An Art Therapy Group for Children Traumatized by Parental Violence and Separation

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ABSTRACT

This article describes the treatment of five traumatized children (aged 4–8 years) using adjunctive group art therapy, and reviews the theoretical basis for such a treatment strategy. All the children had been exposed to cumulative traumatic experiences involving threats to caregivers in the context of conflictual, violent and unresolved parental separation. All presented with symptoms of post-traumatic stress, developmental problems related to trauma, had difficulties with any discussion of traumatic events or family concerns, and reacted with hyperarousal and/or an 'emotional shutdown' response. Previous treatments included a combination of social, family, psychological and biological interventions including: outpatient family therapy, medication, admission to a therapeutic day programme, inpatient family work and home visits by nurses, with partial response. The group, a structured, low anxiety, interactive setting, was a therapeutic intervention developed by a child psychiatrist and an art therapist to facilitate further therapeutic change. The therapeutic use of artworks facilitated exposure to traumatic cues in a less direct manner, allowed for desensitization of anxiety and unpleasant body sensations, helped the children recount the story of the parental separation and to label and articulate affective states using art and narrative. Positive family changes and coping skills the children were using to manage ongoing stresses were made overt. Positive expectations of the future were promoted. Key therapeutic and theoretical aspects of the group intervention are described.

KEYWORDS

childhood trauma, group art therapy, post-traumatic stress disorder

Introduction

Children and trauma

TRAUMATIC EXPERIENCES such as chronic severe interparental conflict, violence and hostility impact adversely on the emotional, behavioural, cognitive, social and physical development of children (Cherlin et al., 1991; Cicchetti & Carson, 1989; Jenkins

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& Smith, 1991; Perry & Pollard, 1998, Pynoos & Eth 1984, 1985; Wallerstein, 1991). Children exposed to family conflict are between two and five times more likely to show difficulties in their behaviour than children from harmonious homes (Quinton, Rutter, & Rowlands, 1976; Richman, Stevenson, & Graham, 1982; Rutter et al., 1975). Traumatic experiences may involve exposure to verbal or physical violence between parents, verbal or physical abuse towards the child, or overt attempts by one parent to alienate a child from the other parent termed the 'alienation syndrome' (Gardiner, 1985).

The diagnosis of trauma

There is increasing evidence that trauma in infancy and early childhood has a long-standing effect on both the structure and function of the developing nervous system and may sensitize the child to vulnerability to subsequent trauma (Damasio, 1994; Edelman, 1987; Kraemer, 1992; Nelson & Bloom, 1997; Perry, 1993a, 1993b; Rakic, 1995; Schore, 1997). Trauma is a risk factor for the development of psychopathology in later life (Perry & Pollard, 1998; Schore, 1997; Sroufe, 1997). The diagnosis of syndromes consequent to trauma in infancy and early childhood is difficult and controversial. Post-traumatic stress disorder (PTSD) in children may be diagnosed using DSM-IV (American Psychiatric Association [APA], 1994) or ICD-10 (World Health Organization [WHO], 1993) criteria, or in younger children using criteria in the Diagnostic Classification 0–3 called Traumatic Stress Disorder (TSD). All require an identified trauma, an experienced or witnessed, actual or threatened injury to self or other, and items from three categories: (1) re-experiencing; (2) numbing of responsiveness (or interference with developmental momentum); (3) increased arousal; and the 0–3 classification also includes (4) [1]new fears and aggressions. Re-experiencing symptoms refers to intrusive memories and dreams. Numbing of responsiveness includes: social withdrawal, restricted range of affect, constriction in play, a parasympathetic shutdown stress response and the use of the defence of dissociation to disengage from the here and now. Increased arousal is characterized by increased muscle tone, a low-grade increase in basal body temperature, increased vigilance, sensitivity and startle response to external stimuli, profound sleep

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disturbances and cardiovascular changes including increases in heart rate and blood pressure.

Young children are more likely to qualify for a diagnosis of PTSD when traumas involve threats to attachment figures (Scheeringa & Zeanah, 1995), who are also the source of protection, nurturance, support, and whose relationship is key to family functioning and the child's psychological security. Threats to caregivers result in children demonstrating trauma responses characterized by more hyperarousal symptoms, more fears and aggression symptoms compared with threats that did not involve caregivers (Scheeringa & Zeanah, 1995). A child's response to adaptation, stress and trauma is developed early in life and is related to genetic vulnerability, the availability of a responsive, predictable caregiver, and the timing of the traumatic experience in terms of the child's neurophysiological maturation (Kandel, 1998; LeDoux, 1995; Perry & Pollard, 1998). In normal development, children internalize the security function (self-soothing) and are gradually able to regulate their own anxiety and stress.

Trauma and memory

Children's ability to label affective states and articulate them develops with age and neurophysiological maturation. Traumatic events alter activity in all parts of the brain – the brainstem, midbrain, limbic system and cortex – encoding memories in the full range of memory systems (Perry & Pollard, 1998). Implicit memory systems (procedural and imaged memory) do not require language and are functional from birth (Crittenden, 1997; Squire, 1992). Procedural memory refers to knowledge encoded as patterns of behaviour, habits, skills, gestures and postures (Crittenden, 1997; Moore, 1994b; Van der Kolk, 1987). Imaged memory consists of perceptual sensory images of the contexts associated with safety or danger, such as sounds, darkness, smells, visual images and bodily states, and it remains unclear whether early images can be encoded by infants in a form that can later be recalled and made conscious or verbal (Crittenden, 1997). Thus, an exclusively verbal emphasis in the treatment of traumatized children to help them make sense of their experiences and feelings, becomes more and more inappropriate the younger the child, the less developed the child's verbal capacities and the younger the age at the time of the trauma. It is only from the age of about two or three years that children start to develop declarative/verbal memory, when they begin to construct meaningful phrases (Terr, 1994). Prior to this age, narrative memories are absent, fragmentary or remembered as images (Terr, 1994).

The treatment of trauma

The use of art as a therapeutic tool with traumatized children The treatment of trauma involves consideration of a complex variety of factors. Ensuring that the trauma is not ongoing (Thomas, 1995); the availability of a family support system or attachment figures (Lyons, 1987; Thomas, 1995); the ability of attachment figures to manage the trauma (Benedek, 1985; Lyons, 1987), to manage the child's response to trauma, to re-establish family routines and to deal with their own doubts about their parenting of the traumatized child (Galante & Foa, 1986; Thomas, 1995) and finding a coherent narrative (Main & Golwyn, 1984; Terr, 1994; Udwin, 1993) are fundamental to outcome. There is some evidence that generic treatments may not be useful with traumatized children (Tebbutt, Swanston, Oates, & O'Toole, 1997), implying the need to develop more focused interventions that target specific areas of difficulty. Swanston, Nunn, Oates, Tebbutt, and O'Toole (1999) stress that 'much therapy in child abuse facilities is overly reliant on exploring the past, the nature of the traumas endured, generic family and social

difficulties and the negative expectations engendered' (p.140). They discuss the need for increased emphasis on the treatment of children's depression and anxiety, the nature of the perceived future, the reduction of negative expectations and the promotion of positive expectations in work with traumatized children. Several authors stress the importance of 'exposure to phobic stimuli' in the treatment of PTSD (Foa & Kozak, 1986; Foa & Meadows, 1997; March, Amaya-Jackson, Murray, & Schulte, 1998) and re-experiencing traumatic arousal within a context of safety (Gaensbauer, 1994; Galante & Foa, 1986; Garmezy & Rutter, 1985; Lyons, 1987) and in tolerable doses so that traumatic feelings can be mastered and adaptively integrated into the person's emotional life (Pynoos, 1990). Exposure involves promoting habituation of conditioned anxiety, coping with unpleasant affects and physiological sensations and the possibility of revising maladaptive cognitive schemas (March et al., 1998. Although with older children this is usually done using instructive/discursive coaching, these techniques can be less useful in younger children. March et al. (1998) utilized other techniques such as storybook metaphors, but did not explore the use of art, mime or music as tools for exposure to traumatic stimuli in younger children.

The child's sensitized response to stress can also make treatment intervention difficult. Raising issues associated with the trauma may induce a hyperarousal response with the child becoming anxious, hyperactive, inattentive and impulsive. The brainstem and midbrain, which are central in the mediation of these hyperarousal symptoms, are not amenable to verbal or cognitive interventions (Perry & Pollard, 1998). Alternately 'an emotional shutdown' response in which the child dissociates, that is disengages from the here and now by focusing on an object, pretending to be someone else or somewhere else, is equally difficult for the clinician. Some children alternate between the two responses, which makes therapeutic engagement difficult and impairs the processing of new information and the re-evaluation of old information. The child may, therefore, be unable to reconsider previous temporal associations and behaviour patterns made in response to incoming sensory information in contexts of danger (Crittenden, 1999). In attempting to overcome these therapeutic difficulties, clinicians often employ a combination of treatment interventions such as medication, behavioural interventions, relaxation, visualization techniques and talking therapies. The therapeutic use of other potentially useful, but less conventional, modalities which may target issues of hope and mastery, such as art, music and dance have not being extensively researched in Western medicine.

The tendency for children to recollect traumatic experiences through art, and for artistic expression to increase following traumatic experiences is well documented (Clements, 1996; Eth & Pynoos, 1985; Moore 1994a, 1994b; Newman 1976, cited in Malcoldi, 1990; Udwin, 1993). Malcoldi (1990) and Clements (1996) found a common use of monsters as metaphors to describe the experience of trauma or to depict an abusive parent. Levinson (1986) noted repetitive themes of hurting and sadism in the images of traumatized children. Johnson (1987) argues that because traumatic memories are often recorded in 'photographic form', that is, as imaged memories, art can provide an important role in facilitating expression of traumatic memories. Moreover, implicit memory is accessible through drawings (Moore 1994a, 1994b), through artwork in general, and procedural memory is observable not only in play, skills and repetitive behaviours but also through the physical process of creating artworks. Thus, art rescues implicit memory from its wordless form (Tinnin, 1990). It involves 'doing', provides a non-verbal medium, the creation of an 'image', a concrete visual expression depicting memories and experiences stored at both conscious (declarative) and unconscious (implicit) levels, for exposure to conscious reflection and cortical processing.

Children use art materials instinctively and spontaneously (Waller, 1993). Creating art is pleasurable and can lead to feelings of competence and hope. Art as a process utilizes key concepts facilitating a shift from feelings of hopelessness and helplessness to hope. It is active rather than passive; uses externalized, concrete images which can be shared with others; is controllable and modifiable; and allows for free play and expression (Nunn, personal communication; Nunn & Thompson, 1996). Traumatic experiences can be expressed in a safe way, via artistic symbolism, and detour some of the anxiety often associated with exploring traumatic events, thus containing anxiety to a tolerable level to allow a child to understand, master and integrate the feelings and facts associated with the trauma (Clements, 1996; Levinson, 1986; Malcoldi, 1990; Stronach-Buschel, 1990; Van der Kolk, McFarlane, & Weisaeth, 1996; Yule, 1991). The less anxious a child feels, the higher the probability that one may be able to replace and re-route painful affective memories (Perry & Pollard, 1998) and engender positive expectations of the future. The actual art paper can act as the 'transitional space' where the child is able to externalize the traumatic memories in a concrete form, gain mastery over the image and the traumatic experience (Clements, 1996; Johnson, 1987; Stronach-Buschel, 1990) and learn to regulate their associated affect. In talking about their artworks, children may find a starting point for putting their experience, feelings, the sequential sequence of events, and the meaning of the trauma into a narrative.

The prominence of the visual image in memories of trauma and children's difficulties in using language invites a treatment formula that incorporates the therapeutic use of art. The authors propose that art allows for the symbolic representation of oneself and others, of feelings, events and specific sequences, and allows for exposure to traumatic cues in a less direct manner, permitting anxiety to be tolerated and the unspeakable or unthinkable to be contemplated. Using art as a tool for exposure to phobic stimuli is particularly helpful in younger children whose ability to use language is limited or whose stress response to verbal attempts to discuss the trauma is overwhelming.

Working with children in groups

The use of artwork in groups usually arouses significant curiosity and the concrete nature of art puts each member's feeling or experience before the others, even those who are most withdrawn (Wadeson, 1995). There may be many other benefits of exploring issues in a group: sharing images 'can be a dramatic revelation of commonality' (Wadeson 1995, p. 146) sharing thoughts and feelings can instil hope (Waller, 1993), as well as 'an understanding that one is not alone, that one is still human, and that one can give to others despite what happened' (Johnson, 1987, pp. 11–12). This is important in relation to young children who often feel alone with their problems, who tend to blame themselves for what has happened, and who may struggle with conflicting loyalties towards both parents. Awareness that other children also grapple with similar issues can minimize feelings of alienation, lead to shared experiences of solidarity and allow feelings of hope.

The structure, the process of running of the group and the value given to the group by staff are also seen as fundamental to a successful outcome (Rubin, 1984; Waller, 1993; Yalom, 1975). The affective elements or relationships in group therapy as well as the emphasis on predicability, nurturance, and support, which make children feel safe, comfortable and loved are keys to treatment effectiveness (Perry & Pollard, 1998). Most authors recommend a structured directive approach when working with children (Landgarten, 1981; Rubin, 1984; Wadeson, 1995; Waller, 1993). For example, the session is usually run by an art therapist with a co-therapist, a theme is introduced, silent time is provided for children to respond to the theme in art, and time to share and discuss the artwork in the group is given. Negative comments about others' work is discouraged.

There are ground rules and clear limits with regard to appropriate behaviour, designed to avoid the therapeutic setting being contaminated by traumatic elements.

The development of the art therapy programme

The art therapy programme described in this article was designed for young traumatized children attending a day programme, a therapeutic day facility for children 4–8 years of age with psychiatric disorder. Despite a significant amount of family, psychological and biological intervention, these children still found it very difficult to talk about their parents' separation and related issues such as handover, conflicts of loyalty, recurrent feelings of loss, sadness, disappointment and hopelessness. In fact, any attempts to address traumatic memories or issues led to the children displaying overwhelming distress responses. These were characterized by physiological hyperarousal, unpleasant sensory body experiences, screaming, swearing, hitting, kicking, tantruming and head banging. For some children this intense distress would be followed by a period of dissociation during which they would become unreachable. Therefore, the group programme grew out of the clinical need to find a different therapeutic modality to activate memories in a way that was not overwhelming; to provide a contrary experience to that associated with the trauma; and thus to begin the desensitization and processing of traumatic memories.

The group intervention involved the clinical application of attachment theory, aspects of cognitive-behavioural therapy, theory about group process and the use of art as a therapeutic tool. The key theoretical basis for the group has been reviewed in the introduction but can be can be summarized in the following points. First, the children had been exposed to overwhelming danger at a young age and many of their memories were implicit (i.e. procedural and imaged memories), therefore a non-verbal focus was likely to be useful. Art can access both 'procedural memory' through the physical process of creating art and 'imaged memory' through the image created. For these reasons art was chosen as the key therapeutic modality. Second, artworks form concrete externalized objects which can be actively controlled, manipulated and changed enhancing feelings of mastery. Creating art is pleasurable and can lead to feelings of competence and hope, thus providing a contrary body and emotional experience to that associated with the trauma, and detouring overwhelming anxiety. Third, by talking about their artworks, children have a starting point for putting their experience, their feelings, the sequence of events and the meaning of the trauma into a narrative. It was hypothesized by the authors that the ability to externalize the material in art and gain mastery, both procedurally and in the use of words about the past and future, would decrease the need to express more extreme forms of distress via inappropriate behaviours. Fourth, a well-run group can provide a shared experience of mastery, commonality, a sense of being understood, of helping others and of instilling hope, in a safe context, away from attachment figures who had been the source of trauma. Lastly, the authors hypothesized that the artworks themselves, and the act of creating, viewing and discussing them with the group, could function as an exposure programme, helping the children both elicit traumatic memories and to desensitize them.

A series of small groups of five children was run by a therapist and co-therapist, each over a period of seven weeks, one hour a week. One of these groups is described in this article. The decision to keep the groups small was related to the significant behavioural difficulties manifested by many of the participants. Each week a different theme was introduced by the therapist. The themes given to the children moved from being past- to future oriented with the aim of exploring the nature of the present and perceived future in order to reinforce the children's ability to cope with ongoing stresses and

promote positive expectations. Themes included: 'What was it like before my parents separated?', 'How I felt when my parents separated', 'Whose fault was it?', 'What is it like to visit Dad?', 'What is it like to live with Mum', 'Is there anything good about separation?' and 'Will things get better?'. Children were then given time to express the theme in artwork, and, finally, encouraged to share their work with the group. The group was located away from other children and distractions. Each session lasted for an hour. The therapist, being part of the clinical team, had detailed knowledge of each child's situation, the work done by each of their families and the difficulties each family had experienced in their efforts to bring about change. They were able to draw on this knowledge when running the group and did not need to rely on information provided by the child in the group or on the interpretation of artwork.

Group participants

Group participants ranged from five to eight years of age (Eli four and a half years, Patricia five years, Paul six years, John seven years and James eight years). Patricia and James were siblings. All children in the group had been exposed to recurrent traumatic events from birth, perpetrated by their attachment figures, as well as sudden unexpected separations from at least one parent. On presentation, all the children lived with their mothers and had access to their fathers. All the children had witnessed parental conflict both pre- and post divorce, involving actual or threatened injury to an attachment figure. Three children had been victims of physical abuse by their parents. Two had been exposed to their parent's recurrent suicidal ideation and one had witnesses his father's attempted suicide. Police had been involved with two families to help manage violence or ongoing harassment, and child protection agencies had been involved with four. Two children had been expelled from pre-school or primary school because of violent behaviour, and one could not be contained in the classroom and spent his time roaming around the school.

All the children qualified for a diagnosis of PTSD using ICD or DSM criteria. All suffered from intrusive memories and nightmares, were socially isolated, demonstrated delayed interpersonal development, and used dissociation to disengage from the here and now. All demonstrated increased arousal, in particular vigilance, sensitivity to external stimuli, increased startle response and profound sleep disturbance. All were aggressive and distressed and qualified for the comorbid diagnoses of oppositional defiant disorder (4) or conduct disorder (1) and depression (5). Aggression included hitting, kicking or biting of attachment figures or other children. Two children were intermittently suicidal, and one boy used headbanging to mange his distressed affect. All had a restricted sense of their future. Three had learning difficulties. The parents of the children all qualified for ICD or DSM diagnoses including major depression (3), panic disorder with agoraphobia (1), drug and alcohol abuse (5) or personality disorder (3). Some parents also suffered some post-traumatic symptoms, although these did not meet diagnostic criteria. Two biological fathers refused to participate in treatment. This was in contrast to all stepfathers and new partners being involved.

Summary of treatment interventions prior to the art therapy programme

Goals for family treatment included: ensuring the child was safe and not exposed to ongoing danger at home; provision of a consistent home environment with routines and clear rules; building up of family living, parenting and coping skills; treatment of trauma symptoms and other psychiatric symptoms; a family reconstruction of the family story; and parents and children learning to express distress more appropriately. The overall programme involved treatment of the current family unit with some involvement of

access parents, was primarily skill based and included family inpatient and outpatient work and a day school programme. Specific family interventions included: addressing any ongoing violence and abuse in family sessions, e.g. contracting regarding cessation of denigration of one parent by the other; discontinuation of litigation and clarification about the hand over process; treatment of parental psychopathology; pharmacotherapy for the children's symptoms, e.g. sertraline for depression or clonidine for night-time hyperarousal; practising parenting skills; implementation of routines; practising family relating skills, social skills and behaving appropriately at school; and creation of an illustrated family story book (Hanney & Kozlowska, 1999). Stabilization of family context preceded any attempts to elicit and desensitize traumatic memories.

Key therapeutic aspects of the group

The following section outlines the key ways in which the children participating in the art group were able to use the intervention.

Use of the pleasurable aspect of creating art to explore and master issues which would normally have triggered overwhelming anxiety

Example 1

Prior to the first session, eight-year-old James became anxious, hyperaroused, verbally abusive and exhibited aggressive and oppositional behaviour at the mere suggestion of going to the group. He was held on his mother's lap until he settled and she was able to leave. He spent 20 minutes watching the other children paint while sitting uncomfortably at the periphery. James eventually produced a watery, murky, brown painting with no form, which he was unwilling to talk about, apart from stressing that he had used his hands. The therapist acknowledged that in the painting he was showing the group how he felt using his hands. Taking another piece of paper James produced a painting (Figure 1) called, 'half man half dog'. He described the red background as 'bombs going off'. The therapist helped James explain to the group that in his family therapy sessions 'bombs' were a metaphor for parental conflict. James was unable to talk further about his picture, but appeared very proud. He displayed no difficulties or hyperarousal symptoms in or prior to future group sessions, and at termination complained that the groups were to end.

Example 2

In the session, 'What is it like to visit Dad?', four and a half-year-old Eli contained his anxiety about his frightening, and at times violent, father by externalizing his experience in clay in a way that was playful and pleasurable. He portrayed his father as a large 'head with a big mouth'. He placed the clay doll on the roof of a house he had made. Much to Eli's amusement and that of the other children, the house collapsed under the weight. He commented: 'dad is very angry with mum who is late to come and pick me up. He is going to bash up the house'. He then made a long clay knife and said: 'he keeps a small knife to cut Mum'. Eli took the knife and pretended to cut the therapist's cheek. The therapist thanked Eli for sharing such 'scary feelings'. Eli became agitated so it was suggested that he put the knife in a safe place so that it would not be able to hurt anyone, which appeared to help him settle. Eli was able to use art to contain anxiety about past frightening experiences, which he normally found overwhelming to think about. The therapist then initiated a conversation between the children which emphasized the positive changes each family had made and that frightening events such as the one Eli had described were, in fact, no longer occurring in his family.

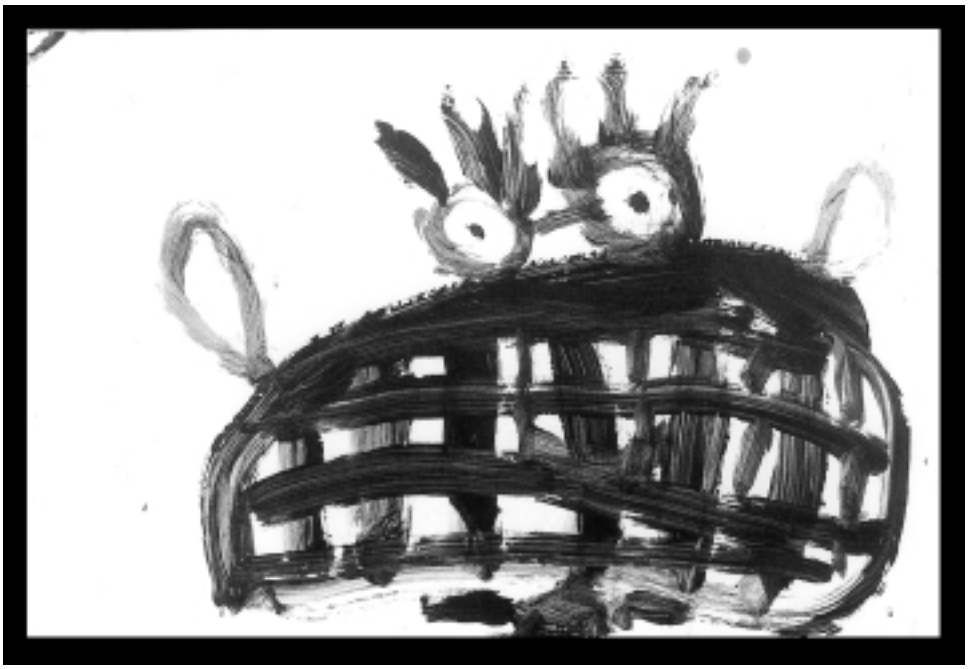

Figure 4. Alien with One Foot (Patricia).

The use of art as a concrete visual medium to acknowledge feelings

Example 1

Five-year-old Patricia had never been able to verbally express her feelings about her parents' separation and conflict. She repetitively insisted that she felt 'nothing', which contrasted sharply to her behaviour and the recurrent emergence of various fears and anxieties. Throughout the groups Patricia was able to arouse the curiosity of the other children by portraying her feelings in artwork , putting the feelings into words, tolerating a discussion of these feelings in the group and participating in the created sense of commonality. For example, 'spiky feelings' were depicted in the painting of 'an alien' with protruding green lines (Figure 2), and in 'the brain with spikes' (Figure 3). Alien frightened feelings were depicted in a brown 'alien with one foot' (Figure 4), and in pulling out long shapes from clay which Patricia described as 'alien heads coming out of my tummy'. The painting of the robot with 'fire coming out of its head and red eyes' (Figure 5), prompted other children to comment that the robot looked like an exploding volcano that was angry. All these artworks facilitated discussions about feelings, where they were felt by each child, what strategies each child had developed to manage their angry, spiky and frightened feelings better.

Example 2

In session, 'How I felt when my parents separated', six-year-old Paul, who normally refused to talk about *any issue* related to his family, depicted himself calling for help. In centre the of a semicircle of coloured zig-zag lines, he drew a black figure with a speech bubble in which he wrote 'help'. When the paint smeared and he immediately crushed up the picture (Figure 6). The therapist commented that it was perhaps hard to ask for help

Figure 7. What it was like Before my Parents Separated (Eli).

and encouraged the children to discuss how each had learnt to ask for help and to ask for comfort when they were feeling that there was no one to help.

Use of art as a concrete image to depict a child's experience of events regardless of the availability of declarative memory

Example 1

Eli portrayed his experience of 'What was it like before my parents separated', both in the process of painting, and in the finished artwork . He painted a yellow sun, subsequently added brown on top and said it was the rain (Figure 7). In the session, 'How I felt when my parents separated', Eli immediately told the group, 'I was very little'. He drew a picture of himself (Figure 8) surrounded by dots and shapes. His painting led to a discussion of how messy things had been when he was little and how this had changed. More positive current feelings and perceptions of the future were then explored.

Example 2

In response to, 'What is it like to live with Mum', Paul showed the group in his scuplture how living with Mum was like juggling balls (Figure 9). The therapist then helped the children in the group share strategies they had used to improve their relationships with their mothers.

Example 3

The picture of a policeman next to his van, with fireworks in the sky (Figure 10), was the first occasion on which Patricia was able to acknowledge both the event of police coming to the house and the fear she felt at the time. The therapist asked Patricia if her mother

Figure 9. What is it Like to Live with Mum (Paul).

and father were still fighting like this, and was then able to help Patricia acknowledge how hard her parents had worked not to fight, that the police would no longer need to come to Patricia's house, and that Patricia no longer needed to feel afraid.

The process of making art (doing) to explore the child's experiences

The children used their movements and bodies to communicate feelings of anger by bashing, pounding or chopping clay or other art materials; more gentle feelings by stroking and smoothing actions; and confused feelings by spinning clay figures they had made. The therapist's role was to recognize non-verbal communication and help the children find words for the feelings.

Example 1

In the session, 'What is it like to live with Mum?', seven-year-old John immediately began bashing and pounding the clay in an almost uncontrollable fashion. As John hit the clay he said 'take that and that'. The therapist commented on his ability to express his anger towards his mother. John then used the clay to make a figure which he called a snow bunny, whom he stroked as he smoothed out the clay. The therapist wondered to John if perhaps he was showing the group the softer more gentle feelings he could also have with his mother.

Example 2

In response to, 'Is there anything good about separation?', Patricia pulled long shapes out of the clay and chopped them angrily into pieces with her hands. The therapist acknowledged that it was hard to think of separation as good because for Patricia it had been so difficult and she was letting the group know this with her hands which felt angry.

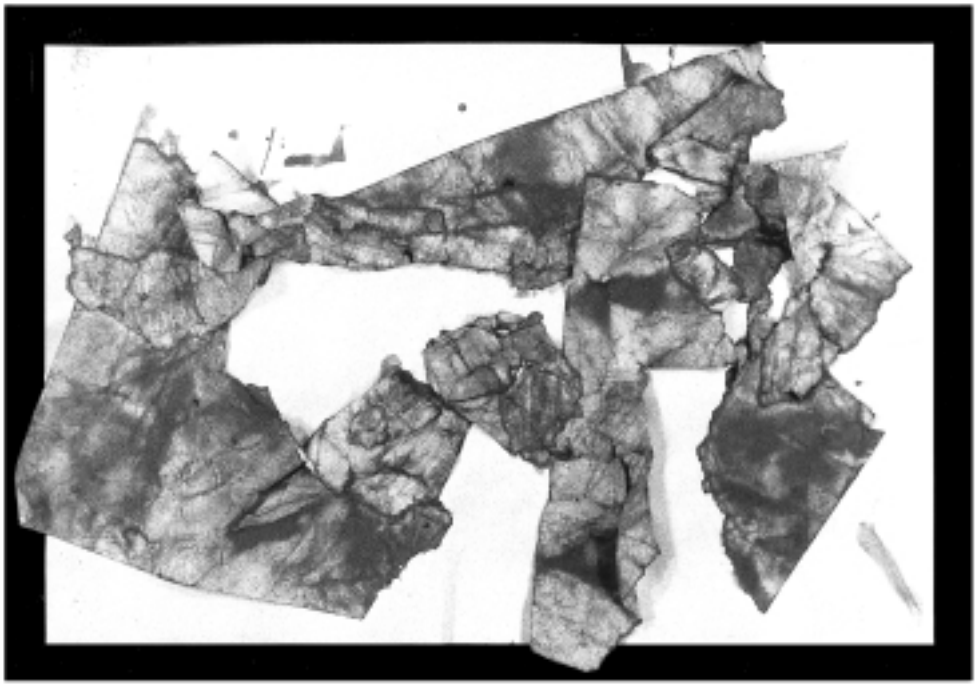

Figure 12. Grey Paint on Paper (Paul).

Example 3

When asked what was inside the rocket he had drawn (Figure 11) in response to 'Will things get better?' (session 7), Paul responded by using his movements to communicate his feelings. He poured grey paint all over a piece of paper and using the paint brush scraped and scratched over the paper which eventually tore (Figure 12). The therapist acknowledged Paul and thanked him for sharing his messy feelings with the group. The therapist initiated a discussion as to how each child had learnt to manage their 'messy' feelings, so that they no longer interfered with going to school and making friends.

Concrete visual representation of defences used by children to block out their traumatic experience

All the children painted and talked about the shields they had created around themselves and the ways in which they had tried to block out events and feelings they could not cope with. These protective strategies were depicted in artworks.

Example 1

John frequently tried to block out what was happening both at home and in therapy sessions. In his painting of Saturn surrounded by exploding bombs (Figure 13), in response to 'What was it like before my parents separated?', John depicted his need to protect himself from his parents fights.

John drew himself with ear plugs in his ears (Figure 14), depicting his experience of being blown up by the reality of his parents separating, and his attempts to block out what was happening. John was able to acknowledge how hard it had been to accept that his

Figure 17. Shield (Paul).

parents no longer wanted to be together, and how unable he was to listen to this information. John shared with the group that when his father had left, he had not known, and that he still felt very sad.

In the session, 'Is there anything good about separation?', John immediately stated it was 'good' before the separation. He drew a 'magician who had made a rabbit come out of a hat'. He coloured in intensely so as to destroy the felt tip pens, belying the benign magical nature of his artwork (Figure 15). The therapist commented that John's picture was about magical things which were not real, and that it was his hands which had destroyed the pens that had showed his real feelings.

Example 2

In response to, 'What was it like before my parents separated?', Paul's painted a UFO with a protective shield surrounded by attacking jets (Figure 16) depicting his tendency to cut off from reality and drift into an imaginary world when his parents were fighting. A discussion ensued about the shield Paul had had to create around himself to feel safe, and how threatened he felt when his Mum and Dad fought. Paul returned recurrently to this same theme (Figure 17).

Example 3

In the session, 'Will things get better?', Eli using green and black felt tip pens, and drew two planes surrounded by bows and arrows. The planes appeared to be heading off the page in different directions. Eli described them as 'burning up'. He then added a figure inside a shape, in the right hand corner which he identified as himself. He said he had fallen out of the plane that was carrying Mum and Dad, who were left in the plane (Figure 18). The therapist thanked Eli for sharing his experience of what it was like when his parents separated and said she understood that sometimes it was hard to believe things would get better. She then explored with the children the reality of how things had improved in each of their families and further explored their expectations of the future.

Figure 18. Burning up (Eli).

Using the artwork as a stepping stone to creating a narrative

Example 1

In the session, 'Whose fault is it?', James made a small basket holding 'a tiny baby on a water slide'. The baby appeared fragile and vulnerable to the therapist. Using 'up and down' hand movements James demonstrated how the baby went round and round in the basket. The therapist commented how James was able to demonstrate with his hands how the baby might be feeling as it was spinning around and around. One of the other children commented that it looked like a roller coaster ride. James responded, 'I feel like I'm on a roller coaster that goes off the tracks'. When the baby got to the end of the water slide, James said, 'Dad is there, it was his fault my family broke up'. The therapist congratulated James on being able verbalize his feelings and to acknowledge that his parents breaking up was also Dad's fault, not just Mum's which had been a issue in family therapy. The therapist then initiated a discussion of what James could do to get off the roller coaster.

Example 2

In response to, 'Whose fault is it?', John painted a picture of a black volcano with a red outline which he described as 'lava that came out of the volcano'. He then added 'the space ship blowing up the volcano' (Figure 19). In response to another child's request; 'what was it like?', he replied 'explosive'. The therapist thanked John for putting his experience into words.

Figure 19. The space ship blowing up the Volcano (John).

Example 3

In session 6, 'Is there anything good about separation?', Eli proceeded to draw a picture of a tree with green pears, and red apples 'I like pears', he said. He painted his mum with a speech bubble saying his name and 'mum'. He then added his name underneath his mum and a black figure with long arms holding onto an object. He initially referred to the figure as his father and then decided it was his mum's partner (Figure 20). He talked to the group about his Mummy, his Daddy, and Mummy's new friend. He told the group about his mother and the de facto coming together and this being 'naughty'. The therapist acknowledged that perhaps the picture showed how Eli was trying to make sense of where he now belonged in the family, now that he and Mummy were no longer on their own. The group went on the discuss how each child had adapted to their new family constellation.

Using the artwork as a space to externalize, concretely rework and master traumatic experiences

Example 1

On introduction of the theme, 'Whose fault is it?', Paul responded with disruptive behaviour requiring time out. The therapist acknowledged aloud how Paul felt sad and angry that his Mum and Dad continued to fight. Eventually Paul drew a black and red volcano with burnt grass on top. He finally added small fiery balls and commented how small they could get. He enacted a small person going up and down the lava, and commented to the group, 'the sky's getting burnt up' (Figure 23). The therapist thanked Paul for showing the group how he felt, and what it was like to be living with a volcano that spit out fire balls

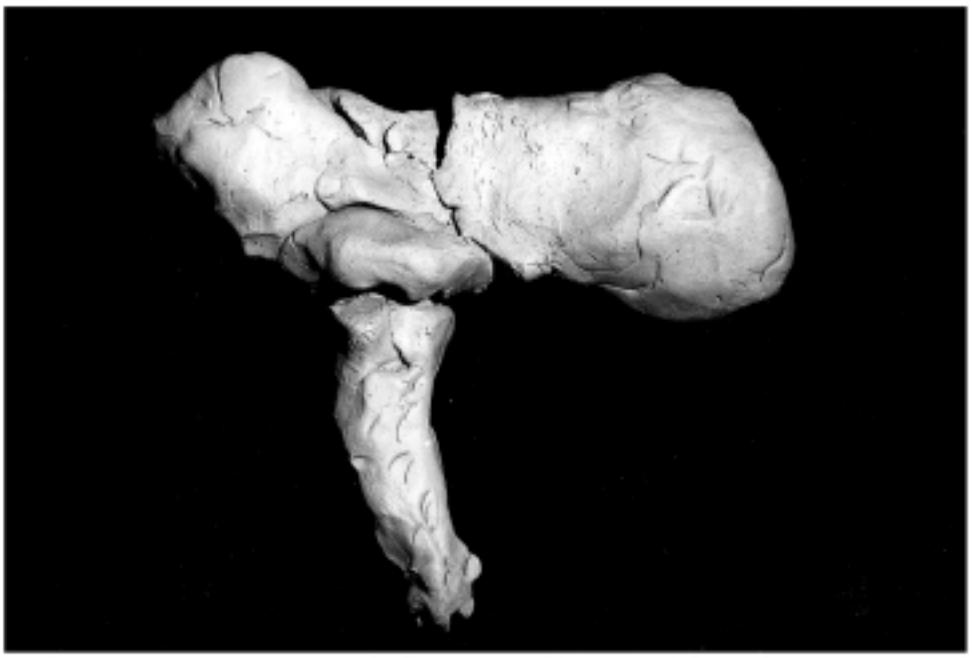

Figure 24. What is it like to live with mum? (Eli).

and lava. It was acknowledged how Paul felt hurt and burnt at times. She praised Paul for being able to use artwork and words to show how he felt rather than disruptive behaviour. Paul looked extremely pleased with himself and was complimented on his artwork by the other children.

Example 3

In the session, 'What is it like to live with Mum?', Eli made a clay hammer (Figure 24). The hammer head was too big to be supported by the small handle and repeatedly fell off as Eli played with the hammer. Eli said the hammer was to hit people on the head with, and made hitting movements towards the therapist. The therapist suggested that perhaps Eli was trying to tell the group about his job of protecting his mother from his father, but like the hammer kept breaking, he was also too little, and not strong enough to protect his Mum. Eli then turned the hammer towards himself and made a dent in the middle of the head. The therapist suggested that not being big enough to protect his Mum made Eli angry with himself. The therapist reminded Eli that now Mummy had her de facto to help protect her. She helped Eli discuss with the group how things had changed, and were no longer unsafe.

Example 4

In the session, 'Is there anything good about separation?', Paul returned to his clay juggling balls from the session 'living with Mum', and took the clay volcano he made in the session 'visiting Dad'. He stuck one of the balls in the volcano and said that they were not juggling balls but rocks that had come out of the volcano (Figure 25). He played this out again and again. The therapist thanked Paul for showing the group what it was like when his mother and father got together, that it was like rocks coming from a volcano, and that even though

Figure 1. Half Man Half Dog (James).

Figure 2. An Alien (Patricia).

Figure 3. The Brain with Spikes (Patricia).

Figure 5. Robot with Fire coming out of its Head and Red Eyes (Patricia).

Figure 6. How I felt when my Parents Separated (Paul).

Figure 8. How I felt when my Parents Separated (Eli).

Figure 10. Policeman next to his Van with Fireworks in the Sky (Patricia).

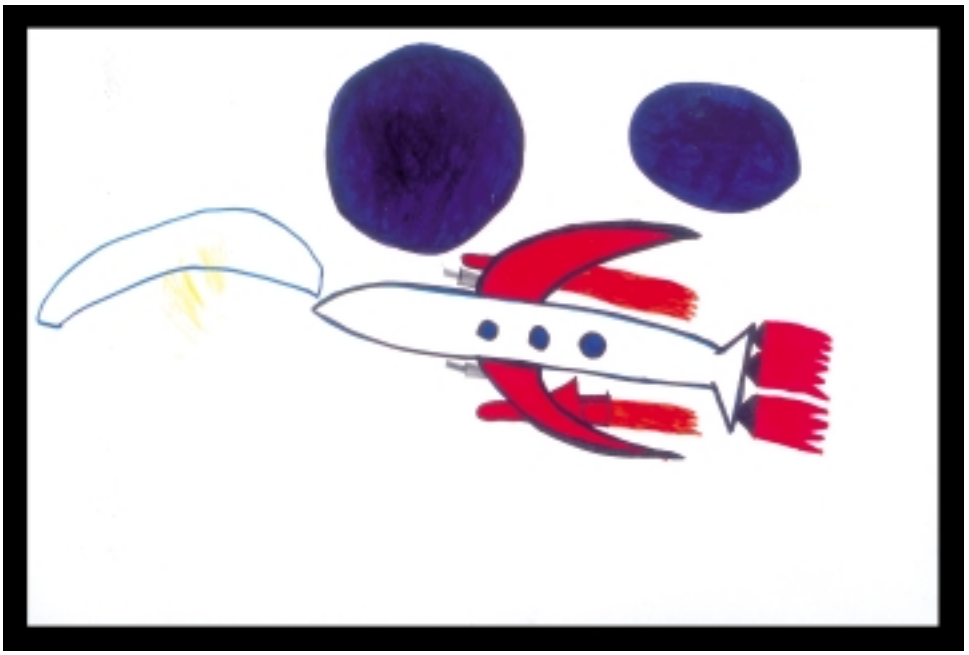

Figure 11. Will things Get Better? (Paul).

Figure 13. What it was like Before my Parents Separated? (John).

Figure 14. Blown up by the reality of his parents separating (John).

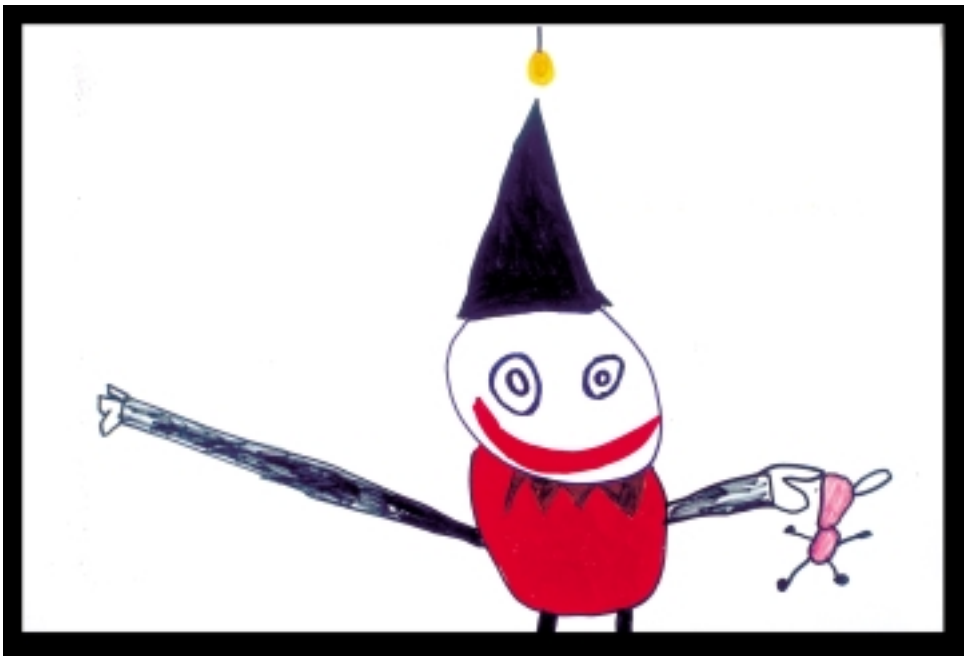

Figure 15. Magician who made a rabbit come out of a hat (Johnl).

Figure 16. UFO with a protective shield surrounded by attacking jets (Paul).

Figure 20. Is there anything good about separation? (Eli).

Figure 21. Half man half dog (James).

Figure 22. Half man half machine (James).

Figure 23. The sky's getting burnt up (Paul).

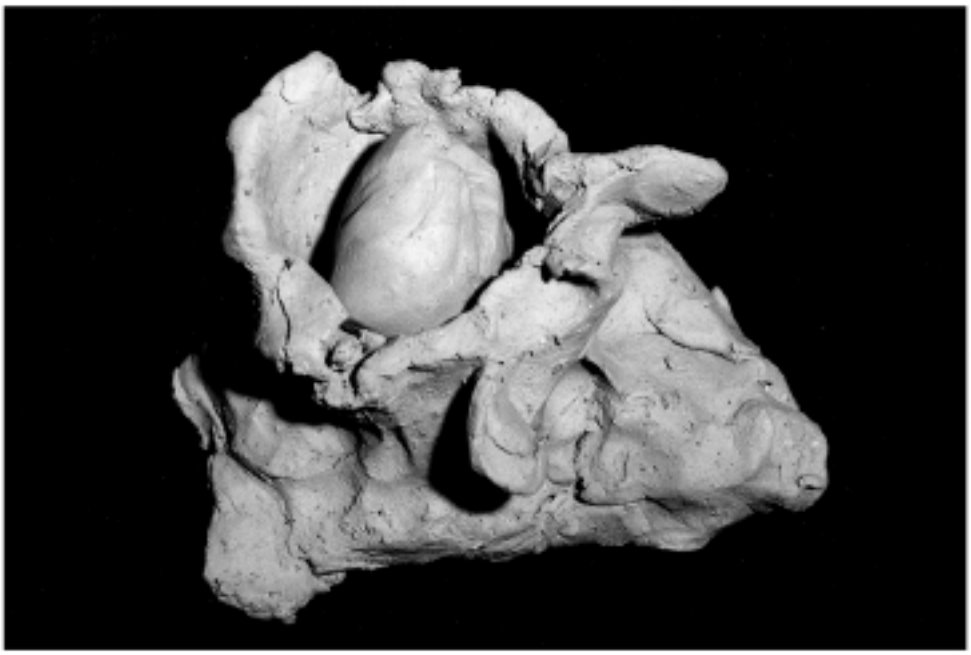

Figure 25. Visiting Dad (Paul).

his parents had separated when they got together they still remained angry with each other. The therapist then encouraged Paul to share how he had learnt to cope better when his parents did fight.

Example 5

James was both able to paint over previous artworks, to repaint the same artwork, and to join artworks together in an attempt at mastery and reintegration. In session, 'How I felt when my parents broke up', James talked in a high-pitched voice about going mad as he continued his picture from the previous session. He spent some time covering over in red the shape that had extended from the head, unsatisfied with his efforts he took another piece of paper and began the picture again repeating the same image although larger, the face appeared to be about to burst into tears (Figure 11). He then took another piece of paper, covering it in red paint and then adding a large brown shape on top of the red which he described as a 'tank machine with wheels' (Figure 22). The other children in the group then commented that James's creature looked very sad. The therapist praised James for being able to put on paper the explosions and feelings he had felt inside him. A discussion followed about how drawing or talking about feelings meant the children no longer needed to use tantrums or hit other children, and how much more grown up this was.

In the final session, 'Will things get better?', James immediately became angry that the therapist had forgotten to bring his clay pieces from the previous week. The therapist commented that perhaps James was angry because this was the last group and that she was not providing him enough time to sort out his feelings about his parents separating. He then took his paintings of the 'half man half dog' (Figure 21) and the 'half man half machine' (Figure 22) and placed them on top of the painting called 'tank machine' which then became the body. The therapist shook his hand and said she was very happy to see that he was working on putting together the two halves of himself: the James who loved

his Mum and the James who loved his Dad. James proudly showed in his picture to the group and beamed.

The group process

A detailed description of the rich and complex group process is beyond the realms of this article. However, as is evident from the above vignettes, the group provided a safe and supportive environment for the children to begin to explore and gain mastery over their traumatic memories through art and language, and to acknowledge the positive changes they and their families had made, as well as beginning to explore more positive future expectations. The children encouraged each other to talk about their artworks and as the group progressed they gained confidence in asking questions about each other's images, which helped them put words to their artworks, feelings and thoughts. The group provided an opportunity for the children to share and identify with each other, thus overcoming feelings of aloneness or alienation. This sense of togetherness was also evident in the common themes and symbols that emerged: themes of explosions, aliens, magicians, space rockets and volcanoes. The children all seemed to enjoy coming to the group, and using the art materials. In fact, a general feeling of disappointment was expressed as the group came to an end, and the children subsequently frequently asked if another group could be run.

Difficulties encountered A number of difficulties was encountered in relation to running the series of groups. First, staff needed to be educated about the value of running an art therapy group to be able to support it. Second, it needed to be made clear to staff and families that this was a therapeutic group and not the teaching of art. Third, the time frame of seven sessions was probably not long enough for this particular group of children with chronic difficulties in a tertiary referral setting. We thought that running the group for 10–15 sessions would have been even more appropriate to their needs. Conversely, in a less complex context, groups of fewer sessions may be useful. Fourth, although behavioural problems were predicted, they did not occur due to the skill of the therapist and co-therapist and the particular children involved. However, had the therapist been less skilled and had behavioural problems emerged as a greater issue, two co-therapists may have been required.

Evaluation It was profoundly surprising to us how these young, very traumatized children were able to utilize the groups and the absence of any overwhelming episodes of distress or unmanageable behaviours. Even more surprising was the children's stated desire to have more groups once the programme had finished. It is difficult to know how to formally evaluate such a group, particularly because it was run in conjunction with intense family-based treatment. Although it would be possible to trial the use of questionnaires before and after the group, the particular group of children described would have certainly refused to answer a questionnaire prior to the group's commencement, and the validity of questionnaires in such young age group is not clear, particularly in relation to such complex issues as the ability to put experience and affect into narrative, the measuring or hope and future expectations. Once the group had finished, we were able to use art in family sessions with four of the children to create story books about the traumatic family history with one or both parents (Hanney & Kozlowska, 1999). At the end of treatment all children successfully returned to school and only one family required involvement of children protection services.

Conclusion

Group art therapy is a useful adjunctive therapeutic intervention in the treatment of traumatized children. The children's impressive ability to use artwork to explore some of their most anxiety-provoking issues suggests that art functions as a useful exposure and desensitization tool in the treatment of young children with PTSD. Furthermore, the use of group art therapy in the treatment of trauma encompasses many of the key concepts in trauma treatment: creating a safe context and a contrary experience to that of the trauma in which exposure and desensitization can take place, using a controllable medium to elicit traumatic memories and re-experience traumatic arousal; exposing the child to tolerable doses of experience which are externalized in the artwork and available to both physical manipulation, conscious consideration and verbal narrative; and promoting more positive perceptions of the present and expectations of the future. Such positive expectations can only be promoted if in fact the therapeutic gains by the family are real, and children are safe and no longer exposed to ongoing acts of violence and trauma. In addition, art as a tool allows for expression of both declarative and non-declarative memories, not usually accessible through verbal therapies, and allows for inclusion of younger children in the treatment group.

Note

1. ZERO to Three. Diagnostic Classification only (1994)

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