Colour my growth: a study of art as a language for victims of family violence

Suk Mun, Sophia LAW
Lingnan University, Hong Kong

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Colour My Growth

A study of art as a language for victims of family violence

Written by Sophia Law
Associate Professor, Dept of Visual Studies, Lingnan University

Introduction

Colour My Growth was a 1-year research project on the use of art as an intervention for child victims of family violence, undertaken collaboratively by the Department of Visual Studies at Lingnan University and the Family and Child Protective Services Unit, Tuen Mun (FCPSUTM) between February 2013 and February 2014.

A core working team led by Professor Sophia Law and comprising a professional art therapist, five social workers and a research assistant was formed before the project began. The team members worked closely together throughout the year.

Eight children (four girls and four boys) between 9 and 12 years of age in January 2013 were recruited from selected cases under the FCPSUTM. Among the selection criteria were age, gender and severity of traumatic exposure. All eight children had experienced severe family violence and exhibited various symptoms of behavioural problems.

Objectives

Child victims of family violence experience constant stress due to fear, confusion and insecurity. Because their cognitive and linguistic abilities are still developing, they cannot comprehend what is happening to them or make sense of their reality. One of the fundamental aims of any intervention designed for such children is to help them to liberate and recognize their inner feelings. In this project, a year-long series of individual (InS) and group (GpS) art-therapy sessions was conducted to investigate ways that art can be used as a language by child victims of family violence. The main objectives were as follows.

i. To help children who have undergone traumatic experiences to release their inner feelings through artistic creativity;

ii. To explore the possibilities of using images as writing for children who find it difficult to express themselves in words; and

iii. To provide solid reference information for effective counselling.

Methodology and Theoretical Framework

The project adopted the Action Research and Art Therapy approach. The core working team held regular meetings to discuss and evaluate each case at every stage of the project, analyse the images created by each child and plan and monitor actions for intervention. At each meeting, conclusions were drawn from the actions previously implemented and situation analysis was conducted to initiate another cycle of actions for intervention. In short, the core team worked closely together to perform the following repeating cycle.

\[
\begin{align*}
\text{actions implemented, recorded & observed in} & \quad \text{InS/GpS} \\
\text{situation analysis} & \quad \text{evaluation/analysis}
\end{align*}
\]

Clinical findings have shown that art therapy can activate limbic structures to evoke repressed emotional memories and facilitate the non-verbal expression of these emotional fragments (Schore, 2012). The creation of images during art therapy provides children with a safe platform on which to tell their own stories in a spontaneous and indirect manner (Naumburg, 1973). The images produced by these children testify to their inner thoughts and feelings (Thomas & Silk, 1990). They not only help the children to release their repressed emotions, but provide a physical means for others to identify the children’s needs, which enables supportive counselling. Many researchers affirm that children’s drawings reveal their mental growth and psychological
Many researchers affirm that children’s drawings reveal their mental growth and psychological development (Lystad, 1974). The images and stories created by children are often highly self-referential or self-projective (Anning & Ring, 2004). The triangular relationship depicted below – between child, art therapist and art work – is unique to art therapy.

The above triangular relationship gave the child victims involved in this project the opportunity to experience a sense of trust and sharing through the medium of artistic creation. The creative processes structured in the programme provided the children with a non-verbal channel for self-directed and controlled exploration and expression of their inner emotions. Their art works mediated their relationship with the art therapist and helped them to naturally articulate their thoughts and feelings as they shared the stories of their images. As a result, the images functioned as a visualisation of their inner feelings and a vent for their repressed emotions, which would otherwise have been difficult to release. This liberation and realisation of their inner emotions gave the children a better understanding of themselves and of reality. With the interactive and supportive counselling provided by the art therapist and the case social workers, the process of visualisation, release and realisation was internalised, increasing the children’s self-recognition and strength.

Structure

A professional art therapist conducted a series of art-therapy InS and GpS with the children. The programme comprised 20 GpS and 4 to 16 InS with each child, depending on the degree and intensity of intervention required. The programme had the following four stages.

i. Initial stage – three InS with each child, followed by nine GpS. The aims of these sessions were to provide a stable and safe environment for the children, to establish trust between each child and the art therapist and to build group cohesion.

ii. Middle stage – eight GpS scheduled between InS. The aims of these sessions were to explore the particular experiences and concerns of each child and to help the children to articulate their inner feelings through creativity and gain a better understanding of reality by sharing and interpreting their own art works in both individual and group settings.

iii. Final stage – two GpS and a series of intensive InS with a few children with complicated issues that demanded more vigorous intervention. The sessions were designed to address the specific needs of each child, to enhance the positive outcomes of the course and to prepare each child for the end of the programme.

iv. Closure – a farewell party was scheduled for all of the participants, comprising the children, social workers, art therapist and researchers. The objective was to create a proper sense of closure for the children at the end of the programme. All of the participants contributed to a collaborative painting, which was a great success: everyone enjoyed the creative process, and the colourful final work provided a tangible conclusion to the programme. It was hoped that the children and their families would retain positive memories of the party and the collaboratively created vivid images to help them to move forward in the future.

In November 2013, the team conducted a thorough review of all of the cases to identify each child’s key remaining issues and concerns. This allowed the team to implement more focused InS in specific cases and to plan a conclusion to the programme that would meet the needs of every child. Unresolved issues were noted by the case social workers for follow-up support.

Ideally, all of the children would have received an equally intensive intervention across the year. However, due to budget constraints, more InS were scheduled for children with more complicated psychological problems and issues. Therefore, the duration of the InS varied between the children. The longest time spent in individual therapy was...
795 minutes, and the shortest 150 minutes. Twenty GpS were scheduled for the whole group, and each GpS, with the exception of the final farewell party, lasted for 2 hours. Some children like Child B preferred InS and attended eight GpS only. Below is a table showing the duration of therapy received by each child.

<table>
<thead>
<tr>
<th>Child/sex/age</th>
<th>total no. of GpS</th>
<th>duration of GpS</th>
<th>total no. of InS</th>
<th>duration of InS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child A/f/12</td>
<td>18</td>
<td>37 hr</td>
<td>16</td>
<td>795 min</td>
</tr>
<tr>
<td>Child B/m/9</td>
<td>8</td>
<td>17 hr</td>
<td>13</td>
<td>450 min</td>
</tr>
<tr>
<td>Child C/f/11</td>
<td>15</td>
<td>31 hr</td>
<td>4</td>
<td>225 min</td>
</tr>
<tr>
<td>Child D/m/11</td>
<td>15</td>
<td>31 hr</td>
<td>4</td>
<td>150 min</td>
</tr>
<tr>
<td>Child E/m/10</td>
<td>19</td>
<td>39 hr</td>
<td>5</td>
<td>330 min</td>
</tr>
<tr>
<td>Child F/H/8</td>
<td>5</td>
<td>19 hr</td>
<td>7</td>
<td>240 min</td>
</tr>
<tr>
<td>Child G/f/9</td>
<td>16</td>
<td>33 hr</td>
<td>1</td>
<td>480 min</td>
</tr>
<tr>
<td>Child H*/m/11</td>
<td>4</td>
<td>9 hr</td>
<td>1</td>
<td>20 min</td>
</tr>
</tbody>
</table>

All of the creative activities were designed to be spontaneous and to follow each child’s pace and preferences. Many of the themes were chosen to tacitly draw out the children’s perceptions of themselves and their families, such as ‘Dream Island’, ‘Dream House’, ‘My Story Book’, ‘My Treasure Box’, ‘House, Tree and Person’, ‘My Planet’ and ‘My Journal’.

**Evaluation**

All of the sessions, both InS and GpS, were videotaped for reference and analysis. Qualitative measures were used to evaluate the outcomes of the sessions, such as direct observation, detailed documentation of the performance of each child in each session and analysis of the images they produced. A session-evaluation sheet was given to both the art therapist and the research assistant to enable them to record and evaluate each child’s performance in every session using factual indicators (e.g., the child’s own interpretation of his or her image and any verbal or nonverbal emotional expression observed). Three aspects of performance – engagement, emotional expression and teamwork – were graded by both the art therapist and the research assistant on a 5-point scale. The children’s own interpretations of their art works offered particularly important insights, aiding the researcher and therapist in helping the children to articulate their inner feelings.

In addition, each child was required to take the Rosenberg self-esteem index test at the beginning, middle and end of the project. The children’s guardians also answered a questionnaire on the ability of their respective wards at the beginning and end of the programme.

**Observation and findings**

**Situation analysis**

Abused and neglected children have limited or no ability to regulate their emotions and behaviour (Rogosch, Cicchetti & Aber, 1995). The children recommended for inclusion in this project had complicated family backgrounds and had generally repressed or denied their emotions; others exhibited a lack of understanding of their emotions. A brief review of the children’s family situations and behavioural problems before the programme is provided below.

Six children had parents who were either separated, divorced or undergoing divorce. As of February 2013, only one of the children lived with both parents; the rest lived with single parents or relatives, or in small group homes. One child’s parent was seeing a clinical psychologist, and another’s mother was a drug addict. Even worse, one child’s father had committed suicide just before the project commenced.

All of the children found it difficult to articulate their thoughts and feelings and exhibited inappropriate behaviour, such as the following.

- Weeping but not speaking during counselling,
- emotional outbursts (e.g., fighting in school, hitting the clinical psychologist),
- unusual and/or incomprehensible behaviour (e.g., licking objects on the street, cutting things with scissors),
- inappropriate emotional responses (e.g., laughter or impassivity in response to allusions to misery or pain),
- scratching limbs when frustrated, defecating while bathing.

The various forms of inappropriate behaviour listed above were signs of anxiety and apprehension accumulated through the repression of a mixture of feelings too complex for children of their age to articulate, such as confusion, fear, distrust, guilt and anger. This behaviour not only hindered the children’s counselling but adversely affected their personality development. Early intervention to help child victims release their inner feelings is fundamental, both to ensure effective counselling and to enhance the children’s development.

**Outcome 1: release of repressed emotions**

Creativity relies on the senses and stimulates right-brain activity. This allows a creator to access repressed emotional memories, transforming his or her internal sensations and thoughts into
non-verbal forms of expression. Inner emotions may be released through the interaction between the creator and his or her media. The choice of colours, forms, content and methods of execution and presentation provides a channel for the expression of abstract thoughts and feelings. Explicit evidence of emotional release was observed during our child victims’ creative activities across the year.

* Release of aggression in the process of creation. Spontaneous creativity elicits kinaesthetic activity; internal sensations are expressed through the body via gestures and various other nonverbal signs. Below are some forms of aggressive expression exhibited by the children in this project.
  
i) Excessive splashing of watercolour paint on the wall during action painting,
  
ii) pounding or pressing forcefully during clay modelling,
  
iii) tearing paper while creating collages,
  
iv) unnecessarily forceful squeezing of glue or paint tubes,
  
v) forceful strokes while painting (Fig. 1).

These actions revealed hidden aggression and to some degree released the children’s repressed anger and frustration. More significantly, these forms of release were contained in a safe environment that allowed negative emotions to be appropriately expressed. The social interaction of child victims with a history of aggressive behaviour had considerably improved by the end of the project. The case social workers reported that fewer emotional outbursts had occurred in the later stages of the project, and that various other types of unusual behaviour had become less frequent or ceased altogether.

* Objectification of images created. While making art and narrating the process of creation, children undergo a therapeutic process that the art therapist Linda Chapman described as the objectification of images. Chapman elaborates as follows: ‘the concrete image on the paper allows the child to objectify the images, creating distance and allowing her to speak about an external event, rather than an internal one. This objectification of the image eliminates the flooding of disturbing images and sensations’ (2014, 28).

Our child victims often described the figures depicted in their art works as people, animals or monsters with negative emotions – a crying girl, a caged giraffe, a sick monster being cut into two, a lonely and sad monster, a double-headed David Beckham (Fig. 2), a small girl at home alone watching a frightening television series about murder (Fig. 3), a large lion killing small lions. These elaborations revealed and gave vent to the children’s feelings of confusion, sadness, loneliness and insecurity.

Fig 2

Fig 3

* Symbolic content. Scenes of war, killing and weapons were presented by the boys in particular (often without a clear structure or explanation). These images offered palpable signs of hidden fear and violence. Excretion
and defecation were referred to more than once in the children’s own interpretation of their works, indicating a sense of insecurity. One boy created many images of a maze (Fig 4), expressing confusion and uncertainty.

Fig 4

* **Symbolic use of colours.** Black is rarely a child’s favourite colour. However, one girl reported a preference for black, and her use of black in her work was often rough and messy (Fig. 5). The choice of black may have been a symbolic expression of her repressed sadness.

Fig 5

* **Covering finished images** (Fig. 6). This behaviour was exhibited by two girls, indicating their lack of self-acceptance.

Fig 6

All of the forms of expression listed above occurred non-verbally or indirectly (a third-person position). Creating art works allowed the children to express their negative emotions in a safe and self-directed way, without threats or accusations. This was particularly important, because it not only allowed the children to release their repressed emotions but promoted self-acceptance.

**Outcome 2: improved ability to articulate thoughts and feelings**

Neuroscientists have shown that traumatic experiences are stored as state-dependent memories, which are dissociated from ordinary cerebral activities and are thus difficult to retrieve. State-dependent memories are highly visual and are best accessed through nonverbal means (van der Kolk et al., 1996). Creativity relies on visual thinking and spontaneous creativity does not require reasoning, enabling us to evade self-defence mechanisms and activate state-dependent memories.

The children involved in this project began the creative process with free drawing or clay modelling. In many cases, the forms and images taking shape triggered some sensitive emotional memories of the children’s painful past. This naturally led them to provide details of their past experiences. Although they exhibited denial and a reluctance to talk about their families at the beginning of the programme, the children became increasingly willing and able to talk about their families as the programme developed. Below are three vivid examples.

* A girl whose father had committed suicide talked very little about her father during the first stage of the programme. When she first mentioned her father’s death, she laughed as if recounting a comic rather than a tragic event. She subsequently described her father as ‘going to sleep for a very long time’. This unnatural response and description indicated that the child was in a state of denial regarding her father’s death. In the later stages of the project, she disclosed more details about her father and her relationship with him; for instance, she reported that he smoked, that the two had pillow fights on the bed, that he took her swimming, and that she looked at her father’s photograph when her mother was not around. Even more significantly, she spoke in a much more natural way (with appropriate facial expressions) and articulated more realistic perceptions of her father’s death through her
images (providing factual details of her father’s lying in a coffin and a symbolic depiction of his death as an ascent into the sky). These observations indicated that she had gone through the stages of grieving from denial to acceptance, enabling her to understand the reality of her father’s death and move forward.

A boy who had witnessed his father’s violence had remained silent about his family’s experiences before the programme. Both the social worker and the art therapist noticed that he was trying hard to protect his mother and keeping lots of secrets. Immediately after the mid-point of the programme, however, the boy started to tell the art therapist some secrets. He reported that his father had hit him, and that his mother had run away with him and his younger brother three times. All of these details were narrated by the boy for the very first time. This must have released some of the stress of keeping secrets and bearing considerable pain on his own for so long.

A girl whose mother was an addict was living with her grandmother at the time of the programme. She exhibited attention-seeking behaviour that indicated a strong desire for nurturing. Her reactions to commands resembled those of a much younger child, and she demanded attention with little awareness. By the end of the project, however, the girl’s case social worker reported that she was able to verbally explicate her needs. She was even willing to admit that she enjoyed being taken care of, which revealed an improvement in her self-recognition and self-acceptance.

All of these details were voiced naturally while making art. In the GpS held during the later stages of the programme, our child victims started talking with each other about their family situations. By the end of the project, nearly all of them were able to engage in conversations about their families and past experiences.

Outcome 3: experience of genuine sharing and support
The GpS provided our child victims with a sincere and safe environment in which to share their painful memories with others in similar situations. The group dynamics were steered to emphasise collaboration and sharing, encouraging positive bonding and mutual recognition among the children. In nearly all cases, the children’s scores in the teamwork index increased as the programme progressed. Correspondingly, the number of recorded conflicts decreased. Tension between children of different genders was documented during the initial stage, but had been entirely resolved by the end of the programme. Overt confrontation, whether verbal and gestural, was documented in the early stages of the project, but occurred only very rarely in the later stages. Instead, more instances of appreciation, sharing and support were observed in the group. When a child was absent, other children noticed and enquired after him or her. Warm-up games were no longer required by the last three GpS. All of the children were able to begin sharing their materials and ideas, and in some cases working together, immediately. There were no signs of intrusion into others’ working space. In contrast, the children were observed to exhibit self-control and to respect others’ creative boundaries.

In the last GpS, during which the children’s individual images of planets were brought together on a large piece of paper to form a collaborative art work, all of the children exhibited high levels of absorption and control when decorating their creations and linking them with others’. Two girls even connected their planets with a thread. More significantly, everyone involved in the last few GpS shared the stories of their works, with focused attention and feedback. All of the children who attended the farewell party expressed an unwillingness to leave the programme. Some exchanged contact details.

Conclusion
Child victims of family violence are helpless and require tremendous support to deal with both internal and external issues. Their internal issues arise from the various devastating effects of chronic stress on their development and growth. External issues may involve the parent-child relationship, parents’ physical and psychological condition and other aspects of the family situation, all of which are entirely out of the child victim’s control. In this project, art therapy was used to target child victims’ internal problems. This approach was found to improve the children’s perceptions of self and reality, as well as their psychological well-being and social behaviour. These results are supported by numerous clinical findings indicating that art is a form of image writing and a type of play that works well with children who have undergone or are undergoing traumatic experiences (Silver 2001; Malchiodi 1998).
It is impossible to ignore the possibility that other supporting factors (such as a more stable family situation or good foster care) were responsible for the positive changes observed in our child victims. However, it is also undeniable that the programme provided a stable and trusting environment in which for the children to express and explore their inner selves. This gave the children the invaluable opportunity to experience a genuine sense of self-control, security and trust and helped them to learn about themselves and come to terms with their reality, supported by the art therapist and aided by others’ sharing in a group setting. The programme helped the children to articulate their feelings and gain a better understanding of their situation.

The success of the project can be attributed to the collaboration and sharing of expertise between the disciplines of social work, art therapy and academia. Such inter-professional collaboration offers a valuable and effective way of making real changes.

References


