

Art Therapy for Children
–Developing Courses in Creativity to Deal With Difficult Emotions

May Olaug Horverak, Birkenes Learning Centre, Norway
Darius Radkevicius, Post traumatica sanitatem, Lithuania
Øistein Kristiansen, Earthtree Media AS, Norway
Migle Helmersen, University of Agder, Norway

The Barcelona Conference on Arts, Media & Culture 2023
Official Conference Proceedings

Abstract

The covid-19 pandemic has disrupted education systems globally, affecting the most vulnerable learners the hardest. For Ukrainian children, there has been a double shock, as the war disrupted their lives right after the pandemic, aggravating their stressful condition. The aim of the project being presented here was to develop a methodology based on the principles of art therapy, that could be implemented by persons without education in psychology or arts, to help children who have experienced trauma, at the same time as it is suitable for healthy children. A course of five holistic integrated sessions was developed, that systematically integrate and optimally alternate artistic, emotional, conversational and creative plots, to support children to realize negative emotions and turn them into creative energy. Art therapy is based on the idea that creative processes can be used to express and explore feelings, thoughts, and emotions, and this may help to reduce stress, anxiety, depression, and trauma, as well as to improve self-esteem and self-awareness. The course was piloted in Norway by The Children's Station in the voluntary organization Blue Cross Kristiansand. A group of six children participated in the course over a period of six weeks. They were aged seven to 13 years, and three of them had a refugee background from Ukraine. Evaluations showed that the six children appreciated the sessions, particularly some of the drawing exercises. Two of the girls also reflected that this may help children who have experienced trauma by giving them "a break from life".

Keywords: Art Therapy, Trauma, Emotions

iafor

The International Academic Forum
www.iafor.org

Introduction

During the pandemic, education systems have been disrupted, and this has affected vulnerable learners hard (UNESCO, 2023). This has led to many students being excluded from learning. It has also led to increased mental problems for many. A review on mental health of children and adolescents during and after the pandemic, shows that there is increased stress, worry, helplessness and behavioural problems (Meherali et al., 2021). Some of the specific issues mentioned are suicide, substance abuse, relationship problems and academic problems. Different interventions that worked to help these children and adolescents were art-based programmes, support services and clinician-led mental health and psychosocial services. These types of support resulted in decreased mental health issues.

Children in Ukraine did not have time to cope with the pandemic (covid), before the war came, aggravating their stressful condition and magnifying their vulnerability. To deal with this challenge of increased vulnerability, we have developed a methodology based on the principles of Art therapy, that could help children who have experienced psycho-trauma, and at the same time be suitable for healthy children. The methodology could help some children to heal, others to recognise their emotions. Using such an approach may also promote inclusion, as everyone is engaged in the same type of activities, regardless of whether they struggle mentally or not.

Fear and anxiety are natural feelings for everyone. Still, anxiety builds up over time for those with anxiety disorders. Eventually, it does not commensurate with the actual threat or risk and becomes permanent (Vahia, 2013) (Shukla et al., 2022). Anxiety disorders are linked to problems with self-control (Mennin et al., 2008) (Oliveira et al., 2022). The principles of Art therapy are based on the idea that the creative process can be used to express and explore feelings, thoughts, and emotions. Art therapy can help to reduce stress, anxiety, depression, and trauma, as well as to improve self-esteem and self-awareness (Scarce, 2021). For healthy children, art therapy activities could focus on emotional regulation and self-expression. Art is a way toward self-expression and self-exploration, regardless of whether one is producing or enjoying art. Drawing is a learning tool that gives the power to conceive, expand and present ideas. If one learns the power of visualization, one will grow power to achieve.

The research question of the current study is: How can children with trauma be supported to deal with emotions through creative activities? This study suggests a methodology with 5 holistic integrated Art therapy sessions, which systematically integrate and alternate between artistic, emotional, conversational, informational, and other creative plots. By taking time to connect with children's creative side, children can be helped to realize negative emotions and turn them into creative energy (Scarce, 2021). To best restore balance, a variety of activities are integrated into the Art therapy sessions. One of the ideas with the methodology developed in this study is that the instructions are to be so clear and simple, that it is not necessary to be an artist to apply them. It is a methodology that is not only aimed at helping children with trauma, as it is also suitable for healthy children to promote their health and prevent future mental disorders.

Health Promotion as Foundation for Art Therapy Sessions

Art therapy is considered a transdisciplinary art that uses artistic activity to promote health and quality of life, involving different areas: plastic, sound, literacy, drama, and the body, based on different expressive techniques such as drawing (WHO, 2022), painting, modelling,

music, poetry (Priebe et al., 2016), and drama and dance (Cherry, 2022), with the unblocking function of the internal contents (Gazit et al., 2021), thus presenting itself with a potential therapeutic promoter of mental health. It is an expressive psychotherapy that uses the art-making process to improve social, mental, and emotional functioning and increase feelings of well-being (Rowe et al., 2017). Art making allows for healing through nonverbal communication, exploration of feelings, self-discovery, and catharsis (Malchiodi, 2011). Art therapy as mental health treatment is used to relieve stress and negative psychological symptoms and can also serve to facilitate personal growth (Hussain, 2010). This helps to gain self-expression, self-awareness, learning and personal development, as well as improve contact, communication, and interaction with other people (Shukla et al., 2022). Some examples of art therapy used in mental health treatment include practicing art with attention to skill development and mastery and personal art making with a healing goal (Priebe et al., 2016; Stuckey & Nobel, 2010).

Shown to be effective with vulnerable populations, art therapy can be particularly useful with children and refugees who have experienced severe trauma (Malchiodi, 2008; Wertheim-Cahen, 1998) due to its ability to circumvent language barriers and its focus on positivity and growth. Malchiodi (2008) asserts that art therapy is especially appropriate for children and adolescents because many prefer to express their experiences nonverbally. Art allows children to explore memories and emotions subtly and symbolically (Malchiodi, 2008), providing a safe space to resolve overwhelming traumatic symptoms (Appleton, 2001). Therefore, art therapy is appropriate for refugees who have experienced the trauma of war and relocation (Wertheim-Cahen, 1998).

There is some evidence to suggest that expressive therapies can reduce emotional and behavioral problems and increase self-esteem in vulnerable children and adolescents (Rousseau et al., 2005). A literature review included 12 evaluations demonstrating art therapy's effectiveness in helping children cope with trauma (Eaton et al., 2007). Many of the studies reported improvements related to mental health, including reduced symptoms of PTSD and anxiety and improved emotional stability. These studies demonstrate that art therapy offers a mechanism through which refugee children can communicate their experiences and process their thoughts and feelings (Eaton et al., 2007).

Salutogenesis is an overarching theory in this study, leading to a salutogenetic orientation (Antonovsky, 2012). The steps in the intervention carried out builds on the three basic elements of this theory: comprehensibility, manageability and meaning. These three elements form what Antonovsky (2012) calls sense of coherence (SOC). A strong sense of coherence may help children cope with stress in life, for example trauma and depression after a pandemic and a war. The intervention will be described in more detail in the methodology chapter below.

Methodology

This is a descriptive study presenting a report of an experience of how an art therapy intervention in groups may support children with trauma to deal with their emotions. An art therapy course of five sessions was carried out with children who had experienced trauma or difficulties in life, both Norwegian children and children from Ukraine. The course was carried out in the afternoon by a voluntary organisation. Children were recruited through the network of this voluntary organisation, including via official services for children. This resulted in a group of six children, whereof there were five girls (table 1). The three youngest

children were from Ukraine. In addition, a six-year-old Ukrainian boy joined the first two sessions, but he quit the group as the family was moved to another place in Norway. A translator was present for all the sessions to translate for the Ukrainian children, who had only been in Norway for a short period and did not speak Norwegian yet.

Table 1. Sample of study

Gender	Age	Nationality
Girl	7	Ukrainian
Girl	8	Ukrainian
Boy	10	Ukrainian
Girl	11	Norwegian
Girl	11	Norwegian/Asian
Girl	13	Norwegian

There was a course session every week, and every session started with a meal with children and parents. After the meal, the parents left the room, and there were art therapy activities for about an hour, with some fruit served towards the end. The food was included to create a positive and safe environment for both children and parents. Every session started with a physical activity as a warming-up exercise, followed up by a drawing or painting activity. At the end there was a round of reflections on feelings and thoughts related to the activities.

After the first three sessions, there was an oral evaluation. Only the three Ukrainian children were present this session. They were asked about what they enjoyed, what was challenging, and whether the sessions helped. In the fifth session, there was another evaluation. In this session, only the three older girls were present. They were asked the same questions. An information letter was distributed and read out loud to the parents and children, and the content was translated for the Ukrainian families. They were informed about the purpose of the research, and that it was voluntary to participate. All data was collected anonymously.

Intervention: Art Therapy Course

There were five art therapy sessions that included the following:

- 1) Steam venting - pressure release in a controlled manner, drawing exercises - allowing the gradual release of the accumulated negative emotions, anger and aggression.
- 2) Opening up and working with fear; moving from anger to creativity.
- 3) Cognition of emotions; learning to draw emotions.
- 4) Drawing to give strength and hope; the element of the magical; drawing defenders.
- 5) Agency of change for a better future; drawing a personal future. The details of each session are described in the table below.

Table 2. Art therapy sessions

Session	Part of session	Activities
1	Warming-up exercise	Pretending to be a cat, and illustrating what happens to the body when a dog scares the cat. How did this feel, and what happened to the muscles?
	Main activities	Drawing feverishly on a piece of paper, and then tearing this apart. The pieces were to be put back together again to create a joint large picture.
2	Warming-up exercise	Drawing imaginary squiggles in the air.
	Main activities	Drawing squiggles on separate papers, looking for possibilities to draw, draw faces, draw fear. Drawing a joint squiggle.
3	Warming-up exercise	Pretending to be a dog barking different emotion: sad, angry, happy.
	Main activities	Making a list of feelings and drawing symbols / faces (use a mirror to see different facial expressions) and listing opposite feelings. Drawing one's life narrative as a roller coaster.
4	Warming-up exercise	Reflecting on what is protecting in life, demonstrating in motions. The other children guess what it is.
	Main activities	Drawing (painting) an image of oneself, and defenders
5	Warming-up exercise	Walking on a large sheet of paper with painting on the feet.
	Main activities	Drawing a guru (a type of spiritual teacher or leader) according to instructions to imagine the future.

The final exercise, where the children were to draw a guru, meaning a type of teacher, several instructions were included. First, they were told to divide their paper in sections and draw some lines, to form the frame for the guru. Then after they had the main figures in place, they were instructed to fill the different parts (see figure 1).

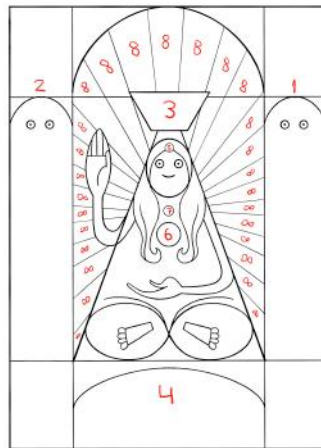


Figure 1. How to draw a guru

The following questions were used to make the children draw an imaginary future:

1. Who is the person standing on your right?
2. Who is the person standing on your left?
3. A crown is on your head – What do you do best? What are your skills?

4. Where are you sitting? On a hill or in an open space? Is it easy to get to you?
5. Can you draw a simple symbol representing your best thoughts?
6. Can you draw a simple symbol representing your most precious feelings?
7. Can you draw a simple symbol representing your magical skills?
8. Symbols of dreams, what do you want in life?

The reflection questions towards the end of each session were adjusted to the activities that had been applied. In the following result section, the children's responses to the activities, including illustrations, are presented.

Results

How the children reacted to the exercises differed from session to session, and from child to child. In the first session, the children did not respond according to instruction. They were reluctant to act as cats, but a couple of the youngest played along, and the older children also contributed with some reflections. In the main activity, the children, except for the six-year-old, chose to draw proper drawings, instead of drawing feverishly on pieces of paper. Both instructor and translator illustrated how to draw feverishly, but only the six-year-old followed up. These three drawings were torn and put together again, whereas the rest were left to draw as they wished. The 10-year-old boy reflected afterwards that he did not like the fact that we tore the drawings.



Figure 2: Drawings torn apart and put back together

In the second session, the warming-up exercise, drawing squiggles in the air, worked well. When moving on the main activity, some of the children chose again to draw their own drawings, instead of following the instruction, which was to draw a squiggle. When drawing joint squiggles (figure 3), more of the children joined in. First, a large squiggle was drawn together (figure 3, to the left), then a copy of a squiggle from Øistein Kristiansen's material (figure 3, to the right) was passed around to fill in. Every child contributed on the last squiggle that was passed around.

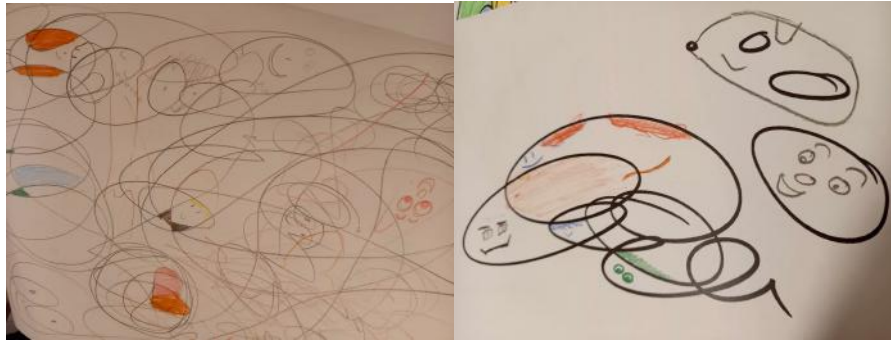


Figure 3. Joint squiggles

In the third session, only the three Ukrainian children were present. The warming-up exercise, where the children were supposed to act like dogs showing different emotions, did not work very well. Two of the children played along after some time. However, the main activities in this session, which were to make lists of emotions and draw pictures to these, and to draw a rollercoaster life-line, both worked well, and all children participated. The 10-year old boy drew rocks with faces on (figure 4), displaying different emotions. He expressed great joy over making this drawing.



Figure 4: Rocks with facial expressions

When drawing a rollercoaster describing life until now, the children from Ukraine all drew a low point on their rollercoasters at the time of the war (figure 5). They mentioned different events as starting school and the outbreak of war, but this was not discussed much further.



Figure 5. Life illustrated as a rollercoaster

The fourth session was very successful, and all the children joined in the warming-up exercise, illustrating and guessing what has been protecting in their lives. They also seemed to enjoy painting portraits of themselves. One of the 11-year-old girls also painted a heart and a teddy bear as protectors (figure 6, in the right corner). Some of the Ukrainian children drew imaginary characters from stories as defenders.



Figure 6: Portrait and defenders

In the fifth session, only the three older girls were present. Two of the girls joined the warming-up exercise and enjoyed it a great deal. They made some patterns, for example a heart, with the painting on their feet. The girls followed instructions and drew gurus with different features. One of the girls drew a black belt, as she was practicing karate and another girl drew a heart as a symbol of something precious. One of the girls said that she would save this picture for the future.

The evaluations showed that the children generally appreciated the sessions, particularly the drawing exercises and learning drawing techniques. There was a preference for clear instructions on what to draw, with some room for creativity. They also said that it was positive to get the possibility to talk about things. It was said that drawing squiggles was somewhat challenging. When asked about whether this helped them to deal with difficult issues, one of the Ukrainian girls confirmed that it helped somewhat. The older girls first responded no to this question. However, when they were asked whether this could help children who had experienced trauma, they confirmed that it could. They were asked why, and one of them said that this may help children who have experienced trauma by giving them 'a break from life'. Both girls agreed on this. Finally, when they were asked if it helped them this way, they confirmed.

Discussion

The children who participated in the art therapy courses clearly appreciated the creative exercises with drawing and painting. However, one could question how much therapy there is in such an approach, as there was little deep conversation about the more serious issues that were mentioned during the exercises, as this was not the agenda of the course. The conversation was kept on the surface of experiences. It would have been possible to go more in depth in the conversations, but at the same time, the children in the group did not know each other from before, and this may not be the right setting for conversational therapy. When asking the older girls what they thought about the fact that we did not ask them questions to get deeper into the problems, and whether we should have challenged them with more questions, one of them answered: 'It would be better to talk about the more difficult things with less people present'.

There were also language barriers in the group that may have prevented conversations, as some of the children needed a translator to communicate. Using translators changes the dynamics in the conversation somewhat. Still, as research has shown, when applying artistic strategies, one may circumvent language barriers, as other means of expression are used (Malchiodi, 2008; Wertheim-Cahen, 1998).

The Art therapy course aimed at facilitating create art-making processes, giving the children time and space to explore feelings and situations in life. As some of the girls reported, they had a break from life in the course. Warming-up exercises and clear drawing-instructions were provided to create a safe environment for the children to express themselves, and particularly the clear instructions were appreciated. This provided a framework the children could comprehend, and it helped them manage, or master, the exercises, and experience the session as meaningful. Having experiences of comprehensibility, manageability and meaningfulness in life may contribute to promoting health and prevent future mental disorders in the future (Antonovsky, 2012).

The point with the sessions is to transform negative emotions into positive creativity through simple drawing techniques, and not go into psychotherapy in groups. For this reason, there is no need to be a psychotherapist or artist to carry out the course. Still, in order for an art therapy class to be taught by persons who have no psychological education or even do not know how to draw, the instructors would need to be mindful of the principles of Art therapy. They would need to be able to provide a safe, non-judgmental, and collaborative environment. They would need to be able to provide guidance and support to the children and be able to respond to the children's needs. It is also important that the instructors have a basic understanding of children's development.

Conclusion

Art therapy courses may be useful to create space for a creative atmosphere where different emotions are allowed. It also allows children to have a break from a possible stressful situation and lets them experience mastery and meaningful moments, important elements of health promotion. Understanding their own situation through applying creative strategies, and feeling mastery and meaning, supports a strong sense of coherence, which may help the children to deal with their stressful situation.

There is a potential for this approach beyond children with trauma. The intention with this project has been two-fold, to develop a course that helps children with trauma to deal with emotions, which also may be implemented in ordinary classes in schools to create space and provide strategies for dealing with emotions through creativity towards health promotion and prevention of mental disorders in the future. Although art therapy has been gaining attention in the mental health area, we believe it is important to promote literacy on its therapeutic purpose to contribute to its more regular and systematic use in schools.

Acknowledgements

This project has been carried out by the Children's station in the voluntary organization Blue Cross Kristiansand and financed by the Agder County.

References

- Antonovsky, A. (2012). *Helsens mysterium. Den salutogene modellen*. Gyldendal Norsk Forlag AS.
- Appleton, V. (2001). Avenues of hope: Art therapy and the resolution of trauma. *Art therapy, 18*(1), 6-13.
- Cherry, K. (2022) *what is art therapy?* <https://www.verywellmind.com/what-is-art-therapy-2795755>
- Eaton, L. G., Doherty, K. L., & Widrick, R. M. (2007). A review of research and methods used to establish art therapy as an effective treatment method for traumatized children. *The Arts in Psychotherapy, 34*(3), 256-262.
- Gazit, I., Snir, S., Regev, D., & Bat Or, M. (2021). Relationships Between the Therapeutic Alliance and Reactions to Artistic Experience With Art Materials in an Art Therapy Simulation. *Frontiers in Psychology, 12*, 560957. <https://doi.org/10.3389/fpsyg.2021.560957>
- Hussain, S. (2010). Art therapy for children who have survived disaster. *AMA Journal of Ethics, 12*(9), 750-753.
- Malchiodi, C. A. (2008). A group art and play therapy program for children from violent homes. *Creative interventions with traumatized children, 247-263*.
- Malchiodi, C. A. (2011). *Handbook of art therapy*. Guilford Press.
- Meherali, S., Punjani, N., Louie-Poon, S., Abdul Rahim, K., Das, J. K., Salam, R. A., & Lassi, Z. S. (2021). Mental health of children and adolescents amidst COVID-19 and past pandemics: a rapid systematic review. *International journal of environmental research and public health, 18*(7), 3432. doi:10.3390/ijerph18073432
- Mennin, D. S., Heimberg, R. G., Fresco, D. M., & Ritter, M. R. (2008). Is generalized anxiety disorder an anxiety or mood disorder? Considering multiple factors as we ponder the fate of GAD. *Depression and Anxiety, 25*(4), 289-299. <https://doi.org/10.1002/da.20493>
- Oliveira, P., Porfírio, C., Ribeiro, I., Carvalho, J. C., Sequeira, C., & Pires, R. (2022). Art Therapy in Mental Health Promotion. *Medical Sciences Forum, 16*(1), 6. <https://www.mdpi.com/2673-9992/16/1/6>
- Priebe, S., Savill, M., Wykes, T., Bentall, R., Lauber, C., Reininghaus, U., McCrone, P., Mosweu, I., Bremner, S., Eldridge, S., & Röhrich, F. (2016, Feb). Clinical effectiveness and cost-effectiveness of body psychotherapy in the treatment of negative symptoms of schizophrenia: a multicentre randomised controlled trial. *Health Technology Assessment, 20*(11), vii-xxiii, 1-100. <https://doi.org/10.3310/hta20110>

- Rousseau, C., Drapeau, A., Lacroix, L., Bagilishya, D., & Heusch, N. (2005, Feb). Evaluation of a classroom program of creative expression workshops for refugee and immigrant children. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 46(2), 180-185. <https://doi.org/10.1111/j.1469-7610.2004.00344.x>
- Rowe, C., Watson-Ormond, R., English, L., Rubesin, H., Marshall, A., Linton, K., Amolegbe, A., Agnew-Brune, C., & Eng, E. (2017). Evaluating Art Therapy to Heal the Effects of Trauma Among Refugee Youth: The Burma Art Therapy Program Evaluation. *Health Promotion Practice*, 18(1), 26-33. <https://doi.org/10.1177/1524839915626413>
- Scarce, J. (2021). *Art therapy in response to natural disasters, mass violence, and crises*. Jessica Kingsley Publishers
- Shukla, A., Choudhari, S. G., Gaidhane, A. M., & Quazi Syed, Z. (2022, Aug). Role of Art Therapy in the Promotion of Mental Health: A Critical Review. *Cureus*, 14(8), e28026. <https://doi.org/10.7759/cureus.28026>
- Stuckey, H. L., & Nobel, J. (2010, Feb). The connection between art, healing, and public health: a review of current literature. *American Journal of Public Health*, 100(2), 254-263. <https://doi.org/10.2105/ajph.2008.156497>
- UNESCO. (2023). *Education: From disruption to recovery*. https://www.unesco.org/en/covid-19/education-disruption-recovery?TSPD_101_R0=080713870fab20007978ffef6b64210225e7f8c1411f0529370809047d490a5a55cbb2d3af36a4df080ca4711a143000cf35d8dd59094596a0d68e4ae b966943df5499080cbceccb8708eaf424c11451b3b9e0a95bc9a12ca0b9f895a4fc
- Vahia, V. N. (2013, Jul). Diagnostic and statistical manual of mental disorders 5: A quick glance. *Indian Journal of Psychiatry*, 55(3), 220-223. <https://doi.org/10.4103/0019-5545.117131>
- Wertheim-Cahen, T. (1998). Art therapy with asylum seekers: Humanitarian relief. *Art therapists, refugees, and migrants: Reaching across borders*, 41-61.

Contact email: may.olaug.horverak@birkenes.kommune.no