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## Art therapy in mainstream primary schools in the United Kingdom and the United States of America : identifying connections with the Australian experience

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**ART THERAPY IN MAINSTREAM PRIMARY SCHOOLS IN  
THE UNITED KINGDOM AND THE UNITED STATES OF  
AMERICA : IDENTIFYING CONNECTIONS WITH THE  
AUSTRALIAN EXPERIENCE.**

**by Jan BOWDLER**

**A Thesis submitted in Partial Fulfillment of the Requirements for the  
award of**

**MASTER of ARTS (Art Therapy)**

**Art Therapy Department  
W.A. School of Visual Arts  
W.A. Academy of Performing Arts  
Edith Cowan University  
Perth, Western Australia**

**Submission Date: DEC 1 1998**

## ABSTRACT

This thesis is a case study that explores art therapy programs that are being or have been established in mainstream primary education settings in the United Kingdom, United States of America and Australia.

The study includes a review of literature which relates an application of art therapy principles and practice to an education framework and the developmental and emotional needs of primary age children. The art therapy programs are examined in terms of the target population (eg abused, rejected, disaffected, vulnerable children); the value of these programs to children in the primary school system (ie in helping to remove students' emotional blocks to learning ); the logistics of their implementation in primary schools; and their source of funding. The level of interest , support and commitment from allied health and community workers as well as teachers and administrators working within a school structure is also examined. The data analysis and conclusions reflect on the common and recurring themes which arise from the study of programs in the UK and USA . These are compared to the Australian experience. The implications of the study for the Education Department of Western Australian system is discussed.

### DECLARATION

I certify that this thesis does not incorporate without my acknowledgement any material previously submitted for a degree or diploma in any institution of higher education; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signature.....*Jim Bowdler*

Date.....*Dec. 1st. 1998*

## ACKNOWLEDGEMENTS

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## TABLE OF CONTENTS

	<u>Page</u>
<b>ABSTRACT</b>	<b>2</b>
<b>DECLARATION</b>	<b>3</b>
<b>ACKNOWLEDGEMENTS</b>	<b>4</b>
<b>INTRODUCTION</b>	
<b>Overview &amp; Background</b>	<b>6</b>
<b>Significance/ Need of the Study</b>	<b>6</b>
<b>Aim</b>	<b>13</b>
<b>Focus Questions</b>	<b>14</b>
<b>Definition of Terms</b>	<b>15</b>
<b>REVIEW of LITERATURE</b>	<b>17</b>
<b>Developmental Stages</b>	<b>18</b>
<b>Emotional Needs- Emotional Literacy</b>	<b>19</b>
<b>Educational Framework</b>	<b>22</b>
<b>Art Therapy Principles and Practice</b>	<b>25</b>
<b>Art Therapy Experiences in Primary School Settings (UK &amp; USA)</b>	<b>27</b>
<b>THEORETICAL FRAMEWORK</b>	<b>40</b>
<b>RESEARCH DESIGN / METHOD</b>	<b>43</b>
<b>Ethical Considerations</b>	<b>46</b>
<b>DATA ANALYSIS and FINDINGS</b>	<b>47</b>
<b>Introduction</b>	<b>47</b>
<b>Emerging themes ( UK &amp; USA)</b>	<b>48</b>
<b>The Australian experience - matching the themes</b>	<b>50</b>
<b>Emerging theory</b>	<b>65</b>
<b>Limitations of the Study</b>	<b>66</b>
<b>CONCLUSIONS and RECOMMENDATIONS for FURTHER RESEARCH</b>	<b>68</b>
<b>REFERENCES</b>	<b>70</b>
<b>APPENDICES</b>	<b>74</b>



## **INTRODUCTION**

### **Overview and Background**

The interest in this study began with a hypothetical presentation of art therapy to a group of educators and service providers in schools. This presentation outlined the appropriateness of the use of art therapy in an educational setting, particularly mainstream primary schools. From an initial interest grew a desire to search for actual programs that reportedly had been in place effectively in the United Kingdom, the United States of America and Australia.

It would appear that art therapy programs have been in existence in primary schools for as long as twenty years in parts of the USA . However, there seems to be no national policy on their presence and much depends upon the individual therapists and the level of support that they receive as to whether such programs have been implemented. There is also evidence to suggest that art therapy has been used in a variety of ways in primary schools in the United Kingdom and in the metropolitan area of Western Australia. This study seeks to ascertain the existence and strength of these various programs together with an exploration of the particular problems encountered in their implementation and the purpose for their introduction.

### **Significance / Need of the Study**

Underlying this study is the belief that art therapy can play a unique role in contributing to the learning process and that schools are suitable venues for this to take place.

## **Professional Observations**

My role as an art/craft specialist teacher in primary school has provided me with access to the same students on a weekly basis over a seven year period. Consequently I have been able to observe the students objectively, gaining insight and information regarding individual student 'profiles' of physical, emotional, academic, behavioural and social development. The seven years spent in primary school provides a span of time that can display quite graphically and accurately a student's pattern of progress and development. As I provided opportunities for visual art experience for the students, I became increasingly aware of its potential in facilitating the building of self-esteem in the students given the non-threatening, non-verbal aspect of the subject. The art provided a means of achieving success through activities other than the formal literacy curriculum. In addition to gaining mastery over new skills, techniques and processes, it also provided opportunities for self-expression thereby recognising the uniqueness of each individual.

My studies in art therapy have given me additional perspectives on the value of art experiences for a variety of purposes, in a variety of settings, for a variety of client populations (including children), in the presence of an art therapist. This therapist who is 'along-side' the client throughout the art therapy process builds trust and shows empathy as the client works towards unraveling the emotional blocks to success in their lives.

My experiences in the primary school setting indicate to me that there are a number of students who would benefit from this kind of intervention to overcome their difficulties which are of a psychological nature.

### **Support from the Western Australian Child Health Survey, (1997)**

The significance and need for this study is supported by the results of the *Western Australian Child Health Survey: Education, Health and Competence* that was conducted from 1995 to 1997. The survey reports that one in six school students in Western Australia has a mental health problem. These 'problems' are determined by the eight mental health predictors that constitute the Child Behaviour Check-List (CBCL), used in the survey for collecting data:

1. Delinquent Behaviour
2. Aggressive Behaviour
3. Somatic Complaints
4. Social Problems
5. Thought Problems
6. Attention Problems
7. Withdrawn behaviour
8. Anxiety / Depression

The results confirm my 'hunch' that there are growing problems in our schools and that the needs of students are changing.

### **Support in Schools**

The survey results indicate that poor mental health is associated with higher rates of low academic competence. Schools are primarily concerned with the educational needs of their students and any block to their learning is dealt with seriously. It would seem that today, more and more of these blocks appear to be of an emotional, social or psychological nature. Students often bring their 'problems' to school with them and these cannot be ignored. As Carol Ross says (1997:3-4) "Many children are coping with difficulties or hardships outside the school (such as family problems,

bereavement or exile) or arrive at school with low self-esteem, a poor self image and poor social skills." These students are 'at risk' of not achieving their fullest learning potential. Those working in the schools as qualified, competent educators, often do not feel well enough equipped to deal with the deeper psychological issues that require specialist treatment and time. The chief investigator of the WA Child Health Survey, Dr. Stephen Zubrick, is reported to have said (*The West Australian Newspaper*, Thursday February 20 1997);

" The findings provide an indication of the extent which schools are having to manage student problems such as truancy , disruptive behaviour, attention deficit hyperactivity disorder, bullying and suicidal behaviour. "

As well as these children needing to be provided with 'treatment' for the problems being presented in the school arena, the study also highlights the value of preventive programs being put into place in schools. This would assist children to deal with their own and other's issues of aggression, bullying, group dynamics , and so on, by learning coping strategies to face them . There is concern that more support is needed to address these problems within the schools at a time when present services are being re-organised and even reduced. Both Ken Glasgow , president of the School Psychologists' Association, and Brian Lindberg, president of the State School Teachers' Union remark on the critical shortage of school psychologists (*The West Australian Newspaper* ,Wednesday, February 26, 1997 ). Nevertheless, this study does not set out to suggest that art therapists take over the role of the school psychologist . It determines to show how individual or group art therapy can be offered as a possible means of support by providing interventions when students at risk have been identified by teachers, psychologists and health professionals working in the

schools. It also sets out to show how schools are logical places to reach a large number of students in implementing preventive art therapy programs as well as using art therapy as treatment or management when problems have been detected.

### **Community Expectations and Curriculum Reform**

Zubrick (1997) suggests that parents and communities expect more and more that schools should play a bigger role in addressing these problems and preparing children for society. There is a concern that these expectations will cause people to forget that schools are primarily there to 'educate' students. Western Australian Government Education minister, Colin Barnett has said that "schools could not be expected to provide an antidote to all social problems." In a statement defending 'Big' schools in the *West Australian Newspaper*, Friday April 17, 1998, he says;

"The prime role of schools is to provide a quality education for young people.....I realise that schools do impact in other areas of the community but it is not up to schools to solve all the issues of the community."

However, it is a reality that those working in schools do have to deal with non-educational issues that indirectly have a bearing on learning areas. The Education Department of Western Australia is presently undergoing major Curriculum Reform. The "Curriculum Framework" document (1998) promotes an Outcomes Based theory of education. While these outcomes are built around eight learning areas, for example, Technology and Enterprise, The Arts, etc, there are thirteen major outcomes which incorporate core values. These core values are;

\*Pursuit of Knowledge and Achievement of Potential

\*Self Acceptance and Self Respect

\*Respect and Concern for Others and their Rights

\*Social and Civic Responsibility

\*Environmental Responsibility

These values are embedded in the curriculum. This indicates that all schools now have a clear mandate to provide opportunities for all students to achieve these values outcomes. In addition it could be considered that primary schools are in a unique position to apply early intervention strategies in the school setting to address deficits that impede students' achievement of these outcomes. Some of these deficits could be translated into a recognition of the psychological needs of students that have been highlighted by the *Western Australian Child Health Survey* which impact on their behaviour and relationships in school and their ability to learn. While recognising the prime function of schools as being places of learning, it must be noted that a more holistic view of the child is emerging through the new Curriculum Framework and school personnel are as concerned with the social and emotional development of the student as with his/her acquisition of knowledge. There is also a recognition of the uniqueness of each student. The document states that "students develop at different rates and in different ways, constructing new knowledge and understandings in ways which link their learning to their previous experiences. The developmental approach of the Curriculum Framework accommodates these needs..." (p. 15). In the light of these statements and with the knowledge gained from the WA Child Health Survey results, it would appear timely that the Education Department of Western Australia is basing its teaching strategies and interventions on the provision of programs addressing the developmental needs of individual students within a holistic framework.

## **Students At Risk**

There is growing awareness by those working in the school system to recognise Students At Risk (STAR programs). They realize that teachers and administrators are to be held more accountable for the early identification of these students together with the implementation of school-based and district-based interventions to deal with them. 'Students At Educational Risk - Making the Difference' is the title of the Education Department of Western Australia's strategic plan. Mental health, behaviour, alienated students, special needs and problem solving are the 'At Risk' factors in this Student Services Delivery document. This plan also lists the personnel and resources available to schools to address these needs. It is another example of the recognition of the responsibility of 'educators' to view the students holistically.

## **Rationale and Significance**

The rationale for this study, therefore, lies in the belief that :

1. Emotional, social and behavioural problems impact on the child's capacity to learn
2. Art therapy could be used in schools to address the growing problem of children needing help to cope with their emotional and social needs
3. Art therapy could be used to enhance the learning potential of children in primary schools who experience emotional blocks to learning.
4. That the primary school setting is appropriate for art therapy intervention sessions.

Thus of great significance to this study are ;

The growing problems being presented within our schools;

The changing needs and holistic view of the students and ;

The changing perceptions and expectations of the community of the role

schools should play in helping to address these needs and problems.

### Aim

The aim of this study is to explore how art therapy programs exist at present in primary schools in the United Kingdom, the United States of America and Australia. The study will be limited to the primary school setting in the belief that early intervention can prevent more serious problems at a later stage. Specifically, these art therapy interventions carried out in the primary school setting will be "...strategic interventions which will support and raise children's level of functioning within the school context." (Ross, 1997:3). They will be seen as a possible means of addressing the phenomena of growing levels of emotional distress amongst primary aged students in our schools. Part of the research will explore and describe models of child art therapy and their value in addressing some of the major learning problems evident in the classroom. These would be seen as support for the already over-loaded psychologists and teachers in their work with students in our schools and an aid for children to maximise their learning potential. Included in this exploration would be the special role of the art therapist as a member of a collaborative team of professionals working with students at educational risk in primary schools. The task will be to describe the functioning of the programs within the contributing schools. The logistics of the management of such programs, methods of student referral, types of programs being offered, (eg individual, small group, or whole class delivery), the level of support given to the therapists working in the various schools and the source of funding, will also be documented.

Support for the assumption that the implementation of art therapy



programs in Western Australian metropolitan mainstream primary schools would be valuable is found in programs that have been successfully implemented in other parts of Australia, the United States of America and the United Kingdom.

### Focus Questions

This study seeks to ascertain that there are art therapy programs already in existence in primary schools. It also seeks to determine whether or not they have been beneficial to students and teachers in the containment of student stress related problems and in assisting students in the management of their particular difficulties in a school setting. In exploring these programs, evidence will be sought as to their suitability and the logistics involved in their successful implementation. An historical context might be appropriate in understanding the evolving of programs and the advantages and disadvantages drawn between art therapy within the schools and in a clinical setting .

### Focus questions will include:

How extensive is art therapy in mainstream primary schools?

What is happening in Australia, the United Kingdom, The United States of America?

What sort of programs are in place; - management, preventive, individual, etc?

How long have they been running?

Who 'delivers' the program; - school psychologist, therapist, teacher?

Who pays for the service?

What are the major / minor problems ?

What are the major / minor successes?

Where is the art therapy carried out ; - art room, etc ?

Has early intervention using art therapy been shown to be beneficial?

### **Definition of Terms**

Schools referred to in this study will be mainstream state and independent primary schools.

Students at primary schools in Western Australia are predominantly aged from 5 years to 12 years and come from a wide range of socio-economic backgrounds. This research will be limited to a study of schools in metropolitan areas.

Art therapist as a title will refer to a professional, trained specifically in art therapy. Art therapists are a body of trained therapists who use the experience of the art process as an essential ingredient of the therapeutic process. They use the creation of images, not as an isolated technique but as an integral part of this whole process. Their training equips them to intuit the non-verbal and symbolic communication carried in the artwork which in turn may lead the client to an understanding of the specific difficulties being addressed.

The term art therapy is applicable to any endeavour that is genuinely concerned with both the art process and the therapeutic process. It is a method of helping those who suffer from psychological distress.

Therapists will be trained counsellors, psychologists etc who may or may not use art as part of their work with children.

Teachers, while having a holistic concern for their students, are trained educators with the mandate to facilitate children in their learning.

Allied health and community workers who work within the primary school will be the child health nurse, school psychologist, department social worker.

**Administrators** will refer to school principals, deputy principals and the district director.

**Blocks to learning** will refer to anything that impedes a student's realization of fullest learning potential.

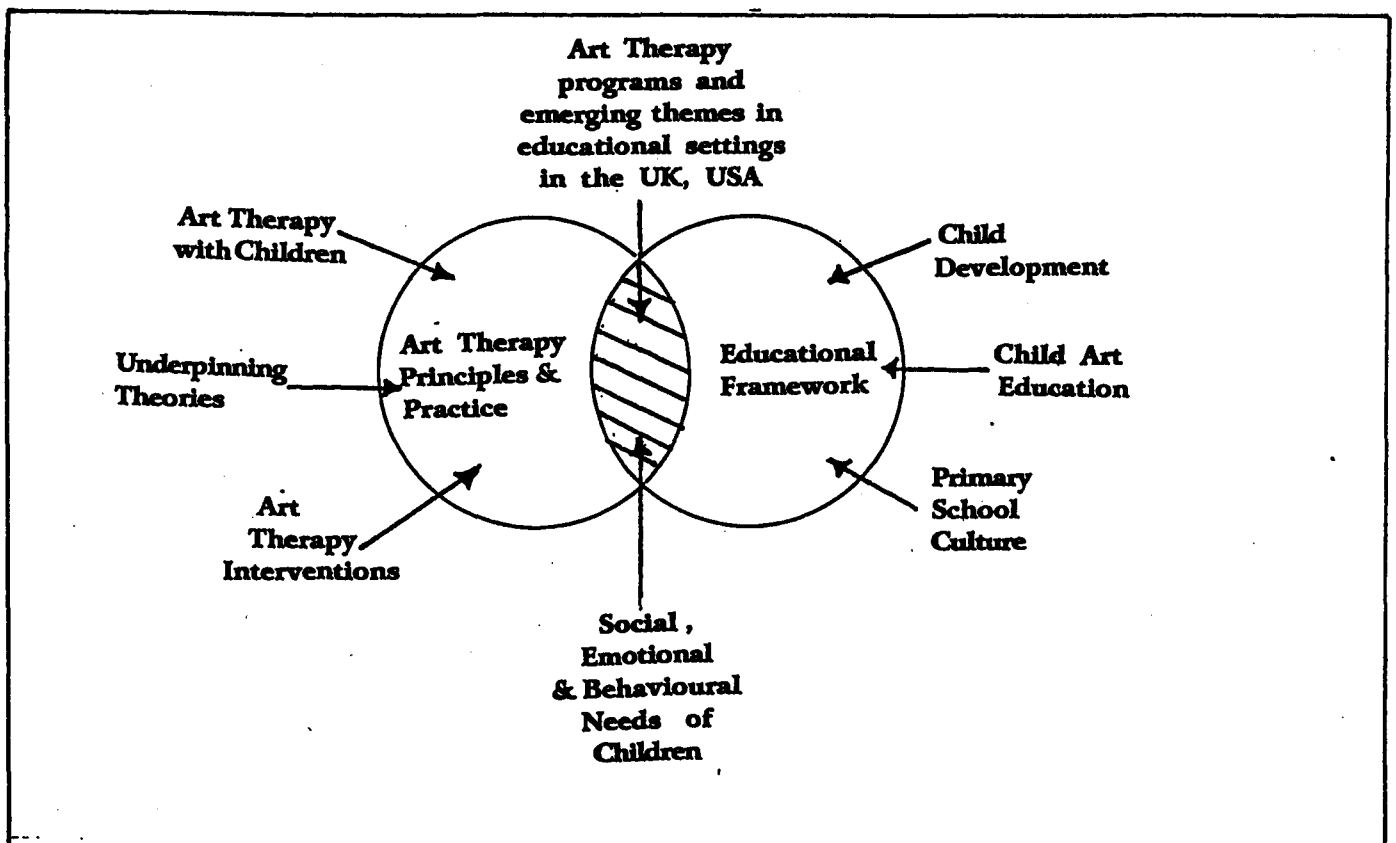
**Students at risk** are those students who are in danger of being prevented from reaching their fullest potential due to physical, emotional, academic, or behavioural reasons.

## REVIEW of LITERATURE

17

This literature review will table literature, articles and writings related to an application of art therapy principles and practice to an educational framework. A connection will be made between these practices and principles and the developmental and emotional needs of primary aged children. Literature to support a consideration of the developmental issues of working with children within the school setting will also be of value and importance. It will be shown that based on this linked literature it is worth exploring how art therapy programs have been used effectively and advantageously in mainstream primary schools.

The aim of this literature review therefore, is to draw these links;



This study highlights a case for more support in schools due to the changing needs of children and the perception of these needs by the community and those working in schools. Art therapy is considered to be a potential provider or means to address these needs.

### Developmental stages of the primary school aged child.

It is important to understand what is happening to children developmentally during this stage referred to as middle childhood when their ages are between four and twelve years.

By this time children would normally have achieved individuation, that is a sense of a separate self. Kagan and Moss (1962:17) suggest that there would have been a preparation for a degree of independence and responsibility. It is also a time of great physical growth. There is a rapid lengthening of legs and arms and motor skills are refined. They are aware of themselves, other people, their feelings, standards, obedience, truthfulness, guilt, shame, and identity. They begin to compare themselves with others which contributes to their self-image. As they move through this period they make important advances in their mental, emotional and social development. Sigmund Freud's (1964) stages of development describe personality or emotional development. He refers to the 6 year old to 12 year old period as the latency stage, a period of sublimation or bodily suppression, a strong super-ego, socialization, and a sense of adequacy and achieving goals. All this is moving him/her towards a sense of identity. Erikson (1959), a personality theorist, calls this the stage of Industry v Inferiority when the focus is on competency, learning to do things well and doing what adults do. At this time the peer group becomes increasingly important and children look to it for approval and acceptance, judging themselves according to peer group standards.

Kagan and Moss (1962:272) state that the experience with the peer group;

"....forces a child to accommodate to some degree, to the values and expectations made by peers. For some children, peer experiences strengthen patterns of dominance, social spontaneity,

and positive self-evaluation. For others, peer rejection and a perception of marked deviation from peer-valued attributes lead to social anxiety, social submission, and a sense of ineffectiveness. Some children in the latter group develop compensatory domains of competence not involving peer interaction. Those who are unable to do so continue to anticipate failure when faced with task or social challenges. It would appear that, for some children, the first four years of contact with the school and peer environment (ie during ages 6 to 10) crystallize behavioural tendencies that are maintained through young adulthood."

Thus it can be seen that the Primary School years are a vital time for the child's developmental processes. If as Arthur Robbins suggests (1987) that there are often 'un-met' stages of development which give rise to pain in the child, then these will have to be faced for emotional growth to occur.

Margarita Wood works as a child psychotherapist in a Family and Child Guidance Clinic in Britain. She believes that ".....Where there is trauma or disruption, the clusters of effect-plus-meaning are blocked off to avoid further distress; they can remain unmodified by any search for reality and coherence, as knots of unfinished business and anxiety which can cause disturbance later on in the child's life." (1984: 62)

### Emotional Needs – Emotional Literacy

Daniel Goleman, Ph.D., who covers the behavioural and brain sciences for *The New York Times* says (1996:226);

"Of all species we humans take the longest for our brains to fully mature.....; habits acquired in childhood become set in the basic synaptic wiring of neural architecture, and are harder to change later in life." He believes that, "Intelligence can come to nothing when the emotions

hold sway." Howard Gardener, co-director of Project Zero at the Harvard Graduate School of Education, proposed the view, (1983), that education involves more than the attainment of knowledge. He believes that there are many intelligences which include, among others, a developing understanding of feelings and perceptions. Karen Stone McCown, developer of the Self Science Curriculum and director of the Nueva Learning Centre in San Francisco believes that "....Learning doesn't take place in isolation from kid's feelings. Being emotionally literate is as important for learning as instruction in math and reading." ( cited in Goleman, 1996 : 262 ) Those involved with children in schools realize the impact that the emotions have on a student's ability to concentrate, focus and learn. Winnicott ( 1964: 206) says " the problems of children with emotional difficulties have been in the minds of educationalists for many years. What troubles teachers is not so much the varying intellectual capacity of their children as their varying emotional needs." While the teacher's primary role is to attend to the child's academic progress, today's holistic view does not isolate him/her from other aspects of growth and development which are physically, socially and emotionally oriented. Goleman's ( 1996: 234, 262 ) premise is that emotional literacy could be introduced into the curriculum;

"A more careful look at the mechanics of specific problems suggests how given deficits in emotional or social competences lay the foundation for grave problems - and how well-aimed correctives and preventives could keep more children on track.....the common thread is the goal of raising the level of social and emotional competence in children as part of their regular education - not just something taught remedially to children who are faltering and identified as 'troubled' but a set of skills and understandings essential for every child."

If we take note of the *WA Child Health Survey* findings that show links between poor mental health and high levels of low academic competence, and if some of these mental health issues are of a psychological nature involving the emotions, then this kind of proposal must be considered in the educational setting. The emotions are 'inner' feelings which need to be understood and linked to outward, observable behaviour. Robert Witkin (1974) refers to the 'inner' and 'outer' life of the individual, a concept that art therapists recognise as having its origins in psycho-analytic constructs. He states ;

"There is a world that exists beyond the individual, a world that exists whether or not he exists. The child needs to know about this world, to move in it and manage himself in it.....There is another world, however, a world that exists only because the individual exists. It is the world of his own sensations and feelings....In order to move around the world of objects, to manage his relationships within it, the individual must be able to manage the disturbances, the sensations and feelings wrought within him by his encounters in the world." (1974 : 1 )

Case and Dalley (1990), reinforce this notion that it is crucial for children to balance their 'inner needs' and 'outer constraints of their environment' (p 1). They identify art therapy as a useful tool to do this.

They say further that;

"..the art process can offer the child another language, non-verbal and symbolic, through which s/he can express, perhaps unconsciously, feelings, wishes, fears and phantasies central to his/her inner experiences. The art therapist is therefore ever present for the child in therapy, sensitive to the communication through the art images or art objects....." ( p. 2)



### Educational Framework - Primary School Context and Settings.

'*Young Minds*' - the National Association for Child and Family Mental Health - is the only charity in Britain working solely to raise awareness of the mental health needs of children and young people. They also campaign for better services for those in need of help. In their booklet 'Mental Health in Your School - A guide for teachers and others working in schools' it is stated (p. 11) that;

"All children have their ups and downs and go through a range of emotions as they grow up. With the backup of those around them, most children cope well enough. Some, however, don't do so well.....Children can become unhappy at school and refuse to attend; they can have difficulty concentrating and learning; they can get into trouble, or have eating or sleeping problems. These are problems that affect children's well-being. In schools, they are usually called emotional and behavioural problems."

Teachers are alert to the persistence of such problems particularly when they interfere with a child's development or learning. The signs might include the dramatic dropping in standards of work; difficulty settling into a piece of work; difficulty concentrating in class; loss of motivation and enthusiasm. It is not difficult to see that a child who does not feel well or happy and who does not 'get on' with friends or adults, will not be learning to the best of his/her ability. It is suggested ( *Young Minds*, pp38, 39) that teachers are in key positions to recognise the signs of distress in children but that they should call in key professionals to deal with this rather than be expected to take on the role of therapist themselves. The *Western Australian Child Health Survey* (p 65) suggests that in-service training for teachers would be essential in ensuring accurate early identification of students with mental health problems. In addition teachers

could be made aware of support services available to them for possible sources of intervention. The report points out that "the needs of students at educational risk cannot be met by schools alone." (p 62)

The school, then, is seen to be in a unique position to help identify and address these emotional needs given the support and resources to do so. Every child attends school and therefore can be accessed in this setting. Schools are structured to monitor every child's development and performance and have systems in place to manage student behaviour and to make referrals to student service personnel. These services need to be adequate to address the growing and changing needs of students today.

Ross (1997:3-4) states:

"For many children, going to school means having to deal with difficult social dynamics, bullying and harassment (both inside and outside the classroom); having to measure their own ability and self-worth in relation to others; or finding themselves marginalised by the mainstream culture..... Concerns about achievement and behaviour, therefore, need to be addressed in a variety of ways."

How many of these problems could be 'nipped in the bud' by using the organizational structure of the school to implement preventive programs and by having specialists available to attend to problems as they arise? Bill Rogers (1990:170) admits that "all students bring their emotional baggage into the classroom group.....This does not mean that we can over-compensate for a child's difficult home-life; it does mean that we treat our students with respect within a discipline framework that includes self-esteem as one of its goals.....When we enhance self-esteem, we enhance the capacity to learn." This 'discipline framework' might differ in theoretical base from that of an art therapy approach, but there is a similarity in the recognition of the needs of

students and the value in raising their levels of self-esteem .

Carol Ross (1997), like William Glasser (1969), believes that children can be supported on an individual level and an institutional level, that is, in a school setting. She talks further about 'strategic interventions which will support and raise children's level of functioning within the school context' (1997: 3) and more specifically that, "An art therapy approach has been shown to be particularly suitable...." within the school setting (1997: 4). Glasser (1969) talks about the concepts of Reality Therapy and the two kinds of failure that humans experience and which affect their lives and relationships dramatically; the failure to love and the failure to achieve self-worth. He considers these to be "so closely interrelated that it is difficult and probably artificial to separate them." (1969: 12) He uses the term 'identity' to encompass both. He reduces this basic requirement that humans have as a search for identity; "the belief that we are someone in distinction to others, and that the someone is important and worthwhile" (1969:14). Glasser believes that the only two places where children can gain a successful identity are the home and the school. He defines 'love' in the school context as 'social responsibility' (1969:14) for their own sake as well as others. It is thus gratifying to know that social and civic responsibility will now be on every WA school agenda as one of the core values mentioned earlier in the study. This further supports the notion of the school as a suitable setting for therapeutic intervention. Glasser believes that schools are in a unique position to make a difference by reducing the loneliness that is a result of this failure identity. The loneliness is reduced by the involvement of a significant other person such as a therapist, or indeed any person perceived as successful, positive and warm and willing to be involved with the child, such as a teacher.

Carol Ross, contributing to *Arts Approaches to Conflict* (ed Leibman, 1996:150), promotes art therapy interventions in schools as a means to ;

"empower children.....providing emotional support and enhancing their sense of their rights and the rights of others. This approach needs to be reinforced through the curriculum on a whole class basis. Whole school development of policies and practices.....establish the context for this to occur. We need to create a social climate in our schools which models a positive approach to dealing with conflict, so that our children can learn new behaviours, strategies and negotiation skills."

### Art Therapy As A Tool - Principles and Practice.

Literature in this section will highlight art therapy as a means to develop skills and understandings to raise a primary school child's level of social and emotional competence.

Children are often very confused, frustrated and fearful about the way they feel, think and behave and the impact on those around them. There are a myriad emotions at the root of the mental health predictors listed earlier in this study which range from the overt aggressive, behavioural problems to the withdrawn, anxiety-ridden symptoms. Tessa Dalley (1990: 173) writes;

"The variety of emotional situations which can be expressed through art and play is unlimited. Feelings of frustration and rejection, jealousy of father, mother or siblings and aggressiveness that accompany this, feelings of love and hate towards a new born baby as well as the ensuing anxiety, guilt and urge to make reparation."

It is possible that this confusion, frustration and fear will not only impact

upon the child's freedom to absorb knowledge and experience but that their outward behaviour might be alienating them from their peers at a time when peer approval is so important. It might be that their interactions with their peers are unsatisfactory and a cause of confusion and unhappiness. Roger Arguile (1992 : 145 ) writes that " through the psychotherapeutic relationship in a safe space, using art, children can, over a period of time, resolve often overwhelming problems ". Carol Ross (1997: 6 ) lists ways in which an art therapy approach can be used in a school setting. These include increasing self-esteem, building confidence, and increasing " a sense of their rights and entitlements with children who are withdrawn, vulnerable, being bullied, underachieving, having learning difficulties, or are marginalised through cultural or gender bias." She goes on further to say that, " there is no right or wrong way in an art therapy approach and this must be made clear. Children need to feel secure in the knowledge that the image-making is a way to record their experiences or represent their thoughts and feelings, and they will not be judged on merit" ( p. 14 ) . Ross's book illustrates a number of strategies and interventions using art therapy in mainstream settings with children of varying ages and in a number of delivery styles.

Harriet Wadeson uses art psychotherapy as a way to work because of the "power of the image..... Through it, I come to know others in new and more intimate and imaginative ways. They come to know themselves as they create and communicate a symbolic language." (1980 : 147 - 150, 382 ) She points out ( p. 15 ) that art therapy was initially implemented in special schools for the retarded, emotionally disturbed or learning disabled. Now, however, art therapy has moved in to broader educational settings and " as educators are becoming attuned to the development of the whole person, art therapy is finding a place in the education of so-called 'normal'

children. In such settings the emphasis is on growth through personal expression rather than the alleviation of ills as the term 'therapy' applies."

Dianne Waller ( 1993 : 81, 90 ) writes;

" Art therapy would seem to offer an excellent opportunity for interaction as children readily use materials, and do so spontaneously.....Art therapists trained in group work could give much support to teaching staff, as well as children in schools and centres for the care and treatment of children and adolescents and this is an area of work which needs to be fully researched and developed."

#### Art Therapy experiences in primary school settings ( UK and USA).

There are indications that art therapy has been established in varying degrees in mainstream primary schools. A number of articles appearing in journals in the United States of America and the United Kingdom relate specifically to art therapy programs in the mainstream primary school setting and highlight the hopes, the benefits and the frustrations of implementing , expanding and maintaining such programs. Personal correspondence with art therapists working in this setting indicates the value and the pitfalls inherent in facilitating art therapy with this clientele in the school rather than the clinic.

A 1986 report by Tessa Dalley in the winter publication of *Inscape* , the Journal of the British Association of Art Therapists , entitled "Art Therapy in Education", referred to the welcome move to establish art therapy posts outside the National Health Service. She saw this as an opportunity to integrate art therapy in the education system and described her work as an art therapist in primary school:

"It is widely recognised that children who are unstable emotionally do not function well intellectually and have difficulty in learning.....I have been working as an art therapist, part-time in a primary school for two years. It is now generally acknowledged within this school that the therapeutic approach using art and play has resulted in less violent and disruptive behaviour and also less necessity for removal of the most difficult children from the school."

(p. 8)

A.R. Nicol's "Annotation - Psychotherapy and the School: An update" (1987) refers to positive findings of using therapy in the school setting which point to a more constructive relationship between the school and the child. In the conclusion is written "...it may be that school based therapies are more appropriate for children with the very common and less severe emotional and learning disorders which will respond to a more developmental-orientated if less focused and vigorous approach. At present there is a tendency for these children to languish uselessly on clinic waiting lists when what is needed is to get the intervention skills into the schools." (p. 663)

Carole Welsby is an art teacher and trained art therapist. Reporting in *Inscape* (Vol 3. No.1 1998) on her experiences as an art therapist in a girls' comprehensive school in England, she believes that art therapy can prevent students at risk from becoming "casualties within the education system." (p. 33). While there is much evidence to support this notion, it does not automatically follow that art therapy, or any therapy, is readily available or sought after for students in the mainstream education system. This research is finding that successful implementation of programs within the schools is dependent upon a number of emerging factors.

Welsby refers to the amount of energy, patience and hope that is required in implementing art therapy programs in schools . She also admits that her task was easier in that she was already a known entity within the school, having been employed as an art teacher at the school prior to and during her work as an art therapist there.

Cathy Malchiodi, in her "Editorial to the special education issue" of the *Journal of the American Art Therapy Association* (1997) says that some art therapists working in schools are also licensed as school counsellors or certified as art teachers and it is this that makes them eligible to work in the public schools. In personal correspondence (28 August 1998) she says further :

" Art therapy credentials alone ( MA in Art Therapy, ATR, or ATR-BC ) do not make them ( art therapists ) eligible to work in schools .....Years ago, I worked as an art therapist in a public high school; I was lucky to run into the right people who recognized my skills. But I also had teaching credentials.....so that really helped."

Malchiodi admits that it was her K - 12 art teaching qualifications that initially secured her a position as art therapist within the school system.(1997:3)

Carol Ross, author of ' Something to Draw On - Activities and interventions using an Art Therapy Approach' ( 1997) is also a teacher and a registered art therapist. She has worked for many years in London schools and is currently involved in the provision of mainstream Special Educational Needs.

It was Janet Bush's qualifications in art education as well as her M.A. ( Art Therapy) that enabled her to embark upon her pioneering work in the field of art therapy's use in educational settings . The opportunity that she was



offered in the Dade County (Miami, Florida) Public School system began as a one-year pilot study and provided for a Registered Art Therapist (ATR) who also had art education certification. This led to many innovations over the next twenty years and still continues today.

“The program combined both art education objectives and art therapy objectives.....emphasis was placed on the potential for replication of the pilot model and on the uniqueness of a combined art education and art therapy service.....” (1997:10)

It would therefore appear beneficial, and in some cases essential, to have teaching credentials or other education-based qualifications in order to be accepted in schools to practice art therapy.

Janet Bush (p 12) also believes that “the American Art Therapy Association will have the potential to generate nationwide standards for school art therapy training and credentials” with individual states having the discretionary authority of approval.

Another difficulty encountered by those art therapists wishing to work in schools has been that there is no central body or system-wide organization to apply to or seek advice from in securing such work. Their procurement of work seems to be dependent on being proactive in seeking opportunities.

Diane Waller writing in *Art As Therapy* (1984) says that art teachers trained as art therapists in Britain “prefer to work in the health service where there is now a structure in which art therapists can confidently use their professional skills. As yet, there is no structure within education.”(p 2)

Cathy Malchiodi, writing in the “Introduction to Special Issue on Art Therapy and Education” (1997) believes that “art therapists must create demand for their services through educating, volunteering or marketing

their skills through workshops and inservices" ( p162 ) and Janet Bush, a strong advocate for promoting art therapy in schools says in her article "Implications for Future Change" in the *Journal of the American Art Therapy Association* :

" Individual art therapists may be the persons best able to educate administrators to the benefits inherent in an art therapy approach." ( 1997:12)

This issue of 'advocacy' and the notion of being pro-active in promoting art therapy in education would appear to be major in creating opportunities to provide art therapy in school settings for those students in need.

Janet Bush's highly successful art therapy in school program in Dade County, began as a pilot program after she had started to recognise the "indicators of cognitive and emotional problems that were surfacing in the art work of some of her students". This led to an interest in art therapy which in turn became "the catalyst for forging a new frontier in schools". (1997: 9). However, it was her tenacity and professionalism that convinced those in a position to make decisions, that art therapy in school settings was a desirable and appropriate form of intervention or treatment.

In her article " Survival Skills: Becoming More Assertive as Art Therapist" ( 199 ), Kathy D. Hrenko reflects that " In a maturing field, we as art therapists have always been called upon to clarify our roles and sell ourselves.....".( p 54 ) She reports that in April 1995 she was honoured to meet Janet Bush "who presented as an articulate, charismatic, self-confident professional. As she spoke of her art therapy program in Dade County, I admired her level of integrity and determination. She acknowledged that her successes came from hard work as well as a strong belief in both herself and the power of art therapy.....When asked how

she overcame professional hurdles to gain recognition, she cited the following: having a sense of purpose, hard working, setting and updating goals, taking risks, knowing her priorities, having the courage of her convictions, and accepting the advice and support of others....." ( p. 55)

In personal communication with Hrenko ( May 3, 1996) , Bush states further " I think there are two keys to being creatively productive. One is not being daunted by one's fear of failure. The second is sheer perseverance." ( p 55 )

Ms Hrenko goes on to refer to 'value-added marketing' which is described as 'knowing what people want and giving them more than they expect'. (p 55 ) She believes this to be an essential ingredient in promoting art therapy, wherever it may be practiced.

Writing in the 1993 *Newsletter of the British Association of Art Therapists ( BAAT )*, Teresa Boronska, art therapist and member of the editorial board of *Inscape* , the journal of the BAAT, refers to the importance of informing head teachers and other teaching staff in the schools as well as outside agencies ( that is social workers, parents and psychiatrists,) who are on the periphery of school life, about art therapy and how it works in school settings. She says, " Inset days have been used by schools to give us the opportunity to talk about our work as art therapists as well as running experiential workshops. All this has been done through a developing awareness that if we are to succeed then we need to explain and demystify the work that we do." ( p. 2-3 )

Carole Welsby (1998:34) stresses the importance of giving talks and workshops to school staff and establishing good links with other professionals to be part of a wider network for support. Tessa Dalley (1986) refers to the priority that includes regular contact with outside agencies

such as psychiatric clinics, family therapy units and social workers. However, of even greater importance appears the need for ongoing support of principals and the co-operation of staff within the schools.

Diane Waller (1984 : 12) says:

“ Perhaps if some understanding of art therapy processes could be introduced during school days, and at art college, we would not be in the position we are now of having to deal with the fear, misconceptions, and even sabotage which so often occurs when art therapists attempt to work within the education system.”

Michele Essex , Karen Frostig and Julianne Hertz in their article “ In the Service of Children : Art and Expressive Therapies in Public Schools” in the *Journal of the American Art Therapy Association* (1996:181-190 ) refer to the need for adequate communication between teachers and therapists. They believe that we need to be engaged in a ‘comprehensive orientation’ when we first enter a school to operate as an art therapist. They would like to see mandated reporting within the school system, presentation of the role of art therapy in schools, the release of information procedures and better information for teachers. Carol Ross ( personal correspondence 9 November 1997) refers to the fact that as therapists are not technically a part of the school staff, they sometimes have a very different perspective and are often seen as ‘outsiders’ .The danger then is in the polarization that can occur between staff and therapist. She states:

“ School is a particular setting. It is not a therapy centre.....therapists working within a school context must work in ways which acknowledge, and are appropriate to, this context, - and which help the kids function better within it. It is a tricky balance.....”.

Tessa Dalley (1986), reports that stating the aims and objectives of art therapy helps enormously in informing " the more sceptical members of staff by breaking down barriers, and preventing the development of misunderstanding in what I am actually doing, which might at first glance, seem very little to already overworked and busy class teachers." (p.8)

Michele Essex et al. remind us that " the ultimate goal of the therapeutic encounter in the public schools is to help children improve their educational performance." ( p 186 ) As Carole Welsby says " schools are not quiet, clinical establishments, but usually lively and open institutions. To deliver sound therapeutic practice in such an environment is something of a paradox and calls for both firmness and flexibility."( 1998 : 34 )

To this end , Dalley ( 1990 ) believes that there need to be shared goals and objectives, with teachers and therapists collaborating to address the problems inherent in working within a school system. These shared goals include "improving a child's communication and interpersonal skills, increasing awareness through self-expression, increasing self-esteem through mastery and achieving containment through sublimation. " ( Essex et al. 1996:186)

As well as the presentations to staff, Carole Welsby ( 1998: 34 ) has found that the most successful means of communication for her has been through informal discussions with colleagues. Essex et al. (1996) mention that the supervision handbook that has been produced for students on placement in schools in Cambridge , Massachussets, USA, places great emphasis on the responsibility of the trainee therapist to maintain contact with the teachers who have referred children to them. It also encourages the trainee to be aware of opportunites for team involvement as a way to inform and communicate and be part of the whole school experience.

It appears to be of immense importance when working in a school setting that the role of art therapist and art therapy is defined and a clear identity is established, communicated and recognised.

The April 1995 *Newsletter of the British Association of Art Therapists* published a sub-committee report of the Art Therapists in Education group. They reported that 29 art therapists, those practising in schools as well as students on placement in schools, attended their third meeting. Their purpose was to focus on defining the role of art therapy in schools, "identifying what constitutes good practice; looking at the basic requirements and pursuing avenues which might increase the awareness of art therapy in educational institutions" (p. 6)

Essex et al (1996) see that the challenge is to maintain 'therapeutic integrity' within this system and still meet the shared goals. Diane Waller (1984:9) considers that firstly the art therapist needs to be acknowledged as such. She has found that it has often been easier to be labelled as a 'teacher' but that this gives rise to problems of confidentiality and expectation by staff and students. Having been both teacher and therapist within the same staff, Carol Welsby (p 34) talks about the need for very clear boundaries and the need to openly acknowledge and address any difficulties that arise.

Art therapists Teresa Boronska and Frances Prokofiev writing an article "Art Therapy in Education" in the December 1993 *BAAT Newsletter*, highlight the need for a support network for art therapists who work in the education arena. They refer to the similarities and differences that any two art therapists working in schools might encounter and how these experiences could be shared.

"Since there is no structure for art therapists in education, as

written down by individual education authorities.....there are many scenarios which have to be worked with and overcome, such as fitting into the school culture and all that that may entail." ( p2)

This 'fitting into the school culture' is a much bigger issue emerging than would be expected by those not involved in schools. It not only refers to the logistics of running an art therapy program in the school or the establishing of shared goals and objectives or communicating to staff and maintaining therapeutic integrity, but also being clear under what auspices your work is placed in terms of the whole school picture and plan.

The need to enter the school under a recognised 'umbrella' seems to be vitally important. Welsby's program is described as being part of the school pastoral care program, while Janet Bush was part of the art department and psychology department. Carol Ross's work in schools is part of the mainstream Special Educational Needs provision coming under the auspices of Emotional and Behavioural Difficulties. The importance here is in the perceived 'place' for art therapy in these settings. It becomes an important part of the whole school goal setting and planning and the school's accountability in providing students with programs that will assist their educational progress and development.

Knowing where and how the art therapy will 'fit into' the school system could have a bearing upon where the financial support comes from. The most common theme arising from this study is that of financing art therapy programs in mainstream education. It was suggested by Janet Bush that :

"Individual art therapists may be the persons best able to..... persuade the districts to budget for art therapy expenses." These words, 'budget' and 'expenses' are representative of this major emerging theme.

Essex et al. (1996) in Cambridge, Mass, admit that funding is always a problem and Janet Bush states categorically that "the most difficult obstacle to overcome in the provision of art therapy services is the procurement of funds." (1997:12) She says further:

"Federal funds.....are not available for youngsters who are not identified as disabled. However, federal monies may be available through other school programs or departments, such as alternative education programs or remedial education programs and special diagnostic, evaluation, and research programs. School districts often receive federal assistance for a variety of youngsters, for example, those needing support services to receive maximum benefits from education. Art therapists can use such funds to help youngsters reach their maximum academic potential."

(1997:13)

It would appear to require a degree of creativity and perseverance in addressing this issue.

Carol Ross (personal communication, 9 Nov. 1997) states that money for art therapy in schools is always a problem. She has looked for outside funding from charitable trusts to fund special projects and has found that the art therapy she has done in mainstream schools has been under the auspices of other contexts, for example special needs or pastoral care. She has been able to access Statemented Money which provides for additional help for individuals to meet their needs in mainstream education. Janet Bush would agree in that she believes that "another option is for an art



therapist to expand his/her role by carrying out a related responsibility which is funded from another source or to provide a special service that a particular school requires." (1997:13)

Carol Ross raises the issue of the large amount of work which is therapeutic which goes on only on a volunteer basis. There are organizations who offer their volunteers supervision such as 'The Place To Be' in London which has been 'set up and sends therapists (of all types) into primary schools'. (Ross, personal communication, 9 Nov, 1997) She also refers to training establishments which are beginning to use schools for placement for their students. Correspondence with an art therapist working in Brisbane confirms that she and others before her had been assigned to a primary school in Britain in 1983 as part of her art therapy training.

Essex et al. state that 1994 saw the introduction of using therapist trainees in the state schools of Mass. However, their report clearly stated that the professionals involved in this training program in schools "do not want this project to become one of many projects founded on good intentions, only to fall victim to burnout, unmet goals and inadequate resources." (1996:189) They believe that it is "essential that funding sources be secured from grant, corporations and/or private contributions." (p189) The program that they are describing is currently being run on "the goodwill and strong commitment of the professionals involved." (p 189)

As Teresa Boronska says, this issue with funding is all in addition to finding a natural fit with the every day running of the school time-tables, staff meetings, feedback (1993:3). Essex et al. refer to Dalley's belief (1990) in the "regular and consistent scheduling of students, their re-integration in the classroom after sessions, avoiding the stigmatization by their peers

because of their involvement" (1996: 181). Reference is made to case presentations and conferences, report writing, logistical problems of the disturbance of lessons, the therapeutic need of confidentiality and absolute privacy during art therapy, the possibility of working in more than one school at a time and the challenge of setting up interventions for students at emotional and educational risk.

This review of literature is highlighting that there is a greater recognition of children's emotional and social needs during the formative primary school years of development, that art therapy is a beneficial intervention for addressing these needs, and that the school is an appropriate setting for art therapy to take place. As Carole Welsby says:

"For some of these students.....school is a secure base in the midst of their confusion." (1998:40)

Using art therapy as a suitable model of intervention in school settings to address children's emotional needs has been explored in the context of mainstream primary schools in the United Kingdom and United States of America and a number of themes have emerged. While there is evidence of art therapy being practised in areas where art therapists have made personal and professional inroads into individual schools or education departments (The Islington Education Department, London and Dade County, Florida), art therapy is not a wide-spread or recognized part of the national education system in either of these countries.

This study will further explore these themes and issues in the context of art therapy in schools in Australia.

## THEORETICAL FRAMEWORK

This section seeks to identify the theoretical and philosophical assumptions underpinning the study.

The focus is : Art Therapy with Children

Development of the primary school age child, ie 5 -12 years.

Educational framework in Western Australian primary schools

Art therapy programs in primary school settings

Thus the theoretical framework will relate to :

Art therapy principles and practice

linked to -

Emotional and social needs of primary school age children

It is difficult to underpin a study of this nature with only one theoretical framework. While the clients all fall into the middle childhood stage of development, the art therapy interventions used would address a multitude of needs and problems (as listed in the CBCL of the WA Child Health Survey) and take a variety of forms, for example, individual sessions, small group, large group, whole class.

The emotional release work in which children would be learning to recognise and express their feelings and unblocking pathways to success would have a strong psychoanalytical base.

" Art therapy provides the child with a therapeutic space to choose a wide range of media to help express, often unconsciously, particular needs, concerns, phantasies and wishes. This approach to art therapy has a psychoanalytic perspective based on the ideas of Melanie Klein and Donald Winnicott, and corresponds to a fundamental principle of psychoanalysis - free association and the exploration of the unconscious are the main tasks of the procedure

using the analysis of the transference as the means of achieving this." Dalley (1990 : 169 - 170)

Should a particular intervention involve positive reinforcements and behaviour modification in the belief that conditioning, desensitization and modeling can address the presenting problems then a behavioural theory would underpin the approach. Cognitive behavioural theories are prevalent in educational institutions. Schools are also very aware of developmental issues with the child and an art therapy approach that focuses on 'normal' development as the theoretical frame would be conducive to understanding by the teacher.

Where preventive mental health care is involved in self-expression, self-realization and fulfillment as a means to cope with life's problems then humanistic theories are to be considered. The art therapy interventions here would be helping the child to integrate the three basic needs; need for pleasure (love); need for belonging and; the need for creative accomplishments.

In assisting children to deal with social problems that have been brought about by problems with the peer group, group therapy theory might be at the core of the interventions used. According to Yalom (1975 : 1983), "group therapy should be based on a theory which postulates that humans learn and develop in the context of interpersonal relationships. It follows, therefore, that individuals can best learn about themselves by examining their relationships with others. There is no better place than group therapy for obtaining this sort of feedback in the here and now."

In considering the holistic view of the children and development, a systems theory that considers the interaction and relationship of all aspects of the person (physical, emotional, mental, etc) to be vital, would underpin the study.

This is all pointing to an eclectic approach to art therapy principle and practice that uses a variety of theories, all of which are concerned with "an attempt to integrate both feeling and thought in the art therapeutic process." (Rubin, 1987 : 324 ), therefore raising children's levels of social and emotional competence by providing them with another means of communication .

## RESEARCH DESIGN/METHOD

### CASE STUDY

CASE: The use of art therapy in primary schools

↓

DESCRIPTIVE, EXPLORATORY STUDY

↓

Document Analysis

↓

Interviews

↓

Correspondence

↓

United Kingdom	United States of America	Australia
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↓

**Art Therapy Programs in Mainstream Primary Schools**

Types of programs, Student profiles, Methods of referral  
 Problems being addressed, problems occurring,  
 Physical environment, Program deliverers,  
 Administrative support  
 Other support

↓

Data collection and analysis of findings

↓

GROUNDED THEORY

↓

Themes and frequency

↓

Theory EMERGING from data

↓

Implications for implementation in mainstream Primary Schools in WA

## Design

This study will follow Qualitative Social Research methodology. It will be a Case Study endeavouring to obtain representation of the art therapy programs being used effectively in primary schools in Australia, the United Kingdom and the United States of America. Sarantakos ( 1983 : 257 ) confirms that the use of the case study , including consultation with experts and library searches, is an appropriate means of undertaking exploratory research. The study will be descriptive and exploratory , with the information gleaned about the art therapy programs derived from secondary sources , that is , from the art therapists, experts in the field, who implemented the programs. These will be subjective reports of various programs that have been undertaken in a primary school environment. Also described will be the students who were on the programs, the format of the therapy, for example, individual, small group, etc and the level of support given by the administration and the school community through funding and time allocation.

Some Grounded Theory methodology will be employed in ascertaining the opinions and perceptions of personnel delivering the art therapy programs and their organizational functioning. Theory regarding the study will be deduced from the data gathered. This theory will be formulated through emerging patterns and themes in the data . Strauss and Corbin ( 19 ) confirm that:

“ The purpose of grounded theory method is, of course, to build theory that is faithful to and illuminates the area under study. Researchers working in this tradition also hope that their theories will ultimately be related to others within their respective disciplines in a

cumulative fashion, and that the theory's implications will have useful application." ( p24 )

The aim, therefore, through this methodology is to ; explore and describe art therapy programs in schools ; give an honest account with little or no interference with the information gleaned by the researcher; and guide practitioners' practice through high-lighting the emerging themes.

**Sample/ participants -** Those identified as implementing and delivering art therapy programs in primary schools in the stated parts of the world.

**Materials -**

- \* Correspondence with -
  - a. Art therapists who have published evidence of their work in mainstream primary schools,
  - b. Art therapists identified by ( a ).
- \*Document Analysis of studies already published and journal articles.
- \*Interviews - where possible

**Procedure -**

Data collection, analysis & emerging theory :-

- Review documentation
- Identify participants
- Send letters
- Request interview where appropriate or possible.



Visits and observation where appropriate or possible

Gather data.

Categories or themes will be listed regarding the variety, commonality and frequency of information gathered.

Analyse data. Look for emerging theory.

### Ethical Considerations

Ethical considerations will relate to the the handling of the information gleaned from the interviewees etc regarding their honest appraisals of the art therapy programs that they are describing. Permission will be sought to publish the opinions and observations of the interviewees. Wherever possible, an introductory letter will accompany an invitation for art therapist participants to contribute to this research and an opportunity given for participation as a referenced or an anonymous contributor. Permission will be sought from the Principals of named schools to use the information gained within their schools. ( See Appendices )

## **DATA ANALYSIS and FINDINGS**

### **Introduction**

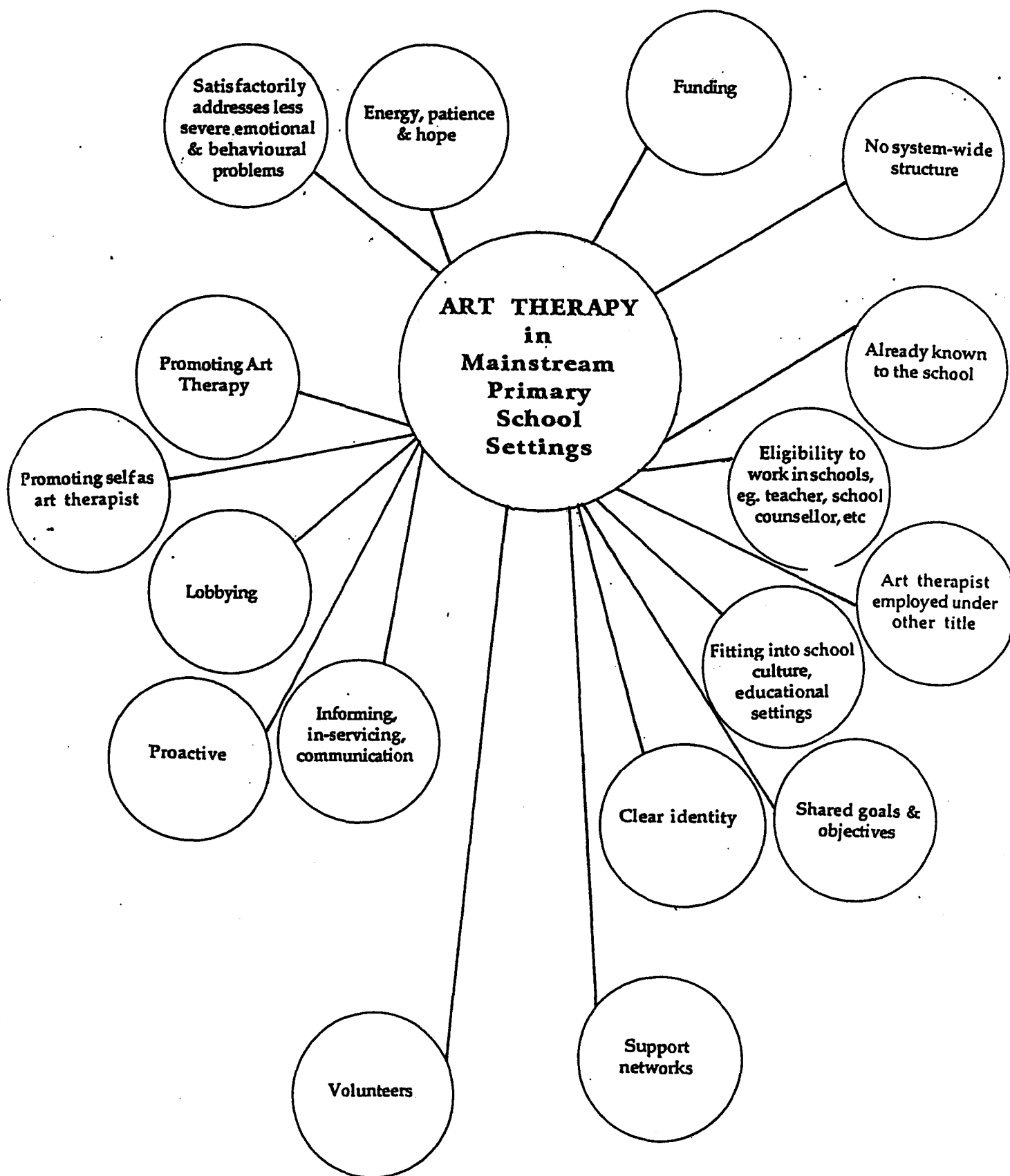
This final part of the study focuses on exploring the Australian experience of using art therapy as an intervention for students at emotional risk in mainstream primary schools. The review of literature suggests that there is a strong body of evidence supporting art therapy as being appropriate and beneficial. However, correspondence with and journal articles by art therapists dedicated to putting this into practice in the United Kingdom and the United States of America point to almost overwhelming difficulties in implementation. Common and recurring themes indicate that a great deal of value is put on the practice by administrators, teachers and therapists who have witnessed the positive results of these programs. The reality is that there is little funding available at the school level for such undertakings after other priorities have been addressed.

It will be seen how this and other emerging themes which appear to be broadly experienced, match or are amplified by the Australian experience.

The emerging themes that have come to light centre around: difficulties with funding ; difficulty in accessing schools when there is no structure within the education system for art therapists to apply to. Another theme arising is the need to be proactive, to make inroads by contacting individuals in schools and lobbying their support. Proving the worth of programs by conducting them and getting results, as well as providing information and in-servicing for teachers and administrators within the schools about art therapy appears to be of great importance. Making contact with other professionals working around the schools ,(for example, social workers and health-care workers )and exploring ways to be employed within the school under other titles and auspices, ( for example, school counsellor) seems to be another way of gaining access to children for art therapy in the school setting. Maintaining one's own levels of energy, patience and hope and seeking or instigating the development of support networks of other school-based art therapists are essential factors. An understanding of the unique culture of the primary schools and finding ways to fit into this setting is also necessary. Art therapists need to be aware of the amount of volunteered work that is offered in this pioneering field as a means to gain experience and in some instances to make oneself known within the school system. However, whatever the means by which we enter the school setting, it is vital to develop a clear identity of oneself as a therapist working in the school rather than being seen as a teacher. Art therapists must never lose their belief that the less severe emotional and behavioural problems of children can be addressed satisfactorily within the school. They must remember that this can be more desirable for the children than removal to the clinical setting or never receiving the attention they need.

## EMERGING THEMES

For easy reference, the following is a chart visually representing the themes which have emerged through this study. While each theme is important in its own right, they are clustered into groups of connected themes around a major issue.



### The Australian Experience - Matching the themes

Exploration of evidence to suggest that art therapy programs had in fact been implemented in Australia, led initially to two Western Australian state Education Department mainstream metropolitan primary schools where two very different scenarios emerged.

Sylvia Blades, an art therapist graduate of the Master's course at Edith Cowan University (WA) five years ago, has successfully implemented an art therapy program at the school where she is, and 'was' during her training, a teacher in the pre-primary section of Bayswater Primary School. Bayswater is one of the older metropolitan suburbs of Perth, Western Australia. The school recently celebrated its 100 years in existence. Art therapy exists in this school because Sylvia is there, is valued as a teacher and is passionate about the benefits of using art therapy with children in the primary school setting. To enable her to put the art therapy into place initially, she found it necessary to barter some DOTT (Duties Other Than Teaching) time from her schedule for use for art therapy. Preparation time that would ordinarily be done in this time then had to be completed in Sylvia's own time out of school hours. Sylvia was dedicated enough and convinced enough of the therapeutic value of art therapy to do this. This one hour per week work with her first student-client was carried out in her pre-primary room, a room stimulatingly decorated and set up for 4-5 year olds. This was found to be too distracting for her client and the search was then on for a more suitable venue within the school. A store room primarily used was adequate for work with individuals but when group work was contemplated yet another space was sought. When the room next door to her pre-primary centre became available and proved to be ideal, Sylvia saw

the possibility of offering her school as a placement for other Edith Cowan University students undertaking the Master's in Art Therapy course. This served a dual purpose. It would provide valuable experience for university students (with Sylvia acting as their on-site supervisor) while at the same time providing more opportunities for greater numbers of needy students to take advantage of art therapy intervention on the school premises.

While jealously guarding this space for art therapy, Sylvia is constantly aware of others in the school community who would also like to have use of this room. Her authority and position in the school and the full-time nature of her presence on site, ensure for the time being that this facility remains available to her. Sylvia stresses the need for this space to be seen as 'art therapy' space and not a classroom and when she operates in there, the students realize that she is 'Sylvia' the 'therapist' and not 'Ms Blades' the 'teacher' who would have very different expectations. This need for a clear identity and clear boundaries is a common issue for those art therapists working at schools under two banners.

The early stages of her implementation of the program required Sylvia to conduct a number of in-services for staff and for parents informing them about art therapy. She felt that because they already knew her there was an element of trust in their agreement to support her. In the early years she reports having to go 'hunting' for clients but gradually, as staff understood the process and saw the benefits of the work, it became easier and a system of referral was put into place. The ultimate for Sylvia in acceptance came when she was asked by the principal if she could work with a particular child. However, Sylvia still feels the need to communicate fully with the staff who have referred students to her and she keeps a file in the staff room that carries information, referral forms, and journal articles about art therapy. This communication link is on-going and necessary. A waiting list

of children in need exists even though there are four or five ECU students or volunteer art therapists working at the school. Sessions are one hour long and are individual or group sessions, depending upon the need and circumstance. The university students are committed to their involvement with this therapeutic art experience and often stay beyond the course requirements to continue working with these children in need. The reasons for referral are often due to unsatisfactory behaviour in the classroom or withdrawn behaviours due to neglect or abuse. Any child from pre-primary (4-5 year olds) to year seven (11-12 year olds) may be referred and it has been known for some students to be re-referred and be on the program for three years.

Sylvia reflected upon the cut-backs in services that are offered to schools, including the school nurse's and school psychologist's hours which have been reduced or tailored differently at a system level. She feels sure that if the school had to pay for the services of an art therapist in the school, then they would not exist. However much the children benefit from the art therapy particularly when problems are being dealt with at school rather than having to be removed from the learning environment, however much the staff and parents support it, however good the school-based facilities are, at this present time it would all stop if funding had to be provided for it. They would therefore be relying upon volunteer art therapists to provide the service if it were to continue. Ideally, Sylvia would like to see the opportunity for part-time teacher/part-time therapists working in the school. Unless the art therapist is a teacher within the school, appointed under those auspices and given a time allowance for art therapy work at the discretion of the principal and the school planning committee, then it is not possible at present to be paid for the work being done as a therapist. However, she does feel that some time 'down the

track' things will change and art therapists will be employed solely to perform art therapy with students at risk in the primary schools. She feels that art therapists have to 'get out there' to be valued for the service that art therapy can provide in this setting.

This interview echoed most of the themes which emerged from the exploration of the UK and USA experiences, from the problems with funding, to clarity of identity, to promoting art therapy, informing and inservicing, using volunteers to provide the service, being employed under a different title, to being patient and hopeful that the situation might change for the better and tenacious enough to do the best she can in the meantime.

Leeming Primary is another school in the Perth metropolitan area where art therapy is carried out. However, the circumstances vary from those of Bayswater. Leeming is a relatively new suburb situated south of Perth. Acting principal Don Ricci indicated that the art therapy fits into the pastoral care program in the school under the 'care group' and behaviour management umbrella. It is used as part of the identifying students at risk process with teachers referring students from their classes whom they know or perceive to be having emotional difficulties that affect their learning potential. It is formally documented on the school's School Development Plan where performance indicators and strategic planning is recorded.

Barbara Jeremic is a classroom teacher and the Pastoral Care Co-ordinator in the school. She has no art therapy training but arranges for students from the Edith Cowan University to provide the therapy as part of the placement requirements of their Master's course. She is the on-site liaison person who monitors the program, oversees the logistical matters of



timetabling and resources and communicates with the teachers regarding any perceivable differences that they detect in their students as a result of the art therapy interventions. The program began in the school six years ago when another teacher on staff completed some study in creative journaling in the United States of America with Lucia Capacchione. This teacher worked with a select group of year six students using mind-mapping and meditation techniques. The first art therapy students to the school from ECU worked with this group. Individual children are now referred directly through Barbara and depending upon the nature of the problems to be addressed, they attend either individual or group art therapy sessions. The facilities for carrying out the programs are sometimes difficult for these students to work in as the school does not have a spare room and an amenities room has to be used.

Barbara sees the value of art therapy as being a bridge for children. She reports that the students gain in strength and that the evidence of their improvement is strong and clear. She also comments that the teachers at the school are more open to the art therapy in the school since some professional development was provided. She believes that the turning point came as a result of a workshop when it was explained what art therapy is, is not and what it can do , together with some practical activities using symbols to create pictures. The program is seen as something special. She states that teachers are equipped to deal with behavioural problems but not with emotional difficulties where they feel more expertise is required. Therefore, children referred are not necessarily the 'naughty' children but those who display social and emotional difficulties. The ECU students endeavour to communicate with the referring teachers directly . Confidentiality is respected at all times and the therapeutic integrity is maintained. Parent or guardian permission is sought before a child is

allowed onto the program and information about art therapy is made available to them. This special intervention is valued by those parents involved and there is a case of a parent keeping her child at this school specifically because of the art therapy program and its benefits for the child. The administration in the school are very supportive. However, they admit that they are fortunate that volunteer university students provide the service. While there is budget allocation under the banner of pastoral care, this funding is for resources and would not stretch to the payment for art therapy services. In the schools, the idea of working one-on-one is considered 'utopian'. It is felt by the school that this is a very worthwhile, insightful intervention that has been enormously beneficial for the children referred to the program, but unless the art therapist is going to be employed in the same manner as the school psychologist from within the system for example, there is no funding at the school level for such expenses.

This interview material from Barbara mirrors once again some of the emerging themes from the literature review. The most obvious one is that of funding. It is becoming more and more evident that some creative problem solving regarding payment of art therapists in the school system needs to be embarked upon. The issue of inservicing and communication with the teachers on the staff was an essential ingredient of the maintenance and interest in the program. The need for the therapists' integrity to be acknowledged through the teachers' respecting the need for confidentiality is a result of perseverance by previous art therapists in informing and training the teachers to understand this need. Again, art therapy came to the school because of a teacher's interest in interventions to address students' emotional needs, in this case the creative journaling. The experience of the volunteering aspect has meant that teachers have

witnessed and understood the benefits of the art therapy approach. Whether this situation can continue indefinitely is difficult to know. The school is certainly providing on-site support through the provision of materials, co-ordination and monitoring of the referral system and doing the best they can to provide adequate space for the therapy to take place.

These are the only two schools in Australia that have been found at this point in time to have ongoing art therapy as part of their Students At Risk policy. It is very interesting to note that both happen to be part of the student placement process of Edith Cowan University Master's course in Art therapy in Perth, Western Australia.

It appears that other art therapists who have worked in schools have done so as part of short term special projects.

Laiene Maxted, a Master's in Art Therapy graduate, conducted a research topic linking art therapy with oral language in a primary school setting. The program ran for seventeen weeks in 1994. The aim was to develop a model of art therapy that could be used in Western Australian schools. The raising of the students' levels of self esteem became a huge issue and out of this came the benefits, one of which was that students' oral language improved. Laiene worked in the school under the 'First Steps' umbrella. First Steps (1992) is a Language Development program that had been developed in Western Australia and which was being implemented sytem-wide across all schools in the state. This school was situated in a low socio-economic area with staff within the school very dedicated to the children. Before she began her program, she was given the opportunity to in-service the whole staff in an endeavour to inform them about what

she was doing. Laiene felt that this was essential. She realized that teachers would have the potential to jeopardize a whole program if the art therapist were seen as a threat in terms of doing something that teachers are afraid of. The in-service helped the teachers to engage in the creative process. It was also considered important that when Laiene conducted the art therapy with each class, the class teacher was present and involved in the process. The reasons were two-fold: it gave the teachers something that they could continue to use; and it provided a way for the teacher to personally work with their students at a deeper level.

When the project was complete, a taped interview with the principal and deputy principal together with a questionnaire completed by all staff who participated in the program were high in praise of the outcomes achieved. They recognised the huge gains that were achieved from using the art with these children. Laiene reports that all the groups that she was working with in the school became more empathetic, compassionate and cohesive as a group while working with the art therapy.

"The words compassion and empathy began to take on real meaning for these children through this experience, reinforced throughout the rest of their time in art therapy as they worked together. Through their art they had come to know more about themselves, their teacher and each other in a deeper way."

(*The Visual Diary* report, Vol. 3, No 2)

Whatever the benefits however, there are many barriers to be broken down generally in the schools. Laiene believes that art therapists wishing to work in this field need the support of staff, where allies from within the system can help to promote art therapy. She makes the point that it would be much easier to do this if the therapist was already a teacher or

had a knowledge of how the system works. Everything depends on the art therapists' securing the special placements and seeking ways for the programs and themselves as consultants to be funded. In other words, the art therapists must be proactive. To this end, Laiene wrote a series of articles in *The Visual Diary* (Vol 3 no's 1 & 2) a magazine published in Perth for art teachers. In it she explained about art therapy, some of the history of its development here and overseas, the population groups where art therapy is currently practised and the theoretical frameworks that it is built upon. Her main aim was to inform teachers of the benefits of art therapy in an educational setting uniquely suited to providing interventions and treatments for students in need and also as a preventative measure before problems become too serious.

Here again we see the common threads and themes emerging through the experience of implementing art therapy programs in the primary school setting. The fact that the interventions are of enormous benefit has not been disputed in any case but the enormous issue of 'funding' occurs time and time again. The fact that there is no system-wide structure or network of art therapists working in the education field to give one another support (except informally) means that they are left to their own devices to be proactive in securing the placements, to seek allies working in the schools and explore the avenues of accessing grants and financial assistance. The sharing of goals and objectives seems to be an automatic part of the process as teachers and therapists alike are concerned about the social and emotional aspects of children's experiences in the school situation.

Anne Jeppe has a Master's degree in art therapy and works with private clients in WA. She has been working voluntarily with Sylvia Blades at Bayswater Primary School conducting art therapy with referred children

and also assisting in the supervision of the ECU art therapy students on placement there. Anne is hoping that by being a volunteer in the school and having helped with the writing of a report outlining the benefits of the art therapy work being done in the school, that her request for funds to be employed in the school as an art therapist might be granted. She reflects that art therapy is very new here in Australia and particularly in the mainstream educational setting. There are only isolated pockets where art therapy is being used in schools and it is a slow process to be recognized. She has seen positive responses from the teachers within the school with more referrals being made and more feedback regarding students' improvements in the class. Anne was involved with Sylvia with the presentation on art therapy to the P & C (Parents and Citizens organization) which was very well received. She perceives the status of the art therapy program to be very well entrenched with staff and parents alike very supportive. Referrals come in from teachers and parents. They often cannot fit all the children in to the program and try to give places to those considered to be in greatest need. Participation consent forms are signed by the parents and a file is kept of referral forms with the reasons for referral. While confidentiality is respected at all times, at the end of each term, letters are written to the parents and the students to make contact with them. Anne feels that more time is needed for even more contact with teachers and parents. She reports that the children love being on the program and it has been known for children to come in for therapy even if they are sick and not attending school!

Anne's experience matches the emerging theme concerning the volunteering of art therapists' time. While it is done willingly and there are benefits for the therapist being involved in art therapy practice, the issue of un-met goals or disenchantment is a very real one. It is natural

that art therapists, who see the benefits of what they do in the children and receive positive feedback from administrators and teachers as to the worth of their programs, would like to see this valuing being rewarded financially so that they can continue with their work as paid employees. Energy, patience and hope are again required in large measure.

Jackie Lewis is an art therapist who was working for a time in Denmark, a town in the south west of the state of Western Australia. She was able to secure some funding from 'Healthway', the Western Australian Health Promotion Foundation who were involved in a 'Health in Schools' project. This was to be conducted at the district high school which catered for students up to year nine (14 year olds). The project had three components one of which was for an art therapy pilot program to promote good self-esteem and self-image in teenage boys and girls. The concept was to explore feelings and emotions about self and others with the guidance of an art therapist. Jackie's task was to provide four one and a half hour sessions with students, liaising closely with the teachers. She found great benefit in talking to psychologists about her work as an art therapist and she carried out some professional development in which the participants were engaged in art therapy exercises. She believes that being proactive and involved in promoting art therapy has been essential. While this project was only for one term she believed that there was a possibility of it being repeated the following year.

Further explorations were finding no other examples of art therapy being carried out in Western Australian schools and there was little information from the Eastern States. Initial requests through the Australian National Art Therapy Association for information of anyone practicing art therapy in

primary schools provided two contacts; one in Queensland and the other in Victoria.

Lorraine Brosnan trained as a teacher and also has a social science degree. She has been furthering her studies in art therapy. She confirmed that it was very difficult to enter a primary school to practice art therapy. In her experience in Queensland, art therapy is not recognised and so there are no positions. She reports that there are very few art therapists practising and certainly no funding available due to the fiscal tightness within the schools. She reports that she had provided some art therapy at the school where her sister taught. The principal needed help with students who displayed behavioural and emotional difficulties. However, what funding there was did not cover for the work that she was doing. Art therapists do volunteer their services and their time but can become disillusioned after a while. She reports that the usual situation in schools is that school psychologists and social workers are called in when there are problems that need to be addressed. However, these professionals do not have the time to do the therapeutic work necessary. Lorraine feels that it is a pity that the art therapy is not being used in the schools as it is "such a great medium" and it would be breaking new ground to access students in the school setting. Because of her previous art therapy work she was approached recently to work with students with behavioural difficulties in a school and was offered teacher's aide wages. It would appear that by being in the schools and showing how art therapy can be beneficial for those children in need, Lorraine is promoting art therapy and herself as art therapist.

Karen Dooley has a BA in Fine Arts and a Master's degree in art therapy. Working in Victoria she has conducted an art therapy group with



adolescents in a special school for 5 - 18 year olds one afternoon a week. This was made possible because she is already employed at the school as a teacher assistant so she has been able to fit it in within her job. She reports having also introduced expressive art groups in a mainstream setting, making masks in a series of sessions with children. She and a friend have been conducting talks, writing letters and trying generally to 'sell' the idea of using art therapy to schools. She believes that much depends upon the particular culture of the school as to how this is received. Staff in the school where she works are supportive and an art exhibition that she held at the school as a result of some of her work with the students was very well received.

Karen reports that, " after finishing the Master's of Art Therapy .....she focused on getting employment in health related fields or areas where there was a possibility to introduce art therapy further down the track." Among other work, she found employment with "after school and holiday programs and in a mainstream primary school." She says that " In all positions I found some way of integrating art-making into programs.....At the mainstream primary school..... I was working under the title of an Integration Aide." However, Karen knows of a music therapist who rather than seeking alternative ways of entering a school, persevered by contacting many organisations, community health centres and doing free talks about music therapy. Eventually she was approached by a principal and began working one day a week at the school. Three years later this time has been increased to three days a week. Karen mentions this scenario as an example of how art therapists need to be 'marketers' in order to promote themselves and their profession. In personal communication ( 29 November, 1998) she says, " It is not easy! It takes a lot of confidence, perseverance and belief in what you are doing."

Having experienced being employed in a school under a particular title and needing to modify or change this to incorporate some art therapy intervention, Karen wonders whether it would be better to enter the school initially as an art therapist. Consequently, "the perception of what you do and what you are expected to do is clear from the beginning. The boundaries are clear!" This point echoes the emerging theme that focuses on the importance of having a clear identity within the school.

Karen has also been proactive in informally informing the staff about art therapy and showing what it can do by exhibiting the expressive art work. This has generated a good deal of interest and support for her program. She says, "At this stage I feel I have planted the seed for art therapy which has been an important starting point." She believes strongly in the benefits to be gained "of using art therapeutically.....It seems to have been such a positive experience even for some of the most difficult children. They may be struggling in other areas of their lives such as their academic work but they can experience some success during art therapy. It really is a worthwhile and accessible therapy for children which I plan to persevere with." ( Personal communication 29 Nov, 1998)

It seems to be this belief in the value of art therapy with children that inspires art therapists to seek to use it in the school setting where children can be accessed so easily.

These two experiences echo some of the emerging themes that are becoming familiar within this study. There is definitely a perceived need for the provision of art therapy but because it is relatively new in Australia, art therapists need to communicate with, lobby and in-service teachers to inform them about what art therapy is and is not and its benefits with students at educational risk.

Being employed by the schools, albeit under a different umbrella, provides art therapists with the opportunity to at least practise their therapeutic interventions with the children so obviously in need.

The fact remains that the education system has many issues to confront, for example literacy standards and curriculum reform. The traditional psychology and social work services are expected to provide for those students at educational risk and any 'therapy' services fall under the 'occupational therapy', 'physiotherapy' and 'speech therapy' banners. While art therapists (or 'creative' therapists, for that matter) are thin on the ground in schools at present, it behoves those passionate about such work to market and promote themselves and find educational sites to carry out their work. As one of the emerging themes suggests, they will need, 'energy, hope and patience' to do this.

A letter to the Editor was published in the November edition of the *ANATA Newsletter* seeking information from anyone in Australia who had any experience at all of using art therapy in a primary school setting. Communication was received from Claire Edwards, an art therapist who had studied at Goldsmith's College in London in 1983 and had been on placement in a school there. She reports that there had been other art therapy students before her on placement at the school and that while the principal was very sympathetic, the rest of the staff were not. Her present work in Australia is not in schools but she reported having run some voluntary sessions with her son's class a couple of years ago, "as the teacher was very interested in personal growth." This kind of awareness seems to be growing amongst teachers who are interested in all aspects of a child's experience particularly when the emotional and social impacts on the child's potential for learning can be so great.

Through contact with another art therapist in New South Wales in the

final days of the study, it came to light that Marcia Rosal had conducted PhD research at the Queensland University Schonell Education Research Centre on the impact of art therapy on a child's 'locus of control'. Reportedly, she designed a program in which children from a control group and a treatment group did a series of drawings to ascertain the effectiveness of the art therapy intervention. Apparently, since then the program has been used by others in Australian schools. This information has not been verified. Specific details of the research have yet to be discovered and will go beyond the time limit of this study. However, it would appear that important research has been done in an Australian university testing the validity of using art therapy as an intervention with students with perceived behavioural problems. This kind of study and its results would provide those art therapists promoting their work within the educational setting with powerful proof of the potential benefits of their interventions.

### Emerging theory

The data analysis is pointing to the belief that art therapists, convinced of the potential for successful partnerships between art therapy and educational settings, need to be proactive in securing positions in schools where they can convince others of these benefits. More research needs to be carried out which confirms this and a high profile must be maintained to enable those making the decisions to catch the vision of art therapy provision in all schools at a system level. Support networks need to be set up, not only for professional collaboration and sharing of ideas, but to provide a united front and professional strength in lobbying for art therapy to be used in the school setting given its enormous benefits. Handbooks

and brochures could be produced outlining the use of art therapy in mainstream schools. Other professionals in the field need to be educated about art therapy and 'champions' sought at administrative levels to spread the word through their own networks. These notions have arisen from the collection of data through the reading, research, personal communication and interviews undertaken for this study.

### **Limitations of the Study**

To exhaust every avenue in order to gain an extensive and accurate overview of the situation of art therapy being used in the primary school setting around the world, would require more time than this study warrants. While the research findings are conclusive as the study stands at present, more time would either uncover more experiences in Australian schools or would confirm what we believe at present, that there is very little art therapy being conducted in our schools even though the need for it and benefit of it is great.

The commonality and frequency of themes that emerged across the limited number of countries selected for exploration would suggest that similar situations would be found in other countries where art therapists have the desire to carry out art therapy interventions in the school setting. There is evidence of growing need but this does not automatically open the door for art therapists to work in schools no matter how beneficial the programs might be.

While the internal limitations involved only three countries to be explored and the time frame was limited to the requirements of the university, the

external limitations came from the paucity of responses to requests for information. This was the case in all three countries but particularly in Australia and would suggest that art therapy in mainstream education here is in the embryonic stage of development.

## CONCLUSIONS and RECOMMENDATIONS for FURTHER RESEARCH

This study has sought to discover a sound theoretical framework on which are built art therapy programs with children at educational and emotional risk in primary schools by pointing to evidence of the implementation of programs carried out by art therapists in educational settings here in Australia and in other parts of the world. Strong evidence points to the fact that there are children in our schools who are hurting, there are art therapists passionate about and capable of providing very beneficial programs to help these children, there are schools well-structured and accountable for referring and monitoring students at educational risk, but there is no wide-spread recognition of what art therapy is and what it can do for this clientele. Even if there were more interest in providing this intervention in our schools, there is little or no money available for funding such a venture. The majority of programs which have been highlighted in this study rely on volunteers to provide the service unless the personnel involved are already employed under different auspices within the school. The most successful story that has been reported is that of Janet Bush and her work over a twenty year period in Dade County. However, even she reflects that ;

“The application of art therapy is well established in many clinical settings, and there have been studies and reports on its effectiveness in a variety of sites and situations. Art therapy in schools, however, has not yet taken root. It is time for controlled research documentation on the application of art therapy in schools.....The time has come for art therapists working in school environments to produce and disseminate documentation that will educate

consumers and school personnel to art therapy's potential."

(1997:13)

She says further that "effective school art therapists will have to identify their role; select appropriate functions; plan programs of services for students, parents, teachers and school administrators; strengthen their professional development; aggressively pursue action; and continually evaluate their effectiveness in the educational environment." (1997:14)

An extension of this study would be intended to raise the issue of introducing art therapy to students at educational risk within the primary school system of Western Australia. It would attempt to convince appropriate personnel of the educational value of implementing such programs in the Education Department of Western Australia through stringent documentation of the benefits of using art therapy as already experienced in our schools. The development of a treatment plan with measurable goals and the gathering of qualitative data would be most advantageous to this end.

All this would be in the light of the growing problems and changing needs of the students, together with the community expectations, as highlighted in the *Western Australia Child Health Survey*.

Formal recognition of the status of Art Therapy in an educational setting through the exploration and description of existing programs, is desired by this study.



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**APPENDICES**

## APPENDIX A

AN INVITATION TO PARTICIPATE IN ART THERAPY RESEARCH  
CONDUCTED BY JAN BOWDLER  
EDITH COWAN UNIVERSITY  
PERTH, WESTERN AUSTRALIA

### Research Topic

**THE CASE OF ART THERAPY IN PRIMARY SCHOOL; Exploring the use of art therapy in mainstream primary schools in the United Kingdom and the United States of America to identify connections with the Australian experience.**

The AIM of the research is to describe art therapy programs that have been implemented in mainstream primary schools in Australia, the United Kingdom and the United States of America. They will be described in terms of ; their value to children in the school setting ; the types of problems being addressed ; the logistics of operating the various types of programs in this setting ; the personnel involved in the implementation ; the source of funding ; and the support from administrators and others in the implementation and running of the programs. Common and recurring themes will be explored.

## APPENDIX B

Sorrento 6020  
Western Australia

Dear

(Date)

I am a school teacher presently employed by the Education Department of Western Australia (state system).

My role for the last fifteen years has been as an art / craft specialist teacher in primary school.

I am also studying for a Master's Degree in Art Therapy at the Edith Cowan University in Perth, Western Australia.

Having now embarked upon the thesis units of the course, my chosen topic is :

ART THERAPY IN MAINSTREAM PRIMARY SCHOOLS  
IN THE UNITED KINGDOM AND THE UNITED STATES  
OF AMERICA : IDENTIFYING CONNECTIONS WITH THE  
AUSTRALIAN EXPERIENCE.

I have become aware of the work you have done in this field and would be most appreciative if you would consent to contributing to my research. I would invite you to write to me describing your work ; the population you worked with specifically and generally; the logistics of going into primary schools as an art therapist eg timetabling, therapy room, referrals, etc ; the funding arrangements ; the support you received from administrators ; and anything else that you consider relevant in describing your situation accurately.

If you agree to participate I would ask that you please sign the attached 'agreement to participate' form and return it to me when you reply.

I am excited about my study and anticipate using the results to persuade the education system here that a more wide-spread use of art therapy would be advantageous in our mainstream primary schools. I will be happy to forward to you copies of my study on completion. I am hoping to gather the data over the next three months and look forward to hearing from you.

Yours sincerely

AGREEMENT TO PARTICIPATE

IN

MASTER'S RESEARCH

by Jan Bowdler

ART THERAPY IN MAINSTREAM PRIMARY SCHOOLS  
IN THE UNITED KINGDOM AND THE UNITED STATES  
OF AMERICA : IDENTIFYING CONNECTIONS WITH THE  
AUSTRALIAN EXPERIENCE.

I understand the aims of the research and agree to participate  
by providing personal experience of my own art therapy work  
with children in mainstream primary schools.

I also understand that I am free to withdraw my consent at  
any time.

A copy of the final report will be made available to me on  
request.

Name \_\_\_\_\_

Date \_\_\_\_\_

Tel: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL \_\_\_\_\_

Signed \_\_\_\_\_

I wish to be referenced / anonymous in the report. (Please circle)



## APPENDIX D

Sorrento 6020

Western Australia

(Date)

Dear (principal)

I am a school teacher presently employed by the Education Department of Western Australia (state system).

My role for the last fifteen years has been as an art / craft specialist teacher in primary school.

I am also studying for a Master's Degree in Art Therapy at the Edith Cowan University in Perth, Western Australia.

Having now embarked upon the thesis units of the course, my chosen topic is :

ART THERAPY IN MAINSTREAM PRIMARY SCHOOLS  
IN THE UNITED KINGDOM AND THE UNITED STATES  
OF AMERICA : IDENTIFYING CONNECTIONS WITH THE  
AUSTRALIAN EXPERIENCE.

I have become aware of the work done in this field within your school by \_\_\_\_\_ . I would like to invite her/him to contribute to this research. The AIM is to describe her/his work ; the population worked with specifically and generally; the logistics of going into primary schools as an art therapist eg timetabling, therapy room, referrals, etc ; the funding arrangements ; the practical and/or moral support received ; and anything else that he/she considers relevant in describing the situation accurately.

I am therefore seeking your approval for me to make contact with \_\_\_\_\_ regarding the work done in your school in art therapy.

Unless requested, your school will not be identifiable in the research findings.

If you agree to this contact being made, I would ask that you please sign the attached 'agreement' form and return it to me as soon as possible.

I will be happy to forward to you copies of my study on completion. I am hoping to gather the data over the next three months and look forward to hearing from you.

Yours sincerely

Jan Bowdler

**APPENDIX E**

**AGREEMENT FORM**  
for  
**MASTER'S RESEARCH**  
by Jan Bowdler

**ART THERAPY IN MAINSTREAM PRIMARY SCHOOLS  
IN THE UNITED KINGDOM AND THE UNITED STATES  
OF AMERICA : IDENTIFYING CONNECTIONS WITH THE  
AUSTRALIAN EXPERIENCE.**

I understand the aims of the research and agree to the art therapy work with children in the mainstream primary school of which I am the principal being described by the art therapist in the program.

I also understand that I am free to withdraw my consent at any time and that the school will not be identifiable in the research unless requested otherwise.

A copy of the final report will be made available to me on request.

Name \_\_\_\_\_ Date \_\_\_\_\_

Mainstream Primary School \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL \_\_\_\_\_

Signed \_\_\_\_\_