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Chapter 10

IMPLEMENTATION OF ART THERAPY FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

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Historical overview

British artist Adrian Hill was the first to use the term “art therapy” to describe the therapeutic use of painting. For Hill, the man who discovered the therapeutic benefits of drawing and coloring during his treatment and treatment of tuberculosis, the value of art therapy lies in fully engaging the mind and releasing creative energy in the inhibited patient (Junge, 2016).

Around the same time, Margaret Naumburg (2001), a psychologist, also began to use the term art therapy to describe her work in America. Her approach is psychoanalytic, striving to recognize basic human thoughts and feelings, she is a pioneer in the application of expressive artistic expression as a therapeutic tool.

Definition of art therapy

As the profession developed, definitions of art therapy became more common. From a modern perspective, art therapy can be defined as a form of therapy in which the creation of images and objects plays a central role in the psychotherapeutic relationship established between the therapist and the child. According to the British Association of Art Therapists, art therapy is the use of art materials for self-expression and reflection in the presence of a trained art therapist. The art therapist does not take into account the aesthetic appearance of the child’s work, nor the diagnostic assessment, the main goal is to enable the child to achieve a positive change of personality through the use of various art materials, in a safe and stimulating environment (BAAT, 2003).

The American Art Therapy Association gives a slightly different definition: therapeutic application of artistic expression, with a professional relationship with people who have experienced illness, trauma, sudden and drastic changes in life, as well as people seeking personal development. By creating art and reflecting on products and processes, people can increase awareness of themselves and others, cope with the symptoms of illness, stress, traumatic experiences, improve their cognitive abilities and learn to enjoy life, experiencing pleasure through artistic expression (Elkins & Deaver, 2015).

The goals of art therapy are different and vary depending on the individual needs of the children. For some, therapy may aim to encourage them to express themselves and share their emotions, while for others it may aim to enable them to hold a pencil and leave a mark on the sheet, giving them the opportunity for new expression. Goals can change in parallel with the development of a therapeutic relationship (Rubin, 2005). It is normal for art therapy to have elements of education, because the

therapist helps the child to create something. Education, learning is secondary to the primary goal, in other words, if the therapist teaches the child certain techniques, he does it, so that the child can achieve better expression of feelings, higher level of sublimation or increase self-esteem (Rubin, 2016).

Stages in the development of art expression

Manipulation (1-2 years)

The first stage in any encounter with the materials is the manipulative stage. Manipulation, of course, may be inappropriate, e.g., putting clay in the mouth, or writing with a pencil on the wall. This behavior is not wrong from the perspective of the child or the therapist, but is misinterpreted and problematically defined by the environment. In general, we allow children and adults to smear, record, model, construct with natural materials as soon as they are able to do so, but limiting them to using natural materials in unacceptable situations and behaviors. Sensory experiences (feeling of color or softness and stickiness of clay, texture of sand or wood), kinesthetic experiences (movement of the arms, shoulders, and often the whole body when printing, modeling or assembling objects) are very important at this stage (Wadeson, 2010). As the child becomes aware that it is the person who has changed the appearance of the clay or other material, he begins to be interested not only in the manufacturing process but also in the product that will be created, although at this stage there is no real concern for the appearance of the final product (Rubin, 2011).

Formation (2-3 years)

As children mature intellectually and physiologically, they gain more control over their movements and become more responsible for what happens when they use e.g., clay or pencil. They practice and demonstrate their control over materials by repeating certain movements or activities, such as cross or circular scraping, rolling, or pressing (flattening) the clay (Johns, 2020). They begin to consciously change their manipulations of materials, making the first points and lines, or lines and shapes, rolling and flattening, they begin to build in a way that is more than just a simple collection and piling. Then they start making isolated shapes or objects. Although they are not representative, they represent a step towards creating and creating volitional forms (Singer & Singer, 2009).

Naming (3-4 years)

Whether as a result of adult curiosity and constant questioning by children, or as a result of a child maturing and reaching the stage where

they are thinking of doing “something”, the next stage in almost every child is naming objects as real things. Adults are usually confused because the mixture of colors, the configuration of clay or wood, in no way resembles the object with which they are named. At the same time the product can symbolize different things for a 3-year-old child, their identity changes because it is not fixed for any quality of workmanship, but for the children’s association at a given moment (Horne & Lowe, 1996).

Representing (4-6 years)

There comes a time when making representations arises from the processes of manipulating, forming and naming work with materials. Often the products are strange to the eyes of adults, difficult to recognize, not infrequently mixed in the same image. However, they differ from the previous ones because they include a component-quality of the object they represent. Early human figures, e.g. The well-known cephalopods have a shape resembling a head-body, limbs-like extensions, and one or more other features reminiscent of the object or character they represent (Hinz, 2019). One way to explain this early childhood work is to point out that the child draws what he knows, not what he sees, but at 3, 4 or 5 years the child can represent much less than what he knows or sees, and this is actually a condensed form of symbolism. During this period, not only the configuration of lines or mixtures is also important, but also the children begin to fill in the forms inside, clearly marking the outer borders. Growth and maturation in children are associated not only with increasing their capacities, but also with increasing self-control and impulsivity (Wright, 2010). This is a time when children practice not crossing lines and boundaries, a time when they try different ways of doing things, which is good for developing flexibility. Lowenfeld calls this phase the “pre-schematic phase” (Smits, 2016).

Consolidation (6-9 years)

This is a period when most children go to school and begin to consolidate their artistic expression, just like other areas of behavior. They begin to find preferred ways of expressing themselves, trying to repeat them often, not making different attempts as before. These patterns and symbols are at the same time simple and complex, some are real, others are significantly strange and unknown. At this stage children still enjoy using a lot of color, that segment is not realistic enough (Case & DaLley, 2014). The redirection to a different kind and order of schematic symbols and their interrelationship is parallel to the redirection from the egocentric point of view to the socially accepted point of view. Most often, the first subject in children’s drawings is the person, drawing himself or a family

member, and as their acquaintances and horizons increase, they include other people in the drawings, plants, animals, houses, cars, etc (Krampen, 1991).

Naturalization (9-12 years)

At this stage, children's art becomes more natural and more real. For example, body parts are represented in a more realistic proportion, spatial (spatial) relationships become more adequate, relative size and color of objects become closer to the real ones (Lindstrom, 2021). At this stage they face, more precisely deal with proportions, shading and coloring, attempts to control the quality of the line and color, feel greater responsibility for the real appearance of two-dimensional and three-dimensional objects (Malchiodi, 1998). Unlike the previous period when all the children were satisfied with their product, here most of the children are self-critical and dissatisfied with the end result, many of them face anxiety, frustration and rejection, to which attention should be paid and ways should be found, in order to stimulate them to continue their artistic expression (Pulos, 2020).

Personalization (12-18 years)

For many children, the period of naturalization takes a long time, until the end of primary school, and even early adolescence. If young people have enough success in expression, proper instruction and enough practice, they can develop an impressive degree of naturalistic representation skills using any medium (Chiang et al., 2019). Some, less successful in naturalism, may turn to abstract expression, often preferring creative activities without the use of graphic media. They become more critical, the aesthetic component is important to them and they try to find a personal style of expression (Lusebrink, 2004).

From scribbles to the first forms

Most psychologists who are interested in studying children's drawings state that children at the age of one year - a year and a half, begin to draw shapes, which are in fact their first attempts to represent the world. With regard to psychomotor skills, control of bipedal position and eye-hand coordination should be considered (Malchiodi, 1998).

Phases of Development by Viktor Lowenfeld

Scribble phase (3 years)

The first scribbles are simple records of enjoyable kinesthetic activities, not attempts to represent the visual world. After a period of

6 months of scribbling, scribbling becomes more orderly as children become more aware and concerned about their work. They soon begin to change the scribbles. The “Scribble” phase consists of four sub-phases. (a) Disturbed - uncontrolled marking which may be with bold lines or light with less visible trace, depending on the child’s personality. At this age the child has little or no control over motor activity. (b) Longitudinally controlled repetitions of movements. Demonstrates visual awareness and enjoyment of kinesthetic movements. (c) Circular - further investigation of controlled movements that demonstrate the possibility of making more complex shapes. (d) Naming - the child tells stories about scribbles. There is a shift from kinesthetic thinking in relation to movement to imaginative thinking in relation to images (Lowenfeld, 1957).

Pre-schematic phase (3-4 years)

The pre-schematic phase is announced by the appearance of circular images with lines that seem to suggest a figure of a human or animal. During this phase the scheme (visual idea) develops. The drawings show what the child sees as the most important thing on this topic. There is little understanding of space - objects are placed in an unusual way throughout the image. The use of color is more emotional than logical (Hickman, 2010). The first conscious creation of forms appears around the third year and provides tangible records of the thinking process in children. The first representative attempt is a man, usually with a round head and two vertical lines marked as legs. Other forms appear later, clearly recognizable and often complex. Children are constantly looking for new concepts, so the symbols are constantly changing (Smits, 2016).

Schematic phase (6 years)

The child arrives at the “schemes”, a definite way of presenting objects, although this will change when the child wants to present something important. The scheme represents the active knowledge of the child about the given subject. At this stage there is a definite order of the patterns in the space, all placed on the base line of the sheet. This phase is easily recognizable by the developed awareness of the concept of space. The boundaries of the sky - above and the ground - are clearly set in the drawing. The objects in the drawing are spatially related. Colors are reflected as they appear in nature. Shapes and objects are easy to define. Inadequate proportions and proportions are observed between the figures (people taller than the house, flowers larger than people, large and small family members), which is often used to express strong feelings about a topic (Sullivan, 2015). Another technique that is sometimes noticed is “overlapping”, this is seen when objects are drawn linearly on the base.

Sometimes it seems that the objects are drawn upside down. Another phenomenon is called “X-ray” or X-ray image, where the subject or object is shown as everything to be seen from the inside, as well as from the outside (Lima et al., 2019).

Gang phase (drawing realism 8-10 years)

In this period, group friendships are of the same sex and that is why it is called gang phase. This is a period when self-awareness develops, they become self-critical. Attempts at realism should be viewed from the child’s point of view. Realism is not meant to be real in a photographic sense, but the result of experience with a particular subject. For the first time a child becomes aware of a lack of ability to display objects the way they appear in the middle. People are portrayed as a girl, a boy, a woman, a man with clearly defined details that often result in the “stiffness” of the national team. Perspective is another feature of this phase. There is an awareness of the space between the baseline and the celestial line. Overlapping objects, different types of perspective and the use of small to large objects are evident at this stage. The items are no longer on the baseline (Gude, 2009). Three-dimensional effects are achieved along with shading and the use of subtle color combinations. Due to the awareness of lack of skills, drawings often appear less spontaneous than in previous stages. The child realizes that the schematic generalization of objects is no longer sufficient to represent reality. Children begin to compare their work and become more critical (Smith, 1989).

Pseudo-naturalistic phase (12 years)

This phase is the end of the spontaneous activities of children’s artistic expression, the focus is more on the final product, they begin to introduce shading, movement, three-dimensionality of objects, reducing the size of objects that are further away. In the previous stages, attention was focused on the manufacturing process, at this stage the product becomes the most important for the child. During this period, two factors affect the product, the visual stimuli from the environment and the experience of the child. The work of the non-visual individual is based on subjective interpretations that emphasize emotional relationships with the outside world, and use colors to express emotions. While visual types see how colors change under the influence of a number of external factors (Linder, 2012).

- How to overcome scratching in children with autism spectrum disorder

The most common goal in art therapy at the beginning of working with children with autism spectrum disorder is to move from drawing “nothing” to drawing “something”, that is, a movement from scribble to representational drawing. It is true that at first children’s drawings can be very disorganized, impulsive and repetitive and that there is a connection between their symptoms and their drawings, but art therapists and art teachers need to distinguish between “good” scribbles (focused, contemplative, experimental, sometimes even chaotic) and “bad” scribbles (symptomatic), both of which are present in children in the spectrum to a greater or lesser degree (Siegel, 2003).

Art therapy or Isotherapy

Isotherapy - art therapy, primarily drawing, used to improve the mental state of neurotic patients, people with psychosomatic disorders, children and adolescents with learning and social adaptation difficulties, cases of family conflicts, etc. (Makhmudovna, 2021). Fine art or artistic expression allows the children to feel and understand themselves, to freely express their thoughts and feelings, to be alone, to freely express dreams and hopes, and also to get rid of negative experiences from the past. Drawing develops sensomotor coordination because it requires the coordinated participation of many mental functions to be realized. According to many experts, drawing is responsible and is involved in coordinating the connections between the two hemispheres, for example, when drawing specific objects, the right hemisphere is involved, while in abstract drawing, the left is involved. By including in the act of drawing, vision, motor coordination, speech and thinking, drawing not only helps their individual development, but also enables their interconnection (Sattarovna, 2020). Isotherapy uses the imaging process as a tool to achieve goals. This is not a work of art, nor is it part of a visual arts class. Psycho-correction exercises using isotherapy serve as a tool for studying feelings, ideas and events, for developing interpersonal skills and relationships, strengthening self-confidence. All types of art materials are suitable for isotherapy. It can be applied modestly, only with pencil and paper, or a large set of art materials. The artistic materials have a direct impact on the child’s artwork. Through sight and touch, they generate emotional uplift and awareness, and thus a dynamic interaction takes place between the creator and the art material. The art therapist is particularly interested in discovering which material is most expressive for the child. The free choice of material is the most important driving force in the process of artistic work (Eldarovna, 2020).

Art therapy includes a wide range of different visual materials (Case & Daley, 2014):

1. paints, pencils, wax crayons, pastels;
2. magazines, newspapers, wallpapers, paper napkins, paint, used to create collages or volumetric compositions paper, foil, film, candy boxes, postcards, braid, rope, textile;
3. natural materials - bark, leaves and seeds of plants, flowers, feathers, branches, moss, pebbles;
4. for modeling - clay, wood, special dough;
5. drawing paper in different formats and colors, cardboard;
6. brushes of different sizes, sponges for painting large blanks, scissors, threads, different types of adhesives, adhesive tape.

Psychological impact of art materials

1. The choice of materials affects how long the treatment lasts. Some materials, such as pencils, crayons and pens that are sharp or pointed, will allow you to “strengthen” control, while others - pastels, paint and clay - contribute to freer expression.
2. If the child is not self-confident or just tired, he will feel more confident and calmer when working with materials that are easier to control.
3. When working individually with children or groups whose behavior is difficult to control, you should start with “controlling” materials.
4. Many feel insecure about their artistic abilities. Cutting out pictures from a collage magazine “flattens” participants and allows even very uncertain children to join the work.
5. As soon as all the children are happy to participate in the exercise, you can give materials such as paint or clay, the opportunity for deeper self-expression, especially when studying feelings or reactions.
6. Working with “expressive” materials can be therapeutic for many children (Pesso- Aviv et al., 2014).

When perceiving art products, the art therapist should pay attention to the following aspects (Rubin, 2011):

1. What feeling does the drawing, the collage, the sculpture convey;
2. What looks strange;
3. What is missing on this subject;

4. What is in the center. That in the center often indicates the essence of the problem or what is the main thing for this person;

5. What are the sizes and proportions of the displayed objects and people. Disproportionate objects lead us to seek an answer to a question that is excessive; large figures are designed to emphasize something, or conversely excessively reduced - minimize. Distortion of form can symbolize a problem area, greater attention, and deeper understanding, which can help restore normalcy;

6. Are there duplicate items? The number of items in many plays a big role for the child, because it has to do with time units or significant events in the past, present or future;

7. In what perspective is the work done and how is it used by the author. Combining several types of perspectives into one thing may be related to the presence of contradictions in the author's life;

8. Has signatures on the works - reflects the degree of trust in the non-verbal way of communication.

Stages of isotherapy for children with special educational needs

First phase

Free activity before the real creative process - direct experience. For children unfamiliar with art therapy, this is a very important phase of sensory, emotional, and conscious experiences in experimenting with art material. By trying and mixing colors in a play style, the child can discover different qualities related to the material and himself (Figure 1). The time interval dedicated to the activity itself depends on the child, its needs and problems, and age. Immediate experiences evoke sensory sensations from art material, as well as a variety of emotions and thoughts (Voronina & Churkina, 2020). A child can play for twenty minutes during the first session and then move on to the second part of the process. Another child can get acquainted with the material in a few sessions. There are those who need to "play" a few minutes before the start of each session (Seitenov et al., 2020).



Figure 1. First phase of art therapy

Second phase

Process of creative work - creating a phenomenon, visual representation. Often after inertia from a previous activity of the game, and sometimes absolutely consciously and thoughtfully, the child quietly begins to interact with his creative self-expression, this happens even when there is a therapist next to them. This first stage transformation can be seen in children of all ages, even young children. In addition, at this stage, regardless of age, most children demonstrate behaviors typical of artists in the work process: concentration, determination, involvement, excitement, ingenuity, and sometimes problem-solving (Guttman & Regev, 2004).

Third phase

Distancing, a process of consideration aimed at achieving a deliberate vision. The work is located in a place where it would be easy to see. The child is encouraged to actively participate in the placement of works of art. Symbolically, the child accepts responsibility for his problems by accepting responsibility for setting up his work. A room large enough is needed for the therapist and the child to choose a place at a convenient distance from the artwork. The act of distancing enables better visibility of the work and objectivity in its evaluation, awareness of its value and significance. The art therapist can tell the child: "Look at your work, concentrate on it, look carefully and find what you have not seen before." In this quiet process of intuition, some details, "invisible" immediately, at first glance, may come out, becoming more important than other parts of the visual field (Waller, 2006). Soon, the details become important, and

the observer begins to make connections with the meanings (Figure 2). Children may notice new and important details such as the relationship of the components in a work of art, for example, a contrasting or harmonious combination of two colors, the unusual location of something or a line that stands out due to its thickness, unevenness, softness and the like (Councill, 2003).



Figure 2. Art therapy work of a child with intellectual disability

Fourth phase

Verbalization of feelings, thoughts that appeared as a result of considering creative work (Figure 3). Now, the child should be asked “What do you see?”, The Art Therapist invites children to describe what they saw in the picture. Externally the question is very simple and naive. However, it contains three basic aspects of the phenomenological approach (Snyder, 1997).

- ✓ The first is the importance of individual perception: what the child sees. An art therapist can work with this material because the child's art description leads to his inner world.

- ✓ The second aspect refers to the child's feelings - listening carefully to the therapist marks is the beginning of trust.

- ✓ And third, what do you see? When necessary, the art therapist helps the child to see features of works of art that were previously invisible to the naked eye, the child must learn to see them. Often these are structural features, namely the relationship of the components to each other and the general structure, what role they play in the whole picture.

Thus, the description leads to a dynamic change in the perception of the image structure and accordingly the internal experience of the child is restructured. Children can define the expressive features of the image and learn to identify them as their feelings and attitudes (Franklin, 1992).



Figure 3. Art therapy in Special Institution for children with Intellectual disabilities

When the therapist asks the child to describe the image as if he or she were part of the image, using the word "I". For example: "I am a triangle, I have red lines all over my surface, and in the middle is a blue circle." Specific objects in the picture are selected, in order so that the child identifies them with something: "Be a blue square and describe yourself: what you look like, what your actions are, etc. If necessary, other questions can be used for the child to make their task easier: "What are you doing?", "Who is using you?", "Who is closest to you?" These questions help get into the child's drawing (Evans & Dubowski, 2001). The child is encouraged to work as deeply as possible with the specific part of the picture, especially if there is enough energy and inspiration or if there is an unusual lack of them. Questions often help here: "Where is she going?"; "Does this circle mean anything?" "; "What will she do?"; "What will happen to this?" etc. If the child says "I do not know", the attention should be directed to another part of the picture, with another question. The therapist asks the child to pay attention to the colors (Hickman, 2010). While the child is sitting with his eyes closed, encourage him to think about the following: "Think about the colors you want to use. What do you mean by bright colors? What do dark colors mean to you? Will you use light or pastel colors, light or dark colors?" The therapist works on identification, helping the child identify with the objects in the drawing and then relate them to events in their life (Evans & Dubowski, 2001).

Before moving on to more complex and unpleasant parts, it is recommended to work with what is easier and more comfortable for the child. Because when talking to children about easier things, they become more honest and talk about more complex things. Some children find it harder to share their sadness, they find it easier to express positive emotions. However, this is not true in all cases, sometimes children who are filled with anger feel the need to release it in some way before they discover positive emotions (Case & Dalley, 2002). During the whole session, external manifestations of behavior are observed: characteristics of the tone of voice of the child, his body position, facial expression, gestures, breathing, pauses. Silence can mean control, consideration, reminder, repression, anxiety, fear, or awareness of something. These characters should be used in sequential work (Councill, 2003).

The child should be given different materials to choose from: paper in different formats (wallpapers are great materials), paints, pastels, crayons, thick and thin brushes (Figure 4). When working with visuals, the children should be supported to use lines, shapes, light strokes, fat strokes, long and short strokes, light colors, dark and matte colors, long and short, thin and thick figures to display objects (Buchalter, 2004). The children should be asked to work fast. If stereotype is noticed, then exercises with actions contrary to those already known, should be implemented. During exercises that require compliance with the time interval, the art therapist can use a stopwatch, or an hourglass. As drawing themes, many other things can be used: fantasies, stories, sounds, movements, sights. The art therapist can also combine the drawing with the composition of literary works, poems etc. (Evans & Dubowski, 2001).



Figure 4. Using different materials during art therapy

Conclusion

Art therapy uses the art medium as the primary way of communication and combines various creative techniques from art, music, drama therapy, movement therapy, family therapy, etc. Art enables learning through activities that encourage and facilitate educational and social development. Art therapy provides a greater degree of self-awareness and creativity, both in typical children and in children with developmental disabilities. Art therapy can be applied individually or in small groups. Through art therapy, the child expresses his feelings, thoughts, internal conflicts in the form of a picture, drawing or some other kind of art. This therapy is especially useful for children with special educational needs. Art therapy is a form of psychotherapy, that does not evaluate whether the drawing is nice or not nicely drawn, instead it assesses how the student felt, to awaken the emotions and feelings when creating the art work. There are many techniques of art therapy for working with children with special educational needs: drawing sand, rice, flour; drawing with watercolors on paper; finger painting; drawing straight and rounded lines; working with plasticine; collage; mirror drawing shapes, etc.

With the art therapy, the children with special educational needs can keep their attention longer, develop interest in new things, improve the fine motor skills as well as the patience and perseverance. As a final product is the most important psychological element: pleasure from what is made.

The use of art therapy with children with special educational needs increases motivation and can significantly optimize the child's development.

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