Chapter 1

Children and Adolescents in Schools

Art therapist's reaction to work with a threatening teenage boy. *(Reprinted from* The Arts in Psychotherapy, *Vol. 24, No. 2, A. Coseo, Developing cultural awareness for creative arts therapists, pp. 145–147, copyright ©1997, with permission from Elsevier Science.)*

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Leroy dips his brush in the blue tempera and adds the finishing touches to his star next to the yellow crescent moon and the pitchforks. Then he scrawls Big Man, *his gang name, across the bottom. (He's bigger than the other kids in junior high.) He steps back from the easel and smiles his patchy grin—his two front teeth have been knocked out. He asks the art therapist if he can hang his picture on the wall, but she tells him that he knows he can't hang up gang art. Leroy had hoped that José would see it when he comes to art therapy next period. He folds his picture and stuffs it in his pocket. He'll make sure José sees it anyway, just to let him know whose turf this school is.*

Art therapists see children in many different kinds of schools, but for the most part in special schools for children who are having difficulties. Often these are children who have been unable to progress in schools for the general population due to behavior disorders, Attention Deficit Disorder, delinquency, poor impulse control, and various emotional problems. Less frequently, art therapists are hired to work in public schools with problem children there.

Working in a school system can provide a treatment stability that often is not found in other settings. Hospitalizations tend to be short, whether for psychiatric or physical conditions. Although outpatient work in clinics is potentially of longer duration, parents may become threatened by a child's treatment that they perceive is implicating them as causal agents or that may upset the family homeostasis. As a result, they may remove the child before treatment is completed. Another gratifying aspect of work in schools is that most often children are happy to come to art therapy as a welcome relief from their schoolwork. Most enjoy making art, and some feel special in being selected to have art therapy.

Found Objects in Public School

Anita Yeh conducted art therapy in a city public school in which a majority of the students were of Hispanic descent and from economically disadvantaged families. This school is one of the few in the city with an established art therapy program that is separate physically and organizationally from the school's art classes. The art therapists (a full-time professional and a student intern) coordinated and planned services with school social workers and collaborated with two local hospital outpatient services. Problems faced by the children with whom Yeh worked included poverty, poor living conditions, family illnesses, loss of a family member, violence, and gang activity. They were referred to art therapy by teachers, counselors, and parents for aggressive behavior, failing grades, and isolation.

The goal of art therapy was to break the cycle of progressively negative patterns in which adverse circumstances provoke undesirable behaviors that elicit negative responses from others, leading to decreased motivation and failure, which, in turn, elicits more negative responses, and the cycle continues. Yeh recognized that the main advantage in incorporating art therapy into

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the school system is that emotional needs, imagination, fears, and fantasies become a part of the child's learning experience. Using children's creativity helps them to alleviate anxiety, find ways to get their needs met, develop problem-solving skills, express aggression safely, and have their expression of feeling understood and accepted nonjudgmentally.

In addition to using conventional art therapy methods with the children, Yeh discovered that they enjoyed creating with found objects. In *Exploring the Lost and Found: The Use of Found Objects in Art Therapy* (Yeh, 1997), she states, "I have always been intrigued by the items I find, things left behind, forgotten, or discarded by others" (p. 3). She believes that the transformative process of applying personal meaning and changing the emotional value of a found object can affect a child's self-concept and feelings of self-esteem. The transformation of something that already exists in concrete form from unwanted to worthy parallels changing the self in a similar direction. The found object can be a metaphor for the self that is changed through creative enhancement.

Yeh saw the children in twice-weekly individual sessions. Length of treatment was determined by progress, although most were seen throughout the school year. She asked them to bring items from home or things they found elsewhere. She also supplied two boxes of objects she collected, which were kept in two lockers outside the art therapy room. The children were invited to search the lockers for anything they would like to use. The children preferred searching the lockers to bringing in their own found objects. The emotional safety of the art therapy room and having the art therapist serve as witness to the search was more conducive to finding objects than searching elsewhere alone. Only one child brought in an object from home, although several talked about doing so.

Tony was an 11-year-old sixth-grader who used found objects as a vehicle for play. During the past year he had experienced a number of deaths in his family and was referred to art therapy for poor grades and misconduct. As Yeh walked him from his classroom to the art therapy room, he habitually complained of invisible sores and hurts. In his fourth session, he decided to build a birdhouse from precut, five-inch-square pieces of plywood. Constructing a box took the entire session. At the next session, he complained of being sick and did not want to make art. Nevertheless, he retrieved his box and said that he wanted to find a treasure for it. Yeh said that he didn't have to make art; he could go on a treasure hunt instead. He spent the rest of the session searching the found-object boxes and stopped complaining of feeling bad. His voice took on a playful tone as he chose several small animals for his box. As he placed the objects in the box with its open side toward himself (Figure 1.1), he identified them with various emotions: "The snake is scary, everyone is afraid of him. The clowns are afraid and frightened. And the mouse is afraid" (p. 13). Tony hung the tiger on the outside to be the night guard, and the duck on the top of the box would "take over and guard in the morning." Tony carefully placed his box on the shelf at the end of the session, positioning it in such a way that its contents would be hidden.

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FIGURE 1.1 Found-object construction by 11-year-old boy.

The door to the art therapy room usually remained open several inches, but Tony had closed it when working on his box. During the next several sessions, he made another art piece and did not close the door, but did so again when he took out his box at his eighth session. This time he was even more playful with the objects. He sang songs and draped himself with beaded necklaces and lace. He found a key in the found-objects box and pretended to unlock cabinets in the room. Then he used it on the lid of the found-objects container and sang, "Unlock the magic!" Fantasy used in this way allows a child to imagine being able to cope with fears. Yeh was reminded of what Simic (1992) wrote of Robert Cornell's art, which is also comprised of collections of objects in boxes:

> A toy is a trap for dreamers. These are dreams that a child would know. Dreams in which objects are renamed and invested with imaginary lives that is what Cornell is after too. How to construct a vehicle of reverie, an object that would enrich the imagination of the viewer and keep him company forever. (p. 44)

Jerry, a 10-year-old Hispanic fourth-grader who was small for his age and cute and innocent looking, used found objects as a self-representation. His referral indicated that he needed constant supervision because he often provoked his classmates to anger and that he had difficulty verbalizing thoughts and feelings. In gluing together a small assemblage, he used a fuzzy bird, plastic eyes, and a cup, among several other objects. He said, "These eyes are watching and this cute little bird is pecking at them. It's small, cute, and it's

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fuzzy like me" (p. 16). In previous pictures, he had drawn birds that he described as mad and angry. Jerry tried to stuff gold tinsel into the small cup that was glued to his art piece, but the uncooperative nature of the material caused it to keep popping out as he tried to control it.

At his next session, Jerry was very intent on looking for something in the lockers. He let out a gasp when he discovered a large bundle of gold tinsel. He suggested decorating the room with it and chose a spot where it would catch the light from the window but could be seen only if one entered the room. Six- or seven-foot lengths of the tinsel were hung with the excess curled and draped on the floor. It was overwhelming and uncontrolled. Yeh quotes my work (Wadeson, 1987) in which I describe large art that can be impressive and overwhelming and small work that can be delicate and tentative. She states that both these kinds of attributes applied to Jerry's artwork. He had given the unruly tinsel of his first found-object piece full reign in the panel of hanging tinsel. At the next session, however, he quietly knelt down in front of the wall of bright, glittering tinsel and gently began to handle it. He then took the scissors and trimmed it so that it would not drag on the floor (Figure 1.2). Carefully he put the trimmings in a bag and tied it securely shut. A week later, Jerry announced that his family was moving and that he would no longer be attending this school. Although he could take any of his art with him that he wished, he chose only his small found-object piece. His tinsel wall remained hanging in the art therapy room. His working with the tinsel was a metaphor for his need for control.

(For further examples of art therapy in the public schools, see the work by

FIGURE 1.2 Tinsel panel by 10-year-old boy.

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Leslie DeVera with adolescents around issues of ethnic pride in Chapter 9, "Displaced Persons." In the same chapter is work by Sue Lee on acculturation issues for adolescents born in Korea, though she saw them outside of school.)

Special Schools

The Education for All Children Act (Public Law 94-142), passed in 1975, guarantees all children the right to free and appropriate education, regardless of disabilities. Emotional and behavioral disabilities defined under this law include the following:

- An inability to learn that cannot be explained by intellectual, sensory, health, cultural, or linguistic factors
- An inability to develop or maintain satisfactory interpersonal relationships with peers and adults
- Inappropriate types of behavior or feelings under ordinary circumstances
- A pervasive mood of unhappiness, anxiety or depression
- A tendency to develop physical symptoms or fears associated with personal or school problems

A child exhibiting any of these problems for at least 6 months to the degree that the child's academic performance is adversely affected qualifies under this act. The 6-month time period may be waived if the behaviors exhibited are a danger to the self or others. Special public schools and programs have been developed to provide appropriate education for students who are considered emotionally or behaviorally disabled according to the act. Art therapy can be a valuable component of these programs.

Collage

Monique Prohaska developed an art therapy program for an alternative public special education day program for severely emotionally and behaviorally disabled students in grades 5 through 12. Referrals originate from the students' home school districts. The goals of the program are to increase self-esteem, motivation to learn, and self-control. Prohaska worked with adolescents who had suffered trauma and were afraid of exposing their vulnerabilities and weaknesses. Most suffered low self-esteem, and it was rare for them to experience a sense of accomplishment or pride. In order to overcome their resistance to creating a piece of art or revealing themselves, Prohaska introduced them to magazine collage (Prohaska, 1999). Students were seen in twice-weekly individual sessions. They used images and words from magazines to create self-collages, self-boxes, and body tracings. As they became more trusting and

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confident, they used other materials as well, including plaster, glitter, sponges, wire, paint, and tissue paper.

Margaret, 17, diagnosed with recurrent Bipolar Disorder with Psychosis, Attention Deficit Hyperactivity Disorder (ADHD), and learning delay, was referred by her homeroom teacher. She was on Ritalin, Depakote, and Risperdal to control her verbal and physical outbursts. As the only female in her class, she distanced herself from her peers and sat close to the teacher. At her first art therapy session, she was hyperactive, speaking rapidly and twirling her long hair around her fingers. She calmed down as Prohaska played some soft music in the background. Margaret made marker drawings of broken hearts, tears, and dead flowers with little comment. She was frustrated with her drawings, which she felt looked wrong. Nevertheless, she liked coming to art therapy because the sessions made her feel important. At her eighth session, she asked about the stacks of magazines. Prohaska suggested a magazine collage. With exuberance, Margaret cut frantically for the entire time. She could hardly wait for the next session to put her selections together. At the next session, she created her self-collage with words, faces, animals, flowers, and couples. She said, "I felt creative and liked using the different pictures and words to show how I felt. It was easier for me to focus on the collage because I wasn't so worried about how it looked" (p. 12). Prohaska commented to Margaret that she noticed a change in her demeanor and that she found her picture quite expressive.

Next she created a self-box (Figure 1.3). Up until then, she had rarely discussed personal issues and had spoken of relationships only superficially. While creating her inner self in the inside of the box, she expressed many of her hurts and spoke of them. She said she was ostracized because others saw her as crazy and a freak. On the outside she used words and symbols to convey that she had to put on a show to get others to accept her. Prohaska encouraged her to continue making art so that together they could understand her insecurities. Margaret replied that she felt lucky to have art therapy at school because it made her feel cared for.

After this session, Margaret took collage a step further. She made a body tracing (Figure 1.4). She painted in the clothes with the colors she was wearing. She wanted the tracing hung at eye level so she could look herself in the face. She stared at it and said that she couldn't believe it was herself. The next day, she grabbed magazines and cut out photos and words to glue on her portrait. Standing eye to eye with it, she smacked the photos and words in and around her figure, shouting, "*Yes!*" She said, "Sometimes when I smacked the picture, it was like giving myself a high-five. I felt confident, and I thought about some things I'm proud of, like wanting to go to college and being a nice person. Other times I guess I was angry and mad about all the things I'm bad at, like not being smart." She then listed her other failures. She began to understand the origins of her self-criticism and related her critical inner voice to people who had disappointed her, especially her mother, and realized that she herself was responsible for changing how she felt about herself.

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FIGURE 1.3 Self-box by 17-year-old girl.

FIGURE 1.4 Body tracing by 17-year-old girl.

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After the school's winter break, Margaret became more talkative and outgoing with other students. She smiled more and volunteered for school activities. At her first art therapy session after the break, she made a collage using feathers, glitter, paint, and tissue paper, rather than magazine images and words. She indicated that this collage represented her courage to take chances, such as visiting colleges, expressing how she felt to others, and keeping a daily journal in which she wrote poetry to learn more about herself. She described it as "feeling lighter . . . beginning a journey to the unknown, but feeling good about it . . . accomplishing goals if I put my mind to it" (p. 16). Through the course of art therapy, Margaret expressed herself more and more openly, and felt trusting of Prohaska. It is obvious that in addition to the facilitating function of magazine collage, Margaret's growth was supported by her sense that Prohaska cared for and valued her.

Franklin, 15, diagnosed with learning delay and an emotional and behavioral disability, had difficulty forming relationships. He was quiet and withdrawn, appearing very unhappy. His first sessions were spent in exploring the art materials, but he seemed very disinterested in them. At his fifth session, Prohaska suggested a self-collage. He used only words, most of them highly negative. Since he liked words, Prohaska suggested he write some stories to go with them. He continued making collages and started using pictures. He talked about the people in them, but did not relate them to himself. He enjoyed coming to art therapy and asked Prohaska if she would see him for the whole year. At his twelfth session he created a collage of feelings he had but didn't know how to express (Figure 1.5). He said that they looked mostly sad and mad. At the next session, when Prohaska took out his collage and asked him what made him sad or mad, he said, "Nobody cares about me at school. That makes me mad. The only person who cares is you because every Tuesday and Wednesday at eleven o'clock in the morning you bring me to art therapy and you're here. My social worker doesn't do that" (p. 20).

Franklin revealed more of the sources of his unhappiness and began experimenting with other art materials. He asked about the rolls of plaster gauze. He wanted to make a mask from a mold. He asked for Prohaska's help, another step on his road to building trust. At the next session he painted it and began assembling collage pictures he had set aside. He applied white glitter to the mask and cut a sponge in half for the ears. After gluing blue wires to the head for hair and centering it on his collage, he titled it *The Invisible Man.* Franklin explained that the pictures surrounding the face could be the invisible man's thoughts. He spoke of finding being laughed at painful. Using collage in art therapy enabled Franklin to come out of his shell, express his feelings, and even experiment with new art forms, such as his mask-collage.

Robert, a Hispanic 16-year-old who was diagnosed with Depressive Disorder and possible Attention Deficit Disorder (ADD), was considered emotionally and behaviorally disordered. He was medicated with Depakote, which slowed his impulsive aggression, and Albuterol for asthma. Although he could

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FIGURE 1.5 Collage by 15-year-old boy.

work cooperatively with others, at times he became verbally and physically aggressive. In his first art therapy session, he threw away his drawing. His frustration mounted as he tried a second drawing. Prohaska suggested a self-collage to ease his frustration and showed him the collage box with precut magazine photos and words. Robert enjoyed choosing pictures and gluing them in place. At the next session, Prohaska took out his collage and asked him which picture caught his eye. He said it was the gun, and as he described the other pictures he spoke of the lack of control in his life (Figure 1.6). The bottle represents the drugs he takes, and the gun is pointing to the screaming man. At the next several sessions, Robert talked about his collage further. He felt like screaming, he said, because of the way his father made him feel. To explore their relationship, Prohaska suggested that he divide a piece of paper in half and make one side represent his father and the other himself. He chose to use collage again (Figure 1.7). He worked on his father's side first and searched for another screaming man because, he said, that's what his father did. On his own side was a large boxing glove. As he described his side, his anger grew. His father would repeatedly tell him he had no future, did not work hard enough, was lazy, and wasn't smart. The boxing glove represented Robert's wish to fight back. Prohaska told him that in art therapy he could fight back. Together they wrapped his fist in red tissue paper like the boxing glove, and he pounded his father's side of the picture with it. As he did it, he proclaimed, "I'm not stupid! I'm a good person! I am something!" (p. 28). Robert's insights from his col-

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FIGURE 1.6 Collage by 16-year-old boy showing lack of control in his life.

lages helped him to deal with his anger. He felt he was getting a lot out of art therapy and asked to continue for the school year.

These three examples illustrate how collage work in art therapy was able to help resistant special education students explore themselves and deal with disturbing feelings and maladaptive behavior. Margaret explored issues of self-esteem and her inner critic, leading to increased confidence and less withdrawal. Franklin came out of his shell and built a trusting relationship. Robert dealt with his anger.

Electively Mute Children

Elective mutism is a rare disorder. Although it seems only logical that nonverbal solutions be tried for nonverbal problems, art therapy has been used very little to treat this condition. Cheryl Koenig conducted art therapy with three such children at a therapeutic day school (Koenig, 1992). The school served

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FIGURE 1.7 Collage by 16-year-old boy showing his relationship with his father.

children who were diagnosed with behavior disorders, emotional disturbances, autism, autism-like disorders, communicative disorders, and mental disabilities. These were all problems that precluded the children's attending public school, and the primary goals were to promote social and emotional growth to enable the children to reenter the public school system. Koenig saw the children in weekly individual 30-minute art therapy sessions throughout the school year. The art provided a way for them to communicate on their own terms without pressure to speak.

Todd was a 12-year-old boy who began speaking at a normal age, but only to his mother. He was diagnosed electively mute upon entering first grade at age 7. His mother was overprotective and overwhelming, doing everything for him, including undressing him for baths. Although he currently spoke to her in a clear voice, he did not respond to his father, though he sometimes initiated conversation with him in a low, raspy whisper. He also used this whisper when asked to respond in class. Todd exhibited motor tension and anxiety in shortness of breath and avoidance of eye contact. His initial drawings were constricted and controlled, usually small and detailed. His sculptures were made by carefully measuring and cutting pieces of clay perfectly to size. After a month, he made a puppet out of an empty towel roll, giving it an angry, fanged face. This spontaneous creation caused him to smile, and he began to experiment more. He became extremely protective of his artwork and would leave nothing in the art room, even when his piece was wet with paint. His art projects

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had become important to him. Along with his puppet, other valuable pieces were a three-dimensional secret place and a book with pictures of planets.

After two months, changes began to occur. Close to Halloween, Todd painted a picture of a pumpkin with the recurring angry, fanged face, but this time grinning. His work was becoming much more expressive. His use of the fluid tempera paints was much less constricted than in his early work. At the next session, he whispered his first words to Koenig, asking to use some plastic gemstones he noticed in someone else's sculpture. To encourage further communication, Koenig suggested that they also play a passing game, in which they took turns drawing on a picture. She drew a tree and the ground, and he drew the sun, clouds, and a rainbow. She drew a dinosaur on the right, and he asked her to draw another. Then he asked her to draw teeth and angry eyes on the dinosaur on the left to make it look mean. He also asked her to make two baby dinosaurs. From this session on, Todd increased his verbal interaction with Koenig, and he appeared less anxious. His classroom teacher reported a similar increase in verbalization and interaction with others. Todd felt positive about his art and often wanted to take his projects home. His relationship with Koenig continued to grow, as he talked to her more, made eye contact, and brought things from home to show her. Allowing Todd to proceed at his own pace, experimenting when he was ready, provided him a safe place for self-expression. His communication increased significantly throughout the school year.

Tracie was an 8-year-old girl whose impoverished family lived in cramped quarters. Her refusal to speak began in kindergarten after a pattern of normal speech development. At 7 she was diagnosed with elective mutism and was enrolled in the special school. Tracie appeared withdrawn and depressed, with poor hygiene. She spoke to her mother and selected siblings, but seldom in class. Unlike Todd, Tracie enjoyed getting messy. Although she would arrive at art therapy withdrawn, the art making relaxed her, and she would leave smiling, often jumping playfully down the stairs. Koenig suggested that she build a special place for herself, and Tracie spent the next 4 months working on it (Figure 1.8). She painted die-cut wooden people and placed them inside, sometimes moving them around. She wrote about her house and folded the paper and put it inside her house. Later, she glued it to the outside. At this session, when asked how many sisters and brothers she had, she answered Koenig for the first time using words instead of holding up fingers.

Renae, 14, had normal speech development until age 3, when her talking began to decrease. In second grade, she was placed in a classroom for children with learning disabilities. The family moved, and her mutism increased dramatically. Although undiagnosed, her mother was suspected of having a psychological disorder, staying in bed most of the time, acting childish, and expressing paranoid fears. Renae appeared isolated, withdrawn, and depressed. Nevertheless, she had recently begun speaking to her teachers and therapists, and spoke to Koenig in their first session. Renae explained the mask she drew as being half man and half woman, possessed by a demon

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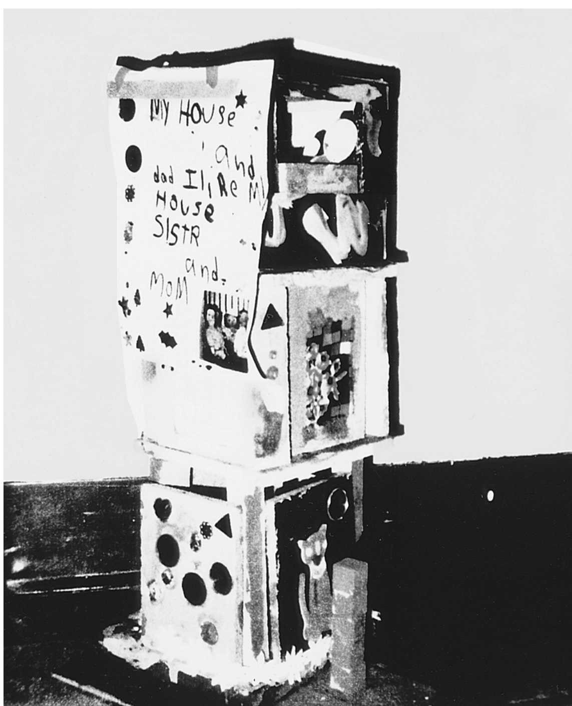

FIGURE 1.8 Special place for herself built by 8-year-old electively mute girl.

from hell. Its pronounced mouth appeared to be related to her obsession with food. She was always hungry and frequently asked Koenig to buy her food. All the figures she drew had grimacing faces. A common theme in her art was her anger. She often wondered about her mother's mental illness and questioned whether she, too, was mentally ill. After some time, however, she became less invested in her artwork and more withdrawn. She was not participating in the classroom and appeared more depressed. Her preoccupations and disorganized thoughts caused her diagnosis to be changed from elective mutism to schizophrenia. The art making provided her with an outlet for the outpouring of feelings that were surfacing.

From her work with these children, Koenig observed that there were strong feelings beneath their masks of being mute and that not speaking gave them power and control over those with whom they communicated. The art therapy allowed them to express themselves on their own terms.

Gangs

For the many neglected children whose parents are lost to poverty, drugs, crime, and imprisonment, gangs become their surrogate families. There they

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can find protection, identity, pride, camaraderie, and a sense of belonging. Unfortunately, they also find blind adherence to a rigid set of values and behavior, a warlike stance in the world, brutality, and violence. Their lives are filled with constant threats, real and imagined, to which they respond with assertions of power, symbolic and physical.

Kathy Neely endured a baptism by fire in her initiation into work at an alternative day school for children with behavioral and emotional disorders and adolescents who had been expelled from the public school system for unmanageable behavior. Most were gang-affiliated (Neely, 1984). As part of a larger urban social agency, the school provided weekly therapy sessions and milieu therapy activities to enable students to return to public school. Most, however, stayed at the school until age 18, when they dropped out. A few chose to remain until age 21. Located in an impoverished, crime-ridden, inner-city neighborhood, the school was poorly equipped, the heating in some of the rooms did not work, and there was frequent staff turnover. The student body consisted of 25 African American students and one Caucasian, mostly male. Neely found herself unable to understand their black dialect. More than half the students exhibited aggressive, acting-out behavior, while the rest were withdrawn. They had histories of repeated failures in the school system, having assaulted teachers or thrown furniture. Most were diagnosed with learning disabilities and had IQs between 75 and 85. Many had arrest records and came from multiple-problem families. Most of the mothers received public financial assistance, and the fathers were absent. The children were characterized by poor peer relations, low self-esteem, academic difficulty, problems with authority, depression, aggressive behavior, fighting, and stealing. Diagnoses included Conduct Disorder, Attention Deficit Disorder, Schizoid Disorder of childhood, and adjustment reaction to childhood. Half had not been clinically diagnosed.

As soon as Neely established an art therapy schedule, she met hard-core resistance. The most resistant students simply did not attend the sessions. Sometimes she followed them all over the building, with teachers and staff joining in, to no avail. Sometimes they would show up in her room after she had given up. Neely felt it was necessary to lay out some basic ground rules to ensure safety: no harming themselves or each other or each other's artwork; no mishandling the art materials. Much of the resistance took the form of disobeying the rules. As a result, instead of making the art room safe, the rules encouraged power struggles between the students and Neely. Resistance in the artwork took the form of gang imagery. Although many schools forbid students to depict gang symbols, Neely recognized that the gang culture was an important part of these children's lives. To prevent gang imagery would have been to reject some part of their identities, she felt. In the beginning, when she was just getting to know the kids and their culture, they could become her teachers in informing her about their pictures.

The school was chaotic and frequent fights broke out, particularly when older boys picked on younger ones. This happened often since the age groups

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weren't separated because of the lack of space caused by malfunctioning heating. The art therapy sessions were also chaotic, reflecting the general atmosphere of the school. Neely was constantly tested and found it almost impossible to enforce her simple rules for the art room. Physical restraint was often the only recourse, and many of the boys were bigger than she was.

Eddie and Gary, both 13, asked to come to art therapy the first week. They both painted gang pictures. Eddie's picture showed the moon and a five-pointed star, his gang's symbols, to which he added the sun and a car. Since the boys belonged to opposing gangs, the pictures could have been either a direct status threat or a simple assertion of identity. Gary's picture was similar, but it was subsequently destroyed by another student. Eddie talked about "kicking white people's asses" and said, "We hate white people." When Neely confronted him by asking their reaction to her being white, he said, "You're not white; you're black" (p. 10). Eddie was testing her, but asserting that she was black allowed him to save face and not have to back off from his assertion. The issue of race came up repeatedly. When it was time to clean up, Eddie cooperated, but Gary became obstinate. Not until they left did Neely discover they had left the rubber cement turned upside-down without the lid and had painted *G-Dog,* Gary's gang name, in three-foot-tall letters in the bathroom.

Tony was disruptive by defacing the drawings of the other students. Only when Neely got sufficiently angry to grab him and reprimand him did he become frightened and leave the room as she had requested. Her show of anger and strength had caught him off guard. The next day, he returned, sat down, and drew a fluid, abstract pastel drawing. For the first time he was able to talk about what was on his mind, though in a defensive and abusive way—sex and intimacy. He needed to know that Kathy could control the situation and protect him from himself and the havoc he could wreak before he felt safe enough to draw and talk about what was bothering him.

Neely saw Latroy and Gary together for regular art therapy sessions. Their backgrounds were relatively typical of gang-affiliated kids who cannot function in the public school system. Latroy, 11, lived with his mother, who was on public aid. He was hospitalized for illness and a car accident as a preschooler. At that time, he was so hyperactive and aggressive that his mother kept him away from the neighborhood children, sometimes locking him in the bathroom. He repeated first grade three times. He was expelled from public school for walking on a second-story ledge there, as well as repeated fighting and hyperactivity. He also beat his younger brother with a blunt instrument, tipped over the baby's crib, and poured gasoline on a cat. His IQ was tested to be low normal, and he was found to have problems with visual and motor integration. Projective tests showed a conception of parental figures as punitive and nonnurturing, and he saw his environment as barren and lacking comfort. After expulsion from school, his mother kept him home for a year and a half until his admission to the day school. He was diagnosed with Conduct Disorder and Attention Deficit Disorder. In individual art therapy, Neely had to limit his sessions to 30 minutes due to his hyperactivity. He

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habitually destroyed his artwork and that of others. Often he felt he had "messed up."

Gary was a husky 13-year-old who often was sullen and moody. He lived with his mother, who had given birth to him at age 14. She was on public aid. In the past 2 years he had lived with his mother's parents and a friend. Gary had been close to his grandfather, who had died some years earlier. Gary reported hearing his voice at times. Gary was diagnosed with Conduct Disorder and later with Schizoid Disorder of childhood. He had a history of running away, usually to his grandmother's house, and of setting fires. His mother described him as always overactive and "just plain evil" (p. 47). He was hospitalized at age 9 for running away, setting fires, breaking into cars, and fighting, all without remorse. Projective tests showed sadness and fear, and violence and lack of control were major themes. When his diagnosis was changed to Schizoid Disorder, his evaluation showed depression, anxiety, and lack of object constancy. Projection and denial were cited as his defenses. He had been expelled from four other schools, including a therapeutic school, before coming to the day school. Gary continued to have problems with enuresis. He was physically and verbally abusive, and Neely found him intimidating.

One day both boys came to the art room and made a picture together. Neely was impressed that they both behaved better together than they did individually, so she decided to schedule art therapy for them together. In an early session, they clamored to make plaster gauze masks. Latroy applied the plaster strips carefully to Gary's face, inventing a scenario in which Gary was in the hospital for a critical condition. Tony knocked on the door, and Gary opened it despite Neely's request that he not do so. With the wet mask still on his face, Gary and Latroy ran out to show the other students. The mask suffered in the expedition.

At another session, Latroy made a large painting of pitchforks extending downward from a central heart. In gang culture, this is called "throwing forks down," which constitutes a status threat to a member of an opposing gang. Gary threatened Latroy when he noticed the forks, and Latroy quickly changed them to arrows (Figure 1.9). Near the end of the session, Latroy's behavior deteriorated, and he painted on his skin. When he went into the bathroom to wash it off, he let the sink overflow. While the boys were cleaning up in the bathroom after another session, they went wild. When Neely went in to intervene, they locked her in the bathroom. Another disruptive session occurred when Eddie asked to join the group. The boys chose to work in ink, a medium coveted by gang members for homemade tattoos. Using ink quickly degenerated into jabbing each other with pens and defacing each other's artwork. Neely had to intervene to remove the materials. They began painting gang symbols on a wall mural, a large sheet of paper Neely left on the wall for anyone to use at any time in order to deescalate potential fights. She hoped it would be an outlet for aggressive impulses. Soon Eddie and Gary began to fight over their different gang representations. Latroy goaded them on. Then he made the bathroom sink overflow again.

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FIGURE 1.9 Gang symbols by 11-year-old boy.

By this time, Neely was at her wits' end. Like many others working with this population, she was putting most of her effort into just trying to keep the peace. She had instigated rules to create safety so that therapy could take place. But the rules seemed to invite conflict, which then demanded disciplinary action, sometimes physically. These interventions were usually ineffective anyway. It struck her that safety was foreign to this population. Pretending to offer safety, she realized, was to base her therapy on a lie, since she was unable to provide the safety she had hoped for. If the boys were going to fight in the art room, she was no longer going to try to prevent it. She would try to help them to explore what was going on. She felt she had hit bottom and would change the meaningless rules to accepted anarchy to set the stage for constructive rebuilding.

Neely consulted Gail Wirtz, who had worked in a similar school (see Chapter 5 for her work with families). Wirtz suggested a token economy. Instead of punishing the boys, Neely inaugurated a reward system with points. Each point earned a piece of candy at the end of the session, with a possibility of earning 5 points per session. Ten points earned a Polaroid picture Neely would take of the student, which he could keep. This reward had the advantage of teaching the students to delay gratification and gave them visual feedback about their appearance. Points could be earned for the following behaviors:

- Coming to the art room promptly with good behavior
- Participating in the art activity

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- Cleaning up
- Following the rules (2 points)

The rules were determined by the students themselves, thus making them responsible for helping to establish the therapeutic framework. They assessed their own behavior and reported on their own points at the end of the session. The students simply needed an incentive to control themselves. In my own work with adolescents, I have found that such tokens can also be a face-saving device. For two adolescent groups on a psychiatric unit, the members could choose to sign up or not after a trial period. All chose to remain in the hour-and-a-half sessions and cooperated fully, saying that they did so for the ginger ale we served during the break (Wadeson, 1980).

Gary and Latroy established the following rules: no fighting, no going into Neely's desk, no destroying others' artwork. They chose to work in pastels, and both made sad-looking faces suggested by a drawing Neely had made and hung on the wall after a bad day. Latroy drew Figure 1.10, and Gary made Figure 1.11, speaking about his grandfather's death. Both pictures are more expressive than anything they had done previously. At the next session, the boys came to the art room without having to be fetched. They drew pictures of Ironman (Figure 1.12, by Gary). They discussed whether Ironman had feelings and what he was like underneath his mask. Superhero drawings continued the identity theme that can also be seen in the gang drawings. The cartoonlike style shows the importance of hiding emotions, being cool, and maintaining a defended and threatening posture. Nevertheless, Ironman's facial expression is one of pain.

FIGURE 1.10 Sad face by 11-year-old boy.

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FIGURE 1.11 Sad face by 13-year-old boy.

FIGURE 1.12 ***Ironman*** **by 13-year-old boy.**

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For these students with learning disabilities, for whom school can be very frustrating, art expression can be valuable, and the art room can be one place where success is possible and pride and self-esteem can be fortified. Defended gang art alternated with more open work, with the issue of identity usually the focus. Provoking teachers and therapists by showing their hostility and disrupting the general milieu—in other words, showing themselves at their worst—is one way for these students to test the staying power of caring people. If an adult can get through it all and still care, then perhaps there is the possibility for trust.

These children, who are among the most difficult to treat, pose the greatest threats to our society. Coming as they do from backgrounds of neglect, drugs, violence, and crime, they are the future generation of adults who will perpetuate what they have learned if interventions are not made. Schools for these youths provide our society's greatest opportunity and greatest challenge for change. Unfortunately, most of these youths receive too little too late. Art therapy can certainly play a part in making interventions, but a significant transformation will take much more than the work of a few dedicated therapists. A concerted societal effort is needed to break the cycle that afflicts the young people of our cities' poverty-ridden communities. (For art therapy with an adult with a significant gang history, see Vickie Polin's work in Chapter 11, "Sexual Abuse.")

Art Therapists' Self-Processing

Anne Coseo worked at a school with a student population similar to Kathy Neely's students. Like Neely, Coseo is a Caucasian middle-class young woman. This was her first experience in an African American environment. The therapeutic day school served 60 children, ages 5 to 18, who had severe emotional and behavioral disturbances. The goal of the school was to enable the child to remain in a family setting within the community while making gains to return to public school. Many of the children had neurological impairments; others had experienced physical and sexual abuse, neglect, and abandonment by their families. They exhibited developmental delays, Attention Deficit Disorder, hyperactivity, Conduct Disorder, autism, and learning disabilities. Approximately 80% were male, and 95% were African American. Art therapy referrals came from the clinical director, teachers, and social workers. Anne met with the children weekly in both group and individual art therapy sessions.

Having grown up in an all-white community, Coseo realized it was necessary for her to address her own cultural biases in working with this population (Coseo, 1997). She notes that therapists may impose their belief systems onto their clients through their own stereotypes and prejudices, whether consciously or unconsciously. This sort of cultural countertransference can negatively impact treatment. Most art therapists come from white, middle-class backgrounds, yet many treat various ethnic groups from disadvantaged com-

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munities, such as those with whom Coseo worked. As training programs are beginning to stress, cultural awareness, including examining one's own preconceptions, is essential for effective therapeutic relationships.

Coseo kept a visual sketchbook to log potent feelings and attitudes stimulated by her clients. Since she had little time between sessions, she often made quick sketches right after a particularly disturbing session. When issues or images recurred in her sketchbook or when they had a puzzling cultural content, she made larger mixed-media renditions to explore them at greater depth. She often combined oil pastels, acrylic paint, and chalk pastels with photocopies from magazines. To organize her exploration, she focused on three areas:

- She examined her experiences and beliefs about African Americans, including those communicated to her by her family, community, the media, and society at large.
- She read literature on African American culture, including similarities and differences between it and white mainstream cultural experiences.
- She tied the information together with her current clinical experiences.

Coseo tried to separate her current reactions to clients from responses previously learned from her culture. Michael, a large 13-year-old, is an example. With a history of violence and aggression, he was placed in the school for severe emotional and learning disabilities. He was referred to art therapy for impulsivity, low frustration tolerance, difficulty relating to others, and trouble expressing his feelings. Initially, he was friendly and cooperative, but became more demanding and was often hostile. He grabbed a pair of plastic scissors, which he stabbed into his stomach, yelling that he was going to kill himself. As Coseo walked him back to his classroom, he threatened her by coming very close with clenched fists and acting as though he was going to attack her. Although she remained calm, inside she was terrified. Several hours later, she was still panic-stricken and did not understand her powerful response. Still shaken, she had no idea what she would do when she sat down to draw. The result is the picture on page 21, which shocked and horrified her. She saw it as half human and half animal. Sharp scissors and knives project from the female-looking face, and fangs protrude from the lips. Hands and claws rest against her cheeks, and a collar binds her wrists. Coseo's first association was fear. That is what she had felt when Michael stabbed himself with the scissors and threatened her on the way to his classroom. She realized this was a feeling she had toward African Americans in general, that from her childhood she had been taught that they were dangerous, cunning, and violent. Many people in the white, middle-class suburb of Detroit in which she had been raised blamed African Americans for the city's high crime rate. They regarded African Americans as having aggressive, animal-like impulses. Like the creature in her picture, the only way to control them was seen to be by chaining or confining them. Coseo notes that from slavery in previous centuries to institu-

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tional racism today, African Americans have experienced many forms of control by the white American society. Coupled with her fear of Michael was Coseo's need to control him. She realized that he stirred up some embedded feelings and attitudes she carried toward blacks. This recognition helped her to reduce her anxiety in his presence by reminding herself that part of her intense reaction was coming from her fear of African American males. Returning to her image, she noticed that the beast looked like herself. Her association was that she, too, was bound—by her beliefs, biases, and prejudices. She felt awkward and unsure about putting racial issues on the table with clients. Her first inclination was often to deny or ignore the racial component of their relationship.

Kenny, an 11-year-old with a long history of abuse and neglect and physical disorders including seizures, bowel problems, and closed head injury, exhibited severe delays in social, cognitive, and communication skills. He had had several foster placements because of his extreme behavior problems. He was referred to individual art therapy for low frustration tolerance, impulsivity, and difficulty with verbal communication. He related to Coseo in a very needy way, hanging onto her arm and asking to be taken to art therapy when she saw him in other areas of the school, needing her to watch him closely during the sessions, and having difficulty leaving. She created her reaction to him in Figure 1.13. Three trees (hands) are reaching toward the sun. They represent Kenny's neediness in his struggle to grasp something unattainable. Coseo felt helpless and impotent in trying to meet his needs. She is represented by the mountain, which sits in a fixed position, unable to lift him to the sun. She realized that the mountain can support the trees, but they must create their own growth to reach the sun. The rings on the hands symbolize marriage for Coseo, the stable family life Kenny did not have. Along with his unstable home life, his head injury, emotional and cognitive delay, and experience of being an African American in a white-dominated society put him up against insurmountable odds, Coseo felt. Although her picture is about Kenny, Coseo realized that it expressed her feelings about the school's population as a whole. She saw the sun as the source of power that controls the trees' growth, just as the white-dominated society controls opportunities for African American people. The mountain also represents cultural barriers, such as stereotypes and prejudices, she brought to therapeutic relationships. She realized that she associated African Americans with welfare and handouts, although her reading had refuted this common misconception. Unfortunately, her belief that African American families tend to be dysfunctional and unstable, often accompanied by abuse, neglect, and drug addiction, was reinforced by the school children's social histories.

Coseo's readings on African American culture pointed out that all ethnic minorities must function in two cultures, their own and the white mainstream culture. This came home to her when one boy accused her of not liking him because he is black. To explore the bicultural experience, Coseo made a picture in which one individual appears torn between two worlds, with bands of color

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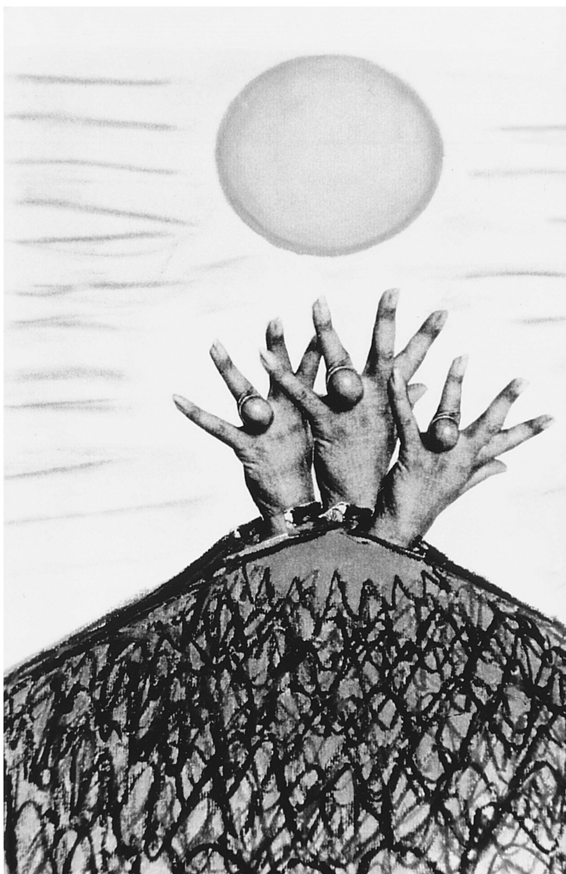

FIGURE 1.13 Art therapist's response to needy 11-year-old boy. ***(Reprinted from* The Arts in Psychotherapy, *Vol. 24, No. 2, A. Coseo, Developing cultural awareness for creative arts therapists, pp. 145–147, copyright ©1997, with permission from Elsevier Science.)***

ordered on one side and bending and twisting on the other. The ordered colors represent the white-dominated world, with clearly defined boundaries, rigid structure, and orderly divisions of roles. On the other side, the black experience is represented by blurred boundaries, flexible structure, and intersecting positions. From her readings she had learned that African American families often extend to the community, which is considered family. Family roles are flexible so that emotional, financial, and social support can come from various sources, such as extended family or community members. White family structure usually means the nuclear family. The interdependence of the extended family structure may come into conflict with the dominant culture's emphasis on independence and self-sufficiency.

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An art therapy group for girls, age 13 and 14 focused Coseo's attention on communication styles. The group was very verbal, and conversation flowed easily among the members. Coseo, however, had difficulty communicating with them. She noticed how often it was necessary for her to repeat herself or to rephrase what she had said. From her reading, she realized that her difficulties stemmed from differences in African-American and white interaction styles. Figure 1.14 shows her large prominent mouth with a jumble of words issuing forth. Often she felt she was not making sense. Her body is small and restricted. The girls are turning cartwheels. Coseo recognized that the main difference between her communication and theirs was in body language. The four tumbling figures illustrate the importance of body language for them. In

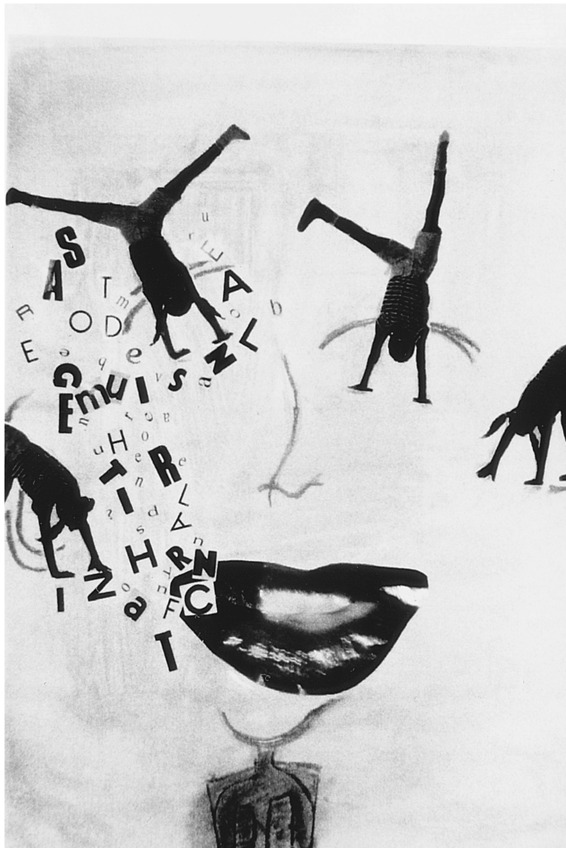

FIGURE 1.14 Art therapist's reaction to adolescent girls' group. ***(Reprinted from*** **The Arts in Psychotherapy,** ***Vol. 24, No. 2, A. Coseo, Developing cultural awareness for creative arts therapists, pp. 145–147, copyright ©1997, with permission from Elsevier Science.)***

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contrast, highly verbal communication characterizes white interactions. The prominent mouth represents this characteristic, whereas the cut-off, tiny body symbolizes Coseo's lack of body language. As a result of this processing, Coseo began to pay closer attention to the nonverbal dynamics of the group interaction. She incorporated expressive hand movements into her comments, which caused the girls to ask her to repeat herself less often. She also used more facial expression and body movement. For example, she would cross her arms and lean back in her chair or stand up when the group became rowdy. These actions gained the group's attention and allowed her to communicate more fully.

In studying African American culture, Coseo discovered many strengths of which she had not been aware. In her work she hoped to help her clients draw strength from positive feelings about their heritage. Coseo has set an example that many art therapists would be wise to follow, both in examining her own preconceptions about an ethnic minority and in learning as much as she could about that culture. Using art making for our self-processing as art therapists brings to our own heightened self-awareness the same opportunity for self-exploration that we try to provide for our clients. Many examples throughout this book show the different ways of exploration and the different issues art therapists have explored through art made in the service of more fully understanding their work as therapists.

The year before Coseo's experience, Lexi Mitchell worked at the same therapeutic day school. She, too, experienced strong reactions to the children. She wrote poetry in addition to painting to address her countertransference (Mitchell, 1995). Mitchell agrees with Bean (1992) that "the poem, like the dream, realizes 'a knowing' that did not exist before its occurrence. A poem does not know what it is going to say until it says it, so that it is discovered by its own writing" (p. 349). Mitchell found that this was true for her painting, as well. For her, both modes of expression used imagery and metaphor to help bring form out of chaos. After having a session with a child that she found confusing, frightening, or overwhelming, she immediately jotted down words or phrases. Later she would look at the words and think about the session. She would then write a short poem. From the poem she would choose an image that interested her or that she wanted to understand more fully and begin to paint. She used acrylic paints for the layering, covering, and blending that their rich colors allowed.

Darien, a 9-year-old African American boy, sounds very similar to Coseo's description of Kenny. He fought constantly with his classmates, often requiring several adults to restrain him. His life had been chaotic from the start as his mother moved in and out of homes of various friends and acquaintances. In between, they stayed with her mother. There were reports of abuse and neglect. When the two women lived together, they fought over his care. Darien became quite adept at manipulating the situation. Mitchell saw him in individual art therapy sessions. Because his needs had been met so inconsistently, Darien

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craved the attention and nurturing he received in one-to-one sessions. He felt great anxiety, anger, and fear when sessions were about to end.

At the end of the second session, as they were preparing to leave the room, he yelled at Mitchell that he hated her and grabbed a package of rice cakes from her desk, stuffed one in his mouth, and ran into a corner, alternating between laughing and yelling that he would not go back to his class. She was flooded with feelings so strong and so conflicting that she felt paralyzed. Simultaneously, she experienced fear, anger, shame, hurt, love, and helplessness. She wanted both to punish Darien and to give him everything he needed to fill his hunger (similar to Coseo's feelings of helplessness in relation to satisfying Kenny). Mitchell wrote the following poem:

You are in the corner, your mouth
crammed full, your arms flailing,
hands grasping at crumbs.
You are giggling stars that
sparkle and fall, turn to ash, sediment,
something heavy at your feet.
And I am before you dancing
with milk in my hands.

The last two lines of the poem puzzled and intrigued her, so Mitchell painted them to try to understand them further (Figure 1.15). A part of her was in agreement with what Darien seemed to be saying to her, that what she was offering was inadequate. What she had drawn looked more like emptiness in her hands than the rich milk she had attempted to show. She felt anger and shame at witnessing his greediness. The part of herself that wanted to give and to nurture was the part she felt most comfortable with, and that is the only part she has shown in her picture. She began to realize that her anger toward Darien was connected with a part of herself she found unacceptable, her identification with his primitive needs. She wrote a poem to the hungry child within herself:

You are a red wrinkled creature,
a small-fisted something,
a cactus in my soul,
a word that means impossible.
Your mouth is open wide,
your lungs on fire,
I wish you luck.
I wish you gone.

Mitchell had hoped for a sense of acceptance from her poem, but it didn't come. In her accompanying painting, she appears to be trying to push the

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FIGURE 1.15 Art therapist's image from her poem about a needy adolescent boy.

baby down (Figure 1.16). When she was able to see the hand on the baby's head as an attempt to soothe the child within, she was better able to integrate her conflicting emotions. In acknowledging the hungry child within herself, she became more tolerant of Darien's needs. As their relationship continued, he became able to trust that she was reliable and able to manage the painful feelings projected into the therapeutic relationship.

Eddie, a 13-year-old African American, was referred to the school for constant fighting and aggression. His mother, a heroin addict since age 16, moved the family in and out of the grandmother's home, where they were abused and neglected. Eddie was beaten regularly and teased about his bed-wetting and about having teeth that protruded from thumb sucking. His mother would disappear for many months at a time with no contact. She had been arrested many times for stealing and for selling drugs, and once for stabbing someone. Eddie was reported as hiding under his bed, sometimes for an entire day, and hitting himself at night to help him get to sleep. He was often cruel to his peers, especially those younger and smaller than himself. In the past year

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FIGURE 1.16 Art therapist's struggle to be accepting of difficult adolescent boy.

he had assaulted a bus driver, threatened his teacher with a broken bottle, and put his fist through plaster walls several times. Mitchell saw Eddie in individual sessions, where he presented a façade of extreme independence and competence, needing no one. Mitchell had a strong reaction to their first meeting and to reading his case history. She wrote a poem in his voice addressing his mother:

> *My heart was cold like yours*
> *was cold each time you left. You*
> *delivered your love so directly, straight*
> *from your hands or the buckle of your belt to*
> *my head and my back and my heart. Your fists*
> *held the kinds of promises you could keep.*
> *I learned to hit myself to sleep and I hid*
> *And I am hidden still.*

Eddie remained distant. Mitchell painted his face (Figure 1.17). She covered it with layers of wax to represent his defensive façade. She returned to the painting and began to scratch and scrape away the layers of wax, becoming aware of the violence contained in her action and the anger that lay behind it. Through her artwork, she became aware of her desire to rip away Eddie's defenses. She had to remind herself that he had built them for good reason and that they should be understood and respected. Although she sometimes

FIGURE 1.17 Art therapist's portrait of defensive adolescent boy.

glimpsed the playful child beneath the defenses, for the most part, Eddie continued to keep her at arm's length. He began to forget her name. His way of relating to her aroused in her a need to protect herself. He had started to try to scare her. He would come up behind her and yell to surprise her, or hide in the closet, or pretend he was going to throw paint at her. He told her about his assaults on other staff members. She found herself subtly withdrawing from him. Again Mitchell wrote a poem in Eddie's voice, this time addressed to herself:

If I could make
you jump or wince, if I could make
you dance, if I
could only forget
your name, then
I could know, finally
how they felt
when I have done the same.

Mitchell realized that by distancing herself she was only confirming Eddie's view of the world as a rejecting place. By writing in Eddie's voice, she was able to better understand his fears and needs. In her continuing work with him, she tried to remain a constant, accepting, empathic presence and to show the genuine positive regard she felt for him.

The combination of words and images was a powerful beacon for Mitchell, throwing light into the dark places of the fears, angers, needs, and

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vulnerabilities aroused in her through her work with these very difficult, needy, and damaged children.

Summary

Art therapists are called on to work with some of our society's most needy children, occasionally in public schools, but especially in special schools for children who cannot function in the public school system. Often these children have been the victims of neglect, abuse, violence, and crime. Many of the adolescents already have records of arrest. The material presented here includes the following:

- Anita Yeh's (1997) work with found objects in art therapy with children in a public school
- Monique Prohaska's (1999) use of collage in overcoming resistance by adolescents with behavioral disorders. Magazine images were also incorporated in self-boxes and backgrounds for masks (Prohaska, 1999).
- Cheryl Koenig's (1992) art therapy with children diagnosed with elective mutism
- Kathy Neely's (1984) implementation of structure in her work with gang-affiliated youth in a special education day school
- Anne Coseo's (1997) self-processing, through art making, of her own cultural biases that surfaced in her work with African American students in a school for children and adolescents with emotional and behavioral disorders
- Lexi Mitchell's (1995) self-processing, through writing poetry and painting, of her own strong reactions to the students at the same school

Conclusion

Hope is usually to be found in the new generation. Children bring the promise of a better life, a better world. Art therapists more often work with those for whom there is little hope, those who come from such desperate abuse and neglect that they appear doomed to follow in the footsteps of their parents, leading in circles of poverty, addiction, violence, and crime. The hope for a better society lies in changing these patterns. The schools offer us our greatest opportunity to reach these children. Art therapy can bring possibilities for self-expression, success, pride, positive relationships, and creativity. As important as these benefits are, for change to occur there must also be positive interventions in the living conditions and family structures of these children. Art therapy can offer these children part of what they need.

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ART THERAPY PROJECTS

Projects discussed in this chapter are described further in Chapter 15, "Art Activities and Materials":

- Found objects (Yeh, 1997)
- Constructions (Yeh, 1997)
- Magazine collage (Prohaska, 1999)
- Self-boxes (Prohaska, 1999)
- Body tracings (Prohaska, 1999)
- Masks (Neely, 1984)
- Mixed media (Coseo, 1997)
- Writing poetry (Mitchell, 1995)