

The Effectiveness of Short-Term Psychodynamically Oriented Art Therapy with South African Children

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A research report submitted to the Faculty of Education, University of the Witwatersrand, in partial fulfilment of the requirements for the Degree of Master of Education (Educational Psychology)

**Johannesburg
March 1999**

ABSTRACT:

Youth and children constitute seventy percent of the population in South Africa. It is these children who carry the potential for the future of our nation. However, in the aftermath of apartheid, the number of children requiring psychological services far outweigh the resources available. There exist only small numbers of mental health services and professionals within the communities, to deal adequately with these difficulties. Thus this research aims to determine the effectiveness of short-term psychodynamically oriented art therapy with South African children. Six children were selected for therapy from a school in Soweto, on the basis of immediate need for therapy. The subjects participated in a six week intervention programme, where each child was engaged in art therapy individually once a week. Pre and Post-Art Therapy Questionnaires were completed by each subject's class teacher. These questionnaires, together with the images created by the children, were analysed qualitatively in order to assess whether art therapy with children is effective from a short-term psychodynamic orientation within the South African context.

KEYWORDS: Art therapy; short-term therapy; psychodynamic therapy

Declaration

I declare that this is my own unaided work. It is being submitted for the degree of Master of Education (Educational Psychology) at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other university.

A. Brozin (Ms)

March 1999

Acknowledgements:

I wish to express my gratitude to the following people who supported me emotionally and practically in completing this research report:

- ❖ To my supervisor Ms Erica Echstein, for her insight, guidance and support.
- ❖ To Professor Mervyn E'auy, for his guidance.
- ❖ To Hayley Berman, for her enthusiasm, encouragement and guidance.
- ❖ To Tinka Labuschagne and the children and staff of the Primary School in Soweto, without whom this research would not have been possible.
- ❖ To Hilly, my husband and best friend, for his continuous support and encouragement.

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CHAPTER 1

BACKGROUND TO THE STUDY

1.1. Introduction

Dalley (1984) describes art therapy as the use of art and other visual media in a therapeutic or treatment setting. In addition she states that art activity has the ability to provide a concrete rather than a verbal medium through which an individual is able to achieve both conscious and unconscious expression. This may then be utilised as a valuable agent for therapeutic change.

Art therapy is a specifically material process which accesses and explores different art mediums (pencil, pencil crayons, crayons, paint, coloured markers, collage and clay). Each of these mediums evokes different feeling states from which the individual constructs images representing unconscious feelings, metaphors, desires, thoughts and conflicts. Art therapy is able to facilitate an individual's silent non-verbal expressions, (as well as their verbal expressions) through the mediation of the visual image. These factors are particularly relevant when working with children whose verbal expression is restricted due to any number of factors e.g. traumatised children and children from deprived environments or when communicating with a therapist who speaks a different language.

Marilyn Donaldson, in an unpublished paper entitled *"Art and drawing: Assisting children with trauma"* presented at the Congress on "Children and War, Rebuilding Hope", held in Mozambique in December 1996 stated that: "Art making is initially a wordless process which provides externalised expressions and images of the artist's inner world, external world and world of relationships. It illustrates a subjective viewpoint, understanding and perspective and provides symbols of transformation. It is also symbolic of something lost and remembered. It is like language in that it can be shared and related to by others". Therefore, when an individual is able to symbolise feelings and experiences through images this may be a more powerful means of expression and communication than verbal expression. At the same time, the symbolic image is able to make these feelings and experiences less threatening to the person (Dalley, 1984).

In South Africa, a country in transition and plagued by crime, violence, war and unemployment, and in the aftermath of apartheid, the number of children requiring psychological services far outweigh the resources available. In addition there exist only small numbers of mental health professionals available in the many communities. With this ever-increasing number of children requiring mental health services and with mental health services being so limited short-term approaches to psychotherapy are essential (Echstein & Green, 1996).

The model of art therapy utilised in this research is based on psychodynamic theory. However, an attempt is made to break from the traditional long-term orientation to psychodynamic psychotherapy. The use of this model in short-term psychotherapies was explored.

The choice of utilising a psychodynamic focus is multifaceted. Firstly, it is an approach that encompasses interpersonal, emotional and intrapsychic development. Secondly, links are constantly made between present functioning and past events, especially relevant in a changing society as found in South Africa today. In addition, a psychodynamic focus encourages thought and discussion, rather than action. The process and functioning of the Truth and Reconciliation Commission in South Africa could be viewed from a psychodynamic orientation, as every effort is made not to deny or ignore the past. Thirdly, psychodynamic theory is a developmental theory in that it recognises each individual as being unique. This allows for variations in people's reactions to trauma. Psychodynamically, it is understood that traumatic experiences that occur later on in an individual's life can revive both normal and abnormal traumas experienced earlier on in life.

Brief psychotherapy originated with Balint (Worchel, 1990) and arose from his recognition that however favourably 'long-term' psychotherapy may influence the lives of selected individuals, in comparison with the amount of unhappiness in the world, its contribution can never be anything but negligible. This statement is particularly relevant in the South African context.

1.2. Literature Survey

The terms 'client' and 'patient', are both used in this research report. Throughout, the researcher uses the term 'picture' or 'image' to refer to art objects in general. This term includes drawings, clay models and art objects made from other media. Where possible, when people in general are referred to, 'she' or 'he' are both used. Where this interrupts the flow of a passage 'she' stands for both.

1.3. Overview of Psychodynamic Short-Term Therapy

A review of the literature highlights an exploration of methods to shorten the psychoanalytic process. Suffice it to state that there have been many clinicians and theorists who have contributed to this endeavour. However having stated this, it is important to remember that Freud assisted individuals such as Bruno Walter and Gustav Mahler in a few hours (Marmor, 1979). In addition, in the case of the Rat Man, Freud was the first analyst to prescribe an a priori date of termination (Marmor, 1979). Thus it does seem apparent that initially at least, Freud was confident that it was possible to help individuals understand their neurotic difficulties in a brief time and consequently initiate changes in their lives.

Attempts to shorten the psychoanalytic process began with Ferenczi and Rank in the early 1920's and Franz Alexander in the 1940's (Alexander et al, 1946). Beginning in the 1960's a large number of

practitioners made contributions with Malan (1976), Sifneos (1972), Mann (1973), Davanloo (1978) outstanding amongst them. Gustafson (1986) reviews the major individual contributors to our current understanding of brief psychotherapy, from Freud and Ferenczi through Balint, Winnicott, and Malan to Bateson and Selvini Palazzoli, disciples of the systemic model.

The work conducted by Alexander coincided with the changing cultural currents that occurred after WWII, namely that access to therapy (the value of which had become more apparent during the war) should not be a privilege for the few who could afford it. However, the task of broadening the access to psychotherapy created a grave economic dilemma. Formal psychoanalytic treatment five times per week would not only be outrageously expensive, but the number of trained therapists required for such a programme even if financed, would be astronomical. Within the South African context this factor is particularly relevant where many children have experienced extreme trauma and are in great need of therapy, but often do not have access to therapeutic services because of economic or geographical difficulties.

The approach developed by Alexander and French in Chicago in the 1940's, developed concepts that are today widely recognised principles of brief treatment. Alexander and French stated that 'the corrective emotional experience' was the core of therapeutic benefit (Alexander et al, 1946). This assertion offended those who saw insight as the curative core. Alexander and French's technique emphasises the wisdom of Frieda Fromm-Reichman's observation that 'what the patient needs is an experience not an explanation' (In Peake et al., 1988).

In therapy of a brief duration, Levenson (1995) states that it is crucial for the therapist to assess therapeutic progress as a set of mini-outcomes interspersed throughout the entire therapeutic process. Joseph (1989 p8) states that "it is the moment-to-moment shifts in the session that can become the foundation of the possibility of lasting processes of psychic change". She states that there exists some ambiguity with regards to the term 'psychic change'. Sometimes, according to Joseph (ibid.), this term is used to mean a long term desirable kind of change and at other times to denote any kind of change in the functioning of our patients. Of vital importance, she adds that psychic change is not 'a final state or end' rather it is something that occurs in therapy and that the therapist needs to 'follow the moment-to-moment changes' in her patients. Straker (1986) states that it is possible to apply psychodynamic principles in a time limited manner and that real change is possible following brief therapy.

1.3.1. Qualities/Principles Defining Short-Term Psychodynamic Psychotherapy

1. The establishment and maintenance of a therapeutic relationship (Levenson, 1995; Swift, 1993; Trad, 1993).
2. Limited therapeutic focus: The more traditional and widely used meaning of finding a focus, refers to the therapist finding a focal theme in the patients life that causes recurrent distress and impairment. All forms of brief psychotherapy require a theme, topic or problem (Levenson, 1995).
3. The setting of goals that are modest and achievable: Swift (1993) states that a reasonable goal in brief therapy would be to "shift the balance of defences slightly upward to a higher level in order to meet some situational or developmental challenge" (p 377).
4. Time Limits: Traditionally, 25 sessions has been the upper limit of brief dynamic psychotherapy (Koss & Shiang, 1993), but the range may be as few as 1 (e.g. Bloom, 1992; Talmon, 1990) or as many as 40 (Sifneos, 1979/1987). Sledge et al (1990) found that when patients were engaged in time limited therapy, premature terminations were drastically reduced. In addition, it was stated in this study that when patients have a structure of a beginning, middle and end to the therapy, they were more amenable to complete the treatment. Howard et al (1986), examined research studies concerning improvement as a function of time in therapy. Findings concluded that a typical patient was able to receive benefits from psychotherapy in approximately six to eight sessions. In these studies it was estimated that by the 8th weekly session, 53% of patients seen would be expected to display measurable improvement, increasing to 74% by the 26th session. These figures are consistent with the 10 to 25 session limit of many brief dynamic therapies (Levenson, 1995).
5. Selection Criteria: This principle probably represents the most controversial one in the field of brief psychodynamic psychotherapy. Freud began this debate when he suggested that treatment may be reduced for healthier patients (Freud, 1904). From this, early brief therapists (Davanloo, 1978, 1980; Malan, 1963, 1976, 1979; Mann, 1973; Sifneos, 1972, 1979/1987) developed rigorous patient selection criteria in order to identify patients whom it was presumed would benefit from brief therapy. For example, Sifneos describes the pre-selection of patients for psychological mindedness and ability to tolerate anxiety as his treatment is anxiety provoking. Various brief therapists have concluded the following: "virtually any psychotherapy with virtually any patient can benefit from a time limited attitude on the part of the therapist" (Levenson & Butler, 1994 p1018). Wolberg (1965) adds that "the best strategy in my opinion, is to assume that every patient, irrespective of diagnosis, will respond to short-term treatment unless he proves himself refractory to it" (p40).
6. Therapist Activity: A number of authors writing on brief therapy emphasise the need for the therapist to be 'active' in the treatment. However, Levenson (1995) states that the therapist should only use as much activity as is necessary in order to maintain the therapeutic focus. It is perhaps

apt to state here that many clinicians confuse therapist activity with concepts such as advice giving and directiveness, which can result in adverse outcomes (Henry et al, 1993).

7. **Modification of Psychoanalytic Concepts and Techniques:** Brief psychodynamic psychotherapy is rooted in major psychoanalytic concepts namely the role of conflicts, the patients' resistance to therapeutic work, issues of transference and countertransference. The literature on the role of the transference and countertransference in brief therapy is diverse. For example, on one end of the continuum the Rogerians state that transference does not occur, to some therapists who from the initial moment of interaction interpret the transference. Somewhere in between there are those therapists who recognise, but choose to ignore, the transference and those therapists who only promote and recognise positive transference (Small, 1971). A conservative approach is adopted by Straker (1968) who states that the therapist needs to avoid transference interpretations at any cost. Bellak and Small (1965) state that while positive transference is encouraged and elicited, negative transference is always avoided and only referred to on rare occasions. Wolberg (1965) adds that if a transference neurosis develops it needs to be abandoned at once. La Planche and Pontalis (1983) in Straker (1986) state that in psychoanalysis it is the transference, which defines cure. From the beginning of therapy, transference is present (Sandler et al, 1979). Thus, Straker (1986 p60) states that "from the outset, that which defines cure in analytic terms is potentially present a priori in short term". However, the brief therapist has less time available to her to interpret the transference and needs to select only one manifestation of it. The brief therapist then is able to interpret underlying phantasies and impulses in the same manner as the analyst. Much attention is paid to transference, but for some reason countertransference is barely considered (Mann, 1986). In addition, Mann (ibid.) states that the most overt countertransferences are detectable in those who consider doing brief psychotherapy as well as in those engaged in it. Major countertransference reactions arise as the termination phase starts in brief therapy. A common consideration is whether the therapist could not do more for a patient with more time available.

Alexander and French (1946) suggest that transference should be managed and even manipulated and in addition that a positive transference be encouraged. Sifneos (1972) stated that transference feelings be clarified once they manifest. Malan (1979) states that transference reactions (including negative transference) are interpreted early. Mann speaks of the utilisation of early positive transference and maintaining the focus on the patients central issue involving transference and the patients 'enduring suffering' (Mann, 1979; Mann & Godlman, 1982). Within Intensive Short-Term Dynamic Psychotherapy (Davanloo, 1984), there is extensive use of the transference. The therapist works on two basic psychoanalytic triangles, namely the triangle of conflict and the triangle of person. The former consists of impulse/feeling, anxiety and defence and the latter denotes those

significant persons in the patient's life with whom there were unresolved conflicts as well as those in the patient's current life with whom these conflicts now exist (Davanloo 1978, 1980, 1984, 1986).

1.3.2. Summary

A recent review of outcome research conducted by Koss and Shiang (1994) denotes that empirical studies have failed to testify that long-term approaches achieve better outcomes than short-term approaches. Piper et al (1984) states that some studies indicate that brief interventions are more effective. In addition, Steenbarger (1994) asserts that significant and enduring change has been shown to occur with brief interventions in a variety of clinical situations.

Swift (1993) states that a reduction in symptomatology is evident in brief therapy. "Brief therapy results in great saving of available clinical time and can reach more people in need of treatment" (Koss & Shiang, 1994 p692). Long-term interventions often seek different ends, for example, self-exploration, that are not easily measured. In a study aimed at evaluating the effectiveness of a short term counselling intervention, Rickinson (1997) states that the results indicated a significant reduction in levels of psychological distress.

Wells et al (1990) state that "the emergence of brief methods [of therapy] is signalling a democratisation of the clientele of psychotherapy – it is much less the exclusive prerogative of the small minority of the population who have been economically able to pay for lengthy treatments with a small but prestigious cadre of private practitioners" (Wells et al., 1990 p20). The brief therapies embrace a significant part of present day therapeutic practice. As the majority of studies do not distinguish between planned and unplanned brief psychotherapy, it is difficult to accurately estimate explicitly time-limited therapy. Marmor (1989) states that there is little doubt that the future of psychotherapy in the United States and elsewhere lies with the development of short-term techniques. In addition he adds that only short-term approaches provide reasonable hope for dealing economically and effectively with the deluge of emotional and behavioural problems. Marmor states that "in all likelihood, it [brief dynamic psychotherapy] will be the major current that carries the psychoanalytic tradition into the psychotherapies of the 21st century" (Marmor, 1989 p258).

1.4. Overview of Art Therapy

Margaret Naumberg (1987), a major contributor to art therapy theory, draws from psychoanalytic theories of both Freud and Jung. She defines art therapy as a process whereby thoughts and feelings are derived from the unconscious and often reach expression in images rather than in words. "By means of pictorial projection, art therapy encourages a method of symbolic communication between patient and therapist. Its images may, as in psychoanalytic procedures, also deal with the data of dreams,

fantasies, daydreams, fears, conflicts, and childhood memories. The techniques of art therapy are based on the knowledge that every individual, whether trained or untrained in art, has a latent capacity to project his [or her] inner conflicts into visual form..." (Naumberg, 1987 p1). In addition Naumberg (1987) states that art therapy incorporates a psychoanalytic approach to the mechanisms of repression, projection, sublimation and condensation, as intrinsic to its treatment method.

Champernowne (1971) states that art and therapy form an 'uneasy partnership'. However, Dalley (1984) puts forward that art and therapy have the ability to interact as a 'dynamic treatment process'.

The ability to communicate is widely acknowledged to be a crucial human characteristic. However, when for whatever reason speech is impaired, underdeveloped, or as in the case in this research the researcher and child speak different languages, art activity has the ability to furnish a valuable alternative. Dalley (1984) asserts that in the circumstances described above, where verbal communication is not available, the discovery of art as a vehicle of communication is highly therapeutic. The ability of an individual to symbolise her feelings and thoughts within an image or picture may often amount to a more powerful means of expression and communication than verbal description.

In art therapy it is not the picture or image that is itself the sole therapeutic agent. Pictures like dreams hold little meaning when viewed in isolation. Thus, the function of the therapist is not merely to interpret the pictures created by the individual. Different therapeutic strategies can be described in the field of art therapy. Included within these strategies are structured activities and the free and spontaneous creative process. Within a structured approach, the therapist dictates instructions and thus inspiration may be said to be externally based. By contrast, the free and spontaneous creative process is one in which inspiration is derived internally and is driven by primary impulses and fantasies (Kris, 1952). It is this intrapsychic focus which is seen as the link to psychodynamically oriented art therapy.

Within the process of creating an image, the individual is actively and physically engaged and becomes absorbed in what he is doing. At this stage in the therapeutic process, the person may undergo a cathartic reaction as the process of painting, for example, can decrease defences which may then allow potent emotions to be symbolised and expressed (Dalley, 1984).

The concept of creativity has its roots in all art processes, and thus any theoretical approach to art therapy needs to take cognisance of this concept. Anthony Storr asserts that "creativity is the ability to bring something new into existence for that person" (Storr, 1972 p11). From a Freudian perspective

inner conflicts may be conveyed in a creative act due to unconscious defence mechanisms acting against neurosis and other symptom formation. Free painting was utilised by Stern (1952) to convey how the painting by a neurotic adult is an endeavour to 'repair' the traumatic events undergone in the successive stages of Freudian development. Freud (quoted in Dalley, 1984 p10) stated "for there is a path that leads back from phantasy to reality – the path, that is, of art".

Creativity is defined as the expression of inner feelings, beliefs and thoughts by the Jungians. Jung emphasises that the function of creativity is to restore psychological balance through symbolic meaning. By stark contrast, a strictly behaviorist approach utilises art to modify cultural and social norms in order for the individual to acquire skills and learning techniques (Dalley, 1984).

Thus within an art therapy context, the accent is on self-expression, rather than producing an aesthetically pleasing image or painting. Art therapists are participants as well as observers within the therapeutic process. Dalley (1984) states the importance of the therapist applying caution when interpretation occurs as she says that images "are statements on many different levels, and this tends to exacerbate the risk of error or misunderstanding" (p xx). It is ultimately only the creator of the image who can fully understand its significance. In this vein, Winnicott (1971 p102) states "If only we can wait, the patient arrives at understanding creatively and with immense joy, and I now enjoy this more than I used to enjoy the sense of having been clever. I think I interpret mainly to let the patient know the limits of my understanding. The principle is that it is the patient and only the patient who has the answers. We may or may not enable him or her to encompass what is known or become aware of it with acceptance". Thus, interpretation may be a form of robbery of the potential space of the child. Winnicott (1965c) states that in allowing a child the privacy for self-discovery, art therapy makes a valuable contribution. Winnicott describes the potential or transitional space as the area between the therapist and client in which phantasy and reality converge. This 'space' naturally develops into an area of play and creativity in which art therapy is ideally placed to cultivate.

As with any therapeutic endeavour, the relationship between therapist and client is crucial. The therapeutic relationship within art therapy develops through the medium of art. Although the image created by the individual within an art therapy session inevitably becomes the focus of this relationship, the feelings that develop between the therapist and patient are concerned with transference. The dynamics of transference and countertransference operating within an art therapy session are complex, as they are within a verbal form of psychodynamic psychotherapy. Within art therapy, the notion of transference is modified by images, through which the individual begins to

comprehend the origins of his conflicts, which often originate in early family relationships (Schaverien, 1991).

From a traditional psychoanalytic perspective transference is defined as the collection of feelings and behaviours of the patient towards the therapist, originally directed towards primary figures in the patient's early life (Klein, 1952). Initially, Freud viewed transference as a hindrance in treatment. Later he realised that transference could be the central core of treatment. Over time the concept of transference has evolved and is now regarded as potentially including the entire therapeutic relationship as well as all verbal and non-verbal communication that occurs (Segal, 1981). Within the context of art therapy this may also involve the images or pictures. Art therapists work not only with the transference to themselves but also to the images created. Within the therapeutic relationship the therapist serves as a symbolic substitute for the individual's internalised primal object representations (Schaverien, 1991). Thus, the capacity for symbol formation is the crux of transference.

In art therapy, transference is defined by McMurray et al (1998 p35) as "the collection of impulses and fantasies of the patient directed towards the therapist in the course of the creative activity". The therapist's countertransference experience may be said to reveal hidden aspects of the transference. Little (1986) speaks of the difficulty inherent in attempting to write about countertransference in isolation from transference. She adds that the two are inextricably linked and when writing or speaking of the one, the other is ultimately incorporated.

The elements of the classical, dyadic transference, the projections of the child's inner world onto the therapist, are present in art therapy but their expression and resolution occur mainly within the picture making.

It is perhaps apt to state at this point that art therapy is not diagnosis through art. This is highlighted by the popular misconception that a 'disturbed' image is indicative of a 'disturbed' personality as with the artist Van Gogh, for example, although this can only be speculated.

After Freud, an important subsequent contribution to the theory of symbolisation emerged from D.W. Winnicott, who was a leading member of the English Object Relations school of Psychoanalysis. When considering aspects of art and the creative process, Winnicott's concept of the transitional object is perhaps the most effective one to have emerged out of the English Object Relations school of psychoanalysis. The term 'object' in psychoanalysis implies any person, animal, idea or thing in which energy is invested. Literature suggests that Freud speaks of the 'object' in this manner in 1895

(Adams, 1993). The researcher's use of the word 'object' refers to the Kleinian notion of 'internal objects' which are presumed to be an infant's image of his parents, constructed in the mind of the infant (Dalley et al., 1987). Objects are introjected within the self.

The notion of the transitional object has its roots in childhood history. Winnicott observed the mother-child dyad and recognised within this dyad pre-oedipal behaviour with implications for creativity. He subsequently hypothesised that a connection exists between the tiny infant's striving to satisfy the oral drive by sucking her thumb and the child's later attachment to another special object. For example, the object is usually depicted as e.g. a doll, or piece of cloth, which is chosen by the child. In addition, it designates a space or transition rather than the thing itself. (The transitional object is depicted vividly in the comic strip *Peanuts* in the image of Linus and his blanket). However, Winnicott asserted that the function of the child's special/transitional object is not merely to satisfy the oral drive (Winnicott, 1971).

In order for the establishment of the transitional object, Winnicott speaks of a 'good-enough mother' (Gomez, 1998). A vitally important task of the 'good-enough mother' is that of the creation of illusion. In contrast to the transitional object, the illusion facilitated by the good-enough mother is not forgotten, rather it is succeeded by 'disillusion'. Disillusion needs to occur gradually so that the child's transition from illusion to reality is tolerable (Gomez, 1998).

The object represents the infant's first possession that is not part of her own body. Winnicott states that "it is between the thumb and the teddy bear, between oral eroticism and the true object relationship, between primary creative activity and projection of what has already been introjected" (Winnicott, 1971 p2). For Winnicott the importance of the transitional object supersedes symbolisation.

Winnicott (1971) also speaks of transitional phenomena in addition to transitional objects. Transitional phenomena include singing, playing, babbling, for example, and have the same meaning as transitional objects, occupying the same space as them. The significance of the transitional space for Winnicott is its illusory nature. The child's ability to create such an illusion helps to calm her anxiety when her mother is not around. Winnicott states that the child is the only owner of the special object and only she may decide its fate. The transitional object has the capacity to survive the child's loving and hating feelings towards it. An adult would view the transitional object as being external to the child, however the child does not view it in this light, it is partly himself and partly outside himself. It is the 'good-enough' mother who agrees to let the transitional object just be, who does not wash it when it is dirty nor who does not decide to discard it when it begins to perish. Eventually, the fate of the transitional

object is that of decathexis i.e. the child 'forgets' about it, or it loses meaning. However, its existence often establishes a foundation for future creativity.

Play, art, religion and dreaming are said by Winnicott to be the derivations of the transitional object. As with the original transitional object, the derivations of the transitional object all involve issues of separation from and re-attachment to the original object namely the mother. For Winnicott, symbolic or artistic expression may be seen to be a reproduction and thus transformation of the mother-child dyad (Gomez, 1998).

Thus, if one follows Winnicott, artistic expression has its origin in the early internalisation of the transitional object (Adams, 1993). All art appears to have a transitional quality to it, in that it literally occupies a space between illusion and reality. One can, therefore, experience the perfection of the illusion, the loss of anxiety, and the comfort of containment, when one is 'lost' in the creation of an image.

Research conducted by Kalish-Weiss (1989) involved utilising the modalities of dance/movement therapy and art therapy with children who did not speak English. These therapies were used as it was felt that the children's creative expressions could be tapped without the pressure of using English as the language of communication. It was found that the children were able to express their anxieties effectively via their images and/or their movement improvisations.

1.5. Conclusion

In Post-Apartheid South Africa, the number of children requiring psychological services outweighs the psychological resources available. Thus there exists a great need for mental health services that are dynamically short-term in orientation. Short-term dynamic art therapy appears to be able to provide the vehicle for addressing the psychological needs of South African children. Herl, (1992 p45) in a paper entitled "Working with child survivors of the Andover tornado", stated that she feels the "changes apparent in the art of these students provide evidence for the value of using art therapy in crisis intervention....The therapeutic art activities helped many students work through the crisis.."

CHAPTER TWO

THE STUDY

2.1.1. Rationale of the Study

The research aimed to explore an alternative approach to psychotherapy with children in the South African context. This approach utilised the medium of art, and restricted the therapy to six sessions per child.

The researcher has chosen to use art therapy for the following reasons: This approach may help to reduce some of the difficulties of traditional psychodynamic psychotherapy in that therapy need not be conducted within a typical office or play-room setting and minimal equipment (a suitcase containing art equipment) is needed and is therefore easily transported to any venue. In addition some of the difficulties encountered with language and establishing therapeutic relationships cross-culturally may be reduced.

Traditional psychoanalytic interventions usually require long periods in order for therapy to be successful. Inevitably, therapy becomes a great expense and is often viewed as a burden. Within a South African context many children are in great need of therapy, yet are unable to afford the necessary funds for this intervention. This research thus intends to determine the effectiveness of short-term psychodynamically oriented art therapy with South African children. The research was implemented in the child's school where the child is easily accessible and the environment is familiar to the child.

2.1.2. Aims of the Study

The research had the following aims:

- a. To determine the effectiveness of a short-term psychodynamic approach to working with traumatised and disadvantaged children.
- b. To introduce art therapy into this brief psychotherapy approach
- c. For therapy to be conducted within the child's environment

2.2. Method

2.2.1. Sample

The subjects in this study are six children between the ages of seven and nine years of age. All of these children reside in and attend school in Orlando East, Soweto. The children attending this school come from a lower socio-economic status.

A detailed description of each of these subjects will follow, however pseudonyms have been utilised for the sake of confidentiality.

Child One: At the time of therapy, Abigail (pseudonym), a little girl aged eight was in Grade One. She is a thin, tiny little girl appearing younger than her eight years. Her clothes were always clean, and her hair neatly plaited on her head. Although her family is poor, often not having enough money for food, it does appear that she is looked after physically. Abigail lives at home with a number of relatives including her granny, her mother, her aunt, a younger sister and an older sister who is not attending school. Abigail's mother does not work. According to Abigail, her father "works with paraffin". She is on the feeding scheme at school. Her three wishes, cited in the Clinical Interview for Children were; "to learn to read, to pass" [grade one] and for her "mother to pay money if it is needed".

Child Two: At the time of therapy, Tshepo (pseudonym), a little boy aged nine, was in Grade Three. He has a twin sister, who is also involved in this study. Together, they live in a Children's Home in Soweto, in a cottage, with thirteen other children and two housemothers. Tshepo appears to be physically well cared for. Tshepo's three wishes, cited in the Clinical Interview for Children were as follows: That he must always be happy, to go on a trip to Gold Reef City and finally to have a birthday party.

Child Three: At the time of therapy Michael (pseudonym) a little boy aged nine was in Grade One. He lives at a Children's Home in Soweto, in a cottage, with thirteen other children and a house-mother. Michael's father had an incestuous sexual relationship with his daughter, and Michael is the child born out of this relationship. Michael was previously temporarily adopted by a White family, together with Neo (child four). Michael's three wishes cited in the Clinical Interview for Children were as follows: To have Christmas, to work and to be able to talk and discuss.

Child Four: At the time of therapy, Neo (pseudonym) a young boy aged eight was in Grade One. He resides at a Children's Home in Soweto, and stays in one of the cottages with two house-mothers and twelve other children. Neo was previously adopted, temporarily by a White family together with Michael. These two children share a close relationship and consider each other as brothers. Neo's three wishes on the Clinical Interview for Children were "to be a baker, to be an artist, and to go in a spaceship".

Child Five: At the time of therapy, Busi (pseudonym) a young girl aged nine was in Grade One. She is the twin sister of Tshepo. She resides in a Children's Home in Soweto, in one of the cottages with two housemothers and thirteen other children including her brother. She has been severely burned, and as a result of this, is physically disfigured. She only has one hand, as the other was burned in the fire. She spent a long time in hospital, after being burned, and as a result is two grades below her brother. The teachers stated that they also felt nervous to let her begin Grade One because of her physical disfigurement. Busi's three wishes cited in the Clinical Interview for Children were "to swim, to have a baby and that she shouldn't be sad".

Child Six: At the time of therapy, Siphon (pseudonym) a boy of small stature, aged eight years of age, was in Grade One. He always appeared neglected. His hair was usually unkempt, his school shirt torn, his school trousers and shoes many sizes too big. Siphon avoided direct eye contact. He comes from an economically disadvantaged and poor background, living in a tin shack with numerous family members. His mother washes clothes to earn money and his father is a shoemaker. His three wishes in the Clinical Interview for children are "to have clothes, a bicycle and a car". He also stated that his favourite journey would be to take his brother with him and go to the zoo. Siphon has no understanding of English.

2.2.2 Measures

The following Measures were utilised in this study:

2.2.2.1. The Clinical Interview for Children (See Appendix A)

This is an interview used at Tara H. Moross Centre – a psychiatric hospital. The Clinical Interview for Children provides some valuable information on the child and afforded the researcher some insight into the child's internal world. Some of the questions posed are e.g. who the child lives with at home; what the child likes doing on weekends; how the child is experiencing school; whether the child ever feels lonely; what makes the child unhappy or cross; what the child would wish for if he/she had three wishes; and if the child could go on a favourite journey, where he/she would go and who the child would take with him/her etc.

The Clinical Interview was conducted prior to the art therapy sessions. This was done in the child's home language, in the presence of a translator. The child's responses were then translated to the researcher and recorded. It was during the Clinical Interviews that the researcher met each child for the first time.

At the start of the Clinical Interview, the translator, introduced the child to the researcher. It was then explained to the child that he/she would be seeing the researcher each Monday, for six Mondays. The child was told that they were selected because they were experiencing some difficulties and that the art therapy would give them a space to explore these difficulties. In addition each child was informed that every image produced in the six sessions would be returned to them once the six sessions had been completed.

Prior to the researcher beginning the Clinical Interview questions, the children were assured that the sessions and the information gained in the Clinical Interview were confidential.

2.2.2.2. Teacher Assessment Questionnaire (See Appendix B)

These questionnaires were completed by each child's Grade teacher. They were completed prior to the art therapy and then again when the sessions were concluded. The Teacher Assessment Questionnaire was compiled by the researcher, utilising a number of sources. These sources were a 'questionnaire schedule' developed by Boston et al., (1989), The Teacher's Report Form developed by Achenbach (1991), which was created to obtain information on a child's academic performance, adaptive functioning and behavioural/ emotional difficulties and the University of the Witwatersrand School/Phone Report for Teachers. The rationale for utilising the Teacher Assessment Questionnaire was to assess whether there had been any observable changes in the child's behaviour both in the classroom situation and socially. In addition they afforded the researcher further insight into the child from the perspective of the teacher.

The Teacher Assessment Questionnaires aimed to cover the following areas; how long the teacher had known the child for; whether the child appeared to be cared for; what problems the child appeared to be experiencing at school; to describe the child's behaviour in the classroom and on the playground; how the child relates to other children in his/her class etc. Keyberg (1969) wrote that an important factor in the prognosis of children with psychological problems is their ability to have successful peer relationships.

2.2.2.3 Process notes

These were made by the researcher directly after an art therapy session. The researcher had ten minutes between each session to record these notes. The process notes together with the images (or photographs of these) were analysed qualitatively together with Hayley Berman (art therapist), tape recordings were made of these sessions.

The process notes provided information on firstly sequencing the images the child produced as well as any feelings evoked in the art therapy sessions.

2.2.2.4 Photographs

These were taken of every image produced by each child.

2.2.2.5 Parent Questionnaires (See Appendix C)

The Parent Questionnaires were compiled by the researcher utilising the 'Questionnaire Schedule' developed by Boston et al., (1989). Although consent had been granted by the Headmaster of the Primary School and by Education Auxiliary Services, it was deemed ethically necessary to gain the parent/guardian's consent.

This questionnaire aimed at providing the researcher with biographical information and other information such as the child's hobbies/interests; the child's relationship with their siblings etc. The purpose of this questionnaire was firstly to gain the parent or guardian's approval for their child to be included in the art therapy sessions. In addition it afforded the researcher some insight into the child from the perspective of the guardian/parents.

2.2.3. Procedure

A meeting was set up with a qualified psychodynamically trained art therapist (Hayley Berman), who put the researcher in contact with Tinka Labuschagne (from Education Auxiliary Services for Zone C, Soweto). The researcher together with Ms. Labuschagne approached a school in Orlando East, Soweto. The researcher made contact with the headmaster of this Primary School, and gained his consent to work with a selected number of children from this school.

In addition, the researcher made contact with a teacher at this school, so that all mediation could occur, and be implemented, with the help of this teacher. The teacher concerned had previously been involved in another art therapy project, together with Hayley Berman and Tinka Labuschagne, which had involved the painting of the courthouse in Orlando, Soweto. The teacher is currently studying towards a Remedial Education Degree.

A meeting was organised by the researcher and teacher for the researcher to hand out questionnaires and consent forms to the children in Grades One, Two and Three. On the basis of these forms, six children were selected by the researcher. The selection was based on the following: Information from the teachers as to the child's behaviour in the classroom; the child's academic performance; the child's relationship with his or her peers on a social level and the child's relationship with the relevant teacher. These criteria were utilised in order to assess whether the children were struggling academically and whether they were experiencing emotional/behavioural difficulties (Achenbach, 1991).

Once the six children had been selected, another meeting was organised with the teacher/mediator, during which teacher questionnaires were explained and handed out to the various teachers of the six children selected. These questionnaires were to be completed once again by the teachers, when the therapy had concluded. A date and time was organised by the researcher to collect these questionnaires and to complete 'The Clinical Interview with Children' (See section on 'Measures' and Addendum A). Each child was seen alone, with the mediator translating all the questions as the researcher posed them as well as translating each child's answer from Zulu to English.

A date was then set to begin the art therapy, with a roster of when each child's session began. The teacher/mediator was responsible for bringing each child to the room where therapy would take place. The researcher visited the Primary School in Soweto, for one morning per week for six consecutive weeks. Each of the six children was seen individually in this period for 45 minutes. Each child was seen at the same time each week and on the same day of the week. The length of time of each session and the time that each child was engaged in art therapy are according to Copley et al (1987 p51), "important as conveying some continuity of thought and the availability of space in the worker's mind. Thus the setting up of any relationship with an implied therapeutic content needs to make reference to a time framework, which is part of the containing process" within a psychodynamic orientation. Copley et al also state that the specified length of time of each session, needs to be strictly adhered. When a session continues over its time frame, the client may feel that the therapist is in some manner capitulating to the anxiety or other feelings evoked in her by the client during psychotherapy (Copley et al 1987).

Times were set up, with a ten minute period in between one child's session ending and the next child's session beginning. This was done to ensure that the researcher had adequate time to make process notes and to prepare the room for the next child.

The teacher, together with the headmaster had made available an unused classroom, where the art therapy would occur each week.

The researcher arrived on Monday the 26th of October 1998 for session one, Monday 2 November 1998 for session 2, Monday 9th November 1998 for session three, Monday 16 November 1998 for session four, Monday 23rd November 1998 for session five and Monday 30th November 1998 for the sixth and final session. Each of the six children was seen in this period individually for 45 minutes.

Once the 6th session was concluded, teacher questionnaires were once again handed to the relevant teachers and a date was set to collect these forms. On this date a tea was arranged for all the teachers to thank them personally for their contribution. Once the tea was concluded, the researcher went to each child to hand them their art images, that were produced in the six sessions.

The Equipment utilised in the art therapy sessions is listed below. Art therapy is an essentially material process, which accesses and explores various art mediums, such as those listed below. The following mediums were utilised to enable each child to construct images to represent unconscious feelings, conflicts, thoughts and desires (Dalley, 1984); Koki's, pencil crayons, acrylic paints, pritt project glue,

pritt glue, sticky tape, scissors, assorted magazines, 'junk box' including, swatches of various fabrics and sequins, newspapers, various sizes of paper, crepe paper, wrapping paper, clay, paintbrushes, polystyrene mixing containers, plastic cups.

Care was taken each week to set up the art therapy room and place equipment in the same consistent manner. This is in keeping with a psychodynamic approach to therapy. Copley et al (1987) states that "the therapist must have a place in her mind where she can relate to her client's feelings on a consistent basis. A necessary component of work of this kind is an adequate setting which can in itself portray something of the worker's mental availability" (p47). For feelings to be expressed and explored, the physical setting of the therapy room needs to be consistent. "It is important for the worker to hold onto a clearly bounded space for the therapy as an indication of space in his or her mind for the child, and of a willingness to hold onto and struggle with thinking" (Copley et al 1987 p54). Thus, the 'art therapy room' was structured as follows: A big desk was always placed in the front of the room, and two chairs were placed perpendicular to each other, one where a child could choose to sit and one where the researcher sat each week. Behind the child's chair was placed two tables, one with the paper on it and the other with the paints, pencil crayons, Koki's and other remaining equipment. Below this desk the packet of clay was placed and next to it the 'junk box'. A bucket filled with water was always available to the children as well as soap and a towel if they wished to wash their hands. On the large desk, the scissors, paintbrushes, mixing containers and plastic cups with water were placed. Biscuits and juice were also placed on this desk.

Each session began when the teacher/mediator brought each child to the art therapy room. This ensured that the children arrived for their session on time. Copley et al (1987) state that it may seem natural to begin a session early if a client arrives before the specified time. However if this occurs the client may not feel that "he has a specific recognised time reserved for him, nor that the worker carries responsibility for ensuring the regularity of their time together" (ibid. p53). Once in the room, the teacher translated as the researcher spoke. Each session the child was informed as to how many sessions still remained. This was done due to the short-term nature of the therapy and needed to be clarified from the beginning to eschew any confusion about the length and duration of the art therapy sessions. This too, facilitates the ability to relate any images or feelings about the duration of the sessions and termination issues (Copley et al 1987). In addition, because the researcher was not able to communicate verbally with the children the teacher/mediator needed to do this.

Images created in the six sessions as well as process notes made by the researcher were analysed qualitatively together by the researcher and by Hayley Berman. This entailed the following:

Photographs of each child's images were arranged, according to the sequence that they were done in. The researcher then described the child physically to Ms. Berman, and read the pre and post-therapy questionnaires completed by the particular child's teacher. The Clinical Interview was also discussed as well as any other information that the child's guardian or parent had completed. The researcher then attempted to describe her sense of the art therapy sessions with each child as well as any other feelings that were evoked by the therapy. Process notes from each session compiled by the researcher were then read whilst looking at the images created in that session. This was done for each of the six sessions. Thereafter the researcher and Ms. Berman explored shifts (if any) in the images and teacher questionnaires, issues of transference and countertransference, the process of each session and the child's relationship with the researcher.

The question as to whether to provide some form of snack/food for the children was explored. The rationale being that the majority of the children at the school were from materially deprived homes and in addition it was felt that it would be difficult, if not impossible to conduct therapy when the children were hungry. This basic need had to be satisfied first. Consultation with an Educational Psychologist, practising in Kathlehong, suggested that the researcher provide food at the beginning of the session.

In order not to lose the 'richness' of the sessions, verbatim vignettes of each session, (written directly after a session) with each child will follow. These were selected to enable the reader to formulate a sense of each child, to highlight the process of the art therapy and incorporate the content and structure of the sessions.

2.2.3.1. Verbatim Vignettes of Sample

Sipho

Sipho attended five out of the six sessions. He was absent for session 4 (16th November). It was discovered from his brother, that he was not at school on that day, as he had not washed his school shirt on the weekend.

Session 1(26th October 1998)

Sipho went to the desk, saw the clay and wanted to play with it. He took a few handfuls, and I added some more to this. He sat down at the desk and from the moment he sat down, right until our time was up he was like a busy little bee. He rolled and stuck, rolled and stuck the clay, not looking up for a moment as though he had something to do and just got on with it. He made so many shapes, almost filling the big piece of paper. I commented on various figures but most of the time he didn't even look at me but was facing the opposite direction, just rolling and creating new images and figures. Even when I called his name to inform him that we had five minutes left, he didn't look up. I had poured him some juice at the beginning of the session- he had looked pleased with this, but didn't even

sip it until the end, and after he had washed his hands. At the end of the session, once he had washed his hands, he drank his juice. I opened the door of the room, and he just ran out.

Session 2 (2 November 1998)

...He looked at all the equipment, before selecting rather quickly that he wanted to paint. He gestured that he wanted a small piece of paper, and like the previous session spent the entire session filling the small piece of paper with numerous images. When he initially sat down at the desk, he sat far away from me, right at the end of the table and once again didn't even glance in my direction. It was difficult for him to have eye contact with me. He was far away from me, physically and emotionally and I get the sense of a little boy, who has to do so much for himself, perhaps he cannot rely on an adult. I feel as though he is 'sizing me up!' He busied himself with his painting, of which he managed to fill the entire piece of paper. After each colour he cleaned his brush before putting it in a new colour. When our time was up we began sticking his clay pieces to the cardboard (the image he had done in session 1).

Session 3 (9 November 1998)

Sipho busied himself, once again, the entire session with one image, done with Koki's. When he works, he does so intensely, hardly looking up. He frowns as he works. There is so much deprivation. He looks so poor. I experienced much difficulty in ending the session today.

Session 4 (16 November 1998)

This is the session that Sipho was absent.

Session 5 (23 November 1998)

He had told Sindiwe on the way to art therapy that he really liked coming here. He is such a lovely little boy, and I am struck once again by the level of deprivation and poverty. He went to the desk and took the top magazine from the pile of magazines and spent the entire session paging, slowly through the magazine. He tried to read the words sometimes, and stopped at a picture of a soccer player, and counted the studs under the soccer player's boots! As I write this I am feeling and thinking that he is a little boy who is so understimulated. He frowns when reading and I wonder about him needing glasses. We still had five minutes left, but he picked up his juice drank it, picked up his biscuits and said "ok, bye!"

Session 6 (30 November 1998)

He came in looking poor, with his ripped shirt, his too big trousers, hair overgrown and unkempt and too big shoes. He sat at the desk, 'looking around' eventually gesturing that he wanted to use the scissors and cut. Once again he spent the entire session looking through the magazines, cutting out lots and lots of little pictures. When we had five minutes left, I took a piece of paper, asked him what size he wanted, and helped him to stick these to the paper! I didn't want to leave them loose! I got the feeling that he could have stayed for hours today. It was difficult for me to end today. When I handed

him his own set of Koki's, he seemed delighted. He walked out the room taking his Koki's, his juice and his biscuits with him.

Abigail

Abigail attended five out of the six sessions.

Session One (26 October 1998)

Abigail was absent for this first session

Session Two (2 November 1998)

Abigail had been absent last week, so today was her first session. She is a thin little girl with a sad expression. She appeared overwhelmed, and stood standing and staring, next to the table with the materials. She gulped down the juice, and quickly accepted another two glasses of juice. As the session progressed she kept looking at me and smiling, she had the Koki's right near me and kept coming closer and closer towards me. Once she had drawn the 'windows' on her house in the first image, she wrote her name, and once again looked at me smiling and drinking her juice. I sensed that it felt rather containing in the room. When it was time for her to go, she picked up her picture and Koki's and I had to retrieve them from her. There is so much deprivation and sadness about this little girl and whilst writing these process notes, Sindiwe had brought the next child, ten minutes too early, thus leaving me with only a few minutes to write these notes, and I thought to myself that not even here does she get a 'chance.

Session Three (9 November 1998)

When she walked into the art therapy room she noticed some of the other children's images. (Normally, all the images are placed at the back of the room, but today the furniture was different, and so I had, had to place them behind me). She seemed rather 'perky' today, still tentative-but there did seem to be more 'life' in her. She examined the other images behind me and then went to the desk, took the pencil crayons and sat down to draw. Once again today, she seemed to come closer and closer towards me, until our heads were almost touching – every now and again looking up at me, sometimes smiling. Her pencil strokes are light and there is a presence in her image of being 'so unforceful'. (As I am writing this, I think about my choice of words and then think about how she ends up so close to me). It was difficult for me to end with her today.

Session Four (16 November 1998)

Upon arriving in the room Abigail went straight to the table, took the paints and then took a big piece of paper. She put the paints and the water right next to me so that once again when she was taking paint or cleaning her brush she was right next to me. She kept looking up and smiling at me as she worked. A lot of the time, she was standing (next to me) as she painted, so I would just have to look up and she was right there.

Session Five (23 November 1998)

When Abigail entered the therapy room today, she didn't seem really interested in hearing Sindiwe translating, but rather walked straight to the desk as if to say 'come on let's get on with it – there's not much time to waste!' She took a big piece of paper and a magazine (she has become confident and doesn't look at me first to see if it's ok to take something – she just takes it. Also, she used to eat and drink quickly, now she waits until our time is up and then sits at the desk with me, eating and drinking whilst I write up our session. Today, she cut out lots and lots of pictures and used the project glue to stick them onto the paper. They were semi-stuck on, and their corners kept lifting. It made me think about her and us – we are ending soon, and although there appears to be a process, she can't even stick to me perhaps as much as she'd like to, just like the pictures.

Session Six (30 November 1998)

She chose a big piece of paper, and came to sit at the desk clutching the Koki's. In her first image she began by drawing the outline of a face, and one hand. My initial thought was that the figure was waving goodbye to me. I warned her when we had five minutes left and once again it was difficult to end. When our time was up, I gave her her set of Koki's. She walked out of the room with her liquifruit, biscuits and all the while staring down at her Koki's in her hands. As she was walking and looking down, I experienced an overwhelming sense of sadness.

Tshepo

Tshepo attended five out of the six sessions.

Session One (26 October 1998)

When Tshepo came into the room, he looked at the table and pointed to the pencil crayons, and chose a "big paper". He sat at the desk and began drawing his first image, which consisted of two houses. As I write this I am wondering about the two houses that he has lived in. (At the end of this session I wrote: ..The language is a rather big problem. But I do feel as though these children are being given a space.)

Session Two (2 November 1998)

Tshepo was absent for this session.

Session Three (9 November 1998)

When Tshepo entered the art therapy room, he had some juice and a biscuit and then sort of looked at me. He said he wanted to paint and I indicated for him to help himself – which he did. He worked really quickly, doing one image after the next. In total he produced three images in this session.

Session Four (16 November 1998)

I am fond of this little boy. From having a rather 'bravado' image about him, it seems as though he really wants and likes being here. He does one image after the next. They take him rather quick. He

produced three images in this session. When our time was up, he chose to sit with me, eating his biscuits and drinking his juice whilst I made process notes.

Session Five (23 November 1998)

When Sindiwe translated that after today's session we would only have one session left, I was left feeling sad. He went to the desk and picked up the Koki's and chose a big piece of paper. He began an image, which he spent almost the entire session on. This is quite unlike him, as he normally quickly does one image after the next. Once he had drawn the 'cats' in this image, he told me that they were cats, wanting it seemed to engage me. He continued with image and then began colouring in each cat with the Koki's. I got the sense of a truly needy and deprived child, who needed to 'use up' the Koki's. He would tell me what each part was in his image. When he had finished he took a small piece of paper and the paints. He said he had painted a father in the car, a mother, a baby, a house and that the sister was going to the shops. He told me that the mother had "shouted" at the father. It really felt as though he was telling me a story about his family and when he had finished he simply said – "finished", and only then began drinking his juice and eating biscuit after biscuit. Again I was filled with an overwhelming sense of a needy little boy needing to 'fill himself'.

Session Six (30 November 1998)

Once Sindiwe had left, Tshepo told me that he wanted to paint today. He took the paints and paintbrushes and I helped him to make some more green paint. Each time he painted something in an image, he would tell me what it was. The tree he painted in his first image looked similar to that which his sister had painted in her final session earlier on in the morning. He had positioned the paints near to me. I held my finger on the corner of the paper as he was painting the sun, to steady it, and I had the sense of him really appreciating this – it being a rather different experience for an adult to sit with him and help him. As he painted and drew, he once again would tell me what it was that he was drawing. I experienced tremendous difficulty ending with this needy, little boy.

Michael

Session One (26 October 1998)

Michael is a little boy with a big smile that seems to light up his face. He went to the desk and pointed apprehensively at the pencil crayons. I reflected that he wanted to use these and once again he began grinning. He asked for a big piece of paper and sat contentedly at the desk and began drawing. He was involved with his drawing. When he drew the plane, I said that I wondered where this plane was going, America, he replied grinning. I gave him the space just to draw and he really seemed to be lost in the whole process. My countertransference was one of deep sadness, although he appeared well looked after, he nonetheless appeared sad to me.

Session Two (2 November 1998)

Michael looked pleased to be here, with his characteristic grin all over his face. He sat at the table and then told me that he wanted to paint. He is meticulous and there is much attention to detail. When he begins to paint it is as though he becomes mesmerised by what he is doing and I get the feeling of a sense of calmness in the room. I warn the children when they have five minutes left, and it is almost as though he knew exactly when his time was up and he told me that he had finished.

Session Three (9 November 1998)

Michael came into the room, quite undecided about what to do but then pointed to the clay and smiled at me. I held the packet open for him to take out some clay and he took two small handfuls, so I put in my hand and took out a bigger amount! He liked this and smiled widely. He then went to sit at the desk and began rolling little bits of clay, making a house. He only had a little amount of clay left and I could sense he was trying to decide where it should go. But he then took a small piece from the sun and used it to make a light in the house he was building! He washed his hands and then looked at the table eventually taking different colours of crepe paper and then sat down and began cutting out shapes. He cut out a red shape, filled it with glue and stuck it onto a piece of paper. By now our time was up and I told him I would bring it all back for him next week. There seemed to be a sense of containment in the room.

Session 4 (16 November 1998)

I had put Michael's uncompleted image on the desk for him as well as a packet with some of the shavings of crepe paper he had cut out last week. He looked so pleased when he saw his image and all the shapes, and immediately got some additional crepe paper and sat at the desk. He was also using the pritt liquid glue. He spent the entire session cutting out little pieces of crepe and then pouring lots and lots of glue onto the crepe paper before sticking it onto the sheet of paper. When he works, he kind of smiles, pulling faces as he cuts. He's a delightful little boy. He told me that the image on the left side of the paper was a baby. He wanted to wash his hands like he had done last week and dry them off.

Session 5 (23 November 1998)

Michael arrived smiling and said that he wanted to draw, which he did with the pencil crayons, and a big piece of paper. The first thing he did was to pour out all the pencil crayons out of the container! It represented to me in the session as somewhat 'letting go', being less inhibited and more free – which pleased me. But as I write this I wonder also about being uncontained – as we had just spoken about ending next week. He is tentative when he draws, there is so much detail in his drawing, but everything is precise and neat, although tentative. When I am with him, I feel so fond of him, but at the same time I think he can be so easily looked over (his tentativeness?) and I wonder about this.

Session Six (30 November 1998)

I had brought with me his incomplete image from the previous session. It was as though he knew that I would remember! He went to get the pencil crayons and sat at the desk. Something really interesting and amazing is to watch him when he paints or draws, as he holds two pencil crayons and alternates with the colours. (As I am writing I am thinking about the images that are done with wax crayons and black paint.) It was difficult to end, and I let him finish off the painting that he had started.

Neo

Session One (26 October 1998)

Neo arrived looking unsure. He walked to the table and pointed at the Koki's and a small piece of paper. He sat at the desk and began drawing. When I asked if he could tell me about his drawing, he named each object in his image. When I asked who lived in the house he had drawn, he replied, "a family." I reflected that perhaps he really wished he could live in a house with his family, and he looked at me sadly and said, "oh, yes". He then began drawing slowly and meticulously. When he had finished he looked around and I reflected that perhaps he'd like to do something else, he nodded eagerly and went to the table and took the paints. We only had five minutes left and he began painting another house. When I told him that our time was up, but that I would bring his painting back next week, he looked excited. I was left feeling much sadness and emptiness.

Session Two (2 November 1998)

Neo looked shyly at everything and pointed to the pencil crayons. I simply smiled and nodded and he took them and a small piece of paper. He hardly looked at me and put his head down and began his first image. Once he had completed this he looked at me and said, "finished". He then indicated that he'd like to use the clay, I rolled up his sleeves, and he put his hand into the packet taking only a small amount and I indicated to him to take some more, which he did. He sat at the table and began rolling. When he had finished I said "oh a person", he said, "a snowman" and with that scrumpled it up and began rolling it again, eventually putting everything into a ball. I said, "a ball", and he said, "a big ball". "I wonder what you can do with that?" and he replied, "kick it". He then looked around and indicated to the oil pastels, which I encouraged him to take himself, and set about doing another image of a house. When our time was up he washed his hands, and took his biscuits with him.

Session Three (9 November 1998)

He is such a lovely looking little boy, and today he was wearing what looked like new school shorts that were a couple of sizes too big. He stood next to the desk, I had given him biscuits and juice, but he was more interested in looking to see what he could do. He pointed to the sticky tape and magazine. I reflected that he wanted to use those and that he could take it. The majority of the session was spent with him cutting the sticky tape and me holding it, and then placing and sticking the pictures he had cut out of the magazine. When he initially took the sticky tape and wanted to use it, I let him 'struggle' for a little on his own, wanting to see what he would do. Eventually he handed it to me to help him.

The process of taking sticky tape, me holding it, and him cutting it seemed to evoke a sense of containment and calmness in the room. When I let him know that there was five minutes left, it seemed as though my voice had broken this for a moment. He told me when he had finished and next chose to do an image with the Koki's. At the end of the session he pointed to another biscuit and with that walked out the room.

Session Four (16 November 1998)

Neo arrived on his own today, without Elizabeth. Two minutes later she arrived apologising profusely why she hadn't come with him. When I turned around I noticed that he was busy with the pencil crayons and involved in his drawing. Throughout this session, I felt removed and rather distant from Neo.

Session Five (23 November 1998)

My feeling is that of 'don't get too close, I'm not sure about this'. This would probably tie in with him being adopted and then being returned to the Children's Home. I do feel shut out although there are moments when I feel that he begins to let me in. He began by painting. When he was about to do the windows he looked at me, after having his paintbrush 'hover' above the colours, and said "I need green". I spoke as I mixed the colour green for him. This was one moment when I felt as though he had let me in – but only for a moment. He used the green to paint the windows and when he had finished, said, "finished" but then put his paintbrush into the new green and painted his name. He then took, rather hesitantly, a pencil and eraser and began his second image. He told me that he wanted to paint his school, but needed me to help him spell 'school'. Once this image was completed he took a magazine and began cutting out some pictures. I told him that our time was up but that I would bring the pictures for him next week.

Session Six (23 November 1998)

I feel a great distance between this little boy, and often feel like I would like to put my arms around him. Last week he had cut out pictures which I brought with me today and put them on the desk for him. He chose the liquid glue to stick them onto a sheet of paper. He then spent the majority of the session paging and paging almost maniacally through the magazines but not finding a single picture. I reflected on this, but I am not sure if he understood me. It was difficult to sit with this. Neo produced three images in this session. When our time was up, and I gave him his Koki's, his face lit up and he walked out the room, staring at his Koki's.

Busi

Session One (26 October 1998)

Busi arrived looking rather anxious and unsure. When she came into the room she went and without really looking at what there was, shyly indicated to some paper. She took a small piece of paper and sat at the desk, drawing a house, precisely and slowly. I commented that she was drawing a house and

she shyly looked at me smiling and nodding. She told me that she had finished, and then looked and saw the paints, which she sat down with. This time looking rather excited. When I pointed to the paper and brought her a small piece of paper, she said "big!" She really seemed to be feeling more relaxed and that she was enjoying the time and space. I warned her when we had five minutes left, and when I said "see you on Monday", she said "Monday" and her eyes lit up. At the beginning of the session I felt sad and overwhelmed by looking at her, towards the end of the session I felt more relaxed.

Session Two (2 November 1998)

Busi seemed pleased to be here today, but obviously still quite tentative and unsure. She pointed to a magazine and I gestured for her to take it. She took the magazine and began paging through it. It was hard for me not to help her as she really struggled to hold a page and cut it, all with her left hand. To my surprise she cut out beautifully and in a straight line. I tried to talk a little about what she had done. I pointed to the first picture of a car and said "car", and then to the picture of the woman and she said "my mother", "my friend", "me" and "my mother and father". When she pointed to the picture of 'her mother' I reflected that perhaps she thinks about her a lot. She looked at me and smiled but I'm not sure if she understood what I had said. She then told me that she had finished and gestured to the Koki's and asked for "a big piece of paper" and began her next image. (The car in this picture looked to me like an ambulance, but I wonder about the English vocabulary.)

Session Three (9 November 1998)

Busi went to the desk and sat down, seemingly rather unsure. I reflected that I wondered what she'd like to be doing. She got up and pointed to the oil pastels and then looked at me. I nodded reassuringly, and she took them and a small piece of paper and began her first image. In this image, she drew initially a person in pencil and then using the oil pastels coloured the person in. This figure was initially drawn with no fingers, she added these at the end. The person had a smiling face, but this she coloured over eventually. When this image was completed she began her second image which involved cutting pictures out of a magazine. She was able to tell me that the pictures represented; "food, mother, father and baby". When I asked her "who are you?" she pointed to the picture of the baby.

Session Four (16 November 1998)

Busi arrived smiling and sat at the desk drinking her juice and looking carefully at the desk. She said "cut", and took a magazine and began paging through it – not seeming able to find the 'right pictures'. Once again she was able to name what the pictures represented to her: "father, mother, car". She experienced some difficulty in deciding whether she wanted a big or small piece of paper.

Session Five (23 November 1998)

Sindiwe arrived at the art therapy room to say hello (Busi is the first child that I see for therapy) and told me that she was going to fetch Busi, as "she knows when she sees you arriving on a Monday, and is always hovering out by the room!" Busi sat at the desk and once again said, "cut". The pictures she cut out she told me represented "father, mother and a watch". She then told me that she had finished. She then got up and saw the sequins on the table. She looked excited. Initially after watching her struggle I tried to help her with the glue, and she looked at me looking happy and smiling. She really seemed to be engaging me, sitting closer and looking up and smiling at me. After placing the sequins on this image, she once again told me that she had finished and that she wanted to draw, but then looked at the bucket with water indicating that she wanted to wash her hands. I squeezed some liquid soap onto her hands, she rubbed them together and then put them in the water. I held the towel out to her and she put her hands out indicating, I felt, for me to dry them. She then took the Koki's and put them right next to me and began drawing. It seemed to be difficult for her to end today.

Session Six (30 November 1998)

I put her incomplete image on the desk in front of her and she smiled and confidently went to get the Koki's and completed it. Once finished, she once again said, "cut". Her third image involved her painting, and once again the paints were put close to me. Throughout the session, she would continuously look up at me, and it felt as though she was checking to see whether I was still there and watching her. When we had five minutes left she told me she wanted to "cut again" which she did. When our time was up, she took lots of biscuits and seemed so overwhelmed by the Koki's and walked out the room clutching them to her chest.

2.3 Research Design

The Research Design utilised in this study was that of Action Research. Examples of this type of research are e.g. the study of a day nursery conducted by Bain & Barnett (1980) and the study of a long-stay children's hospital (Lyth, 1982).

The process in Action Research is based on 4 'moments': Firstly the planning and constructing of the 'action'. Secondly the application of the planning within the school environment. Thirdly, documenting the effects of the action through a sound critical self-reflection. Fourthly reflecting on the action to locate problems, issues and/or constraints (Elliot, 1981).

CHAPTER 3 RESULTS

3.1. Introduction

‘and what is the use of a book,’ thought Alice, ‘without pictures or conversations?’ (Lewis Carroll, Alice’s Adventures in Wonderland)

Although people communicate in a multitude of ways and in a variety of forms, communication in the form of words tends to dominate in our society. Not only are words the main vehicle by which we exchange information about the world we live in, words are the primary means of communicating our experience of that world to other people. However, visual artists, dancers and musicians have long recognised that our individual experiences as human beings cannot always be simplified to words. It is perhaps appropriate to state that art therapy exists due to an appreciation of this fact. In this study, the researcher was not able to speak a language understood by the children living in Soweto, and the children were also unable to communicate by words to the researcher. This study utilising art therapy offered a unique means of enabling the children to give form and expression to the complex and confusing thoughts and feelings they may be experiencing.

Within the field of art therapy, therapists may work in a number of ways utilising different therapeutic strategies. Within these are the structured activities and the spontaneous creative process. This study put to use the latter. Within this strategy, the source of inspiration in the creative process is internal and driven by primary impulses and fantasies (Kris, 1952). It is thus this intrapsychic focus of the free and spontaneous art therapy that is the link to psychodynamically-oriented psychotherapy. In psychodynamically-oriented psychotherapy, it is the repeated interpretations of the primary impulses and fantasies that constitute its main therapeutic tool. In art therapy the focus of the therapeutic work is on the transformation of intrapsychic impulses and fantasies of the patient into the work of art. Unconscious material which is difficult to bear or to be thought about can become evident in the images an individual creates. It can also become apparent in the quality and nature of the patterns of interaction that develop unconsciously between a therapist and patient.

The child’s unconscious experience of the relationship with the researcher (transference) and the researcher’s subjective responses to the client (countertransference) will be analysed through the images produced.

The results will be presented in terms of a process comprising the researcher’s countertransference and experience of being with the children.

3.2. Definition of Terms Used in the Results

3.2.1 Transference: This describes the process whereby the child's previous internalised images of past relationships is re-experienced in relation to the therapist.

3.2.2 Countertransference: This describes the therapist's experience of feelings belonging to the patient that he/she comes to contain.

3.3. Child One: Siphho

3.3.1 Process

From the beginning of therapy, Siphho helped himself to the art materials offered. In every session (excluding session five) Siphho produced a single image which comprised a multitude of different smaller images. The majority of his efforts were invested in producing images containing expressions of language and image (See Appendix D).

3.3.2 Shifts

With time and with the relatively short progress of therapy, there appeared to be a temporary shift in the connectedness in the therapeutic relationship. This occurred at the end of the second session and involved Siphho and the researcher *together* sticking parts of the clay image he produced in session one onto a piece of paper. (The researcher had brought this image back as upon drying various clay pieces had loosened and come apart.)

Although he was absent for session four, there did appear to be a shift in session five. Instead of filling an entire page by creating his characteristic single image, he appeared content to utilise the art therapy space in a different way by sitting at the table with a number of magazines, paging through them. Occasionally he stopped to attempt to sound out a word, or caption, once even 'counting the studs on a pair of soccer boots!' It appears that the space afforded to him in the art therapy sessions presented a unique experience for him as he doesn't seem to have had the opportunity to be able to 'play' in the presence of an adult (Winnicott, 1971).

In addition, in session five Siphho took the biscuit container out of the room with him. This may indicate another shift in the therapeutic relationship. Perhaps he was 'taking a part of the researcher' out of the room too, as the 'potential nurturer'.

When the researcher returned his images back to him, once the therapy had concluded, the researcher experienced for the first time a more real sense of connectedness.

3.3.3 Countertransference

During the course of therapy (with the exception of a couple of moments), the researcher felt distant from Siphho, from the moment he entered the art therapy room. He appeared far away from the

researcher, physically and emotionally, giving the sense of a little boy who has to do so much for himself, without ever being able to rely on an adult. The researcher's overwhelming sense was that there has never been any adult available for him, to nurture him and to contain him. His neediness was experienced by the researcher, and this was highlighted on one occasion by him taking the researcher's container with his biscuits on it out of the room with him.

These countertransference reactions may reveal hidden aspects of the transference. Siphos unconscious attempts to arouse in the researcher feelings and patterns of behaviour characteristic of his early object relations has also been termed by some authors as projective identification (Gorkin, 1987).

3.3.4 Transference

The transference relationship was expressed through Siphos repeated efforts to distance himself both physically and emotionally from the researcher. Consistency in the therapeutic relationship over the six sessions brought about some temporary moments of change in this interaction.

3.3.5 Description of Child's behaviour towards the researcher

From the beginning of therapy Siphos avoided eye contact during the sessions. When the researcher spoke he didn't look up and for the majority of the sessions it appeared that he needed to sit far away. Even when the researcher called his name to inform him that there were five minutes left, he didn't look up. Throughout the therapy sessions Siphos sat at the far end of the table and engaged himself in creating an image, far away from the researcher, not even glancing in the researcher's direction.

3.3.6 Child's relationship to food

From the beginning of therapy, Siphos drank his juice at the end of each session, and would take his biscuits in his hand with him, out of the room.

3.3.7 Teacher Questionnaire

Siphos teacher at school stated that his parents are unconcerned and disinterested in Siphos progress at school. In addition she stated that his parents do not attend any school meetings even when they are invited to do so. She added that Siphos comes from a disadvantaged background and that his older brother (in Grade Five) takes care of him as their mother lives with her boyfriend. She stated that a number of teachers had, on previous occasions, bought Siphos some clothes. This gesture however was never acknowledged by his mother. Siphos has "minor educational and social problems" due to "everything being left in the hands of the teachers". There is no one at home to help him with his schoolwork and his books are often mislaid due to him not having a school bag.

When asked to describe Siphos behaviour in the classroom and on the playground, his teacher had stated in the Pre-Art Therapy Questionnaire that "he is naughty in class. He makes noise and teases

others in class". In the Post-Art Therapy Questionnaire she stated: "he is jolly and playful. He likes to entertain others (friends). He laughs and make friends. Laugh most of the time".

Sipho's teacher stated that he has a good relationship with the teachers at the Primary School. In the Post Questionnaire she commented extensively on his numerical and logical reasoning ability which was not spoken about in the Pre Questionnaire.

In her final comments, Sipho's teacher stated that he responds more positively and openly and that his cleanliness has improved, since the Art Therapy sessions began.

3.4. Child Two: Michael

3.4.1 Process

From the beginning of therapy, Michael entered the art therapy room, with a characteristic smile, which seemed to illuminate his face. The majority of Michael's efforts concentrated on creating powerful images utilising a unique combination of colours. He worked meticulously with much care and attention to detail invested in every image he created. There appeared to be a need to create something beautiful and every image was indeed aesthetically beautiful. For example each image was painstakingly created utilising a variety of colours and mediums.

He utilised a distinct way of working with the paints and pencil crayons. When using the paints he would often put the paintbrush into one colour and then straight away into another. When using the pencil crayons, he would hold two colours in one hand, alternating with the colours to create an image made up of a variety of colours.

Michael's images were unlike any of the images produced by the other children. He was the only child who drew butterflies in almost all of his images.

3.4.2 Shifts

Initially (sessions one through to four) Michael, would tentatively point to the materials he wished to use in the session. However with time and with the progress of therapy, he arrived and would tell me shyly exactly what it was he desired to do. For example in session five he arrived smiling and stated that today he wanted to draw. In addition, he emptied all the pencil crayons out of their container, instead of tentatively taking a couple out at a time.

With the development of the therapeutic relationship, a shift emerged in his images. This seemed to reflect a process of discovery about who he is and where it is that he belongs. Within this process, he

appeared to be trying, although tentatively to understand and make sense of himself and it is almost as though the researcher experienced and witnessed a baby growing up (See Appendix E).

3.4.3 Countertransference

Michael's unconscious attempts initially aroused in the researcher feelings of sadness and emotional emptiness. As the therapy progressed, the researcher began experiencing intense maternal feelings. This became perhaps more apparent from session three. In this session he was working with clay, and when he sat down at the desk the researcher tucked an old T-shirt onto his school shirt, resembling a baby's bib. The T-shirt kept falling off and each time it did, he would look at the researcher as though indicating he'd like her to tuck it in once again. Once he had created the clay image he gestured to the researcher that he wanted to wash his hands. He held them out and the researcher poured liquid soap into them, he rubbed them together and the researcher held out the towel to dry off his hands. The researcher's overwhelming sense in the sessions was thus to nurture him and 'tuck him in' like a mother would do for an infant.

He portrayed throughout the sessions how he has needed to develop self-sufficiency. This was poignantly symbolised in an image in which he showed how he cannot take it for granted that warmth and nurturance will always be available to him and thus needs to create this for himself (See Appendix F). The researcher's countertransference was to maternally nurture him.

3.4.4 Transference

The transference relationship was expressed in the art therapy sessions through Michael's repeated efforts for the researcher to nurture him and to hold him in her mind from one session to the next. As the therapeutic relationship developed he appeared to become more secure with the notion that the researcher was able to remember him and think of him. In one particular session, he was unable due to time to complete an image. The majority of the session had been devoted to cutting out little pieces of crepe paper and he had only managed to stick one of these onto a sheet of paper. When he arrived the following week and discovered all the tiny, little pieces of paper he had cut out on the desk in front of him, his expression was one of pure delight, as though somebody had finally thought of him and remembered him. The pieces had not been discarded as he had once been.

3.4.5 Description of Child's behaviour towards the researcher

Michael arrived for the art therapy sessions always smiling and exhibiting some tentativeness. He would look at the researcher sometimes shyly but always directly. Michael actively engaged the researcher throughout the sessions, often looking up at her and smiling. He seemed to thrive in the sessions, and they appeared to provide him with a much needed space entirely for himself. The art therapy sessions created a space for him to create what he wanted and in which he was noticed.

3.4.6 Child's relationship to the food

Throughout the course of therapy, Michael never once ate his biscuits or drank his juice at the beginning of the session. Once the session was over, he would quickly drink his juice and then take his biscuits out of the session with him. Unlike a lot of the other children, he never took more or asked for more biscuits. It seemed that he needed to utilise all the time to creating rather than eating.

3.4.7 Teacher Questionnaire

Michael's teacher stated initially that she has known him for one year. She informed the researcher that he stays at a Children's Home in Soweto and that he is well cared for and healthy. In addition she said that his guardian at the home shows much concern and interest in his social and academic progress. She stated that Michael's behaviour in the classroom and on the playground is generally good, that he enjoys school and is always keen to do his schoolwork.

In the Pre-Art Therapy Questionnaire, Michael's teacher stated that he needed her constant attention, but in the Post-Art Therapy Questionnaire that this was not true for him any longer. In addition she had stated that before the art therapy commenced he often appeared to be sad but that after the six sessions she hadn't noticed "this lately".

Overall, Michael's teacher stated that she has experienced him to be more "collected" and "not so hyperactive".

3.5. Child Three: Abigail

3.5.1 Process

Abigail entered the art therapy room, initially appearing rather overwhelmed. She stood next to the table with the art materials, staring, seeming unsure as to the process. At the end of the first session, she picked up the Koki's she had been using and her image and began walking out the art therapy room clutching them. The researcher had to retrieve them from her. Her image in session two seemed to reflect the happenings of session one and seemed to symbolise a sense of her retreating or withdrawing as though she had exposed fragility and was not able to take this away with her. However there did appear to be more of a lively presence about her. From session three until the termination of therapy, Abigail entered the room, confidently, often not waiting until Sindiwe had left, but beginning to work immediately. She would help herself to the materials and paper, never once looking up at the researcher for permission to take something. When Abigail entered the room and worked, the researcher sensed her really wanting to be in the room and enjoying having a space for herself.

3.5.2 Shifts

With time and with the progress of therapy, Abigail began displaying a sense of confidence about herself. With the increase in Abigail's confidence there was a marked reduction in her tentative

manner of approaching the researcher and the art materials. She became assertive and there seemed to be a 'realness' and vitality in her presence. This is reflected in the progression of her images. In session one, she drew an image of a person adorned with features resembling the gills of a fish, and with no real body. This image evoked in the researcher a sense of breathlessness and instability. As the therapy progressed, her images appeared to become more whole, finally emerging as a whole person, with a body, legs and arms.

In addition, in session one, Abigail gulped down a number of glasses of juice almost ravenously, at the beginning of the session. As the therapy progressed she began drinking her juice at the end of the session and in sessions five and six she sat with the researcher when her time was up, drinking her juice and eating her biscuits whilst the researcher wrote up notes from the session with her.

3.5.3 Countertransference

Abigail initially aroused in the researcher, intense feelings of sadness, deprivation, emptiness and a sense that she is often overlooked and not noticed. This last point was highlighted in session two. In this session her pencil strokes were faint and there was a presence in this image of being so 'unforceful'. However when the researcher's choice of words are contemplated, the researcher is forced to think about how, throughout the art therapy sessions, close she is to the researcher physically when she works (this will be discussed further below).

3.5.4 Transference

The transference relationship was expressed through Abigail's repeated efforts to be close to the researcher, in both a physical and emotional sense. From the beginning of therapy when the researcher gave her some juice and biscuits, she began looking up and smiling as she was working. From session two, she seemed to come closer and closer towards the researcher, until our heads were almost touching, periodically looking up at the researcher and smiling. When she painted in session four she placed the paint easel and water directly next to the researcher, so that once again when she was taking paint or cleaning her paintbrush, she was right next to the researcher. The researcher would just have to barely look up and she was right there beside her.

Abigail's repeated efforts to be close to the researcher were also symbolised in her images. In session five, she created a collage with pictures cut out from a magazine. However she wasn't able to stick the pictures down securely and the corners kept lifting. It seemed to suggest that as much as she'd like to stick them down and hence 'stick to the researcher' this was not going to be possible. The researcher's sense was that if she was unable to force herself 'into the object' or 'stick to it' she would not be noticed, thought about or remembered.

3.5.5 Description of child's behaviour towards the researcher

Abigail actively engaged the researcher in the art therapy sessions. Most significantly this was achieved by her needing to be close to the researcher. It is important to note here that her closeness was never experienced as an invasion of the researcher's boundaries but rather as an engaging mannerism. The only moment when the researcher experienced an invasion of boundaries was with regard to the other children's images. In session two she needed to examine these closely. In addition she looked at me directly often long and hard and often looked up at me and smiled.

3.5.6 Child's relationship to food

At the start of therapy, Abigail hungrily ate the biscuits given to her and gulped down the juice, drinking glass after glass. With time and with the progress of therapy she began drinking her juice at the end of the session whilst she sat with me and sometimes took her biscuits out of the room with her.

3.5.7 Teacher Questionnaire

Abigail's teacher at school stated that prior to therapy Abigail's mother was unconcerned about Abigail's school progress. However, she stated in the Post Art Therapy Questionnaire that Abigail's mother was displaying more concern and interest in her child's progress and cleanliness and was providing her with a lunchpack to bring to school. Abigail's teacher added that there was tremendous improvement in Abigail's mother's overall care for her daughter.

In the Pre Art Therapy Questionnaire, Abigail's teacher described Abigail as being "shy and quiet and seldom laughing with her peers" and that "she likes to isolate herself from the group and does not like to involve herself in group activities, she prefers to be alone". In the Post Art Therapy Questionnaire, she stated that "after each therapy session, I have noticed that she shared with her classmates. She really enjoys the sessions". In addition she added that Abigail "now looks self confident; the therapy has boosted her self esteem".

In response to the question of whether the child often appears to be sad, Abigail's teacher stated that "...she was sad before because she would keep quiet without a smile. Even if you would praise her she would just keep quiet sadly. I noticed that she had a smile when she showed me the things she got from the therapist, and she would share this with her friends".

Finally, Abigail's teacher stated that "I think she has improved from what she used to be and I think if this therapy could continue with her she will be more confident than now".

3.6. Child Four: Neo

3.6.1 Process

From the beginning of therapy until the fifth session, Neo was tentative firstly in relating to the researcher and in relating to the art materials. Initially he would stand next to the materials, point at something he wished to use and then glance at the researcher as if he needed permission to use something.

In the first session, when the researcher pointed to an image he was able to state what it was that he had created. When he drew he appeared to become lost within the image and the process of creating the image. His images were drawn meticulously and slowly, with much attention to detail. As each Koki was used, it was returned to the container when he was finished with it, and when he worked with the paints he cleaned the paintbrush between different colours.

In session five Neo was able to tell the researcher that he needed green paint and when he began his second image of the session he took what he needed without glancing at the researcher to seek permission.

When Neo entered the art therapy room for session six, he once again helped himself to the glue to complete the image he had begun in session five. He spent the remainder of this session paging almost manically through a magazine, not being able to find a single pertinent picture.

3.6.2 Shifts

It is difficult to comment on any significant shifts in the therapy with Neo. From the beginning of therapy, there were times in which he allowed the researcher momentary glimpses into his internal world and thoughts. Sometimes, just as soon as he had allowed the researcher in, he would just as quickly shut her out. The sequence and progression of the images he created appear to symbolise these moments. Of these images, the most prolific seem to be his numerous images of trees and houses. Each image drawn or painted contained a house and a tree and within these, the windows on the houses were either absent, closed and in some cases wide open. Likewise the doors on the houses were either non-existent, or in some cases had no door handles or had significant door handles. Neo had a unique and distinct way of drawing trees. In sessions one through to five, the trees that Neo drew, showed their roots which were never in the ground but appeared to be balancing precariously above the soil. In session six Neo drew a tree, which for the first time was firmly grounded in the earth. The house he drew in session six contained windows that were wide open and a door with an ornately drawn door handle.

Another shift was his ability to help himself to materials in the therapy room without first looking at the researcher to gain permission. This occurred in sessions five and six.

3.6.3 Countertransference

The researcher experienced significant difficulty in working with Neo. Throughout the sessions the researcher was left feeling a number of different emotions, for example; feelings of profound sadness and emptiness contrasted with feelings of containment and calmness and often feeling distant and removed from him. Sometimes the researcher's feeling was that of him feeling, 'don't get too close, I'm not sure about this'. (This feeling would tie in with Neo being adopted and then returned to the Children's Home.)

3.6.4 Transference

The transference relationship was experienced through Neo's unconscious efforts to keep the researcher in a state of not knowing, of sometimes shutting her out and of momentarily allowing her in, as well letting the researcher know that she just could not get anything right. For example in session two when he was using the clay, he constructed a figure to which the researcher stated; 'oh, a person'. He responded, 'no, a snowman' and then destroyed the figure and began rolling the clay again eventually creating a ball. I said 'a ball' to which he replied, 'no, a *big* ball'. On one occasion, although it seemed difficult for him he asked me to help him. He was possibly 'setting the researcher up' to see whether the researcher was going to leave him too, just like his biological and adopted mother had.

3.6.5 Description of child's behaviour towards the researcher

At times Neo was able to look at me directly. Generally he avoided eye contact with me. Throughout the sessions, once engaged in an image, he would put his head down and not even glance in the researcher's direction. Although he had a better command of the English language than any of the other children, he never initiated any discussion of his images. When the researcher attempted to discuss his image he would finish it and turn to the researcher stating, 'finished.' However as stated above, there were moments when he did engage the researcher, although more often than not the researcher needed to instigate this.

3.6.6 Child's relationship to food

Neo never chose to eat or drink the food provided at the beginning of the session. Rather he drank his juice when the session ended, sometimes eating the biscuits at the end of the session but more commonly he took his biscuits out of the room with him.

3.6.7 Teacher Questionnaire

Neo's teacher at school stated that Neo's guardians are concerned and interested in his school progress and that Neo is healthy and cared for. She added that he enjoys school, enjoys reading and participating in group discussions. He has a regular school attendance record.

In response to the question of whether the child often appears sad, Neo's teacher stated in the Pre Art Therapy Questionnaire that "at times he is sad", in the Post Art Therapy Questionnaire she stated that he does not appear to be sad.

Prior to the art therapy, Neo's teacher said that Neo became nervous when unsure of "concepts or aspects, especially in Mathematics, he will tremble, shaking his lips". In the Post Art Therapy Questionnaire, she stated that he no longer displays this nervous mannerism.

Overall, Neo's teacher stated that he "has gained a lot of confidence for the past weeks".

3.7. Child Five: Busi

3.7.1 Process

From the beginning of therapy, Busi arrived in the art therapy room, with a smile on her face and always seemed pleased to be here. She almost always approached the materials tentatively, reluctant to take something without first asking for the researcher's permission and approval. Generally she would point to a particular art material which she wished to use and would then glance shyly at the researcher. At the end of each session, the researcher would say goodbye and that she would see her again on Monday and each time her eyes would light up and she'd repeat, "Monday".

Busi created a number of images during the course of therapy, but concentrated on images of houses and collages. Her collages consisted of pictures cut out of various magazines and then stuck to a piece of paper. Each time she had finished an image, she would look at the researcher and state "finished". She responded easily when the researcher pointed to a part of the collage and would state what the particular picture symbolised. Sometimes this proved rather difficult for her to do in English. When selecting a piece of paper, for her collage making, she would cut out the pictures first and then hesitate in deciding on whether to select a big or small piece of paper.

Busi painted or drew precisely, slowly and meticulously. When she used the scissors, she cut out pictures in a straight line. During the course of therapy she would often look up at the researcher as if to say, 'you're still here and still watching me'.

3.7.2 Shifts

A significant movement was evident in Busi's images of houses. Her first image in session one was that of a house which although 'empty' filled the entire space on the paper. It consisted of tiny windows, no door or exit point and a chimney bellowing with smoke. With time and with the progress of therapy, Busi's houses changed. They no longer engulfed an entire page, nor were they painted in red paint, but rather they contained open windows and doors and no longer contained chimneys with

smoke. It appeared that perhaps the significance of the burning house had lost its overwhelming sense, and rather there was an emphasis on the relationship she was developing with the researcher.

Within in her collages, it seemed that she was able to explore significant relationships in her life. She initially portrayed images of an unavailable mother, a nurturing father and initially a baby whom she said represented herself. The cutting out of the pictures was obviously significant for Busi. We can hypothesise that perhaps it was about the ability to destroy and then to create; to gain control over something that is out of control and over something that is destructive – just as the fire proved to be.

3.7.3 Countertransference

Busi initially aroused in the researcher intense feelings of overwhelming sadness and emptiness. However as the therapy progressed the researcher experienced feeling more relaxed and contained and at times even peaceful. With the termination of therapy the researcher felt sad, but not overwhelmed by sadness as had been experienced in session one.

3.7.4 Transference

The transference relationship was expressed through Busi's efforts to engage in and develop a relationship in which she was accepted and nurtured and not rejected. At the beginning of therapy she behaved as if she feared the researcher might not want her by struggling to do things on her own. This point was evident in session two when she paged through a magazine, cut and stuck pictures with the pritt glue onto a piece of paper. It was difficult not to assist her as she struggled having only one hand.

In session five, Busi gestured to the researcher that she wanted to wash her hands. The researcher squeezed some liquid soap onto her hands; she rubbed them together and then put them into the bucket of water. The researcher held the towel out to her, and she put her hands out, indicating for the researcher to dry them. The experience of drying her maimed and disfigured hands felt as though she was 'testing' whether the researcher would be able to bear all the parts of her including those that were so 'fragile and broken'.

3.7.5 Description of child's behaviour towards the researcher

Busi never avoided direct eye-to-eye contact. Rather she engaged the researcher actively throughout the therapy. When she could communicate something in English she attempted to do so and as the therapy progressed she began sitting closer and closer next to the researcher, often looking up at the researcher and smiling.

3.7.6 Child's relationship to food

Busi generally began a session by sitting at the desk drinking her juice and smiling at the researcher. Once our time together was up, she took her biscuits and left the art therapy room, clutching them.

Busi never took more biscuits than those that had been taken out for her except on the final session; as she left she put her hand into the biscuit container and took a further fistful of biscuits.

3.7.7 Teacher Questionnaire

Busi's teacher at school stated that Busi's guardians at the Children's Home display concern and interest in her well being, and her progress at school. Her teacher stated that Busi is cared for and is healthy and her school attendance is regular and consistent.

Busi's teacher stated that she "plays well but is always alert of learners who tease her, she is a bit of a bully". In the Pre Art Therapy Questionnaire, Busi's teacher stated that she requires her teacher's constant attention. In the Post Art Therapy Questionnaire, she stated that Busi "only occasionally requires attention".

As to the question posed whether the child often appears to be sad, Busi's teacher stated in the Pre Art Therapy Questionnaire, "Yes sometimes". In the Post Art Therapy Questionnaire she stated "not lately". In addition, Busi's teacher added that before the therapy began, Busi was often angry and would kick other children in the classroom. In the Post Art Therapy Questionnaire she stated "I haven't noticed her to be angry lately, nor is she kicking the other children".

3.8. Child Six: Tshepo

3.8.1 Process

At the beginning of therapy, Tshepo appeared to project a sense of a child who was fearless and could do anything. However with time and with the progress of therapy this changed. Initially he would point apprehensively and tentatively at the art materials before taking them. Once Tshepo had completed an image the researcher would point to it and ask him what it was. However he soon began articulating what an image was once he had drawn it, seemingly needing to engage the researcher.

Tshepo produced an abundance of images in the course of the therapy and seemed to enjoy utilising the space the therapy provided. He always used the same paintbrush in creating an image, never cleaning it between using different colours and the researcher was always struck by the 'messiness' of his images. In addition in creating an image and verbalising what the image was, Tshepo always seemed to be attempting to tell the researcher a story about his family.

3.8.2 Shifts

With time and the relatively short progress of therapy, there appeared to be a shift in the connectedness in the therapeutic relationship. The sense of bravado Tshepo projected in session one was not apparent

in his following session. Tshepo also appeared to gain confidence in the room and was able to help himself to the art materials without pointing at them first.

As the therapeutic relationship developed, Tshepo's ability to express and show the researcher the more vulnerable, sad and needy parts of himself emerged. This was highlighted in session five, in which Tshepo spent the majority of the session working on only one image. He had previously produced a multitude of images. This image symbolised a number of cats drawn on a large piece of paper. He used the Koki's to colour in each and every cat and the researcher got the sense of a truly needy and deprived child who needed to 'use up' the Koki's.

3.8.3 Countertransference

Tshepo initially aroused in the researcher a sense of a little boy who can manage anything and is coping satisfactorily on his own not requiring the help of an adult. However as the art therapy progressed and within it the therapeutic relationship the researcher experienced feelings of deep sadness as well as intense and at times overwhelming emotional deprivation and neediness. In addition the researcher often experienced a need to nurture and protect him as a mother would for an infant.

3.8.4 Transference

The transference relationship was expressed through Tshepo's repeated efforts to show the researcher his intense deprivation and neediness and for the researcher to accept this. Physically, Tshepo is not maimed as his twin sister is, and perhaps the intense deprivation and neediness were his way of telling the researcher that although he does not have any physical scars he's really feeling empty inside and he needs just as much love, care and attention. The researcher responded to this by needing to nurture him and contain his feelings of deprivation.

3.8.5 Description of child's behaviour towards the researcher

Although initially Tshepo projected a sense of bravado, as the therapy progressed he actively engaged the researcher. This was achieved by relating what his images represented and by utilising the therapeutic relationship and space.

3.8.6 Child's relationship to the food

At the beginning of the art therapy sessions, Tshepo would enter the room and drink his juice and eat his biscuits. However this changed in session four. In this session, he sat with the researcher once his time was up, eating contentedly. In session five, he too ate at the end of the session, however in session he consumed biscuit after biscuit, leaving the researcher with an overwhelming sense of a needy little boy wanting to 'fill himself up'.

3.8.7 Teacher Questionnaire

Tshepo's teacher at school stated that Tshepo's guardians are interested and concerned with Tshepo's well being and school progress. His teacher added that he is cared for, his clothes are always clean and he appears healthy and looked after.

In the Pre Art Therapy Questionnaire, Tshepo's teacher stated that the other children in his class would often make fun of him. However in the Post Art Therapy Questionnaire she stated that the children no longer did so. Prior to the art therapy, Tshepo's teacher said that he made fun of the other children but that after therapy, he did not do so any longer.

CHAPTER 4 DISCUSSION

4.1. Introduction

The research conducted had the following aims: Firstly to determine the effectiveness of a short-term psychodynamic approach to working with traumatised and disadvantaged children. Secondly to introduce art therapy into this brief psychotherapy approach and finally for therapy to be conducted within the child's environment.

All of the above were implemented. However (as stated previously) the researcher aimed to assess qualitatively whether any changes in the children could be observed once the art therapy sessions had concluded.

A number of shifts or 'moment-to-moment' changes (Joseph, 1989) common to all the children in the art therapy sessions occurred. These included the following: Firstly through the creation of images, some of the difficulties encountered with language were overcome. Secondly the children were able to develop a therapeutic relationship. Malan (1979) has described how 'changes in the level of rapport' is a barometer for estimating how appropriate a counsellor's intervention is at any given time. Thirdly a slight increase in confidence was noted. With time and with the progress of therapy, the children were less tentative in relation to both the art materials and the researcher. They were able to thus 'play' and create images. Finally, the relevant teachers observed changes in the children's behaviour.

To understand these shifts, and consequently the changes in the children as noted independently by the teachers a theoretical perspective is presented. Each of the shifts noted above are addressed generally within the theoretical perspective.

4.2. Discussion of Results

In a paper entitled *Psychic Change and the Psychoanalytic Process*, Betty Joseph (1989), discusses the term 'psychic change'. She states that sometimes the term is used to mean "any kind of change in the mental state or functioning of our patients; sometimes it is used to mean a more long-term durable, and desirable kind of change" (Joseph, 1989 p, 192). In addition Joseph states that "psychic change is not just an end, a final state, but is always going on in treatment....and we need to follow the moment-to-moment changes in our patients, without concerning ourselves as to whether they are positive, or signs of progress or of retreat, but seeing them as our patients own individual method of with his anxieties and relationships in his own unique way" (ibid).

Pioneers in the study of children, such as the psychoanalysts, Anna Freud and Melanie Klein, sought to understand how the infant stores up memories of meaning and relationship, and the archaic images which form the mental counterpart of sensory experience; and how later, children may demonstrate their original encounters with an unpredictable world, through the process of play and picture-making (Dalley, 1984). Others including D.W. Winnicott, who extended his own unique and special insights, followed Klein and Anna Freud.

Winnicott stated that an infant develops a personal self through the protective care of a 'good-enough' mother. Through the mother's close identification with her baby i.e. her willingness and ability to draw interest from herself and her world onto her baby, the mother fosters an illusion of oneness with her infant. Winnicott termed this 'primary maternal preoccupation'. Furthermore Winnicott termed the intense and intuitive early period as the stage of 'absolute dependence'.

Winnicott identified three ways in which the mother is able to protect her baby from annihilation; through 'holding', 'handling' and 'object presenting' (Gomez, 1998).

Holding - Winnicott stated that holding is both physical and emotional. The baby's feelings and impulses are contained by the 'good-enough mother' through the manner in which she responds to, feeds, and carries her baby as well as her intuitive understanding of her baby's needs and desires. Through the good-enough mother's holding, the baby's true self is fostered. An example of such holding appeared in the session when Michael was unable to complete an image he had begun using small pieces of crepe paper. In the following session the researcher brought Michael's incomplete image. His expression was of pure delight, and it was as though the researcher had been able to 'hold' Michael in her mind. By contrast, if the mother is not able to 'hold' her infant, a false self may emerge which masks the true self.

Handling - Through the mother's responsive care of her infant's body, the baby will be able to experience physical and emotional satisfaction in an integrated manner. Winnicott's notion of handling could be noted in a number of sessions. For example with Busi in Session Five, the experience of drying her maimed and disfigured hands without rejecting her could be seen as 'handling'. In addition with Michael, when the researcher tucked in the T-shirt to protect his school clothes, this too may be seen to be an example of 'handling'. By contrast, when the baby feels that his bodily functions are not managed, or if he is left alone for longer than he can bear, he may feel that his 'true self' is "ethereal rather than corporeal" (Gomez, 1998, p90)

Object Presenting - This refers to the manner in which the mother is able to bring the external world to her infant. Winnicott (1971) often describes object presenting in terms of feeding e.g. the sensitive mother allows the baby to 'find the breast' or bottle, rather than thrusting the nipple into his mouth. With an older child, the sensitive mother allows the baby to reach for or find a toy. In the art therapy sessions, the children were encouraged to discover the art materials and utilise them in their own way without direction from the researcher. Periodically, after allowing the children to 'struggle' by themselves, the researcher attempted to help.

If parents are unable to respond to their child sufficiently this may result in the child feeling safer in relating to the world from a position of 'false self'. Failure in the area of object presenting may at its worst result in the individual experiencing a sense of distrust, loneliness and futility. As a consequence the person may be entirely self-sufficient.

Winnicott's theory of transitional phenomena (Winnicott, 1971) represents his most widely known idea. Transitional phenomena "belong to the border between the child's early fusion with mother and his dawning realisation of separateness, in the area of transition between absolute and relative independence" (Gomez, 1998, p93). The transitional object or phenomenon is the security that the child 'holds onto' while struggling to let his mother go, both physically as well as acknowledging that she is separate from him. It is through the transitional object that the child is able to create a resting-place between the comforting illusion of oneness and separateness. The importance of the transitional object is its duality in that it both stands for the mother and is not the mother. The transitional object highlights the beginning of symbol making, fantasy, play and thought. The biscuits and juice taken out of the art therapy room by the children and Abigail's need to take her image produced in session one out of the room may be seen to be examples of transitional objects. Gradually, Winnicott states that individuals progress beyond the single object to words, play, culture, religion and art.

Winnicott's discovery of the transitional space is one of the major developmental hallmarks in the child's life. The transitional space has as its essence the child beginning to play (Winnicott, 1971). During the course of therapy, Busi forced the researcher to think about the child who is separating from its mother and is moving towards being able to play within the transitional space, but needs to make sure that its mother is still available e.g. she would often look up at the researcher as though checking to see whether she was still 'there' and available.

If Winnicott's theory is extended to that of the therapeutic relationship developed within the art therapy sessions, the potential space or playground between mother and baby may be seen to be equivalent to the therapeutic area between the researcher and child. It is within this potential space that the child was able to play and hence create. Winnicott (1971) describes the potential space as an area in which inner reality and external life both contribute. If this theory is extended to that of the art therapy sessions, it is an area created between the researcher and child where fantasy and reality meet. It develops into an area of play and creativity in which the art therapy is ideally placed to cultivate. The researcher in this situation plays a role similar to that of the adult in the background whose accessibility is essential for the 'game' to occur, and to whom the child or adults turns to when the symbolic nature of the play breaks down and they are overwhelmed by their own feelings. The use of the researcher as a 'container' (Bion, 1962) for these feelings and painful states is the prerequisite for the ability of the self to establish this capacity.

It can be hypothesised that within the therapeutic setting, the researcher as 'good-enough' mother attempted to enable the children to begin to develop a personal self, through the process of art within the transitional space.

Winnicott stressed that it is only in playing that the adult or child is free to be creative. He stated that the therapeutic implication of playing is the search for the self. Winnicott stated that the true self emerges within a relationship and the roots of the self are discovered through creativity. This process was observed with Abigail. As the therapy progressed her images appeared to become more real, beginning with figures that had no bodies and finally emerging as whole people. It may be hypothesised that Abigail needed to be able to regress to a stage of absolute dependence, to an illusion of oneness with the researcher, to be noticed, thought about and remembered (Winnicott, 1971). Neo, through his 'tree images' appeared to be beginning a process of discovery of a personal self. Session six symbolised this through the image of a tree which for the first time no longer contained its roots suspended above the ground but rather firmly entrenched in the soil.

As stated previously, if the child's environment is nurturing his self will begin to thrive. Within the art therapy sessions, there was the provision of an environment in which the child could safely regress and re-experience early traumas experienced in his maturational development. This occurred in a controlled setting with an empathic, understanding and containing 'mother' (Winnicott, 1971). For many of the children this may have been the first opportunity to experience themselves in such an environment, where they are given the freedom to explore within a personal space that has structures and boundaries. This can thus be viewed as the recreation of the 'potential space' between mother and baby (Gomez, 1998). The child's ability to 'play' or 'create' within the potential space was poignantly symbolised in session five with Sipho. In this session, instead of producing a single image containing expressions of language and image, he spent the entire session 'paging' through various magazines. Perhaps this may be symbolic of a child being able to 'play in the presence of a loving mother' (Winnicott, 1971).

Although it was often frustrating not always being able to communicate in the children's home language, a number of factors became significant. These included much reliance on my counter-transference experience and the art being used as a means of non-verbal communication. The art activity provided a concrete rather than verbal medium through which the child could achieve both conscious and unconscious expression. "Picture making gives some people an alternative language to examine and re-order a confused view of the world. It can bring to awareness the significance of their present actions and feelings without the intrusive negotiation required in verbally mediated therapy" (Charlton, in Dalley, 1984, p186)

In addition to the manifest transference relationship that was expressed in feelings or actions directed towards the researcher, there also existed a 'hidden transference' (McMurray, M, 1998). In an unconscious attempt to recreate interactions identical to those the child experienced in its formative interactions, the patient imposes upon the therapist feelings and patterns of behaviour foreign to the therapist. Unconsciously, the patient takes on the role of replaying the early object relations and forces on the therapist a complementary role (McMurray, 1998). This foreign role, which was placed on the researcher, is identifiable through the counter-transference feelings. In this research, the counter-transference experience appeared to be vital especially when due to language difficulties no verbal communication could take place.

Originally, the psychoanalytic term 'counter-transference' applied only to unconscious, maladaptive responses, and was cause for vigilance and further work towards insight and self-knowledge by the therapist. Currently there has been a wider and more positive approach from analysts such as Racker

(1968) and Lambert (1981). They put forward ideas of therapeutic shifts or 'de-integration' (Fordham, 1974a). Wood (in Dalley, 1984, p71) states that it is as though "the therapist becomes a pliable vessel with a good-enough fit around most of the yet unknown contents put into it, until the time comes for recognition. But the vessel also has to tolerate unknown contents which distort it, and the therapist realises a burden of feelings and ideas, not personal belongings, and not necessarily evoked by the overt situation but existing concurrently with it". In her image, the child made her own 'vessel', but the researcher was still subject to the overspill of unconscious content, at unconscious levels of interaction.

For some of the children, there appeared to be more shifts than with others. 'Long term psychic change' is "based on, and is a continuation of the constant minute shifts and movements we see from moment to moment in the transference" (Joseph, 1989). She adds that in order to foster long term psychic change, the therapist must avoid making value judgements as to whether the changes in a session are positive or negative. Rather, the therapist needs to accept and recognise that any shifts or changes concern the particular patient's manner of dealing with his relationships or anxieties. Joseph relies on counter-transference to understand the transference experience of the patient.

Joseph (1989) states that psychic change can occur "if the analyst attends first and closely to the psychic reality of the interaction between patient and analyst, the patient may be able to make a shift, a small change of his defensive system, even though it may be followed by a return to the status quo" (Joseph, 1989 p4).

It is difficult to state whether the changes or shifts in the children observed by their teachers will continue or whether they may as Joseph states 'be followed by a return to the status quo'. This can only really be assessed by implementing some type of follow-up on the children at a later stage.

4.3. General Implications of Findings

This research highlights the benefits of short-term therapeutic work. Although the researcher was not able to speak a language understood by the children and vice versa, this did not seem to impede the therapy significantly. Rather, the researcher relied on countertransference as well as the images created by the children as forms of communication of internal states. Although at times the researcher wished to make an interpretation, this was often not possible due to language difficulties. Winnicott (1965) stated that interpretation easily becomes a form of robbery, so the therapist or in this case researcher needs to communicate with great care.

What seemed important was the ability to provide the children with a 'space' in which they were thought about, noticed and remembered from one session to the next. This seemed to be a new

experience for the children and one in which they were able to develop a therapeutic relationship. With the development of such a relationship, the children were able to explore their creativity.

Within the field of educational psychology the effects of such work can be far reaching. For example, when Abigail was selected for therapy, her mother began taking better care of her, and also began sending her with a lunch pack to school. It was as though someone had noticed her child and the effects of this for Abigail were significant. In addition it is important to note that the teachers at the school seemed to be perhaps more 'aware' of the children. Sipho's teacher commented significantly on his strengths in the classroom, which she had not spoken about previously.

Although as stated repeatedly, the issue of language posed many difficulties, this research highlights that short-term art therapy can be implemented within communities where the researcher and participants speak different languages.

4.4. Implications for Practice and Further Research

Working within the primary school in Soweto, there existed a number of teachers, who showed much enthusiasm about the art therapy sessions. Due to the scarcity of professionals in the community, it is worth considering utilising these teachers for such work so that schools may utilise resources from within. Workshops need to be organised to train these teachers. It is worthwhile to note here that the teacher whom the researcher worked with in Soweto has chosen to interview for the Foundation Course in art therapy, organised by the Art Therapy Centre in Johannesburg at the Witwatersrand Technicon.

4.5. Further Questions that Arise

A number of questions arise at this stage. Firstly, that of the small sample of children utilised in this study. As with any research, a small sample size makes predictions of generalisability difficult.

In addition, the research could be more effective by utilising group art therapy settings. In this manner, more children can be seen in therapy within the same amount of time.

4.6. Shortcomings of Study

A number of shortcomings existed in this study which will now be expanded upon. Firstly, in the beginning stages of the research, when the Clinical Interviews for Children were conducted, this is perhaps when the issue of language posed its biggest difficulties. It was frustrating for the researcher not understanding the language spoken by the children. In addition, the fact that the translator was also a teacher at the child's school may have been difficult for the child especially when questions of a personal nature were posed to the child as well as school related questions. It seemed that often the

children were understandably hesitant in answering such questions with a teacher. Perhaps in the future, it would be more effective to have a translator present who has no ties or links with the school.

Another shortcoming of the study was the short-term aspect of the research. For some of the children it seemed that they certainly would have benefited from a few more sessions.

Thirdly, much of the field of psychotherapy and mental health counselling has emerged from a Western European and Northern American world-view (Atkinson et al., 1993; McFadden, 1993). In addition, a disproportionate number of expressive arts therapists, are of a European ethnic origin (Lewis, 1997). This fact makes it doubly difficult for therapists to perceive the ethnocentric perspective of their psychological assumptions. Culture comprises, according to Sue and Sue (1990) as, "all those things that people have learned to do, believe, value and enjoy in their history. It is the totality of ideals, beliefs, skills, tools, customs and institutions into which each member of society is born" (p35). It is thus clear that not only is each individual a socio-cultural-political human being, but that the process of therapy is also a socio-cultural-political phenomenon.

Bradt (1997) in a paper entitled "Ethical issues in Multicultural Counselling" addresses the ethical concerns of each therapist when working with the culturally different client. He states that barriers to therapy need to be acknowledged, including the therapist's lack of awareness of the individual's world view and his experience of living in this culture.

It is thus important to note that when clients and therapists (as in the research conducted here) come from different cultural backgrounds with different beliefs and values, misunderstandings may arise.

Finally, another aspect which may be considered a shortcoming, is also one of the major criticisms which has been levelled at art therapy by those unconvinced of its effectiveness due to the lack of conclusive statistical evidence. Research conducted into art therapy in Britain has been rather sporadic and unsystematic. A greater percentage of work has been done in the USA, most notably in the areas of clinical effectiveness and diagnosis (Serban, 1972; Wadeson, 1971). Extensive psychological research into subjects related to art therapy, such as studies in the drawing of the human figure, have also contributed to the present body of knowledge (Machover, 1949; Swenson, 1968). However, it is difficult to obtain conclusive statistical results in art therapy research (Dalley, 1978).

4.7. Summary and Conclusions

“Drawing [pictures] is a child’s spontaneous means of expression....these drawings are not only a means of expression but facilitate the conscious resolution of conflicts. They allow one to penetrate deeply into the child’s unconscious; they encourage the abreaction of emotion and permit a surprising catharsis” (Rambert, 1964 p34).

The research conducted combined the use of a number of interests and disciplines namely art, therapy, a psychodynamic orientation and a limited number of sessions. Research of this nature has never been conducted in South Africa before and obviously the effects could not be anticipated in advance.

However, with this in mind it appears that the objective of assessing qualitatively whether this synergy of disciplines could result in change, has been achieved. This holds exciting prospects for future work in the communities of South Africa where the number of children requiring psychological services far outweigh the resources available.

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Appendix A:

The Clinical Interview for Children

CHILD'S NAME:

CLASS:

AGE:

DATE OF INTERVIEW:

1. Home-who lives in your house?
What work does dad/mom do?
Do you have your own bedroom?
2. We all fight with our brothers and sisters-do you have "real" fights or "friendly" fights?
3. What do you like doing at weekends?
4. School: how are you getting on?
Who helps with your homework?
What is your favourite subject?
What do you hate the most?
5. Most people worry about something. What kinds of things do you worry about?
6. Does thinking about nice or horrible things stop you from sleeping?
7. Do you ever get nasty thoughts that you can't get rid of?
8. Do you ever get fed up/cross?
What makes you cross/upset?
Do you ever cry and feel really unhappy?
9. Do you ever feel lonely?
10. Tell me about your friends: Do you have any at school
11. Do you get into fights at school?
12. Do you get teased or picked on?
13. Do you have a nickname?
14. Fears: Many children have things they are afraid of – like the dark or dogs?
Past
Now
15. Everyone has dreams, what do you dream about?
Bad dreams/nightmares
16. What makes you angry?
17. Identification. Who are you most like? Your mom, dad?
18. Sleep. Some kids do not like getting up in the morning, do you?
19. Do you struggle to go to sleep at night?
20. 3 wishes
21. Favourite journey- who would you want to take with you?

Appendix B:

Teacher Assessment Questionnaire

NAME OF PUPIL:

AGE OF PUPIL:

SCHOOL:

GRADE:

NAME OF TEACHER:

HOME LANGUAGE:

1. How long have you known the pupil?
1. Do the pupil's parents/guardians appear to be interested/concerned with his/her school progress?
2. Do there appear to be any family problems? If yes, what do you think these problems are?
3. Does the pupil appear to be cared for and healthy eg Are his/her clothes clean, do they appear to bath regularly...
4. Does the pupil appear to have any problems at school?
5. How would you describe this pupil's behaviour in the classroom and on the playground? (Please provide examples)
6. Does the pupil appear to enjoy school? (Please provide examples)
7. What type of attendance record does the pupil have? (is he/she absent a lot?)
8. How does the pupil relate to the other children in the class?
9. Does he/she get on better with girls or boys?
10. How does the pupil get on with his/her teachers?
11. Does the pupil need constant attention?
12. Does the pupil often appear to be sad?
13. Is he/she often angry?
14. Does he/she ever swear or kick things in the classroom?
15. Do other children make fun of the pupil?
16. Does he/she make fun of other children in the classroom?
17. Does the pupil have any nervous habits?
18. Please provide any additional information about this pupil.

Appendix C:

Parent Questionnaire

Dear Parent/Guardian

My name is Alana Brozin. I am an intern psychologist. I am looking for a small number of children to work with for research purposes using the medium of art. This would involve seeing a child for approximately 45 minutes per week at the Primary School, for six weeks. **The headmaster has granted permission.** Would you give your consent if your child were considered for the research? If you do consent please would you answer the following questions below.

1. Child's name

2. Parent/Guardian's name

3. Telephone Number

1. Age of child

2. Date of birth of child

3. Who does this child live with at home

4. Does your child have any hobbies or interests? If so please state what they are

5. What is your child's relationship like with his/her brothers or sisters

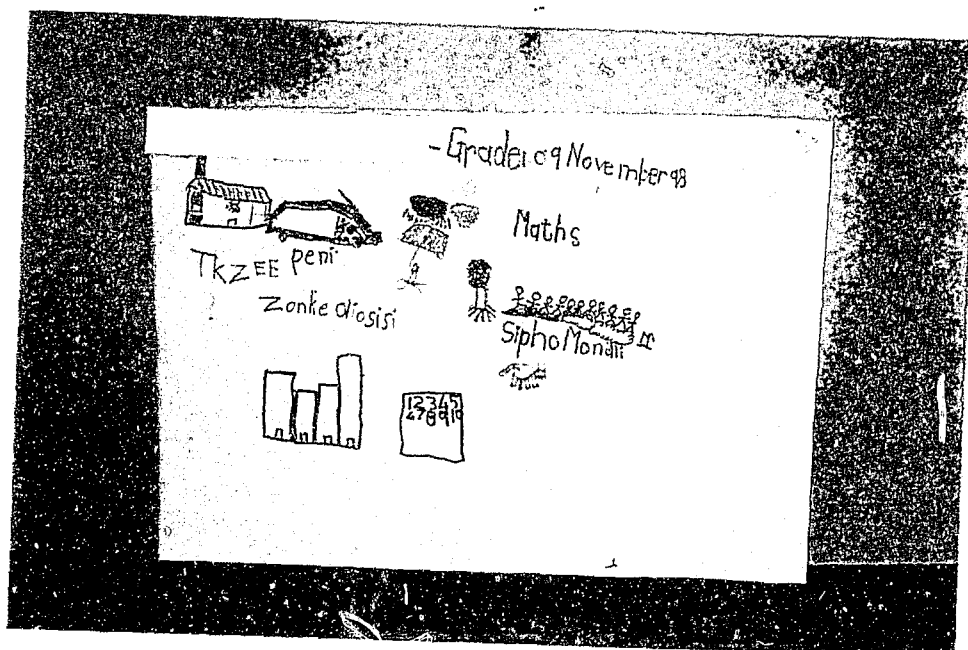
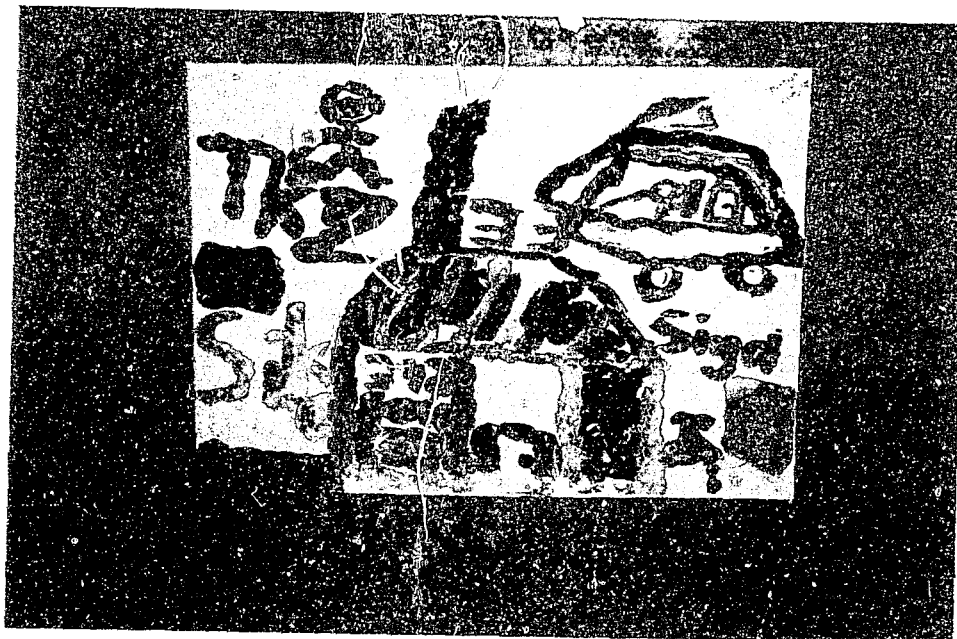
6. What is your child's relationship like with you?

7. Describe your child's relationships with his/her friends

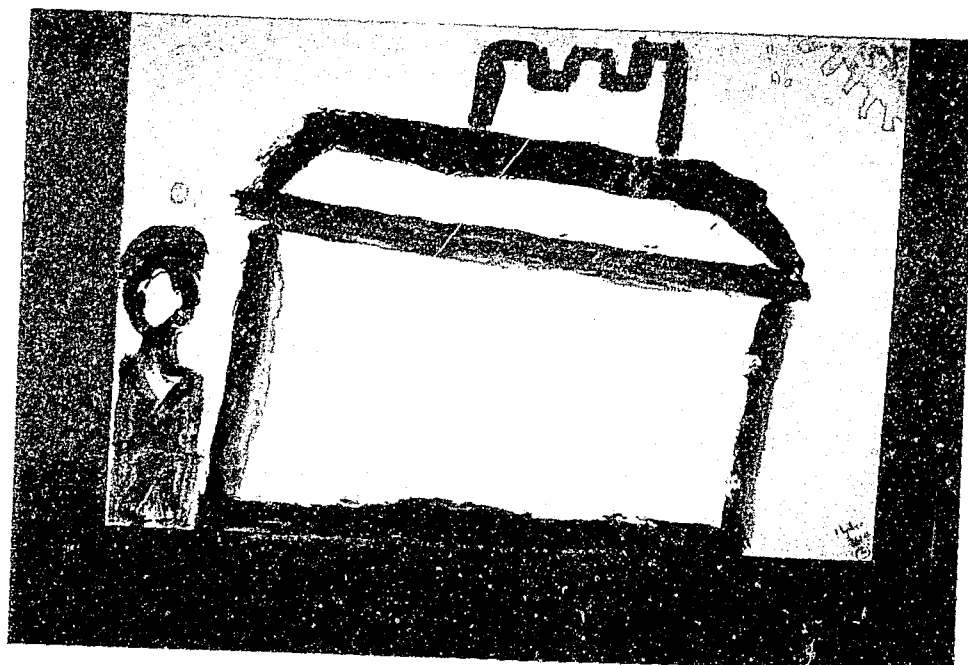
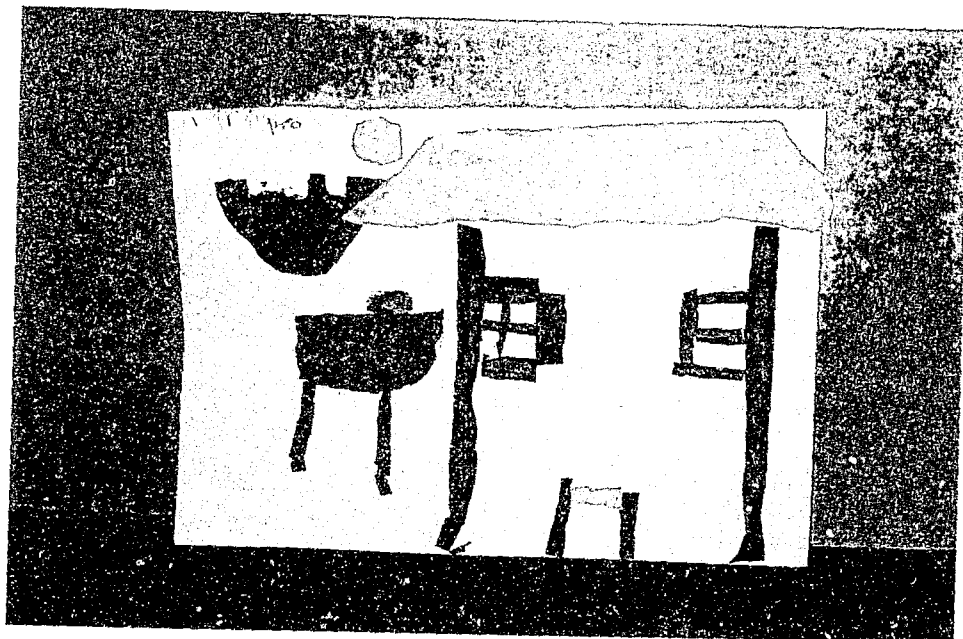
8. How is this child performing at school?

9. Signature of Parent/Guardian

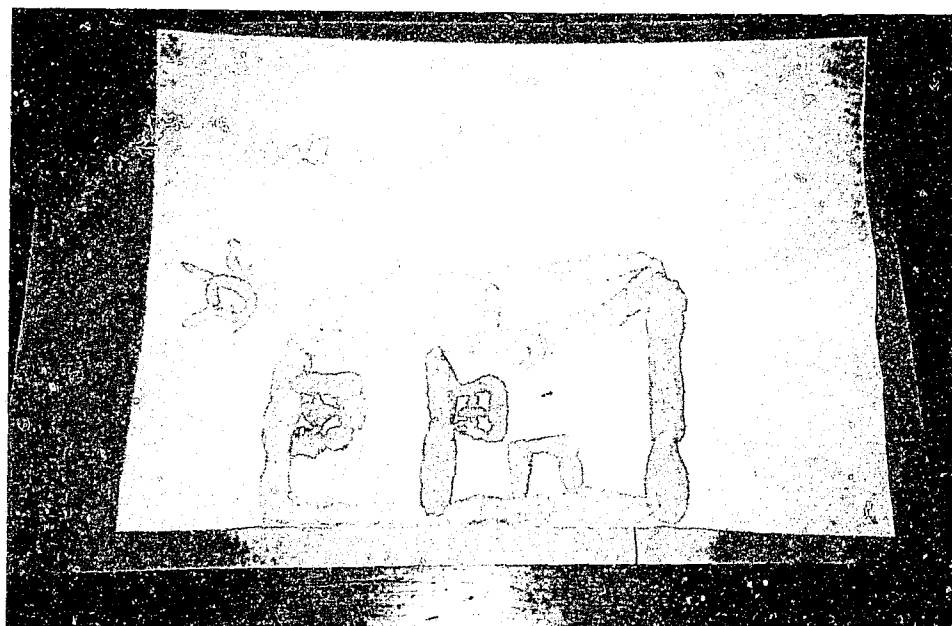
Appendix D:



Appendix E:



Appendix F:



Author Brozin A

Name of thesis The Effectiveness Of Short-Term Psychodynamically Oriented Art Therapy With South African Children
Brozin A 1998

PUBLISHER:

University of the Witwatersrand, Johannesburg

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