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Original Article

Art Therapy and Young Offenders

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Abstract

This article is a short review of art therapy for adolescents who have presented with offending behaviour and how this modality can assist vulnerable youth. The article describes in brief a case that was managed in the context of an art therapy service within the UK National Health Service, Child and Adolescent Mental Health. It touches on anger, acting out, difficult behaviour, the impact of early experience and how art therapy can help young people to regain self-esteem and explore relationship skills, among other benefits, thus reducing the likelihood of delinquent behaviour and improving their conduct.

Key words: **serious and multiple stressors, anger, attachment, delinquency, self-esteem, art therapy**

Background

The professional field of art therapy has been growing in the United Kingdom and United States of America for many years where, after a rigorous master's training program, art therapists work as part of clinical teams in mental health services, community services, schools, prisons and hospitals (among others), working with a variety of individuals from children to adults and families.

The context of the work described is within a UK-based system where changes in attitudes toward young offenders (delinquents) places emphasis on staying within the community (rather than being incarcerated); thus, reformation and rehabilitation are now priorities. In the UK people have become increasingly disillusioned with prison as a means of reforming people, particularly young vulnerable youth.[1] Research suggests that as much as 25 per cent of the teenage population in the UK are engaged in some criminal activity.[2] Offending/delinquent behaviours can take the form of drug and alcohol abuse, poor school performance, aggressive behaviour or acts of crime, theft, violence, vandalism, and damage to property.

***Risk factors* to the likelihood of committing a crime or offending behaviour**

Early experience- Research has shown that emotional attachment is an essential part of brain development and that good attachment takes place when the newborn child has a responsive and affectionate

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carer.[3] A baby who does not receive emotional communication or experiences erratic and stressful situations may not develop and grow correctly. The child who does not form successful attachments may show outward signs of aggression and rage, or become unresponsive and withdrawn.[4-7]

Emotional, physical and sexual abuse, neglect, rejection and a lack of affection from a child's early days are an important contributory factor to attachment concerns. For example, physical abuse has a damaging effect and prevents both language and learning development. Children who are adopted or fostered are also described as being more likely to have unresolved issues concerning their past history.

Trauma of any kind can result in loss of meaning and identity with an accompanying loss of self-esteem. Cohen, Barnes, and Rankin[7] elaborated on this process, explaining that a traumatized person's sense of self may become eclipsed by the trauma, causing a strong identification with post-traumatic feelings of shame, guilt, helplessness, hopelessness, abnormality, and worthlessness. Reasoner[8] describes lack of self-esteem as being closely associated with many serious problems facing adolescents, including poor academic performance, substance abuse, and criminal behaviour.

Anger as a result of situation or personal history is also an important factor behind many crimes committed by young offenders. Aggressive and violent crimes are often the result of acting out feelings of anger, which, in turn, often emerge from the trauma of loss, deprivation, or any abuse which damages the individual's ability to form satisfactory relationships.[5] Traumatic experiences in early attachment can also lead to difficulties in social behaviour and a lack of empathy toward others, which would indicate an inability to effectively regulate emotions and being unable to understand how actions have impacts on others.

In addition to these contributory factors the natural difficulties encountered in adolescence, with the resulting social pressures and transition to adulthood, can lead to a rise in delinquent behaviours and difficulty in how to treat them.

Why art therapy: a review

Research suggests that art therapy is a useful practice for exploring issues regarding trauma, childhood abuse, anxiety disorders and anger management, among others.

Art therapy is a form of psychotherapy where clients use art materials to explore their inner worlds; it can be a non-verbal process and is about learning and gaining insight into how one sees, understands and interprets the "worlds" around one, in terms of the inner world of emotion, memory, experience and relationship.[6]

Riley[9] and Moon[10] describe art therapy as a modality that commonly diminishes adolescent resistance, calling it "the natural language of adolescents".[10]

This is due to many adolescents not being interested or able to talk to an authority figure; resentment, anger or disappointment may lead to a distrust of adults; traditional verbal psychotherapy may make someone feel as if he or she is thought to be "mad," and so art therapy can be a less threatening way to approach issues. It is an alternative way to engage with complex difficulties and issues as many adolescents are more willing to be creative and make art.

Of course this is not across the board and some adolescents can, at first, also find it threatening due to the associations with school, or regard it as childish, an activity suitable only for "ittle kids."

Riley[11] went on to articulate several developmental factors that make art therapy an especially useful modality in treating adolescents; the strong creative drive of adolescents in general and the compatibility of utilizing art-making to express and experiment with the process of creating an identity. She further noted that the adolescent process of separating from parents and establishing more self-authority is honored by the personal choices and control inherent in art-

making and the relationship with the therapist offers a reframing of the experience of being with an adult. In the Adrian, Hartz and Thick paper, the authors discus this empowering structure, noting that it often decreases adolescent resistance to therapy, thus promoting collaboration and avoiding power struggles.[12]

Franklin[13] examined the mechanisms within art therapy that promote the development of self-esteem, explaining that the art process and art product enabled clients to confront their self-esteem issues. These issues could then be transformed through art-making, and improved self-concepts rehearsed in a non-threatening manner. Art-making thus becomes a safe place where the old self can be confronted and the new self rehearsed.[13]

Moon[10] elaborated on developing personal power through creating. He describes "artistic acts transforming [a person]...from victim to hero/survivor."

Neurological research suggests that art therapy can help different parts of the brain to communicate, linking creative processes with language and long-term memory. This can then facilitate a person's ability to use cognitive skills to learn.[14] Further research shows that this non-verbal process accesses the areas in the brain where traumatic experience is stored and thus enables an exploration of early emotional trauma and a renegotiation of experience and subsequent reconnection of the neural pathways—in simple terms making art in therapy anables the difficult unnameable experience to be given language, be observed, and be processed by the individual and the containing maternal functioning of the therapist.[15] Attachment issues can also be addressed—within the safe and developing nature of the therapeutic relationship where the boundaries and trust developed allow for safe expression of difficult feelings, a testing of the capacities for the holding function of the therapist, and a renegotiation of how to be with another human.

Art therapy can be used to work on strong emotion, which is often present when a young person is in trouble with the police and has been put in prison. Anger can be worked within sessions and the resolution and exploration of this can potentially help clients to think more reasonably, providing opportunities for them to make their own decisions and take responsibility for the consequences. This hopefully enables the client to begin to understand the impact of his or her actions on other people and learn empathy and social understanding. Exploration of all these parts of a person can be aimed at helping to reduce offending behaviour and allow a young person to integrate back into the community.

In addition to these aspects, issues of self-esteem can be addressed and interventions can help to raise this and a person's self-confidence. Self-esteem provides a sense of competence and resiliency to undertake and successfully respond to life's challenges: "Self-esteem ranks among the most important aspects of self-development since evaluations of our own competencies affect emotional experiences, future behaviour and long-term psychological adjustments."[16]

In general, self-esteem develops out of a sense of competence and positive social interactions. Establishing a sense of mastery is an essential factor in the creation of self-esteem, and even the awareness that it is possible to become more capable promotes self-esteem.[16]

Importantly, working with offenders in art therapy does not condone the offence but looks at the reasons behind it.

Case Study - David

Referral

David was initially referred to art therapy within the Child and Adolescent Mental Health team. While David received individual art therapy his foster parents were seen by a family therapist. His younger brother was also seen in a brief focused art therapy intervention. So the whole family was given support

to think about difficulties relating and getting on together as well as the impact of David's offending behavior.

David was well known to the service from an early age and had attended previously when younger but was presently referred at age 15 due to repeated offending behavior which had led to exclusion from a mainstream school. He was now attending a special school for children with severe behavioral difficulties—a reform school for pupils who had offended. There were concerns about David using drugs and being at risk of re-offending.

Background

David's early experience from infancy was living with his mother who was a drug addict and alcoholic. David was the eldest in the family and had played a pivotal role in raising his younger siblings, being the "father" of the house. All children had been subjected to extreme neglect, and physical and emotional abuse. As the eldest child, David had received the brunt of his mother's anger.

David and his siblings were removed from his mother's care by social services and placed in two separate foster homes. David lived with his young brother. This had been happening since the children were little, being removed and then returned and so this had led to formation of unstable attachments and distrust in social services. David's early experience was of being in the care of numerous foster placements.

Since he was 14 he and his younger brother had a stable placement with a loving set of new foster parents who were interested in caring for the two boys for the long term. The only concern was David's ongoing challenging and confronting aggressive behaviour and that he would frequently get into trouble with the police for petty crime (graffiti, theft).

David's foster parents were very sympathetic and understood that his difficulties stemmed from his early difficult relationship with his mother; attachment and emotional neglect. Unfortunately, due to David's current way of relating to adults and authority figures, at times David would physically threaten them and so they were concerned that they would not manage to keep him in their home if this continued. They hoped art therapy might be something that David could use to express himself and his concerns safely and for him to learn alternative coping strategies. They also hoped he would be able to explore his childhood trauma and his offending behavior. David came to art therapy just as he had been excluded from school for punching a teacher. The concerns addressed were: conduct disorder, family problems, poor anger-management, various forms of abuse and interpersonal relationships.

Sessions

David attended individual art therapy weekly for a year. The general process began with rapport-building, where the aim is to develop a relationship with the client through conversation and art materials, discussing rules for the sessions and explaining the reasons for being in art therapy and looking at the client's concept of his life and what he or she wished to change. A wide range of art materials are available: drawing pencils, erasers, colored pencils, and markers; modeling clay or construction material; sand and water trays; and painting materials. Emphasis is not on the product; one does not have to be good at art. Focus is on the process.

The art room becomes a safe and confidential space in which nobody is judged, assessed or criticised. Trust is created and, in time, thoughts and feelings about present and past experiences are shared.

David initially found it childish and appeared to have little insight as to what impact his difficult behavior was having. He would joke and brag about his criminal activity, his connection with the police and professed to not care if he was thrown out of school again, or had to find a new foster family.

It was difficult to contain him at first and so re-asserting the rules and maintaining a safe therapeutic space was a priority. David showed aggression within the space, testing the author's capacities to contain him by being verbally aggressive and physically threatening. David would also test the boundaries in his use of art materials—splashing paint, making a mess, and drawing obscene pictures. He would spill paint over from the paper in a further attempt to invade the space by drawing on the walls or the tables. In the early stages it was a weekly task to show him that his aggression and his anger could be managed and contained. Frequent reminders of the rules were necessary, insisting that he clear up the space and talking about how the space had to be kept safe and what was not allowed—firm boundaries were maintained. On a few occasions it was necessary to stop the sessions due to his behavior, at which point the author would explain to him why this was so but with the assurance that next week he could come back and that the author would be there, this was to continue to develop his sense of managing his anger.

David was a very tall and heavily built young man, who had a threatening physical presence in the space. He was full of anger regarding his circumstances and past experience but he was also a very mischievous and likeable young man. The author repeatedly had to be very firm and directive with him in terms of his behavior as if he were re-experiencing being an infant; learning how to be with a caregiver that could tolerate, reflect and manage his more difficult behavior.

His images were also at an early developmental stage: that of a very young fragmented child. The author viewed this in terms of the abuse that he had experienced and his exploration of the associated trauma. David's learning had also been delayed due to this experience and so now he was catching up with his peers. When he was young he had not been able to play and so at times his expression in art therapy was reconnecting with this playful side which he found difficult—some of his work was centered around sand play, messy painting, playing with clay, banging and crashing around in the room—starting things and never ever finishing them—with David always appearing distracted and feeling as if nothing was ever "good enough." His interaction in the space and with materials was a direct exploration of his lack of self—esteem and the potential impact of a traumatic childhood. Even though the sessions were painful and at times difficult for him, David managed to stay with this, felt accepted and attended every week.

Although he was volatile and at times seemed impossible to contain, both he and the author also at times felt together; she felt a strong sense of connection when he was responding to her as someone with whon he felt safe, who he trusted and who could contain his difficult parts and help him to think about these.[15] In the therapy he had pushed boundaries to the limit but both had survived his anger and distress and so David had learned new ways of managing his angeri: "it was not so scary." He had developed and experienced alternative ways of relating to people. It did not always have to be a fight or a battle with everyone being angry; it could be different. David was experiencing what it was like to be "cared for" both at home and in therapy.

As the therapeutic relationship developed, he began to be able to expose the more vulnerable parts of himself and name and discuss his feelings and his experiences.

David had never had a childhood; he was responsible for keeping his siblings safe from his mother, making sure they had food, cleaning the house. He had been, from a very young age, the adult in the house. For this role, he became the hated child, with his mother taking out all her anger and aggression on him, so David had only ever experienced punishment and aggression from his maternal object. He found it hard to accept love and kindness and tried to push it

away in an effort not to be hurt.

David did not expect anything good to last in his life and so he would make great efforts to destroy all good to keep his heart safe. As art therapy progressed and his foster carers were supported by the author's colleagues, David experienced a safe and caring home, where he was loved but given firm discipline—which he found very challenging at times and would push his foster family to the breaking point. His behavior improved in school; even though he never really excelled academically, he was able to sustain more interest in subjects, particularly practical ones, and expressed desires for a career and thoughts of the types of jobs he wanted to do.

David learned to express his feelings and develop safer ways of expressing his anger. His self—esteem improved, he formed a more positive identity, and found new ways of controling his aggression. David began to grow up and become an adult. He developed an understanding of his difficult behavior, and although he did not express remorse for his violence toward strangers outside, or to his thefts, it was apparent and obvious that he did feel bad about this, and that he was making efforts to change his friends and make better relationships, particularly with his foster family.

David had been caught in the tendency for staff to stereotype and label him as bad, and David had gradually believed this and had stopped trying, until beginning to attend art therapy where he gradually began to be able to view himself as someone with self—worth, value and that he was capable and could achieve. Being seen, being heard and being given the experience of being seen as someone capable of change and achievement increased and developed his self-confidence.

The art therapy relationship helped him to see and explore his patterns of behavior, gradually reframing these where he could test out new ways of behaving and interacting.

At the time of ending the art therapy David had been able to stay in school, had been adopted by the foster family and was beginning a work placement in a local garage.

Conclusion

The potential of art therapy is enormous. At a time of increasing concern over rising crime and the search for ways of redirecting offenders, and indeed youth, it seems vital to look properly at what art therapy has to offer.

As readers have seen, it is possible and important to look at the factors behind the offending behavior to determine the abilities to rehabilitate the client. In adolescents, these factors are often seen to be the culmination of a series of difficult life experiences, with multiple stressors and impacting factors, but art therapy can offer the young offender an opportunity to recover from a variety of experiences of loss.

Art therapy interventions have evolved to support the development of the emerging positive identity of clients, the growth of self—respect and addressing the problem of low self-esteem by developing interventions that highlight and support strengths.

These strengths include individual development in many areas, such as emotional, academic, spiritual, and physical ones, along with interpersonal strengths, such as social skills and relationship-building.[12]

Themes of identifying feelings and experiencing safety and comfort in self-expression are important treatment gains that reflect greater self-awareness and self-approval. Art therapy aids one in experiencing growth and mastery through the art-making and the therapeutic relationship. This can allow an experience of success and pride, which can be transferable to other areas of an individual's life.

As has been described, interventions foster the growth of self-esteem, promoting non-verbal interaction which may feel easier or safer initially in situations where verbal disclosure may leave one vulner-

able. Art-making can evoke complex material which may not be available through talking, bypassing adolescent defences and enabling access and potential resolution to painful experiences. This can be important for those who cannot find words to describe their difficult experience or who find it difficult to speak of their misdemeanors.

To summarize, it is appropriate to take from Marion Leibmann wonderful book "Art Therapy with Offenders" a thought where she clearly highlights the many benefits of art therapy and offers this thought:

Creative activity interrupts a pattern—one of self-destruction, self deprecation, meaninglessness, boredom—and replaces it with a dialogue. In art therapy, an experience is offered for safe ventilation of feelings which are normally projected outwards in the form of offending behavior.

Art therapy may be described as the use of art in the service of change.[1]

Some examples follow of themes to develop self-esteem, self-identity, anger management (taken from a variety of sources:[12,19,20]

- Checklist of personal strengths—Create a collage to represent one or more of these strengths.
- Make an image that tells a story about who you want to be or are becoming.
- Identify a person who has taught you something, what that something was, and envision something that you would like to teach people. (This can be gender—specific if it is an all-women group or men).
- Who is a role model to you? — Create an image of this person and his or her qualities.
- Draw your family, draw your lifeline.
- Feeling recognition—creating images connected to specific feelings.
- Anger management, self-esteem, and appropriate feeling expression—draw a volcano showing your anger today; draw different anger states; and draw what different feelings look like.
- Draw what it's like to have very little control, draw a bridge illustrating your life.

References

1. Liebmann M, editor. Art Therapy with Offenders. Jessica Kingsley Publishers Ltd.; 1994.
2. BBC; 2005.
3. Gerhardt S. Why Love Matters. Hove: Brunner- Routledge; 2004.
4. Bowlby J. A Secure Base. London: Routledge; 1988.
5. Zulueta F de. Theories of Aggression and Violence. In: Cordess C, Cox M, editors. Forensic Psychotherapy (part 1). London: Jessica Kingsley Publishers; 1996.
6. Pittman S. Inside outside in: Art Therapy with Young Male Offenders in Prison. In: Leibmann ed. Art Therapy and Anger. Jessica Kingsley Publishers Ltd.; 2008.
7. Cohen B, Barnes M, Rankin A. Managing Traumatic Stress through Art. Lutherville, MD: Sidran Press; 1995.
8. Reasoner R. Review of self-esteem research. Retrieved from the National Association for Self-Esteem website: www.self-esteem-nase.org/research.shtml (2002, February 5).
9. Riley S. Contemporary Art Therapy with Adolescents. Philadelphia: Jessica Kingsley.1999.
10. Moon B. The Dynamics of Art as Therapy with Adolescents. Springfield, IL: Charles C Thomas; 1998.
11. Riley S. Brief therapy: An adolescent invention. Art Therapy: J Amer Art Therapy Assoc; 1999a. 16 (2), 83-6.
12. Hartz L, Adrian MI, and Thick L, Scranton PA. Art therapy strategies to raise self-esteem in female juvenile offenders: A comparison of art psychotherapy and art as therapy approaches. J Amer Art Therap Assoc 2005;22(2):70-80.
13. Franklin M. Art therapy and self-esteem. J Amer Art Therap Assoc 1992;9(2):78-84.
14. Schore, A. Affect regulation and the origin of the self: the neurobiology of emotional development. Hillsdale, NJ: Lawrence Erbaum; 1994.
15. Symington, Joan and Symington Neville, The Clinical Thinking of Wilfred Bion, Routledge, London, 1996.
16. Berk, L. Infants, children and adolescents (2nd ed.). Needham Heights, MA: Simon & Schuster; 1996.

Other references

Liebmann M, editor. Art Therapy and Anger. London: Jessica Kingsley Publishers Ltd. 2008.

Bennink J, Gussak DE, Skowran M. The role of the art therapist in a juvenile justice setting. The Arts in Psychotherapy 2003;30:163-73.

American Bar Association, & National Bar Association. Justice by gender-The lack of appropriate prevention, diversion and treatment alternatives for girls in the justice system.

Washington, DC: Authors. 2001.

Landgarten, H. Clinical Art Therapy: A comprehensive guide. New York: Brunner/Mazel; 1981.

Liebmann M, editor. Art Therapy for Groups, A Handbook of Themes, Games and Exercises. Routledge; 2004.