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Beyond Regression: An Investigation of Art Material Choice for Children with Trauma

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Beyond Regression:

An Investigation of Art Material Choice for Children with Trauma

Capstone Thesis

Lesley University

May 5, 2019

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Art Therapy

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Abstract

Choice in art materials and the artistic process are arguably two of the primary facets of how art making can be therapeutic. The purpose of the present inquiry was to investigate the impacts of art material choice in children who have experienced trauma. Using the expressive therapies continuum (ETC) as a foundation for choosing art materials in a therapeutic context, this inquiry sought to introduce art materials in the kinesthetic/sensory component of the ETC (e.g., clay, paint, large paint brushes, etc.). As a mediating consideration, this inquiry articulated the responsibilities and obligations that the art therapist possesses in working with art therapy clients—specifically, in working with children with trauma. An individual therapeutic intervention was implemented to observe these variables in action at a therapeutic day school located in the metro-Boston area of Massachusetts. The intervention was implemented by recruiting an eight-year-old boy who has a history of traumatic experiences and a trauma-related psychological diagnosis. The results for this intervention indicated that the choice of kinesthetic/sensory art materials in working with children with trauma had a positive influence on the therapeutic nature of the art therapy session. In essence, the present inquiry noted an example of how kinesthetic/sensory art materials have the potential to yield healing therapeutic experiences.

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Beyond Regression: An Investigation of Art Material Choice for Children with Trauma

Grounding individuals in the strength of their artwork and in their artistic process is a precious purpose that art therapists must constantly and consistently seek to embrace.

Recognizing and honoring the power of art to externalize inner states of being is the basis of the art therapy philosophy (Springham, 2008). Evaluating and understanding how art can interact with individuals' psychological processes is essential to assessing the range of therapeutic qualities of art as a tool for exploration and healing (Springham, 2008). Most importantly, the art therapist must understand that the power of art must be properly considered on an individual level in order to be useful (Springham, 2008).

People find symbolism in many ways (e.g., religious objects, art, dance movement, drama, and music; Lomas, 2016). As such, the art therapy perspective is derived from the human motivation for the search of meaning through self-created art (Lomas, 2016). In a similar vein, people tend to see symbols of darkness, despair, and pain in art (e.g., Picasso). According to Lomas (2016), this expressive binary is a powerful redirection on part of both art therapy and positive psychology by taking consideration to the positive things in life—the things that make a person happy. Self-expression provides an avenue to satisfy psychological needs such as freedom and autonomy (Lomas, 2016). For the artist and for the beholder, admiring beauty, growth, nostalgia, and optimism within art and other modalities is the pathway for positive aesthetic appreciation (Lomas, 2016).

While working with a variety of art materials, the creative process inevitably invites unconscious images, emotions, thoughts, and memories to surface (Hilbuch, Snir, Regev, & Orkibi, 2016). Through art making, individuals are often subjected to free association and creative flow, bringing about the creative spirit that lights the path for self-discovery and

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personal epiphanies and the opportunities to explore these ideas further (Malchiodi, 2015). Moreover, art making exists as a path in the search for meaning and the personal vulnerability that comes with releasing control over one's healing process (Brown, 2015). The unique experience of vulnerability for clients is a double-edged sword that is the birthplace of both happiness and of heartbreak. As such, it is of the utmost importance that art therapists are consistently attuned to and aware of their clients' strength for simply visiting a stepping stone for vulnerability (Brown, 2015). Because therapists are conditioned to be vulnerable and because therapists might feel comfortable in a space where they cannot control the outcome, they may at times overlook the courage and novelty that clients might experience when embarking on a therapeutic—and therefore, vulnerable—self-exploration.

The origins of the term regression stem from Freud's (1920/1938) writings on defense mechanisms—which are presently defined as “unconscious processes used by an individual or a group of individuals in order to cope with impulses, feelings or ideas which are not acceptable at their conscious level; various types include reaction formation, projection and self-reversal” (U.S. National Library of Medicine, 1999). Freud (1920/1938) suggested that the regressive process consists of clients retracing the steps in their own development, and thus, all new acquisitions gained during the client's development of thoughts expressed as words tend to fade away and are temporarily replaced by these memory-pictures from childhood. In the context of art therapy, Hinz (2009) suggests that art materials that foster kinesthetic/sensory engagement are more likely to lead to *regression* in clients. Though this claim has cast a shadow on the fluid usage of art materials in art therapy, I have not found research that substantiates such a claim. My experience, both personal and professional, has compelled me to argue against this unfounded claim that kinesthetic/sensory art materials should be avoided at all costs because

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“regressive materials harm individuals who have experienced trauma.” I have heard this claim throughout the duration of my training as an art therapist, and I am interested in the empirical research and theoretical perspectives that support the contrary.

Literature Review

Clients come to therapy for a variety of personal reasons, and they are often at differing levels of comfort around self-disclosure and around the therapeutic process. In working with clients who have experienced trauma, therapists are expected to respect individual boundaries and not to impose the pathology of trauma onto a client who has not disclosed a traumatic experience. In addition, therapists are expected to allow for the time and for the therapeutic processes to unearth these traumatic memories, *if* they in fact do have a trauma history, in a safe way—rather than jumping in and projecting the trauma pathology onto a client (Malchiodi, 1998). In this way, I would argue that the therapeutic relationship is the first stepping stone for clients to feel safe in processing their trauma. Hilbuch, Snir, Regev, and Orkibi (2016) suggest that a significant portion of unconscious memories are typically not accessible to individuals who are willing and yearning to process these memories in a therapeutic way. In such cases, it is important for art therapists to be sensitive to the idea that some art therapy clients may not be aware of the existence of these unconscious memories, but that the clients may acknowledge the powerful influence that these relative feelings and emotions have over their behaviors (Hilbuch, Snir, Regev, & Orkibi, 2016). Freud (1920/1938) contended that “our thoughts originated in such perceptual forms; their earliest material and the first stages in their development consisted of sense-impressions, or, more accurately, of memory-pictures of these. Freud (1920/1938) continued to discuss how it was later that words “were attached to these pictures and then connected so as to form thoughts” (p. 160). In general, one could argue that the therapeutic

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process evokes a multitude of complex emotions and at times can unearth some deepset and forgotten or *repressed* memories. For the present inquiry, the most applicable definition of repression was coined by Freud (1920/1938), stating that repression is when unconscious mental events are not permitted to enter the pre-conscious system and are turned away and censored within the client. In some cases, these repressed memories can be traumatic in various ways and can often be retraumatizing to re-experience the depth of these difficult memories—as the repression is considered to be one of Freud’s (1920/1938) *defense mechanisms* (U.S. National Library of Medicine, 1999; van der Kolk, 2014). Freud (1920/1938) contends that memory *repression* is one human defense mechanisms that serves to protect us from memories that are full of hurt and that are harmful. Thus, according to Freud (1920/1938), the act of repressing memories is a predictable response for a person who experiences a traumatic event. The goal of using art therapy in acknowledging and processing of traumatic events has shown to be a revolutionary treatment experience for the mental health field (Naff, 2014).

Children with Trauma and Art Therapy

Focusing on traumatic experiences in childhood, an art therapist must be knowledgeable of the developmental perspective of how trauma manifests in the mind and body of a child (Malchiodi, 2015; van der Kolk, 2014). Research conducted by van der Kolk (2014) suggests that children process traumatic experiences with the knowledge and understanding that they possess at the time of the event. Therefore, when traumatic events occur within a developmental time period that a child lacks the ability to communicate verbally, these memories are encoded and stored in the ways that they were implicitly absorbed—as images, smells, sounds, touch, and other sensory experiences (van der Kolk, 2014). Because trauma can be stored in one’s memory

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as imagery, expressive art therapy processes provide an effective method for processing and resolving it (Hinz, 2009; Malchiodi, 2015).

Elbrecht (2013) furthers the idea that children do not learn to communicate language through speech but rather by using various motor skills with their hands. Moreover, in her book, *Trauma Healing at the Clay Field*, Elbrecht (2013) discusses how primitive humans utilized hand gestures and other body gestures to communicate with one another. Elbrecht (2013) supports this claim by referencing primitive cave drawings and cave paintings that allowed beings to communicate with each other and how we as humans remain connected to the early architecture of the brain. In this way, one could argue that the evolutionary perspective of how humans remember and recall information from their childhood has shown to be complex. Thus, Elbrecht's (2013) perspective on the use of art materials, specifically with children, leans toward the ETC components of kinesthetic/sensory portion, where clients utilize more motor skills and engage with the materials without distance.

For the purposes of the current inquiry, *trauma* for children has been defined by Cathy Malchiodi (2015) as “an experience that creates a lasting, substantial, psychosocial, and somatic impact on a child” (p. 4). Importantly, the current clinical definition of trauma and the social definition of trauma have a variety of identities (American Psychiatric Association, 2014). Considering the differences in these definitions, it has been shown that it is crucial for art therapists to be sensitive to addressing trauma in a culturally competent way (American Art Therapy Association, 2013). Moreover, trauma is a complex thing that has the potential to manifest in different children in various ways (Kramer, 1993; Malchiodi, 2015; van der Kolk, 2014). For example, as previously mentioned, traumatic events in childhood tend to be absorbed and processed using the developmental abilities that were present at the time the event occurred

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(van der Kolk, 2014). Thus, it seems logical that engaging with different types of art activities and art materials might have an impact on the client's internal thought, emotional, and sensory processes.

Expressive Therapies Continuum

As a framework for the present inquiry on children who have experienced trauma, I will address these cognitive, emotional, and somatic aspects through the lens of the *expressive therapies continuum* (ETC; Hinz, 2009). For this exploration, the ETC will serve as an organizational structure for expressive arts materials and modalities that clearly categorizes the impacts that the expressive arts may evoke in clients' psyches (Hinz, 2009). As can be seen in Figure 1, the ETC is often used by clinicians in the expressive therapies field to determine the most appropriate and relevant expressive art type to utilize and to explore during therapeutic treatment (Hinz, 2009). Specifically, Hinz (2009) describes three separate categories that lie on the spectrum of the ETC, ranging from the kinesthetic/sensory level, the perceptual/affective level, and the cognitive/symbolic level (Figure 2). Examples of kinesthetic/sensory art activities might include using materials such as watercolors, fluid acrylic or tempera paints, or clay, whereas examples of cognitive/symbolic art activities may include materials such as collage pieces, colored pencils, graphite pencils, and paper (Hinz, 2009). Importantly, examples of art materials for the perceptual/affective level of the ETC might include materials that allow for drawing, painting, and sculpting—which involve various materials from the kinesthetic/sensory level and cognitive level of the ETC (Hinz, 2009). The ETC provides a structural foundation for how to categorize and consider the specific impact that certain art materials may emotionally and cognitively evoke for clients (Hinz, 2009). As such, the use of the ETC will supplement the

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current inquiry. because of the continuum's concise and ranged operationalized features of incorporating the use of art materials in therapeutic setting (Hinz, 2009).

Based on Freud's (1920/1938) definition of regression, it is reasonable to assume that children, especially young children, are naturally regressed as a baseline—because this population is our closest reference to the regression concept. As such, regression brought about through the use certain of art materials is typically considered to be a negative process, or a step backward—to regress to the infantile condition (Freud, 1920/1938; Hinz, 2009). Historically and traditionally, one could argue that the experience of reverting to an infantile or child-like state has been considered to be alarming and disturbing. However, in the case of forgotten or repressed memories, as mentioned previously, one could also contend that adults can potentially experience the resurgence of memories when in a regressed state (Kramer, 1993). In addition, regression in children may look like a child's suddenly presenting an externalized behavior that is noticeably lower developmentally than that child's baseline maturity level (Kramer, 1993). Some examples of externalizing behaviors that Kramer (1993) discusses in her book, *Art as Therapy with Children*, include aggressive behaviors (e.g., hitting, kicking, biting, scratching, screaming, yelling, etc.) as well as running behaviors or hiding behaviors. Importantly, the purpose of this inquiry is to compile evidence to present to individuals in the clinical field who wish to work with individuals who have suffered trauma.

The aversion to the kinesthetic properties of the ETC that the expressive therapies community arguably upholds has contributed to the devaluation of sensory-centered art therapy experiences (Hinz, 2009). In a similar vein, the aforementioned expressive therapies' aversion to implementing the use of sensory materials with clients with trauma in a therapeutic context has led to expressive therapists' harboring a lack of confidence in these regressive materials (Hinz,

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2009). According to Cane (1951) the kinesthetic sense is much neglected, and many people are largely unaware of the feedback that they get from their bodies or how to use kinesthetic information in expression effectively. That is, I would argue, art therapists' overall lack of faith in the power of art materials has contributed a great disservice to the art therapy field of research and to clients who might be nourished by them. In her book, *Understanding Children's Drawings*, Malchiodi (1998) argues that art therapists must have a working knowledge of art materials to be properly prepared and competent. Specifically, art therapists must be actively aware and considerate of *each* individual client's needs when developing art therapy interventions (Hinz, 2009; Malchiodi, 1998). In a more general context, art therapists who work with children must provide adequate art instruction to educate their child clients on how to use a variety of art materials effectively (Malchiodi, 1998). Moreover, Hilbuch, Snir, Regev, and Orkibi (2016) suggest that the art making in the therapeutic context exists as a "third-dimension" (p. 20) that facilitates the communication and the relationship between the client and the art therapist. Moreover, Hilbuch, Snir, Regev, and Orkibi (2016) state, "the presence of the art materials in the therapy room avails the client of the opportunity for art making which may facilitate the emergence of a transitional space where clients bridge between their inner subjective experience and external objective reality" (p. 20).

Kramer (1993) mercilessly put these nebulous ideas about the push and pull put on creativity and regression into words by stating, "Temporary regression is a necessary phase in every creative act" (p. 14). Furthermore, Kramer (1993) argues for how art educators and art therapists may have the obligation to guide the student or the client through a series of relaxation techniques that may temporarily dismantle the defense mechanisms that keep the client disconnected from the creative process. However, and most importantly, Kramer (1993) goes

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further to articulate that the art therapist must be reasonably certain that the child is capable of integrating the “fantasies and affects” (p. 14) that are more likely to be liberated and that the child “will not be flooded by passions or overwhelmed by fantasies beyond [the child’s] control” (p. 14). Kramer (1993) goes on to argue that it is essential that art educators and art therapists allow space for regression to occur—if this is what is best for the client. Therefore, this practice of harnessing the experience of regression is a catalyst toward creative communication (Kramer, 1993). Finally, Kramer (1993) contends that it is a great disservice to the art therapy field for individuals to avoid the regressive and childlike inspirations and fantastical insights that we all have the potential to visit.

Despite the reluctance that therapists might have to utilize regressive art materials with individuals who have experienced trauma, the kinesthetic/sensory components of the ETC have shown to be helpful to clients for processing, communicating, and externalizing varieties of complex emotions (Elbrecht, 2013; Kramer, 1993; Lusebrink, 2004). After all, humans’ first mode of communication was through gestures and bodily movements (Elbrecht, 2013). Lusebrink (2004) describes the kinesthetic/sensory component of the ETC to be the experiences in which motor action is used to express energy therapeutically. This kinesthetic experience with art making provides observable and visible feedback about how the body moves in space (Hinz, 2009). Likewise, clients receive a great amount of sensory input that informs and affects their bodies (Hinz, 2009). In this way, the kinesthetic/sensory component of the ETC serves to transcend linguistic communication boundaries and is therefore universal and applicable to all types of individuals (Hinz, 2009). Hinz (2009) explains that the potential healing component of the kinesthetic/sensory portion of the ETC involves increasing and decreasing the individual’s—in this case, child’s—level of internal tension. This dynamic process can involve the arousal of

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energy through the child's experience with kinesthetic movements that is followed by the *discharge* or externalization of this energy that consequently can reduce the child's level of tension (Lusebrink, 2004). For example, during an art therapy session, the art therapist may present a child client with a mound of clay. One could expect that the child would naturally touch, press, pound, and squeeze the clay. Through this kinesthetic experience, the child engages muscles and sensory processes that, in turn, can lead to an externalization and visualization of the child's inner being and inner tension (Hinz, 2009). According to Kramer (1993), because these sensory experiences tend to be action-oriented and tension-releasing, there is a tendency for kinesthetic activities to lead to regression in clients of all ages. The ultimate question that I am interested in the current inquiry is, *why are we considering regression to be a negative thing for our clients?*

The driving force for the ethical obligations of an art therapist will be the focus for the intervention process. That is, the client and therapist relationship should serve as the foundation for how to determine the best direction and art therapy activity for the session. In this inquiry, I investigated the influences of art materials on the art-making process. Specifically, I observed and noted the significance and relevant details of the therapeutic relationship and the influences that art-making activities will have on children who have experienced trauma. I reported the steps I took to ensure that the art material choice and art therapy directive were appropriate for the client, and that they served and nourished the client rather than imposing harm or irreparable or unnecessary discomfort.

In this inquiry, I further emphasized the invaluable importance of the art therapist's moral and ethical obligation to be sensitive to and attuned to the specific implications of the client's art material choices. Art therapists must be equipped to allow for a therapeutic space for clients to

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experience regression in a safe context and be able to support clients through the regressive episode, and to be able to facilitate clients' return to an emotional baseline in any context or potential of harm. Taken together, the purpose of the current inquiry is to provide further evidence and exemplifications of how the use of art materials that could lead to regression with children who have experienced trauma can serve as an effective processing, communicating, and healing tool.

Method

Participant

The participant for the present inquiry, an eight-year-old, cisgender male of Latino descent, was recruited through my clinical internship site at a therapeutic day school located in the metro-Boston area of Massachusetts. The participant and I had developed a therapeutic relationship through participating in a therapy group at the school and chose to participate in the intervention voluntarily. The participant was recruited based on his current therapeutic relationship with this writer and his history of childhood trauma. In addition, the participant was recruited based on his previous experiences in art therapy and his tendency to prefer more cognitive/symbolic artistic processes such as drawing and coloring with markers, crayons, or colored pencils. Thus, I believe that this participant was an optimal recruit for this art intervention due to his capability to engage with different art materials and his reluctance to try new art materials with his primary clinician. Essentially, this participant was ideal for this isolated intervention with me because of his voluntary participation and willingness to explore and experiment with more kinesthetic/sensory materials such as clay or paint, with which he is less familiar.

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Design

The intervention information was observed and collected by this writer throughout an art therapy session with the participant. The information was transcribed by the writer in order to assess patterns or motifs that formed during the session.

Materials

The materials for the present intervention included a selection of art materials including watercolors, white air-dry Crayola clay, Crayola tempera paints in 11 colors (black, brown, white, gray, red, orange, yellow, green, dark blue, light blue, and purple), large paper (i.e., 24in x 36in), standard-size paper (11in x 8.5in), tissue paper pieces, cup of water, wet glue, and large paint brushes. Most of the materials were purchased specifically for this intervention and were not used by anyone before this participant.

Procedure

The participant entered the art therapy session room to see all the materials set in an organized fashion on the art table. The participant sat down at the table and after a brief check-in, began to interact with the materials. The participant was presented with a prompt before engaging with the materials. I disclosed to the participant that I would need his help with a project for my graduate program. Furthermore, I described how I am interested in the different influences that different art materials might have on children his age. I stated that I would like his verbal feedback about the art materials, including which materials he enjoyed or did not enjoy and how the art materials influence our emotions, thoughts, and feelings. I assured him that the information in our session would be kept anonymous and that the results and reflection could not be linked to him. In preparation for the present art therapy intervention, I engaged in both writing reflections and art-making reflections to plan the intervention based on previous

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research, to implement the relevant and appropriate art therapy intervention, and to assess the results of the art therapy intervention from my perspective. These reflections can be seen in Figure 1, Figure 3, and Figure 4.

Results

The observations of this intervention were collected on Tuesday, March 5, 2019, in the mid-afternoon. Upon entering the session room, the participant sat down at the session room table that neatly displayed different brand-new art materials including: air-dry Crayola clay, Crayola tempera paints in 11 colors (black, brown, white, gray, red, orange, yellow, green, dark blue, light blue, and purple), large paper, standard-size paper, tissue paper pieces, cup of water, and large paint brushes. When the participant was settled, I conducted a session check-in questionnaire that consisted of the Zones of Regulation (ZOR) items (Kuypers & Winner, 2011). The participant reported that he believed he fit into the *green zone*, which lists emotions such as happy, calm, confident, excited, feeling okay, and hopeful. Based on the participant's positive response, I decided that it was appropriate to continue with the art therapy intervention.

The participant first engaged with the art materials by looking at the air-dry clay and touching his hands to the clay, squeezing it for about a minute while talking, before putting it away, stating that he would like to try the paint. When asked why he chose to set aside the clay, the participant did not offer a significant answer. Before beginning with the paint, I helped the participant to wear an apron to protect his clothes. Next, the participant chose the blue paint bottle and squirted an appropriate amount of paint on a plastic plate. Using one of the smaller brushes, he painted 100% of the space of a standard-size paper with a textured blue color. While painting, the participant used repetitive brush strokes that resulted in a consistent, soft texture for

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the entire page of the paper. The participant took approximately four minutes to complete his blue painting.

When finished, he put the blue painting aside, on the table next to where he was sitting, before trying the air-dry clay again. This time he squeezed and touched the mass of clay for about a minute before placing the lid on the container and pushing the container away. Interestingly, the participant chose to feel the clay by taking the entire mass of clay and squeezing hard on the mass rather than taking a smaller piece of clay out of the container to manipulate. As such, one could assume that it took a significant amount of hand strength to manipulate the clay mass in the way that he chose. After the participant closed the clay container, he looked at his hands and made a motion to wipe his hands. In response, I provided a wet towel for him to clean his hands. When asked how the clay felt, the participant reported that it felt good, yet was dismissive and not as interested in the clay as he was with the paint.

The participant chose the orange paint, a large piece of paper, and a large soft brush. Importantly, for this larger painting, he chose to use a larger paint brush than the paint brush that he used in creating the blue painting. He used the painting materials to create a similar art piece to the blue one with texture and distribution. Interestingly, with this larger piece, he stood to reach the entire page. I observed that he utilized broader arm movements while engaging with this larger piece. Thus, I would argue that the participant used more kinesthetic body movements when engaging with larger art materials (i.e., large paint brushes and large paper). When asked why he selected the colors that he did, he said that he chose blue because it was his favorite color and orange because he didn't know. However, my inquiry about the color orange prompted a conversation, instigated by the participant, about his mother and how much he loves her. This eventually led to the participant's self-disclosure about his relationship with his mother

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and how he sleeps with her every night because he is scared to sleep alone. Moreover, the conversation developed into discussing topics of which the participant is afraid and types of things he does to make himself feel better. The participant was actively engaged in the orange painting. He willingly spoke about his experiences and feelings surrounding his fears of fictional *monsters* or *villains* and how he has coped with these fears in the past. Though he seemed to be in a state of both artistic flow and emotional flow, I would not consider this participant to have gone into a regressive space during this session. However, this student did show that he could experiment with different materials and manage to hold a substantial and meaningful conversation with me.

Before closing the session, the participant completed a session check-out questionnaire that, once again, consisted of ZOR items. The participant reported that he remained in the *green zone* after the art intervention. Finally, the participant reported that he felt better than he did before the art intervention. The participant transitioned out of the session smoothly and appeared to be stable and happy when he returned to class.

Discussion

In my experience as an art therapist in training, I have witnessed, with great frequency, other individuals in the expressive therapies field who negate the use of regressive art materials with people who have experienced trauma. As an artist who tends to gravitate toward these regressive materials such as clay forming and other forms of sculpture, the limiting of art materials that art therapists use in sessions strikes me as short-sighted. Furthermore, I have worked with a variety of populations—children who have experienced trauma, individuals with developmental and intellectual disabilities, and older adults—utilizing these kinesthetic/sensory art materials. In each of these populations, I have witnessed individuals revert to regressed

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behaviors when using the most typical cognitive/symbolic level materials such as graphite pencils. In particular, in working with children who have experienced trauma, I have frequently and consistently witnessed emotional and behavioral regression when presented with cognitive/symbolic level art materials and with a representational-style art prompt—because they believed they were unable to get it perfect like the object they were attempting to create in an image. Considering my own personal experience, I would argue that art materials, no matter the location on the ETC, can provide an avenue for a fulfilling therapeutic process as well as a gateway to healing. Specifically, the kinesthetic/sensory experience can be particularly valuable for individuals who are unable to communicate verbally, individuals who have limited mobility, or individuals who are otherwise limited in their ability to express inner emotional states.

The purpose of the present inquiry was to gain a better understanding of the impact that the choice of art materials could have when working with children with trauma. The pattern of results is consistent with the previous literature, including Edith Kramer's (1993) work using art therapy with children with a range of pathological diagnostic criteria, Cornelia Elbrecht's (2013) perspective on using clay work as a healing tool when working with individuals with trauma, Cathy Malchiodi's (2015) work using art therapy with children who have experienced a variety of traumas.

Moreover, Kramer (1993) advocated that children, specifically children who have experienced trauma, must be provided with both adequate space and opportunity to regress. Likewise, Kramer (1993) suggests the obligation of the art therapist, in the therapeutic moments that could foster reactions like regression, to consider that a potentially regressive reaction could be helpful and not harmful to the client. Importantly, I would argue that the perspectives of art therapists who embrace the exploration of the regression abyss have shown to be highly valuable

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in my work with children who have experienced trauma. In my opinion, this release of control and a welcoming of the uncertain is exactly what fortifies the effectiveness of the use of regressive art materials in an appropriate and therapeutic way.

The results from the present intervention strongly imply that art materials considered to be in the kinesthetic/sensory portion of the ETC benefited the therapeutic process for this case study (Hinz, 2009). In my view, the most compelling explanation for the present set of findings was that the participant for this intervention was specifically recruited based on his comprehensive presentation as a student at the therapeutic day school, his goals named by his clinician, his experiences with art materials, as well as many other personal qualities that made this boy an ideal recruit for this project. As predicted, the participant—when given appropriate environment, choice of art materials, and adequate space—fully engaged with the therapeutic process of art material choice. Taken together, the results of this art therapy intervention indicate that the use of regressive art materials is not 100% bad. Instead, the concept of utilizing regressive art materials in a nourishing way for the client was indicative of therapeutic, creative play and the fantastical effect the kinesthetic/sensory portion of the ETC can illicit (Hinz, 2009; Kramer, 1993).

The present inquiry represents a first attempt to address these issues. I believe that future examination of art material choice when working with children with trauma may shed light on how art materials can be utilized as a tool for individual growth and therapeutic healing. One limitation of this inquiry concerns the fact that the present art therapy intervention was conducted using a single-case design. As such, the results of this type of case study intervention had little control over the variables and therefore cannot be generalized to any population. Importantly, this intervention was implemented based on my own ethical and moral values as an art therapist

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in training. An appropriate justification behind the low control of the research variables in the present inquiry emphasizes the individualization of clients that art therapists must exercise. Therefore, despite these limitations, the results of the art therapy intervention have several theoretical and practical implications within the art therapy field.

In terms of future research, it would be useful to extend the current findings by examining the influences that art materials have with children with trauma in a more empirically controlled environment. Though the harmony of the art therapy process of regression deserves to be preserved as sacred, it would be beneficial to the art therapy field to replicate similar interventions that have a higher level of internal validity and consistency to draw scientific, or even causal, conclusions. The present inquiry, therefore, contributes to the growing body of evidence that suggests the benefits of using regressive art materials when working with children who have experienced trauma. Ultimately, as Kramer (1993) asserts, regression when engaged in art making suggests the successful provision of conditions to yield the creative work.

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References

- American Art Therapy Association. (2013). *Ethical principles for art therapists*. Alexandria, VA: Author.
- American Psychiatric Association. (2014). *Diagnostic and statistical manual of mental disorders (DSM-5)*. Washington, DC.
- Appleton, V. (2001). Avenues of hope: Art therapy and the resolution of trauma. *Journal of the American Art Therapy Association*, 18(1), 6-13.
<https://doi.org/10.1080/07421656.2001.10129454>
- Brown, B. (2015). *Rising strong: How the ability to rest transforms the way we live, love, parent, and lead*. New York: Penguin Random House.
- Cane, F. (1951). *The artist in each of us*. New York; Pantheon Books.
- Elbrecht, C. (2013). *Trauma and healing at the clay field*. London: Jessica Kingsley Publishers.
- Freud, S. (1920/1938). *A general introduction to psychoanalysis* (J. Riviere, E. Jones, & G. S. Hall, Trans.). New York: Garden City Publishing Company Inc.
- Hilbuch, A., Snir, S., Regev, D., & Orkibi, H. (2016). The role of art materials in the transferential relationship: Art psychotherapists' perspective. *The Arts in Psychotherapy* 49(1), 19-26. <https://doi.org/10.1080/07421656.2016.1270139>
- Hinz, L. (2009). *Expressive therapies continuum: A Framework for using art in therapy*. New York: Routledge.
- Kramer, E. (1993). *Art as therapy with children*. Chicago: Magnolia Street Publishers.
- Kuypers, L. M. & Winner, M. G. (2011). The zones of regulation: A curriculum designed to foster self-regulation and emotional control. Santa Clara, CA: The Social Publishing Inc.

ART MATERIALS AND TRAUMA IN CHILDREN

Lomas, T. (2016). Positive art: Artistic expression and appreciation as an exemplary vehicle for flourishing. *Review of General Psychology*, 20(2), 171-182.

<https://doi.org/10.1037/gpr0000073>

Lusebrink, V. B. (2004). Art therapy and the brain: An attempt to understand the underlying processes of art expression in therapy. *Art Therapy*, 21, 125-135. Retrieved from

<https://eric.ed.gov/>

Malchiodi, C. A. (1998). *Understanding children's drawings*. New York: Guilford Press.

Malchiodi, C. A. (Ed.). (2015). *Creative interventions with traumatized children*. New York: Guilford Press.

Naff, K. (2014). A framework for treating cumulative trauma with art therapy. *Art Therapy:*

Journal of the American Art Therapy Association, 31(2), 79-86.

<https://doi.org/10.1080/07421656.2014.903824>

Springham, N. (2008). Through the eyes of the law: What is it about art that can harm people?

International Journal of Art Therapy 13(2), 65-73.

<https://doi.org/10.1080/17454830802489141>

U.S. National Library of Medicine (1999, January 1). U.S. National library of medicine.

Retrieved from <https://meshb.nlm.nih.gov/record/ui?name=Defense%20Mechanisms>.

Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Penguin Books.

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Appendix

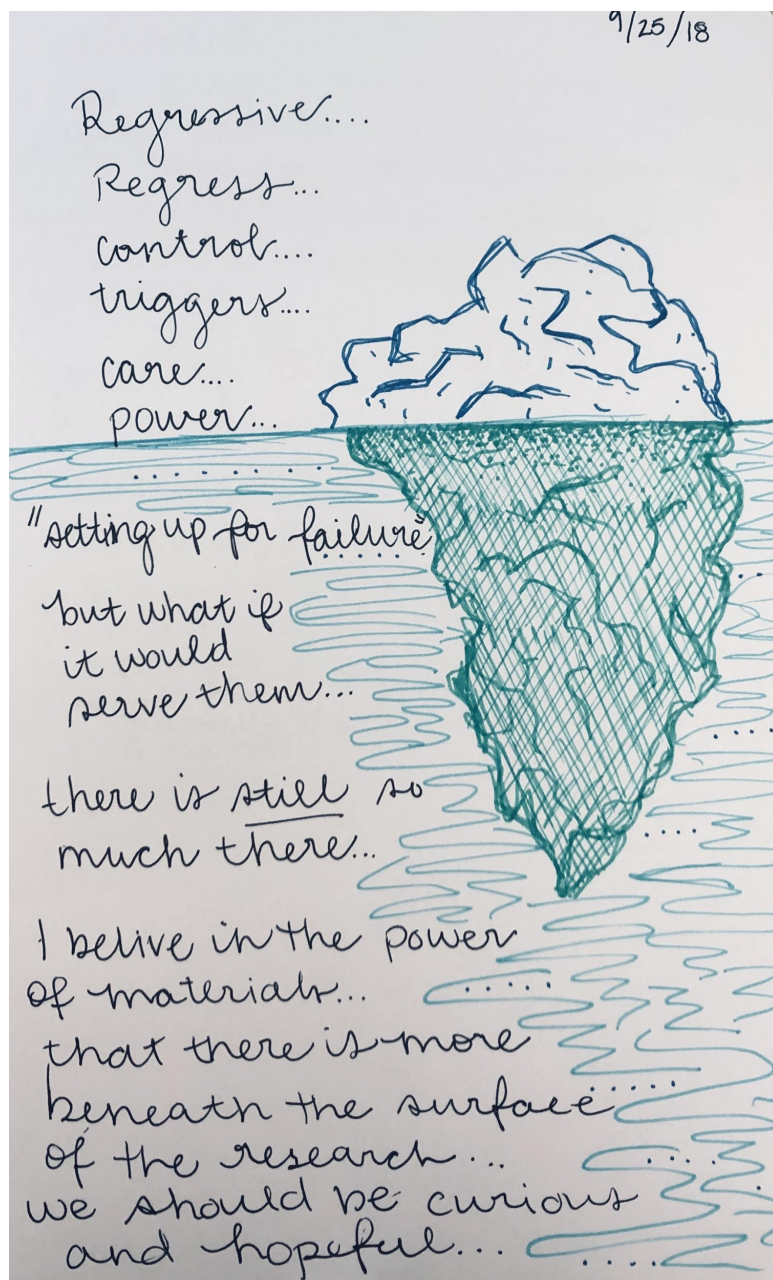


Figure 1. Thesis topic identification art process

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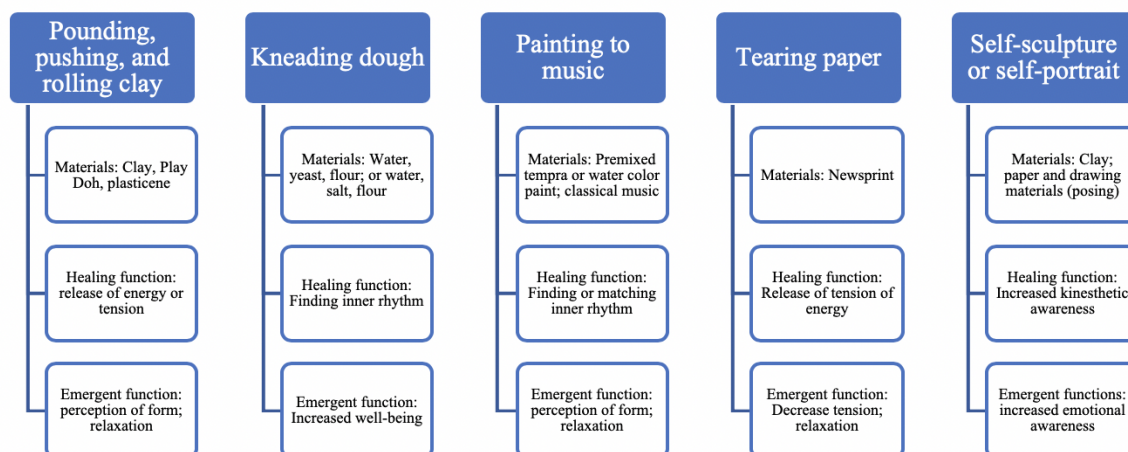


Figure 2. Kinesthetic experiences and their healing and emerging functions. Adapted from *Expressive therapies continuum: A Framework for using art in therapy*, by L. Hinz, 2009, New York: Routledge, p. 57.

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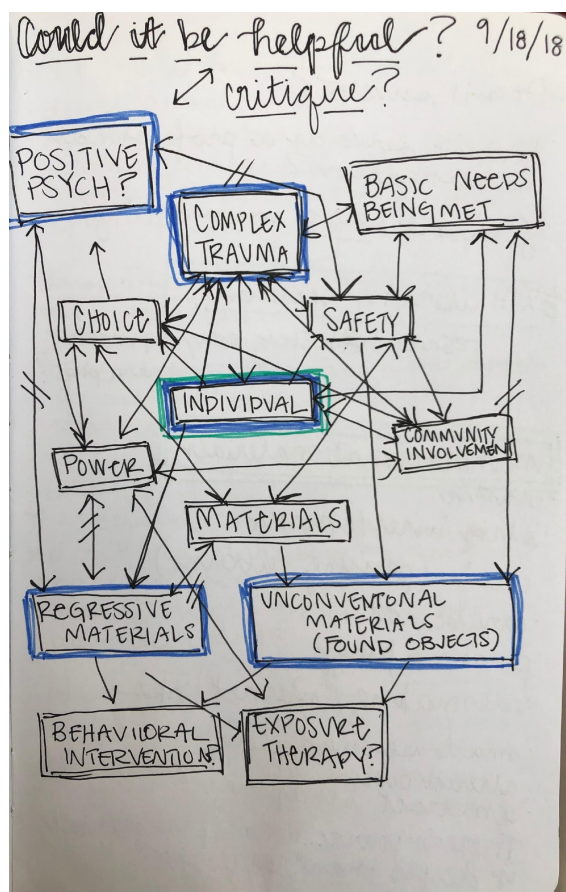


Figure 3. Process of identifying variables

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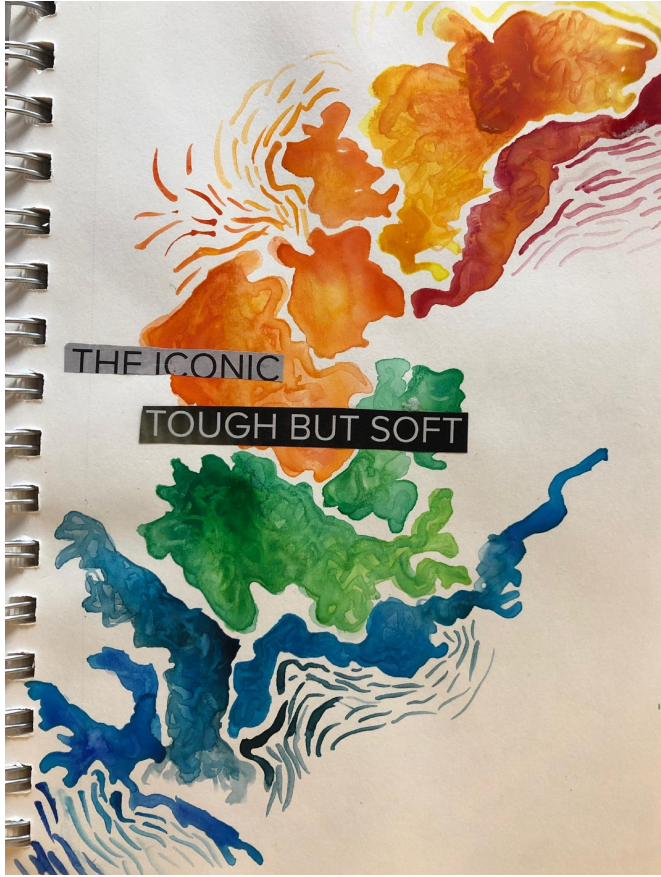


Figure 4. Tough but soft

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THESIS APPROVAL FORM

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Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA

Student's Name: Natalie Lane

Type of Project: Thesis

Title: Beyond Regression: An Investigation of Art Material Choice for Children with Trauma

Date of Graduation: May 18, 2019

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Donna C. Owens, PhD