



The unique therapeutic effect of different art materials on psychological aspects of 7- to 9-year-old children



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ABSTRACT

This study focused on the important role art materials play in art therapy and examined whether different materials have different effects on participants (children aged 7–9). The materials investigated ranged from regressive to controlled – gouache paints, oil chalks, and pencils – and examined their effect on four psychological variables: aggression, self-esteem, anxiety, and self-control. In addition, the participants' evaluation of their experience throughout the experimental intervention was examined. The study included 41 children who were divided into three experimental groups according to the art material supplied. Each group underwent a similar experimental process that included 10 sessions with the material assigned to that group. The research findings revealed a significant difference in the level of aggression between pre- and post-intervention scores among all participants. There was also a significant difference in one aspect of the participants' evaluation of the session. Even though no other significant differences were found, the differences in levels of aggression and self-control were observed to be close to significant among the groups. This study partially validates the hypothesis that different materials have different effects in art therapy, thereby demonstrating the importance of the specific and educated choice of materials in the therapeutic framework.

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Introduction

Art therapy takes place in a space defined by three elements: the therapist, the patient, and the art materials (Gottlieb, 1999). It is a form of therapy that focuses on the use of art materials for self-expression (The British Association of Art Therapy, 2010), yet while the patient and therapist elements have received much attention in research (Beutler et al., 2004; Clarkin & Levy, 1994), the aspect of the creative art materials has been studied only very little. Knowledge about art materials is a basic requirement for art therapists: every material has its own 'personality', and therapists can use this to shape the intervention to the specific patient's needs (Malchiodi, 2007). The unmediated experience with materials arouses sensory feelings, emotions, and thoughts, which lead to discoveries and revelations about the patient (Betensky, 1995). In fact, the materials used in art therapy are 'the spoken language' in the therapy room. Dialog held in this language, through use of the materials,

enables between the patient and his inner world, the opportunity for growth, the ability to find solutions to dilemmas, the potential of increased awareness, and the discovery of internal experiences (Sotto, 2008).

Art materials are the art therapist's 'third hand'. Thanks to their individual qualities and characteristics, they contribute to the therapist's ability to guide a creative therapeutic process (Kramer, 1986). The art therapist (hereinafter, therapist) can select appropriate materials for each patient, and match the materials' qualities to the patient's needs (Charlton, 1984; Lydiatt, 1971; Wadeson, 1994). Alternatively, the therapist can let the patient choose what material to use. In such cases, the choice of material serves as an additional diagnostic-projection tool (Rubin, 1984). According to this approach, each of the materials bears symbolic significance, such as harmony, conflict, pleasure, stress, repulsion, or curiosity (Seiden, 2001). The therapist observes the patient's choice of material and interaction with it, and gains insights into the internal, unconscious workings of the patient. This requires an in-depth understanding of the art materials, which enables the therapist to evaluate the potential of each of the materials the patient is offered and to direct the patient in their use (Moon, 2010). Although it is customary to consider the therapist as primarily an artist (Rubin, 1984), this is not the

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only way to acquire such an understanding of the materials; it can also be achieved through personal experience, as well as by empirical research. The therapist-as-artist approach focuses on personal experience, which might be the source of [Orbach's \(2003\)](#) claim that only very limited research has been published on materials, which are seldom mentioned in their own right as possessing specific qualities, but rather in connection to descriptions of individual cases.

The characteristics of the materials dictate the level of control required to reach the desired result ([Gottlieb, 1999](#)), which underlies the distinction between materials that are considered 'regressive' and those considered 'controlled'. This distinction is based on the assumption that it is easier to control dry materials and that they, therefore, arouse less anxiety and aggression than wet, more difficult to control, materials ([Leiberman, 2004](#)). [Wadeson \(1994\)](#) claims that it is essential that the therapist be familiar with the qualities of regressive materials in order to match the material to the patient's needs. [Malchiodi \(2007\)](#) demonstrated this among hyperactive children, with whom fewer liquid materials were used and more materials that could be easily controlled, which provided, according to Malchiodi, a more structured experience that, therefore, produced less anxiety. [Wadeson \(1994\)](#), referring to structured activity in art therapy, states that the relevant question in this case is not what to use, but when to use it. She claims that matching the material to the patient is not only a question of the patient's needs, but also a function of time. According to Wadeson, there may be times when we wish to reinforce the patient's defenses and his choice, in which case we would use more rigid and structured materials, such as pencils and felt-tip pens. In other cases, we might aspire to encourage the patient to remove or break down his defenses and to become less controlled. In these instances we might use a material that is less controllable, such as gouache paints or water colors. Matching the materials to the patients' needs may advance the patients along the Expressive Therapies Continuum (ETC) as suggested by [Kagin and Lusebrink \(1978\)](#). According to the ETC, a material's qualities, when used by an individual, will evoke responses that can be kinaesthetic or sensory, perceptual or affective, cognitive or symbolic, or a combination of all of these levels ([Raffaelli, 2012](#)). The materials in each level are chosen according to the Media Dimension Variable (MDV), which is defined as the ability of the materials to be fluid or resistive, simple or complex, structured or unstructured, and mediated or non-mediated ([Burns, 2009](#)).

According to our understanding of the distinctions between regressive and controlled materials, we selected the materials to be tested in the current study: pencils (considered the most controlled), gouache (considered more regressive), and oil chalks (a midpoint option) ([Leiberman, 2004](#)).

Pencils

The creative process enables the integration of numerous aspects of the experience and an understanding of the emotions that arise from it ([Gladding, 1998](#); [Moon, 1998](#)). The use of pencils contributes to this interaction since they facilitate linear expression and symbolic representation ([Baab & Agam, 1995](#)), and thereby enable the artist to organize and transmit his internal visual reality onto paper ([Orbach & Gelkin, 1997](#)). The organization and interaction of the experience and emotions lead to an enhanced sense of control, which adds to the feeling created through the use of the dry, rigid and controlled material. The use of pencils relates to the skill and knowledge of sketching, and accordingly draws attention more to the thought of 'what is drawn' than to 'how it is drawn'. Since the creative process eliminates the emotional process in favor of content, pencils constitute a safe material, enabling creativity without emotional depth ([Orbach & Gelkin, 1997](#)). Similarly, [Wadeson](#)

(1994) declares that the use of pencils is customary when the therapist's aim is to preserve the patient's existing defenses rather than dismantle them. Consequently, the use of pencils does not usually lead to feelings such as anxiety and aggression, which may arise when other materials are used. Lines created by the artist in pencil vary in thickness and strength depending upon the intensity of pressure applied by the artist's pencil to the paper ([Mishory, 2000](#)). The value, strength, shade and sensitivity of the lines express the artist's creative personality and emotions ([Orbach & Gelkin, 1997](#)). Working with pencils results in rich spaces and textures and calls for patience and delayed satisfaction since the result is created slowly. The individual is required to devote time, effort and concentration, which make the work meditative and calming. Working with pencils is, therefore, perceived as an activity that increases restraint and calmness and reduces anxiety ([Orbach & Gelkin, 1997](#)). The resulting product may hearten the individual who has invested much time and effort creating a piece with pencils, thus establishing a connection between the use of pencils and an increase in self-esteem.

Oil chalks

Oil chalks, like pastel chalks, are made of colored powder but differ in the amount of added oil, which contributes to their softness and smearability. They offer the artist both depth of color (without the loss of viscosity that characterizes oil paints) as well as the delicate fineness that characterizes pastels ([Mishory, 2000](#)) and may be used for both linear contours and smears ([Baab & Agam, 1995](#)). Oil chalks invite much emotional involvement; they are suitable for energetic temperamental work and the expression of anger and strong emotions, and thus may arouse aggression. They are also reminiscent of childhood and allow the individual to behave like a child. They can be liberating or, in contrast, arouse anxiety and a sense of regression and among those who are repulsed by stains and dirt, the process can lead to agitation and guilt ([Orbach & Gelkin, 1997](#)). [Vaughn and Horner \(1997\)](#) found that oil chalks can bring out behavioral problems among special needs children, which attests to the connection between their use and a sense of loss of control. This all explains why the use of oil chalks may lead to a decline in an individual's self-esteem.

Gouache paints

Gouache is customarily referred to as a liquid and uncontrollable material ([Baab & Agam, 1995](#); [Hass, 1998](#); [Leiberman, 2004](#); [Wadeson, 1994](#)). These characteristics contribute to the opinion that gouache is a medium that facilitates the expression of emotion: as the color flows, so too can emotions ([Hass, 1998](#); [Oaklander, 1988](#)). Using gouache opens the door to a wide range of emotions, while enhancing the artist's internal world and eliciting dramatization and a powerful emotional experience. Among the dramatic feelings that can arise from its use are anger and aggression ([Orbach & Gelkin, 1997](#)). In therapy, the therapist seeks to help the patient find a way to express these dramatic emotions in a way that is socially acceptable; in other words, to use the defense mechanism of sublimation ([Smeijsters & Cleven, 2006](#)). Working with gouache, patients can learn to understand their strengths through the 'control' of large spaces and the use of broad brushes, which often create a sense of release ([Orbach & Gelkin, 1997](#)). One might assume that exposing artists to their own strengths will enhance their self-esteem, but since working with gouache can also lead to unplanned and uncontrolled situations, as a by-product of the wet and soft character of the material, other emotions may be aroused as well, such as anxiety, loss of control, fear, and discomfort ([Orbach & Gelkin, 1997](#)).

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