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Art therapy with latency period boys exhibiting overt anger and/or aggression

Sylvia Blades
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**ART THERAPY WITH LATENCY PERIOD BOYS
EXHIBITING OVERT ANGER AND/OR AGGRESSION**

S BLADES

MASTER OF ARTS IN ART THERAPY

1993

USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

**ART THERAPY WITH LATENCY PERIOD BOYS
EXHIBITING OVERT ANGER AND/OR AGGRESSION.**

by

Sylvia Blades B. Ed., Post Grad. Dip. Art Therapy.

**A Thesis Submitted in Partial Fulfilment of the
Requirements for the Degree of**

Master of Arts in Art Therapy.

**School of Visual Arts
Western Australian Academy of Performing Arts
Edith Cowan University
Perth Australia**

Date of Submission: 31 October 1993

Abstract

The aim of this study is to determine the effectiveness of using art as therapy, with latency period boys, to develop anger management skills. The respondents for this study were male children selected by an outpatient psychiatric clinic, using the criteria of age (latency period) and problem (anger/aggression). The six subjects assigned to the group agreed to attend a therapy session for one hour per week for six consecutive weeks. Sessions involved the use of art to therapeutically achieve the aims of anger management and ego strength, while incorporating projective drawing tests as part of the evaluative process. The Achenbach Child Behaviour Check List was used as a pre- and post-test to determine perceivable changes in each child's anger management skills. The naturalistic mode of research was used to attend to the credibility of the study. The data obtained is information verifying rather than information generating.

Many young clients who enter therapy are treated for a conspicuous difficulty which may include impaired social skills or learning difficulties, while for many the underlying problem of anger is the primary issue. To surmount this anomaly there has been negligible art therapy research into anger management from which a therapeutic approach could be developed and/or replicated. In this study, research on anger therapy is divided into three schools of thought: the Humanistic, the Gestalt and Cognitive - Behavioural therapies, none of which are conclusive in their treatment of anger management. As many of the models appear promising, an eclectic approach based on art therapy is perceived by the author as the most desirable and is used in this study. The knowledge gained in this study provides a basis for further art therapy research in the clinical and private sector.

Declaration

"I certify that this thesis does not incorporate, without acknowledgment, any material previously submitted or 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".

Signed

Date 2.12.1993

Acknowledgments

I would like to acknowledge the following people for their invaluable assistance in making this study possible.

My thanks go to Dr. Roger Cole and the Hillview Clinic for providing the facilities and cooperation which made it possible for me to conduct the research.

The parents and children involved, who without their interest and willingness to participate, it would not have become a reality.

Richard, Joanne, my understanding family and friends for their personal support in valuing the importance of the work carried out to make such a thesis possible.

Lidia Genovese (clinical psychologist) for her professional support.

Jacqueline and Harry McNally (Decisions and Designs) for computer, layout and printing guidance.

The staff at Edith Cowan University, in particular the members of the Art Therapy Department within the School of Visual Arts, for making it all possible.

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1. Introduction

For many years art therapy has been used as a form of therapy in numerous parts of the world; in England and America its history is traceable back to the 1940's. In Australia this is a relatively 'new' method of therapy which is at present only being experienced in a limited number of clinical and educational settings.

Art therapy involves the use of art materials through which clients can communicate and work through issues that have brought them into therapy. In the therapeutic space, the art therapist and client form a therapeutic relationship where together they try to comprehend what emerges through the art process and products produced during the session. The art process and the products are personal statements of the client and can be used in analysis as a record, for diagnosis, treatment and evaluation of the client's mental state.

Children who are exhibiting evidence of emotional and/or behavioural disorders are most commonly referred to the school psychologist by the classroom teacher. One of the principle reasons for the initial or following referral in latency period boys is perceived anger and/or aggression. There are many factors involved in why these boys resort to expressing their anger through aggressive behaviour, for example lack of self esteem and perceived powerlessness.

Anger is an intense emotional response which can be destructive to physical and emotional relationships when expressed in an aggressive manner. As a result, many therapists are endeavouring to locate the masked triggers of anger and aggression.

For many children with maladaptive anger, an art therapy programme can create a space where a child can use symbolic representations, to experiment with emotions and

solutions to problems. Children can express feelings through the art medium where potential growth, transformation and integration can occur.

There are special problems relating to the latency period, where a limited imaginative life, a tendency towards repression, a fragile ego, a tendency towards reserve and distrust would challenge the therapist who works with children of this age group. Though in this study the group demonstrated many instances where imagination, unreserved action and art revealed a sense of trust. While participating in an art therapy programme, there is the potential to overcome the dilemma of engaging such children in therapy, for the ego's mechanisms of defence can be observed and attended to by the therapist and respondent in visual communications. When compared to other methods of intervention, art therapy is ideal for this population since it is a less threatening approach, that can facilitate non-verbal communication when verbal expression is difficult. As the ego becomes integrated and coping skills are developed a general maturation occurs enabling the child to optimise his or her quality of life.

Background and Significance of the Study

Application of the Theoretical Concept of Art Therapy to the Study

The researcher, a teacher and art therapist concerned about the perceived negative behaviour of primary school children in Western Australia, chose to research anger and/or aggression when the same concerns were brought to the researcher's attention by the co-therapist on site. The variables relevant to the problem proposed for investigation were unknown therefore the researcher decided to select for a case study six boys of latency period (primary school in Western Australia) who exhibited the phenomenon

(anger and/or aggression). The hypotheses relating to the study could then be tested later with a larger number of respondents if some degree of accuracy was discovered.

The focus of this study is the effect of art therapy on the development of anger management skills in latency period boys. The respondents involved in the research will be given the opportunity to develop coping skills in relation to anger or aggression. The results of the study will provide art therapists with a growing body of data that will assist in the legitimisation of art therapy as a new major therapy in Australia. The data should provide direction for art therapists to evaluate their programmes using standardised tests or remodelled tests, leading to a set of art therapy based tests for use with children. The knowledge gained will assist art therapists in providing information in the education of team practitioners and client groups of the benefits of art therapy.

The researcher's opinion that anger and/or aggression is a problem of our times (1990's), is supported by Lindenfield (1993) who relates the issue to suicide and depression, outbreaks of riots and hooliganism in Great Britain.

Most of the literature dealing with the treatment of anger among children is designed for use by Guidance Officers, psychologists and psychiatrists, where the client is an inpatient or outpatient of a named facility. Many children are not taught the skills of dealing with anger as a young child (Lindenfield, 1993). It is often only when anger has become maladaptive that therapy is entered into, and only then is the child given permission and space to feel angry. In many cases traditional therapy is not sufficient. Guidance (anger management skills) is required on how to handle this troublesome emotion. To sustain the guidance required Uhlin (1972) in Malchiodi (1990) acknowledges the benefits of the art process in enhancing communication and interaction patterns. Uhlin continues by supporting the use of art therapy as a preventative method of dealing with (aggression),

by recognising that art expression may allow the art therapist to deal with the inner dynamics, as they are dealing with the outward problems.

This art therapy study was carried out as an adjunctive therapy for a period of six weeks in an outpatient psychiatric clinic. Though the constraints attached to the study are significant, the past and present literature on anger and aggression clearly affirms the position that any therapeutic intervention is better than none. The study is intended as a starting point in the pursuit of a technique to treat, evaluate and assess the response to art therapy of latency period boys with overt anger and/or aggression. Many believe when the child is able to communicate his or her feelings effectively and develop anger management skills, he or she makes a vital step towards independence and maturity. If the problem of anger and/or aggression in latency age children is as widespread as presupposed by the literature reviewed, then there is a critical need for methods of dealing with the issue, which can only be satisfactorily achieved by legitimate research. This study is significant as it sets out to prove that art as a therapy can produce positive results in relation to anger management. The study can then be used as a pilot study for further research.

Purpose Statement

The purpose of this study is to establish whether there is any correlation between the use of weekly art therapy sessions and the reduction of anger in six latency period boys at an out-patient psychiatric setting.

Definition of Terms

The following definitions are from literature used in this study, and are perceived by the researcher as the most relevant to procure an understanding of the document.

Acting out

An irrational, impulsive display of behaviour, usually in uncontrolled outbursts. When used therapeutically it can be taken to mean self expression of repressed feelings or emotions. (Reber, 1985)

Avoidance

A primitive and natural defence as seen in normal development and utilised to keep an unconscious wish or narcissistic mortification from conscious awareness. (Levick, 1983)

Denial

A primitive defence employed by the ego to keep from awareness some painful aspects of reality. Fantasy may also be utilised to erase from the mind that unwanted part of reality. (Levick, 1983)

Desensitisation procedure

The procedure is designed to produce a decrease in anxiety by exposing the client to anxiety producing stimulation under relaxed conditions. (Reber, 1985)

Latency period

In classical psychoanalytic theory, the latency period is from age four or five years (after the Oedipal period) to the beginning of puberty. During this time sexual and aggressive impulses are somewhat subdued and a concern for the environment emerges. (Rubin and McNeil, 1985)

Maladaptive

An inappropriate behaviour that is apt to produce psychic distress. (Levick, 1983)

Mask

A process whereby a detectable or recognisable stimulus is made difficult or impossible to detect or recognise by the presentation of a second stimulus. (Reber, 1985)

Processual immediacy

The ability of a person (as the human instrument) to process data, generate a hypotheses and test that hypotheses with a respondent in the situation it was created. (Lincoln and Guba, 1985, p. 194)

Projection

The process by which one's own traits and emotions are ascribed to another. Often used with the implication that there is accompanying denial. That the projection functions as a defence mechanism. (Reber, 1985)

Propositional knowledge

A knowledge of the problem that is not derived from tacit knowledge. (Lincoln and Guba, 1985)

Regression

A defence employed by the individual when confronted with anxiety related to a specific aspect of maturation. A retreat to an earlier phase of psycho sexual development and/or cognitive functioning is manifest in behaviour. (Levick, 1983)

Trigger

A stimulus that initiates a perceptible process, an action, or a behaviour. (Lindenfield, 1993)

2. Review of the Literature

History of Anger and Aggression Research

In this chapter the researcher reviews literature relevant to the study under four main headings; (a) Aggression, (b) Anger, (c) Art and (d) Art Therapy. The psychological literature relating to anger and/or aggression was sporadic in its evolution, the art was fundamentally developmentally based, whilst the art therapy literature proved to be predominantly generic not specific to the problem.

Anger and aggression have been discussed in literature, fact and fiction throughout history, in fables, myths and accounts of war. The history of aggression on the psychoanalytic front has an even more ignominious beginning; as Freud's contribution to aggression was infinitesimal when he began his research into the human mind just before the conclusion of the nineteenth century. He did not allude to it at all in *The Interpretation of Dreams* (1900) and merely as an adjunct to sexuality included in his *Three Essays on the Theory of Sexuality* (1905). As early as 1908, Alfred Adler was quoted as advocating the possibility of a primary aggressive instinct, as part of man's striving for superiority, which he argued was the dominant motive of human beings; later being called by Adler 'striving for perfection' (Storr, 1968). Through the gradual progression of psychoanalytic thought, man's aggression is acknowledged as an integral part of human emotions. Though the origin of the emotion is still theoretically discussed, as a "deplorable impulse which ought to be eliminated and a necessary part of our biological inheritance with which we have to learn to co-exist, and which has served and serves to preserve us". (Storr, 1968, p. 16). Konrad Lorenz's work on innate anger and/or aggression has been questioned (Lindenfield, 1993) and still the research arguments continue: "Our physiological and genetic make-up does give us the physical equipment with which to become both aggressive and angry, but whether we actually use

this, and the manner in which we use it, is very largely determined by our psychological and social development." (Lindenfield, 1993, p. 30).

Aggression

As a focus for discussion, I will adopt the definition of Kettlewell and Kausch (1983) on aggression as it is most relevant to my exploration of anger management. Kettlewell et al. define aggression as "a behaviour in which the person attacked or attempted to attack another person with the possibility of inflicting pain," physically and emotionally. (Kettlewell et al., 1983, pp. 103-104)

Physiological Aspects of Aggression

Storr judiciously asks, "Is aggression an instinct?" (1968, p.27) The bodily response in aggression, in answer to Storr, is well documented in most basic psychology books (Atkinson, Atkinson and Hilgard 1981 and Rubin and McNeil 1985). In the aggressive condition, the bodily changes effected include the blood circulatory system, the respiratory system, the muscular system, and specific hormonal responses. According to Lindenfield, (1993) and supported by McKay, Rogers and McKay, (1989) "Chronic anger prolongs and supercharges hormonal changes and chronic suppressed anger is damaging because it mobilises the nervous system without providing any release of tension." (Lindenfield, 1993, p. 33). Most of the changes which take place are as a result of the activation of the sympathetic division of the automatic nervous system, but "despite a long history of research on the subject, investigators have not been able to identify patterns of physiological arousal that differ from one specific emotion to another". (Atkinson et al., 1981, p. 333). There is data that substantiates the notion that

the active aggressive emotion is accompanied by an increase in the hormone norepinephrine whereas passive anxiety is associated with an increase in adrenalin output (Storr, 1968). This seems to suggest that the human body when triggered by a stimulus, identified as a threat or frustration, has the capacity to activate a physio-chemical system which is seen as aggression. Therefore the aggressive response is not a reflex action which dies down immediately after the precipitated threat disappears, but as the emotion subsides the parasympathetic system takes over and returns the body to the normal state.

The above physiological aspects of aggression and anger intimate that the emotions and behaviour involved are instinctive (innate). However research indicates that we cannot give a positive statement acknowledging innate behaviour, for human beings seem to be able to control their anger in many cases according to their training.

The frustration - aggression hypothesis "assumes that thwarting a person's efforts to reach a goal induces an aggressive drive that in turn motivates behaviour designed to injure the person or object causing the frustration," or more simply put, anger is a response that follows frustration Dollard (cited in Atkinson et al., 1985, p.322). Storr (1968) is of the opinion that 'human risks' have labelled aggression 'bad' and it has led to the belief in some spheres that if humans were never frustrated they would never be aggressive. This point of view ignores the fact that frustration may have a positive aspect, as it strives to overcome obstacles. The American analyst, Clara Tompson, when attempting to clarify the aggression - frustration issue states, "Aggression is not necessarily destructive at all. It springs from an innate tendency to grow and master life which seems to be characteristic of all living matter. Only when this life force is obstructed in its development do ingredients of anger, rage, or hate become connected with it." (Storr, 1968, p. 65).

Freud viewed aggression as a basic instinct, and believed that a child shows aggression from birth (an example of which is when crying for a bottle). Most psycho-analysts now acquiesce that there are temperamental differences between babies but even as they concede aggression as inborn, they have a tendency to believe that parents ought to procure that perfect environment for children thus rendering the behaviour obsolete (Storr, 1968). Storr strongly supports the theory of innate aggression. He affirms the reports that allude to aggression as a response to frustration as no longer viable because of documented biological research results. In the literature, he considers it vitally important that the frustration - aggression hypothesis is discarded and the reality that human beings have an aggressive drive that is an inherited constant, necessary for survival. According to Storr (1968) a child needs to be guided down the main highway. Neither a side road where the parent never shows aggression nor a road where the parent is authoritarian as on the former road the child may feel insecure and on the latter could be frightened.

It was proposed by Scott and Kuo (cited in Storr, 1968) that aggression is learned but this notion was not supported during experiments investigating stimulus response to aggression. The cognitive - behavioural model for the treatment of aggression holds promise, but the advantages as yet are not adequately documented. The research using the cognitive - behavioural model was encouraging but not conclusive as there was a need for "further analysis of the data to determine the types, extent, and meaningfulness of behavioural changes produced as warranted". (Kettlewell et al., 1983, p. 102). Many therapists support the concept of further studies in cognitive based training using interpersonal problem solving skills and its application clinically (Spivack & Shure 1974, Weissberg, Gesten, Rapkin, Cowen, Davidson, de Apodaca & McKim, 1981). To begin behavioural based therapy, it is assumed that the aggressive child has difficulty coping effectively with provocation in a non aggressive manner (Sarason and Granzer, 1969; Bandura, 1973). As these studies have crucial methodical problems the support is

diffident (Gittelman, 1965, Ganzer, 1974). Self instruction training is also an element of cognitive - behavioural treatment correspondingly this also has methodical defects (Meinchenbaum & Goodman, 1971, Finch, Wilkinson, Nelson, & Montgomery, 1975, Canp, Blom Herbert & Van Doorninck, 1977) in Kettlewell et al. (1983). But as the main concern of psycho-analysis is with nurture rather than nature psychologists tend to attribute more importance to environmental rather than innate factors. Environmental frustration, according to Storr (1968) is inevitable as no mother can forestall every perceived issue that befalls each child. Accordingly, therapy tends to focus on the negative issues of frustration and aggression in trying to discover the unmet needs of clients.

Is the cognitive control of aggression determined by learning? If humans can adapt to control their feelings of anger and aggression, is it necessary to periodically release the accumulation of aggressive tension? Does anger and aggression have a potential which may never be brought into use? (Storr, 1968). Scientific evidence supporting this does not exist and research data in this area is highly subjective (Lindenfield, 1993). These points are important in therapy and are noted throughout the literature in various forms. The nature of the therapy would be determined by the therapists understanding of the need for periodical release or a search for the stimulus which may trigger a response.

In my examination of the literature, Storr (1968), Kettlewell et al. (1983), and others, support the theory that children learn to deal with aggression through the games they play. In games and fantasy they can experience themselves as powerful, which allows a gradual building of the confidence they need to develop as individuals. Kettlewell et al. found "there is a distinct need for the development of innovative methods for the treatment of children displaying aggressive behaviour," (1983, p. 101) as there is little evidence that the present methods of treatment of aggressive children are effective. This is a strong indicator of the need for further research in this area as the aggressive and

maladaptive angry children who are unhealed are the maladaptive adults of the future (Robin, 1966, Kohlberg, La Crosse, & Ricks, 1977, in Kettlewell et al., 1983).

Anger

The psychological literature on anger according to Thomas (1990) is sparse; beginning with pioneering research conducted by G. Stanley Hall in 1899 but with little following until Averill's study in 1982. Anger is listed in almost all basic psychology books as one of six identifiable emotions. For the purpose of this study, I shall use anger as defined by Andersen (1985, p. 7) "An intense emotional response which can be destructive to physical and emotional health and to relationships." The preferred definition, reflects the history of the client group participating and the philosophy of the study.

As part of the humanist theory, of which Carl Rogers is a known authority, (Rubin and McNeil, 1985) emotion is neither an expression of an instinct nor a learned response, but an orienting system. The emphasis is on the uniqueness of the human being which links well with the phenomenological art therapy approach where understanding experiences from the clients point of view, rather than focussing on the behaviour, is the priority of the therapy.

Many authors support the social perspective of anger (Thomas, 1990, Sullivan, 1953, Rothenberg, 1971, Averill, 1983). This perspective explains that when a child's expectations of another are not met anxiety results, and anger develops as a sense of empowerment to repel the anxiety. Also Tauris (1989) links anger with social events in terms of a social contract, while Harburg's model links anger with loss (Julius, Harburg, Cottingham and Johnson 1986, in Thomas, 1990). Haynes, Levine, Scotch, Feinleib and Kannel (1978) look on anger as a social habit that can be cultural and gender specific

(Thomas, 1990). The Skinnerian behaviourists maintain that emotions such as anger are learned responses to environmental stimuli (Skinner, 1953, in Thomas, 1990). This is supported to some extent by Lindenfield (1993, p. 66) who states that "our basic patterns in relation to anger are framed during the development process of our personalities," through our genes, experiences in life and the reshaping of responses.

While a social learning theorist, Bandura (1973) demonstrated how children learned to be aggressive by imitating models, children also repeat behaviours that are rewarded.

Notwithstanding this, Novaco (1985) looks on anger as a cognitively mediated process with discernible physiological arousal and cognitions of antagonism. Whether and how we express anger could be based on personal psychological predisposition and what is considered acceptable to a specific social group. Furthermore, learning the guidelines for what is culturally acceptable is a long and complicated process beginning in infancy (Underwood Coie & Herbsman, 1992, Andersen et al., 1985).

There has been little clinical research on anger but there are many books in the popular press, according to Thomas (1990) which seems to signify there is a conscious need for general understanding of this common emotion. Leanne (1985) states in her book *'The Dance of Anger'* that "venting anger solves nothing and may in fact maintain long ingrained relationship rules and patterns which ensure the needed changes do not occur" (Thomas, 1990, p. 206). This perspective is supported by Kaplan et al. (1975) and Wilt (1989) where, as part of the humanistic school, the Rogerian views the therapist as a facilitator bringing the client greater awareness of feelings (Thomas, 1990). Gestalt therapists emphasise the need to experience the emotion in the here and now (Perls, Hefferline and Goodman, 1951). Although empirical evidence of the efficiency of Gestalt techniques is negligible, a recent Gestalt approach dealing with constricted anger had positive aspects (Daldrup, Beutler, Engle & Greenburg, 1988, Thomas, 1990).

According to Woolberg, (1977) random release and constructive expression, might in

Freudian terms, be understood to be cathartic, and have very long lasting effects (Andersen, 1985). For therapy to attain that lasting effect required it must contain meaningful communications (Andersen, 1985). Anger may be a vehicle for communicating a need, a sense of vulnerability, but understanding that method of communicating is often difficult. If the behaviours have been learned then handling the angry feelings can also be learned. Doing this without damaging an already vulnerable self-esteem, however, presents problems (Andersen, 1985, Lindenfield, 1993).

The most successful way seems to be through anger management, using cognitive - behaviourist therapy. The behavioural approach entails desensitisation and social skills training, where the cognitive approach is based on restructuring. The restructuring is based on the person moving through three stages. (1) When the person becomes aware of his or her thoughts, (2) learns to identify which are inaccurate or distorted thoughts, and (3) the inaccurate thoughts are replaced by those that are more accurate and objective. Throughout this process therapist feedback and reinforcement is a necessary part of the evolution. (Foreyt and Rathjen, 1978, p. 15) Lindenfield (1993) identifies five main components of management. Each beginning with a letter in the word anger: assertive, non violent, goal directed, ethical and responsible.

Social skills training was deemed to be effective by Rahaun, Hefebure and Jenkins (1980) as it was believed poor social skills made it inconceivable for the client to express emotions acceptably (Anderson, 1985). Novaco (1976a), Konencni (1975) saw the importance of cognitive restructuring which required giving the client the correct label for the aroused state (Andersen, 1985). This hypothesis was tested by Garrison and Stolberg (1983) using affective guided imagery with angry latency period children, this involved assisting the client to correctly label emotions and deflect and alter incorrect perceptions. Stress inoculation although originally used by Meichenbaum for the treatment of anxiety, Novaco (1977) adapted it for the treatment of anger (Andersen, 1985). Stress inoculation

is a method of developing coping skills in the client then exposing the client to manageable amounts until immunity is built up. This method has been favourable investigated by Novaco, 1976 & 1977, Sarason, Johnson, Berberich, Siegal, 1979, Lira Carne, and Masri, 1983, Hinshaw and Henker, 1984, Golden and Consorte, 1982, Anderson, 1985. According to Anderson (1985, p. 12) in psychology there is a belated need and a great deal to be gained from "adequate formulation, assessment and treatment of anger".

From the literature reviewed by the researcher, it seemed unlikely that any one theory could provide a satisfactory schema for clinical practice, given the diversity of the clients and their backgrounds. This was validated by Andersen's (1985) study which confirmed that any intervention was better than none and an eclectic therapy seem to achieve more than a distinct therapy.

Developmental Levels in Art

As children develop, so does their art according to Lowenfeld and Brittain (1975) Gaitskell and Hurwitz (1970) and all children go through definite stages. As all the details of each stage are not relevant to the study, some stages will merely be identified to acknowledge where the child is coming from or going to. The stages vary slightly from author to author. Gaitskell et al. (1970) has three stages where Lowenfeld et al. (1975) has seven but overall they have the same configuration. Each start at the scribble stage, though Gaitskell et al. (1970) calls attention to the manipulative factor. During this in between stage Lowenfeld et al. (1975) recognise the child's first representational scribbles by identifying them as reflective of the pre-schematic stage. Gaitskell's et al. (1970) stage of symbols falls into Lowenfeld et al. (1975) schematic stage and as this stage is the beginning of the latency period, I will elaborate it more fully.

During latency, children can and do develop a defined concept of form and their drawings reflect the environment in which they reside, according to Lowenfeld et al. (1975). They will repeat successful drawing schema over and over again. It is at this stage that children use the base line of their paper to arrange their composition. Following from this, Lowenfeld et al. (1975) stage of 'dawning realism' blends with Gaitskell et al (1970) 'pre-adolescent stage' which is the upper end of the latency period. It is during this period that children's peers become important, especially those of the same sex and it is sometimes referred to as the 'gang age'. The children's drawings during this stage are smaller, more detailed and no longer arranged along the base line of the paper. At this stage the children are hesitant to share their art works with an audience and this reflects their overall feelings of self consciousness about their place in society. Gardner (1973, p.257) when discussing artistic development during the latency period considers it a critical time, when they must make progress and develop confidence in their artistic ability before the self-criticism of adolescence curtails their enthusiasm.

Following this stage Lowenfeld et. al (1975) has the 'age of reasoning' and the 'period of decision'. Since these two stages follow the latency period, they are not pertinent to the study.

Growth Through Art

While acknowledging the work of Gardner on the arts and human development, in this study the researcher will use the areas as defined by Lowenfeld et. al. (1975) when considering the children's' art. This is only one method of looking at children's art but it gives the study a comprehensible basis from which to critic the art produced in therapy. The picture or art works a child produces are more than products. The child's art is a statement of that child at the time of creation. Each picture "reflects the feelings, the intellectual capacities, the physical development, the perceptual awareness, the creative involvement, the aesthetic tastes and even the social development of the individual child". (Lowenfeld et al., 1975, p. 31). As the child grows and develops, the changes are clearly seen in art works produced. Lowenfeld et al. (1975) specifies that to understand the significance of the changes and have the ability to evaluate them as they appear, an awareness of the seven components of growth is necessary.

Emotional growth, according to Lowenfeld et al. (1975) is in direct relationship to the intensity with which the creator identifies with the work. This is difficult to measure but the intensity is seen to range from low level involvement as identified by stereotyped repetition which avoids risk taking to a high level of involvement where the child is involved in putting down things that are meaningful and important. This includes images of the self.

Intellectual growth according to Lowenfeld et al. (1975) is usually seen in the child's growing personal and environmental awareness. It is this knowledge which is at the child's disposal when creating a picture that is said to indicate his intellectual level. Occasionally these drawings are used as an indication of mental ability in children, this is particularly useful when the child is not verbal.

According to Lowenfeld et al. (1975, p. 36) "physical growth in a child's creative work is seen in his ability for visual and motor coordination, in the way he controls his body, guides his line and performs skills". The actual physical action of completing the drawing is only one of the physical components of a drawing. Parts of the composition often indicate the child's perception of 'self body image'. This may be conscious or unconscious material that is projected into the drawing apparent as over-emphasis or omissions.

According to Lowenfeld et al. (1975, p. 36) perceptual growth is "the cultivation and heightening of our senses", this is an important part of the art encounter. The ability to learn may depend upon the meaning and quality of sensory experiences which, in turn, will form an important part of the child's 'quality of life'; present and future.

According to Lowenfeld et al. (1975) social growth can be clearly seen in children's creative works. They reflect the level of connectedness the child has with his or her own experiences and that of others. By participating in the art process the child is taking part in a growth experience, communicating thoughts and ideas which become an extension of the self into the wider society. Through this process, the child can "assume responsibility for the things he or she is doing, is able to face his or her own actions, and by doing so identifies with others". Lowenfeld et al. (1975, p. 39).

In relation to this art therapy research, the Lowenfeld, Gaitskell schematic stage, dawning realism and pre-adolescent stage that are attributed to the latency period are similarly described by Piaget. According to Piaget, children in the concrete operational stage, are

each establishing a picture within boundaries of expectations. During this period according to Piagetian theory there is movement away from centration and irreversibility, this is evident in the children's drawings (Gardner, 1973). Latency period is traditionally viewed psychoanalytically as a sexual inactive period; Greenspan in Levick (1983) questions this, as children's drawings are reflecting more and more sexual connotations than previously noted. It is suggested by Greenspan that this may be attributed to greater exposure to television. Levick (1988) directs the reader's attention to the repeated occurrence of television, movie and sports heroes in children's drawings. The child's artistic development at this stage is immersed in the realistic representation of familiar objects and the use of an elevated base line (Levick 1983). During the parallel periods of concrete operational and latency children's drawings, "focus on those things that are of paramount interest within their peer group and project them into drawings". (Levick, 1983, p. 97).

According to Lowenfeld et al. (1975) creative growth begins as soon as the child begins to make marks. Therefore children do not need to be skilful to be creative, consequently creation in any configuration includes, emotional freedom, freedom to explore and experiment and freedom to get involved.

Art Therapy

The art therapy literature generic to this study generally focuses on strengthening the ego and developing self esteem of the clients with problems related to anger and aggression. One of the most frequent types of referrals in the primary school is the 'acting out' child. Therapy with the child needs to concentrate on, (a) acquiring positive learner behaviours, and (b) addressing the underlying psychological difficulties which are perpetuating the behaviour. Edith Kramer (1971) while working within the framework of ego and self

esteem restoring, perceived the angry, aggressive child was working from the id since the ego was weak. This is important when proposing therapy with a latency period group as Greenspan states "An intact ego requires that the 'basic ego apparatuses and basic ego function' be capable of performing those tasks (in Piagetian terms) of the concrete operational stage" (Levick, 1983, p. 27). This is supported in the literature by the cognitive behaviour therapy theory based on desensitisation and restructuring. From this thinking, an increase in ego strength is sought through art therapy. Art activities which allow for the exploration of issues relating to personal space, can form a foundation where the art can be reviewed as a meaningful extension of self. Group work gives the client the opportunity to explore issues of intimacy, distance and hostility, which may at first be denied as the client stays within the precinct of his or her art work (personal space). The art therapy group offers clients the space just to be themselves with no pressure or expectations (Liebmann, 1990). As the art works develop, skills and appreciation of the creative process, in turn enhance the related ego function and the object produced may well serve to build up the self esteem. Kramer (1971) intimates that as the ego cannot operate without repression, sublimation is one of the most effective methods of managing the perceived threat from aggressive traits. Art therapy validates the concept that therapeutic space is an area where a child can unload negative thoughts and feelings in the presence of a caring adult who can facilitate a strengthening of the ego and a mastering their woundedness.

Sublimation is a process where aggression can be deflected from its original goal and displaced into socially productive achievements which are highly regarded by the ego (Kramer 1971). When moving towards the 'ego ideal' where the child goes from identification with aggression as an authoritative negative force, to aggression as a positive power, the child can avert the threat of conflict with self by allied egotism. With this structure, children are able to bear pressures within the process to bring about change that they are not ready to attempt in other areas of their life.

Noah-Cooper and Richards (1983) found that regular art therapy session diminishes the intensity and regularity of aggressive bursts and increases compliant behaviour with latency period boys. Symbolic expression of aggression helps children master difficult experiences without direct threat to the 'self'. This form of communication also permits difficult experiences to be told, retold and questioned. This allows the child the space to internalise his or her conflicts and acknowledge the possibilities of change. Noah-Cooper et al. (1983) found that symbolic expression diverted the aggression from a personal level to an object level and there was a gradual increase in the child's ability to positively verbalise the aggression. Primary school aged children (latency period) have already learned maladaptive behaviours which helped them get their needs met. These behaviours do not fit within the school social learning system but children cannot let go of these learned anti-social behaviours, until new behaviours have been put in place. For the angry, aggressive child, art provides a space where symbolic living through the creative process, and experimentation with ideas and feeling, can overcome conflict and create order (Kramer 1971). It has been shown that the group process allows behaviour problem children the time to practice cooperation through group activities which develops a sense of belonging. Gradually, the trust built up within the group nourishes their self esteem. The therapist's role is to provide a safe, protected space and a method which allows the children's unconscious fantasies to be expressed in a non-threatening environment.

In conclusion, art therapists propose that in such a therapeutic setting, children have the space to "project images and fantasies that have relevance to their personal lives and developmental struggles". (Kramer, 1971). Kramer considers the benefits of art therapy with aggressive children and her ideas are supported by the general art therapy literature. The literature proposes that establishing a sense of identity through art is beneficial as it gives form to asocial ideas and gives substance to the aggressive child's inner life. Art therapy also reduces the impact of fluctuating moods. "The art therapy helps bring

elusive fantasies into the realms of the ego and becomes a sanctuary where feelings and perceptions that may be otherwise drowned in constant hostilities may be experienced." (Kramer 1971, p. 138).

Summary of the Literature

There is a growing body of literature on the topic anger and aggression in psychology text and the "popular" press, but a universal conclusion to the origin or treatment has not been agreed upon.

The major points relating to this study are grouped into four main areas:

- aggression,
- anger,
- art,
- art therapy.

The definition of aggression adopted for this study reads as follows, "a behaviour in which a person attacked or attempted to attack another person with the possibility of inflicting pain". (Kettlewell et al., 1983, p. 103 - 104). The physiological aspects of aggression which are allied to observable changes in the circulatory system, the respiratory system and muscular system gives rise to the stimulus response theory. Others see aggression as a basic instinct; an innate drive that is necessary for survival. The frustration - aggression theorists identify frustration as the motivator of the behaviour labelled aggression often overlooking the positive aspects of frustration and aggression. We then need to consider the point of view which maintains that aggression

is a learned response; from the environment, social or cultural groups, where cognitive-behaviour therapy could therefore modify the learned behaviour.

Anger in the psychology literature is listed as one of six emotions. The emotion anger is defined for this study as "an intense emotional response which can be destructive to the physical and emotional health and to relationships" (Andersen, 1985, p. 7). Anger according to a 'Humanists' perspective is neither an instinct or a learned response but an orienting system. While the 'socio cultural theory' supports the notion that it is when expectations are not met, anxiety results and anger develops as a sense of empowerment. But the 'Skinnerian' behaviourists maintain that emotions such as anger, as aggression is a learned response. No one theory is a proved authority on the nature of anger. As this study was an art therapy intervention, the author deduced the need to familiarise the reader with the development levels in children's art, as this is relevant to the understanding of the art works produced. Lowenfeld an authority in the field of art education, is supported by Gaitskell et al. (1970) as they put forward a series of stages in art that are age related. Lowenfeld et al. (1975) also sees within each developmental stage distinct possible growth areas, which he lists as emotional, intellectual, physical, perceptual, social and creative. As art therapy is about 'growth' Lowenfeld's et al. (1975) writings support this notion.

In relation to anger and aggression, the art therapy literature tends to focus on the strengthening of the ego and self esteem. To this end it has been established that art therapy conducted within a group setting tends to nourish the self esteem as trust grows.

The research on anger therapy is divided into schools of thought; the "Humanistic" school views the therapist as the facilitator, the "Gestalt" school emphasises the need to experience emotions in the here and now, and the cognitive-behavioural school emphasises desensitisation and social skills training, with cognitive restructuring. If

humans can and do control their aggression from which theory do we base our therapy?

The evidence suggests that the present methods of treating aggressive children are ineffective therefore further research into methods which will elicit a more positive response are required. There is seen to be a belated need and a great deal to be gained from the development of an adequate formulation, assessment and treatment of anger.

The researcher at this stage of the research inclined towards a cognitive - behaviourist approach, from the understanding that if maladaptive behaviours had been learned, management skills could also be learned in a therapeutic setting. Although research is still limited cognitive behavioural based therapies have been found most useful for clients who can describe and discuss their anger which would be a natural setting for a communication therapy such as art therapy. This attitude was derived, for the researcher from personal experience, and the writings of Andersen (1985) Lindenfield (1993) and others. As anger is not always negative, under or over control can prove to have powerful repercussions resulting in many psychological and physiological disorders.

From this, the researcher deduced the need for an eclectic theoretical approach to anger and aggression supported by the belief that any intervention was better than none deduced that a composite therapy seems to achieve more therapeutic value than a distinct therapy. To this end an art therapy treatment programme was carried out as part of a milieu therapy in a psychiatric clinic using a multi therapeutic approach.

Theoretical Framework

Table 1. Theoretical framework.

<u>Problem</u>	<u>Therapeutic Intervention</u>	<u>Goal</u>
Anger Aggression	Art Therapy	Anger Management

The theoretical framework guiding this study was derived by the researcher using an eclectic approach in line with phenomenology. The main tenets driving the theory is the work of Hammer, (1958) Lowenfeld and Brittain, (1975) and Rubin and Mc Neil, (1985).

As a child progresses through the stages of childhood as stated by Rubin and Mc Neil, (1985), an important role of the art therapist, when seeing those children who are having difficulty adhering to this progression, is the exploration and visualisation of the problem or barriers to the next stage.

3. Research Method

Respondents

According to Lincoln and Guba, "all sampling is done with a purpose in mind" and the sampling is viewed as an archetype of a population. (1985, p.199) "One of the first steps in conducting a case study is to select those cases which typify the major dimension of the problem." (Sax, 1968, p. 290). The selection of the respondents in this study was based on reading clinical notes about clients at a metropolitan psychiatric clinic in Western Australia. The group consisted of six latency age male children between the ages of eight and eleven years. The children were known to be receiving psychological services and or redemption for academic difficulties in relation to anger and or aggression. All had degrees of identifiable anger and or aggression which resulted in management problems in the classroom and at home. These problems included defying authority, demanding attention, disturbing class peers, and being aggressive in class and in the playground.

The respondents were chosen by the clinic involved in the study through collaboration between the resident psychiatrists and parents. Once parental consent was obtained, the respondents were interviewed individually by the resident psychiatrist as part of their weekly therapy. The six respondents were selected from a possible case load of thirty. To be included in the study, the children needed to fill the criteria of having anger and or aggression related problems. They also needed to be of an age within the latency period of development. Finally, it was important that each respondent have parents who agreed to the study and would contract to bring the children to the group for a period of six weeks.

To assist in generalizability of the study, it was decided to include only boys of the latency period as developmental sex differences in relation to the expression of anger and aggression are not a focus of this study.

Case Study Design

The researcher's definition of a case study is taken from Sax which reads, "The case study is extended to include any relatively detailed description and analysis of a single person, event, institution or community." (Sax, 1968, p.289). This definition of a case study was chosen because of the simplicity of language and scope for interpretation. Design, in the naturalistic sense, is a broad based plan that allows for contingencies which provide structure without stricture.

Lincoln and Guba (1985, p. 214) describe three major reasons for using a case study approach which are seen by the researcher to fit art therapy research:

- (a) The case study is ideal for accommodating the in depth description required for feasibility judgements.
- (b) The case study is the most suited to the naturalistic model. The interaction of the researcher and client are more difficult to report in a scientific report form.
- (c) The case study provides the optimal method of communicating with the reader, so that he/she is able to become part of the total experience.

The case study reporting technique was chosen for this study as it is a naturalistic inquiry in art therapy which requires in depth reporting to adequately convey the essence of the study. In line with naturalistic studies it was practically inconceivable that a design in any conclusive form could be developed before the case study commencement on site. The

preliminaries of the case study began with a broad plan, a format for development. This gave the researcher the scope to change the 'plan' as incidents emerged allowing the study to become self directed within the broad plan. The plan included the formulating of weekly art activities to meet the perceived needs of the respondents and the limits of the sessions. This information and that which resulted from the sessions was to be documented immediately after the sessions and later rewritten in depth. To attend to the credibility of the study the resulting information was to be further subjected to peer debriefing by Dr. R. Cole and Dr. M. Campanelli.

Instruments

Instrumentation in a case study becomes more refined as part of a process when the human instrument sorts the information presented. The human as an instrument is not a new concept and recognition has been given that, "humans can provide data nearly as reliable as that produced by more objective means". (Lincoln and Guba, 1985, p. 192). In an earlier book Lincoln and Guba (1981) explores the 'human-as-instrument' phenomenon. The following characteristics were identified as being unique to the human instrument, responsiveness, adaptability, holistic emphasis, knowledge base expansion, processual immediacy, opportunity for clarification, summarisation and opportunity to explore atypical or idiosyncratic responses (Lincoln and Guba, 1985, pp. 193-194). These advantages are meaningless unless the human instrument is assessable and capable of refinement. These attributes are supported in this case study by the researcher being an art therapist and endorsed by a co-therapist (psychiatrist) and a university supervisor (art therapist). Huron (1981) in Lincoln and Guba (1985) argues that tacit knowledge, that knowledge which is implied, understood or existing without being stated is an indispensable part of the research process (in naturalistic research). In an art therapy

research study, tacit knowledge is inseparable from the human instrument, though when as in this study it is team supported, it is converted into propositional (stated) knowledge.

In this study, observations, interpretations and the Achenbach Child Behaviour Check List (C.B.C.L.) are all used to attend to the credibility of the study. The purpose of the baseline (pre-test) is to provide a description of the target behaviour as it naturally occurs without treatment. The baseline further serves as a basis for comparison with the post-test as an indicator of the effectiveness of the art therapy intervention. This is seen as information verifying rather than information generating. As was my intention before the treatment phase commenced, the group completed the C.B.C.L. (Achenbach and Edelbrock, 1991) in three areas; the parents (home), teachers (school), and the respondents (self), and then again after the completion of the art therapy intervention, as a post-test. My reasons for using the C.B.C.L. is that it is a standardised test and as such has existing validity and reliability data. Validity in this situation is concerned with the measurement of aggression in latency period boys, and the reliability relates to the consistency with which the test measures the aggression. The C.B.C.L. Teachers Rating Form (T.R.F.) was designed to define children's behaviour disorders not theoretically but practically (Achenbach and Edelbrock 1991) A.C.E.R. Although the C.B.C.L. can be used with children from four to sixteen years of age the questionnaire is the same for all age groups, but the analysis changes in relation to age and sex.

During the treatment phase, the group will be administered projective tests as developed by Hammer (1958) to be used in the art therapy setting. The projective drawing technique has reached the status of a clinical tool. This technique often obtains data which is linked to the particular way clients see their world and how they approach and handle them (Hammer 1958). When all information on projective drawing techniques have been evaluated, it seems they may be one of the most feasible methods used as a response to psychology's search for efficient instrumentalities for personal evaluation

(Hammer 1958). The advantages according to Hammer (1958) are that projective drawings are simple to administer and the response time is comparatively short. The limitation presented by Hammer (1958) in accordance with all projective tests, is the lack of validity as the test does not measure overt behaviour.

As the researcher is an active group member, observations were carried out during the session and recorded after the session.

Debriefing sessions were held after each session with the co-therapist then with the university supervisor and on a different level with the researcher's personal therapist.

Procedure

From approximately thirty boys who exhibited overt anger and/or aggression, six were chosen by the clinic's resident psychologist to take part in an art therapy intervention programme. Art therapy is a relatively new therapy in Australia and as such it was requested by the clinic on a trial basis. The clinic became aware of art therapy when a number of Edith Cowan University art therapy students completed their practicum at that institution.

The parents of the children selected for the study were contacted by letter seeking permission for their children to take part in this research. Parents were also asked for permission to have the clinical notes released, and for art works to be reproduced in relation to the study. At all times, the ethics of confidentiality were upheld and this message was emphatically communicated to all involved (see Appendixes).

On week one of the art therapy programme, the researcher met with the respondents chosen for the study and the aims of the group were explained to them. During this first meeting the Child Behaviour Check List (C.B.C.L.) was to be administered as a pre-test but due to administration problems, it was deferred to the following week. The C.B.C.L. questionnaire comprises of 112 points which are related to behaviour problems. Answers are scored on a three point scale, ranging from (0) not true, through (1) some what true or some times true, to (2) very true or often true. The higher the score the higher is the level of implied problem behaviour (Lidia Genovese, 1988). Teachers and parents (or principal care givers) of the respondents were sent the relevant section of the C.B.C.L. to be completed and returned.

Six sessions of art therapy were carried out with the 'Hammer projective tests' as part of the sessions. The author and the co-therapist (the resident clinical psychiatrist) assessed the art works and completed the observational records after each session. During the last session the respondents in attendance completed the C.B.C.L. as a post-test. The respondents absent from this session, the teachers, and parents involved with the earlier tests, were mailed tests for completion. The data was to be returned to the researcher for collation and processing.

Letters of appreciation and a reminder regarding the importance of returning the check list were sent to all participants. (see Appendixes) At the final parent meeting those present were informed that the results of the study would be available at the clinic on completion of the study.

Data Analysis

The data for analysis was collected from (1) observational records, (2) interpretive data based on projective tests, and (3) the Achenbach Child Behaviour Check List. The data collection and analysis involved the respondents, parents, teachers, the researcher and supervisors. An open ended approach to data analysis is used for this case study. It was perceived by the researcher after studying other processes to be the most appropriate method for comparing the effect of art therapy on a group of latency period boys with overt anger and/or aggression. The Child Behaviour Check List, (C.B.C.L.) was chosen to enable the researcher to verify findings rather than generate information collected in the study. The projective drawings and observations were evaluated by the researcher, co-therapist and supervisor and then reported on descriptively. The data collected for this study has been collated using 'inductive' data analysis which according to Lincoln and Guba (1985, p. 202), "may be defined most simply as a process for making sense of field data", or according to Gray, (1987, p. 4) "the formulation of generalisations based on observation of a limited number of specific events". In art therapy research, inductive data analysis is part of the art therapy process, that is making sense of the possible meanings communicated in the art works. In this case study internal and external validity, reliability and objectivity are addressed in naturalistic terms which now become, credibility, transferability, dependability and conformability, respectively (Lincoln and Guba, 1985, p. 219).

Five main techniques (Lincoln and Guba 1985, p. 301) have been employed to assure that the findings and interpretations in this study have credibility:

- (1) (a) 'Prolonged engagement' which is the giving of adequate time to attain valid objectives, (b) 'persistent observations which gives the researcher the opportunity to observe possible deceptions that may be practised and (c) triangulation which includes sources, methods and the investigator.
- (2) Peer debriefing, refining, and revising the focus as more information becomes available.
- (3) Negative case analysis, the rechecking of preliminary findings against archived 'raw data', in this study, art works.
- (4) Referential adequacy using the C.B.C.L.
- (5) Member checks occur informally during group discussions.

Transferability was addressed in this case study in the naturalistic mode by providing the reader with a working hypotheses together with an in-depth description of the context in which it was set down.

Dependability was attended to in accordance with a naturalistic process with assistance from the case supervisor who examined the process and the records from the point of view of accuracy.

In this study, dependability was supported by the researcher's prior research at the clinic's adjacent hospital, in-depth reading on the subject, and ten years as a teacher observing anger and/or aggression from a different perspective to give a broad understanding to the research. The researcher's perspective also includes distortions in the art, which in art therapy is a part of the therapy and taken into account when reviewing the produced art works. Distortion in an art therapy context may be a defence mechanism, a partial view

of those aspects which are being denied in the respondent, as the respondent often projects that which is seen to reflect the present. During this period the researcher must beware of his or her own misconceptions whether misinformation has been given deliberately or unintended. In art therapy, misinformation would be used as part of the research, for whatever was the respondents' or researcher's reason for giving the misinformation would be relevant to that person at that time.

Methodological Limitations

The methodological limitations relating to a case study are many and are clearly stated within the literature (Lincoln and Guba, 1985, Gay, 1987, and Sax, 1968) and most clearly stated in Sax, as a research technique where "it is difficult to determine the factors, historical or contemporary that are relevant to the phenomenon under investigation". (Sax, 1968, p. 167).

Sadler (1981) in Lincoln and Guba (1985, pp. 354 - 355) list their perceived notable limitations in relation to naturalistic data processing which the researcher will address in relation to this study:

- Data overload
- First impressions
- Availability of information
- Positive and negative instances
- Internal consistency, redundancy, and novelty of information
- Uneven reliability of information
- Missing information
- Revision of a tentative hypothesis, evaluation or diagnosis
- Base rate proportions
- Sampling considerations
- Confidence in judgement
- Co-occurrences and correlation
- Consistency of judgements

In listing the limitations put forward by Sadler (1981) which do not in all cases relate specifically to naturalistic inquiry, the researcher and the reader are able to focus on the possible limitations in relation to this specific case study.

Ethical Considerations

When an invitation to run an art therapy group at a psychiatric clinic was received by the researcher, a decision was made to use the opportunity for research. The clinic gave approval for the art therapy sessions to take place under the supervision of Dr. Roger Cole, a psychiatrist working in the clinic. The decision to use the clinic was influenced by an appropriate respondent group being available and the research conditions being within the case study context. Administration problems, however did delay the commencement date. Several levels of protection for those involved in the study were put in place, including written approval from the Edith Cowan University Ethics Committee.

Written permission was sought from all persons legally responsible for the subjects involved in the study as they were children under sixteen years of age. At the same time the children's parents or guardians were informed of the nature, purpose and procedures involved in the study.

At the beginning of the first session the respondents were informed of how the group format would work and they completed the C.B.C.L. The researcher endeavoured to ensure that the respondents fully understood the study, without compromising the viability.

The subjects right to privacy was established with the parents, their teachers, and the resident psychiatrist involved. All works of art needed written permission to be released and assessed for research purposes (see Appendixes). All information was strictly confidential and anonymously recorded using pseudonyms. The respondents' names and addresses were kept by the clinic separate to the research data which recorded only pseudonyms. The respondents' names and addresses were at all times kept separate to research data which were recorded under a pseudonym. The evolving data was

pseudonym coded and recorded in direct relationship to the purpose statement and as such treated as clinical notes which were required to be kept in lockable conditions at all times. Because the pseudonyms chosen by the respondents related to famous sports personalities, these were further reduced to initials for the case study report. Although access to the raw data was limited to the author, co-therapist and the University supervisor, the need for informed consent was addressed before commencing the study.

The author was aware of the co-operation required to complete such a study and all avenues were covered to ensure minimal pressure was placed on the participants either as a respondent or collaborator.

4. Results

Introduction

In this chapter of the study the researcher presents a description of the participants, the art therapy intervention weeks one through six and an explanation of the data resulting from the Achenbach Child Behaviour Check List (C.B.C.L.).

Description of the participants

The participants were divided into five sectors, the respondents, researcher, teachers, parents, co-therapist, and supervisors who all interacted at different times and on different levels in the context of the study. The respondents attend metropolitan state schools on a daily basis and the clinic for one session per week with a case counsellor. The group participants as respondents in the research were male and between the age of eight and eleven years. The teachers who completed the check lists were the classroom teachers in daily contact with the respondents (as pupils) in metropolitan state schools. The parents who completed the check lists, were those who had most contact with the children during the study. Dr Roger Cole, the co-therapist during the art therapy sessions, is a psychiatrist at the clinic involved in the study. He had contact with five of the clients prior to the art therapy sessions, the sixth being referred by another professional within the clinic.

Sessions One Through Six

For the purpose of this study the six art therapy sessions will be discussed under weekly headings. The art therapy space for the first five sessions was Dr. Coles' consulting room, while the sixth session was held in the adjacent family therapy room, containing similar equipment. The rooms are equipped with small tables and chairs and an assortment of more comfortable chairs. The art materials were the weekly responsibility of the art therapist. Lincoln and Guba (1985, p. 189) state that a naturalistic inquiry (case study) cannot be separated from a natural setting for the observations made are time and context dependent. This factor is an inherent part of an art therapy study therefore instinctively taken into consideration. The context of an art therapy session is typically influenced by the art materials available, the focus activity, and the people involved. This situation is supported by Lincoln and Guba (1985, p. 189) in that, "no phenomenon can be understood out of relationship to the time and context that spawned harboured, and supported it". Therefore in this situation the setting may seem somewhat contrived as it is in a clinic, but the researcher is looking at the respondents' response to art therapy in a clinical situation. At beginning of each session Dr. Cole met the respondents with their parents in the waiting room and escorted the respondents to the room to be used for art therapy except for the final session when this was the responsibility of the researcher.

Week One

The initial session served to introduce the on site participants of the study, the respondents, the art therapist (researcher) and the co-therapist. All but one of the respondents had met the co-therapist previous to the commencement of the six art therapy sessions, but the first session was the first time the researcher had come in contact with the group members.

The initial goal at this stage of the group development was to establish a safe and trusting therapeutic environment. To achieve this goal, the objective of the session was to address through validating activities, the respondents' possible feelings of isolation, inability to trust others and low self esteem. By commencing with an explanation of art therapy, the purpose of the group, and the rules relating to the group, the criteria for the following weeks was established. To support ethical considerations and endorse a positive self esteem, the members of the group were invited to choose a pseudonym that had positive implications. One client continued to decline this offer over the six week period, while the others set about the task with enthusiasm, selecting prominent sports personalities as their 'nome de plumes'.

As only two thirds of the group were present at this time it was decided (between the therapists involved in the study) to run an introductory art therapy session with the same objectives thereby delaying the C.B.C.L. testing until the following week when possibly the total group would be present. The first task to be implemented was a 'free drawing'. A free drawing can be perceived in this situation as non-threatening, therefore in-line with the aim of the session. This exercise is often employed as a meaningful method of helping a client express, what he or she wishes to bring to a session. Some clients know what they want to express and this exercise gives them space to do so, while others will use it more artistically, by exploring the mediums available. This exercise also provides

an opportunity for control when a client may feel that in their present existence there is little opportunity to exercise this right, (Malchiodi, 1990).

The interpretations of the drawings in this study are those of the art therapist conducting the research. These interpretations are influenced by readings in the area of projected techniques predominantly focusing on the work of Hammer (1958) and Malchiodi (1990). The interpretations in the idiographic sense add to the credibility of the study as they are valid for that context at that time (Lincoln and Guba, 1985, p. 216). In addition the interpretations are elaborated upon and supported by the university supervisor, Dr Michael Campanelli, ATR., to add to the credibility of the study through peer debriefing on a primary level. This approach fits within the art therapy understanding of interpretation where the researcher's interactions are an integral part of the research.

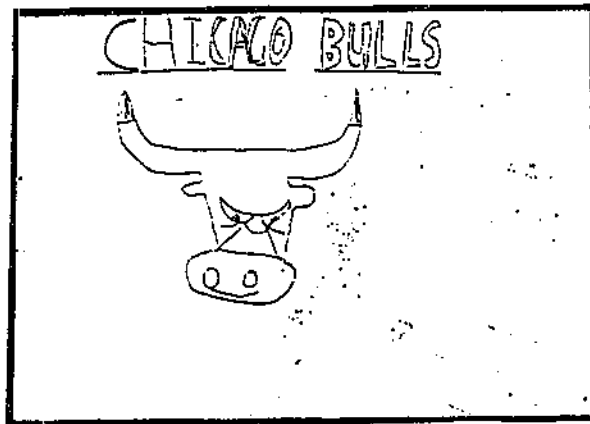


Figure 1. M.J. Chicago Bulls (80 cm x 50 cm)

M.J.'s first drawing was a bull's head with the title underlined using a ruler, asked for specifically thus giving emphasis to this part of the drawing (Figure 1). This was an aggressive first drawing even though he chose to distance himself from it by using a sporting symbol. His second drawing included symbols, a peace symbol, an aggressive symbol and a ying yang symbol (Figure 2). The ying yang symbol was drawn with

assistance from another group member, who M.J. had seen draw on the black board in the waiting room, prior to the commencement of the group. M.J. was using known graphic images to illustrate his possible intertwining conflict of anger and love. The third drawing was of Michael Jordan, an American basketball star, his hero, ready to shoot a goal. The extended arm gives the impression of a strong phallic presence (Figure 3). The figure does not appear grounded, the feet have a soft appearance - a lack of strength in a strong image. According to Hammer, (1985) the lack of facial features on the figure gives rise to such issues as transparency and deficiency of self image. The total drawing seems to reflect issues of control and male competition. The drawings were done on white 110 gsm. paper using a B pencil, while talking freely about sport to the two therapists involved in the session.

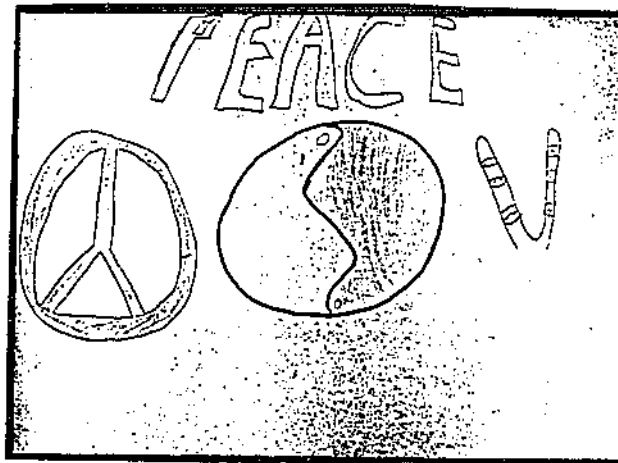


Figure 2. M.J. Peace symbols (80 cm x 50 cm)

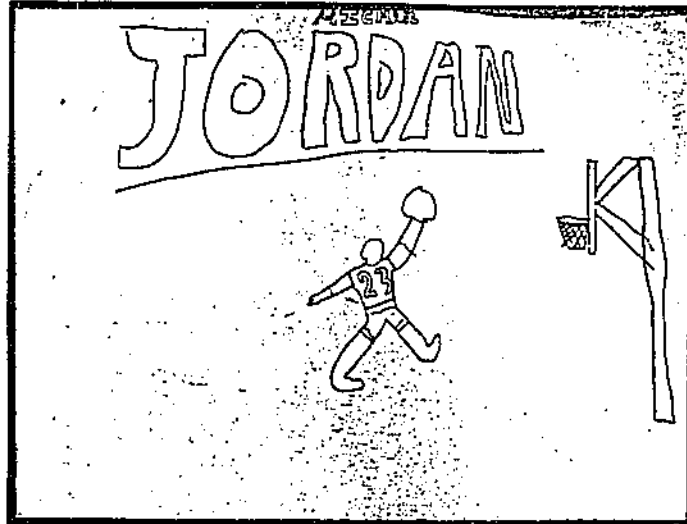


Figure 3. M.J. Michael Jordan shooting a goal (80 cm X 50 cm)

R. first drew a tree, an animal and a pile of 'something' which has the appearance of dirt (Figure 4). This drawing demonstrates poor use of space (Lowenfeld and Brittain, 1975). The tree appears 'cut off', with no sense of growth, possibly dead. The core of 'the self' appears damaged 'cut off' and reflects possible stunted emotional growth. The trunk (Hammer, 1958) represents the respondent's feelings of basic power and inner strength (ego strength). In this drawing this has been cut off, stunted in the area of emotional growth. According to Hammer, (1985) the branches in the tree drawing represent the respondent's ability to reach out to his environment, and in R's drawing they have a poking aggressive quality. The red sun is a long way from the tree, demonstrating a possible need for warmth. In the researchers opinion the overall feeling communicated by this image is one of desolation.

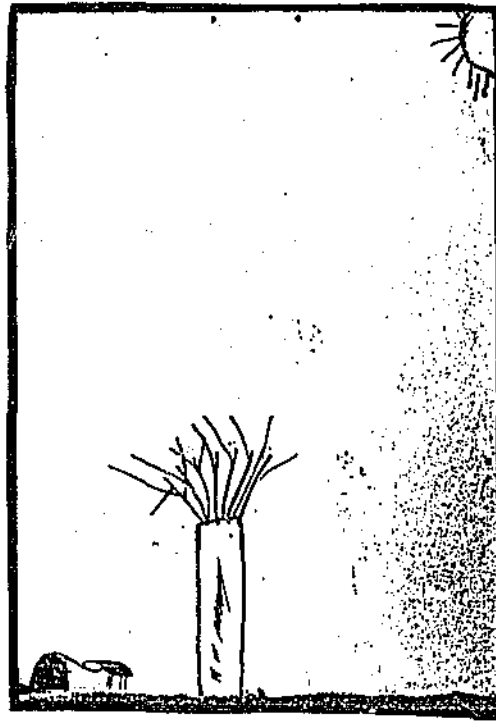


Figure 4. R. A tree, a figure and a mound (80 cm x 50 cm)

N.P. in this free drawing section of the session, drew two pictures. The first using Textas started with him drawing around his hand which he integrated into a seemingly confused landscape where a sun, clouds and lightening appear simultaneously (Figure 5). The drawing could possible indicate confusion, a lack of integration, worry (although contained) and pressure from that aggressive looking sun pressing down on the 'head' of the tree (possible pressure to do well academically). In the second drawing the football players who do not appear to be grounded in reality, have blank unseeing eyes (Figure 6). Are they seeing things they do not wish to see? Are the large ears a cry of not being heard or told too much? The lack of hands on the figures added to the pervading feeling of helplessness and the hands being a repetitive image have stronger implications. In both drawings by N. P. there are many 'four' symbols which were not discussed. The respondent at all times said more in his drawings than he did verbally. The drawings were a wonderful elaborate visual communication when verbal communication was difficult.

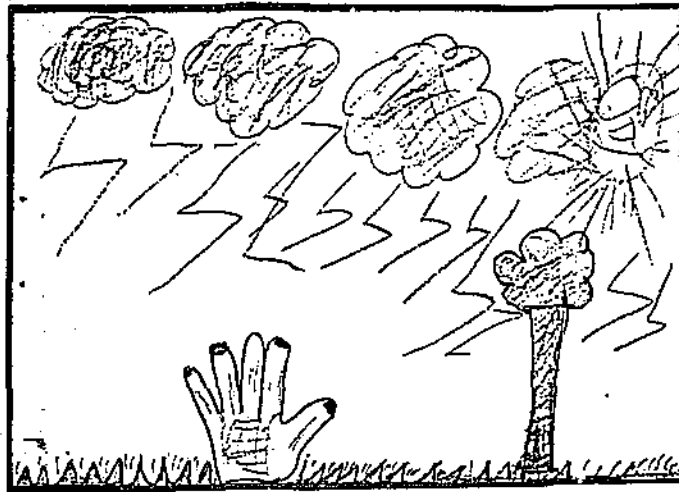


Figure 5. N.P. A hand in the environment (80 cm x 50 cm)

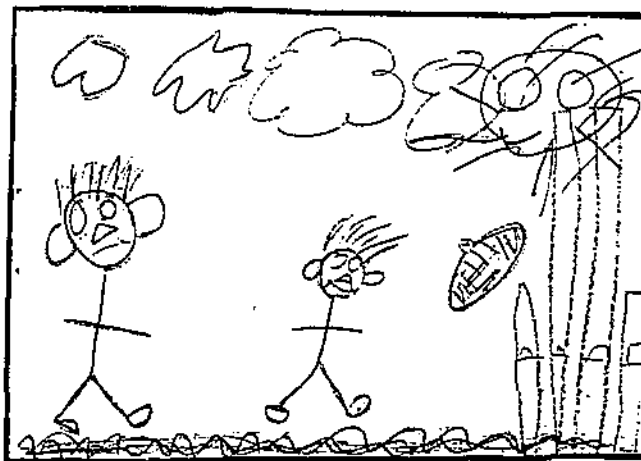


Figure 6. N.P. Football match (80 cm x 50 cm)

For his free drawing P.S. drew an apple tree which was open to the ground and upper foliage (Figure 7). The 'key hole' type tree in figure seven is usually offered by oppositional and negative subjects (Hammer, 1958). This genre of drawing may suggest that the respondent is doing the minimum required short of refusal. The 'keyhole' example of tree may suggest insecurity and a feeling of inadequacy, this is restated by the drawing clinging to the bottom of the page for compensatory security. The one limb

reaches towards the left of the page (the past) into an environment where the mother and the new life (eggs) are precariously balanced. There is a blue patch in the sky but no warmth, perhaps this is reflecting a need for warmth. His remarks in the group and his reaction to the mess relating to pastels suggests regression and a need for acceptance in this area. The drawing could possibly indicate a need for nourishment, nurturing and warmth while displaying a strong identity with the emotional area but not the mental. Perhaps he needs to feel more confident about his intellectual capacity.

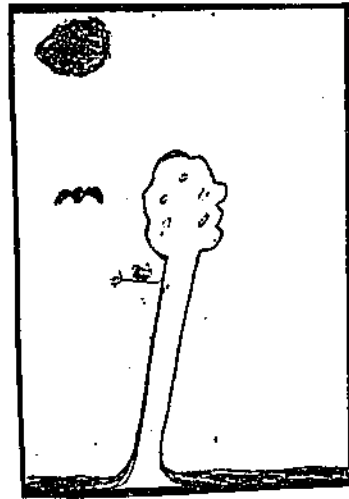


Figure 7. P.S. An apple tree with a nest and a bird (80 cm x 50 cm)

M.H.'s drawing had elements of regression to the pre-schematic stage (Lowenfeld and Brittain, 1975) (Figure 8). Employment of the bottom of the page, as in the previous drawing, could again suggest feelings of inadequacy - a clinging to the bottom of the page for compensatory security. The trees are of the 'keyhole' type (Hammer, 1958) but with an interesting two prong shape at the top of the trunk where there seems to be an intrusion of the emotional into the mental. The windows which are the interaction with the environment are blank. There is no sun to give a feeling of warmth, the drawing has a feeling of emptiness. The intense 'action' is in the roof the mental area, but even this is structured and contained. There are two of most things (symmetrical) perhaps suggesting an inability to see things in balance.

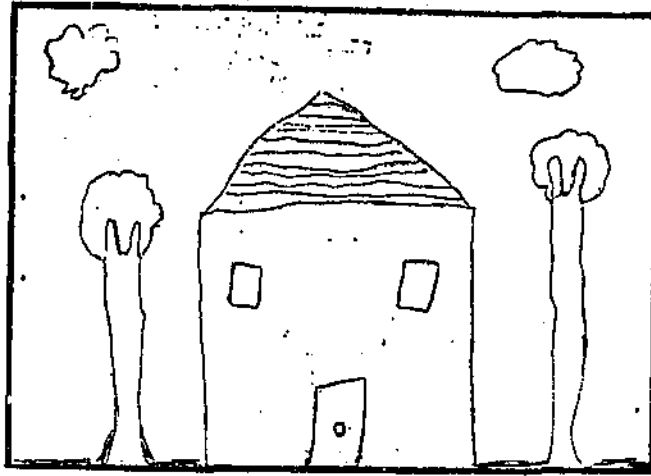


Figure 8. M.H. House and trees (80 cm x 50 cm)

The second activity of the session requires the respondents to draw themselves and their families as animals of their choice. Drawing family members as animals allows the respondents to distance themselves from the drawing, therefore allowing their possible strong feelings about their families to be discussed without feeling intimidated (Liebmann, 1986).

M.J. drew his family as cats with an unusual front stance facing the possible issue squarely (Figure 9). The father cat is different, striped with an angry mouth. He has portrayed himself as a cat but with the body of a baseball player. In the drawing the respondent represents himself also as different from his family, though shielding himself with sport. In this drawing his hair is standing on end, a symbol used in many of his drawings, possibly to amplify the aggressiveness of the image. The image of himself has no ears. All the other family members have ears, perhaps suggesting that he perceives he is not being heard.

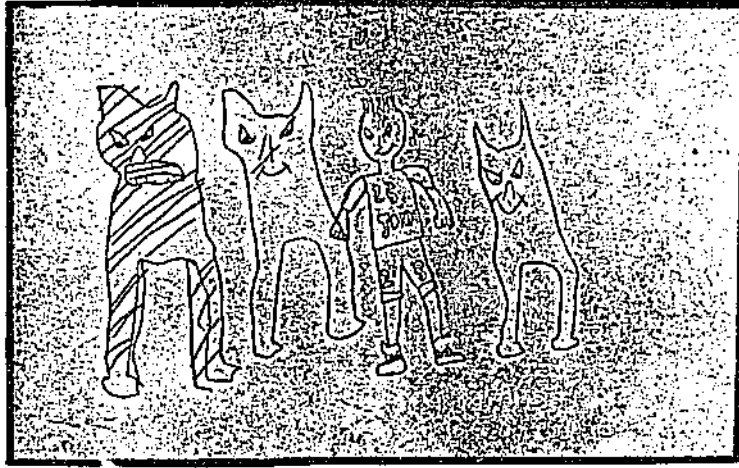


Figure 9. M.J. A family of cats including a sporting cat (80 cm x 50 cm)

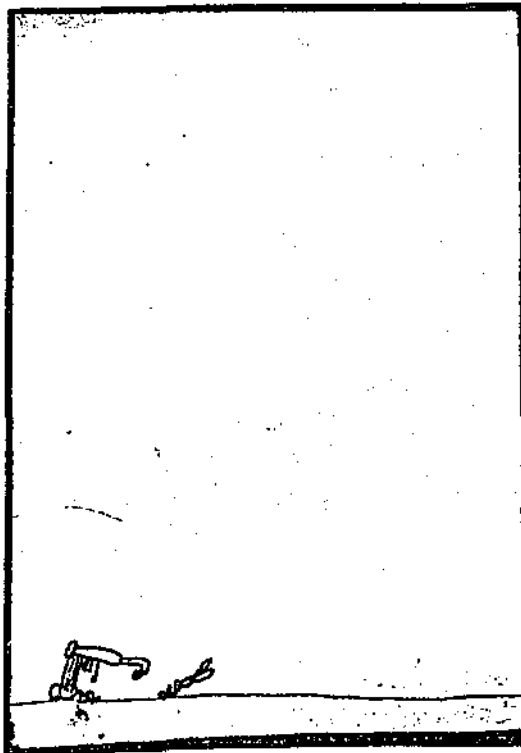


Figure 10. R. A family of tigers situated at the bottom of the page (80 cm x 50 cm)

R. drew his family as tigers (aggressive cats), again using a minute part of the paper. This usage of the paper is often attributed to low self esteem (Figure 10). The father tiger

seems to be trying to overpower the mother tiger, who is using her paws to keep him at bay, while the child tiger is being chased by a bird - reverse roles. In this respondent's drawing there is a feeling of desolation, low self esteem, running away from something which is not the natural enemy and a need for protection.

N.P. did not hesitate when asked to draw his family as animals. He drew them as giraffes. The respondent explained that the mother giraffe was being chased by the father giraffe who had just eaten a person, whom he had chewed into small pieces to get down the neck (Figure 11). There were only drops of blood left. There are no children in this family drawing even though the instructions to the group were to include themselves. The giraffe is a suckling symbol and the father in the drawing has strong oral implications reflecting a possible need for nourishment and aspects of regression. The sun appears threatening with a blank expression. Repressed hostility is possibly suggested with its attending guilt and embarrassment. In the researchers opinion the overall impression of this drawing is chaos.

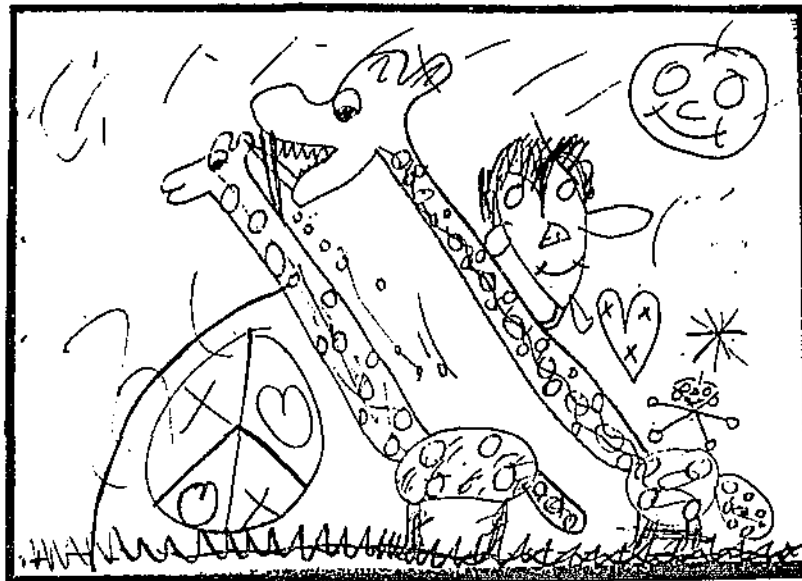


Figure 11. N.P. A pair of giraffes with no children (80 cm x 50 cm)

P.S. drew his family as alien emus (Figure 12). The mother emu has an udder akin to a cow. The mother emu is sucking a young emu who is biting the udder which could possibly indicate oral aggression is an issue for this respondent. There are two other sibling emus and behind the mother there is an egg being fertilised with attending noises. The wing is a total fantasy extending from the back of the mother bird as a rocket (according to P.S). They all ate faeces. The father did not come with the family to earth because he had turned green and could not leave Mars. Although the family are aliens the father is further alienated by being referred to as different. The picture may be suggesting that the respondent has difficulty understanding his present environment, which may lack warmth. The respondent moves between the oral and anal stages of development where he is possibly subconsciously encouraged to be dependent.

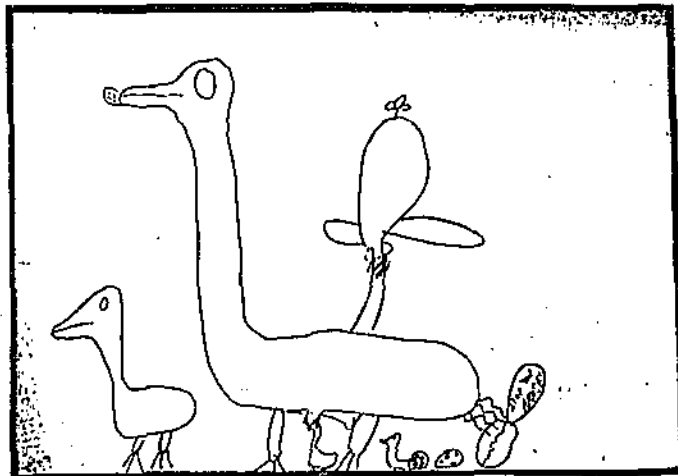


Figure 12. P.S. A family of alien emus with no father (80 cm x 50 cm)

M.H. (as did M.J.) drew a family of cats, two adult cats and one young cat all with a protective barrier over them (Figure 13). The respondent's verbal contribution does not appear to be related to the visual presentation and mainly focuses on the consequences a cat who broke a dish. This allowed the group discussion to move to consequences and management skills in relation to animals and people when things were accidentally broken.



Figure 13. M.H. A cat family under a barrier (80 cm x 50 cm)

At the conclusion of the session, the respondents were given a visual diary and a pencil to encourage them to put their feeling on paper as an alternative to acting them out. This gave them a tangible contact with the art therapy process and introduced the idea that there were alternative methods of dealing with angry or aggressive feelings.

Summary.

The pre-commencement focus of the group was anger and/or aggression, and during the first session these elements were expressed overtly and covertly through the art. The strongest elements to surface were those relating to poor self esteem with its ensuing problems. Through the art works the respondents saw themselves as different, aliens; resulting in possible conflict, confusion, desolation and feelings of helplessness with perceivable regression. Through the process of being involved in art, the respondents had the opportunity to become more aware of feelings previously hidden or that they were only partly aware of (Liebmann, 1990).

Week Two

The goals of week two were to continue with the development of a safe space (a week one goal) while beginning to share individual experiences. The objective of the second session was to give the respondents the opportunity to share information about themselves. Powell and Faherty (cited in Canfield and Wells, 1976, p. 85) asserts: "By placing children in a group it lessens their feeling of isolation and increases their feeling of self worth and connectedness, through interaction they learn, they share a commonality of experiences." There were two new group members at this session, therefore it was necessary to revisit the activity of the previous week to address the need for a pseudonym.

The Achenbach Behaviour Check List (C.B.C.L.) was administered at the commencement of the session concurrent to playful banter within the group. The verbal accompaniment to the checklist, gave the researcher valuable supplementary data which augmented messages in the art works. During the session one respondent arrived late. It was therefore decided to send the check list home to be completed while acknowledging that this action would affect the transferability of the study.

The art therapy activity for week two was to complete a front cover for their folder that was to contain their art works. The drawing was to be a picture of themselves and signed with their pseudonym. This is a method of introduction on paper which can be less threatening than a verbal introduction (Liebmann, 1986).

M.G. (new this week) drew himself in a sporting setting (Figure 14). The neck is long showing distance between intellectual control and id impulses, libidinous energy (Hammer, 1958) and is perhaps having difficulty controlling and directing his instinctual drives. From a Freudian point of view repressed sexual and aggressive forces. The

drawing is mainly in profile possibly reflecting his inability to face reality. There seems to be a need for boundaries (in boxes) with aspects of projection. The projected male figure is looking back facing the maternal domain, while the overall feeling is one of aggression (foot), sexuality (legs, emphasis and position of people) though possibly used as a defence against insecurity.

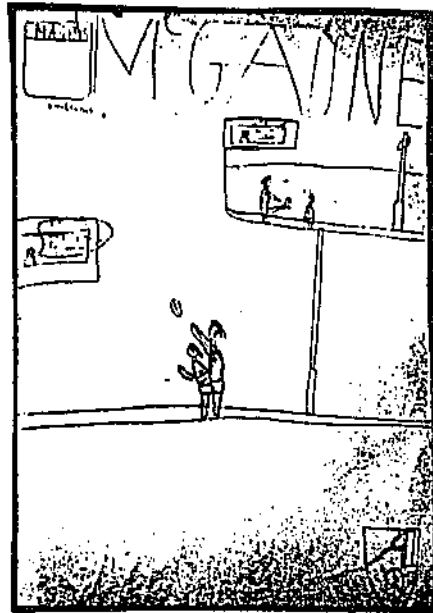


Figure 14. M.G. Sport and the Media (80 cm x 50 cm)

N.P. joined the group late and said very little as was his presented guise within the group. His drawings however spoke for him (Figure 15). N.P. has a perceived need for grounding, life is possibly not running smoothly for him. The drawing could possibly indicate a sharpness in his life and a great deal of confusion. His environment appears scary, unstable and quite out of perspective. The neck is wide, suggesting little control between the thinking and emotional areas with id impulses providing the energy. The eyes appear vacant, he looks worried and his vision maybe blurred. The ears are questioning, he is listening to things that he perhaps cannot understand, or perhaps what he hears is causing him to regress.

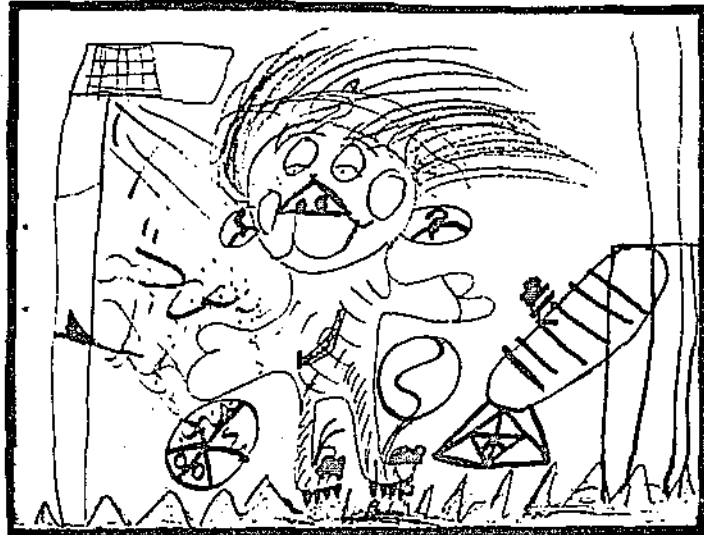


Figure 15. N.P. A sports scene with spiky shoes and spiky grass (80 cm x 50 cm)

Even though the activity was to draw a self portrait M.H. produced three figures, with the perceived self as the controlling figure (Figure 16). The supporting theme M. H. chose for his drawing was sport (a pervasive motif in the group) and included in the picture was a female referee, the keeper of the peace. The arms are like wings, they are not reaching out, there is limited contact, he is keeping close to the body. There is a passive or defensive feeling tone of being unable to manipulate the environment. He identifies with the male figure and acknowledges that the female in the drawing is smaller than himself. The absence of bodily curves and stance of the figures are consistent with his level of artistic development (Lowenfeld and Brittain, 1975) but the lack of neck is inconsistent.

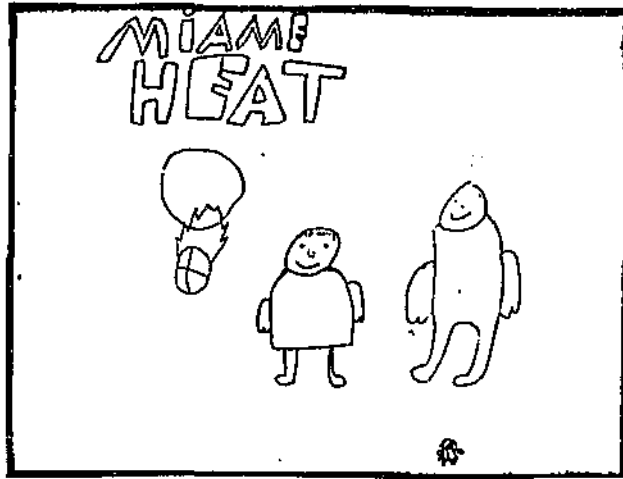


Figure 16. M.H. Player and referee (80 cm x 50 cm)

M.J. drew himself as his favourite basketball player at the peak of his career, as he explained - 'hot' (Figure 17). While reaching out for success he does not appear to be grounded in reality. With no ears he is unable to listen and the lack of a neck may be suggesting poor impulse control, but he is facing the future.

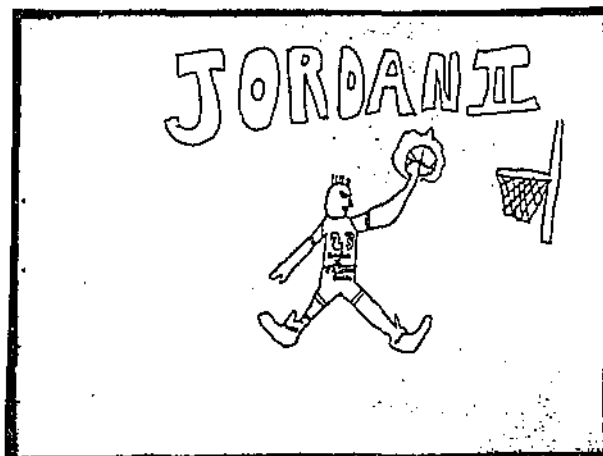


Figure 17. M.J. Michael Jordan in top form (80 cm x 50 cm)



Figure 18. R. Yellow figure below person shooting a goal (80 cm x 50 cm)

R. also drew a multiple image of himself perhaps illustrating two sides of himself. One person is a bright yellow figure with arms reaching upwards and the other person in pencil is above the previous drawing with the arms similarly extended (Figure 18). The drawing perhaps shows many aspects of the respondent including the back and front, his light and dark side (positive and negative) and emotional and mental state. According to Hammer, if the arms are excessively long and extended away from the body, the subject may be expressing externally directed aggressive needs (Hammer, 1958). The placement of the yellow figure is central, possibly suggesting self directed, self centred emotional behaviour. Hammer (1958) discusses in detail and gives great importance to the placement of the figure within the paper. In relation to position it is suggested, "The subject is striving hard, his goal relatively unattainable, tends to seek satisfaction in fantasy rather than reality or tends to keep himself aloof and inaccessible." (Hammer, 1958, p. 70). The top figure appears to be nude with an emphasis on the rectum, from which lightning appears to be discharging, the legs take a similar shape accentuating the

area as a sphere of possible concern. The head area is strongly shaded (blacking or filling) which according to Hammer (1958) suggests an obsessive compulsive mechanism, which he places on a continuum where it is an effective defence mechanism through to a hypochondriacal preoccupation with the body, the former seems appropriate at this stage of the study.

Summary.

The response from the respondents when asked to produce an image of their self indicates the immense differences there are within the group who were all perceived to be within the same category, (anger and /or aggression). During the session, the process involved some aspects of identification, avoidance and denial in the art works produced.

Week Three

Because art therapy is a growing intervention the two goals from the previous sessions are included in this session, adding dimensions to the specific goal for week three.

1. Continue with the development of a safe space.
2. Continue to share individual experiences in the knowledge they have a common bond.

And intrinsic to week three:

3. Own inner feelings, identify, act out and release angry feelings in a safe way and receive support for that anger.

Supporting this goal Corkhill Briggs states:

Allowing a child to own his personal feeling and reactions has a strong impact on his self esteem. It permits him to say, 'It's all right by me. My inner experiences are legitimate even when they differ from my folks! Having certain feelings at certain times no way detracts from my value as a person. (Canfield and Wells, 1976, p. 65).

The objective for week three was for the respondents to be able to acknowledge feelings including anger and aggression and the many ways one can respond to these feelings.

This was to be achieved through the reading of *Angry Arthur* (Oram, 1984) followed by the drawing and discussing of why Arthur was angry and what made them angry.

R. drew a picture relating to unfairness and perceived unjust punishment as his interpretation of what made him angry (Figure 19). As in previous drawings by R. the action is along the baseline though in this instance R. was possibly able to project his emotions onto his environment thereby not owning his feelings. Projection when used as a defence mechanism keeps the respondent at a safe distance from acknowledging his own thoughts and wishes which are at present too painful (Malchiodi, 1990). The clouds at the top of the page with their accompanying lightning suggest worries and angry thoughts, synonymous with the two sets of figures at the bottom of the page. The total feeling from the drawing is one of emotional emptiness from a client who needs a larger sense of 'self'.

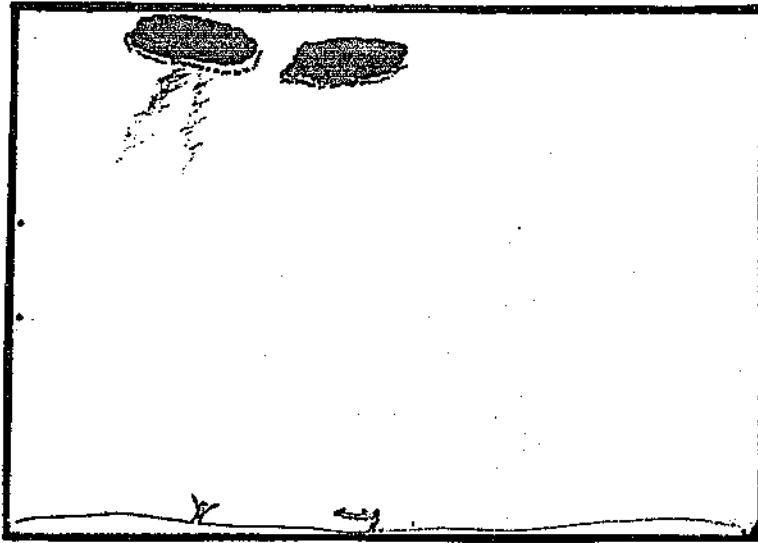


Figure 19. R. It's not fair! under the clouds (80 cm x 50 cm)

P.S.'s drawing in relation to the story on anger was linked to the central theme of the group, that is sport. It is a regressed drawing of a football match, in which the team loses the match because he (the picture ego) misses a goal causing everyone to start fighting (Figure 20). The stick figures in the drawing are possibly synonymous with regressive and obsessive compulsive disorder. Stick figures which are stereotypic and repetitive forms may according to Malchiodi (1990) be a method by which the child can say little of his experiences and in another way limit the anxiety relating to the trauma. Stick figures also limit the expressive content of a drawing, producing defended images or evasions (Malchiodi 1990), though in this drawing the picture ego feels responsible for the fight. In this drawing P.S. feels responsible for people being out of control, his power had caused chaos. Control could be an issue for him. The overall feeling from the drawing was a pressure to succeed with possible codependent protection issues, "I am the victim." For management skills at this stage P.S. needs to problem solve real situations through art.

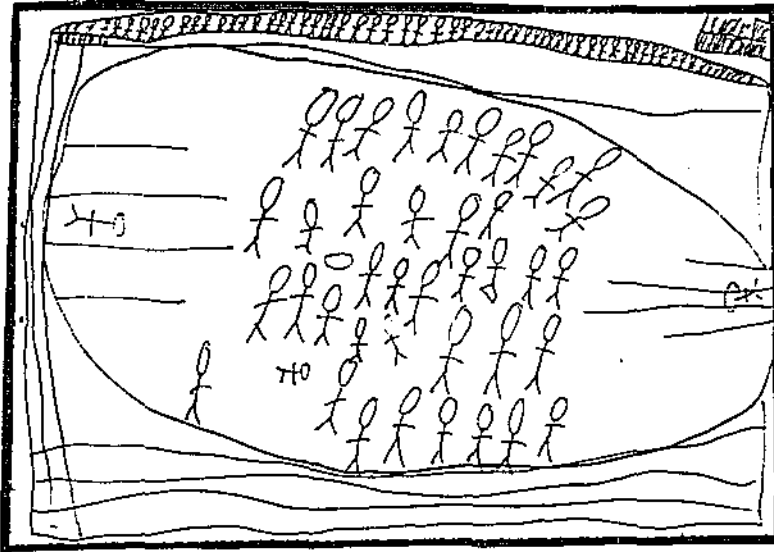


Figure 20. P.S. Football match with stick figures (80 cm x 50 cm)

M.G. using a pencil drawing of an incident in a classroom reinforces the group issue of unfairness and perceived unjust punishment. In this instance, he wishes to be heard above everyone else. As in his previous drawings, there is electronic media for voice production (Figure 21). It is a controlled drawing at the top of the page in the mental area and again sport is the overriding theme. What are the subliminal messages he is receiving and relaying as he identifies with the aggression of the sport? Is passiveness dangerous? Is passiveness associated with the victim role or to the feminine? As an anger management skill he perhaps needs to explore how it feels in a less progressive position.

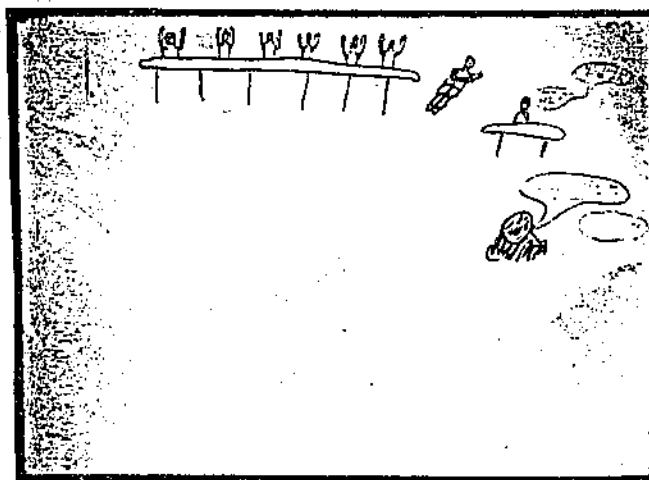


Figure 21. M.G. Disruption in the classroom - why blame me (80 cm x 50 cm)

M.J.'s interpretation of anger is a Texta image of his mother refusing to allow him to ride a motor bike (Figure 22). This was M.J.'s first drawing which was not blocked by basketball imagery and as such very powerful. There is as in previous drawings an emphasis on identifying with the male (a male aggressive image), to be like the father but in this drawing the mother will not allow it. He wants to be a man but is not given enough power, the female image makes him feel small, this 'masculinized' female image is infantilising him. The female (mother in the drawing) will not allow him to do the thing he chooses to gain autonomy, by not allowing him to ride his motor bike. She is standing in the way of his future. The female image is angry as indicated by the neck and orally aggressive, so he protects himself with the motor bike and the required protective clothing but he does not think he is going to win. The feeling of the drawing was that he was stretching too far, which was unrealistic for his sense of autonomy. For anger and/or aggression management skills development he needs to explore and feel comfortable with his developing sexuality, while investigating the confused messages he is being sent.

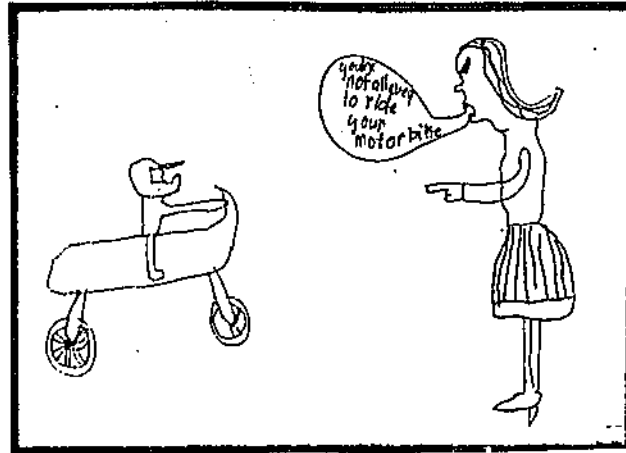


Figure 22. M.J. Motor bike wish frustrated (80 cm x 50 cm)

Summary.

While the group were drawing, there was a great deal of discussion and role playing of anger and aggression taking place and at one level they were doing their own therapy, by exploring anger and aggression. The role playing extended to include the researcher as they explored the therapeutic relationship within the context of their problem. With validation of their 'self' as a person they returned to their drawing, one minute step closer to autonomy.

Week Four

This is now the second half of the therapy period and the goals of the previous three sessions are just as valid. The specific goal for session four was for the group members to practice reflective listening while sharing what had happened to them. The activity designed to achieve this goal was to draw a life line, putting on paper images and events

from birth till the present time. The objective of this exercise was to have the group members see themselves as part of a life plan and as such have them consider how they were influenced by and had influenced others along their life's path.

R. identifies three stages in his life: (1) as a sickly baby with an insecure hold on life, (2) at about 5 years of age playing football and (3) behind goal posts that look like bars with no legs or hands. He asked if he could draw into the future, this affirmed, he drew four clouds (possible worry) then an empty bed with flowers on it and a sun in the sky. In talking about this image he said, "The sun will shine when I'm dead." (Figure 23). A perceived sickly childhood has possibly given rise to doubts about his self worth. This drawing also suggests depression, perhaps he needs validating as he considered himself a burden with possible resulting guilt. This boy seems worried about the future, and it maybe that he is unable to handle his environment (only an indication of hands). This last drawing has a pervading sense of emptiness, insecurity, indicating perhaps a deprived person preoccupied with thoughts that possibly stems from a sense of guilt and overall low self esteem.

P.S. began his life journey with tiny stick figures that became progressively larger, when asked if anything else had happened on his life journey he said, "No, I just got bigger." (Figure 24). When asked by the researcher if there was anyone else he could put into his picture he acknowledged his sister, adding her to the drawing. This regressive stick drawing, (aspects of which have previously been discussed) has positive qualities, as he is getting bigger. His sister however appears to be standing between himself and the future. The drawing is not feeling orientated, but controlled, empty and sterile with no spatial content. The figures are not connected to the environment but page based perhaps emphasising a sense of insecurity. This drawing is possibly an unconscious, intellectual response to the researcher's request, giving no more than what was required.

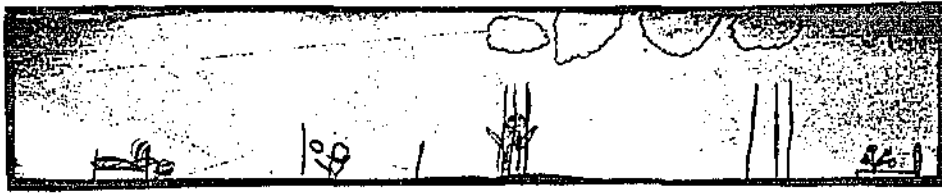


Figure 23. R. From new baby to dead in bed (60 cm x 21 cm)

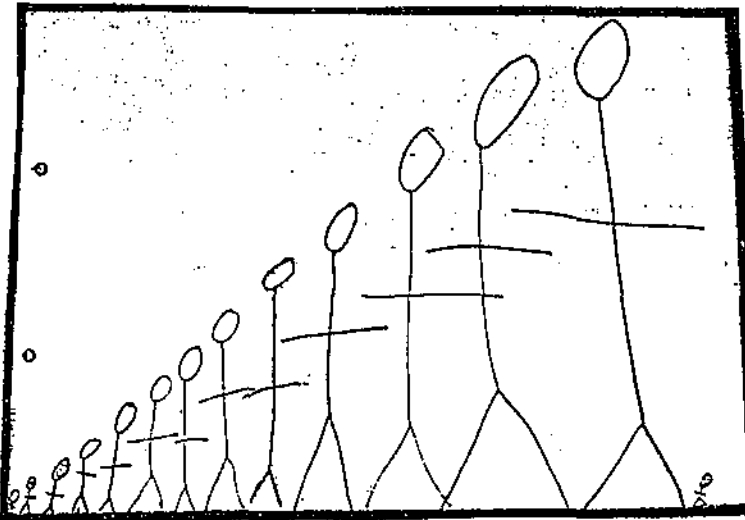


Figure 24. P.S. Just got bigger - stick figures and younger sister (30 cm x 21 cm)

M.H. also started his life journey with stick figures. He was sitting next to P.S. and they joked together as they drew. M.H.'s drawing changes from stick figures, to heads with stick bodies, until the heads are out of proportion with the body extending off the page. On the eighth figure the arms and legs double (Figure 25). The disproportionately large head has been recognised by several researchers as a strong indication of physical abuse in children of all age groups (Blain, Bergener, Lewis, & Goldstein, 1981, Culbertson & Revel, 1987) in (Malchiodi 1990). The heads gradually getting too big for the environment possibly suggest issues relating to fantasy, being out of control and the need for boundaries.

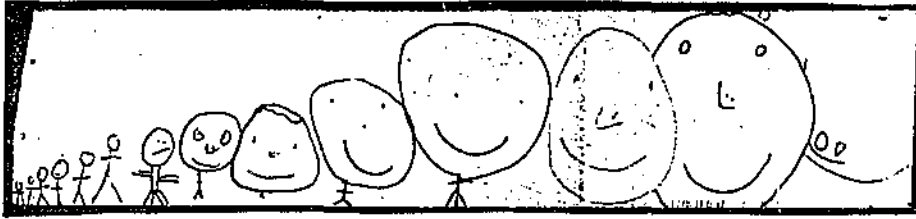


Figure 25. M.H. Stick figures to large heads (97 cm x 21 cm)

M.G. worked from left to right on his life journey, which he illustrates in three stages, starting with an image of himself in his mother's arms, a tiny baby, weak. The second part of the drawing is of himself at a birthday party, where the train (cake) and table may suggest a strong phallic image associated with masculine identity. The third and final part of the drawing is of himself on a bicycle at a slightly younger age than at the time of drawing (Figure 26). Bicycles are associated with autonomy but in this drawing his back is facing the direction in which he is travelling suggesting that he is going backwards. The feeling tone of the drawing was one of control and the anger management skill to be developed could possibly be a more spontaneous expression of autonomy and a valuing of the feminine and sense of empathy.

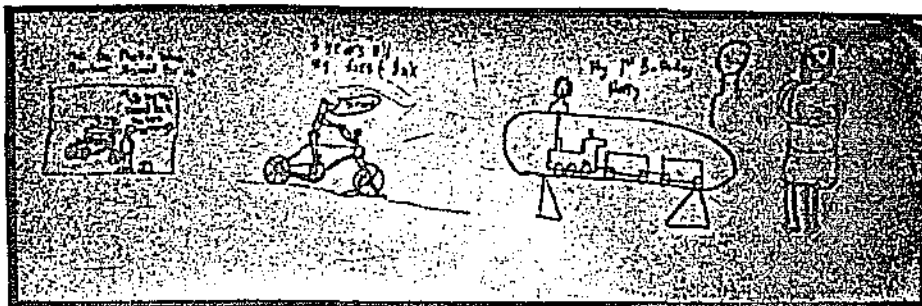


Figure 26. M.G. A journey from baby to bikes (50 cm x 21 cm)

N.P. started after the others, being late for group missing the verbal preamble and interaction at the commencement of the group. He started with heads only but by the seventh figure the heads had developed stick bodies. As the heads got smaller and more in perspective the figures acquired stick figure bodies (Figure 27). His actions when drawing were of a stabbing motion, which resembled aggressive acting out behaviour. The chaos he was visualising on the paper was possibly making it difficult for him to sublimate his aggression, and in this regressed state he did not have the ego skills to cope with the problem. He was perhaps calling for help, as he seemed to have trouble processing the material involved. Perhaps he also did not perceive the group as a safe place with the necessary boundaries to process evolving material. The body images in the drawings have empty eyes, big head, and small bodies suggesting possible physical abuse (Malchiodi 1990). What is being shown could possibly indicate fragmentation, and perhaps the respondent is communicating feeling abandoned in some way. The researcher left the room during the session to talk to the parents and possibly N.P. reacted to this, as a form of desertion.



Figure 27. N.P. Large heads reducing to stick figures (170 cm x 21 cm)

Summary.

The exercise on reflective listening and sharing is difficult to evaluate. The task was demanding for latency period boys to focus on and the researcher leaving the group for a parent meeting possibly added to the boys' stress relating to abandonment. The life line journey allowed them to focus on important stages through their lives and in one instance

into the future. The groups engagement in the process, again presented a diversity of problems under the primary title of anger and/or aggression. Many of the concerns displayed in the art works suggest issues relating to lack of self esteem, for example, doubting self worth, a need for validation, guilt, emptiness, and insecurity. Regression was used as a method of defence as seen in the stick figures and placement on the paper, often as a controlled intellectual response not connected with the environment. The difficulties associated with masculine identity and a devaluing of the feminine are an active part of this group which questions the very term latency period. The exercise brought to the notice of the researcher the possible need for one to one sessions when apparent chaos in a drawing is difficult for the respondent to sublimate. The respondent's possible call for help could not be easily attended to in the group setting in this instance. Although the anger management skills were beginning to develop, these boys needed many more positive reinforcements to strengthen positive self esteem.

Week Five

The goals of the previous four weeks were to continue as part of the aim of the session but the main goal for week five was that the respondents would be able to make personal statements about themselves and members of their family. This goal is supported by a quotation by (humanistic educationalists) Weinstein and Fantin:

The aim was to have each student realise that restricting himself to a single view of people and situations limited his power, identity, and relationship with others, and that if he could, through practice, learn to see some situations in new ways, he might find these more satisfactory, potent, and useful than the old. (Canfield and Wells, 1976 p.225).

To support this goal the objective of the session was for the respondents to become aware of their own strengths in emotional situations. The method used to achieve this was to ask the respondents to make masks of themselves and their families. The pre-activity verbal portion of the session took longer than planned as the group members arrival time was inconsistent. It was decided (because of time constraints) that the masks

were to be of themselves and one other important person rather than of family members. The group entered into the activity with enthusiasm, noisily selecting materials from those presented in relation to their verbalised ideas.

M.J.'s masks were made quickly using Texas, scissors, pop sticks and staples (Figures 28). The teeth in both masks may suggest oral aggression (Hammer, 1958). The eyes, cut out in the first mask, allowed the respondent to see through, but in the second mask the pupils were coloured red giving the mask an unseeing angry expression.

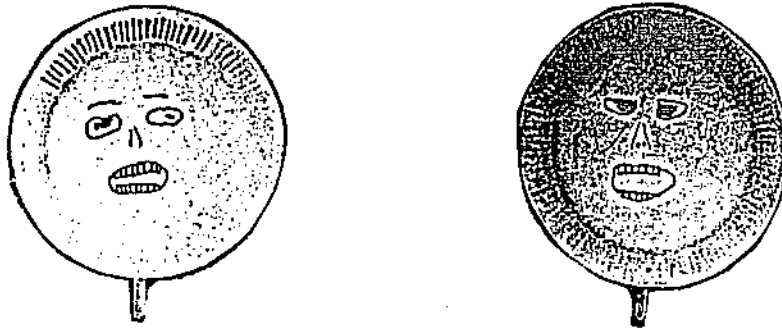


Figure 28. M.J. Masks of self and one other important person

The masks of R. (Figure 29) and M.J. (Figure 28) were similar, particularly the hair and teeth. According to Hammer, (1958) this method of drawing hair could indicate a compensatory striving for virility with possible doubts about masculinity. As in the previous case the teeth may suggest oral aggression. The splayed and broad nose possibly expresses rejection and contempt.

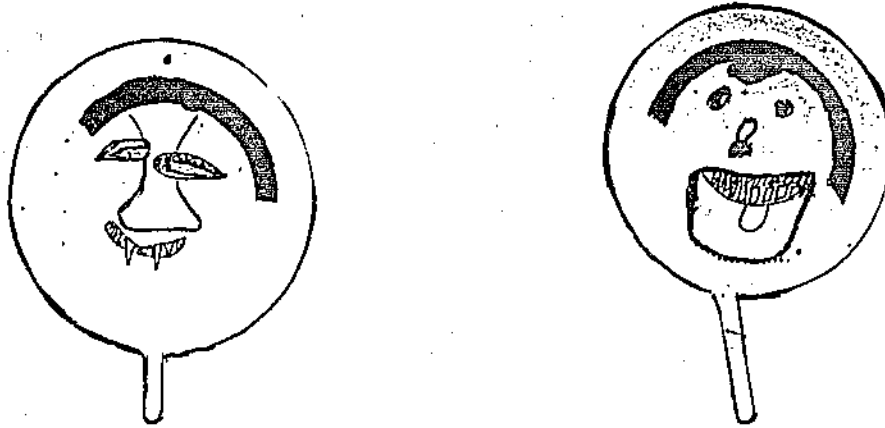


Figure 29. R. Masks of self and one other important person

M.H.'s mask has the hair strongly emphasised but the mouth is indicated as a straight line which, according to Hammer (1958) could possibly indicate verbal aggression. This interpretation is reinforced by an extended tongue (Figure 30).

P.S. was sitting near M.H. during the mask making and that possibly accounts for some of the similarities between the masks, that is, the use of green Texta to draw the features and brown wool for the hair (Figure 31). The features show little of what he is feeling, (cut out eyes, simple triangle nose and an oval smiling mouth) but his interaction using the puppet was more demonstrative.



Figure 30. M.H. Mask of self



Figure 31. P.S. Mask of self

As the group moved across the room to the discussion area, P.S. snatched the puppet made by the researcher and put it face to face with his making kissing sounds, while saying, "We are going to get married." The researcher retrieved her puppet and proceeded to the therapy area, (comfortable chairs in a circle) while continuing the role play initiated by P.S. When he was seated, P.S. turned to the co-therapist Dr. Cole who also had a mask up to his face and said, "Keep away from my girl or you know what you will get." The respondent (P.S.) kept the role play sequence in motion by moving around the room and falling over. This was followed by an interchange with another masked group member, "I have got a problem. I have to see my counsellor." The answer from the modelled counselling session was suggested by P.S. himself although there was some role playing on both parts. He suggested that it was the bubble gum he was eating that made him fall down and he now needed a sleep. He then lay down behind one of the chairs outside the circle. The other group members then interacted with what was happening by locking him in bed with electronic bars. While this main scenario was taking place, the remaining group members acted out parallel roles (lost basket balls, fights, family members getting angry or acting like an aggressive dog).

Summary.

The mask making exercise revealed the groups continuing struggle with perceived acceptable behaviour development. The making of the masks allowed the clients to move away from the masking of the self with sport and show something of their inner self but at a comfortable distance. They were able to express and acknowledge their aggression, rejection, contempt and doubts about their evolving masculinity through the mask making and then demonstrate their needs by role playing. Their cries for help and need for an acceptable masculine role model was communicated through symbolic play. This exercise allowed them to be heard and acknowledged in a safe environment thus saying, "I'm okay."

Week Six

The goals presented for this session are all inclusive of the programme (six weeks) but predominantly to deal with termination and loss. The objective of the activity was to give each child the opportunity to deal with loss. As in previous weeks the commencement of the session was disjointed as all the respondents did not arrive at the scheduled time. At the commencement of the session there were only two of the six respondents present. The first item on the agenda, the C.B.C.L. was embarked upon with two respondents present with another two joining the group at separate times. All the respondents were in a party mood as they were promised a party by the co-therapist the previous week. Therefore, the researcher found it necessary to revisit the format and boundaries set down for the sessions to set the tone. Prior to the commencement of the session, the researcher cut a large piece of white paper (900 mm x 1500 mm) in six pieces. There were no straight sides so the sections resembled a jigsaw (all the pieces interlocked). At the approximate top left corner of the paper there was a mark (*) to indicate the top of

the paper and the correct side to use. The mark was to indicate how to fit the paper together again after each member had time to work on his own separate section. The respondents were requested to choose a piece of paper and draw how they felt on this the last week of the art therapy group.

P.S. chose a piece that looked similar to a singlet top and preceded to design it to fit him by cutting the bottom off the paper, this he did on the reverse side to the previously described mark (*). After he had made his shirt the researcher suggested that he rejoin the paper and draw on the other side so that he could be a part of the large collective picture. This he did by drawing a tree very similar to the tree he drew in the first session. A tree allows the respondent to identify his or her feelings without becoming too familiar.

M.J. drew, on his selected piece of paper, the face of his basketball idol. In this drawing M.J. repeated the motifs of previous sessions; that is, hair standing on end and large teeth. This perhaps is a recalling of aggressive feelings associated with termination and loss. He completed this task in seconds. The researcher therefore suggested that he chose paper and materials from those available and continue with a free drawing. This was entered into with the usual speed and acquiescence associated with the respondent (Figure 32). This drawing indicates a possible pre-occupation with power and sexuality of the male image, the ego ideal. Though it is conceivable in this instance that the researcher's validating of what was valued enhanced the respondent's self esteem.

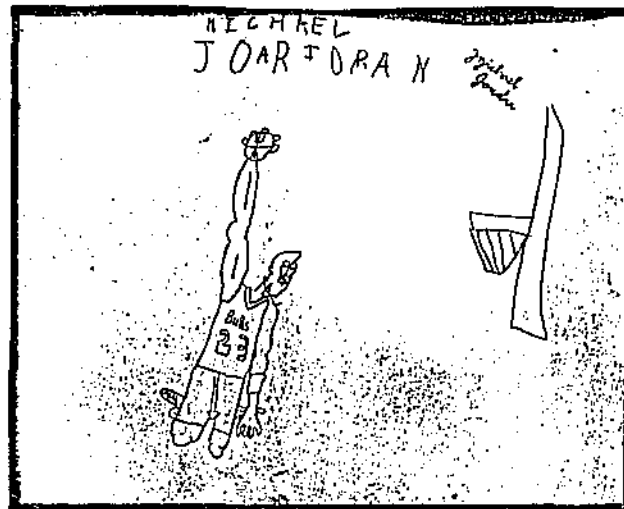


Figure 32. M.J. Basket ball game - Michael Jordan shooting goal (80 cm x 50 cm)

M.H. drew a basic smiling face, perhaps reflecting his conscious rather than subconscious feelings. This kind of smiling is typical of the facade he presents to the group, listening, watching smiling as the group interacts around him.

R. drew a face on the reverse side to the indicated mark on the paper. Was he subconsciously withdrawing? Did he not understand the instructions? As in therapy, everything is done for a valid reason. The first reason is more in accordance with the researcher's understanding of the respondent's behaviour. The drawing on the reverse side, a head with large teeth, no ears, no lower body or arms, suggests that the respondent's not ready to show his cerebral thinking associated with not being heard, relating to his lower body. Though oral aggression is suggested in the drawing and perhaps a need for bonding, there is a growing sense of power evident, as the drawing for the first time practically fills the paper. This is a positive step to a larger view of himself even though the drawing is regressive. This activity was completed quickly and so he also chose materials to continue with a free drawing. The drawing of an American Army

missile carrier, a symbol of power and strength possibly illustrates his response to the termination and loss issue, a calling upon a defence system (Figure 33).

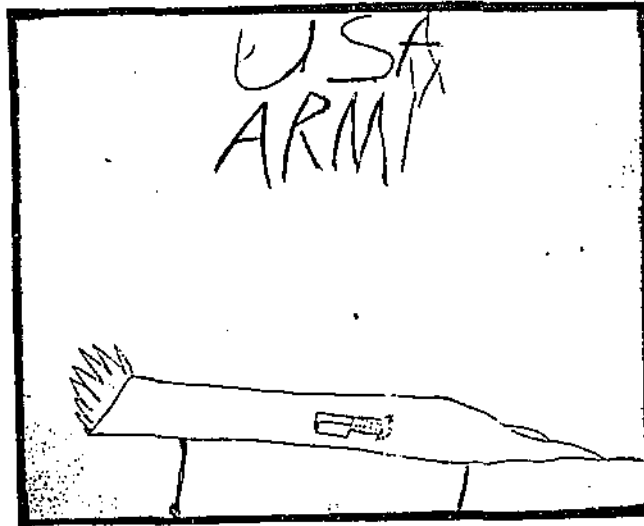


Figure 33. R. U.S.A. defence system (80 cm x 50 cm)

A significant part of the session was taken up with the putting of the pieces together, a bonding of the group into a whole, while still retaining autonomy. The researcher moved the activity into the second phase by assembling the pieces into a whole then demonstrating the 'visiting technique' using art materials, respecting other's personal space and asking before entering. Admittance at first was spurned, a possible rejection response to perceived abandonment. When admittance was eventually acceded to, the researcher left a gift (drawing) as she moved around the paper. The group members saw the possibilities, as the power was given to them to say what they wished to each person and the group members began to move around the paper.

M.J. visited M.H. gave him a pair of glasses and reinforced the smile. Perhaps M.J. was suggesting to M.H. that he opens his eyes. M.J. then visited the researcher with a gift of curly hair, possibly to validate the researcher as she had chosen her long blonde hair as her positive pseudonym in the first session, for acknowledging what was important to him

(sport). Hair is an important feature of all M.J.'s drawing, which may suggest a sexuality issue, this perhaps is a displacement issue with someone with curly hair (not the researcher). On visiting R., M.J. passed through quickly on his way to visit P.S. M.J. then nailed P.S. to his tree perhaps recognising the innocent victim, tortured and stuck. He also gave him a home, conceivably recognising a need, though the figure in the drawing cannot fit into the house.

M.H. first visit was to the researcher giving her a face and glasses (the researcher wears glasses) this could possibly indicate that he is afraid of contact but wants recognition of being there, being seen. The placating smile suggests distance while also perhaps suggesting imitation of an earlier form of contact. He then moved on to R. giving him a ball but still keeping his distance, passing through the space of P.S. and M.J. on his way home.

R. visits P.S. to give him a cloud and rain which possibly indicates that he was acknowledging his problems but nurturing or giving him the opportunity for release. This he acknowledges as being limited by drawing himself without arms, P.S. added the arms later.

P.S. on his visit to M.J. drew a fly in his mouth. This may suggest oral aggression but he was perhaps acknowledging his power to irritate M.J. even though M.J. is much bigger. Size is an issue with P.S. since he is small for his age. He moved on to M.H. giving him some ears possibly symbolic of the ability to hear. To the researcher he gave two flowers possibly in response to those she gave him suggesting possible bonding issues and transference by identifying with the feminine. The flowers may be a method of recognising the researcher's femininity, sharing and empathising with him, while also affirming and rejecting. The issue of competing with men for older women is a possibility that has been evident in previous sessions, (masks, C.B.C.L.). On the space of R. he

wrote "My Best Friend", which started a battle with Texas as weapons. The researcher suggested that those feelings could be put on to paper. P.S. drew two people holding themselves at a distance with accentuated mouths which could indicate oral or verbal aggression. M.J. drew a dispute within his space between himself and M.H. R. drew himself firing a nail gun at P.S. and wrote 'not' under where P.S. had written 'My Best Friend' By expressing their anger through their art it gave them the opportunity to sublimate their anger and develop their basic anger management skills.

Though the researcher is at first rejected by R. and M.H., her visit is accepted by P.S. to whom she gives a bird and two flowers, possibly the opportunity for movement. On visiting M.J. a sun, a basketball and a cow are the gifts, which could indicate a perceived need for warmth, nurturing and validation. R. also received two flowers and a sun but while acknowledging the space he requires to grow. Unconsciously the researcher did not return to the space of M.H. after the first rejection.

Summary.

The beginning of the session provided valid information for the researcher through verbal interaction and body language. This was committed to paper in an art therapy case study mode. As the composition of the group was different, the dynamics were also different, and a reviewing of the boundaries was required, as the respondents were promised a party, and were in the party mood. The activity gave the respondents an opportunity to be themselves but also be part of a group. The session moved quickly, with regression being evident in the first drawings, when the group moved to the safety of their first drawings. Under-pinning all the work was the recurrent themes of sexuality, sport, male image and oral aggression. The positive aspects of the work reflected validation, a sense of growing, a developing positive self esteem, and the growing ability to sublimate anger. All this was happening at the same time not in sections as was written, so the interaction

was also one of movement. Often people will give the gifts that are a projection of qualities and needs within themselves therefore the giving and receiving need to be taken into consideration. When evaluating art work, their methods of dealing with loss were as varied as their needs and all were met on one level.

Achenbach Child Behaviour Check List

The pre-test was administered during the second art therapy session, not the first as proposed when it was uncertain if the total group would attend due to an administration problem. The first session was attended by five children, though the session started with three, therefore it seemed inappropriate to administer the pre-test with half the expected group not present. The second session commenced in a similar manner but it was decided to go ahead with the pre-test because of the research requirements. The C.B.C.L. was administered to the four in attendance at the commencement of the second session, later a decision was made to send the C.B.C.L. home with a child who came very late (this C.B.C.L. was never returned). The sixth C.B.C.L. was not sent home when the remaining child returned the following week as the parent of that child has a written communication problem. The post-test was administered during the week six (final week) art therapy session, after consultation with the parents to extend the final session for fifteen minutes. The results from the child self report C.B.C.L. are described below.

The self report was administered as a pre- and post-test to four of the six respondents but not the same four in both instances. Four parents responded to the pre-test and only one to the post-test. Three teachers completed the pre-test and one the post-test. The respondents, teachers and parents were given the check lists personally at the clinic or as with the teachers, they were mailed by the clinic to satisfy confidentiality concerns. In all

instances, each check list had attached to it an explanatory letter (see Appendixes) and a stamp addressed envelope for convenience of return.

Though the C.B.C.L. was administered under the headings of pre- and post-test the information was to be used to verify information rather than to generate information in line with naturalistic inquiry. This decision was reinforced by the small number of checklists completed and returned as well as their erratic spread. The check lists are therefore summarised for this report descriptively looking at the group as a whole while highlighting some anomalies.

With regard to the self and parent report, the group falls well within the normal range in most instances, with the parent report indicating more behaviours than the respondents outside the normal range. The researcher is more concerned with possible denial in both parents and respondents as indicated by the excessively low scores in most areas. The pre-test had two indicators in the aggressive scale and three in the delinquent scale above the normal range with the parent report indicating aggression and the self report delinquency. As the respondents are attending therapy for anger and aggression one would expect higher indications in these areas. Though the post-test did show a higher range of behaviours above the normal range, there was still an excessive in low scoring of most behaviours. The post-test in the area of aggression and delinquency stayed with two in the aggressive scale and three in the delinquent scale but on a higher level as were all the indicators. As in the pre-test, in the post-test there was still an excessively low scoring of most behaviours. From the small number of C.B.C.L. forms returned, it was not possible to use the test forms as they were designed but the information has a valid position when used in the study qualitatively.

The C.B.C.L. forms completed by teachers were the most disappointing not only because of the low percentage returned, but, in those returned, there were anomalies between the

check list indicators and the written remarks. Those forms that were returned also put the respondents well within the normal range of behaviour with one high score in the 'unpopular' section.

The C.B.C.L.'s check lists were administered to the respondents on the second and last session, when much more was gained from the verbal interaction between the group members as they completed the forms and discussed such issues as sex, pyromania tendencies, and suicide.

In the C.B.C.L. the questions are scaled from 0 = Not True, 1 = Somewhat or Sometimes true, to 2 = Very True or Often True. Of the 112 questions asked there were only 11 which did not attract a score of 2 at some stage. The remaining 101 questions after collating the self response check lists (pre- and post-test) produced a range of question and answers with values from 1 to 6. Only one attracted a score of six, this was, "I enjoy being with other people."

While those that attained a score of five included:

- I like animals
- I am willing to help others when they need help
- I like to try new things
- I enjoy a good joke

And (finally for this study) those that earned a score of four included:

- I deliberately try to hurt or kill myself
- I try to get a lot of attention
- I hang around with kids who get in trouble
- I hear things that nobody else seems to hear
- Headaches
- Nausea, feel sick
- Stomach aches or cramps
- Vomiting, throwing up
- I pick my skin or other parts of my body
- I can work well with my hands
- I try to be fair to others

The questions and answers which attracted scores of five or six seem to suggest that these boys are outgoing, empathic, helpful children with a sense of fun, which was the main observable behaviour displayed during the art therapy sessions. Only when something in the art reached beyond this surface behaviour did the covert behaviour of anger and/or aggression surface. The group that attracted the score of four in the C.B.C.L. was then divided into two groups (a) somatic complaints and (b) the unconscious problems that had possibly given them a place in the group. It is possible that the somatic complaints are the result of the unconscious problems and more work would need to be done in that area to affect a more positive self esteem. A positive self esteem would then conceivably bring about a reduction in the perceived anger and/or aggression.

Discussion

The main purpose of this case study was to examine the relationship between art therapy and anger management skills, to provide a basis for further art therapy work and research in this area. The results reflect not only the work on site but the researcher's study of the evolving data.

This quotation from Uhlin cited in (Malchiodi 1990) on aggression and art is relevant to this study in that:

Uhlin ... found from observations that involvement in the art process could enhance communication and interactional patterns, as a preventative measure to deal with violence - prone tendencies, thus revealing the inner dynamics which could be addressed in therapy. (p. 11)

These findings are central to the tenets of this research thus credence is given to the results through the respondents' disclosure of similar data through their art. This evolving data, that is, the art works, is further supported by an innovative original use of the C.B.C.L. Research problems involving art therapy data are extremely complicated, with the researcher possibly looking towards the behavioural sciences for direction while using modified existing tests. Methodologies borrowed from other areas to fit the art therapy paradigm need to be redefined and adapted. This could possibly indicate the need for art therapy specific methodologies to be developed. An endeavour to precipitate this process was attempted in this study especially in the use of the C.B.C.L.

As a natural beginning to a case study, the researcher commenced this study with a focus to determine the boundaries of the study. Anger and/or aggression was the focus at the beginning of the study but as the needs changed so did the focus and self esteem evolved as another focus as part of the natural progression of the research. Just as sport and/or the electronic media evolved as possible triggers or stimuli to the anger and/or aggression. The focus in this study, as in many naturalistic studies, was more than a

problem it was a phenomenon that occurred as a result of a particular interaction between two or more people. As this theory emerged from the research, the method varied in content but not structure.

The study was conducted in a clinic which sees many children a year with perceived psychological problems of which anger and aggression are but two of them. To sustain this inundation, the clinic employs many methods of counselling including family therapy. In this study no other change was included in the care of the respondents apart from the introduction of six sessions of art therapy over six weeks.

The respondents, researcher and co-therapist in a case study situation influence the behaviour of the group by what they bring to the group. In this study the acknowledgment of personal anger patterns, responses to anger and anger triggers were an important element. Each person has their own model for understanding feelings and responding to anger, 'anger traits' as opposed to anger influenced by the environment or an existing trauma or problem (Lindenfield, 1993, p. 64). Therefore an important part of the study for the researcher was to become aware of her own and the respondents triggers and reactions in differing situations. This information was sought through the art as presented by the respondents, through art activities designed to elicit specific data and personal therapy involving the researcher. The researcher as a teacher also brings to the group twenty years of experience with young children which provides a larger perspective for viewing anger and aggression in the population, therefore giving the study a broader point of view. The researcher's experience in art therapy has also focussed on children in the school situation and in a hospital attached to the present clinic.

The outcome of this study is site or context dependent only in the fact that the results are case study based but the format could be repeated in any situation where art materials are available. As each case of anger and/or aggression is as individual as the person attached

to the behaviour no single cause can explain the outcome. This is supported by the work of Lindenfield (1993) who points out:

Our physiological and genetic make - up does give us the physical equipment with which to become both aggressive and angry, but whether we actually use this, and the manner in which we use it, is very largely determined by our psychological and social development. (p.30)

Low self esteem evolved as an issue from week one on site and continued to be evident in the art works as the study progressed, though there was some evidence of positive growth by week six. As the building of a positive self esteem through art is basic to the philosophy of art intervention, the positive growth within the group could be attributed to the art therapy. Though the possible reasons for the poor self esteem were alluded to in the art works, none were conclusive. In the literature there are many reasons attributed to low self esteem of which an inconsistent life style, verbal, physical and sexual abuse are but a few (Malchiodi, 1990, p.45).

The development of a safe space essential to the case study format is an integral part of a therapeutic setting. In this instance the development of a safe space for many of the respondents was in direct relation to their consistency of attendance. This was evident when a mask making activity gave the respondents the power associated with freedom of speech in a safe environment. They were able to demonstrate their developing strengths as they struggled with what they perceived to be acceptable behaviours.

Problems inherent in a case study format have been to a large extent successfully overcome in this study. The problems identified and acknowledged in this study, are what to include and exclude (succinct in-depth records), anonymity (pseudonyms), confidentiality (record keeping methods), verified context (supervised) and the termination of a process which is by its own terminology is part of the art therapy approach (session six).

The procedure used in this study to deal with the recorded data, is inductive data analysis. This is a process aimed at uncovering embedded information and making it explicit. This process requires that the embedded information, which is deep within the respondent (often in the unconscious), be brought to the surface therapeutically. As this is an art therapy process, it is therefore a natural choice to use inductive data analysis in art therapy research. According to Lincoln and Guba (1985, p. 203) inductive data analysis involves two courses of action, 'unitising' and 'categorising'. This is understood within the framework of this study to be (a) unitising, a piece of art work (information), "that stands by itself and is interpretable in the absence of any additional information", and (b) categorising, where the data or information encapsulated within the art works, "provides description or is inferential information about the context or setting from which the units were derived" (Lincoln and Guba, 1985, p 203).

The data for this study was analysed continuously involving debriefing sessions at three levels: on-site, the study supervisor, and university lecturers not directly involved in the study. This process allowed emerging theories to be checked for researcher bias. At all times confidentiality and anonymity procedures were adhered to.

Conclusions

This study has examined the effect of art therapy on a group of latency period boys with overt anger and aggression. The method endorsed was an integration of available art therapy theories within an art therapy framework relating to anger and aggression. The age of the respondents and a knowledge of group interaction led the researcher to use group data collecting methods and testing. According to Malchiodi (1990, p.39) an aggressive disposition is observable in a children's art therapy session when, in order to meet their needs, they resort to communication skills that involve physical aggression. The art therapy session then provides the ideal situation to help respondents learn anger management skills through art activities and therapist modelling of less violent methods of communicating.

The respondents involved in the research showed a positive response to the art therapy to varying degrees and in different areas. This was to be expected as their anger and/or aggression was also of varying intensity and from different sources. The major factors facilitating their positive response were empathy, validating experiences, the art therapy process and reflective listening. Empathic responses from the group and researcher were important as anger and aggression are often only seen in their negative aspects. In the negative, anger may induce guilt, shame and/or depression which in turn damages the self esteem and perpetuates the anger (Lindenfield, 1993, p. 36). Since the researcher presented herself in a state of openness with empathic responses at the appropriate time she was able to mirror the respondent ideas and this showed respect for the respondents' specific problems within the group. It is well to remember at this stage that art therapy is a process of understanding rather than forgiving, if this was not acknowledged during the art therapy process the respondent could be destined for failure which could further damage their self esteem.

The researcher validated the respondents by verifying that it was acceptable just to be themselves, accepting each person and his behaviour. The art therapy sessions gave the respondents a time and space for themselves; to gain an understanding of how their feelings from the past could influence their present emotions and influence their behaviour.

The art therapy process is central to the study, as the researcher and respondents engaged in the art activities they actively contribute to the healing process by giving the respondents the space and a method to explore their problems. The process can be viewed over a session or a series of sessions as in this study. The respondents chose the pace at which they wished to move within the process as they rehearsed, tested and demonstrated new and growing feelings and skills. A journal of their progress was kept by the respondents through their art works and a written journal was also kept by the researcher.

Reflective listening was relevant to all other aspects in relation to a positive response for there was little purpose in the respondents talking visually or verbally if no one is listening. Successful results were obtained by the researcher listening to the respondents as they discussed visually and verbally what was important to them at each session.

During a discussion with the parents of the respondents a number of points were raised. The parents were unsure of the nature of art therapy, even after written communication was sent prior to the commencement of the study. Therefore, in future studies great care should be taken to fully explain the finer details relating to art therapy. The parents who attended the meeting were satisfied with the respondent's progress and discussed the positive behavioural changes that had taken place since the commencement of the art therapy sessions. Most of the parents involved in the study restated their disappointment over the limited period of the research, but had accepted the offered six weeks because

they did not understand the benefits of art therapy. It also became evident that even though there was a lack of understanding of the possibilities of art therapy, the parents were enthusiastic enough to want the art therapy to continue. They wished to know the availability of art therapy in Western Australia and requested a copy of the study to be made available to them upon completion.

A significant percentage of the parents reported that the children were easier to handle since the commencement of art therapy sessions. These findings emerged from a relatively small sample over a short period of time and the study would need to be replicated with other groups in order to generalise the findings with confidence.

Sampling in relation to the problem was adequate in this instance but it would need to be greatly increased and diversified to maximise the scope and range of possible theories now apparent in relation to anger and/or aggression. Further research will be required to prove if the data suggesting the improvement of anger management skills in the clinical setting can be transferred, as this was beyond the scope of this study. In order for transferability to be possible, the sender of information from the previous study and the receiver in the new study must have similar information (Lincoln and Guba, 1985, p. 216). This has been made possible by the in-depth detail provided by this study.

The C.B.C.L. was more successful as a verbalised self report than to a written answer standardised test, due to the low return of the test forms, the disruptions due to inconsistent starting times within the respondent group and the natural openness of the respondents within the research. Only by using the data received in an innovative manner was the C.B.C.L. information possible for inclusion in the study. The C.B.C.L. would be more effective over a longer period of study and with a larger sample as a pre- and post-test but an art therapy based testing system would be more appropriate. In this study, it

was not possible to demonstrate any statistically significant differences in the respondents but changes significant to each respondent was documented in the art therapy sessions.

Anger and aggression and the inability to cope with the problem in adults and children is evident in today's society. The escalation of the problem if unchecked in childhood has implications which are terrifying, and include possible suicide, murder, overall poor mental health, and a disruption of the basic quality of life.

The researcher's perception of the position of anger research at the end of this present study is reinforced by Lindenfield (1993) when discussing research on anger:

At this stage I would love to be able to quote irrefutable scientific evidence ..., but I cannot, because it does not exist, and I very much doubt that it ever will. Unfortunately, disorders in this field are not easy to research because it is obviously very difficult to keep tight scientific control over human subjects without depriving them of freedom and privacy and the help they often deserve. (p. 39)

The researcher is convinced that further research can only add to the present level of understanding on this difficult and important aspect of human nature. This study has begun a process to further understand anger and aggression by combining it with art therapy.

It is proposed that this completed case study will increase the documented understanding of anger and aggression in relation to art therapy in many diverse areas, the respondents, the clinic, art therapists and other interested readers.

Significance of the Study

Implications for Art Therapy

The results of this study will have implications for art therapy practice in the areas of:

1. Art therapy in the clinical setting.

The information from this study may be used by art therapists when treating latency period boys but thought would need to be given to the value of choosing to use the Achenbach test if it was to be over a similar period of time. Often when children are referred to a clinical setting for treatment they have previously been labelled with a problem of which anger and/or aggression may be a symptom not the cause. An awareness of this anomaly will assist the art therapist and client develop skills to cope with the unstated problem.

2. Art therapy in settings other than clinical.

The results of the study may be generalised to settings other than clinical as the clinical setting did not appear influence the outcome of the study. The results indicate that art therapy as communication therapy was useful when dealing with anger and/or aggression in that the children were able to interact with a therapist through their art. This process which enabled them to process some of the issues which had brought them into therapy, could have taken place in a variety of settings with similar boundaries.

3. Art therapy with a group or single client.

Although this study was conducted with a group and on occasions the group interaction was important to the process there was an indication that therapy on one to one basis could possibly have benefited one of the respondents. The study supports the work of Landgarten, where task oriented art therapy worked well with a group of children who lacked impulse control, were self destructive in relationships, had difficulty in staying focussed or displayed withdrawn behaviour a less directed group situation. (Landgarten, 1981, pp. 105 - 106)

4. Art therapy with latency period children.

This study supports the theory that latency period children are more comfortable in a group situation while allowing for individual differences. (Rubin and McNeil, 1985, Landgarten, 1981) Latency period is changing for children. Therefore the period Erikson attributes to the formation of identity, central to the development of the adolescent is moving into the latency period. (Rubin and McNeil, 1985, pp. 247-248) Society itself is changing, increasingly younger children are being exposed to an adult way of life before they can cope with it mentally while biologically children are becoming adults earlier. Therefore the expectation relating to behaviour is changing and change often causes confusion. This study could be replicated with either sex and the results would be similar as the issues involved relate equally to either sex. As most of the drawings indicated sexual differences, it is the researcher's opinion that single sex groups would be more successful with latency period children.

Directions for Future Research in Anger and/or Aggression Management

Based on the findings of this study, it is recommended that future research should be directed towards a longer term study of anger and/or aggression in three areas, (a) private art therapy practice (b) in a clinical setting (c) and in schools. A longer period of study would allow the researcher to consider the results in the areas of consistency, establishment of new behaviours and permanency in relation to the anger management skills. A major area of need identified by the study is the inadequate art therapy testing procedures available in the area of anger and/or aggression for young children. Further research in the area of testing would give credence to art therapy practice and research. Further research while working as a co therapist to a clinical psychologist in private practice would provide information relating to consistency. This added to research in the school setting would broaden the research by accumulating data relating to the positive results of art therapy with latency age children in all areas. As there is no provision for art therapy in schools in Western Australia, this would need the cooperation of the school psychologist, to run a self - esteem enhancing programme in the school using art therapy. Continued research is necessary in the clinical setting also, enhancing the scope of the study by including younger children of both sexes. Although this study was conducted under the banner of anger and/or aggression, future research would need to diversify to accommodate the vastly differing origins of the problems. Further research would enhance the establishment of art therapy as a valid therapy in Western Australia by enlarging the profile. The researcher supports the opinion of Lindenfield who states, "Research data on the exact cause of mental health problems is still frustratingly inconclusive and most of the debate, therefore, has a strong subjective ring to it". (Lindenfield, 1993, p.39) Only further well documented research can overcome the problems related to research involving behavioural issues.

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Appendixes

Parent Information

Dear Parent or Guardian,

My name is Sylvia Blades and I am working towards my Masters degree in Art Therapy at Edith Cowan University. I am a full time teacher of 10 years, with previous nursing experience. Problems observed over those years has lead me into research relating to anger/aggression and the methods of managing that behaviour. Management of this problem will help in areas of self esteem, ability to learn and maintaining relationships.

The _____ Clinic has given me permission to conduct a research project into anger and aggression with a group of six boys at the clinic. The purpose of the research is to establish whether there is any correlation between the use of weekly art therapy sessions and the reduction of anger.

At the first and last session the '*Child Behaviour Check List*' will be completed by each child as a method of assessing if there has been any change in behaviour over the six week art therapy period. During the weekly art therapy sessions the child will be asked to take part in art activities designed to meet the objectives of the group. The objectives of the sessions are, to encourage and enhance self esteem, to offer the child an emotional outlet to decrease the anger and/or aggression and bridge the gap between the home and/or school and the child. The objectives are the basis of the aim which is anger management. The art works produced during the sessions will be collected and discussed by those who are ethically bound by the study. The results will be available to all those taking part in the study through the clinic. The data collected, including the art works, may be published and/or used for teaching purposes on the understanding that at all time's confidentiality will be maintained by using a pseudonym and all other particulars will be altered to ensure anonymity.

The only perceivable discomfort or hazard involved in the study is the possible realisation by the child of the origin of the problem and his ability to deal with this under supervision.

Each group member will be asked to attend for one hour per week for six weeks, under the proviso that he may withdraw at anytime without prejudicing the therapy currently in place at _____ Clinic.

The child will benefit by availing himself to another avenue of therapy in his search for total well being. The process will involve doing something special for him that could result in a set of anger management skills, this has the potential to improve his quality of life. On a broader scale it will provide data to be used (anonymously) as a starting point for further research into anger management for children who are similarly afflicted.

Any questions concerning the project entitled, *The Effects of Art Therapy with Latency Period Boys Exhibiting Overt Anger and/or Aggression*, can be directed to Sylvia Blades (Principal Investigator) on _____ or Dr. Cole on _____.

In order for your child to be included in this project your permission is important. If you agree for your child to be included, would you please sign the consent form and return it to the clinic.

Thank you for taking the time to read this information.

_____ B. Ed. Post Grad. Dip. Art Therapy.

Consent Form

Dear _____

I have read your information regarding the proposed art therapy project at _____
Clinic and I agree to my child

_____ participating provided that,

1. my child will not be identified in material outside the clinic.
2. I have the right to withdraw at any time without prejudice.
3. I have the right to ask questions regarding any aspects of the research.

Participant or authorised representative

Date

Investigator

Date

Permission for Researcher to Conduct Art Therapy

Dear _____ (parent)

I have given _____ permission to conduct an art therapy research project into anger and aggression at _____ Clinic.

I have done so because of the potential benefits of art therapy as a therapy as is evident by its wide use over seas.

If after reading the information sheet you agree to your child taking part in this research project please sign the consent form and return it to the clinic.

Yours sincerely.

Dr. _____

Check List Covering Letter**CONFIDENTIAL.**

This check list is designed to obtain a picture of the child's behaviour as you see it. The check list is designed for a wide variety of children and some of the items may not apply to the child being assessed.

I shall be available to answer questions if they occur on _____.

Please understand the check list is to provide a standardised description of behaviour rather than a diagnostic inference.

This should take about ten to fifteen minutes of your time.

(PARENT) Please could you return the forms including the teacher check list if possible on the next art therapy evening.

Thank you.

_____ B. Ed., Post Grad. Art Therapy.

Forms Request Letter

Dear Parent

To conclude my art therapy research at _____ Clinic I urgently require the enclosed forms completed and returned. A stamped and self addressed envelope has been enclosed for your convenience.

Please allow _____ to fill in his form in private before returning it in the envelope provided, as this will increase the validity of the research.

The six week art therapy group was considered a success by the parents who have spoken to me. I wish to take this time to thank you for your cooperation without which the research would not have been possible. Art therapy is a new therapy in Australia and only by making it available will its potential be acknowledged.

Yours sincerely

_____ B. Ed Education. Post Grad. Art Therapy

Outstanding Forms Letter

Dear Parent

I am writing to thank you for invaluable assistance towards my research. My thesis relating to art therapy is near completion but there are some details which are still outstanding and are required before the project is finalised.

If, upon receipt of this letter, you have not returned any of the following:

- the consent form,
- parent checklist,
- teacher checklist, or
- child checklist

It would be appreciated if you could please complete and return the forms as soon as possible so that the project may be finalised.

It is important that art therapy, being a new form of therapy in Australia, receives its deserved publicity with the help of your valuable assistance. Both adults and children will be helped from the results of this research, and every opportunity should be made to include all data relating to the research.

Once again, thank you for your help in this matter

Yours sincerely

B. Ed., Post Grad. Dip. Art Therapy.