

Lindenwood University

Digital Commons@Lindenwood University

Theses

Theses & Dissertations

1981

Art Therapy in the Treatment of Emotionally Disturbed Children with Learning Problems

William L. Franklin

Follow this and additional works at: <https://digitalcommons.lindenwood.edu/theses>



Part of the Social and Behavioral Sciences Commons

ART THERAPY IN THE TREATMENT OF EMOTIONALLY
DISTURBED CHILDREN WITH LEARNING PROBLEMS

*Submitted in partial fulfillment of
the requirements for the degree of
Masters of Arts in Art Therapy,
The Lindenwood Colleges*

ANDREW CHIRCHIRILLO
Faculty Administrator

EVADNE McNEIL
Faculty Sponsor

Submitted by: William L. Franklin
Princeton, Illinois



PREFACE

This paper grew out of a desire to have a better understanding of the emotionally disturbed child who exhibits difficulties in learning. While many of the children and adolescents, with whom I work, carry first and foremost the label of being emotionally disturbed, their ability to perform successfully in school has been impaired. As an art therapist, "What can I offer these children?", was a question I felt I must answer. Within the context of this paper, I have chosen to address the learning difficulties and the role of art therapy in assisting these children and adolescents. As a child is able to develop a sense of himself as a capable person, able to learn about himself and his world, he begins the road to increasing his learning skills and improving his emotional balance. These were my goals in the beginning of this project. This paper is being written as the result of my question, "What can I, as an art therapist, offer these children?"

Educational Department 21

General Contents of the Art Therapy Experience 21 - 28

The Difficult Child and C's Response 23 - 44

 Temporary Patterns and Materials

 Markers 28

 Clay 29

 Pencils 30

 Chalk 31

 Tapestry 32

 Other Art Materials 33

Summary 39

TABLE OF CONTENTS

Preface	(i)
Introduction	1
Categorizing	3
PART ONE: THE REVIEW OF LITERATURE	
The Struggles of Children with Learning Difficulties	4 - 12
Learning Dysfunction	7
Learning Disorders	7
Learning Disabilities	8
The Role of Art as a Natural Learning Tool in Art Therapy	13 - 19
Widening the range of communication	15
Inviting Exploratory Learning	16
Providing tasks which are self-rewarding	16
Reinforcing Emotional Balance	17
PART TWO: THE CASE ILLUSTRATION	
Social History	20
Educational Background	22
General Comments of the Art Therapy Experience	25 - 28
The different Media and G's Response	29 - 48
Tempera Paints and Watercolor	
Markers	29
Clay	33
Pastels	38
Candle-making	42
Texture Rubbing	45
Other Art Experiences	47
Summary	49

Table of Contents - continued

PART THREE: SUMMARY AND CONCLUSIONS

Summary	50
Conclusions	51 - 59
G's Developmental Level at the beginning of the project	51
Exploratory Learning	51
Increased Communication Skills .	52
Increased Control and a resultant sense of accomplish- ment	52
Resultant improvement in the classroom	53
Developmental Growth	55
Limitations of the Project	56
Changes I would make	56
Concluding Remarks	58
Appendix A	60
Appendix B	61
Appendix C	63
Bibliography	64 - 67

INTRODUCTION

In my work, in a residential treatment center for emotionally disturbed children, I have observed that many, if not a majority, of the residents experience difficulty in learning. Emotionally disturbed children exhibit inappropriate emotional reactions which hinder their ability to make appropriate responses to their environment. Uhlin (1979), described their predicament as being unable to structure and maintain their experiences of reality. As a result, such children function in a distorted manner (Uhlin, 1979). Emotional disturbances can range from children who seemingly become detached from reality; for example, the autistic children -- to the less observable or detectable disturbances related to unsuccessful resolution of developmental tasks of childhood.

The art therapist needs to understand where the child is functioning emotionally and cognitively from a developmental perspective. Observation of behavior, art work, social interaction skills, and procurment of social and family histories, provides the art therapist with information as to the child's level of development. The assessment of how the child functions developmentally provides the art therapist necessary information to provide appropriate art experiences and interventions.

The premise of my culminating project is that emotionally disturbed children, due to failure to accomplish their

developmental tasks, have not been able to develop the necessary skills for effective learning. The hypothesis of this paper is -- when an emotionally disturbed child is provided art therapy experiences emphasizing developmental growth, the child's ability to learn will then increase.

overcoming these difficulties.

The second part is a case illustration of the use of art therapy with a twelve-year-old boy who is emotionally disturbed and has learning problems.

The third and final section will be a recapitulation of the highlights of the project and the hypothesis, offering conclusions and observations of the role of art therapy in the treatment of emotionally disturbed children and learning problems.

This paper is divided into three parts:

The first part is an overview of the literature relating to children who experience learning and emotional difficulties. It also presents the use of art in assisting children in overcoming these difficulties.

The second part is a case illustration of the use of art therapy with a twelve-year-old boy who is emotionally disturbed and has learning problems.

The third, and final, section will be a recapitulation of the highlights of the project and the hypothesis, offering conclusions and observations of the role of art therapy in the treatment of emotionally disturbed children with learning problems.

THE SIGNIFICANCE OF CHILDREN WITH BEHAVIOR DIFFICULTIES

In general, children who have the potential for learning at the rate of most, or better, normal children -- and yet have difficulty learning -- PART ONE -- had associated behavioristic or behavior symptoms.

The following terms were developed from studies which indicated there was an organic cause for the child's learning difficulty:

- minimal brain dysfunction
- neurological dysfunction
- cerebral dysfunction
- low brain-behavior ability
- mentally defective disorder

THE REVIEW OF LITERATURE

Terms like "the slow learner" and "psychomotor retardation" were developed from an attempt to describe the child's behavioral symptoms.

In the 1940's, Alfred A. Strauss, -- neuro-psychiatrist -- along with Laura E. Leighton and David Hunter, studied children who exhibited severe behavior disorders. They found that these children had medical histories which included brain injury. Strauss theorized that the brain injuries of the children he studied were associated with their behavior. That is, -- the behavior was due to an inherited pattern of the specific structure of the brain.

THE STRUGGLES OF CHILDREN WITH LEARNING DIFFICULTIES

In general, children who have the potential for learning at the rate of near, or above, normal children -- and yet have difficulty learning -- can be categorized according to organic or behavior symptoms.

The following terms were developed from studies that inferred there was an organic reason for the child's learning difficulty:

- minimal brain dysfunction;
- neurological dysfunction;
- cerebral dysfunction;
- the brain injured child;
- the Strauss Syndrome; and,
- mentally defective normal.

Terms like, "the slow learner" and "psychoneurological learning disabilities" have developed from an attempt to describe the child's behavioral symptoms.

In the 1940's, Alfred A. Strauss, a neuropsychiatrist, along with Laura E. Lehtinen and Heinz Werner, studied children who exhibited severe behavior disorders. Often they found that these children had medical histories which included brain injury. Strauss theorized that the brain injuries of the children he studied were exogenous, rather than endogenous. That is, -- the impairment was not due to an inherited pattern or the genetic structure of the brain,

but to an injury that occurred outside the genetic structure (Lerner, 1971). Examples of such brain injury included:

- pre-natal disturbances, - such as the mother having German Measles during pregnancy;
- birth trauma, - such as the infant not receiving sufficient oxygen during the birth process; and,
- injuries after birth, - i.e., a fall on the head, or severe high fever in early childhood.

The term, "brain injured child," was used by Strauss to describe children with learning problems of perceptual disorders, pervasiveness and conceptual disorders and behavioral disorders. Strauss used three biological criteria in determining whether a child had brain injury resulting in these learning problems. These were:

- 1.) Slight neurological signs; if the child had subtle, rather than obvious or severe evidence of neurological abnormalities, such as awkwardness in gait or inability to perform fine motor skills efficiently;
- 2.) a definite history of neurological impairment; and,
- 3.) no history of mental retardation in the family, or evidence of retardation in the child (Lerner, 1971).

Objections to Strauss' term "brain injured child," developed due to the confusing nature of the term. There are some brain injured children who do not suffer learning disorders, such as children with cerebral palsy, and some children with

learning difficulties who showed no history of brain injury or problems fitting Strauss' categories. The term, "minimal brain dysfunction," developed as an attempt to distinguish mild, from severe, brain impairment. For example, -- Clements (1966), used the term "minimal brain dysfunction syndrome" as the way to describe the child with near average intelligence and with certain learning or behavior disabilities associated with deviations of functions of the central nervous system.

Stevens and Birch (1957), used the term "Strauss Syndrome" to pay tribute to Strauss' work in the field of learning disorders and to describe children who experienced learning disorders but did not fit into other classification schemes such as mental retardation or emotional disturbances. This term was not based on biological causes, but upon behavior characteristics.

Alan O. Ross (1976), deals with the problem of learning difficulties in children by clarifying the interrelationship between physical and psychological aspects. He describes children, whose academic achievement falls below their intellectual potential, as falling into three major categories:

- 1.) learning dysfunctions;
- 2.) learning disorders; and,
- 3.) learning disabilities.

Each of these categories are divided into two subdivisions.

Learning Dysfunction

Children with "learning dysfunctions", according to Ross, include "those children who manifest perceptual disorders with their school performance without significantly disrupting their overall intellectual abilities", (Ross, 1976, p. 116). He includes in this category the often used terms; perceptual motor problems, cerebral dysfunctions, and minimal brain damage. The first subdivision of this category is related to children without secondary psychological problems. That is, these children do not respond to their learning dysfunction with adverse psychological reactions. Ross feels that special education techniques are sufficient to correct these learning problems. His second subdivision includes those children whose perceptual disorders are compounded by severe psychological reactions. These children need both intensive therapy and special educational services.

Learning Disorders

Ross (1976) includes in this category -- children whose learning inhibitions result from a neurotic response to their world. Ross divides this category according to whether the disability is primary or secondary. "Children with primary learning disorders are those whom learning itself is aversive and whose avoidance or escape behavior to learning, occurs both in and out of school". (Ross, 1976, p. 116). In primary learning disorders, the child has not been able to learn the basic skills in the early grades of school. Thus, the child increasingly falls behind in academic achieve-

ment. Such children, Ross points out, need intensive psychological treatment directed towards strengthening the learning - appropriate responses. In addition, such children need a massive remedial education program to give him/her the opportunity to catch up on the basic skills that he/she has failed to learn. In "secondary learning disorders", learning is not the primary disturbance, but rather behavioral pre-requisites for learning is disrupted. Ross (1976), described the child with true school phobia as a secondary learning disordered child. For such a child, it is the fear of school -- rather than the acquisition of knowledge. The on-set of a secondary learning disorder is usually sudden and is related to a specific school situation, not learning -- per se. Early intervention prevents such children to experience much academic loss and does not require extended therapy remedial education.

Learning Disabilities

According to Ross (1976), children who fall within this category, are:

... children whose abilities to perform in school is disrupted or made impossible by psychological disorders which do not have their primary focus on learning or on the school situation.

...these children have disabling problems unrelated to learning, school or teachers, (p. 120).

Ross' (1976), two subdivisions of learning disabilities are "chronic learning disabilities" and "reactive learning disabilities". Children who have severe and pervasive disorders, such as autism or childhood schizophrenia, compose the subdivision of chronic learning disabilities. He refers to this group of children as a very difficult group for treatment of their learning disabilities. He does feel that the most promising approach is the use of therapeutic education, "where treatment and teaching coincide and where teacher and therapist are one and the same person" (Ross, 1976, p. 120).

His second subdivision, "reactive learning disabilities" includes children who have managed to experience learning, but due to some psychological problem -- unrelated to school -- develop an inability to continue to acquire academic knowledge. He feels that before such a child can reinstate academic growth, the non-school problem must be the subject of treatment. When the child with reactive learning disabilities does not receive immediate psychological intervention, he/she will often develop secondary psychological reactions. When this occurs, a greater difficulty in treatment develops.

Currently, the term "learning disabilities" is used broadly to describe children whose performance is lower than their academic potential (Lerner, 1971). It is used by educational systems and has been found satisfactory by governmental

and parental associations in providing a meaningful descriptive term of the learning disabled child.

Sally L. Smith, an educator, states, "It is not worth agonizing over which factors produced the problem of a particular child ... We only know that there is a lag in the development of learning ... their central nervous systems are delayed in maturing" (Smith, 1979, pp. 27-28). She speaks of the prime symptom of learning for disabled children, rather than causal factors. The learning disabled child's prime symptom is being immature, having a delayed development. She emphasizes that regardless of the reason for the child's learning problem, he/she experiences much disorganization which disables his/her potential intellect. In her book, No Easy Answers: Teaching the Learning Disabled Child, Smith (1979), eloquently describes the dynamics of children whose intellectual potentials are disabled. They are as being demanding and bewildering. On one day they are able to do some things and the next day they are unable to do the things they had done the previous day. They have some extra-ordinary talents, but are unable to manage some of the simplest tasks. They are distractable and disorganized. They are over-stimulated and lack discrimination. Smith (1979), adds, "The learning disabled child does not follow the normal pattern of maturing. A doctor would say that he suffers from neurological immaturity of minimal brain dysfunction. An educator would say that he has a learning

disability. A parent would say, "Something is wrong..." she further states.

Smith (1979), explains that the child must be approached patiently. It takes more time and effort for the child to accomplish tasks. Also, it requires the teacher, or therapist, to provide more support for the child in order for him to experience achievement. Smith (1979), states that these are the only reliable cures at this time in history.

I have discussed some of the various terms and approaches in describing the child with learning difficulties. There is agreement that some children with learning problems have suffered some central nervous system impairment. It is also noted that some of these children show no evidence or history of such impairment. It is agreed that some suffer emotional disturbances, related to their inability to learn. Some theorists distinguish those children whose learning problems seem to result from emotional disturbances from those whose learning problems result in emotional problems. Ross' (1976) diagnostic system attempts to distinguish such children. It is a difficult task to separate the emotional aspects from the learning problems. Ross explains that some learning difficulties results from emotional disturbance. However, there can also be emotional disturbance which results from the learning problems. As Sally Smith states, "Whatever the outside cover, the inside is hurting." (Smith, 1979, p. 4). If the outside is emotional disturbance, then

learning is difficult; if the outside is learning difficulty, then the child experiences some emotional pain. I have often encountered children who have experienced much psychological trauma and also have shown signs of learning dysfunctions. When the psychological trauma has resulted in separation of the child from the family and he/she has been classified as learning disabled, his problems are compounded. It then becomes impossible to deal with the learning difficulty apart from the emotional disturbance.

Regardless of the classification or labels, the primary goal in assisting these youth is to provide treatment for their problems. In the following chapter, I shall discuss the role of Art Therapy in assisting such children.

THE ROLE OF ART AS A NATURAL LEARNING TOOL IN ART THERAPY

"It is essential that all children be afforded creative opportunities. Play, art, story telling, and child drama have been the natural tools by which every child, handicapped or not, expands his own capacities. Through such creative experience, a child experiments with new ideas, expresses feelings, experiences fantasies, and resolves fears" (Williams and Wood, 1977, p. 4).

The above quotation serves as my premise for the use of art in the assistance of the emotionally disturbed child with learning problems. Since art is one of the natural tools of learning, then the disturbed child with learning problems should have the opportunity to use this natural tool to help him learn. Children, through their art, build a body of knowledge and utilize it in discovering their environment and their place in it. Lowenfield and Brittain (1975) discussed the dynamics and the unifying aspects of art activities. They pointed out that the child expands his knowledge through his experiences with art media which "bring together diverse elements of his experience to make a new and meaningful whole" (Lowenfield and Brittain, 1975, p. 3). Through the exploration of the art media and the expression of symbols in his art, the child has a natural vehicle to experience and to make sense of his world.

Art provides the opportunity for the child to experience the world through his whole body. Motor, intellectual, emotional and sensory activities are involved in the process

of creative expression of art. Rhoda Kellogg (1970), speaks of the importance of art in the child's world. Kellogg (1967, 1970), has analyzed the art of children over the years and has demonstrated that art plays an important role in children's overall mental development. She has shown that the child's first art experience, the scribble, provides not only motor activity, but also visual experience in forming gestalts (forms). These gestalts not only serve for the child's future ability to make picture symbols, but also the development and formal understanding of writing and reading (Kellogg, 1970).

Lowenfield and Brittain (1975), point to art as providing the child with an opportunity to develop sensitivity to his environment, by active participation through his senses. They explain that, given the culture of today, art is especially important for the child who is particularly in need of involvement in additional sensory experiences. They point out how "art is filled with the riches of textures, the excitement of shapes and forms, the wealth of color and youngster and adult alike should be able to receive pleasure and joy from these experiences" (p. 36).

Sally Smith advocates that learning disabled children be exposed to art to motivate and encourage his potential intellectual growth. She states:

"Almost every child can be reached and taught innumeral skills through the arts ... through his body, through objects and pictures and

through symbols; the arts offer opportunities to strengthen visual, auditory, tactile and motor areas. Through the arts, a child can order his world, make sense of what he knows, relate past experiences to the present and turning muscular activities into thought, and ideas into action"(Smith, 1979, pp. 136-137).

It seems imperative to provide art activity for the emotionally disturbed child with learning problems. Since art is a natural tool of learning and provides much growth-producing activity, such children should be provided art experiences to assist them in expanding their capabilities. Silver (1978), presents four objectives which are important developmentally for all children. These objectivities are to provide art activities that:

1. Widen the range of communication;
2. invite exploratory learning;
3. provide tasks that are self-rewarding;
4. reinforce emotional balance.

He states that for the child who suffers from any handicap, (including emotional and learning handicaps) the emphasis may need to be shifted to meet the individual's needs, but that all four objectives are applicable to all children.

Widening the range of communication refers to providing the child with art activities which assist him in giving form to his personal experiences. Artistic expression can provide the child an alternative to traditional methods of verbal expression. Art can help the child express what may be difficult to say. For the child with language difficulties, this objective can be emphasized. Silver (1977), points out that,

when structuring the art experience to widen the range of communication, content and meaning should be stressed, rather than the form and design abstractions. While the art therapist guides, he sets the stage for the child to make decisions on how and what he is able to communicate through his art work.

Silver's second objective, inviting exploratory learning, is based on the idea that doing art encourages active involvement with materials, rather than passive education. Art provides the child the opportunity to think for himself. That is, to explore his feelings, thoughts, and the art media, in addition to exploring possible alternatives in making his art production. He can explore the subject matter, the media (including its limitations and its uses), and make choices which determine his final project. When one is encouraging exploratory learning through art, the production tends to be secondary to the process of creating. Exploratory learning "can sharpen perception of the way things work", and according to Silver, "can contribute to cognitive, emotional and aesthetic growth" (Silver, 1977, p. 109).

For the child with weaknesses in motor awareness, emphasis should be placed on exploratory art learning experiences. The use of kinesthetic activities is encouraged by Silver, where the emphasis is on form rather than content, and on shapes and colors rather than subject matter (Silver, 1977).

Silver's third objective, providing tasks which are self-

rewarding is based on the principle that learning results from successful interaction with the environment. When the interaction with the environment is successful, the learning activities of the child become rewarding to him. Art experiences in themselves are very rewarding, often "they are considered play rather than learning, but beneath the obvious enjoyment are opportunities for becoming deeply absorbed in solving problems" (Silver, 1977, p. 110). Silver emphasizes that art experiences are self-rewarding when the child is able to obtain mastery of the art media and experience satisfaction of overcoming technical difficulties (Silver, 1977). Regardless of whether the child is emotionally or educationally handicapped, or is a "normal" learner, the art teacher, or therapist, should give children the opportunity to experience the rewards of solving problems in his art activities. According to Silver, the art therapist should time interventions to help forestall discomforts which would cause the art activity to fail as a self-rewarding experience.

The fourth objective cited by Silver, reinforcing emotional balance, is based upon the establishment of confidence in the child's own self and his environment. Art activities can provide many opportunities for the child to establish confidence. As the child learns to widen his communication through art; explore his capabilities and the capabilities of art media; and experience the rewards of his new experiences in art, his confidence in his abilities grows.

Silver's fourth objective is to provide an atmosphere where self-confidence is maintained and built upon. While working with emotionally disturbed children, this objective needs to be continuously stressed while providing art activities to meet the other three objectives.

Williams and Wood (1977), speak of the art therapy process as a healing experience which can mend developmental processes which have been broken down. They describe art therapy as a process which helps the child venture beyond his developmental delays. The art therapist provides developmentally arrested children art experiences and media that is appropriate to their level of developmental functioning.

In order to do this, the art therapist needs to assess the child's developmental level. The art therapist has various procedures available to do this. Drawings provide the art therapist with graphic projections of the child's self-concept and perception of his view of his environment.

There are various standardized drawing tests -- such as the "House Tree Person", the "Kinetic Family Drawing", "Draw an Animal" -- and others (Hammer, 1958). These provide information of personality adjustment and development. In addition to such standardized tests, the art therapist can assess the child's drawings in light of "normal" artistic development. Various studies have shown that there exists a predictable sequence of artistic development (Harris, 1963; Kellogg, 1967, 1970; Lindstrom, 1957; Lowenfeld & Brittain,

1975; Rubin, 1978; Uhlin, 1979). Utilization of projective drawings, evaluated in light of the child's social and family history and behavioral observation, provides valuable information as to where the child is, developmentally.

The art therapist, according to Rubin (1978), needs to provide a psychological climate which enables the child to experience acceptance of his developmental needs. His/her individuality, uniqueness and originality are to be prized and rewarded (Rubin, 1978). In order to do this, one must accept as value whatever the child says that is genuinely and truly their own (Rubin, 1978). In this climate the art therapist provides art activities designed to be appropriate to the child's developmental level.

In Part II of this paper, I shall present a case illustration of the use of art therapy with a twelve-year-old boy who experiences both emotional and learning disabilities. The primary emphasis of this illustration is to present the process of his use of art experiences and media in providing the child experiences which encourages developmental growth. Interpretations of the content of his art productions are not presented except to show how they influenced the direction of the sessions.

...the youngest of two adopted children... his biological parents were ordered away...

PART TWO

...background of his biological parents... They were well educated... high the unaccompanied and that he was a healthy newborn... in that he seemed healthy at the time of his adoption... the age of five months... independently before the year of age and was walking well around the age of one year... and skills in domestic or family life... The parents did not feel he was able to write...

THE CASE ILLUSTRATION

years.

His parents' marriage was not happy... and often was a [?]... mother with the major responsibility... G's mother was somewhat... coping with her own... manage the home... discipline problem... brother's case... liked to hide things... from his mother... other children were...

SOCIAL HISTORY

G was the youngest of two adopted children. His biological parents were unknown and, henceforth, I shall refer to his adoptive parents as his natural parents. His parents had no information about the medical, educational, or social background of his biological parents. They believed that his birth was uncomplicated and that he was a healthy newborn in that he seemed healthy at the time of his adoption at the age of five weeks. His parents reported that he walked independently before one year of age and was saying words around the age of one year. He had no problems in learning such skills as dressing or feeding himself. The parents did feel he was slow in toilet training, especially in bladder training. He was enuretic until age eleven and one-half years.

His parent's marriage was stressful. Father drove a truck and often was not home except on week-ends. This left mother with the major responsibility for raising the children. G's mother was reported as having much difficulty in coping with her own emotional problems and, thus, unable to manage the home. The parents described G as a serious discipline problem. He exhibited destructiveness toward his brother's toys. The parents called G a pack-rat in that he liked to hide things under his bed. He would steal money from his mother. While mother insisted upon knowing where her children were when not at home, G would often leave the

house without telling her where he was going, or asking for permission to leave.

G's mother stated that she could not deal with G in general and admitted that she had been physically abusive when disciplining him. G was removed from his home by the mutual decision of his parents and a state agency. After placement in two short-term (temporary) foster homes -- from which he was removed due to behavior problems, G was placed, at the age of eleven years and one month, into a residential treatment center.

EDUCATIONAL BACKGROUND

From kindergarten through the second grade, G attended special education classes in a Development Center in a large town. Little information is available regarding these years, except that his kindergarten teacher had expressed to his parents that she feared that he was going to hurt one of his classmates.

When G was eight years old, his parents moved to a smaller town and from the third through the fifth grades he attended special education classes. The new school system administered psychological tests which yielded a Verbal I.Q. of 62; a Performance I.Q. of 81; and a Full-Scale I.Q. of 70. The psychologist recommended Educable Mentally Handicapped (EMH) classroom instruction for G. He stated, however, that there was evidence for a higher intellectual potential. In the EMH class, G was described as being hostile toward peers, a disruption to the classroom structure, and resistance against school authority.

After two months in the EMH Classroom, G was transferred to a Behavior Disorder Classroom. This transfer resulted when G's aggressive behavior escalated to actual physical assaults on other children. It was noted that the transfer did result in a somewhat better behavior, however the records do not relate what brought about this change. During this placement, a neurological examination was given to G. The

neurologist reported that the primary neurological feature was slowness of visual perceptual processes necessary for reading. This suggested a relative dyslexia. The neurologist suspected this to have been more predominate in G's early learning experiences. He felt that this may have caused a delay in maturation, rather than there being actual permanent neurological damage.

Within a month, after placement at the residential center, psychological tests were administered. The WISC-R resulted in a Full Scale I.Q. of 63/68, with a Verbal I.Q. of 58, and the Performance I.Q. of 72/74. The test administrator reported that "The data suggests that the boy's potentials are suppressed by emotional difficulties which have prevented learning from taking place."

G was placed in the On-Grounds Behavior Disorder School Program at the center. His teachers reported that he appeared to have a memory problem in that he could not remember a list of things to do and that he would begin tasks and become confused part way through. He was described as being very distractable, impulsive, and physically active and having a short attention span. His interaction with his classmates is generally verbally aggressive in his attempts to socialize with peers and very reactive to being teased by peers. He often reversed numbers and letters. He exhibited a reading disability and faulty communication skills. The teachers have observed erratic performance in G's sequencing

GENERAL COMMENTS REGARDING THE ART THERAPY EXPERIENCE

During the first few weeks of G's placement in the residential setting, he would come into the art room when it was open art lab time. Open art lab sessions were times when the art lab was open for any of the youth who wished to participate. Generally, there would be between five to ten youth in the art room, each working on different art projects of their choice. G was unable to initiate any art work until a staff member was able to individually assist him in deciding what to do, gathering the equipment, and establishing a space in which G could work.

G's behavior in these sessions included loud remarks to, and about those, around him. He would constantly and indiscriminately use swear words. He made continual demands for the staff to assist him in getting equipment for him. If another youth became upset about his work, or at someone, G would "catch" the tension and would increase his swearing and his inappropriate remarks.

It was soon evident that in order for G to function more acceptably, he would need to be in a smaller group than that of an open lab. We arranged for him to come to the art room where he would be one of four residents. In these sessions he seldom worked with the other residents, but rather worked in a side-by-side manner, similar to parallel play, like that of a three-year-old child who tends to play beside,

rather than interacting with other children. Previous to these sessions, several different staff members participated in providing art therapy experiences in which G was involved. From these sessions onward, I was the only staff member leading the art therapy experiences for G -- unless I was absent from the agency. While these small group sessions provided more individual instruction and support, G still demanded and needed my individual attention. When I was assisting one of the other residents, he would demand that I come to him. If I was unable to assist him at that moment, he would quit his art work and wander around the room or throw down his equipment. In general, he continued the behavior exhibited in the larger group setting, but on a somewhat limited basis.

When school began, he attended the on-grounds Behavioral Disorder Class. I provided art sessions for these classes. I felt it would be beneficial to have G in individual art therapy sessions; however, due to scheduling conflicts, this did not materialize immediately. After two months, the teachers and I were able to re-arrange schedules to allow for two individual art therapy sessions a week for G. This re-arrangement of schedules provided more individual instruction for G, while, as I met with the other youth, the teacher had spare time to also work individually with him.

In the beginning phase of the individual art sessions, G continued to be loud, to swear, and to exhibit a short

attention span. This type of behavior steadily diminished as we met together. G was able to spend more time on his art work, the amount of swearing lessened, and he utilized the art equipment more appropriately. In the individual art sessions, he had my undivided attention; he was not being stimulated by the other youth; and he responded to the structure which I provided. I would specify the art medium, or a task which I presented to him when he entered the art room. If there was time after he had done the assigned task, he was free to choose from various other art materials to work with until the end of the allotted art time.

After about three weeks, G began to arrive earlier at the art room door. (He had a three-minute break between classes). When time was up for his art session, he seldom wanted to leave. On one occasion he asked if he could stay all day instead of going to his other classes. When it was time to leave he would become tense, which was demonstrated by increased restlessness, loudness, swearing, and lack of impulse control. He would spill paints and misuse equipment. I attempted to ease the tension, related to returning to his classes, by giving him a five-minute wrap-up warning, special treats near the end of the session, and stopping the art work early and using the last minutes for conversation. However, he continued throughout the school year to be tense and act out his tensions toward the end of the art sessions. I noticed that after school was dismissed for the summer, G seldom experienced such tenseness and was able to leave the

art room much easier.

Other times when G regressed were when there were changes in his unit staff or substitute teachers. Another time when regressive behavior was noted was when his art sessions were interrupted by other staff coming into the art room. During these times, G would become loud, swear, and misuse the equipment. He would be distracted from his art work and attempt to gain control over the distractions through his acting out behavior. This was like a younger child who feels the world revolves around him and when he loses the attention of his mother, he demonstrates inappropriate behavior to again become the center of attention.

In the following sections, I shall present the art therapy experiences I provided to G. Rather than presenting the case material in the sequence it occurred, I shall present it according to the various media G used. In each medium section, I shall discuss his response to the medium, describing the benefits to the experience of using that particular medium. (For the reader who is interested in the sequence of the art therapy sessions, please refer to Appendix A).

TEMPERA PAINTS AND WATER COLOR MARKERS

When G was first placed at the center he would paint pictures which began with recognizable images. However, he would continue to add paint and, eventually, he would cover the original images. He ended up with sheets of paper covered with patches of paint. Chris Schmidt speaks of pre-school children as often making "patch paintings" (Schmidt, 1979). G., like these younger children, seemed to enjoy seeing the colors move upon colors.

After a period of approximately one month, I began to offer G additional sheets of paper before he had covered his initial images. He would then begin a new picture and if he were not given another sheet, he would again cover his original pictures with patches of color. After a couple of weeks -- as G continued to cover his initial images -- I began to offer him watercolor markers, rather than paints, to allow me to check out as to whether or not he would continue to cover over his original images. He did not cover them when he used the markers. Instead, he made images with clear and distinct lines. Even so, his drawings continued to evidence immaturity. They resembled drawings made by children six to seven years of age. For example, G was beginning to use the bottom of the paper as a base-line for his objects; however his use of color was a random choice. It appeared that G was moving from the pre-schematic to the schematic stage of drawing.

(Lowenfield and Brittain, 1975)*.

It appeared to me that when G used paints, the fluidness of the paints encouraged more immature or regressive use of the medium. Susan E. Gonick-Barris (1976), suggests that art media can offer infinite stimuli to the learning disabled child. She points out that often the learning disabled child experiences "confusion in perception of the relationship of an entity to its background -- of figure to ground" (Gonick-Barris, 1976, p. 68). It is possible that the medium of paint over-stimulated G and his patch-painting related to his perceptual distortions.

G began using watercolor markers more often than paints. When he began showing a preference for watercolor markers over paints, I felt that G had possibly found watercolor markers to be more satisfying and expressive. While that may have been true, G could have been responding to the experience of my taking away his paintings before he was done. I did not take away any of his watercolor marker paintings before he was done. He, therefore, may have chosen the markers to avoid my removing his work before he was done. Regardless of the reason for his use of watercolor markers, he did evidence greater control over the markers and produced completed drawings which were recognizable.

*See appendix B for Lowenfield and Brittain's Stages of Artistic Development.

After approximately six months when G would use paints he seldom made patch paintings. However, the fluid quality of the paints seemed to over-stimulate G. He would paint a picture, then go over the lines and widen them until the boundaries of his painted images overlapped. This occurred more frequently when he would paint pictures of houses. When he began his pictures of houses he would generally include one window and one door. As he painted, he would go over the lines of the door and window until the interior of the house would be a solid mass of color. When the subject of his painting was something other than a house, G would tend to avoid covering up the details of the objects which he painted.

Children with learning disabilities often have erratic abilities. When the learning disabled child experiences frustration, or is over-stimulated -- either environmentally or emotionally -- the child is unable to perform tasks which, at other times, he can do well. When G was new to the center, his paintings were more regressive, in that they were more immature. When G painted pictures of houses, he was not able to be in his own house. He was at a residential treatment center. The emotional elements related to his separation from his home, as well as the fluidness of the paint, effected his drawing expression. These were reflected through the immature patch paintings and, later, through the confusion of boundaries.

When G used watercolor markers to draw houses, he generally added few details to his houses -- only a small door and one window. The watercolor markers were a more resistant media than the paints; thus, G was able to exert more control when using the markers. Even though the subject matter was still emotionally loaded, his style of drawing was less regressive or immature.

Research done by Argulewicz, Meclor, and Richmond (1979), suggests that learning disabled children often lack the motivation or energy level to go beyond the minimum that is required. G's earlier watercolor marker drawings seldom included elaboration of details. After ten months of art therapy, he began to pay more attention to details and drew more elaborate pictures of things in his environment. For instance, one day he decided to draw a picture of a crane which was just outside the art room window (as the center was in the process of building a new facility). G went to the window several times, and then outside to get a better look at the crane, while drawing it. His completed drawing was remarkably correct in detail and showed increased ability to perceive and represent spacial relationship. It should also be noted that his drawings were much more age appropriate. Lowenfield and Brittain (1975), describe a twelve-year-old as being much more expressive of "real" details -- and G was doing this!

CLAY

One of the first media G used when we began our individual art therapy sessions, was clay. When clay was first presented to G, he played with the clay -- pounding, pinching, throwing, and squeezing it. During his exploration of clay, I encouraged him to describe the tactile sensations he experienced as he worked the clay. G would not verbalize about the sensations. I would then ask questions such as, "When you pound the clay, does it tingle?" Or, "Does it feel squishy?" He would answer with a definite yes or no, seldom adding other comments. As he worked the clay, it became drier and began to crack. I showed him that by adding water sparingly, the clay would become more pliable and, thus, crack less.

As G worked the clay, he decided he would make a dinosaur. Later, I discovered that he had been studying about dinosaurs in one of his classes. First, he made the body of the dinosaur, then he attempted to make the legs. He rolled out several different size legs, varying in thickness. As G experimented with the different size legs, he made comments about which legs would hold up the dinosaur's body. He said that the dinosaur had to have strong legs to hold him up. My thought at the time was, "Could it be that G had to be strong to hold up, also?" He was one of the newest residents and other youth tended to pick on him. His response to them was the use of loud and vulgar language.

After G succeeded in supporting the dinosaur's body, he went on to making the neck, head, and tail. When he moved the dinosaur -- and as he attempted to add the other parts -- the legs fell off. He swore and told the legs to stay on. At this point, I showed him how to join the legs to the body by using slip (liquid clay), and rubbing the edges of the joint. He joined the neck, head, and tail by this procedure. He made a total of three dinosaurs during the earlier phase of our individual sessions. In making the other dinosaurs he used the same procedure and continued to speak of the need for strong legs.

G was able to apply his new experience of joining pieces of clay together, in other projects in the weeks following the making of his dinosaurs. He made a space-ship which he described as being like the one on the television program, "Lost In Space." As he made the space-ship, he and I talked about the television program. We tried to remember the names of the characters; he was able to remember several. However, neither of us could remember the name of the space-ship. At the next session, I greeted G with the name of the space-ship. When he finished his space-ship, it looked very much like the one on "Lost In Space" space-ship. He was very proud of his accomplishment.

As G made his "Lost In Space" spaceship, my thoughts went to Sally Smith's description of learning disabled children as being "lost in space." She described such children as

groping, stumbling, shaking with no borders, and feeling unsafe and alien (Smith, 1979, p. 49). So often G appeared this way. Yet, as he worked with the clay he was in control of the medium, a step towards controlling his world. As he showed off his finished product to the other staff, rather than seeming unsafe, he seemed confident and proud of himself.

One week I received a new shipment of clay in powder form and had begun to work up the clay before G's session. When he entered the art room I invited him to join me. We worked together, adding water to the clay powder. As we made the clay, I pointed out to him the different consistency of the clay as we transformed it from powder to a pliable consistency. G described it as being squishy and like mud. This led to a short discussion about clay coming from the earth. As we worked together making the clay, G often smiled and laughed. He seemed to receive pleasure from the experience and also seemed to enjoy helping me.

In addition to the above uses of clay, G also was introduced to the process of making ceramic pieces from molds. Often, G chose to work with this art technique. When he did, he had to follow instructions carefully in order for the resulting item to be successful. The process of learning to pour the molds involved building hand-eye coordination skills. He had to learn to judge the amount of time needed to allow the clay to set before unmolding. Once he had

unmolded the greenware*, he then experienced the need to be especially gentle with the greenware to avoid breakage. After some frustrating experiences he managed to succeed in this process.

Another of G's experiences with the use of clay was the use of the potter's wheel. G experimented using the wheel and showed some ability in being able to center a lump of clay. In his experience on the wheel, he explored the way the clay felt in motion. The wheel he used was a kick wheel, rather than an electric one, which involved the use of his legs to turn the wheel. He would attempt to kick the wheel at the same time he attempted to shape the clay. He found that his hands would move and cause the clay to become off-centered if he kicked the wheel while touching the clay. He learned from experience, as well as by my instructions, to kick the wheel only when not touching the clay. While he did not generally end up with a pot, he seemed to enjoy the process of kicking the wheel and centering the clay. This art activity involved a large percentage of body movement. While he worked on the wheel we talked about the sensations he felt as he kicked and worked the clay. The emphasis here was on experiencing his body in motion and the resistance of the clay to his hands.

The use of clay provided G with opportunities to explore and

*Greenware is the wet clay product resultant from the mold.

experiment with a substance in various forms (liquid, thick, thin, hard and soft). Pliable clay can be pounded, pinched, or treated with kid gloves. Liquid slip can be smeared, slashed, and poured. Greenware must be handled with care. G experienced these various dimensions of clay and would often use clay to fill in his "free" time. He managed to learn to use the clay to express his fantasies, to make things he saw in his environment, and to play with it. His choice to use it during his free time, at the end of classes, suggests that he enjoyed the control he had gained over this medium.

PASTELS

I introduced dry pastels to G by asking him to just make marks on the paper. As he made the marks, he accidentally discovered that the pastels smeared. He also found, as he turned the paper, that the dust of the pastels on his fingers left finger prints on the paper. He rubbed his fingers with pastels and then began to put his finger prints all over the sheet of paper.

I got out a can of hair spray and sprayed a portion of his paper, explaining to him that the lacquer in the hair spray would protect the picture of his finger prints from smearing. I then told G that he could spray any pictures he made with the pastels. G took the hair spray and heavily sprayed a portion of his paper and while the spray was still wet, he took his finger and smeared the pastels. He said, "Look, it still smears." I explained that after the spray dried, it would not smear.

While we were waiting for the spray to dry, I placed a roll of white paper on the table and unrolled a portion of it across the table. Since G had pointed out that the colors of the pastels were darker when he sprayed them, I wet the paper, saying "G, try this and see what happens." He then drew a rainbow. G noticed the similarities of the color intensity between the sprayed pastels and the use of pastels on wet paper. As he drew, he commented that the colors were

also darker. After drawing the rainbow, he then sprayed it.

Next, G unrolled more paper and wet it. He used a piece of black charcoal and made a large triangle shaped object. After drawing the shape, he filled it in and placed a cross at the peak of the triangle. He then asked me to guess what it was. I guessed it to be a mountain. He said, "No, it begins with an 's'". Being at a loss, I made some wild guesses, saying, "steps? stairs?....". He laughed and gave me another clue, saying it ended with a "g". I gave up and G told me it was a slag pile (a slag pile is a mountainous-like pile of earth resulting from coal mining, found throughout the area where G's home is located). When he told me, I immediately recognized his drawing as being very realistic.

His drawing of a slag pile was of an object he had seen many times. It demonstrated his ability to recall details. By adding the cross to the slag pile he depicted his recall, for many slag piles do have such crosses. The guessing game he initiated was a surprising and pleasurable experience to me. Not only did G exercise control of the medium, he also was able to control the conversation. Being in control of a situation was a change for him. He often was not able to successfully control his experiences.

G unrolled and wet more paper when I told him he still had more time if he wished to draw some more. This time he drew a house. He made clear and definite lines for the exterior

of the house. He drew a door and then began to fill in the house. He ended with a solid purple house with an uncolored door and no other details. The boundaries of his house were very straight and clear, except for the left edge of the roof where he went outside of his original lines. When he had finished, he took the hair spray and sprayed it so heavily that the edges of the house bled, giving it a fuzzy appearance. As he sprayed it, I explained he did not need to spray it heavily, but he continued to spray it.

As in the past, when G made a picture of a house, there was evidence of strong emotional feelings regarding it. Alschuler and Hattwich (1979), speak of children who work over and over the same area, as G had done while filling in his house, as experiencing "strong emotional forces" related to the drawing. The pastels on the wet surface assisted him in making probably his most clear and definite lines for the outline of the house. The emotional tension was expressed in the filling-in process and excessive spraying. However, this time he left the door uncovered, possibly suggesting that he was more accessible ... both to himself and to me.

Following his drawing of the house, G said, "I'm going to make one more picture." He unrolled the paper some more and wet it. He made a "U.S. flag-like" picture, without stars and stripes. He then asked me to guess what it was. This time I was certain that I knew what it was. I said very confidently, "It's a flag." He laughed and said "No, it is

not." He then added a pole-like line to the free end of the "flag". Then he used the top of the "flag" as a platform and drew a house, using a purple pastel. Again, he filled in the house, including the door. As he filled it in, he rubbed so hard the paper tore. After a short pause he then drew a ladder reaching from the bottom of the paper to where the door had been.

What started out to be a joke on me ended up expressing the possible emotional tension he was experiencing regarding his home. In spite of covering the door, his making of a ladder to where the door had been suggests that either while the emotional blocks are there, there was a way to get to them, but at that time it would be difficult to find the door.

G's use of the pastels provided him with a medium which he seemed to enjoy and over which he had fairly easy control. When he used them on a wet surface he seemed to enjoy the richness of color and the sharp, clear lines. This was especially noticeable when he drew the cheerful rainbow. When he drew the slag pile he filled it in, but unlike when he filled in his houses. He did not go over and over it and apply as much pressure on the pastels. It may be possible that after making a drawing about a familiar object near his home, his unconscious thoughts and emotions were closer to the surface which lead to his intensified pressure and less control in using the pastels.

CANDLE MAKING

A hot plate sat on the counter in the art room. One day G was fiddling with its control knobs. His teacher had suggested that if I had the opportunity to work with G on time concepts that it would be very beneficial for him. I chose the hot plate to accomplish this task. I suggested that we heat some water and see how long it took to bring the water to a boil. During the process of heating the water, G dropped a small lump of dry clay into the water, saying, "Let's cook some clay." As the water boiled, the clay dissolved. When G emptied the water he was surprised to find the clay lump was gone. He then put some more water into the pan and added a small plastic cap from a marker, saying, "This won't disappear." We watched the water come to a boil with the plastic cap bouncing around in the boiling water.

What had started out to be a simple experience in discovering how long it takes to boil water, became an experience with what dissolves in water. At the next session I reviewed our experience of the clay and the plastic cap. Then I told G that we were going to see what happened when wax was heated. As we heated the wax, G commented that there was water coming out of the wax. I explained that the liquid was not water, but, rather, that the wax was melting, changing form. He then noticed that the wax was getting smaller. When it had completely melted, I poured some into a cup.

As the wax cooled, G noticed that it was no longer clear, but that it was cloudy. I then got out a box of wax crayons and asked him to pick a color. I explained that the crayons were also wax and that if he put it into the hot wax, stirred it, it would then change color. He did this and responded, "Neat!" We added a few more crayons of the same color and he noted that the color was getting darker. We then used the colored wax to make a candle.

We put the candle outside in the snow to speed up the cooling process. It was my intention to have him observe the change in form as the wax cooled. While we waited, G wanted to make another candle. Since I was almost out of wax, I told G that this time we would make a candle completely out of wax crayons. We went to the crayon bin and I asked him to choose one color and to take a lot of that particular color. He chose green crayons. We worked together, skinning the paper off the crayons and putting them into the pan. G said, "Let's put in different colors, too"--- so we did. As he put in the other colors, G excitedly told me to look at how the colors blended and swirled together. He ended up with a muddy olive green wax which he used to make a second candle. We then went outside and brought in the first candle. It had begun to harden, but was not ready to remove from the mold. At the next session, we reviewed the process of making the candles and unmolded both candles.

Through the process of experimenting with wax, G experienced:

- 1.) Keeping track of how long it takes to boil water;
- 2.) that, while melted paraffin looks like water when hot, it didn't, when cooled;
- 3.) changes from solid to liquid to solid, again;
- 4.) color mixing; and,
- 5.) changes in uses of a material; i.e., crayons to a functional candle, which he used as a gift for another staff.

TEXTURE RUBBINGS

On one of the first few days of spring, G and I decided to go for a walk, instead of being in the art room. During the walk, we spent the time talking about various topics. We talked about how the trees were budding and other signs of spring approaching. I also let G wear my digital watch and asked him to keep track of the time. I explained that we would need to start back to the center when the watch read 9:35. As we walked, I would occasionally ask him what time it was. After G read the watch, I would tell him how much more time we had that day. When it was time to return, G let me know and he willingly returned to the center and went to class. It seemed to me that G had greatly enjoyed the change of setting. The next three sessions we again went outside. During these times, I provided G with crayons and paper to make texture rubbings. After I demonstrated the process, G enthusiastically made various rubbings. I would make suggestions of different objects to make the texture rubbings of and he would also choose items.

There were several buildings of various kinds of bricks. As he made texture rubbings of these buildings, I would point out how his texture rubbings, and the bricks of each building, were different from those of other buildings. He made texture rubbings of different sidewalks and noted the different textures. After making a rubbing of a slide, which did not produce any texture except for a small amount of sand

on it, G asked to make a texture rubbing of a window. He found that it looked like the texture rubbing of the slide. Both were smooth. Other rubbings included signs, metal steps, wood siding, and sand.

After making the texture rubbings, I collected pieces of evergreen branches and then had G roll out some slabs of clay. He made impressions of the evergreen branches in the clay. After firing the clay I assisted him in making a mobile from the fired pieces. He gave this mobile to a staff member as a birthday gift.

These sessions were designed to increase G's awareness of his environment. By the senses of sight and touch, and my calling attention to certain phenomenon, G was being sensitized to common things in his environment. G seemed to enjoy these experiences. He was willing to spend the entire session on making these rubbings. He was in a relaxed mood, seldom being loud or swearing. G talked about the things he was making. These factors seem to indicate that this was a very enjoyable experience for him.

OTHER ART EXPERIENCES

G participated in many other art experiences which were not discussed in the preceding pages. Some of the other experiences are presented below in briefer description. The reason for presenting these art experiences separately is that they were one-time art experiences.

One session G asked to use pen and ink. Prior to his session, someone had been using them and had left them out. I had planned on putting them away before G arrived, but I did not have the time. I was concerned that G did not have the control to successfully use them without breaking the points of the pens. When G asked to use them, I agreed. At first, G would apply too much pressure to the pen, dip the entire pen point into the ink and end up with the drops of ink on the table and on his paper. I showed G how to hold the pen, how far to dip the pen into the ink, and how to glide the pen over the paper. I had almost given up when he began to use the pen correctly. After several attempts, G gained control of this media. He made some nice controlled marks and then printed his name very neatly. This art experience had both media qualities of fluidness and resistance. In the beginning, the fluidness of the ink presented problems but as G mastered the use of the resistance of the pen, he gained control over the ink.

In one session he used a combination of crayons, paints,

and markers. This session was the last session of the school year. At this time, I had worked with G for a period of eleven months. G and I made complete body tracings of each other and then each of us added details to our body tracings of the other. We used crayons to trace each other, paint to fill in the large areas of clothing, and markers to make the details. It was very interesting to watch G work. He did a very good job of controlling the paint and used the markers to give his picture of me, many details. These details included such items as my wedding ring, glasses, and my mustache.

In another session, G asked to see some fluorescent paints. These paints were extra thick. G painted several pictures with these paints. The thickness of these paints presented no problems for him. He appeared to like the brightness of the colors. When G had finished painting I asked him to tell some stories about his paintings. As he told the stories, I wrote them down and then I read them back to him. G then added other details to his stories. He had come a long way from the times when he would seldom say anything about his art work. I was very pleased to see both his improved control over paints and his willingness to communicate about his work.

SUMMARY

Regardless of the label or cause, the child who has a normal learning potential, but experiences difficulties in learning, can be described as immature and experiencing developmental lags. The immaturity and development lags prevent the child from achieving successful educational growth and often hampers stable emotional balance.

Art therapy combines the use of art, as a natural tool of learning, and a trained therapist who designs art experiences and interventions to meet the developmental needs of such children. Art therapy provides emotionally disturbed children with learning problems opportunities for emotional and educational growth. The art therapist provides a psychological climate which encourages the development of emotional balance and overcoming developmental lags through acceptance of the child at his level of functioning.

The case illustration presented a study of an emotionally disturbed boy with learning disabilities. A description was presented of an art therapy process which focused on various media, the boy's response and the benefits particular to the experience.

CONCLUSIONS

G's Developmental Level at the beginning of the project:

When I first began working with G he was functioning developmentally much like that of a pre-school child. He was restless and had a short attention span. He was impulsive. He constantly sought out staff attention and expected an immediate response from staff. He was sensory oriented to his environment. During the beginning stage of art therapy sessions, G's making patch paintings also suggested his developmental level was of the maturity of a pre-school child.

Exploratory Learning:

Responding to his apparent need to explore and discover the effects of manipulation of media which was reflected in his patch paintings, I began to present new media. When G was presented with a new medium, his first experience was to become involved at a sensory level. He was given opportunities to explore substances in various forms; for example, clay and wax in their different forms. He was encouraged to use his different senses during his exploration of the media. While he often made an art product I emphasized the process of making it, rather than the product itself. For instance, as he created an art product I would ask him questions about how the medium felt, smelled, etc.. The production was secondary to the process.

Increased Communication Skills:

The art therapy experiences provided G the opportunity to begin at his developmental level of exploratory play. Through these experiences he began to widen his range of communication skills. When I first began using different media and asking him to describe the sensations, he felt he was unable to respond. I, therefore, asked specific questions -- such as, "Does it feel wet?", etc.. He first responded with either a yes or no. As I continued to work with him, he began to describe situations -- such as the melting of items in the wax during the candle-making sessions. He then became able to tell stories about his work. The guessing game about the slag pile demonstrated well thought out communication skills.

Increased Control and a Resultant Sense of Accomplishment:

As G explored the media, he managed to successfully control them. He learned how to manipulate the media and to make things out of them. Those media (especially markers and clay) over which he gained greater control, were the ones he chose to use during his free time. He found these particular media and the resulting products to be self-rewarding. He spent much time and effort exploring how to use these media, especially the clay. His ability to handle the fragile greenware, without breakage, demonstrated not only control over the medium, but also the control of his urge to give up. As he gained control over the media, he generalized control in other situations.

The act of overcoming the obstacles of controlling the media heighten a sense of motivation to expand his interests and abilities. Often G showed his art work to his classroom teacher and other staff. Occasionally, he gave them to others as gifts. The response from these people reinforced his feeling of accomplishment.

Resultant Improvement in Classroom:

G's classroom teacher often spoke of G's interest and desire to come to art therapy sessions. She related to me how he would make sure to complete his assignments on time in order not to be late for art time. It is noteworthy to examine the improvements that the teacher observed the last complete semester that G attended school. Areas in which the teacher observed growth include (see Appendix C for scales):

- 1.) Ability to follow instructions;
- 2.) ability to explain thoughts or ideas;
- 3.) ability to detect simularities between objects;
- 4.) ability to associate new information with what he already knows, incorporate, and make use of it;
- 5.) ability to concentrate far more than five minutes;
- 6.) ability to solve problems;
- 7.) work independtly, without asking for help or direction;
- 8.) control emotions;
- 9.) tolerate frustrations;
- 10.) increased self-confidence.

Art therapy provided G many opportunities to develop and

advance these abilities. I believe that art therapy contributed directly to these improvements. The following discussion gives evidence to this. (The numbers in the parenthesis corresponds to the numbered classroom improvements). G learned the importance of following instructions in order to gain control over a medium.

- 1.) When he desired to make something in particular, he had to explain his project to me to receive the required equipment and/or assistance;
- 2.) he learned to recognize that new art projects often would require similar techniques as previous ones;
- 3.) he applied what he had learned in previous art experiences to new art productions;
- 4.) he became able to spend much more time on his art projects;
- 5.) increased his time in working on projects without asking for assistance;
- 6.) was able to find alternative measures to accomplish his tasks;
- 7.) when faced with a problem in his art activity, he began to handled this problem without asking for assistance;
- 8.) he learned to overcome frustrations, thus, more in control of emotions;
- 9.) tolerated frustrations by finding alternate measures to accomplish his tasks.
- 10.) He became more sure of his abilities and when I intervened, he would often say, "I can do it myself."

Developmental Growth:

Art therapy experiences provided G the opportunity to explore through art the elements of his world; to widen his range of communication skills; to gain control over many media and, thus, develop a greater sense of pride in his abilities.

He was allowed to begin at the developmental level at which he was functioning. This enabled him to begin to accomplish developmental movement or growth

Behaviorally, G exhibited growth. He was less impulsive; his swearing, loudness and misuse of equipment, lessened. His attention span increased; i.e., he spent three sessions making texture rubbings. His demands for staff attention lessened considerably -- to the point of his stating, "I can do it myself." He overcame frustrations, rather than giving up.

Artistically, G showed evidence of movement from drawing like a pre-school child, whose artistic expression is primarily exploratory (patch paintings), to that of an early adolescent whose artistic expression is based upon what is actually seen (the crane drawing).

There was apparent carry-over from the art therapy sessions into the classroom. There, G exhibited developmental growth and improvement in his learning process skills.

Limitations of the Project:

There are two limitations of this project which should be considered at this time. These are: the project was based on one child; and, the child participated in additional forms of therapy besides art therapy.

This paper describes only one child's successful experience of growth through art therapy. While it is my firm belief that it is representational of what art therapy can offer to such children, there should be further research to substantiate the results of this project. I presented evidence of growth observed during the art therapy sessions to provide a case for the use of art therapy. It was impossible to place G in a vacuum where the only thing which affected his developmental growth was art therapy. G was living in a residential treatment center which provided a milieu treatment program. Other treatment modalities included: psychotherapy, classroom instruction, therapeutic recreation and child care services. These other treatment modalities cannot be discounted, but neither can art therapy.

Changes I would make:

The project is completed, however, as I reflect upon it, there are some changes I would make if that were possible. The changes deal primarily with my approach. During the early stages of the art therapy, I feel now that I was attempting to move G too soon from his patch painting. If I had, in reality, accepted him at his development level

at that time, I would have allowed him the opportunity to complete, at his own pace, the need to make patch paintings.

Another change relates to G's difficulty in returning to the classroom after art therapy. I was not aware of my unconscious desire to protect G from the pressures he received from his peers during school. I, in all honesty, did not want him to return to the "hostile" environment, however, my attempts to ease his, as well as my own, tensions were never dealt with successfully. The reality of the situation was that he had to go back to class; however, I should have been more in touch with my tensions and dealt with the difficulty in a more matter-of-fact manner.

A third change I would make would be -- to begin making self-disclosures earlier in the therapeutic relationship. During the early sessions with G, most of my energies were expended through handling G's behavior outbursts. Once I had begun working individually with him, I began to make self-disclosures about how I would also experience frustrations as I discovered the limits of certain mediums. For instance, when G began to learn to pour and unmold ceramic molds he would often break the greenware. After he had been unsuccessful in removing the greenware from the molds, I said to him, "Well, G, when I keep breaking the greenware, I stop working with it for the day and see if I can do it the next day." G responded by saying, "I think I'll

do that too." I shared with him that I still find that I have days when it is nearly impossible for me to unmold without breaking the greenware. During the next session, G was able to successfully remove the greenware from the molds. My sharing of experiences that echoed his own were an important aspect. It provided G a model of handling frustrations as well as providing a climate which was empathetic in that G could realize that he was not alone in experiencing frustrations related to the limits of media.

In the beginning stages of art therapy, I would be attentive to the behavior that was related to the frustrations he was experiencing. However, later when I began disclosing my own similar frustrations, I found that G managed his frustrations without the acting-out behavior.

Concluding Remarks

The art therapist evaluates where the child is functioning developmentally. It is the responsibility of the art therapist to begin with art experiences which are appropriate for that particular developmental level. By providing art experiences, based upon the developmental needs of the child, the art therapist is accepting the child at his level of functioning -- not requiring him to function at a higher developmental level than he/she is able. The emotionally disturbed child with a learning disability has often viewed his/her world as threatening. When art therapy provides non-threatening atmospheres of commitment, accept-

ance and support, feelings of self-acceptance and self-worth is then promoted. Wadeson (1980), refers to the art therapist as a follower. She points to the art therapist as needing to take the lead from the child. In art therapy the child begins at the level where he/she is able to function adequately. Through art therapy, the child is able to mediate his/her own process of developmental growth. He/she is able to experience a repertoire of appropriate and pleasurable art activities and a relationship with the art therapist which encourages emotional and developmental growth. Thus, the child experiences greater acceptance and a higher esteem of himself which results in a higher level of motivation to accomplish more and to learn more.

APPENDIX A

SEQUENCE OF G'S ART THERAPY EXPERIENCES:

June - December

G participated in art therapy in group settings.

Primarily he used paints and watercolor markers.

November - July

G met twice a week in individual art therapy sessions.

WEEK:	PRIMARY ART EXPERIENCE:
1 - 6	Clay
7	Felt Crafts
8	Wood Craft
9	Candle-making
10	Pastel Drawings
11 - 12	Texture Rubbings
13 - 14	Clay
15	Fluorescent Paintings
16	Body Tracing
17	Observation Drawings
18	Clay

APPENDIX B

LOWENFIELD AND BRITAIN'S (1975) DEVELOPMENT STAGES OF ARTISTIC EXPRESSION

STAGE I (2 - 4 years of age)

The Beginnings of Self-expression: The Scribbling Stage
Characteristics:

- A.) Disordered scribbling.
- B.) Controlled scribbling.
- C.) Naming of scribbling.

STAGE II (4 - 7 years of age)

First Representational Attempts: The Pre-schematic Stage
Characteristics:

- A.) Begins to attempt to draw human figures, houses, trees.
- B.) Color is less significant than form.
- C.) No spatial relationships are developed.
- D.) Representational system is constantly changing.

STAGE III (7 - 9 years of age)

The Achievement of a Form Concept: The Schematic Stage
Characteristics:

- A.) Develops a personal schema when schema changes it represents a conceptual change.
- B.) Color realistically approximates the objects.
- C.) By use of base and sky-line, spatial relationships are represented.

Appendix B (continued)

STAGE IV (9 - 12 years of age)

The Drawing Realism: The Gang-Age Characteristics:

- A.) Attention given to details in drawings.
- B.) Realistic Interpretation
- C.) Sky-line disappears as it meets the earth.
- D.) Concerned about what friends think of art work more important than the authority figures in his life.

STAGE V (Adolescence)

The Period of Decision: Pseudo-Naturalistic Drawing:

Greater interests and concerns are shown in the adolescent's art work for correct representation. Much emphasis is placed upon proportion, perspective, color variation detail, and sexual characteristics. Often, it is a time of abandoning art for representation of feelings, thoughts, and emotions unless there is a meaningful art program provided.

APPENDIX C

Rating Scale Completed By Classroom Teacher

The following rating scale was used by the classroom teacher in evaluating G's abilities and participation in the classroom.

- 1 = Almost never
- 2 = On rare occasions
- 3 = Sometimes
- 4 = Fairly often
- 5 = Almost always

G is able to:	JAN.	JUNE
1. Select named objects	4	4
2. Comprehend words and phrases	4	4
3. Follow instructions	3	4
4. Sequence events, tell stories	3	4
5. Explain thoughts or ideas	3	5
6. Discuss hypothetical questions	4	4
7. Detect similarities between objects	3	4
8. Put objects in sequence, such as size or weight	3	4
9. Recognize that appearances may be deceiving	3	3
10. Associate new information with what he knows, incorporate and make use of it	3	4
11. Concentrate for more than five mins.	3	5
12. Solve problems	3	4
13. Engage in imaginary play	4	3

G tends to:

1. Work independently without asking for help or direction	2	3+
2. Control emotions	3	4
3. Tolerate frustration	2	4-
4. Join readily in group activities	1	3
5. Cooperate with adults	4	4
6. Cooperate with other children	3	4
7. Have a sense of humor	4	4+
8. Have self-confidence, self-esteem	2	3

BIBLIOGRAPHY

- Alschuler, Rose H., LaBerta W. Haltwich. Painting and Personality (revised and abridged edition) Chicago: University of Chicago Press, 1969.
- Anderson, Francis E. Art For All The Children. Springfield, Illinois: Charles C. Thomas, 1978.
- Anderson, Francis E. Art For The Handicapped. Normal, Illinois: Illinois State University, 1979.
- Carter, John "Art Therapy and Learning Disabled Children," Art Psychotherapy Vol. 6 (1978) pp 51-56.
- Clements, Sam D. Minimal Brain Dysfunction in Children. NINDB Monograph No. 3, Public Health Service Bulletin No. 1415. Washington D.C.: U.S. Department of Health, Education and Welfare, 1966.
- Eisner, Elliot W. "What do Children Learn When They Paint?" The Education Digest, (September, 1978) pp 50-53.
- Freeman, Richard V. and Irwin Friedman "Art Therapy In A Total Treatment Plan." The Journal of Nervous and Mental Disorders Vol. 124 (1956), pp 421-425.
- Gonick-Barris, Susan E. "Art For Children With Minimal Brain Dysfunction." American Journal of Art Therapy, Vol. 15 (April, 1976), pp 67-73.
- Hammer, Emanuel F. The Clinical Application of Projective Drawings. Springfield, Illinois: Charles C. Thomas, 1978.
- Harris, Dale B. Children's Drawings As Measures of Intellectual Maturity. New York: Harcourt, Brace, Jovanovich, Inc., 1963.
- Harris, Irving D. Emotional Blocks To Learning. New York: The Free Press, 1961.
- Kagin, Sandra Media Dimension Variables: The Theory of Therapeutic Design. Unpublished paper presented at Simmons College. Summer, 1979.
- Kagin, Sandra and Vija B. Lusebrink. "The Expressive Therapies Continuum," Art Psychotherapy Vol. 5 (1978), pp 171-180.

- Kaslow, Florence "A Therapeutic Creative Arts Unit For Children With Learning Disabilities" Academic Therapy, Vol. VII, No. 3 (Spring, 1972), pp 297-305.
- Kellogg, Rhoda Analyzing Children's Art. Palo Alto, California: Mayfield Publishing Co., 1970.
- Kellogg, Rhoda and Scott O'Dell The Psychology of Children's Art. New York: Random House Publications, 1967.
- Kephart, Newel C. The Slow Learner in the Classroom -- 2nd edition. Columbus, Ohio: Charles E. Merrill Publishing Company, 1970.
- Lavin, Claire and Rawley Silver Developing Cognitive Skills in Handicapped Children Through Art Madison, Wisconsin: EC:EEN Project Document Reproduction Service EC 120 110, 1979.
- Lerner, Janet W. Children With Learning Disabilities Boston: Houghton Mifflin Company, 1971.
- Lindstrom, Miriam Children's Art: A Study of Normal Development in Children's Modes of Visualization. Berkely, California: University of California Press, 1957.
- Long, Nicholas, et. al. eds. Conflict in the Classroom: The Education of Emotionally Disturbed Children (3rd ed). Belmont, California: Wadsworth Publishing Co., 1976.
- Lowenfield, Viktor and W. Lambert Brittain Creative Mental Growth (6th ed.) New York: MacMillan Publishing Co., Inc., 1975.
- Oaklander, Violet Windows to Our Children: A Gestalt Therapy Approach To Children and Adolescents Moab, Utah: Real People Press, 1978.
- Packard, Sandra "Learning Disabilities: Identification and Remediation Through Creative Art Activity." The Proceedings of the 7th Annual Conference of the American Art Therapy Association (Baltimore, Maryland; Oct. 28-31, 1976): Creativity and the Art Therapist's Identity, pp 57-60.
- Paraskevas, Carol B. A Structural Approach to Art Therapy Methods. Elmsford, N.Y. :Colleqium Books Publisher, 1979.
- Perks, Wendy Federal Legislation, The Arts and Handicapped People. Madison, Wisconsin: EC:EEN Project Document Reproduction Service, EC 115 045, 1977.

- Read, Herbert Education Through Art. New York: Pantheon Books. (No date given).
- Reynolds, Maynard C. and Jack W. Birch. Teaching Exceptional Children in all America's Schools. Reston, Virginia The Council for Exceptional Children, 1977.
- Ross, Alan O. "Learning Difficulties of Children: Dysfunction, Disorders, Disabilities" in Long, Nicholas J., et al., eds. Conflict in the Classroom 3rd ed. Belmont California: Wadsworth Publishing Co., 1976.
- Rubin, Judith A. Child Art Therapy: Understanding and Helping Children Grow Through Art. New York: Van Nostrand Reinhold Co., 1978
- Schmidt, R. Interdisciplinary Use of Art, Music, and Literature in the Habilitation of the Young Handicapped Child. Madison, Wisconsin: EC:EEN Project Document Reproduction Service EC 120 547, 1979.
- Silver, Rawley Developing Cognitive and Creative Skills Through Art: Programs for Children with Communication Disorders or Learning Disabilities. Baltimore, Maryland: University Park Press, 1978.
- Site, Myer "Art and the Slow Learner." Bulletin of Art Therapy. Vol. IV, No. 1 (1964), pp 3 - 19.
- Smith, Robert M. Teacher Diagnosis of Educational Difficulties. Columbus, Ohio: Charles E. Merrill Publishing Co., 1969.
- Smith, Sally No Easy Answers: Teaching The Learning Disabled Child. Cambridge, Massachusetts: Winthrop Publishing Co., 1979.
- Stevens, Godfrey D. and Jack W. Birch "A Proposal for Clarification of the Terminology Used to Describe Brain-Injured Children." Exceptional Children, 23 (May, 1957) pp 346 - 349.
- Strauss, Alfred and Laura Lehtinen Psychopathology and Education of the Brain-Injured Child. New York: Grune and Stratton, 1947.
- Uhlin, Donald M. Art For Exceptional Children 2nd ed. Dubuque, Iowa: William C. Brown Co., 1972.