his early work, Tim operated at a level called "late scribble stage," although he would occasional-

ly make a crude schema, a simple image that represented an object (Lowenfeld 1970). This placed him developmentally at approximately age four and a half to five, which was consistent with other testing. The boy with ball picture jumped ahead of this pattern, almost to full schematic stage (age 7), in which objects are connected by a baseline. This development lent further credence to the hypothesis that Tim's ability level was more the result of delay than of true retardation.

Tim's Ups and Downs in Art Therapy

Tim's growth through art was not totally smooth. After completing a simpler piece, Tim began a fairly ambitious wood sculpture project. Even with considerable assistance from the art therapist, it proved too much for his skill level, and he experienced a violent outburst that day. A need to structure became evident through this experience, so paper instead of wood was provided. He began a series of paper collages with tempera paint poured lavishly on top and more paper applied on top of that. Concealment of feelings again seemed apparent, so the therapist returned Tim to the directness of clay. (He finally was able to do a definitive painting that did not cover up his feelings.)

Tim had indeed progressed in art and classroom behavior although on the day of the last art therapy session he struck another child during recess. Nevertheless, Tim was no longer the number one school problem. He was able to articulate choices and needs, and he showed intense concern for his younger brother and the new baby.

Analysis of Data Collected on Tim

A farsighted teacher at the school began charting Tim's behavior at the beginning of April. These data detailed his daily behavior for a period of four months from April through July of 1981. This period consisted of sixty-eight school days and thirty art therapy sessions. Eleven art therapy sessions had taken place before charting was begun.

In order to analyze the data, each day was evaluated in terms of violent or compliant behavior. Violent behavior was defined as hitting, throwing, biting, scratching, spitting, swear-

ing, and screaming. Refusal to cooperate was also figured in the tabulation. The decision was sometimes a subjective one in which the scope or duration of the behavior had to be balanced against his behavior for the entire day.

The first task was to define Tim's behavior in terms of time. The sixty-eight days of attendance were divided into six ten-day periods and one eight-day period. For each period, the number of days in which Tim was violent and the number of days in which he was compliant were counted. We could then determine the percentage of time in each period in which Tim was violent or compliant and compare his behavior in terms of receiving or not receiving art therapy. With the increasing use of art therapy, Tim's behavior became more compliant on days when he received art therapy and on other days as well. He began by being compliant only 45 percent of the time and gradually increased to 80 percent positive behavior on art therapy days and 71 percent on non-art therapy days over a four-month period. It was important for us to identify a carry-over of art therapy release into other days. We also learned that his behavior at home and on weekends had greatly improved. Even though the charting was not begun as a scientific study, it is believed that the assessment was accurate. Because of possible evaluator bias or inaccurate recall, the relatively high results must be considered indicative rather than final. It was the purpose of this informal research to point the way to more study of the value of art therapy in the treatment of violent, learning handicapped children.

Deductions and Inferences

Tentative conclusions can be drawn, subject, of course, to far more extensive investigation:

1. A non-directive, child-determined course of art therapy with certain limitations specified (confined to certain area, some materials denied, rules of appropriate behavior expected) does assist a violent child in releasing tension with a consequent display of constructive, cooperative behavior.
2. The release and/or redirection of energies ex-

perienced through art therapy may lessen the child's tendency to have seizures (no more seizures were experienced after art therapy increased to three times weekly).

3. In children whose dysfunction is the result of developmental delay, art therapy may assist in returning the child to the pattern of development appropriate to that child's age (Kellogg 1970).

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