

# ATOL: Art Therapy OnLine

## Developing a Visual Vocabulary

Eileen P. McGann

### Abstract

For children and adolescents who have experienced trauma the world can be a scary and confusing place. Trust is difficult to maintain and regulation of emotional and affective states is compromised. Developmental and trauma theory informs us that the earliest and most fundamental ways in which people experience a sense of safety is through touch, their physical and sensory experience of the world. Sensory, visceral responses to art materials can lead to reconstruction and integration (McGann, 2006), if there is sufficient structure, support, consistency, acceptance and nurturance provided. Working in a day treatment program, which relies upon collaboration between educators and clinicians there is a delicate balance of behavioral and therapeutic systems. Drawing upon the ideology of creating sanctuary this presentation will define the constructs of a therapeutic program and explore through case presentations how art therapy is integrated with multidisciplinary staff, and applied in sessions with children and adolescents who have experienced trauma. The need to develop a visual vocabulary for the art therapist will be highlighted in the process.

## **Introduction**

These principles, ideals and practices resonate with my belief and practice in art therapy and guide me in life and work, consciously and intuitively, as a way of striving to understand and embrace what is most precious and sacred people all living elements of our earth and our connection to each other.

For the past thirty years I worked with adolescents in therapeutic programs designed to support them in their efforts to regain stability following chronic complex traumas. I remain honored by the work that occurred, and hold great admiration for the courageous young people who were connected with these facilities. As in any long term relationship, there are times of joy, calm, upset, worry, connection and uncertainty. Throughout all of the emotional tenors, the art therapy studio has remained a sanctuary and the individual and collective body of art in these settings has been accepted, valued and ultimately loved. I believe this comes from the very basic and important work in setting up a program, meeting each client with equal respect and validation, listening to them, allowing them to lead (but not abandoning them in this strenuous journey) and collaborating with staff, also as equal partners in the welfare of these children.

During years of relative calm the program functioned well, staff collaborated, clients succeeded. It was easy to see and understand how and why the young people valued their work, and the art therapy studio. In other years as the program faced crises, and staff struggled, clients rampaged the setting. However, areas within the setting that were never damaged were the art therapy studio and the murals.

Clearly, despite what occurred these adolescents held off their rages and respected and honored their own art and the art of their peers. This phenomenon was something I thought long and hard about. Why did they not graffiti the art? Why were the paintings and sculptures left alone? Clearly they were easily accessible. A large glass display cabinet in the front entrance could have been a violent and dangerous crescendo to their destruction, yet it never occurred. These young people embraced and demonstrated so clearly the power of the art spirit, the holding environment and an innate drive for constructive expression that I will attempt to describe.

A therapeutic community is one in which staff and clients work in tandem. As clinicians we are 'sworn to protect' so to speak it is our role, calling, and life work to help others and not cause harm by volition or complicity. There must be a strong connection and relationship between staff and clients wherein activities are shared, common goals and rituals occur and decision making is mutually considered. Staff has the basic responsibility to provide structure, consistency, modeling and nurturance. It is the combination of structure and nurturance that allows our clients to feel supported while simultaneously placing demands that they can and will develop ego strengths to identify, embrace and share "their voice" and grow.

Staff is beholden to protect and support the clients and mores of the community and to support each other. Lines of support should never run counter to this. Clients do not take care of staff and staff does not support ANY mistreatment of clients. Structure and safety must exist. Clinicians often make reference to "getting a pulse" or "taking a temperature reading" on the dynamics of a milieu. Implicit in these statements is knowing the group milieu to have a life, a heartbeat, it is a living dynamic. Like any living organism, the individual members and the collective group without care and Proper sustenance will wither and die. The community will no longer be therapeutic but a place where re- traumatization and devaluation of members occurs. Growth requires nurturance, a bit of sunlight, breathing room and yes, some struggle. Struggle involves a dynamic pull in different directions. Growth reflects the integration and internalization of succeeding against adversity.

In considering what can lead to re-traumatization or transformation and growth, and what makes therapeutic work in the arts meaningful, we must look at the context in which the work took place and then the interventions employed in the clinical arena. This treatment program, which involves multidisciplinary staff of educators and clinicians, was conceived to be a therapeutic community, a sanctuary and holding environment for all parties involved.

The young people come with life experiences that included but were not limited to abuse, oppression, neglect, trauma, racism, sexism, learning difficulties, attachment disorders, and psychosis. Bessel van der Kolk – renowned trauma specialist has

indicated that the most fundamental way in which people experience a feeling of safety is through touch, through their physical and sensory experience of the world. Many of these young adolescent women had experienced pre-verbal trauma and abuse... Their traumas occurred at a stage of life in which the primary way an infant experiences or 'takes in the world' is through sense and touch. Experiences of chronic traumatic events shaped their perception of the world and themselves. Trust did not come easily and interpersonal relationships are difficult to maintain.

As art therapists we know how strongly the art making processes can align with trauma treatment. Sensory, visceral responses to the materials involving the use of body and touch... a heightening of the senses lead toward reconstruction and integration... .... IF (as within the larger community) there is sufficient structure, support, consistency, acceptance and nurturance provided.

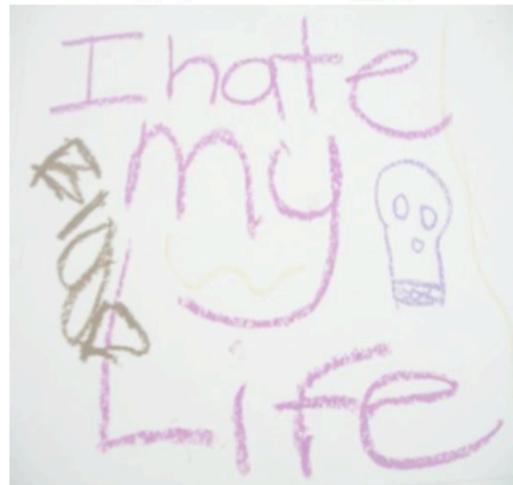
In the absence of effective structure and intervention, over stimulation can easily occur leading to psychic and emotional deterioration, resulting in acts of aggression directed externally and/or internally. Artists tap into a well of semi-, pre- or unconscious process in the creation of art. Being able to transition successfully out of this well and reintegrate is essential.

Art therapists must be able to support careful entry to unconscious processes while also being an active 'protector and guardian'. Therapeutic monitoring and intervention, understanding when to take a break physically, psychically and emotionally will afford clients the ability to transition to and from emotionally laden material without the negative result of over-stimulation.

This is a process constantly used in art therapy to allow a client to connect with the emotionally stimulating material, 'just a little' provide structure, reconnect, again provide containment, and so on the ebb and flow in a closely monitored manner can prevent these traumatized girls from connecting too quickly or deeply without the ability to process... when they do connect too quickly psychic deterioration generally occurs.

## Gallery

The images here illustrate a progression of works in which therapeutic intervention in the use of media led to greater control and integration of affect regulation.





## The Art Therapy Studio

The studio was a large corner room; windows from knee height to ceiling, sun flooded the room with light and warmth. Tables were centrally located, providing a work area that made it easy for the art therapist to engage, move around and support the girls in their process. Similarly, the girls could move around the room, work at the table, or a side area, allowing them to be part of the larger group or separate yet still connected.



Overall the studio was set up in way to provide a sense of physical and psychic space and comfort. Plants lined the windowsills and bookcases care of plants often became a focal point and metaphor in treatment, how the girls cared for them, taking jobs outside of regular session time to water or re-pot, the plants also served at times as a source of inspiration for imagery.

Art supplies were basic, paints, drawing materials, wood scraps from lumber yard and clay. The budget was not high, but always more than enough to sustain the needs of the program. Preference for simple sturdy materials pulled for personal expression and the approach in treatment was art as therapy. Directives were not administered, rather intervention guided the work which was media based and about the process. While some verbal interaction of course occurred, therapeutic emphasis was on non verbal processes and in this the development of what I like to call a 'visual vocabulary' for both girls and art therapist was paramount.

As art therapists we ask that our clients communicate with us through the art making processes and media. We need to be able to communicate with them in the same manner it is incongruous to approach work that emphasizes art making for your clients, and then presume that they will easily discuss their images at the end of session.

While this may occur, it requires identifying, assessing and transcribing a non verbal, un or preconscious process to linear narrative expand your own visual vocabulary. Learn to speak in and through the image, in the metaphor with your clients. Some works defy language how can one put in verbal narrative experiences that occurred early in life, or traumatic memories? Perhaps over time, but it cannot be expected too soon. Here are some examples of works that reflect trauma and for which the process stood as the therapeutic experience.

It requires strength on the part of the therapist to bear witness, tolerate, support and help clients transform their traumatic experiences. Here are two images I created in response to sessions. As we guide our clients through this visceral, sensory and traumatic terrain, as witness and bystander, we too are affected. Externalize your experience, develop your visual vocabulary; you will need it as an art therapist to remain grounded and effective.



These are examples of my response art work done after sessions to process feelings and counter- transference. I do NOT share these images with clients.



At other times there was a strong need to NOT be productive to just be, Depression, exhaustion, regression whatever the impetus, there were times of silent repose and with their permission I would sketch them hold, mirror and comfort thru, observing and recording their presence providing sanctuary

When they are too tired, depressed or sad to make any art, I may draw their image as a way of accepting what state they are in and hold them emotionally. This is an example of visual vocabulary in the face of trauma.



Therapists need to be able to work in the moment and use what is presented. Being present and open can be immensely challenging. Genuine respect for clients is implicit in the work that we do. While this sounds simple, sensible and easily achieved, it is not always attained and can be immensely challenging for staff in the wake of clients fury.

## How do you measure prevention?



The therapist must have faith in the process and certainty of their own capabilities while maintaining 'therapeutic presence' if they are to be effective in collaborative work with clients. These factors can come from personal strengths, beliefs, and mores and by working closely with a supportive team. Developing a visual vocabulary with which to communicate, lead, connect, support and intervene is an essential aspect of our work as art therapists.

Your clients are your teachers. Be open. Allow them to speak to you. It sounds so simple, but it can be so hard. To be truly open, present and aware of the other person you need to let go of yourself, and in starting out, it is hard to look beyond yourself. Conversely, if you have not really looked at yourself with intensive self-reflection, one that does not blur to narcissistic preoccupation, but insight, you will not be able to help your clients. It is very difficult to help someone move past a place where you yourself have not been. So these young people have been my teachers, and in their teaching me, I learned to develop a way to communicate without narrative, a Visual Vocabulary which led to greater understanding and love and preservation.

## **Biography**

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