

Art Therapy with the Developmentally Disabled

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Spring Semester 2012

Acknowledgments

First and foremost, I would like thank the two biggest supporters I have had throughout my schooling, my mom and dad. With my parents' continuous curiosity of my progress, and never ending encouragement, I developed the motivation to push myself through the challenges graduate school can bring. Next, I would like to thank all of my siblings. They too have continuously supported my schooling and personal growth throughout. Along the way, I developed meaningful relationships with my fellow art therapy graduate students, Molly Thompson, Haley Forslund, and Jon Petersburg. Thank you friends for the constant push, helping me find my drive, and the raw joy you have brought into my life. Finally, I thank my two art therapy professors, Susan Loonsk and Gloria Eslinger for your words and guidance. The two of you will never know how much I appreciate and value you; you are incredible people who I plan to model myself after as an art therapist. I will always be grateful to you.

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Introduction

“More common than diabetes, cancer, or heart disease, mental illnesses fills 21% of all hospital beds at any given time” (Malchiodi, 2002, p. 268). Medical advances have brought treatment and care a long way for the mentally ill. Along with pharmaceutical treatment, many other treatments have been explored over the past 50 years. One of these treatments includes the expressive pathway of art therapy. Art therapy has greatly impacted the mental health community and only has room to grow. Art therapy provides an outlet that traditional therapies lack especially for individuals who have developmental disabilities. For two years I have interned with individuals who have developmental disabilities, witnessing first-hand the power art. By creating a variety of art therapy sessions with people of all ages in numerous environments, and with individuals with numerous disabilities/disorders, including mental retardation/cognitive delay, attention deficit/hyperactivity disorder, cerebral palsy, down syndrome, autism, anxiety disorder, depression, bipolar disorder, psychosis, etc., it is clear that all ability levels benefit from creating art in countless ways.

When presented the chance to create art, a person with developmental disabilities is invited to awaken his or her creative spirit. After viewing a completed piece, the individual may encounter feelings of pride or relief, which for a time may override the dark shadow a disability can cast. The effort put forth while working on a particular piece can also bring feelings of self-worth and accomplishment to the individual. Emotions and feelings that were previously tucked away may be outwardly expressed onto a canvas through various colors and rhythms. Those once hesitant thoughts are now out in the open to be shared. A situation like this might result in an individual feeling vulnerable, which is why the art therapist is so important. The art therapist’s role is to support and listen to the client in an environment that is judgment-free.

“Goals in therapy when working with those who are disabled are similar to the goals when working with any person who has been traumatized. It is important to be accepting and consistent to help the person feel safe and be able to build trust” (Caprio-Orsini, 1996, p. 13).

The works that an individual creates can help diagnose his or her disorder. By viewing an individual’s art work, the therapist has some insight into that person’s unconscious mind. “Art is seen as a window to the unconscious” (Winner, 1982, p. 377). “Art therapists believe that by expressing their feelings through art, people can ventilate suppressed emotions and thus achieve a calmer state” (Winner, 1982, p. 378).

“There are three necessary conditions for therapists to be confident and competent when working with people with severe mental illness: authenticity, creativity, and recovery” (Malchiodi, 2002, p. 269). Authenticity describes the relationship that is developed between the art therapist and the client. The art therapist’s attitude is crucial; he or she must approach every client with sincerity, honesty, and an open mind. A genuine connection between therapist and client can serve as an example for the clients’ relationships outside of therapy. Creativity is the ability and courage to express your thoughts and imaginations outside of your head. It is crucial for the therapist to help his or her clients accomplish this and enjoy their creativity. The clients who bring art into their lives outside of therapy can identify themselves as artists rather than label themselves as having a disorder.

Chapter 1

Mental Retardation

Mental retardation is a disorder evident in childhood as significantly below-average intellectual and adaptive functioning. People with mental retardation experience difficulties with day-to-day activities to an extent that reflects both the severity of their cognitive deficits and the type and amount of assistance they receive. (Barlow & Durand, 2009, p. 518)

“The manifestations of mental retardation are varied. Some individuals function quite well. Others, however, have significant cognitive and physical impairments and require considerable assistance to carry on day-to-day activities” (Barlow & Durand, 2009, p. 519). Individuals with mild or moderate impairments might be able to use public transportation independently, hold jobs, and manage money. “Those with more severe impairments may need help to eat and bathe” (Barlow & Durand, 2009, p. 519). According to the DSM-IV, the diagnostic criteria for mental retardation include:

- A. Significantly sub-average intellectual functioning: an IQ of approximately 70 or below on an individually administered IQ test.
- B. Concurrent deficits or impairments in present adaptive functioning in at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.

C. The onset is before age 18 years. (BehaveNet, 1997-2001)

Individuals with mental retardation differ greatly concerning their disabilities and capabilities. “Traditionally, classification systems have four levels of mental retardation: mild, which is identified by an IQ score between 50-55 and 70; moderate, with a range of 35-40 to 50-55; severe, ranging from 20-25 to 35-40; and profound, which includes people with IQ below 20-25” (Barlow & Durand, 2009, p. 520). “Up to 75% of the cases of mental retardation fall in the mild range and are not associated with any obvious genetic or physical disorders” (Barlow & Durand, 2009, p. 524).

There are countless causes of mental retardation which can include environmental, prenatal, perinatal, and postnatal factors. Some prenatal factors can include the mother having poor nutrition, being exposed to disease, and the consumption of alcohol during pregnancy. “If a pregnant woman consumes heavy amounts of alcohol, she can produce a disorder referred to as fetal alcohol syndrome” (Barlow & Durand, 2009, p. 521). Lack of oxygen and head injuries during birth can also contribute to mental retardation.

“Almost 300 genes have been identified as having the potential to contribute to mental retardation, and it is expected that there are many more” (Barlow & Durand, 2009, p. 521).

Tommy and Art Therapy

I have worked with an individual named Tommy who is not only diagnosed with moderate mental retardation (IQ of between 35-40 to 50-55), but he is also diagnosed with attention deficit hyperactivity disorder, mood disorder NOS (not otherwise specified), and anxiety disorder NOS. Tommy is 25 years old, lives in a group home for people with developmental disabilities, and has no physical limitations.

To qualify as having ADHD, the individual must have 6 symptoms of inattention and 6 symptoms of hyperactivity/impulsivity that are listed in the DSM-IV. The individual must have shown these symptoms before the age of 7 and have displayed the symptoms for at least 6 months. The symptoms must also be apparent in two or more environments. “There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning” (Barlow & Durand, 2009, p. 504).

Genetics are the main cause of ADHD. Research today narrows in on the gene called dopamine to be responsible for ADHD. “One of the leading treatments for ADHD is methylphenidate (Ritalin), which inhibits the dopamine gene and increases the amount that is available” (Barlow & Durand, 2009, p. 505). The risk of a child showing symptoms of ADHD can increase if the mother smokes during pregnancy; or other gravidic indiscretions such as alcohol consumption can also play a role in increasing the child’s chances of having ADHD.

Tommy’s diagnosis of anxiety and depression often overlap; “almost all depressed patients are anxious, but not all anxious patients are depressed” (Barlow & Durand, 2009, p. 227). Some of the symptoms shared by both anxiety and depression include: “anticipating the worst, worry, poor concentration, irritability, crying, guilt, fatigue, poor memory, sense of worthlessness, hopelessness, and early insomnia” (Barlow & Durand, 2009, p. 227). The more signs and symptoms someone has of anxiety and depression, the more likely he or she is to pass these traits onto his or her children. “The biological vulnerability for mood disorders may not be specific to that disorder, but may reflect a more general predisposition to anxiety or mood disorders” (Barlow & Durand, 2009, p. 229).

Tommy has participated in art therapy with me for two years. I have also worked with Tommy as a Personal Care Worker (PCW) for over five years. I have had the privilege of watching Tommy grow into himself, just as I have done the same. When I first started working with Tommy, as a PCW, he was energetic, loud, difficult to redirect, emotionally vulnerable, at times emotionally abusive towards others, displayed sexual inappropriateness, and was somewhat destructive. Tommy seemingly shaped himself into a well-rounded individual with the guidance of positive reinforcement, goal planning, warm attitudes, behavior conditioning, and the expression of art therapy. Tommy still has emotional outbursts and lacks volume control a great deal of the time, but he now has the tools to express himself openly and has the ability to do so in a calm manner.

Free Drawing Activity

One of the first therapeutic art activities I directed Tommy in, involved completing a series of free drawings in the fall of 2010. By directing Tommy in free drawing, he was given the opportunity to experience feelings of empowerment without limitations on his paper. Tommy was given colored construction paper to choose from, as well as an assortment of crayons and markers to use. These sessions initially began with Tommy being severely distracted by sounds coming from outside our art room. Due to Tommy's ADHD, he had difficulty tuning out the voices of his peers that were not directly involved in the art activity. His ability to remain focused on his drawings was limited. At this point in our relationship, Tommy rushed through his art works. He would participate throughout the entire session, but his art works were quick and spontaneous.

Goals

Through free drawings, Tommy was able to channel his aggression, release energy, and explore his emotions through color and movement. Not only was Tommy encouraged to explore himself through crayons, but this nondirective approach gave Tommy the chance to freely release energy and anxiety from his body onto the paper with spontaneous movements.

Art Therapy with people who are developmentally disabled involves encouraging exploration of personal problems expressed through alternative communication methods. Creating art can help develop emotional, behavioral, and learning skills through self-expression. Art therapy offers an opportunity for individuals to manipulate materials, as well as the environment they create, which provides a sense of control. (Caprio-Orsini, 1996, p. 17)

(Free drawing examples below:)



(Above: “Tommy and Jon on top of a Purple Mountain by a Yellow Rainbow”)

(Below: "Purple Dinosaur")



Outcome

By giving Tommy freedom and encouragement to create an image of his choosing while providing materials, support, and a welcoming environment, he was able to relax. As his crayons slid across the paper, Tommy was able to watch the colors glide and create forms and shapes he was able to identify, describe, and title his creation. After given the chance to focus and channel his energy in the process of creation, Tommy seemed to express himself with more ease.

Shaving Cream Activity

Another activity that resonated well with Tommy included shaving cream. The art directive was to create an image through the use of washable finger paints mixed with shaving

cream. Tommy's creative process immediately began by running his fingers through the mixture on his paper. He did not hesitate.

Goal

This activity was designed to aide Tommy in channeling and appropriately expressing his feelings. The activity was also used to assist Tommy in discovering a sense of pride and accomplishment after completing a product with new materials.

Outcome

By experimenting with a regressive material, Tommy expressed himself freely in a judgment free environment. He was not corrected, asked to be quiet, or encouraged to calm his behavior. Instead, Tommy appeared to thrive on the acceptance of acting a little wild. Through the process of painting without a brush, Tommy had a chance to play. He giggled, laughed, and clapped throughout the process. Once he was finished, he explained that his picture was of a tree. (Tree Painting Below:)



Yarn Painting

The therapeutic activity including yarn painting began with Tommy receiving several Dixie cups that were each equipped with a different color of washable paint. He then grabbed a piece of yarn to dip it in the paint. After Tommy drug the paint covered yarn piece across his paper, he would leave it on the paper before grabbing another piece and dunking that piece in a new color of paint. A couple pieces of yarn stuck to the paper, but the majority of the pieces later fell off after the paint dried.

Goals

Given the chance to explore new materials and methods of expression, Tommy was provided a new outlet to navigate and release his inner anxieties and frustrations.

Outcome

Tommy eventually grew tired of using the yarn, and finger painted a little on the paper too. On occasion, Tommy would look at me throughout the process and pound his fist on the table. He would do this after and between selecting a new piece of yarn and dipping it into a color. The motion of lightly pounding his fist was a comfortable and routine action for Tommy releasing his anxiety. Because he was not judged when doing this, Tommy was able to keep focus on his art. (Result on next page:)



Through art, Tommy was freely encouraged to release his emotions and energy. Tommy learned various methods of self-expression after being given a variety of materials to work with throughout our two years of art therapy together. As Tommy was continuously given the opportunity to make art in a warm, free of judgment environment, he grew in his ability to focus and better describe the outcome of his works.

As an intern, Tommy encouraged me to keep searching for new methods in keeping people interested and focused. Because of Tommy, I quickly learned the effectiveness music can play during a session. Setting up the environment for art making is crucial.

Chapter 2

Down syndrome

“It is not unusual for mental retardation to be accompanied by other types of conditions and disorders” (Beirne-Smith, Ittenbach & Patton, 2002, p. 202). One of these accompanying conditions is Down syndrome. There are 46 chromosomes in human cells; people with Down syndrome have an additional small chromosome. Down syndrome is the most common chromosomal disorder that involves mental retardation. There are three different chromosomal causes for Down syndrome. The most common cause is attributed to “the presence of an extra 21st chromosome. For reasons unknown, during cell division, two of the 21st chromosomes stick together, creating one cell with one copy that dies and one cell with three copies that divide” (Barlow & Durand, 2009, p. 522). The older the mother, the more likely her child is to be born with Down syndrome from this cause.

“A second form of Down syndrome is caused by a translocation transmitted hereditarily by carriers. The extra material comes from pair 21 and forms a partial trisomy. The third and rarest form of the condition is mosaicism, which is the uneven division that creates cells varying in chromosome numbers” (Beirne-Smith, Ittenbach & Patton, 2002, p. 167).

There are many physical and cognitive traits that are associated with individuals who have Down syndrome. “Most people with Down syndrome have congenital heart malformations and show signs of dementia after the age of 40” (Barlow & Durand, 2009, p. 522). Other physical features include: “short stature, flat/broad face with small ears and nose, upward slanting eyes with folds of skin at the inside corner of the eye, small mouth and short rough single crease across the palm, reduced muscle tone, increased susceptibility to upper respiratory

infections, and incomplete or delayed sexual development” (Beirne-Smith, Ittenbach & Patton, 2002, p. 167).

Behavioral studies from the 1960s, ‘70s, and ‘80s variously described children with Down syndrome as good tempered, affectionate, placid, cheerful, stubborn, sullen, withdrawn, and defiant. In recent years, it has become evident that the old stereotypes are incorrect and that children and adults with Down syndrome have the same range of temperament and behavior as the general population. (Cohen, Nadel & Madnick, 2002, p. 215)

“People with Down syndrome may find it difficult to speak clearly and to express their thoughts and feelings effectively. Many adults have a difficult time telling others about their personal thoughts and feelings even when they convey strong emotions through facial expressions and body language” (Cohen, Nadel & Madnick, 2002, p. 224). This lack of clear expression is especially evident with a nonverbal individual named Kevin whom I have experience doing art therapy with.

Kevin and Art Therapy

Throughout the past two years of interning with individuals who have developmental disabilities, I have developed meaningful relationships with several individuals who have Down syndrome. One of these individuals is Kevin. Kevin is in his late 20s, lives at home with his family, is nonverbal, and does not suffer from any physical limitations. When offered opportunities to color or paint, Kevin will complete numerous strokes with one color before switching to another. He tends to gravitate toward using greens, blues, and greys in his chosen

compositions. He will sometimes include a warm color like orange or yellow into the composition, but it is generally dominated by cool tones. Kevin has always been extremely focused while creating his art work. When he focuses, he slowly tilts his head from one side to the other while lightly humming. He would occasionally glance up at me, give me a quick smile, and then go back to his art. On occasion, he would slowly raise a hand and attempt to lightly pat the top of my head or grab my hand to give it a kiss before continuing with his work.

Kevin often displayed both signs of compassion and aggression while creating his art work. I have witnessed Kevin approach his coworkers with an open hand and smack them on their back or arm. However, I have seen him just as often attempt to kiss his coworkers on top of their heads or try to gently hold their hands. His behavior can be extreme. When Kevin is not focused on his peers, he focuses on his artwork like no other client I have worked with in an art therapy session. At times he seems lost in the rhythm of his art tool gliding across his paper or is mesmerized with how his medium melts together. No matter if Kevin is about to hug you or hit you, he has a calm demeanor.

Kevin often creates the same picture over and over regardless of the material being used. He could be presented with markers, crayons, pencils, pastels, watercolors, or acrylics and he will always create the same image. He begins by making horseshoe shapes from the lower left hand corner of his paper upwards toward the diagonal corner. Then he will make more horseshoe shapes from the same corner, but he will make them the width of the paper. Finally, he will fill in the space between the two main horseshoe images with more crescent shapes of various cool colors. He will repeat this horseshoe gesture with his medium of choice over and over on top of the previous created lines. He will occasionally incorporate an orange or red in the composition, but not always.

Water Color

When I presented Kevin with the art therapy activity of water coloring, I did not include a clear directive. Throughout working with Kevin, he continuously chose to paint or draw the same image regardless of whether or not a specific directive was asked of him. The process of making art is methodic and relaxing for Kevin.

Goal

The goal in Kevin completing water color paintings involved providing an opportunity for Kevin to express himself in another language. Through the language of art, Kevin was able to express his energy by experiencing the calmness of paint bleeding together.

Outcome

As the process of water coloring came to an end, Kevin's demeanor appeared to be calm and at ease. He slowly walked to another table, with a painting in hand, and gently set it down for it to dry. He completed this task while humming and then immediately looked at me. Then Kevin approached me with a smile, and gestured for a hug. This behavior indicated that Kevin took care and pride in what he created and enjoyed the time he used in creating his works.



(Previous Page: Two Water Color Paintings by Kevin)

Free Drawing with Markers

On many occasions, when presented with various materials to work with during an art therapy session, Kevin selected markers as his medium of choice. Markers provide a sense of control for the creator.

Goal

By providing Kevin with a choice of materials to select from, the goal was to give Kevin the opportunity to feel empowered. “There is a great deal of research on the importance of social and interpersonal skills for adaptation and well-being. A strong association has been demonstrated between poor social skills and depression” (Cohen, Nadel & Madnick, 2002, p. 227).

Outcome

Through the use of a high control art medium, a free directive, and an encouraging art space, this activity was designed to support Kevin in owning and embracing his freedom to express. During each free drawing activity, Kevin allowed himself to connect to me as I guided and encouraged him throughout the process of making his work. “Adults with Down syndrome tend to be healthier when they are active socially. By taking advantage of social opportunities, their sense of self-esteem, well-being, and happiness increase. These feelings contribute to general good health” (Cohen, Nadel & Madnick, 2002, p. 230).

(Next page: Two Free Drawings with marker by Kevin:)



Wash Away Your Worries

The directive in *Wash Away Your Worries* involved Kevin depicting his worries and stressors through sidewalk chalk on the cement. Following the completion of drawing, the next step was to throw water balloons at the depictions and wash them away. However, Kevin declined to follow the specific directive, and instead he drew crescent shapes.

Goal

The main goal in this activity was to provide a safe outlet to express and release the anxieties we face every day. Even though Kevin did not follow the directive specifically, he was still able to release anxious energy onto the sidewalk.

Outcome

Through the process of creating methodic crescent shapes while feeling the textural effect of tracing sidewalk chalk onto cement, Kevin was able to experience his general rhythmic

movements while receiving another form of sensory input. Overall, Kevin appeared to be even more hypnotic, at ease, and restful while experiencing a release of energy. (Below: Examples of sidewalk chalk drawings:)



As Kevin's time in art therapy went on, he grew to want to participate in art every day. Whenever I entered the day program Kevin participated in, he would stop whatever activity he was currently participating in and approach me. He would then walk and wait beside me as the activity was being set up. It did not matter if it was Kevin's day to participate or not, he always participated. Art therapy provided Kevin an outlet that he was not previously receiving. Through art, Kevin was given the opportunity to channel his aggression and express himself in another language.

Working with Kevin helped provide me insight in expression of nonverbal individuals. Even though Kevin did not talk, his art work became a source of communication. As an intern, Kevin reinforced to me the importance of body language and facial expression.

Chapter 3

Cerebral Palsy

“Cerebral palsy is a disorder of movement, balance, and posture that results from a non-progressive lesion in brain areas that control muscles and maintenance of posture. In addition to its motor manifestations, also commonly present are cognitive impairments, seizures, and sensory loss” (Baroff & Olley, 1999, p. 184) “Cerebral palsy affects 5 out of every 2,000 births, which makes it one of the most common motor disorders” (Chong, Mackey, Stott, & Broadbent, 2012, p. 1). The disorder affects each individual differently. The physical impairment may include the lack of use of one limb or several limbs. The lack of control may also affect the individual’s balance and coordination.

All people with cerebral palsy have abnormal muscle tone, whether it is increased, decreased, or a combination of the two. Increased muscle tone is described as “high tone,” “hypertonia,” or “spasticity.” When muscle tone is increased, the muscles feel stiff and movements are jerky or awkward. (Beirne-Smith, Ittenback, & Patton, 2002, p. 202)

Cerebral palsy is caused by abnormal brain development or when an injury to the brain occurs during the brain development period. This injury or malformation will affect the individual’s muscle control and motor skills. “According to the United Cerebral Palsy Research and Educational Foundation, 70% of brain damage that causes cerebral palsy occurs before birth, mostly in the second and third pregnancy trimesters. Twenty percent occurs during the birthing period, while 10% occurs during the first two years of life while the brain is still forming” (My Child, 2011). “Prenatal causes include infections, exposure to teratogens and radiation, and

maternal-fetal blood incompatibility. In the perinatal period, asphyxia and intracranial bleeding are the primary causes. Following birth, cerebral palsy can result from infections, brain abscess, or head trauma occurring during infancy or early childhood” (Baroff & Olley, 1999, p. 184).

Many individuals with cerebral palsy develop perceptual difficulties. “Recognition of shape, color, and size against normal backgrounds can be problematic. In drawing, for example, although the individual can see the object that is intended to be drawn (or paint, or sculpt), it is only those with special talent who can get their hands to accurately portray what the eyes see” (Baroff & Olley, 1999, p. 189).

Amber and Art Therapy

During my art therapy internship, I have experienced working with several individuals who have cerebral palsy. Out of them all, Amber was by far the most enthusiastic. Amber is in her early 30s, lives with her mother, is wheelchair-bound, and demonstrates contractures of her left arm and hand typical of individuals with cerebral palsy. Every day when she saw me walk into her day program, she would zip her motorized wheelchair right up to me and exclaim, “Do Art!” Throughout our sessions, Amber needed more assistance than her peers due to her inability to use her left hand. Her left hand was clenched tightly shut and her arm remained folded in, which kept her left hand tight against her chest. On some occasions, Amber was able to slightly unfold her arm. In doing so, she was able to use her hand for applying pressure on a piece of paper in attempt to prevent it from sliding. However, this tactic was not always successful. I quickly discovered that taping a piece of paper to the top of her tray and holding it at a specific angle really kept her spirits high as she made art. There were numerous times, however, that her art tool would catch on a side of the paper that was not taped, and the paper

would rip. When this would happen, Amber would exclaim, “See!” Even though she quickly grew frustrated when something didn’t evolve how she hoped, she was easily redirected with praise of her accomplishments. This behavior often occurred during any activity that involved Amber drawing. Amber was unable to follow directives, so I designed activities that allowed her to release her anxieties and energies through materials.

Free Drawing with Crayons

In directing Amber in creating a free drawing, she was able to explore her materials freely without hesitation. Amber was able to keep her mind at ease and release any anxiety she was withholding.

Goal

The goal through this non directive approach was for Amber to freely release energy with whatever movements suited her best. By using crayons, Amber was able to develop a sense of power by having great control over her materials.

Outcome

All of Amber’s free drawings are scribbles. The first stage of artistic development is the scribble stage.

The scribble stage can be broken down into different types of scribbles which can be described as follows: “basic,” in which various types of scribble including dots, vertical or horizontal line, are identified; “combines” which involve two different marks on the same

paper; and “aggregates” which include several marks on the same paper. (Malchiodi, 1998, p. 49).

“Scribbled lines and random marks on paper may characterize art expressions for many years” (Malchiodi, 1998, p. 99). Scribbles can also be used to express imagery from the unconscious mind. Every time Amber scribbles, she smiles, laughs, and always exclaims, “Do Art!” She also almost always announces who will be the lucky receiver of her work. Both during and after the process of making art, Amber appears to be full of feelings of accomplishment and pride. (Below: Free Drawing by Amber:)



Water Color

With water colors as the medium of choice, Amber was given no specific directive to follow through on. In this session, I provided Amber with an eager environment that encouraged

her to create, and keep creating marks on her water color paper with her paint brush in hand. As she brought her paint covered bristles to the paper, I assisted her in the process by rotating her paper (taped to a tray) in whatever angle she sought fit.

Goal

The goal was to provide Amber an opportunity to develop feelings of ownership and pride from an artwork without feeling the restrictions of a standard control medium. With my assistance in rotating the paper, Amber could change her focus from her physical limitations to the abilities she still has.

Outcome

The water color painting that Amber created in this session turned out beautifully. This activity was the first and only creation that Amber filled most of her paper in. While making this painting, Amber smiled and exclaimed, “Do art!” countless times. In my opinion, the outcome of her art work not only filled Amber with raw pleasure and pride, but it left her with a sense of accomplishment she had not yet experienced in her art. (Below: nondirective water color)



Sidewalk Chalk

When the weather permitted, I directed Amber in coloring with sidewalk chalk on a picnic table outside of her day program building. I was unable to rotate her art material for her during this activity. Even though I could not rotate the picnic table, Amber problem solved on her own and discovered she could move her wheelchair alongside the picnic table edges to cover more space. Amber giggled and laughed throughout the entire process.

Goal

The goal of coloring with sidewalk chalk was to feel the textural effects of chalk and wood while releasing anxious energy. Through the process of creating art on a picnic table, Amber was challenged to use her critical thinking abilities and developing a plan to cover her art surface. By using a medium that she did not regularly have to opportunity to work with, Amber was able to expand her art experience

Outcome

Sidewalk chalk art on a picnic table appeared to bring Amber great pleasure. Her behavior indicated she enjoyed the process and was proud of the outcome. I did not have to assist her with her materials. Instead, Amber independently problem solved on how to best use the medium she was presented with. After final completion of her drawing, Amber expressed only smiles and laughter. (Below: Side walk chalk drawing)



Art therapy gave Amber the opportunity to express her emotions and be validated by doing so. Through observing Amber interact with her peers, it appeared to me that Amber often did not receive the attention she craved. By making art in a group setting, Amber had the chance to connect to her peers on another level. In each session, Amber eagerly used the provided materials and did not hesitate to create something new with a smile on her face.

As an intern, my experience working with Amber showed me the importance of providing equal opportunities for each individual. I searched for ways to work with Amber's physical limitations for each art therapy activity I designed. When Amber was faced with the restrictions of her arm limitations, she rarely felt frustrated. Instead, she felt empowered.

Chapter 4

Autistic Disorder

“Almost certainly, autism has always existed. Folktales can be found in almost every culture that tell stories of naïve or “simple” individuals with odd behavior and a striking lack of common sense” (Happe, 1995, p. 7). “The DSM-IV expresses three major characteristics of autism: impairment in social interactions, impairment in communication, and restricted behavior, interests, and activities” (Barlow & Durand, 2009, p. 512). Communication can be such an impairment that up to 1/3 of people diagnosed with autism never speak. “Some repeat the speech of others, a pattern called echolalia.” (Barlow & Durand, 2009, p. 513). The prevalence of autism spectrum disorders is estimated as high as 1 in every 150 births. According to the DSM-IV, the diagnostic criteria for autistic disorder include:

- A. A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):
 1. Qualitative impairment in social interaction, as manifested by at least two of the following:
 - a. Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - b. Failure to develop peer relationships appropriate to developmental level
 - c. A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
 - d. Lack of social or emotional reciprocity

2. Qualitative impairments in communication as manifested by at least one of the following:

- a. Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
- b. In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
- c. Stereotyped and repetitive use of language or idiosyncratic language
- d. Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

3. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

- a. Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
- b. Apparently inflexible adherence to specific, nonfunctional routines or rituals
- c. Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
- d. Persistent preoccupation with parts of objects

B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.

C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder. (BehaveNet, 1997-2001)

There is a genetic component to autism, but the exact genes that cause the disorder are still unknown. “Researchers are looking for whether the genes that are responsible for the neurochemical oxytocin can be responsible for the development of autism. Oxytocin proves to be involved in how we connect with others and our social memory” (Barlow & Durand, 2009, p. 515).

“One indication that brain damage is at the root of autism is the high incidence of epilepsy in autistic children. Another is the tendency for mental retardation to accompany autism: around three-quarters of all people with autism are also mentally retarded.” (Happe, 1995, p. 28). A current popular idea supporting a cause of autism “is the idea that the frontal lobes may be implicated in autism, based on the finding that autistic subjects tend to do poorly on tasks which adults with acquired lesions to the frontal lobes also fail” (Happe, 1995, p. 31).

“When working with clients with an intellectual disability, the “therapy” is happening while working directly with the art media, and that whilst this is due in part to the client’s limited capacity for verbal communication, it is also due to their capacity for spontaneity” (Brooke, 2009, p. 72). These individuals also benefit from viewing their art work. By viewing the art work, these individuals discover “deep enjoyment and feelings of detachment from time and place. For such experiences to develop there needs to be a feeling of psychological safety” (Brooke, 2009, p. 73).

Adam and Art Therapy

One art therapy participant who has autism is Adam. Adam is 21, lives at home with his family, has no physical limitations, and is also diagnosed with mental retardation. Adam’s artwork is generally more detailed than anybody else I have worked with. Compared to the rest

of my clients who have participated in art therapy sessions, Adam seemed to have grown the most. When Adam first began making art, he would not follow a directive. Instead, he would mentally select a theme and then focus on creating art that fell into that theme for the art hour. His themes ranged from street signs, organs, catch phrases, planets, and people. Each time Adam would finish drawing an image, he would point to it and then verbally give it a label while glancing up at me. As time progressed, Adam was able to fit his themes into whatever directive was given.

Turkey of Thanks

Around Thanksgiving time of 2011, Adam was asked to draw what he was thankful for within a hand-drawn turkey. After coloring around the turkey, Adam proceeded to draw a common theme of street signs. However, after this digression from the directive, Adam then created a series of pictures of his family, and a Thanksgiving feast.

Goal

The *Turkey of Thanks* activity was designed with the intention of self-reflection. Adam was encouraged to brain storm aspects of his life he were grateful for, depict these aspects onto paper, and then communicate what it was he felt thankful for.

Outcome

Adam initially attempted to follow the directive by first drawing around the turkey. On the first drawing, Adam colored in his *Turkey of Thanks* quite realistically. He then drew the school bus he used to ride to high school, several street signs, a rainbow, the NBC logo, an image to represent Aquafresh tooth paste, and a gel capsule. Once he finished this drawing, Adam



Bubble Painting

In the fall/winter of 2010, I directed Adam in creating a bubble painting during an art therapy session. To bubble paint, you first mix water color paint with the bubble mixture itself. Next, you dip a wand in the paint/bubble mixture and blow bubbles onto a piece of white paper.

Goal

Bubble painting encourages you to explore your art medium's boundaries. This form of painting is spontaneous. This project was designed to encourage Adam to create art outside of a themed drawing and express himself through color and movement.

Outcome

Adam was smiling and laughing periodically throughout the process of bubble painting. After using a color, or shaped wand, he would announce the name of the color and/or the name of the shape he used. (Next page: Bubble Painting by Adam:)



Marble Painting

The directive of marble painting involved first pouring different colors of paint into Dixie cups. Next, a marble is placed in each Dixie cup, a spoon is set out for retrieving marbles, and a piece of paper is placed onto a cookie sheet. You then select a paint covered marble, scoop it out of the cup with a spoon, and then roll the marble around on the paper while holding the edges of the cookie sheet.

Goal

The goal of this activity was to aid sensory development in a relaxed and playful manner. Through marble painting, Adam was asked to create a free flowing project without a concrete directive. He was also able to try a new method of painting, and he could hear the sheet create rhythmic sounds when a marble tinged against the edges.

Outcome

While making art outside of his usual themed art works, Adam was able to relax and enjoy the flowing movements of the paint covered marbles. He took his time exchanging colors,

and appeared to enjoy watching the colors slowly blend together. After he finished one painting, he did not hesitate in grabbing another piece of paper so he could complete another painting.

(Below: Adam's Marble Painting:)



Working with Adam assisted me in better understanding and appreciating a nondirective approach to art therapy. When I first began my career as an art therapy graduate student, I continuously tried to create new directives that each of my clients with developmental disabilities could follow. As time went on, I learned that not everyone could or even wanted to follow a directive approach. I decided to embrace this new realization. I rediscovered the therapeutic values that materials possessed. Through Adam is how this discovery came to be.

By giving Adam the freedom of spontaneous art making, his response to my presence changed. After the first year of Adam participating in art therapy I was convinced he did not know my name, nor did he regularly look me in the eyes. As time went on, Adam began

responding to my daily greetings with, “Hello, Lacie!” while waving and making eye contact with me. Through the outlet of art therapy, Adam’s social abilities were given a chance to further develop as well as his ability to openly express his emotions.

Conclusion

I believe, through art, people are able to express what their words cannot. Making art can be a deeply personal, therapeutic, and healing experience. Art can be a release of what people keep bound tight within themselves. Through art, we can achieve a sense of accomplishment and further deepen our understanding of ourselves with some personal reflection.

I do not believe that art should accomplish or hold the same goals for everybody. Making art is personal and as unique as the person who is making it. Whether you choose to make art in hope of selling it, for a gift, or for personal expression, the process of making an artwork is about the person.

The majority of the clients I have made art with were unable to comprehend a therapeutic directive when one was given. This means that the outcome of their projects ranged greatly and were at times completely unrelated to what the directive originally was. Through these occurrences, I have learned that the process of making art, and the emotions that accompany that process, are the key factors of what is important. For the people I worked with, the aesthetic pleasure after finishing an art work is not what excites them. They draw excitement from the raw joy of creating something and sharing that accomplishment with those around them.

The more I learned from working with these individuals, the more I learned about my own art process. When I make art, I make it for me. Through art, I accomplish a healthy release of energy. This energy can involve feelings of anxiety, stress, excitement, or joy.

No matter whom I am working with or what their disability is, the one element that is ever so crucial is the environment. An environment without visual or audio distractions is beneficial. When working in a group, individuals need to be paired with peers they respect and

have a strong relationship with. Also, a sufficient amount of positive feedback is important. In most cases, a few positive words of encouragement can inspire a smile and the individual will continue to push him or herself in creating art.

Through creating art, I have seen individuals go from being anxious or irritable to calm and relaxed. I have seen people express themselves in ways they would normally not get the chance to. People are encouraged open up and discuss issues that they were not previously ready to address. No matter the disability, art can heal.

Making art aids personal growth. By tapping into our creative nature, we are enabling skills, talents, and ambitions that may have been dormant. Addressing thoughts and feelings that have been set aside help us grow and develop as individuals. Through self-expression, we further develop our emotional and behavioral capabilities.

For people with disabilities, art aides them in developing a positive identity. People with developmental disabilities may struggle with labels doctors and other community members assign to them. Creating art encourages these individuals to add more to themselves and their identities. Not only might someone think of themselves as a person with autism, but now they can view themselves as an artist. I do not only view myself as a graduate student, a sister, a Personal Care Worker, or an inspiring art therapist; I am also an artist. I am an artist because I make and express myself through art.

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