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A competency-based art therapy approach for improving the self-esteem of a pre-adolescent girl

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**A COMPETENCY-BASED ART THERAPY APPROACH
FOR IMPROVING THE SELF-ESTEEM
OF A PRE-ADOLESCENT GIRL**

BY

Maria T. Papaluca B. Ed.

A Thesis Submitted in Partial Fulfilment of the
Requirements for the Award of

Master of Arts (Art Therapy)

School of Visual Arts
Western Australian Academy of Performing Arts
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Abstract

The aim of the current study is to present multi-faceted instruments to measure the effectiveness of a competency-based approach to Art Therapy for improving the self-esteem of a pre-adolescent girl. The theoretical framework for this approach applies well established Art Therapy and Family Art Therapy theory and practice to contemporary clinical practices in individual Family Therapy.

The Self-Perception Profile for Children (SPPC) (Harter, 1985b), House-Tree-Person Drawing Test (H-T-P) (Buck, 1970), the subject's self-ratings, ratings of the subject's competence by her mother and her teacher, and ratings of the subject's artwork by objective judges are employed in a Pretest-Posttest research design strategy (Huck, Cormier & Bounds, 1974).

The findings of the current study present the competency-based Art Therapy approach as a useful form of assessment and therapeutic modality when working with pre-adolescents. Improvement in the subject's self-esteem is demonstrated in the findings with minor gains perceived by one of her caregivers.

Declaration

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any institution of higher education; and to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Date 16.10.96 .

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Introduction

Background

The significance of self-esteem and a competent view of self have implications for realistic and effective everyday functioning. One's view of self influences the recognition of inner resources to tolerate anxiety, the ability to give and receive love, motivation, social conformity and the ability to be creatively realistic in one's life (Rogers & Dymond; Fromm; Janis; cited in Coopersmith, 1981, p. 4). In the ongoing development of an individual, one's self-perception of personal competence is highlighted during pre-adolescence. Focussing on a pre-adolescent's self-esteem may have a positive effect on the young person's ability to cope with the additional stresses that mark the onset of puberty.

In the current study, the female pre-adolescent subject was identified by her classroom teacher and her mother as exhibiting low self-esteem. The additional factors of attention deficit disorder and the death of a parent were identified later, during the Pretest meetings.

Cathie Stivers, of the University of New Mexico, studied promoting self-esteem in the prevention of female adolescent suicide. Stivers cites evidence that relates self-esteem to academic success or failure, drug use, premarital intercourse, running away, adolescent deviant activity and adult psychopathology (Stivers, 1990, p. 305). The importance of promoting self-esteem in pre-adolescence as a measure to prevent possible problems in adolescence and adulthood notwithstanding, there is a lack of research literature outside of and within the Art Therapy field studying the perception of self-esteem in pre-adolescent girls.

Established Art Therapy and Family Art Therapy theory and practice provide many different approaches to effect positive changes in clients (Riley & Malchiodi, 1994; Rubin, 1987). However, the most recent developments in competency-based approaches to Family Therapy have yet to influence research in contemporary Art Therapy and Family Art Therapy. There is very little literature about using specific competency-based interventions in short-term, individual Art Therapy to improve the client's self-esteem.

The current study adopts a multi-disciplinary view for developing a competency-based approach in Art Therapy. The aim of this approach is to maximise opportunities for enhancing the client's self-esteem. Documentation and measurement of the outcomes of this approach provide a useful source of research literature.

The Significance of the Study

The significance of the current study is that it updates Family Art Therapy theory to explore the therapeutic value of incorporating the recently developed Family Therapy competency-based methods, and it proposes several multi-faceted measures to examine the effectiveness of this approach in improving the self-esteem of a pre-adolescent girl, thus adding to the sparse literature on this important topic.

Definition of Terms

The development of the self has interested psychologists throughout history. Perspectives relating to this topic have varied according to the prevailing thinking at the time. Psychologist Susan Harter, of the University of Denver, provides an account of the rise and fall in interest and importance given to the idea of self constructs over the past century (Harter, 1986). It is recognised that there are inconsistencies within the literature regarding the definition of terms concerning the development of the self (Schweitzer, Seth-Smith & Callan, 1992; Bogan, 1988; Wylie, 1979, 1974). These inconsistencies are possibly due to the changes in thought over time about human development and processes. The scope of work produced by Harter, provides consistent and thorough interpretations of contemporary thought on the concepts related to self-esteem, which have informed the conceptual framework of this study.

For the purpose of the current study, the self-concept is regarded as an important facet of personality, comprising of many components. One's self-concept includes the self-judgements about one's competencies and characteristics, the evaluation of the importance of these competencies and characteristics, and a general sense of one's self-worth or self-esteem (Eccles, Wigfield, Flanagan, Millar, Rueman & Yee, 1989). This definition is congruent with the work of Harter (1986).

Harter (1986, 1985b, 1982), provides explicit definitions and measurement instruments that operationalise formulations made by the historical scholars William James and Charles Horton Cooley concerning the component of self-worth. Harter's (1986), definition of self-worth and self-esteem is equivalent. James (cited in Harter, 1986, p. 153), perceived that adults have a global sense of self-worth or self-esteem, that is derived from self-judgements about "successes" in relation to "pretensions". In

more contemporary language, this can be expressed as the relationship of one's competencies to one's aspirations (Harter, 1985a).

Competence refers to one's self-evaluative judgement of successes in meeting demands and is one of the major components of self-esteem. Anthony & Cohler, editors of The Invulnerable Child (1987), emphasise that feelings of competence lead to a sense of mastery and positive self-esteem (Anthony & Cohler, 1987, p. 49).

Early studies in child psychology define a child's competence in reference to effective interaction with the environment (Amato, 1987). Later research includes in the concept of competence, a child's ability to effect change in their environment through actively controlling aspects of their daily life, problem solving and striving to attain goals. In this broader view of competence, the competent child is considered to be actively involved in the systems of their family, their classroom and the wider community, within a cultural context. Competent children have an effect within these systems and also interpret events to define views about situations, themselves and their families.

One's view of competence develops from interactions as a child with one's environment (White, cited in Amato, 1987, p. 10). If a child is successful in interactions with the environment, s/he experiences positive feelings of mastery and therefore self-competence is enhanced. When a child has not been able to effect her/his environment, feelings of helplessness and expectations of failure may occur when presented with new tasks.

Harter's (1986), conceptualisations are also derived from the work of the historical scholar Charles Horton Cooley (cited in Harter, 1986, p. 167), who was first to present the idea of self-worth or self-esteem as a social construct and referred to one's perceptions of what significant others think of us as the "looking glass self". Part of the process of developing a view of self as competent or incompetent may

also include "self-labelling", based on past experiences and perceptions of others' labelling. One's view of self as competent or incompetent will effect one's affect and future motivation (Harter, 1986).

It is important to consider the different forms of competence, for example in intellectual ability, behavioural/physical skills and self-control skills (Amato, 1987). A person may vary in their competence between these forms and in relation to others. However, one may also consider the idea of a core of attributes that form the "competent self" (Smith, cited in Amato, 1987, p. 9). This idea has relationship to self-concept and includes the feelings of self-respect and global self-worth. Features of the competent self include a belief in oneself and one's ability to effect the environment, and an attitude of optimism that remains relevant across very different situations and cultures. While the specific skills to achieve a goal may vary, the competent self and global self-worth may still emerge because it is not based on skills but rather upon qualities like tenacity, an expectation of success and the desire to learn. This definition incorporates a transcultural aspect. In summary, self-esteem can describe domain specific competencies but also encompasses a distinct global dimension that taps personal characteristics as well as competencies.

The relationship of self-esteem and competence to pre-adolescence is evident if we consider the components of development that occur during pre-adolescence. This period of an individual's growth process is defined as "latency" in psychoanalyst Sigmund Freud's conceptual framework of human development (cited in Sprinthall & Sprinthall, 1977, p. 184-189), where the individual experiences an integrative process of learning that has taken place during early childhood. Latency begins at the age of 4 or 5 years, after the Oedipal period, and ends at the beginning of puberty. During this time the sexual and aggressive tendencies are subdued and a concern for the environment emerges (Rubin & McNeil, 1985).

Personality growth theorist Erik Erikson (cited in Sprinthall & Sprinthall, 1977, p. 202-205), indicates that during this period of "mastery and inferiority" the attention of the individual turns outward to the social worlds of school, friends and activities. Most individuals are actively learning about their environment and developing a sense of mastery and competence. Educators have been well aware of this fact and encourage children to actively engage with their environment and to develop personal motivation.

During the pre-adolescent phase of life the individual gains a sense of personal mastery or alternatively through lack of encouragement, a sense of personal inferiority (Rogers, 1981). This self-perception may play an important part in how well the child manages the many challenges that arise with the onset of puberty.

Pre-adolescence, or pubescence, can be defined as approximately up to two years before the definitive physical and biological changes that mark the onset of puberty in human beings (Rogers, 1981). Chronologically, pre-adolescence may occur approximately between ten and thirteen years of age.

It is appropriate to adopt an eclectic approach when considering human development. As for any period of a human's continuing growth, there are developmental, physical, biological, emotional and psychological aspects to this process. However, it is no longer sufficient to define any part of this growth process discretely according to one aspect or to ignore the individual's sociocultural context.

Attention deficit disorder (ADD) has received much attention and is well documented (Erk, 1995; Evans, Pelham & Grudberg, 1994/5; van Engeland, 1993). Researchers from Deaconess Family Medicine in Missouri, Searight, Nahlik & Campbell (1995), describe the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (1994) categorisation of ADD to include impulsivity, inattentiveness and motor restlessness. However, these authors concede that there is some controversy

over the essential features of the disorder. The DSM-IV categorisation of ADD has been described as being based upon the prevalence or absence of hyperactivity (Erk, 1995; Maag & Reid, 1994). The three types of ADD categories identified are, predominantly Inattentive Type, predominantly Hyperactive-Impulsive Type (ADHD) and Combined Type. The relatedness of ADD to learning disabilities (LD) and minimal brain disjunction (MBD) is acknowledged (Maag & Reid, 1994).

According to Harter (Renick & Harter, cited in Harter, 1986, p. 147), learning disabled students are defined as those within the normal range of intelligence who have difficulties with information processing, reading and writing.

The preceding discussion has attempted to clarify the purpose of the current study and to define the terminology and issues relevant to the topic of enhancing the self-esteem of the identified pre-adolescent girl using a competency-based Art Therapy approach.

Hypotheses

It is hypothesised that the competency-based Art Therapy treatment intervention will have the following outcomes:

1. The subject's Posttest score on the Self Perception Profile for Children (SPPC) (Harter, 1985b), will be:
 - (a) higher than the subject's Pretest SPPC Global Self Worth Score.
 - (b) lower than the subject's Pretest SPPC Competency/Importance Discrepancy Score.

2. The subject's Posttest House-Tree-Person Drawing Test (H-T-P) (Buck, 1970), qualitative assessment results will reflect positive changes when compared to the subject's Pretest H-T-P on the points of details, proportion, perspective, time consumed, line quality, criticality, attitude, drive and colour, verbal comments to formal questioning and total conceptual content.
3. A greater proportion of objective judges will choose the subject's Posttest artwork of "How I Feel About Myself and My Life" as indicative of the subject perceiving herself as more competent in managing her life than those choosing the Pretest artwork.
4. The subject's Posttest self-rating on her Self-Description Scale will be higher than her Pretest self-rating.
5. Posttest ratings and comments about the subject's management of her problem/s will be more positive than Pretest ratings and comments made by:
 - (a) the subject's parent.
 - (b) the subject's teacher.

Review of the Literature

The general literature relevant to the topic of short-term, individual Art Therapy to recognise and enhance the self-esteem of a pre-adolescent girl encompasses six broad areas of theory and practice. These areas are: Family Therapy, Art Therapy and Family Art Therapy, Self-Esteem, Attention Deficit Disorder, Similar Studies to the Current Study and Literature on Methodology. The following review of literature identifies changes in contemporary psychotherapeutic thinking that has strongly influenced the course of developments in Family Therapy, particularly with reference to recognising and enhancing clients' competencies. Concepts in Family Therapy are elaborated upon by exploring them in relation to common aspects in Art Therapy theory and the development of Family Art Therapy practices. A summary of the literature is presented. Lastly, the relationship between competency-based Family Therapy and Family Art Therapy is explored, which comprises the content for the Theoretical Framework of this study.

Family Therapy

The development of clinical practices in Family Therapy has a broad base of supporting literature and research. It is beyond the scope of the current study to describe in detail the phases of this development and the possible differences in the therapeutic stance of the therapist. Terry Real, Master of Social Work at the Family Institute of Cambridge, provides a general overview of the changes in the therapeutic use of self in Family Therapy (Real, 1990).

Art therapists Riley & Malchiodi (1994), examine some approaches in Family Therapy theory. They include: structural (Minuchin, cited in Riley & Malchiodi, 1994, p. 7-15), systemic (Milan Group; Selvini-Palazzoli, Boscolo, Cecchin & Prazzani; Hoffman; Papp, cited in Riley & Malchiodi, 1994, p. 7-15), social constructivist (Watzlawick, cited in Riley & Malchiodi, 1994, p. 9) and strategic. The focus of the current study is on the latter category of strategic Family Therapy clinical practices. A brief review of the pertinent literature will inform the reader of the background to the theoretical framework of the current study.

An important influence on the development of strategic Family Therapy has been the writings of psychotherapist Jay Haley, on the work of the hypnotist Milton Erickson, particularly his description of Erickson's views on communicating in metaphor (cited in Mills & Crowley, 1988, p. 302). Riley (1994), summarises the premises of strategic Family Therapy as being based in systems theory, cybernetics, information theory and the notion that communication within families takes place on a surface level and as well as on a second level called "metacommunication" (Riley & Malchiodi, 1994, p. 11). Strategic directions and interventions suggested by the therapist are important in this approach to therapy.

Counsellors Woods & Martin (1994), review the work of psychotherapist, family therapist and educator Virginia Satir, who was another important influence on the development of strategic Family Therapy. In 1954, Satir co-founded the Mental Research Institute (MRI) and had close affiliation with others in the field, such as Jay Haley and writer on evolutionary processes Gregory Bateson. The MRI group is accredited with conceptually innovative approaches within the field of Family Therapy. However, the individuals within this group, like Satir, diverged and developed differences in their respective approaches to working with families (Woods & Martin, 1984).

As described by Woods & Martin (1984), Satir's work is based on assumptions that are relevant to the development of a competency-based therapeutic approach. These assumptions are founded on the premise that all individuals possess the resources they need to grow, and that the therapist need only to assist the client in reaching "little self-worths" along the way and to facilitate in accessing the client's potential. Self-esteem and effective communication have been important aspects of Satir's work because she believed that each affects the other and determines an individual's hopes, choices and responses throughout their lifetime. Another important facet of Satir's work was her acknowledgment of individual's preferred representational system, especially when under stress. Satir used nonverbal therapeutic techniques and suggested that the therapist's words were not necessarily the most effective means of communication (Woods & Martin, 1984). Satir's experientially based therapy and humanistically orientated techniques have contributed greatly to the development of competency enhancing therapeutic goals and techniques. These techniques include, talking about hopes for change, goal setting, clarifying meanings, eliciting and reinforcing positive emotions, reframing negative feelings into positive ones and using the body in family sculptures.

Affiliated to the later developments in strategic Family Therapy is "Brief Therapy" (Watzlawick, 1987; Weakland, Watzlawick, Fisch & Bodin, 1974). This approach reiterates the role of the therapist as able to implement deliberate interventions to effect problems and behaviours that are not dependent on the client developing insight into themselves or their problems. For this reason, the process of change is envisioned to take less time and is time-limited in comparison to traditional psychotherapeutic approaches. Also, the focus is on "where the client is at" and what the client would be doing if not for the problem as a basis for defining the problem, setting goals for treatment and selecting interventions.

Psychotherapists Joyce Mills and Richard Crowley (Zeig & Lankton, 1988, pp. 302-323), make an astute observation about the development of psychotherapeutic approaches over the past twenty years, to postulate that there has been a shift in emphasis from approaches based on promoting insight to those that introduce strategic interventions to effect behavioural changes. More specifically, Associate Professor of Psychiatry at the Los Angeles Family Institute, Lawrence Allman (1982), describes this shift as moving from focussing on the contents of mental life, as developed by the psychoanalyst Sigmund Freud and the analytical psychologist Carl Jung, to focussing on the contexts of systems and information processing within systems.

However, Allman (1982), strongly suggests that some of the recent developments in psychotherapeutic approaches have become overly pragmatic in their attention to "systems". Consequently, Allman (1982), maintains that some approaches to Family Therapy have overlooked an important point in the influential writings of Gregory Bateson (cited in Allman, 1982, p. 43), which emphasised a concern for the connection between aesthetics and consciousness. In describing Bateson's writing, Allman (1982), reiterates that communication, particularly in therapy, is an aesthetic process in which metaphors are a way of connecting patterns of life. Finding meaning through non-linear and metaphorical connections toward a consciousness based on the aesthetic principles of unity is a way of helping individuals and systems to maintain connectedness to nature and life-producing forces.

Allman (1982), views Family Therapy as an art form, the family therapist and clients as artists and the function of art to give us a more vivid image of reality. When therapy involves aesthetic solutions, there is an experience of bringing together subjective and objective worlds, a freedom to play creatively and to allow new

meanings to evolve. Clients are invited to experiment with flexibility in their social roles, to connect with the systems they are involved in and yet, to continually evolve as part of their natural life process. This view is applicable to the theoretical underpinning of the processes involved in Art Therapy and Family Art Therapy.

Art Therapy and Family Art Therapy

Art Therapy

The language and concepts pertinent to Family Therapy, as discussed above, have also been developed in Art Therapy. The literature on the development of Art Therapy includes broader conceptualisations regarding creativity and further explores metaphor.

Creativity can be viewed as a human drive or instinct (Freud, 1920; Jung, 1966) of which symbol formation and creating wholeness is an important goal (Deri, 1984). The process of symbol formation creates order and connectedness within the self and may also provide a bridge from one's inner experiences to the outer world. The symbol represents the individual's capacity to accept substitutes and to create or endow meaning to forms that allow connections to be made and unity to be experienced. Another term for symbol is metaphor (Henzell 1984), which is described as a powerful mode for creating new experiences that connect at a deep psychic level by being able to shift elements across time, space and logic, and being able to fuse them into new entities. Symbols and metaphors provide modes of integration. The power of creating new forms and perceptions may allow one to separate old ways of being and to explore alternative possibilities and potential.

Object Relations theorist, Donald Winnicott (1971), calls the place of "encounter" between internal and external reality the "potential space" or "transitional space". Within this space, one uses creativity in using symbols to represent internal experiences in relation to the external world. The most apparent example of the "transitional space", creativity and symbolisation is in the realm of children's' play. Children can be observed symbolically representing people, things ideas and feelings through their toys and actions in a space where the elements of time, space and logic can be shifted or fused to create a new realm of experience. Art making, like play, tolerates ambiguity, can symbolically act out the unspoken or the unspeakable and can transcend the distinction between inner and outer worlds.

Art Therapy allows for a broad range of externalising discourse which can be nonverbal and playful. This is a positive attribute especially when working with children because verbal modes of communication often alienate children's contributions in therapy situations. As the expressive arts accommodate clients' metaphorical communications, the client can be acknowledged through their own meanings and stories. This stance also implies that the therapist is not the expert and emphasises co-constructive participation in the therapeutic relationship where the therapist consensually validates the client's process and is able to enter the world of the client (White & Epston, 1990).

The establishment of Art Therapy as a therapeutic modality was a slow process deriving from the considerable sources of theory in Art, Art Education, Psychoanalysis, Analytic Psychology, Gestalt Psychotherapy and Psychiatry. Art therapist Judith A. Rubin in her book, Approaches to Art Therapy: Theory and Technique, provides a thorough account of the development and categorisation of approaches in Art Therapy based on the different theoretical frameworks they employ.

They range from psychodynamic approaches to behavioural, cognitive and developmental approaches to Art Therapy.

Psychologist Dr. Gerald Oster and art therapist Patricia Gould (1987), provide a historical background and illustrate the application of drawings in assessment and therapy. A projective drawing technique, the House-Tree-Person Drawing (H-T-P) (Buck, 1970), is implemented in the current study. Projective drawing techniques aim to explore aspects of the subject's personality by presenting them with stimuli that accommodate a multiplicity of responses. The lack of external structure and the freedom to manipulate the art materials enables the subject to reveal or project unconscious feelings in their artwork. The objects of the House, Tree and Person were chosen because of their familiarity and general acceptance to people, and because of the wealth of associations they generated. Oster & Gould (1987), describe the H-T-P as progressively more psychologically difficult, with the house arousing subject associations to home life and family, while the tree and person tap the subject's self-concept. The tree reflects unconscious feelings about oneself, whereas the person reflects emotions concerning interpersonal relationships and may represent an image of the ideal self (Oster & Gould, 1987).

The variety of approaches and applications of Art Therapy and supporting literature is extensive. Consequently, elaboration on all these approaches is well beyond the scope of this thesis. It is apparent that there is tremendous flexibility within Art Therapy to accommodate and enhance many approaches to therapy and the various client groups that they serve. What is unique to Art Therapy is the use of art as a therapeutic tool within these approaches.

Educator and art therapist Sandra Packard (1980), states that it is generally accepted that art is a means of cultural and personal expression almost as ancient as man. The personal fulfilment and cultural aspects intrinsic in the ancient human

activities of painting, sculpting, ritualistic body painting, mask making and tool making are recognised. The therapeutic effects of artistic activity predates the notion of "Art Therapy". Perhaps art is naturally related to the therapeutic process but the specific purpose and use of art in therapy is different to "Art" in the traditional sense.

Art in a therapeutic setting can be seen as a form of "symbolic speech" (Ulman, 1961, p.11), whereby a client can non-verbally re-experience and give expression to concerns that may have otherwise remained unspoken. Within the artwork, elements may be resolved or unresolved, chaotic or ambiguous. The client can destroy, repair, play, regress and create a whole body experience that is within their control in the context of their artwork. Art materials allow clients to work using their body and senses, and they are required to make choices. This process may encourage the client to acknowledge their creative abilities and to view themselves as more able to experiment with alternatives in their lives. Initially, creativity may only be regarded in the making of artworks but by this beginning an aim of Art Therapy is to foster and integrate a view of self that is creative and resourceful in thinking and living.

Rubin (1984), elaborates on the healing aspect of integrating different modes of thought in postulating that the value of using art in therapy is derived from the experience of integration of isolated aspects of the self in the creative act and also in the encounter with the art product as standing in reality. When art works are created in the art therapy situation, the whole process takes place in the presence of the art therapist, who provides a supportive environment that aims to facilitate the client's process of self-discovery and self-expression. The art therapist is also in the realm of reality where aspects of the internal and external experience become highlighted and perceptions may, or may not, be discussed. Revealing oneself in relation to others and the world, bestowing meaning to one's existence, and the realisation of one's

being in its creative and expressive potency are important aspects of this integrative experience. The "creative self" learns to tolerate ambiguity, conflict and the unknown in life but is also encouraged to take personal responsibility for one's life processes.

Art therapist Tessa Dalley states that "therapy involves the aim of desire to bring about change in human disorder" (Dalley, 1984, p. xii). It follows that in Art Therapy, art may also enable the therapeutic process by allowing the disorder to be communicated and contemplated. Once the artwork exists in outer reality, it can reflect back to client known and previously unknown aspects of the self. It offers an opportunity for acknowledgment, integration and change. The applicability of Art Therapy theory to principles in Family Therapy is evident and is discussed further in the following section.

Family Art Therapy

Family Art Therapy can be viewed to follow the phases in development of the larger field of Family Therapy, and initially through the pioneering work of art therapists Helen Landgarten (1978), and Hanna Kwiatkowska (1978, 1975, 1962), in institutions that were using innovative approaches in art-based family assessment. Landgarten (1991), draws attention to the fact that family art therapists engaged clients in processes using metaphor and creativity before the Family Therapy theories became popular. Nevertheless, the structural and strategic Family Therapy theories that focus on information, therapeutic process and integration have influenced the models of Family Art Therapy that have evolved over the last thirty years, (Riley & Malchiodi, 1994; Riley, 1993, 1990, 1985; Atwood, 1992; Lusebrink, 1992; Arrington, 1991; Landgarten, 1987, 1981; Nucho, 1987; Sobol, 1982; Wadeson, 1980; Rubin, 1978; Levick, 1973.).

Of particular importance to the application of Art Therapy in working with families in theoretically sound ways, is the work of Shirley Riley, Clinical Art Therapist and faculty member of the Loyola Marymount University Graduate Program of Marital and Family Therapy in Los Angeles. Riley (1990), describes how Art Therapy is essentially a strategic intervention that is applicable to working with families and individuals within a systemic framework. The art therapist is involved in giving directives, encourages experimentation with change and assists clients in finding new meanings in their artwork. In later writings, Riley's approach is social constructivist, focussing on the artwork as an illustration of the family's/individual's invented reality (Riley, 1993; Riley & Malchiodi, 1994). The creative process within this social constructionist view comes into play when clients are invited to illustrate their stories, to find new truths and imagine new endings. By using the family's/individual's preferred language, the focus of therapy remains strongly linked to the client's needs and goals while at the same time opening creative avenues in viewing situations differently that may encourage the process of change. Language is an important aspect of the social constructivist view and in Family Art Therapy, where the language is verbal and nonverbal, the therapeutic discourse is strengthened, has greater possibilities and can address the multilevel needs of the client and therapist (Riley & Malchiodi, 1994).

Pre-Adolescents, Artistic Development and Art Therapy

It is widely accepted that children's art develops through stages (Lowenfeld & Brittain, 1975; Gardner, 1973; Gaitskell & Hurwitz, 1970.). Although there are differences in the various developmental models developed, the overall configurations are similar. Art educators Lowenfeld & Brittain, maintain that children's artwork "reflects the feelings, the intellectual capacities, the physical development, the

perceptual awareness, the creative involvement, the aesthetic tastes and even the social development of the individual child" (Lowenfeld & Brittain, 1975, p.31).

Changes in the development of the child are evident in the child's artwork.

With reference to the particular period of human development previously described as latency, Lowenfeld & Brittain (1975), describe this stage as "dawning realism", where the child develops a defined concept of form, reflects the environment they reside in and will repeat successful drawing schemas. Art educators Gaitskell & Hurwitz (1970), describe this stage as the "pre-adolescent stage", where the child's drawings are smaller, more detailed, are no longer page-based and often reflect the importance of the child's relationship to her/his peers. Art educator Howard Gardner (1973), maintains that children of this stage are hesitant in sharing their artworks, are concerned with themselves in the context of wider society and need to develop self-confidence in their artistic abilities before the self-critical disposition of adolescence impedes their willingness to explore art.

According to psychologist Jean Piaget's stage theory (Sprinthall & Sprinthall, 1977, p. 117-147), the subject of the current study is nearing the end of the stage of Concrete Operations or Operational Thinking, which ranges from the ages of seven to eleven years. During this stage the child thinks literally, logically and functionally, and abandons the intuitive and magical thinking of the previous (Pre-operational) stage. This consideration has implications when using the verbal questioning techniques of competency-based Family Therapy with this client population. Incorporating art into this approach takes the emphasis off verbal communication and logical thinking processes. In this way, using art with competency-based techniques is a vital aspect of working with a pre-adolescent subject.

Riley (1994), outlines factors for consideration when applying Art Therapy with adolescents, which may also be pertinent to working with older pre-adolescents. As

the adolescent's, and older pre-adolescent's, task is to individuate, Art Therapy aids this process because it gives them control, the media stimulates creativity, there is a pleasure component and it may make use of personal/peer group metaphors and symbols. The art therapist's stance as interested and curious (Cecchin, cited in Riley, 1994, p. 83), and "not knowing" (Anderson & Goolishian, cited in Riley, 1994, p. 88), can build a relationship of trust and confidentiality with the usually suspicious adolescent. The therapist's stance reflects respect for the adolescent's worth and allows the client to form a world view of their own. The creativity required to find new solutions is not unlike the process of creating an artwork, which can also embody a multiplicity of meanings for the problem and the solution.

Grief, Loss and Art Therapy

Art therapist Caroline Case (1987), summarises three important considerations that are relevant to working with children who have experienced some form of loss in their lives. Firstly, the grief-stricken child may need reassurance that the psychological and physical manifestations of the grief process that they may be experiencing are normal to their situation (Lindemann, cited in Dalley et al., 1987, p. 40). Secondly, that grief not worked through in childhood may have repercussions for that individual in adulthood (Bowlby, cited in Dalley et al., 1987, p.40). Thirdly, that the mourning process after a major death may take eighteen months or longer and that this process follows specific stages (Schultz, cited in Dalley et al., 1987, p. 41). The importance of these considerations notwithstanding, little attention is given to help the grieving child.

Case (1987), notes that for children under the age of five years, death is usually seen as "sleep" or that the dead person is alive in another world, and sometimes death may be seen as reversible (Anthony, cited in Dalley et al., 1987,

p. 59). Psychoanalyst R. Furman (cited in Dalley et al., 1987, p. 59), states that there is little consensus about the ability of children to mourn but that because of their lack of intellectual understanding and immature ego, pathological mourning symptoms may be more likely to occur. Symptoms include reverting to old baby-like behaviours in order to escape difficulties. Unfortunately, this also may mean that the child foregoes the development of competencies and skills relevant to her/his age. It is suggested that the child should be helped not to deny the death or to retreat into fantasy, anger or depression. In order to share feelings about the changes that have occurred in the child's outer world and the corresponding changes in the inner world of the child, support through talking, art and play may be beneficial (Case, 1987).

Art Therapy, Left- and Right- Brain Hemisphericity

Art therapist Rawley Silver (1987, 1978), presents a cognitive approach to art therapy that parallels the mental processes involved in making art to those involved in verbal language, whereby cognitive skills can be developed through visual-spatial means. This approach is most appropriate for children and adults who have difficulty with communicating thoughts and feelings in words.

Silver (1987, 1978), notes that visual-spatial abilities can provide individuals with a means, through pictorial representations, by which information can be processed (Bruner, cited in Silver, 1987, p. 233). While verbal language has been focussed upon as important to cognition, it is suggested that logical thought exists and proceeds independently to and before language. Art symbols provide an effective way of representing and developing thought for those who have auditory or language difficulties.

Related to these ideas is the concept of left- and right- brain hemisphere thinking. Left-brain thinking is verbal, analytical and sequential while right-brain

thinking is more visual, spatial and processes information holistically. Although both hemispheres of the brain are important, Silver (1987, 1978), notes that studies have shown that preferences in modes of thought are established early in life (Witkin, cited in Silver, 1987, p. 235). Additionally, visual thinking has been related to the creative process (Lutz, cited in Silver, 1987, p. 236).

The most contemporary literature about human thought has been explored by Tony Buzan, leading author and President of the Brain Foundation, and brother Barry Buzan, Professor of International Studies at the University of Warwick, in their book The Mind Map Book. Buzan & Buzan (1995), advocate that the brain has limitless potential particularly when the radiant internal structure and processes of the brain are embraced. Buzan & Buzan (1995, p. 38), state "We have taken the word, the sentence, logic and number as the foundation stones of our civilisation, forcing our brains to use limiting modes of expression which we assume are the only correct ones". Buzan & Buzan (1995), endorse the use of visual rhythm, pattern, colour, image, visualisation, dimension, spatial relationship, gestalt, and association as essential elements in overall brain function so that the left and right brain hemispheres are interacting. Even though many people pay 'lip service' to the adage "a picture paints a thousand words", limiting beliefs about images being immature, irrelevant and only for talented artists often diminishes the integrity and use of visual communications. Current thought about mental literacy encourages holistic learning and creativity rather than number and letter literacy skills (Buzan & Buzan, 1995).

Language disorders are associated with damage to the left hemisphere of the brain while visuo-motor disorders are associated with the right hemisphere of the brain. It is not surprising that the findings of psychologists Laure & Persinger (1992), reflect that high school students identified as having enhanced right hemisphericity

may also display lower self-esteem in the school environment because these skills are viewed as less important than language and numeracy skills.

Self-Esteem

Harter (in Lapsley & Power, 1988; and in Suis & Greenwald, 1986), provides comprehensive reviews of the literature regarding self-concept and the role self-esteem plays within this system. It may be timely to remind the reader that in Harter's conceptual framework, as discussed in the Definition of Terms section of the current study, the terms self-esteem and self-worth are equivalent. Harter reviews the history, the models and measures, the assessment issues, considerations for special groups, definitions of global self-worth, the larger model of self-worth, the impact of educational transitions and the questions pertaining to the static or dynamic nature of self-esteem. Using this framework as a guide in presenting a review of the past research on self-esteem, a summary of Harter's findings follows.

History

The resurgence of interest in the self-concept in the 1980's followed its demise during 1960's and 1970's with the phases of affective education and then behaviourism. The self-concept's precarious position was confounded by the unconvincing and contradictory literature that aimed to clarify its' nature (Wylie, 1979, 1974).

Models and Measures

Harter (1988, 1986), describes that the models and measures generated over time have presented the self-concept in different ways. For example, self-concept has been presented as a unidimensional, single score construct (Coopersmith, cited in Harter, 1986, p. 139), as a combination of unidimensional and multidimensional aspects (Piers-Harris, cited in Harter, 1986, p. 139), as a hierarchical construct (L'Ecuyer; Shavelson, Hubner & Stanton; Epstien; cited in Harter, 1986, p. 140), with emphasis on global self-worth (Rosenberg, cited in Harter, 1986, p. 141) and as combinations of the afore mentioned aspects (Tesser & Campbell; Tesser; cited in Harter, 1986, p. 141) where domain specific judgements, global self-worth and importance scores are considered in the assessment of self-concept.

Assessment Issues

The assessment of a person's self-concept considers developmental issues influencing the underlying processes involved in making self-judgements. One would hope that a psychometric test would capture the nature of these processes rather than merely presenting self-concept as an object or product that is equivalent to a score.

In order to accommodate the developmental changes of human beings in the pursuit of creating measurement instruments of self-concept, Harter (1985b, 1982), presents several models and measurements. The item content is described in behavioural, trait-like and abstract modes for subjects at different levels. Items use different kinds of language (including pictorial), alter the number of relevant factors under investigation for specific age ranges, and only include the perspective of Global Self-Worth after the age of 8 years when one can form generalised concepts about the self (Suls & Sanders; Ruble & Rhodes; cited in Harter, 1986, p 148).

Australian educational psychologist Jeffrey Bogan (1988), cautions researchers about the inaccuracies inherent in self-esteem tests that do not incorporate descriptive and evaluative information in presenting profiles of self-esteem. Bogan (1988), recommends Harter's instruments (SPPC, 1985b, 1982), because they attempt to gain the duality of information necessary to make a valid assessment of a student's level of self-esteem. However, the criticisms of the instruments include insufficient items in the Competence and Importance scales, and question the validity of the Importance Scale. Bogan (1988), also questions the lack of descriptive information gained in the Importance Scale and suggests that simple ratings do not reflect the complexities involved in the different scenarios in which one may assess their self-esteem.

Learning Disabled Students

When assessing the self-esteem of learning disabled students, psychologists Renick & Harter (cited in Suls & Greenwald, 1986, p 147), have found that although a 4 factor solution still applies, the dimensions of Scholastic Competence and Global Self-Worth do not emerge as discrete factors, while the dimensions of Athletic Competence and Social Acceptance remain relatively intact. It appears that for the learning disabled student, self-concept is tied to scholastic competence.

Social Comparison

The Scholastic Competence of mainstreamed learning disabled subjects is lower than that of the mean of regular classroom pupils (Renick & Harter, cited in Harter, 1986, p 148). This suggests that the learning disabled student uses the regular pupils as a reference when making self-judgements. This point highlights the

influence of social comparison in making self-judgments during the primary school-aged years.

Another aspect of the learning disabled subject's complex processes in formulating their self-concept, is the strategy adopted by teachers and others in reinforcing that the difficulties in performing some skills does not imply that the learning disabled student is stupid. This strategy may also be adopted by the student and consequently, it is apparent that different processes may be operating in the development of self-concept in learning disabled students.

The Processes of Discounting and Beneffectance

The profiles for a subject with high self-worth and one with low self-worth take into account the process of "discounting" (Harter, 1986, p.156) and "beneffectance" (Greenwald, cited in Harter, 1986, p 162). Harter (1986), describes the subject with high self-worth as having relatively high competence across domains, and as being able to endorse the importance of competent areas and to discount the importance of their least competent areas. The subject with high self-worth tends to slightly inflate their sense of competence by taking more responsibility for their successes than for their failures. The subject with low self-worth has mid to low competencies across domains but is unable to discount the importance of the areas that they are not competent in, resulting in a discrepancy between their competence and the importance given to these areas. They view themselves as less competent than do their teachers, and they take equal responsibility for their successes and their failures. This suggests that the low self-esteem subject lacks the protective strategy for enhancing the self as portrayed by their regular classmates. The less competent child cannot discount the importance given to domains endorsed by peers, adults and society, and does not have the option to opt out of performing well in these areas.

Global Self-Worth

Harter (1986), recognises that in addition to self-esteem constructed through the competence in specific domains, adults also possess a separate sense of global self-worth. This construct is operationalised in the Importance Scale (Harter, 1985b). The most effective way of increasing one's self-esteem is to either lower one's importance ratings of domains least competent in and to enhance one's competencies, or to increase the responsibility for successes and to decrease one's responsibilities for failures. To effect self-esteem, these strategies are most effective when applied to domain specific areas.

The Larger Model

Harter (1986), includes the respective formulations of James and Cooley concerning self-esteem in her larger model of self-worth. The discrepancies of competencies in domains and the importance given to each, and the perceptions of significant others are both determinants of self-worth or self-esteem. In the larger model, self-worth impacts on affect/mood which in turn impacts on motivation.

Educational Transitions

There is interest in the question of whether self-worth changes. Harter (1986), examines this question with reference to transitions within the school environment. This includes developmental changes such as cognitive and pubertal advances, the shift in one's social status and increasing academic demands. The shift from elementary school to junior high school in the USA was investigated by Riddle (cited in Harter, 1986, p. 173), and the findings suggest that there are no consistent trends in changes in self-worth with this shift. Some students' self-worth increased, others' self-worth remained the same while others' self-worth decreased.

Harter (1986), maintains that the students whose self-worth increased were able to make their competencies and importance more congruent with the transition, while the opposite is true for those who experienced a decrease in self-worth. The findings of educational psychologists Proctor & Choi (1994), suggest that there is more continuity during this transition than previously thought (Erikson; Freud; Hall; cited in Proctor & Choi, 1994, p.319).

During the elementary school years, which are approximately the equivalent to Australian primary school years, the educational psychologists Wigfield & Eccles (1994), reflect that the literature suggests that there is little change in a child's self-esteem. Previous literature also suggests that children have more positive competency beliefs during this period of their schooling and that some decrease in competence beliefs would occur naturally over time. Gender differences according to stereotyped competence beliefs were likely to increase over time, with boys regarding themselves more competent in maths and sports, while girls would increase competence beliefs in reading and music.

Wigfield & Eccles (1994), suggest that organismic and contextual factors need to be taken into consideration when considering changes in self-esteem. These authors challenge the notion that younger children are more optimistic than older children about their performance. On an organismic level, early adolescents have an increasing desire for autonomy, they are orientated toward peers, social acceptance and gender relationships, they are resolving identity issues, they are self-conscious and self-focussed, and they are able to engage in more abstract cognitive processes (Steinberg; Brown; Katchadourian; Erikson; Simmons & Blyth; Keating; cited in Wigfield & Eccles, 1994, p. 131). Contextually, school environments emphasise competition and social comparison which decreases the students' choices at a time

when more autonomy is desired. Also, the larger and more impersonal class situations may mean that emerging problems may go unnoticed.

Related to the issue of emerging problems going unnoticed, Kathryn Kirshner, of the Brookline Mental Health Centre in Massachusetts, states that girls are not easily identified before the age of 15 years (Kirshner, 1994). Identification usually occurs when the problems associated with low self-esteem have become serious. Kirshner (1994), also raises the issue of gender differences in developing healthy self-esteem. Many individuation theories are male-biased (Blos, cited in Kirshner, 1994 , p. 28) in comparison to Self-In-Relation-Theory (Miller, cited in Kirshner, 1994 , p. 29), which emphasises the importance of relationship and attachment in female development. Developmental psychologists Blatt & Blass (cited in Kirshner, 1994 , p. 29), include both autonomy and intimacy in the process of identity development for both males and females.

Is Self-Esteem Static?

Harter (1986), maintains that self-concept and its' component parts, such as self-esteem, are not static or trait-like and are susceptible to change. This has implications for the process of integration of the parts that make up one's self-concept. While younger children are not concerned with discrepancies between the parts that make up their self-concept, with cognitive-developmental advances, older adolescents may experience intrapsychic conflict as a response to inconsistencies in their self-theory (Harter, 1986).

Attention Deficit Disorder

Searight, Nahlik & Campbell (1995), suggest that one out of seven children diagnosed with ADD have predominantly the Inattentive Type and these children are more likely to be girls with a learning disability. Twenty percent of children with ADD have learning difficulties in reading, spelling and mathematics, and speech/language disorders are common. These learning difficulties become more problematic for adolescents.

Searight, Nahlik & Campbell (1995), maintain that while the symptoms of ADD may become more subtle as the child grows, it is no longer considered that the disorder goes into remission, as formerly believed. Adolescents continue to show signs of impaired concentration and attention, which usually manifests as poor self-organisation, difficulties in structuring time and activities, and weak academic performance. Adolescents with ADD are more likely to be suspended or expelled from school and to be involved in substance abuse behaviours. As adults, the symptomatology includes poor concentration, cognitive confusion, dysphoric mood and an inability to maintain close relationships. Searight, Nahlik & Campbell (1995), suggest that effective interventions target selected behaviours, use a consistent system of rewards rather than punishment and that household routines require structuring. The role of education about the disorder is considered important.

Maag & Reid (1994), draw attention to the fact that ADD is conceptualised by the medical perspective, excluding physical and psychological factors in its diagnosis. The medical orientation is limiting and ineffective within the educational sphere where additional interventions, other than medication, can be introduced. It is suggested that there is no "typical" ADD child. Consequently, a functional approach is required for the assessment and introduction of appropriate interventions.

Maag & Reid (1994), present a model for designing interventions that accommodates individual specific factors. Consideration of behavioural, cognitive, problem solving and self-control deficits, and ecological variables such as others' demands, expectations and responses are included in the model.

A multimodal approach is supported by child and adolescent psychiatrist Herman van Engeland (1993), who maintains that no one approach works for all ADD clients and reiterates that the use of drugs has no follow-through effects. A combination of drugs and behaviour modification therapy is recommended.

Psychologists Kendall & Panichelli-Mindel (1995), present cognitive-behavioural treatments that are performance-based. The aim of the intervention is to change the thinking, feeling and behaviour of the ADD child to produce more functional behaviours.

Evans, Pelham & Grudberg (1994/5), of the University of Pittsburg Medical Centre, support the idea of educational interventions as well as pharmacological and behavioural techniques to improve the ADD child's school performance. A notetaking strategy is described that outlines to the ADD child how to be engaged, attentive and organised with the results of improved comprehension, better organisation, completion of assignments and more on-task behaviour.

In relation to the differences in symptomatology of male and female ADHD children, Dr. Michael Breen, of the Gmeiner Clinic for Communication Disorders and Learning Disabilities (1989), reviews previous literature which presented boys as being more aggressive and impulsive than girls and girls as having more speech/learning problems, enuresis, family psychopathology and lower verbal intelligence. Both ADHD boys and girls were regarded to have more peer and attitudinal problems than 'normal' children of the same age. It was suggested that

there were limited gender differences between ADHD boys and girls but greater deviant behaviour when compared to other 'normal' children (Breen, 1989).

Breen (1989), found that ADHD boys and girls performed the same on most tests. ADHD boys were found to be more deviant than 'normal' girls but the behaviour of ADHD girls was similar to that of 'normal' girls. ADHD boys displayed greater disruptive behaviour than 'normal' girls but not ADHD girls. ADHD boys and girls were similar in off-task behaviour/playing with objects, and performed poorly on hand movement and vigilant correct tasks, and were similarly inattentive, overactive and aggressive when compared to 'normal' girls. The data suggests that there are limited gender differences in ADHD boys and girls and that the notion of ADHD girls being more emotional, hysterical, extreme in behaviour, more cognitively deficient, less aggressive and had fewer conduct disorders than ADHD boys was not supported.

Neuropsychologists Branch, Cohen & Hynd (1995), studied the academic achievement of ADHD children with left (LHD) or right (RHD) hemisphere dysfunction. The findings suggest that the RHD group exhibited more impulsive behaviours, made more errors of omission but did not show greater arithmetic deficits than the LHD group. The LHD group consistently demonstrated lower achievement scores particularly in reading and arithmetic, than the RHD group. Limited support was found for the theory that RHD is directly associated with ADHD.

Specific Studies Similar to the Present Study

The current study of short-term Art Therapy is aimed at effecting positive changes in the self-esteem of pre-adolescent girls, particularly when working with individuals. The following literature on previous findings focuses upon the pertinent aspect of short-term Art Therapy.

Research on short-term Art Therapy has been documented by case study (Williams, 1976). An argument is made to illustrate that Art Therapy may be the therapeutic intervention of choice for crisis work and psychiatric work because the non-verbal nature of expression is generally more successful than words and can encourage later verbalisation. With the trend in short-term psychiatric hospitalisation and treatment, Art Therapy under these circumstances needs to be further evaluated (Williams, 1976). Alternative research strategies and measurements, like those presented in the current study, may be more specific in providing a basis for examining the effectiveness of short-term, individual Art Therapy.

Short-term Art Therapy may also be particularly suited to school settings, where it may be undesirable or not possible for children and adolescents to undergo long-term psychotherapy. Clinical child psychologist, Dr. Terry Tibbetts and art therapist, Beth Stone (1990), provide an example of such a scenario with a group of emotionally disturbed adolescents. Pretest-Posttest measurements were taken on the Burks Behaviour Rating Scale and Roberts Apperception Test for Children, and art interventions were provided for the experimental group. The findings indicate that short-term Art Therapy had positive and significant impact on the subjects' emotional growth and development, effecting an increase of awareness and more realistic views of themselves and their environment. The results also show that short-term Art

Therapy is an effective method of intervention with those presenting with depression, anxiety and feelings of rejection, with significant reductions in negative behaviours.

School psychologists Kinnard White and Richard Allen (1971), conducted short-term art counselling with pre-adolescent boys, using the Tennessee Self-Concept Scale to measure changes in self-concept. The results indicate that the art aspect of the intervention was more effective in bringing about positive changes in self concept in the experimental group, in comparison to the control group where no art was included in the counselling.

The two previously cited studies (Tibbets & Stone, 1990; White & Allen, 1971), provide initial findings regarding short-term Art Therapy in group settings focussing on self-esteem. However, the first targets emotionally disturbed adolescents and the second uses a population of pre-adolescent boys. This illustrates the general sparsity of literature relating Art Therapy and self-esteem and particularly omits the population of pre-adolescent girls.

The research of expressive therapist Charlotte Bowen and art therapist Dr. Marcia Rosal (1989), measures the effectiveness of Art Therapy as an agent in fostering behavioural changes in a mentally retarded adult. An A-B design was used (Hersen & Barlow, 1976), with three instruments used pretreatment and posttreatment to evaluate change. A behaviour observation scale, work production averages and House-Tree-Person Drawing Test (H-T-P) (Buck 1970), established a baseline of behaviours before the treatment phase was implemented, which could then be used to gauge any changes during the treatment period.

The significance of the study is that Art Therapy was specifically chosen as the preferred mode of therapeutic intervention because it was seen to be a means of returning control to the individual while providing opportunities to address the underlying causes of negative behaviour. Art was considered a success-orientated

intervention with great possibilities for effecting an increase in the individual's self awareness. Additionally, the study utilises a sound research methodology and incorporates several measurements to evaluate change in the client.

Psychologists Dr. Patricia Stanley and Michelle Mijler (1993), conducted research using short-term Art Therapy with an adolescent male. Pre- and post-administration of the Coopersmith Self-Esteem Inventory (CSEI) (Coopersmith, 1984), was used as an indicator of change in self-esteem. Some attention was given to the description of art interventions but with neither researcher being trained in Art Therapy, the consideration and discussion of the art interventions lack depth in interpretation. The results indicate more positive views of the client toward himself and his family, and more appropriate behaviours at home and school.

Literature on Methodology

Current literature in the field makes very few suggestions about the applicability of methodologies for measuring the effectiveness of Art Therapy. The multi-faceted measurements used in the current study to validate the effectiveness of the competency-based Art Therapy, provide a comprehensive approach in answering the research questions.

In order to compare and contrast data collected before and after the treatment phase, a Pretest-Posttest Design (Huck, Cormier & Bounds, 1974), is the methodology utilised in the current study. This design provides a sound framework for evaluating the changes in the subject that have occurred after the Art Therapy intervention.

The research of Bowen & Rosal (1989), has influenced this study by inspiring the researcher to use the H-T-P instrument and Pretest-Posttest measures in an attempt to add to the sparse research literature in the Art Therapy field. The research of Stanley & Millar (1993), has been influential in incorporating Pretest-Posttest interviews with others in close contact with the subject.

In the current study, the subject serves as its own control, where “within subject” or “intra subject” comparisons are able to be observed (Huck, Cormier & Bounds, 1974). The investigation of an individual client and the evaluation of treatment is of clinical importance to psychologists (Matheson, Bruce & Beauchamp, 1939). The process orientation of the Art Therapy treatment sessions makes it possible to monitor the influence of extraneous variables and to note their influence. Additionally, this design provides a valuable alternative to a case study.

The validity and reliability of the SPPC and H-T-P instruments used in this study are well documented, respectively, in Bogan (1988) and in Oster & Gould (1987). The current study also develops, implements and evaluates new measures, like the subject’s “How I Feel About Myself and My Life” Drawings, the subject’s Ten-Point Self-Description Scale ratings, and the Caregivers’ Ratings.

Summary

In summary, this literature review has explored six relevant topic areas. They are, Family Therapy, Art Therapy and Family Art Therapy, Self-Esteem, Attention Deficit Disorder, Literature on Specific Studies Similar to the Current Study and Literature on Methodology. Firstly, there was discussion of the shift in psychotherapeutic approaches from practices that focus on the contents of mental life

to those that focus on the contexts in which individuals develop understandings of themselves and their environments. This evolution of ideas has developed most significantly in the field of Family Therapy, where the importance of an individual's context and their involvement in systems are primary considerations. Additionally, there has been parallel development between some Family Therapy practices and Art Therapy, particularly in reference to therapy including interventions for promoting change based on the client's language and preferred forms of communication. The more recent literature on Family Art Therapy provides illustrations of the theoretical and practical integration of these components. The relevant literature regarding the additional factors of ADD and grief for this particular subject are reviewed. The small number of relevant preceding studies by psychologists, family therapists and art therapists are acknowledged. Even though the importance of self-esteem is evident, the lack in amount and scope of studies clearly illustrates a need for further research within the field examining the effectiveness of competency-based Art Therapy approaches particularly with pre-adolescent female populations. Furthermore, studies and literature on appropriate methodologies are scarce. Whilst previous findings indicate positive results of short-term Art Therapy with individuals and groups across client population, age and gender variables, the development of multi-faceted measures to examine effectiveness of this treatment modality is needed.

Theoretical Framework

Creative art therapist D.R. Johnson (cited in Riley & Malchiodi, 1994, p. 13), notes that even though Art Therapy theory and practice has demonstrated that this therapeutic modality incorporates the desirable elements of play, intimacy, freedom and spontaneity, it has not had a significant impact on Family Therapy. Conversely, the most contemporary developments in Family Therapy have yet to influence Art Therapy theory and practice. There is very little literature on Art Therapy using the following descriptions of contemporary thought and clinical practices. The most recent work of art therapist Shirley Riley, as previously discussed, makes a notable contribution to the field of Family Art Therapy.

Riley (1993), reiterates that art therapists have long been engaged in using strategic interventions with the purpose of enabling more creative and non-linear visualisations for clients contemplating change. There is strong evidence supporting the applicability of Art Therapy to Family Therapy practices and vice versa. In the current study, Art Therapy is used as an assessment tool to evaluate change and as a treatment intervention technique designed to effect positive change in the client's self-esteem by implementing competency-based strategies.

Family therapists Michael Durrant and Kate Kowalski, have provided a therapeutic approach that maintains assumptions about competency and reflects the later trends in Family Therapy. Although these family therapists are not keen to label their work, if pushed to do so, they describe it as "competency-based" (Durrant & Kowalski, 1993, p. 107). The underlying assumption of their work is condensed in the following quote, "Our aim is that clients will build a new view of self, one based on ideas of competence rather than failure and grounded in a successful future rather than a failed past.", (Durrant & Kowalski, 1993, p. 112). Durrant and Kowalski also

believe that, "Most people have the ability to deal with most things most of the time.", (Durrant & Kowalski, 1993, p. 108).

Influences upon this framework are noted by Durrant & Kowalski (1993), as reflecting four main sources. They are: the work of hypnotist Milton Erickson, Solution Focussed Brief Therapy as developed by psychotherapists and family therapists Steve de Shazer and his colleagues and by psychotherapists and family therapists William H. O'Hanlon and Michele Weiner-Davis, the work of psychotherapist and family therapist Michael White, and Brief Problem Focussed Therapy as developed at the Mental Research Institute (MRI) of Palo Alto, California.

These approaches to Family Therapy have been strongly influenced by post-modernist thinking. Family therapist Lynn Hoffman (1990), describes the therapist's role differently to what has been prevalent in past psychotherapeutic approaches, as being "co-constructive" and collaborative. In this role, the therapist does not have pre-existing ideas or agendas in defining pathology, discerning dysfunctional structures or assessing what should change. The co-constructive role of the therapist is an element shared by Solution Focussed, Brief, Narrative and competency-based approaches to Family Therapy.

Narrative Therapy as developed by family therapists Michael White and David Epston, includes the process of providing a new description of the problem by pointing out positive aspects and empowering the client through highlighting unique possibilities and responses. David Epston is quoted as coining the phrase "transparency" (Friedman, 1993, p. 195), to describe the practice of the therapist allowing a mutual reflection to occur between the therapist and client about the choices and dilemmas in the therapeutic process.

Narrative therapists Victoria Dickerson and Jeffrey Zimmerman (1993), note that an important difference between Solution Focussed/Brief Therapies and Narrative

Therapy is that Narrative Therapy includes attention to exploring the problem.

Narrative and expressive arts therapists Jennifer Freeman and Dean Lobovits (1993), emphasise the view that one's sense of self is constructed through social, political, cultural and economical influences through which a dominant story is developed that may be problem-saturated, as one tends to filter-out problem-free experiences from memory. Freeman & Lobovits (1993), suggest that a goal of therapy is to allow the client to separate their identity from the problem and to re-author the problem-saturated story about themselves through focussing on unique outcomes (White, cited in Freeman & Lobovits, 1993, p. 189), and finding alternative meanings to create a preferred story (Goffman, cited in Freeman & Lobovits, 1993, p. 194). Engaging in an externalising conversation creates a space between the person and the problem, and stimulates creativity (White, cited in Freeman & Lobovits, 1993, p. 189). This notion of space enabling creativity is supported by Winnicott's (1971), "transitional space" or "potential space", which is also the arena where play and the creation of artworks takes place.

The competency-based therapeutic interventions relevant to this study are: identifying exceptions, reframing, externalising, introducing doubt into the life of the problem, using metaphors, future-focused techniques, scaling question techniques, demystifying the therapeutic process, talking about the problem in a different way, taking small steps and self-description questions. A description of these techniques follows and is summarised from Durrant & Kowalski (1993).

Durrant & Kowalski use de Shazer's approach of identifying exceptions to the problem (cited in Durrant & Kowalski, 1993, p. 108). The client usually has demonstrated competence and has already existing solutions with regard to the problem not occurring all the time. These exceptions to the problem happening may be able to be enhanced through process of therapy. It is important to note the stance

of the therapist at this point, regarding the client as potentially competent rather than viewing clients in terms of “pathology”. Durrant & Kowalski (1990), regard the client as the expert in their treatment, believing that the person is capable of change and being, behaving, thinking and feeling differently about themselves. This assumption is reinforced at every stage of the therapeutic process in an effort to enable the client to experience themselves as having greater personal agency.

Durrant & Kowalski (1993), use the techniques of finding “exceptions”, “reframing” and “externalising” (de Shazer; MRI approach; White; cited in Durrant & Kowalski, 1993, p. 111), when talking about the problem in order to “introduce doubt” and separate the problem from the client’s way of seeing themselves so that the problem may be viewed in a solution-focussed way. These approaches aim to effect a client’s view of self as competent and capable of change, and recognises that problems can have an effect on the way clients view themselves. When in a problem-state, clients may be unable to see their strengths. By the therapist highlighting and engaging the client in an exploration of their competence and capability for change, a view of self is encouraged that challenges old, problem-saturated behaviours, feelings and thoughts.

The competency-based Art Therapy approach uses art as an intervention and in setting the agenda for the therapy, depending on the client’s description of what they would like to talk about. If the client uses language that is descriptive of a metaphor, they may be invited to describe it using the art materials. For example, a client may describe their problem/bad habit as a monster or their anger as a volcano. The therapist may ask, “Would it be possible for you to show me using the art materials what that is like?”. This provides a basis for developing a common language that allows the therapist to enter into the world of the client and eventually for the client to create their own ways of intervening in the life of the problem. For example,

the client may be encouraged to explore ways of managing the problem using metaphors relevant to their visual depiction of the problem. The therapist can encourage the client to identify ways that they have been able to manage the problem in the past and then to build on these already existing solutions.

When working with children and adolescents it is likely that their artworks will innately contain symbolic content that need not be verbally analysed or intellectually understood. The symbols and metaphors can be used as a common language, developed into stories and extended to include traditional children's stories or videos.

The "miracle question" (de Shazer, cited in Durrant & Kowalski, 1993, p. 109), is a future-focussed technique that presupposes that the client can explore a picture of the future without the problem and to define their own solutions. In combining this technique with Art Therapy, the client may be invited to fully explore and visually create a "memory of the future" using the art materials in an attempt to build a picture of the future that is as real as possible. The concrete art product reinforces the idea of this possibility in reality.

The scaling question technique (Kowalski & Kral, 1989), used by Durrant & Kowalski (1993), builds on the client's expertise by inviting them to define and rate their success in identifying small changes toward the desired solution. In the current study, the subject is invited to graphically depict the scale and to fully describe behaviours, feelings and ways of thinking for the 10-point measures that they may rate themselves against and that can be used during the course of treatment to identify small steps of progress that have been achieved.

Clients are also consulted on what might be helpful for them with regard to the timing and scheduling of sessions, and to comment on any suggestions made by the therapist. This implies Epston's notion of "transparency" (cited in Friedman, 1993,

p. 195), in the therapeutic process and fosters a climate of co-operation between the client and therapist, with the therapeutic process being de-mystified.

The constructivist assumption about experience and reality, in that people create their reality, is evident in this approach and enables the therapist to focus upon the uniqueness of the client. It is assumed that what the therapist deals with in therapy is not necessarily “the truth” about situations, feelings and behaviours but rather the experience of these facets of life through the client’s perceptions. Most importantly, the implication for therapists in this assumption is that the therapeutic intervention needs to be uniquely applicable to the individual client’s experiences and perceptions. Accordingly, art interventions are designed and used during the treatment phase of the current study to meet the needs of the subject.

Even though this approach focuses on solutions, the problem or traumatic experiences may be talked about. At an appropriate time initiated by the client, talking about the problem is done in such a way as to allow the client to see things, the situation and themselves differently.

Introducing doubt, taking small steps and imagining the future without the problem encourages the possibility of a new view of self as competent. An aspect of making meaning of the new behaviours involves a process of integration that can be enhanced by self-description questions (White, 1988). These types of questions involve clients in talking about their experiences of doing things differently or being different and elicit responses that encourage clients to express what they think or appreciate about themselves.

From personal experience of working with clients using art, I have observed that clients usually respond with typical reactions to this prospect. They are either comfortable and prefer idea of using art materials or immediately reply “I can’t draw” or “I’m not an artist”. These responses have implications for engaging in art as an

intervention to effect a client's view of self. Either an already existing area of competence is reinforced or the client may be invited to develop a new way of thinking about what being artistic might mean for them. Art in therapy challenges the notion of artistic expression being only for those who make outstanding products. As clients explore the realm of expressive process and the associated experiences of taking risks, making decisions, problem solving, coping with anxiety, developing skills, controlling and letting go of the control of the creative process, valuing their creations and experiencing different media, a new competent view of self may be encouraged.

The preceding discussion outlines the theoretical framework underpinning the current study, which is founded in the principles and techniques of competency-based Family Therapy. The precedents for incorporating Art Therapy with Family Therapy is established in systemic and strategic Family Art Therapy. The current study furthers the development of Family Art Therapy by incorporating the most contemporary ideas in Family Therapy, which constitutes a competency-based Art Therapy approach.

Research Method

Design

For the purpose of comparing the data collected before and after the competency-based Art Therapy treatment intervention, a Pretest-Posttest Design (Huck, Cormier & Bounds, 1974), is implemented. This research methodology is considered appropriate and useful in measuring the effectiveness of Art Therapy, and has previously been used in the field (Stanley & Millar, 1993; Bowan & Rosal, 1976). Table 1 illustrates the independent and dependent variables for the current study, implementing the Pretest-Posttest design.

Table 1. Diagram of the independent and dependent variables for the Pretest-Posttest design.

<u>Pretest Dependent Variable</u>	<u>Independent Variable</u>	<u>Posttest Dependent Variable</u>
1. Self-Perception Profile for Children (Harter, 1985b)	Competency-Based Art Therapy for Improving the Self Esteem of a Pre-Adolescent Girl	1. Self-Perception Profile for Children (Harter, 1985b)
2. House-Tree-Person Drawing Test (Buck, 1970)	↓	2. House-Tree-Person Drawing Test (Buck, 1970)
3. "How I Feel About Myself and My Life" Drawing	↓	3. "How I Feel About Myself and My Life" Drawing
4. Ten-Point Self-Description Scale rating	↓	4. Ten-Point Self-Description Scale rating
5. Caregivers' Ratings	↓	5. Caregivers' Ratings

Subject

The subject is an 11 year old female pre-adolescent, in Year 6. This child was initially identified by her classroom teacher as exhibiting a sense of low self-esteem because of her very low academic performance and maintaining the perception that the school work was too difficult. The child's mother identified her as lacking in self-esteem, motivation toward school work, life skills and coping ability.

Instruments

1. Self-Perception Profile for Children (SPPC) (Harter, 1985b)

The Self-Perception Profile for Children (SPPC) (Harter, 1985b), is a measure of self-esteem that consists of separate dimensions for Global Self-Worth, Scholastic Competence, Social Acceptance, Athletic Competence, Physical Appearance and Behavioural Conduct. The form for subjects comprises of six questions in each dimension, making a total of 36 questions (Appendix G). An Importance Scale is included for subjects, which comprises of 10 questions (Appendix H). A Teacher's Rating Scale of Child's Actual Behaviour (Appendix I), comprising of 15 questions, is included for the subject's teacher and can be used for other significant adults in the child's life.

The subject's form "What I Am Like" (Appendix G), attempts to gain descriptive information specific to each dimension and to minimise the social desirability factor by using an interesting format. Subjects are first asked to decide what kind of child they are in relation to a statement like, "Some kids find it hard to make friends BUT Other kids find it's pretty easy to make friends". Then they are required to rate if the

required to rate if the statement is "Really True" or "Sort of True" for them. Using the same format, the Importance Scale for subjects (Appendix H) obtains evaluative information by asking the child questions about how important each dimension is to how they feel about themselves as a person like, "Some kids think that it's important to be good at sports BUT Other kids don't think how good you are at sports is that important".

The SPPC provides a discrepancy rating between levels of competence and the importance attached to each dimension. The larger the Total Discrepancy Score, the more the subject's Importance Ratings exceed her/his competence and the lower her/his self-esteem.

The same format is used for the Teacher's Rating Scale (Appendix I), which includes statements like, "This child often forgets what s/he learns OR This child can remember easily". The adult decides what sort of child the subject is most like and then rates if the statement is "Really True" or "Sort of True". The subject's perceptions of competence in each dimension can be easily compared to those of the adults in the subject's life by transferring the averages of the ratings onto a simple graph.

2. House-Tree-Person Drawing Test (H-T-P) (Buck, 1970)

The House-Tree-Person Drawing Test (H-T-P) (Buck, 1970), has evolved over more than 55 years and has been widely used and adapted by many psychologists and art therapists (Oster & Gould, 1987). The original H-T-P (Buck, 1970), is employed in the current study to assess the subject's general life adjustment. The H-T-P is a two phase, four step clinical approach commonly used to obtain information about an individual's "sensitivity, maturity, flexibility, degree of personality integration and interaction with the environment, specifically and generally" (Buck, 1970 p.1).

In the current study only the second phase is used. The first step involves the child creating three unstructured free-hand drawings. White paper of 7 inches x 8 1/2 inches in dimension, a graphite pencil and coloured crayons are provided. As per the instruction procedures outlined in the H-T-P Manual, the subject is presented with the pencil and coloured crayons and asked to identify them by colour - red, blue, yellow, orange, purple, green, pink, brown, black and white. Next, the subject is presented with the piece of paper with "House" printed at the top and asked to draw as good a house as she can with the pencil and/or crayons.

Instructions and recording for the Tree and the Person drawings are the same as for the House drawing. The initial latency period, the total time consumed to complete each drawing, detail sequencing, colours used/selected but not used, erasures, spontaneous comments and nonverbal cues, expressions and emotions are recorded by the researcher on a sheet of paper.

After all three drawings are completed, the subject is asked to draw a sun and a line to represent the ground in each drawing if she had not already done so. It is noted which additions were induced.

The second step of this instrument is verbal and provides the child with the opportunity to describe, define and interpret her drawings, their environments and to make associations to her drawings of a House, a Tree and a Person, in response to 12 structured questions (Buck, 1970, p. 30) (Appendix J) like, "Is that a man or a woman (boy or girl)?", "What kind of tree is that?" and "Whose house's that?". Additional questions are asked to clarify the subject's intent, to identify additional objects included in the drawing and to ascertain the significance of unusual details, proportional, spatial and positional relationships, and the absence of essential details.

The information collected is then analysed qualitatively, as outlined in the

H-T-P Revised Manual (Buck, 1970). Firstly, the graphic drawings are evaluated on the points of details, proportion, perspective, time consumed, line quality, criticality, attitude, drive and colour. Then, the child's verbal comments and responses to the structured questioning are evaluated. Lastly, the graphic and verbal responses are considered in terms of the total conceptual content presented.

3. "How I Feel About Myself and My Life" Drawings

The first phase of this instrument aims to facilitate an unstructured, nonverbal and expressive subject response about how she views herself and her life at the present time. On white cartridge paper of A1 size and using a wide variety of art materials like, 2B graphite pencils, coloured pencils, wax crayons, oil pastels, chalks, acrylic paint, paint brushes, glue, coloured construction paper, tissue paper, cardboard, clay and clay tools, the subject is instructed to draw, paint or make something with any of the materials provided to illustrate the statement, "How I Feel About Myself and My Life".

In the second phase, the researcher asks questions to clarify the child's intent, to identify symbols and objects included in the artwork, and to ascertain the significance of details and colours used. Questioning begins with the researcher asking, "Could you tell me what your artwork is about?", and then more specific questions are asked in direct reference to the content of the artwork.

At the conclusion of the Art Therapy treatment, slides of the subject's Pretest and Posttest drawings are presented to a class of second year art therapy students. These objective judges are asked to indicate the drawing that most reflects the child having a more positive view of herself as competent and a healthier self-esteem.

4. Ten-Point Self-Description Scale

This instrument serves the purpose of noting changes in the subject's self-esteem. The graphic depiction of the child's self-ratings on a 10-point scale is the researcher's extension of the verbal "scaling question technique" (Kowalski & Kral, 1989).

In the first stage of creating her Self-Description Scale, the subject is asked, "On a scale of 1 to 10, with 1 being 'the pits' and 10 being 'fantastic', what number would you rate yourself as being today?" In the second stage, the subject graphically depicts her Self-Description Scale on white cartridge paper of A1 size using a wide variety of art materials like, 2B graphite pencils, coloured pencils, wax crayons, oil pastels, chalks, acrylic paint, paint brushes, glue, coloured construction paper, tissue paper, cardboard, clay and clay tools. Instructions include, "I would like you to try to draw that scale on the piece of paper provided with any of the art materials. Firstly, draw a line in the middle of the paper with 10 points marked-off on it and number them from 1 to 10. What words, pictures or colours would you use to describe how you feel about yourself and your life at 1, 2, 3 etc, up to 10? Could you try to put them down on the scale for each number so that when you say that you feel like a 4, 6 or 9 today, we'll both know exactly what you mean by that?".

With reference to her Self-Description Scale, the subject is asked further questions to rate her general feelings toward herself like, "Where are you at most of the time?", "Where do you feel most comfortable?", and "Where would you like to be?".

5. Caregivers' Ratings

Significant adults in the subject's life, such as her mother and her teacher, are involved in the study and are referred to as "caregivers". The child's caregivers are

interviewed before the commencement of the Art Therapy treatment and provide a rating to represent how well they perceive the girl managing her problem at the present time and written comments on the Pretest Questionnaire for Caregivers (Appendix D). The rating is noted on a 10-point scale that ranges from "Not Coping" to "Coping Well". The questions ask about the caregiver's perceptions of the subject's strengths and areas needing improvement. The questionnaire also asks about the caregiver's expectations of the Art Therapy with questions like, "If this Art Therapy treatment was seen to be successful, what would be most helpful and what would you hope the outcomes would be?" and "How would you know if the therapy has been helpful?".

The subject's caregivers are interviewed again at the end of the Art Therapy treatment and provide written responses to the questions asked in the Posttest Questionnaire for Caregivers (Appendix E). Caregivers rate how well they perceive the child managing the problem she is currently experiencing on a 10-point scale that ranges from "Not Coping" to "Coping Well", and comment on whether any evidence of their hopes for therapy being successful were observed.

Procedure

The process for the proposal for the current study to be approved included its submission to and acceptance by various departments within Edith Cowan University. Firstly, the Art Therapy Department, then the Higher Degrees Committee and lastly, the Committee for the Conduct of Ethical Research. Initially, the instrument proposed to measure self-esteem was the Coopersmith Self-Esteem Inventory (CSEI) (Coopersmith, 1981). However, the researcher had changed the preferred instrument

to the Self-Perception Profile for Children (SPPC) (Harter, 1985b). The Ethics Committee did query the use of the CSEI. This point became irrelevant with the change of proposed instrument. With the submission of the relevant SPPC material and an endorsement by the supervising school psychologist, the Ethics Committee gave approval for the SPPC to be implemented. A presentation of the current study to external examiners, Art Therapy Department staff, colleagues, other students of the Academy of Performing Arts was required and took place on the 1st of May, 1996.

Initial Contact

The researcher telephoned the Principals of primary schools in the western coastal suburbs of the Perth metropolitan region describing the current study and its requirement of a pre-adolescent female with low self-esteem as a suitable subject. Letters and copies of the Form of Disclosure and Informed Consent (Appendix A) and the Consent Form for the Release of Artwork Produced and Information Given in Art Therapy Research 1 (Appendix B) were forwarded to the interested schools. The Principals then asked Year 5, Year 6 and Year 7 classroom teachers if they were able to identify a suitable subject for the purpose of the current study.

The researcher contacted the Education Department to organise supervision with the district school psychologist. Permission to undertake this study was granted in consideration that the researcher is a qualified teacher.

When an appropriate child was identified by one of the schools, the researcher contacted the classroom teacher to discuss how to involve the parents of the girl. It was decided that the teacher would speak to the mother of the girl and ask if both the child and the mother were interested in participating in the study. When it was established that all participants were agreeable, an initial meeting was scheduled.

Pretest Meeting

This meeting was held in the Deputy Principal's office and had two parts. The girl was met on the same day but separately to the other adult participants.

Firstly, the researcher met with the subject's mother, the subject's teacher and the district school psychologist. After the formal introductions, copies of the Form of Consent and Informed Disclosure (Appendix A) were distributed, read and questions were answered by the researcher. Then, copies of the Consent Form for the Release of Artwork Produced and Information Given in Art Therapy Research 1 (Appendix B) were distributed to the classroom teacher and the school psychologist, and the Consent Form for the Release of Artwork Produced and Information Given in Art Therapy Research 2 (Appendix C) was given to the subject's mother. The caregivers were asked to read the form, to ask questions and to sign the form if they felt well informed and were agreeable.

The caregivers were then presented with the Pretest Questionnaire (Appendix D) and the Teacher's Rating Scale of Child's Actual Behaviour (Harter, 1985b) (Appendix I), and asked to complete both forms. After both forms were completed by the caregivers, they were collected and this part of the meeting was closed. The school psychologist then left.

The girl was then asked into the office and was introduced to the researcher by the teacher. The teacher left after explaining the security arrangements for use of the art room after school hours.

The child was asked if anyone had talked to her about who I was and why we were meeting. She responded that she was going to do art with me. I was then able to add that we would also be talking about things and making art in order to help her become more confident. The child was also made aware that the researcher was an art teacher currently undertaking further studies and that the Art Therapy sessions

would be part of these studies. It was explained to the child that she could withdraw at any time and that the artwork she produced would remain her property but that the researcher would like permission to photograph and write about the Art Therapy sessions in a way that she would not be able to be identified. It was also pointed out that the researcher would be in communication with two supervisors talking about the sessions and with the child's teacher and mother at times and if necessary. The subject voiced no objections and indicated that she was willing to participate in the study.

After this discussion, the researcher, the child's mother and the child made arrangements for one Art Therapy session per week, of one and a half hours duration for the following six weeks. The subject was then asked to read and counter-sign the Consent Form (Appendix C), that her mother had signed previously, if she was agreeable to undertake Art Therapy. The child's mother then left.

The second part of this meeting involved the subject responding to questions asked by the researcher (Appendix F) to ascertain her understanding and agenda for therapy, information about her hopes, wishes, fears and to give her an opportunity to ask questions about the Art Therapy sessions. The girl responded that she had a cat, two fish and a 14 year old sister, that she hoped that she would do better spelling and maths, that she wanted to do fun things in Art Therapy. The subject responded that she didn't understand the question about how others would notice that she was doing better.

The forms "What I Am Like" (Appendix G) and "How Important Are These Things To How You Feel About Yourself As A Person" (Appendix H) were introduced as a way in which the researcher could get to know the subject. The forms were completed with the researcher reading the questions out aloud and the girl reading

along and marking her responses. At the completion of the task, the meeting was concluded.

As per customary practice for a researcher/therapist, a Confidential Case File was created for the subject where forms, questionnaires and journal notes made during the course of treatment were filed. A folio for the child's artwork was also made to safely store her work until it was returned to her.

All Art Therapy sessions began with the child meeting the researcher at her car and helping to carry in the folio and the box of art materials into the art room. The art room was an ideal location as it assured privacy and was furnished appropriately with benches and sinks.

After each Art Therapy Session the researcher attended two supervision sessions, one with the supervising school psychologist and the other with the University Art Therapy supervisor.

Pretest Art Therapy Session

H-T-P. The subject was presented with a 2B graphite pencil, an eraser, a pencil sharpener and coloured wax crayons of red, blue, yellow, orange, purple, green, pink, brown, black and white, and asked to identify the crayons by colour. The researcher explained that the reason for this was to test for colour blindness. Next, the child was presented with the piece of paper with "House" printed at the top and asked to draw as good a house as she could with the pencil and/or crayons.

While the child was drawing, the researcher used a watch and note paper to record the initial latency period, the total time consumed to complete the drawing, detail sequencing, colours used/selected but not used, erasures, spontaneous comments and nonverbal cues, expressions and emotions.

The instructions and recording for the Tree and the Person drawings were the same as for the House drawing. Again, the researcher recorded information as for the House drawing.

After all three drawings were completed, the child was asked to draw a sun and a line to represent the ground in each drawing that did not already include these elements. The researcher noted which additions were induced. The subject's Pretest H-T-P drawings appear in the Results section, Figure 2a.

The PDI (Buck, 1970, p. 30) (Appendix J), was used as a guide by the researcher in asking the girl to describe and to make associations to her drawings, beginning with the Person drawing, then the Tree drawing and lastly the House drawing. Additional questions were asked to clarify the subject's intent, to identify additional objects included in the drawing and to ascertain the significance of unusual details, proportional, spatial and positional relationships, and the absence of essential details.

"How I Feel About Myself and My Life" Drawing. The subject was presented with an A1 sheet of white cartridge paper and a wide variety of art materials like, 2B graphite pencils, coloured pencils, wax crayons, oil pastels, chalks, acrylic paint, paint brushes, glue, coloured construction paper, tissue paper, cardboard, clay and clay tools. She was instructed to draw, paint or make something with any of the materials provided to illustrate the statement, "How I Feel About Myself and My Life".

The researcher then asked questions to clarify the child's intent, to identify symbols and objects included in the artwork, and to ascertain the significance of details and colours used. Initially, the researcher asked, "Could you tell me what your artwork is about?", and then more specific questions were asked in direct reference to the content of the artwork. The subject's Pretest "How I Feel About Myself and My Life" Drawing appears in the Results section, Figure 3a.

Ten-Point Self-Description Scale. The subject was asked, "On a scale of 1 to 10, with 1 being 'the pits' and 10 being 'fantastic', what number would you rate yourself as being today?". She was then presented with another A1 sheet of white cartridge paper and a wide variety of art materials, as stated for the previous instrument.

The researcher then instructed the subject in the following manner, "I would like you to try to draw that scale on the piece of paper provided with any of the art materials. Firstly, draw a line in the middle of the paper with 10 points marked-off on it and number them from 1 to 10. What words, pictures or colours would you use to describe how you feel about yourself and your life at 1, 2, 3 etc, up to 10? Could you try to put them down on the scale for each number so that when you say that you feel like a 4, 6 or 9 today, we'll both know exactly what you mean by that?".

In her first attempt at making her Self-Description Scale in the Pretest Art Therapy Session, the subject used paint to make a thick line across the page and then used thin texta to mark-in the numbers, without measuring for their even placement. Consequently, the numbers appeared over to the left side of the line only. Unhappy with this result, she made another attempt on a fresh sheet of paper. This time the subject also used paint for the numbers, not measuring for their placement but the result was even. The child completed the task with motivation and creativity in thinking of new symbols for each number, which she drew with watercolour pencils.

However, in the following Art Therapy Session 1, the subject commented on how messy her scale looked. In attending to the girl's identified area of concern, and in the service of offering an opportunity for the subject to experience competence in addressing those concerns, she was invited to have another try at the scale. The result was a neater scale finished in gold and silver paint, which the subject appeared more pleased with and would note her self-ratings each week neatly and with

enthusiasm. The subject's Ten-Point Self Description Scale appears in the Results section, Figure 5.

With reference to the Self-Description Scale, the girl was asked further questions to rate her general feelings toward herself like, "Where are you at most of the time?", "Where do you feel most comfortable?" and "Where would you like to be?". The researcher recorded the subject's responses on note paper.

Art Therapy Treatment

The goals for the competency-based Art Therapy approach were established by analysing the information obtained from the subject, her mother and her teacher in the Pretest Meeting and Pretest Art Therapy Session. The three areas of importance identified were, the child's family history in relation to the death of her father and the assumption that the subject has little memory about this event, her lack of learning through her schooling experiences and her apparent lack of integration of fantasy and reality.

Session 1 In order to address the stated areas of therapeutic goals, a drawn "life story" activity (Riley, 1994; Capacchione, 1989), was proposed. The child was asked to represent her memories of important past events in her life, starting from birth and until the present time, using any of the wide variety of art materials provided. The subject's Life Story Drawings appear in Appendix L.

Her first charcoal drawing "I Came Home", depicts a scene representing the day she came home from hospital after being born. She was encouraged to draw who was there, in an attempt to open the therapeutic work to do with issues around her father's death. In order to include the standing figure of her father in the drawing, another large sheet of paper was attached to the one she was working on. This drawing and the discussion of it established and acknowledged that she does have

some memory of her father. It also shows that this child has extraordinary drawing skills.

The subject followed this drawing with a spontaneous scribble drawing (Appendix M). I appreciated her demonstration of her instinctive awareness of what she needed or wanted to do to release tension.

She then drew in charcoal, a picture depicting herself and her sister looking at a cockroach. She imagined herself to be 4 years old at the time, which is the age she was when her father died. In the previous drawing her sister was 4 years old. Although she could not consciously remember how old she was when her father died when asked directly, the re-occurrence of children in her drawings being 4 years old possibly alludes to her unconscious memory of an important event having occurred when she herself was that age.

The following two charcoal drawings relate to the subject's early school life. Her drawing "First Day At School", is beautifully drawn and eloquently expresses the fear and uncertainty she was experiencing at the time. Her assumed behaviour as a horse in Year 1 was openly addressed by asking the child to draw about it. She depicted herself and her best friend "Being A Horse" and said that it was fun at the time to pretend to be a horse or cat with her friend.

When we talked about the subject's current school difficulties and disappointments, she replied that she doesn't get mad if she gets something wrong in class because "It's not the end of the world". However, she later said that she was angry because her poor performance in mental maths prohibits her from participating in the class draw for a chocolate at the end of the week. The subject finished the session with a spontaneous painting (Appendix M).

Following this session, I contacted the subject's mother and teacher to make them aware that the child had discussed her father's death and other issues relating

to school. The purpose of keeping the caregivers informed was to ensure that they were aware of her underlying issues, and to allow them to offer support and understanding if the girl brought those issues up with them or behaved unusually.

Session 2. A future-focussed adaptation of the scaling question technique (Kowalski & Kral, 1989), called the "Happiness Scale" was introduced to the researcher by the school psychologist supervisor, and was presented to the child in this session. A graph was drawn by the researcher with the school years 1 to 8 on the x-axis and the rating scale of 1 to 10 on the y-axis.

The girl was asked to rate her school experiences to the present time and to forecast what she thought her future school ratings might be like. She rated her past and present experiences in the 8 and 9 range but marked all numbers from 7 to 10 for Years 7 and 8 (Appendix N). This indicates that the subject was experiencing some anxiety about her future academic life. Further questioning confirmed that she is not looking forward to Year 7 and that the prospect of Year 8 is "scary". While this anxiety can be seen as natural and understandable, the subject also mentioned that she envied her sister for nearly being finished at school and she wished she would be finished soon too.

She then completed her drawn life story with two more charcoal drawings. The first depicts herself and three other friends in Year 3. The other depicts a current situation, herself and two of her friends playing basketball before school. In these drawings the girl had difficulty in drawing herself, suggesting a heightened self-consciousness or need to depict herself perfectly.

All the individual people are well drawn but have large heads, strong jaw lines, are in profile and have no ears. It seems that the girl is repeating successful drawing schemas (Lowenfeld & Brittain, 1975), or developing a definite style in her artwork.

A "body outline drawing" (Capacchione, 1989), was proposed with the aim of facilitating the child's integration of internal and external process, and to focus her upon her body in reality. Three large sheets of paper were taped together and the subject was asked to lie down on the paper in any position that was relaxed. She was then asked to choose a colour and medium for the researcher to draw around her with. She was then asked to have a look at her outline. After lying back down in the outline with her eyes closed, the subject was taken through a brief relaxation and deep breathing exercise. She was then asked to consider the things that were inside her body that other people couldn't see just by looking at her, like her feelings, wishes, fears, fantasies and hopes. Then she was asked to think about all the things she does that other people can see just by looking at her, like her interests, her age and her looks. To come out of the relaxation, the child was asked to take a couple of deeper breaths, to wiggle her fingers and toes, and then to open her eyes when she was ready. Then, the subject was asked to use any of the art materials to show through symbols, colours, words and cut-out pictures the things that are on the outside and on the inside of her body outline.

She used pink wax crayon to write statements inside her body outline like, I have a sista, I like chocolate, I love animals, I have a wonderful family and I have good friends. On the outside of her body outline she wrote her fears in blue wax crayon as cockroaches and spiders, and "I don't want to die". The artwork expresses the child's tendency to internalise good aspects of her life experiences and to disassociate herself from things that she finds unpleasant or that she is fearful of.

The session ended with the subject involving herself in some regressive play with a sheet of paper and black paint. She enjoyed the texture of the paint and the freedom of making a mess. Given more time, I feel the subject would have liked to make more messy paintings.

Session 3. The focus of this session was to reframe and normalise the child's understanding of her learning difficulties. The subject was interested in hearing about the left and right brain functions and how different people are more receptive to learning in different ways. I explained that she seemed to be very creative and able to do some things, like drawing exceptionally well, that only a minority of her classmates could do, and that creative ability is a wonderful gift that many "geniuses" used to come up with original ideas. These comments were illustrated by diagrams in Buzan & Buzan's (1994), The Mind Map Book, which showed the use of drawings as important in the creative thinking of famous people like, Pablo Picasso, Leonardo da Vinci, Isaac Newton, Albert Einstein, Michaelangelo, Beethoven, Mark Twain, William Blake, Charles Darwin and Thomas Edison.

The girl was interested in this book and began to accurately guess the topic of the untitled visual illustrations in the book, an activity designed by the authors. This spontaneous action indicates that she is interested in learning but that the material needs to inspire her imagination in the way it is presented. I mentioned that she was not alone in her difficulty at school and that there were books written about other children who are creative and intelligent but learn in different ways, indicating copies of art therapist Rawley A. Silver's work, *A cognitive Approach to Art Therapy* (Silver, in Rubin, 1987, pp. 233-250) and Developing Cognitive and Creative Skills Through Art (Silver, 1978).

The subject wanted to do a collage using magazine cut-out images and asked me to help cut them after she had selected them. The finished product depicted evenly spaced cut-out images of female super-models, female actors and television soap stars. She knew all their names and details and said that the walls of her bedroom at home are covered in the same way. The collage can be interpreted to

represent the subject's desire to identify with femininity and a healthy sublimation of sexuality, both issues being pertinent to the stage of latency.

In the discussion during this activity the subject spontaneously volunteered that her two main areas of difficulty were daydreaming and not listening. The subject identified ways in which she could concentrate more by looking at the teacher. I suggested that she might try drawing the teacher and what she is teaching. These suggestions were also given to the teacher at the final meeting.

A rose bush visualisation (Leibmann, 1986), was an intervention implemented in order to focus upon and engage the child's listening functions, to provide an opportunity for her to focus on her sense of foundation using a feminine symbol, and to put into perspective that her scholastic competence was not impacting on her overall self-worth and that she had many other areas of strengths and support.

The subject was asked to sit comfortably in a chair and to take a few relaxing breaths. Then, she was asked to imagine herself as a rose bush, imagining her roots, the soil, her stem, leaves, thorns, buds and flowers, and to imagine where she is growing, the weather, what her life is like and what she needs most. To come out of the visualisation, the subject was asked to take a few deeper breaths, to wiggle her fingers and toes, and to open her eyes when she was ready.

The charcoal drawing she produced as a result of the guided imagery is a single stemmed rose bush in loose, thin soil without a root system (Appendix O). It is raining in the drawing with the rain drawn on diagonal, possibly indicating tension and stress. The child's insecurity and singularity is apparent in a harsh environment but she seems well-defended with thorns, and strong in maintaining a central position on the page.

The main stem seems disconnected to the thinner stem that the flower appears to be growing from. This indicates that perhaps there is not an easy flow

from her experience of emotions and the manner in which she reaches out. In other words, the girl may be having difficulty translating her feelings into thoughts. In Art Therapy supervision at university, it was discussed that something very basic seems threatened in this drawing and that more flexibility and reaching out may be needed. It was suggested that perhaps the child's sense of industry and mastery needed to be fostered.

In discussing the drawing with the girl, I made the point that just because a rose bush has thorns doesn't make it any less beautiful. In the same way, just because she has difficulty in maths and spelling doesn't mean that it takes away from all the good aspects of herself, like her family, her friends, her art and her interest in swimming.

The subject seemed more open after this session. She packed-up without having to be directed and took the researcher for a tour of the school to show her other artworks on display. The subject mentioned that she wanted to do clay work in the next session.

Dr. Campanelli suggested that the child's actions indicated that she trusted me and was inviting me into her world. It seemed that a positive, warm and respectful rapport was being developed between us.

Session 4. The agenda for this session was product-orientated to provide the subject with an experience of mastery and achievement in whatever she chose to do. At first, the subject wanted me to tell her what to make but in keeping with the intent to foster her self-competence, I declined to set the agenda. The girl then remembered her idea of clay work and decided to make a reindeer for Christmas.

The process involved the child in learning how to knead, join and sculpt clay. She concentrated and worked for one a quarter hours with out interruption, enlisting

help from the researcher when required. The subject was very pleased with the result (Appendix P).

When exploring the symbol of the reindeer in supervision, Dr Campanelli commented that the reindeer is a graceful, sensitive and fast moving animal. He mentioned that some Native American tribes believe that if you see a reindeer you are trying to learn something. Also, he said that the reindeer was thought of in Medieval times to heal humans after their death and was able to cure itself in its own lifetime.

The general themes emerging throughout the Art Therapy were evident during this session, such as her interest in animals. The appearance of this animal is baby-like with a large head and no neck. Again, subject had difficulty with the ears and asked for assistance. Also, the potential for movement of a reindeer is a characteristic feature but its sitting position seems restricting and its legs seem too underdeveloped to support it, much like her Pretest tiger drawing.

It was mentioned during the session that this was the penultimate session in order to prepare the child for disengaging in the Art Therapy process.

Posttest Art Therapy Session

SPPC. The researcher presented the subject with the form "What I Am Like" (Appendix G) and a pencil. She seemed not to require the researcher to read aloud the statements and completed the form. Next, she was presented with the form "How Important Are These Things To How You Feel About Yourself As A Person" (Appendix H). The subject completed the form without assistance from the researcher.

H-T-P. The subject was presented with a 2B graphite pencil, an eraser, a pencil sharpener and coloured wax crayons of red, blue, yellow, orange, purple, green, pink, brown, black and white. Next, the subject was presented with the piece

of paper with "House" printed at the top and asked to draw as good a house as she could with the pencil and/or crayons.

While the subject was drawing the researcher used a watch and note paper to record the initial latency period, the total time consumed to complete the drawing, detail sequencing, colours used/selected but not used, erasures, spontaneous comments and nonverbal cues, expressions and emotions.

The instructions and recording for the Tree and the Person drawings were the same as for the House drawing. Again, the researcher recorded information as for the House drawing.

After all drawings were complete, the subject was asked to draw a sun and a line to represent the ground in each drawing that did not already include these elements. The researcher noted which additions were induced. The girl's Posttest H-T-P drawings appear in the Results section, Figure 2b.

The PDI (Buck, 1970, p. 30) (Appendix J), was used as a guide by the researcher in asking the subject to describe and to make associations to her drawings, beginning with the Person drawing, then the tree drawing and lastly the House drawing. Additional questions were asked to clarify the child's intent, to identify additional objects included in the drawing and to ascertain the significance of unusual details, proportional, spatial and positional relationships and the absence of essential details.

"How I Feel About Myself and My Life" Drawing. The subject was presented with a sheet of A1 white cartridge paper and a wide variety of art materials like, 2B graphite pencils, coloured pencils, wax crayons, oil pastels, chalks, acrylic paint, paint brushes, glue, coloured construction paper, tissue paper, cardboard, clay and clay tools. The child was instructed to draw, paint or make something with any of the materials provided to illustrate the statement, "How I Feel About Myself and My Life".

The subject's Posttest "How I Feel About Myself and My Life" Drawing appears in the Results section, Figure 3b.

Then, questions were asked to clarify the subject's intent, to identify symbols and objects included in the artwork and to ascertain the significance of details and colours used. Initially, the researcher asked, "Could you tell me what your artwork is about?", and then more specific questions were asked in direct reference to the content of the artwork.

Ten-Point Self-Description Scale. The subject was presented with her 10-Point Self Description Scale (Figure 4) and asked to mark-in her response to the question, "Where are you at today?". The child was also asked to look at her scale and to review the responses she had given during the period of Art Therapy.

With reference to her Self-Description Scale, the subject was asked further questions to rate her general feelings toward herself like, "Where are you at most of the time?", "Where do you feel most comfortable?" and "Where would you like to be?". The subject's responses were recorded by the researcher on note paper.

Concluding Art Activity. As a purposeful ritual in closing and to acknowledge the sharing that had occurred during the Art Therapy, I suggested to the girl that I thought it would be nice if we finished-off the time spent together by making each other a gift. She was very interested in this activity and chose the medium of clay for us both to use. The subject asked me about my favourite animals and accordingly proceeded to make a dolphin. I made a small bowl with a ladybug sitting in the rim of it (Appendix Q).

Once again, the child's preferred subject matter of animals was prevalent and her product was creative and well made. The subject was eager to display the learning that she had acquired during the sessions. She seemed to appreciate the significance of the gift-giving and she was pleased with what she had made. I chose

to make something functional to show that clay can be used functionally and can include other decorative elements. I had to make something small for a decorative feature due to time restrictions, so a bug came to mind. In hindsight, I wonder how the child felt about it as insects are not her favourite things.

In Art Therapy supervision, Dr. Campanelli associated the dolphin with playfulness, agility and rhythmic movement. The dolphin also communicates with the rhythm of nature and through sonar sound. Dr. Campanelli mentioned that symbolically, the dolphin has been identified in Western mythology as the saviour and friend of children, and is considered to guide souls into the underworld and pays homage to the dead. The dolphin is a receptive, feminine symbol and relates to woman, mother and womb. The ladybug insect denotes a detailed state of mind and meticulous thinking. Traditionally, the ladybug is associated with good luck. In the Middle Ages, the ladybug was associated with the Virgin Mary and also the scarab. Common attributes of the ladybug symbol are self-creation, fertility and incubation. In my gift, the ladybug is also contained within a bowl, traditionally considered as a feminine and receptive symbol. In folklore, the ladybug was thought to drive away evil spirits and reverse the effects of malicious enchantments. The ladybug can also kill other noxious insects, perhaps symbolically indicating a positive force that may nullify negative or damaging factors in one's life. Dr. Campanelli suggested that the ladybug in the bowl gift that I made represented a modest yet successful influence.

Posttest Meeting

The child's mother and teacher were met by the researcher one day prior to the Posttest Art Therapy Session. The meeting was held in the Deputy Principal's office at the subject's school. The caregivers were presented with the Teacher's Rating Scale of the Child's Actual Behaviour (Appendix I) and asked to complete the

form. Then the caregivers were presented with the Posttest Questionnaire for Caregivers (Appendix E) and asked to complete the form. The caregivers were then invited to comment verbally on their impressions of how they felt the Art Therapy had or had not impacted on the subject. The outcomes of this process are discussed in the Results section of the thesis.

The researcher then presented the caregivers with a summary of findings and recommendations. The differences in perceptions of the child's competencies were highlighted by discussing the findings with the caregivers. In particular, the differences in the caregiver's perceptions of the child in the dimensions of Scholastic Competence and Behavioural Conduct were discussed. The researcher encouraged further discussion to take place between the mother and future teachers of the girl to ensure that all concerned were kept well informed her scholastic needs and progress.

The fact of the child's high level of Global Self-Worth was highlighted. The caregivers were encouraged to acknowledge the child's areas of strength and to assign appropriate relevant focus to her scholastic difficulties specifically, rather than assuming that the child has low-self esteem generally.

The caregivers were made aware that the subject is cognisant of her tendency to not listen and to daydream or to be another wave length, and that she is not anticipating the prospect of high school in a positive way. The recommendations of the researcher on these issues included strategies to engage and reinforce the child's listening skills in the classroom. For example, by rewarding her for small steps rather than "right" answers, rewarding her for putting up her hand in class to ask or to answer a question and by encouraging the subject to make visual notes in class of the teacher and the topic being taught. It was suggested to the mother to continue

pursuing tutoring for her child and to perhaps include extra art tutoring, and to consider alternative high school options for her.

Other issues such as the girl's lack of memory around her father's death, her exceptional visual/spatial perception and artistic skills, and her appropriate interest in role models were acknowledged. The researcher presented an alternative way to view the child's scholastic circumstances by highlighting that her learning ability through the senses of vision and touch is a different learning style rather than a "learning difficulty".

The researcher's recommendations for the child's mother included focussing on structuring the child's everyday tasks, like timekeeping and budgeting pocket money. The viewing of appropriate developmental/transitional videos that amplify the issues that the child had expressed was suggested, such as *Bambi*, *The Ugly Duckling* and *The Little Princess*. The purchase of a visual journal and interesting art materials for the girl to use was recommended to help her organise and keep a record of her artwork to use as a private diary.

An important discussion occurred with the child's mother after the teacher had left, addressing the misconception that the mother had about the child grieving over her father's death when she was older. The grieving process was discussed in view of the probability that the child had already begun grieving at the time of her father's death and that having her process acknowledged would be beneficial to her sense of her feelings as being real and important. It was suggested that rather than taking the position of "she was only four years old and doesn't remember anything", to invite the child to say what she does remember. This is fundamental to giving credit to the girl's competencies, to normalise her perception of her feelings and to encourage the integration of her feelings and thoughts.

Meeting of Objective Judges

Five second year Master of Arts (Art Therapy) students of Edith Cowan University agreed to participate in this phase of the study, which took place in a seminar room at the university. The objective judges were presented with the Pretest-Posttest Drawing Form (Appendix K) and given a few minutes reading time, after which I asked if there were any questions. No questions were asked.

Slides of the subject's Pretest and Posttest "How I Feel About Myself and My Life" Drawings were projected simultaneously and side-by-side, with the Pretest artwork on the left and the Posttest drawing on the right. Photographs were also provided, which were pasted onto an A4 piece of paper with the Pretest artwork above and the Posttest artwork below.

The objective judges were allowed as much time as they needed to circle their choice and make comments, which amounted to about ten minutes. The forms were then collected.

A short discussion took place after the forms were collected because the judges were curious to know which image was created by the child after the Art Therapy sessions.

Results

Included in this section are the Pretest and Posttest results for the instruments used to test the five research questions. The instruments are, the Self-Perception Profile for Children (SPPC) (Harter, 1985b), the House-Tree-Person Drawing Test (H-T-P) (Buck, 1970), the subject's "How I Feel About Myself and My Life" Drawings, the Ten-Point Self-Description Scale Ratings and the Caregivers' Ratings.

1. Self-Perception Profile for Children (SPPC) (Harter, 1985b)

The first research hypothesis aims to establish if any positive changes in the child's self-esteem occurred as a result of the Art Therapy treatment intervention. In order to test this hypothesis, the SPPC was administered as a Pretest and Posttest instrument to assess if any positive effects on the girl's Global Self-Worth occurred after the competency-based Art Therapy treatment. A positive effect on self-esteem is evident if the subject's Posttest SPPC scores are:

- (a) higher than the subject's Pretest SPPC Global Self-Worth Score.
- (b) lower than the subject's Pretest SPPC Competency/Importance Discrepancy Score.

The results for part (a) of the first hypothesis are indicated in the Pretest graph (Figure 1a) and the Posttest graph (Figure 1b). These graphs also provide additional information regarding the perceptions of the subject, the subject's mother and the subject's teacher of her competence in the other five domains the SPPC assesses, Scholastic Competence, Social Acceptance, Physical Appearance, Athletic Ability and Behavioural Conduct. The results for part (b) of the first hypothesis are presented in Table 2.

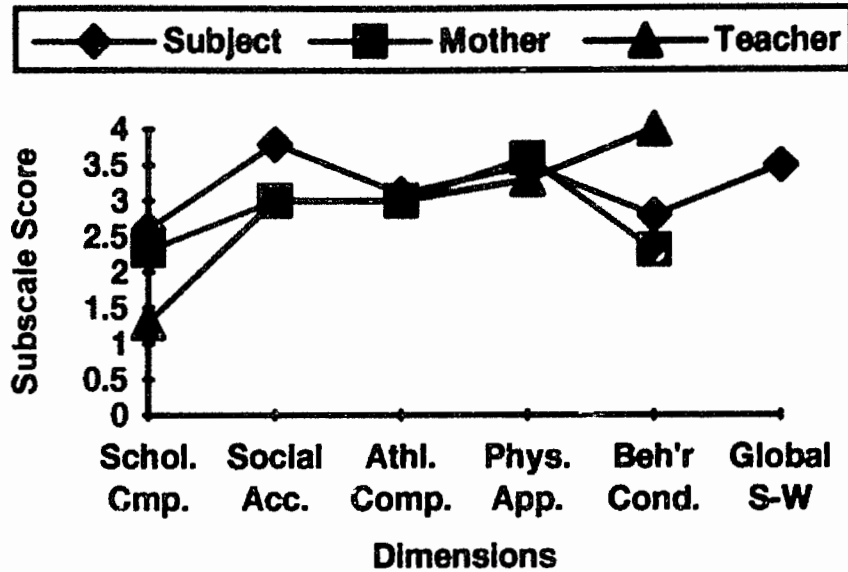


Figure 1a. Individual Pupil Profile Form (SPPC) (Harter, 1985b), showing the subject's Pretest Global Self-Worth Score of 3.5, and the subject's, the subject's mother and the subject's teacher Pretest ratings in each dimension.

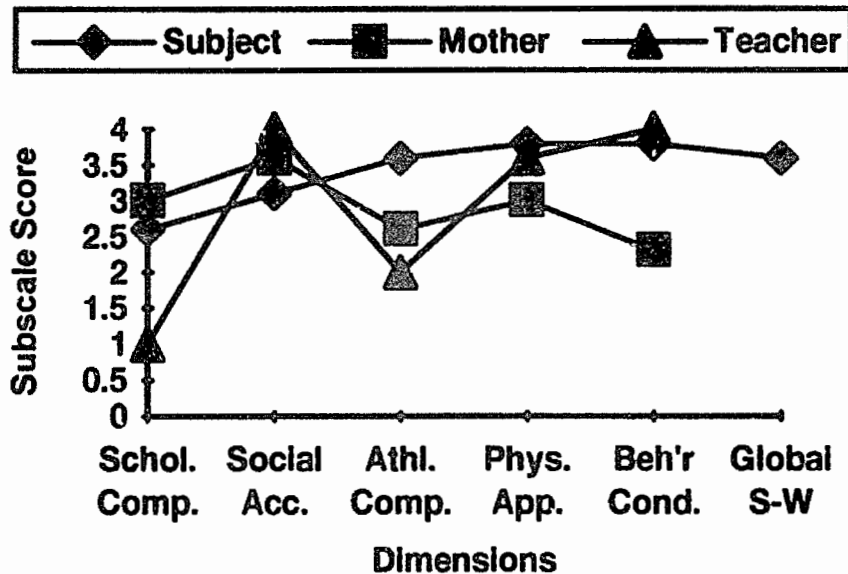


Figure 1b. Individual Pupil Profile Form (SPPC) (Harter, 1985b), showing the subject's Posttest Global Self-Worth Score of 3.6, and the subject's, the subject's mother and the subject's teacher Posttest ratings in each dimension.

Of significance, it is noted that all the scores in the Pretest SPPC for the subject's self-perception in each dimension are in the medium to high range and her Global Self-Worth rating of 3.5 indicates a high level of self-regard. This raised the question of why this child was identified as displaying low self-esteem, since this is not indicated by her Pretest SPPC scores. Even so, the subject's Pretest Global Self-Worth Score was increased by 0.1 in the Posttest Score, indicating that her self-esteem was improved by the competency-based approach of Art Therapy.

The perceptions of the caregivers support the finding that the child would have a high Global Self-Worth, as their ratings are also in the medium to high range. The exceptions to these high ratings are the teacher's perception of the subject's Scholastic Competence and the mother's perception of the subject's Behavioural Conduct. This is an interesting finding in that the caregivers rated the subject lowest in the respective dimensions that they are most concerned with or focussed upon. This may be the reason why this child was identified as displaying low self-esteem, with the teacher perceiving her as incompetent at school and the mother perceiving her as behaving poorly at home.

There is also a reversal in the caregiver's perceptions about the subject's competencies in the domains of Scholastic Competence and Behavioural Conduct. The mother does not perceive the child as doing as poorly as the teacher does in the Scholastic Competence dimension and the teacher does not see the child as doing as poorly in the Behavioural Conduct dimension as the mother does. The child's self-perception of her Behavioural Conduct is more like her mother's rating, reflecting that she does not perceive herself as well-behaved as the teacher perceives her to be. The subject, like her mother, perceives herself to be more competent in the Scholastic Competence dimension than does her teacher.

There are strong similarities of perceptions of the girl's competencies for all three raters in the dimensions of Athletic Competence and Physical Appearance. It was mentioned that she had won a swimming event earlier in the year.

The girl's higher Pretest self-perception in the Social Acceptance dimension, in relation to her mother's and her teacher's perceptions of her, could be attributed to the tendency for children to overestimate their level of popularity and to see themselves as very well accepted by their peers. The lowered Posttest Social Acceptance score may reflect her more realistic self-perception in that dimension.

Figure 1b indicates that the subject's Posttest Global Self-Worth Score to be 3.6, an increase of 0.1 on her Pretest Score. Increases in the subject's self-perceptions in the other dimensions of Athletic Competence, Physical Appearance and Behavioural Conduct are also illustrated.

A puzzling finding is that while the teacher's Posttest perception of the subject's Scholastic Competence decreased, the mother's Posttest perception of her child's Scholastic Competence increased. Perhaps the final year testing that the subject was undergoing at the time of the current study influenced the teacher's Posttest perceptions based on the subject's current test scores. The subject's Pretest and Posttest self-perception score remained the same in this dimension.

The subject's mother and teacher maintained their discrepant perceptions of the subject in the dimension of Behavioural Conduct in their Pretest and Posttest ratings. The scores indicate that the caregivers' perceptions of the child's Social Acceptance increased over the time of the therapy beyond that of the girl's Posttest self-rating.

In the dimension of Athletic Competence, the subject's Posttest score increased while her mother's and teacher's scores decreased. This is a notable discrepancy as the girl's rating is high while her caregiver's perceptions of her are now

in the medium to low level. Perhaps the memory of the subject's swimming achievement earlier in the year had faded in the mind of her carers and the subject had not "won" any other athletic prizes since then. If this is the case, it suggests that the child's caregivers base their evaluations on current tangible achievements as opposed to her overall ability.

While the subject's Posttest self-perception and the teacher's Posttest perception of the subject in the dimension of Physical Appearance increased, her mother's Posttest perception score decreased. A possible explanation for this decrease could be that the mother over-rated her perceptions in the Pretest phase.

In the first hypothesis part (b), it was put forward that the subject's Importance/Competence Discrepancy Score would have decreased in Posttest measurement. However, this is not the case (see Table 2). It is noted that both the Pretest and Posttest scores indicate a low discrepancy between how the girl perceives herself and how important each dimension is to how she feels about herself, which is indicative of healthy self-esteem.

The sum of the Discrepancy Scores for the Pretest and Posttest were exactly the same, -0.7, but because the subject rated the Social Acceptance dimension lower than 2.5 in the Posttest, it was not included to calculate the mean Discrepancy Score. Consequently, while the Pretest Discrepancy Score was divided by five dimensions, the Posttest Score was divided by four dimensions, hence the greater discrepancy in the Posttest result. If the subject's rating for the Social Acceptance dimension was included in the calculations of her Posttest Discrepancy Score, the result would be -0.02. This Posttest score is lower than her Pretest Discrepancy Score and because it is even closer to zero, it indicates that the subject has achieved even more realistic and healthy feelings of self-esteem.

Table 2. Subject's Pretest-Posttest Competency/Importance Discrepancy Scores.

<u>Pretest</u>	<u>Posttest</u>
- 0.14	- 0.175

2. House-Tree-Person Drawing Test (H-T-P) (Buck, 1970)

The second hypothesis aims to establish if any positive changes occurred as a result of the competency-based Art Therapy regarding the subject's overall life adjustment. The H-T-P was administered Pretest and Posttest and the following results are qualitative interpretations of the drawings on the points of details, proportion, perspective, time consumed, line quality, criticality, attitude, drive, colour, verbal comments to formal questioning and the total conceptual content. The qualitative assessment of the subject's Pretest H-T-P drawings (Figure 2a) and Posttest H-T-P drawings (Figure 2b) follows using Buck's (1970), and Jolles' (1952), guidelines for interpretations.

The child's responses to naming each coloured crayon were correct, indicating that she is not colour blind. She chose pencil to draw all her Pretest drawings. This choice of media indicates a defensive and controlled attitude toward her expressions in this situation. For all her Posttest drawings, the subject chose black wax crayon, indicating a slight relaxation in her controlled attitude after the Art Therapy treatment intervention.

The child's insecurity and striving to maintain equilibrium through control is indicated by the central placement of the elements in her Pretest and Posttest drawings. However, the Posttest H-T-P drawings appear rhythmic and loosely drawn

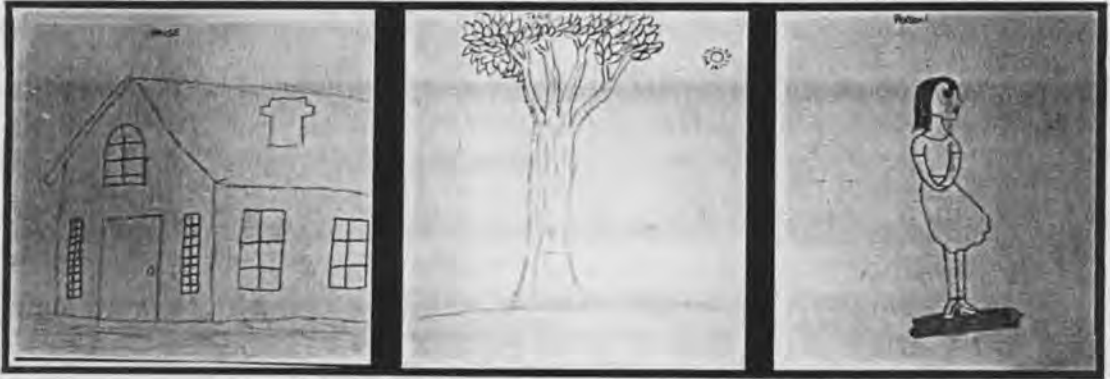


Figure 2a. Subject's Pretest H-T-P drawings.

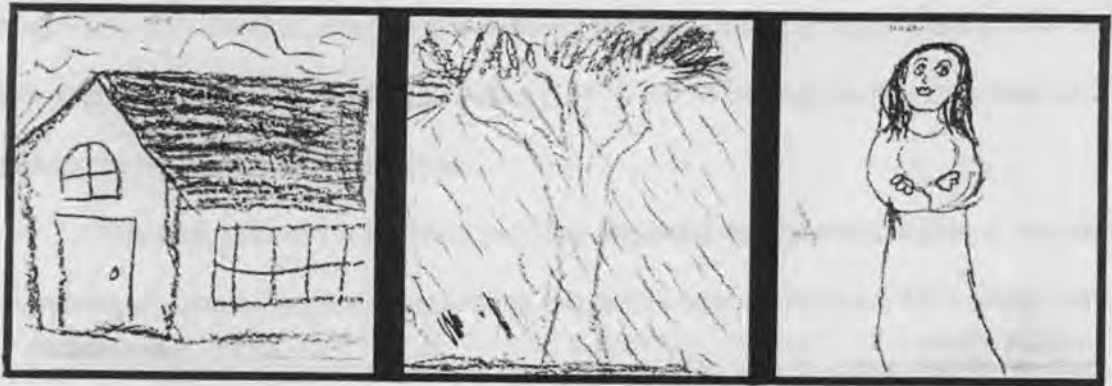


Figure 2b. Subject's Posttest H-T-P drawings.

in comparison to her Pretest H-T-P drawings, indicating a relaxation of the girl's self-control. Part of the reason for the fluidity of the child's Posttest drawings could be attributed to a relaxation of her defenses and a less rigid approach to her drawing. This can be viewed as a positive result of the Art Therapy treatment intervention.

The Posttest process was interspersed by the child chopping-up a black crayon because it was scratchy to draw with and appeared to have sand in it. The

subject's investigation of what things are made of also occurred with other media. It seems that she has a curiosity about textures and tactile experiences, which suggests that she may learn kinaesthetically, through appealing to the full range of her senses, rather than just through reading and writing.

The subject appeared restless in the Posttest Art Therapy session. I wondered about the possible reasons for her restlessness, if it was due to the influence of the end of the school year atmosphere, or if the "boring" school excursion that day had exhausted the girl's ability to concentrate, or perhaps it was symptomatic of A.D.D. or the fact that I had said that we "had" to do some things today. The subject responded by saying that she only wanted to fun things today.

House. For the Pretest House drawing, the subject made sketchy lines, beginning with the roof, erasing and redrawing the eave line and completing the drawing in a minute. According to Jolles (1952), the sketchy lines are indicative of a striving to be exact and meticulous.

The inclusion of the chimney possibly suggests some phallic content, possibly symbolic of a male element representing the girl's deceased father. Noticeably, the chimney is absent in the Posttest House drawing. This may be attributed to the fact that the issue of the subject's father's death was acknowledged and talked about during the period of Art Therapy, perhaps alleviating her anxiety about the lack of open discussion in her family around this important event in her life.

In her Posttest House drawing, the subject firstly drew the walls then the roof and lastly the windows and the door. As the line quality illustrates, this drawing was done quickly and only took 30 seconds to complete. Even so, this drawing is very similar in proportion and perspective to the Pretest House drawing. Both House drawings are placed more over to and "chopped" on the right side, which can be interpreted to suggest the child's ongoing insecurity about the future. The lack of

formation of ego boundary is indicated by the absence of a wall in both Houses. The Posttest House seems more open because there is less barring on the windows than in the Pretest House suggesting that the child is now more open to contact in relationships as a result of the Art Therapy.

The clouds in the Posttest House drawing were added later during the P-D-I. The subject said that the weather was cloudy and cold, which suggests some anxiety about and lack of warmth in her home situation. The subject's shading of the roof area in the Posttest House drawing emphasises the importance of the realm of fantasy and mental activity for her.

The subject's responses to the P-D-I questions in relation to her Pretest House drawing are summarised in the following description she provided. According to the girl, this house has two stories and the person in the Person drawing lives there and the tree in the Tree drawing is out the back. The subject pointed out that if she was living there, she would have a room on the second story and would live with her mum, sister and cat. She notes that it's raining and this house needs to be looked after. In the House Posttest P-D-I, the subject's responses are similar to those she gave in the Pretest P-D-I, except that she is more specific in saying that the House needs people to look after it. If we interpret the House drawings to represent the child's experience of her home as it is now, how she would like her home to be and as a self-portrait, the drawings suggest that this child feels that she needs more warmth, nurturing and the attention of people to look after her.

Tree. The subject began the Pretest Tree drawing with sketchy lines, starting with the trunk of the tree and moving up to the branches. Then, she drew the leaves in detail with more solid lines. The trunk texture was then created and finally, a ground line was put in. This drawing was completed in one minute. According to Jolles (1952), the detailed treatment of the leaves indicate the subject's need to

structure elements which may be a response to organisational difficulties. The looser treatment of the leaves in the Posttest Tree drawing indicates an alleviation of this need to control. Nevertheless, in both drawings, the leaf canopy seems not to have enough room to expand and is restricted by the page space. This may indicate that this child experiences her learning environment as restricting even though she has a healthy need for intellectual growth and stimulation.

The ground line is slightly arched in the Pretest Tree drawing which may indicate a slight degree of striving for unattainable goals, the need for maternal protection, a feeling of isolation and a struggle for autonomy. In the case of this subject, her learning difficulties, her experience of a single-parent family where the mother works shifts and her stage of development, all of the above interpretations may be applicable. The lack of roots in both Tree drawings indicates poor contact with reality and a poor sense of foundation. The larger Posttest Tree drawing indicates that the girl is more aware of herself in relation to her environment.

The subject's responses to the P-D-I questions for the Pretest Tree can be summarised by the following description. According to the subject, this is more of a "woman-like", living gum tree because there is a sort of flower in the leaf shapes. It is a sunny day with the wind blowing from the right to the left of the page. The subject said that this tree needs water the most. In the girl's Posttest Tree drawing this need has been met as it is raining. The rain is coming from the direction that represents past and suggests that she may be experiencing acknowledgment of her sadness about the death of her father. This interpretation can be related to the girl's identification of the Posttest Tree being a man tree that needs rain. While the Pretest Tree has bark texture, the Posttest Tree is noticeably less well defined and bare which suggests a lack of development of lack of ego strength (Jolles, 1952).

Referring to other clinical cases, Dr. Campanelli pointed out that rain may also relate to emotions, intuition and perhaps stress. He also suggested that water may be symbolic for "solution", a resolution to a problem and some form of emotional release.

The girl said that sun was drawn so small in the Pretest Tree drawing because it was far away. This may indicate that her perception of power and warmth, perhaps in the form of an authoritative figure such as her mother or father, are distant. In relation to the subject, this interpretation is relevant to her life situation with her father deceased and her mother on shift work. Added to the importance of the interpreted symbolic significance of the sun is the fact that it is the only one that appears in any of this child's H-T-P drawings.

Person. The most striking difference between the child's Pretest and Posttest Person drawings is the attitude that the figure portrays. The Pretest Person appears distant, contrived and is looking away with her tiny hands clasped in front of her and teetering on tiny feet. The Posttest Person is more natural, closer, openly challenging and undeniably making face to face contact. This is evidence of the girl perceiving herself in a more natural, relaxed and open way, and more willing to allow others to make contact with her as a result of the Art Therapy treatment.

In response to the P-D-I, the subject places both girls represented in her Person drawings in the 18 to 20 year old age range. This suggests an interest and striving toward a sex-role identity and sexual maturity. This interest is representative of the developmental period of pre-adolescence.

The weather in both drawings is cold but while the Pretest Person needs warm clothes, the subject has provided her Posttest Person with the warm clothes she needs. This suggests that the subject is more able to find the inner resources to provide for the needs that she identifies for herself.

The subject started her Pretest Person drawing with the head. The lines are solid and describe the proportionally large head in profile. These elements indicate respectively, that the subject experiences satisfaction through fantasy and was experiencing oppositional feelings. The arms were erased and redrawn. The body, legs, shoes and hair were then added, finishing with the addition of the eye. This drawing was completed in one minute. The short arms and tiny clenched hands suggest an absence of striving and underdevelopment. Similarly, the tightly held-together legs and tiny feet suggest rigidity, tension, constriction and immobility. Additionally, the legs are not aligned with the rest of the torso and upper body, suggesting a lack of integration between the intellect and the instincts. This suggestion is also supported by the relatively long neck of the Pretest Person drawing and the crossing of the arms in the Posttest Person drawing over the body area that represents the seat of needs and drives. At this child's stage of development, it would be reasonable to expect that she would be experiencing an emerging awareness of, or confusion about, power and sex drives. Her self-confessed tendency not to listen, which can be interpreted as shutting out criticism, is indicated by the absence of ears in both Person drawings.

In summary, the child's Posttest H-T-P drawings indicate that she has relaxed the self-controlling aspect of herself after the competency-based Art Therapy treatment intervention. She appears to describe a more natural and open disposition in relating to others, and is more able to provide for her own needs even though she would like more nurturing in her home environment. The drawings also indicate that she has an active mind and requires more stimulation in order to listen and learn, and that her ego needs strengthening.

3. "How I Feel About Myself and My Life" Drawings

To gain expert objective judgement regarding the question of the subject perceiving herself as more competent in managing her life after the Art Therapy intervention, the third hypothesis is tested by presenting objective judges with the girl's Pretest and Posttest drawings entitled "How I Feel About Myself and My Life" (Figures 3a and 3b), and asking them to choose which of the two artworks represents the subject perceiving herself as more competent in managing her life. The results are shown in Figure 5.

The Pretest artwork depicts a passive tiger, rendered in chalk and centrally placed on an A1 sheet of paper. The Posttest artwork depicts an active seal, again rendered in chalk and centrally placed on an A1 sheet of paper. The subject's preference for answering the question symbolically on both occasions using animals is representative of her empathy with animals and her attachment to the animal world. This is related to her stage of development, as children of this age often are in tune with the spirit of nature and animals.

Dr. Campanelli noted in supervision discussions with the researcher that in his clinical experience, animals may symbolically relate to the body and denote the instinctive rather than cognitive processes. This interpretation seems to fit as the subject is comfortable with her body and the sensory realm.

Another aspect to consider about this child's symbolic representations using animals is that it indicates that she has a capacity to accept the instinctual side of herself. The skilful quality of her drawings emphasises her acute observational skills and the importance of the visual channel in her life.



Figure 3a. Pretest "How I Feel About Myself and My Life" Drawing.



Figure 3b. Posttest "How I Feel About Myself and My Life" Drawing.

The symbol of the tiger may represent vitality in a dangerously primitive way, righteousness and strength (Cirlot, 1988; Chetwynd, 1982). The static manner in which the child has portrayed the tiger, with front legs entwined, seems to indicate that these instinctual animal qualities have been integrated or tamed. With reference to this child's animal behaviours in her early school life, this integration may be viewed as a positive outcome. Alternatively, the way in which she has depicted the tiger may be interpreted to suggest a restriction of free movement.

In an effort to explore the girl's associations to the tiger, the researcher asked about the ways the girl felt that she and her life were similar or different to the tiger. Her response was that if the tiger is like her cat, it would like to eat chicken, a food she also likes to eat. The subject's responses highlight the concrete thought processes in operation in pre-adolescents (Piaget, cited in Sprinthall & Sprinthall, 1977, pp. 117-147).

The Posttest drawing of the seal has more movement than the Pretest tiger drawing. The seal is an animal that has fin-like limbs that allow it to move rather awkwardly on land and beautifully in water. A feature of this animal is that it requires the ability to traverse both elements for survival. If water is interpreted to mean the feminine unconscious and emotional realm of the psyche, and the land element as the masculine, concrete, and reality based realm (Chetwynd, 1982), the drawing may be interpreted to portray the subject as experiencing her emotions of past events as forcefully surfacing. It seems that while she remains on land her movement will be limited. Once she decides to dive into the realm of her emotions she will move with more ease and perhaps experience more playfulness and enjoyment. The subject seems on the verge of these elements integrating within her psyche, a fundamental process in pre-adolescence.

Dr. Campanelli suggested the possibility that the land in the Posttest drawing might also be symbolic for "mother earth" and hence be associated with the child's mother and possibly a wish for nurturing. This may also be related to seals as their birth process occurs on land. The importance of being in contact with the earth, a vital nurturing environment where bonding occurs between mother and child may be an aspect expressed by the subject in this drawing.

The seal is also a socially orientated animal. With reference to this child and her stage of development, her friends are a very important part of her school life and she maintains a high level of social acceptability which has a positive influence on her feelings of general self-esteem.

The dark shadow on the side of the page that represents the future may indicate that the subject is still uneasy about what the future means for her. Her inclusion of an ear on the seal is significant in relation to the absence of ears on many of her previous drawings. In establishing how the seal is like her and her life, the subject said that she likes swimming.

In Art Therapy supervision, Dr. Campanelli suggested another way of interpreting the girl's responses to my questions about how she is like the animals drawn is to consider that she relates to her tiger drawing in an incorporating manner through eating, while she relates to her seal drawing in an interactive manner through swimming. By applying a psychoanalytic framework in interpreting the child's responses, it can be said that she relates to the tiger symbol in an "oral" manner, which represents the stage of development where incorporation, nurturing and mothering is important (Freud, cited in Sprinthall & Sprinthall, 1977, p. 184). The tiger is also an orally aggressive animal, which can be interpreted to represent a defended sense of self. By applying an Eriksonian framework, this stage of development represents a period of "trust and mistrust", a time of healthy dependence and

aggression (Erikson, cited in Sprinthall & Sprinthall, 1977, p. 191). The child's feelings are appropriate considering that the child and I were at an early stage of developing a relationship.

When applying a psychoanalytic framework to the child's responses to her seal drawing, it can be suggested that she is relating to her work in an "anal" manner, where movement, separation and support are important (Freud, cited in Sprinthall & Sprinthall, 1977, p. 184). In an Eriksonian interpretation, this stage is viewed as a time of "autonomy and shame", where one becomes more social and interactive but is also able to acknowledge feelings of anger and unsureness (Erikson, cited in Sprinthall & Sprinthall, 1977, p. 195). To use the psychoanalytic framework of Object Relations Theory (St. Clair, 1986), the girl's seal drawing can be interpreted to graphically represent the stage of "practicing", where the child experiments with attachment and separateness from the mother. Initially, this stage of development occurs in early childhood but similar aspects resurface toward adolescence when the young person is experimenting with individuality. In the girl's drawing, the seal seems about to explore and play but seems to look back for reassurance.

Taking these interpretations into consideration, a way of viewing the child's tiger drawing would be to suggest that she is presenting a defended, ideal ego image of how she would like to be seen, whereas the seal drawing may present a more accurate and less defended image of herself and how she feels about her life.

Figure 4 shows that only one of five objective judges chose the Posttest "How I Feel About Myself and My Life" Drawing as the artwork portraying the subject as possessing a sense of improved self-esteem. However, the judges were also given an opportunity to provide written comments on the Pretest-Posttest Drawing Form (Appendix K) which revealed that three of the four judges who voted for the Pretest artwork, initially responded positively to the Posttest artwork. It must also be taken

into consideration that the child did not perceive herself as low in self-esteem when she entered into Art Therapy.

Comments made by the objective judges indicate that they perceived the Posttest artwork of the seal as fluid, alive, mobile and buoyant but that the sideways glance of the seal gave the impression of it being unsure or guarded. The qualities attributed to the Pretest artwork that impressed the judges and influenced their choice of the Pretest artwork included the sense of a firm foundation being shown, the direct gaze of the tiger and the symbolic meaning of the tiger as powerful and authoritative. Comments were also made about the tiger's relaxed, placid and serene disposition, although this stance was also described as complacent. The one judge who chose the Posttest drawing described the tiger as defensive while the seal seemed more playful, suggesting that movement had been made during the Art Therapy.

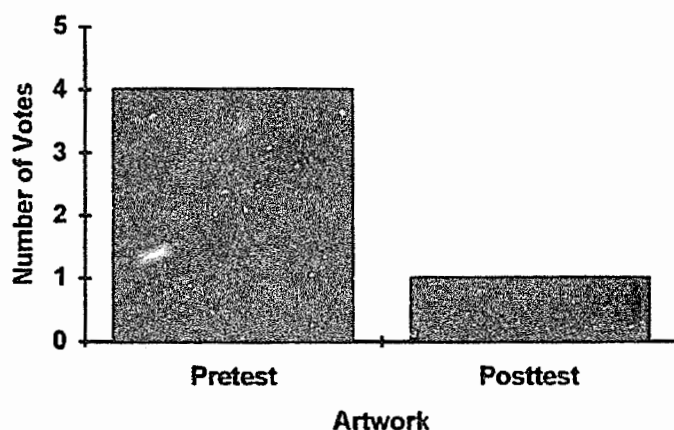


Figure 4. Tallies of the objective judges voting for either the Pretest or Posttest "How I Feel About Myself and My Life" Drawings, as indicative of the subject displaying a sense of improved self-esteem.

4. Ten-Point Self-Description Scale Ratings

The fourth hypothesis aims to establish how the subject perceives herself managing her life and to rate her feelings about her everyday experiences by asking her to rate herself on the Ten-point Self-Description Scale (Figure 5). Although this self-rating occurred each Art Therapy session, particular emphasis is placed on the child's Pretest and Posttest ratings. The results of her self-ratings are represented on Figure 6.

The results show that the child rated herself higher at each consecutive Art Therapy session. This indicates that the treatment intervention was having a positive effect in the way she viewed her daily experiences.

It is interesting to note that some of the "9" ratings even occurred on days when the subject had school tests that she found stressful because they highlighted her learning difficulties. In keeping with the therapeutic principles behind the use of this instrument in encouraging clients to identify and validate their internal competence-affirming processes, I questioned her as to how she was still able to have a "9" day even though she had to take tests. Her response was that apart from the tests, she still had a fun day playing with her friends. This is an important acknowledgment on the part of the child because one of the strategies adopted by her teacher was encouraging her to develop an attitude of "It's not the end of the world" with regard to getting wrong answers in her school work.

The subject indicated that the "9" days meant that nothing "went wrong" and that she felt very good. Perhaps the actual event of the Art Therapy sessions, something this child enjoyed, influenced her to make high ratings. The "10" rating occurred on a school outing day. The subject confided that it still was a "10" day, at least they were out of school even if the excursion was to "boring" Parliament House where she had to sit and listen for a long time and ended up biting her nails down to

the quick. It seems that this child does not like the confinement of the school environment.

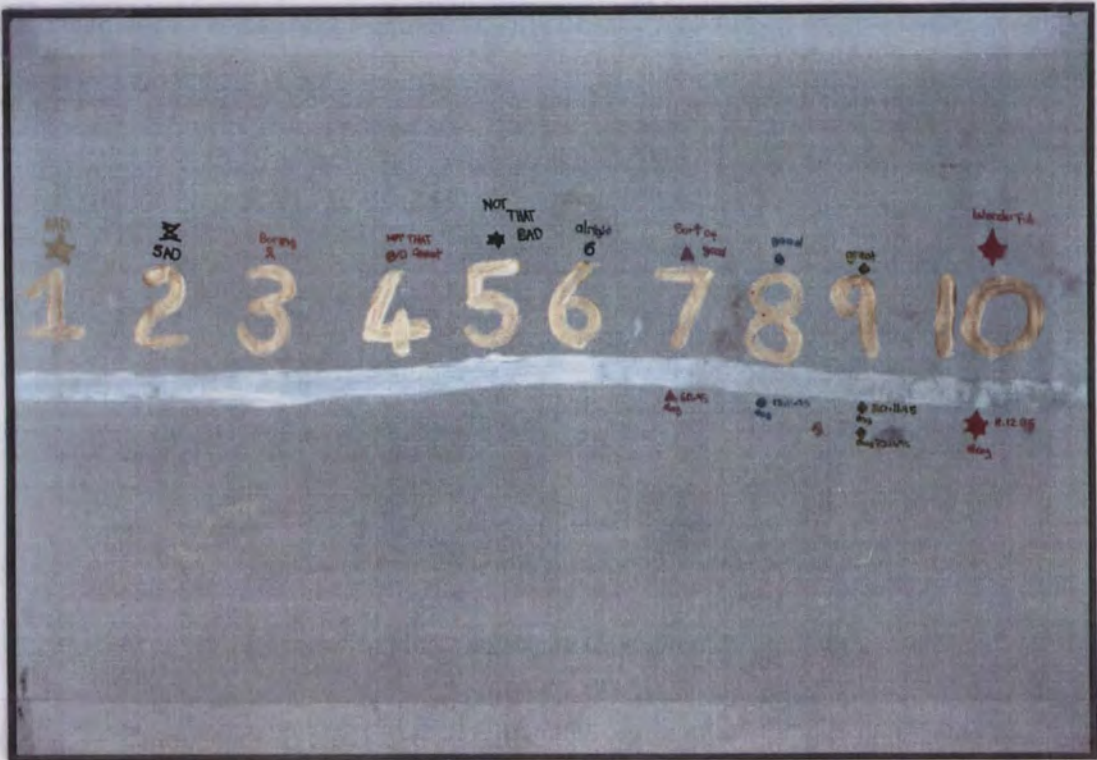


Figure 5. Ten-Point Self-Description Scale.

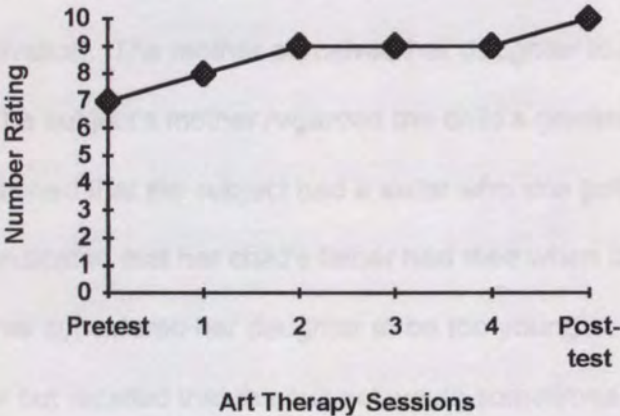


Figure 6. Subject's Pretest rating, Posttest rating and other ratings made during the Art Therapy sessions on her Self-Description Scale.

5. Caregivers' Ratings

The fifth hypothesis aims to establish the occurrence of positive changes in the girl by her caregivers being able to notice that she is managing her problem/s better. The caregivers Pretest and Posttest ratings of how well they perceive the subject coping with the problem/s she is currently experiencing is expressed in Figure 7.

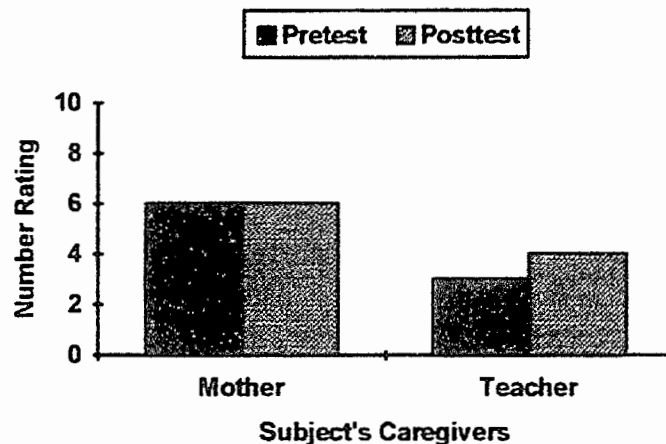


Figure 7. Caregiver's Pretest and Posttest ratings of how well they perceive the subject coping with her difficulties.

Additionally, the caregivers were asked to provide written comments pertaining to this hypothesis. The subject's mother identified the child's problem as low self-esteem and low motivation. The mother perceived her daughter to be "just coping" with this problem. The subject's mother regarded the child's greatest area of interest as art and also mentioned that the subject had a sister who she got on well with.

The mother indicated that her child's father had died when the child was 4 years old. The mother considered her daughter to be too young at the time to remember her father but recalled that the subject would sometimes make up little stories about him. It was the mother's opinion that the subject would probably deal with the grief over her father's death when she was older.

The subject was diagnosed with "borderline" Attention Deficit Disorder at the end of Year 1 after her mother realised that her daughter was not learning to read but was memorising story books instead. The mother also noticed that her daughter was often "in fantasy land" and would behave like a horse or cat at home and at school. The subject was not prescribed medication but the identified areas of difficulty included food sensitivity and learning difficulties due to a short attention span, restlessness and a tendency to daydream. It was the opinion of the diagnosing psychologist, and consequently the mother, that the child would "grow out of it". At the time, the subject had attended a reading clinic for two years and recently reading tutoring resumed.

The subject's mother would have liked the Art Therapy to increase her daughter's self-esteem, motivation, life skills and coping abilities. This would have been apparent through a noticeable change in the girl's attitude toward her school work and an increase in her coping abilities and self-worth. The mother's Posttest rating is the same as her Pretest rating and she indicates that she couldn't really tell if the Art Therapy was helpful because she didn't know enough about it or what was done to be able to tell.

The subject's teacher identifies the girl's problem as low self-esteem largely generated by a very low academic performance and her perceived difficulties in the set class work, particularly in reading and maths. The teacher rates the subject as "not coping" with this problem. The teacher identifies the subject's interests as animals, all art, drawing, colour and mentions the effort that this child puts into producing "lovely work, fairly quickly".

The teacher points out that the subject's reading is so poor that she cannot do the Year 6 level work. The teacher mentioned that the child's daydreaming,

behaving like horse in Year 1 and general "scattiness" has probably contributed to her poor reading ability.

The changes the teacher indicated that she would like to see in the subject were that she did not get so easily discouraged when confronted by tasks, that she not be so negatively effected when she made a mistake in class, that she be more interested in learning and that she put up her hand in class to indicate that she needs help. It seemed that the subject relied upon her classmates to provide extra help without indicating to the teacher that she was experiencing difficulties.

The teacher rates the subject 1 point higher in being able to cope with the difficulties she is experiencing. Gains were identified with regard to the subject being more able to raise her hand in class, to recover from setbacks and improved work standards. However, the teacher notes that she considers that the size of the problem and the relatively short length of therapy probably minimised the possibility of any significant gains being made in the areas she identified.

To summarise, no improvement in the child's management of her problems as a result of the Art Therapy was perceived by her mother. However, the mother indicated that she would have liked to participate in the therapeutic process more and that this would have enabled her to make a more accurate assessment of the outcome of the therapy. The teacher indicated a minimal improvement in the subject's management of her problems and also mentioned that the long-term problems probably needed a more extended time frame to address them for dramatic improvements to have occurred.

Discussion

A Competency-Based Approach to Art Therapy

Family Therapy practices share principles that are at the foundation of Art Therapy theory and practice. Common elements such as, the use of creativity and metaphor in the therapeutic process, the use of strategic interventions, the co-constructive stance of the therapist, and the concern for language and communication, seem to be at the heart of the compatibility between Family Therapy and Art Therapy. This compatibility has been explored in the literature of Family Art Therapy (Riley & Malchiodi, 1994). The current study extends the exploration of this compatibility to include the most recent Family Therapy practices developed by Durrant & Kowalski (1993), described as a "competency-based" approach, in relation to Art Therapy interventions.

The combination of Art Therapy and competency-based Family Therapy in the current study addresses the concerns raised by Allman (1990), about the overemphasis on "systems" and the consequent neglect of the aesthetic element in communication in recent Family Therapy practices. Additionally, Family Art Therapy practices are updated to consider change in terms of altering systems rather than being dependent upon insight (Mills & Crowley, 1988), and to be more short-term in orientation. The blending of competency-based Family Therapy and Art Therapy in the current study to develop a competency-based Art Therapy approach demonstrates a mutually beneficial outcome. The balance between attending to "systems" while respecting the aesthetic processes involved in communication and the therapeutic experience, is achieved.

The Art Therapy practices utilised in this study enhanced the opportunities for creating meaning and exploring metaphors in the therapeutic process because nonverbal as well as verbal communications were explored. In this way, the scope of externalising discourse was broadened. Additionally, the subject was able to bring life to internal thoughts and feelings by using her body and senses in manipulating art materials to create artworks that existed in external reality. Externalising internal images provided opportunities for the researcher to validate the child's feelings, memories, hopes and fears, and for the child to integrate these aspects of herself.

The competency-based Art Therapy approach was appropriate to working with the pre-adolescent child because it gave her control, stimulated creativity, was pleasurable, increased her art skills, used the child's own language and symbols in telling her story, and allowed for a multiplicity of meanings and solutions. The researcher's stance in the therapeutic process as "transparent" (Cecchin, cited in Riley & Malchiodi, 1994, p. 83) and "not knowing" (Anderson & Goolishian, cited in Riley & Malchiodi, 1994, p. 88) was important in showing respect for the young person's capabilities and in establishing a trusting relationship.

Art Therapy interventions and instruments used in the current study were designed within the competency-based Family Therapy theoretical framework. The researcher's co-constructive and collaborative therapeutic role was established from the initial meetings with the participants. The questions asked in the initial meeting with the child (Appendix F), are designed to reflect that the researcher considers the child to be more of an expert about herself and what she would like from the therapy, rather than the researcher being an expert about the child.

An interesting outcome of this process was that the child did not identify feelings associated with low self-esteem, that were previously identified by her caregivers, as being a problem. The only problem the subject mentioned was poor

performance in mathematics and spelling. Consequently, she did not expect that the Art Therapy would improve her school grades but rather that she would get to do some fun things.

The different perceptions regarding the subject were taken into consideration when formulating the goals of therapy and the intervention strategies. Making the Art Therapy fun while exploring the issues identified by her caregivers, such as ADD, learning difficulties, family issues and future development, were all considered important.

Some competency-based techniques were more applicable to the subject's situation than others and so not all the techniques were used. For example, the miracle question technique (de Shazer, cited in Friedman, 1993, p. 109) was not applicable in the current study because the girl did not identify a specific problem that could be explored by imagining and drawing about a future without the problem.

Part of the competency-based Art Therapy approach involved increasing the subject's competence in art skills because of her stated interest and enthusiasm. However, the use of visual representations were specifically designed to enhance the predominantly verbal competency-based Family Therapy techniques. The competency-based Art Therapy promoted the possibility of the child viewing herself differently and as having more agency in changing the perception of her experiences.

The subject was involved in art activities to visually represent, "reframe" and "externalise" (Riley & Malchiodi, 1994; MRI approach; White; cited in Friedman, 1993, p. 111), her family and school experiences by drawing her life story (Riley & Malchiodi, 1994; Capacchione, 1989). The subject also expressed and released tension by playing with the art materials, and she explored sex-role identity issues by creating a collage. She explored and integrated internal and external experiences and body awareness through a body outline activity (Capacchione, 1989). The

feminine metaphor of the rose was also used in a visualisation technique during the treatment in order to engage the subject's auditory functions and to provide a holistic view of her strengths, weaknesses and overall self-esteem. The subject also experienced art making for a ritual ending (Riley & Malchiodi, 1994).

This girl's characteristics support the ideas put forth by Case (1987), with regard to issues pertinent to children who have experienced a significant loss. It became apparent that she may have reverted to baby-like behaviours, such as acting like a horse or cat in Year 1, to escape from the difficulty in dealing with the death of her father. The difficulty included a lack of understanding of what happened at the time and then as she grew older, a reluctance by her mother and sister to validate her ability to remember her father. As a result of her inattentiveness in Year 1, the subject did not develop scholastic competencies. Later, the child's ability to remember, and to gain reassurance that her thoughts and feelings were real and normal, were not validated by her family.

The competency-based Art Therapy intervention was able to intervene by addressing the grief issues openly with the child, her mother and her teacher. The subject's memories were encouraged through visual and verbal means, and were discussed with her mother and teacher. The artworks also provided a stimulus for open discussion to occur between the child and her mother when they were taken home.

The competency-based Art Therapy assessment measurements and treatment interventions were able to validate the child's individual learning style and provided her with an understanding of this, thereby normalising her perception of her experience. The current study demonstrates that the subject has developed exceptional visual-spatial skills and modes of thought, and was able to be stimulated to learn through appealing to these sensual channels of experience. The time limits

and goals of the competency-based Art Therapy approach did not explore the educational needs of the child but provided the mother and teacher with an alternative way by which to view the child's "learning problem". The subject's exceptionality was presented in a positive light with regard to the importance of the ability to think creatively (Buzan & Buzan, 1995), and the possibility of alternative learning experiences (Silver, 1987, 1978). Communicating and learning through visual and kinaesthetic means may be the preferred methods in promoting growth with this child because of the integrating effects these methods of learning promote regarding different modes of thought and feeling.

It is beyond the scope of the current study to present multimodal educational approaches (van Engeland, 1993), cognitive-behavioural treatments (Kendall & Panichelli-Mindell, 1995) or cognitive Art Therapy (Silver, 1987, 1978), in addressing the subject's educational alternatives. However, the subject's caregivers were given recommendations for meeting her educational needs.

Although the current study does not attempt to verify changes in self-esteem with the shifts in educational settings from primary to high school, the relevant literature is included to provide a future focus to the current study. Drawing the caregivers attention to the child's future with regard to her transition to high school in a year's time enabled discussion to occur and responsibility to be acknowledged regarding the positive planning for the child's future.

The subject's prior diagnosis of ADD did not specify which type. My observations suggest that she is more likely to be of the predominantly Inattentive Type or Combined Type rather than the predominantly Hyperactive-Impulsive Type (Maag & Reid, 1995; Erk, 1995). This suggestion is also based on the findings of Searight, Nahlik & Campbell (1995), who postulate that the ADD-Inattentive Type is more likely to be a girl with a learning disability that effects reading, spelling and

arithmetic. An important implication for the subject and her caregivers is that it is no longer considered that the disorder goes into remission as the child grows, as formerly believed. Including the girl's caregivers in the competency-based Art Therapy alerted them to this fact and strategies were suggested regarding organisation, structuring and a reward system that would help the subject develop self-management skills that would be necessary for high school and adulthood.

Self-Esteem Hypotheses and Literature

Self-esteem in the current study, is defined in relation to the work of Harter (1988, 1986, 1985a, 1985b, 1982). The choice of the SPPC (Harter, 1985b), is based on the quality of the descriptive and evaluative information it elicits about a child's self-esteem, and its endorsement by an Australian psychologist (Bogan, 1988). The instrument was helpful in clarifying the subject's perceptions of her competence in five specific domains and her Global Self-Worth, and enabled comparisons to be made with regard to perceptions of the girl by her caregivers. The information obtained was useful in developing goals for therapy and in opening discussions between the subject's mother and teacher in planning for the subject's educational future. The information also provided the caregivers with ways of viewing the subject differently when the discrepancies in their perceptions were discovered and discussed with the researcher.

The results of the current study support the first part of the first hypothesis. Even though the subject's Global Self-Worth Score was high before the intervention, an increase of 0.1 was indicated at the end of the competency-based Art Therapy treatment.

The second part of the first hypothesis was not supported. However, this result may be due to the manner in which the Competence/Importance Discrepancy Score is calculated. As stated in the Results section, if all domains are included, the hypothesis of the Discrepancy Score being lower at the end of the competency-based Art Therapy treatment would have been supported. Consequently, some of the questions raised by Bogan (1988), regarding the validity of the Importance Scale and the lack of descriptive information gained by simple ratings, are shared by the current study.

The finding of Renick & Harter (cited in Suls & Greenwald, 1986, p. 147), concerning the relatedness of Global Self-Worth to Scholastic Competence for learning disabled students, is not supported by the current study. Even though the subject rated herself in the low to mid range of Scholastic Competence, she maintained a high Global Self-Worth. This outcome could be attributed to the different processes operating in the learning disabled student, as described by Renick & Harter (cited in Suls & Greenwald, 1986, p. 148), where teachers, others and the student adopt the strategy of reinforcing that the student is not stupid just because she performance poorly in some skills. Such was the case with this child. This subject was well supported by family and friends, and had other interests which may have helped her maintain a high Global Self-Worth or self-esteem. Nevertheless, the results indicate that specific improvement of the subject's Scholastic Competence would benefit her self-esteem in this dimension.

The subject's Global Self-Esteem Score suggests that this child has high self-esteem, with the process of "beneffectance" (Harter, 1986) evident. However, the process of "discounting" (Harter, 1986) that generally occurs with children with high self-esteem, was not demonstrated with this subject. In fact, this child "discounted" a domain in which she rated herself highly. This had a negative effect on her

Competence/Importance Discrepancy Score. The possibility of reversing the “discounting” theory was not taken into account by Harter in her writings. This unusual finding suggests that this child employs complex processes to construct her self-esteem. As mentioned by Harter (1986), this process may be more complex with learning disabled students.

The profile of the subject, as deficient in language processing skills and enhanced right brain hemisphericity, who displays low self-esteem in the school environment, supports the suggestions of Laure & Persinger, (1992). It can be assumed that this child displays the characteristics of left hemisphere dysfunction with low achievement scores in reading and arithmetic, supporting the suggestions of Branch, Cohen & Hynd, (1995).

The current study acknowledges the precedent set by Bowan & Rosal (1989), in utilising a sound research methodology and incorporating several measurements, including the House-Tree-Person Drawing Test (H-T-P) (Buck, 1970), to evaluate change in the subject. The benefit of using this projective technique is that aspects of the subject were revealed that may have otherwise remained unobserved.

The overall impression when comparing the Pretest and Posttest H-T-P drawings in the current study, is that the girl was very controlled and hesitant to communicate directly at the beginning of the therapy and noticeably more open and relaxed at the end of the therapy. The results of the H-T-P enable conclusions to be made regarding the subject's issues and the degree of resolution of these issues after the competency-based Art Therapy treatment intervention.

The issues elaborated upon by the use of the H-T-P included the child's grief concerning the death of her father, lack of ego boundaries, lack of integration of feelings and thoughts, a need for wider scope in allowing her mental realm to grow, a

lack of warmth and power within the home, a natural concern for sex-role identity and her acknowledgment of not being attentive.

The limitation when using the H-T-P is that it requires qualitative interpretation, which may mean that interpretations will vary according to the researcher. Even though the qualitative interpretation process was used in the current study, the use of the guidelines (Buck, 1970; Jolles, 1952), attempted to minimise the effects of researcher subjectivity.

This child used a metaphorical context to answer the Pretest and Posttest question for the third hypothesis. The results indicate that she was feeling generally content with herself and her life but also quite controlled and restrained before the competency-based Art Therapy intervention. After the intervention, the Posttest drawing indicates that the subject has found some freedom of movement and more variation in her environment. Even though the subject displayed a connection with the animal world, when asked to extend the metaphor verbally, to explore how she was like or not like the tiger and seal, she was very concrete in her responses.

The results for the third hypothesis raise important questions regarding the instrument developed to test this hypothesis and its application involving others in assessing improved self-esteem. The instrument does not define self-esteem but the results reveal the implicit definitions of the objective judges by which they made their choices. It seems that the majority of judges identified qualities such as power, authority, a frontal view and serenity with improved self-esteem, while down playing qualities they identified as playful, fluid, mobile, alive and buoyant as indicative of improved self-esteem. Consequently, the hypothesis that the majority of judges would vote for the Posttest "How I Feel About Myself and My Life" drawing was not supported. A definition of improved self-esteem may be required for this instrument to

ensure that all objective judges are making choices based upon the same criteria. A suggestion follows in the Recommendation section of the current study.

The graphic depiction of the scaling question technique (Kowalski & Kral, 1989), formalised in the fourth hypothesis is a useful instrument. The results indicate that the subject's Posttest rating is higher than her Pretest rating, and increased progressively throughout the Art Therapy treatment intervention, suggesting that the Art Therapy positively effected her self-esteem.

However, the question of what the scale actually measures is of some concern. While the scale may not measure self-esteem directly, it does give a more positive overall picture to the subject, who may hold a problem-saturated view of themselves. The self-description scale, as visual evidence on paper, challenged the child's view of her school days as being all "bad" because even though she was having tests, she still rated her school days in the high range of the scale.

At this point self-description questions (White, 1988), were asked in an attempt to make meaning of how the child was able to have such good feelings about herself even though the day was spent doing activities that she found very unpleasant. Even though the subject was unable to answer questions like "How were you able to do that?", this approach allowed the researcher to give positive feedback about how well the subject was progressing.

Suggesting that the subject change her self-description scale when she mentioned that she was unhappy with the way it looked, encouraged her to view herself as able to have an impact and to change whatever she wanted. The use of art in this instance and throughout the competency-based Art Therapy approach, enhanced the subject's view of her self-competence because it involved taking risks, making decisions, problem-solving, coping with anxiety, developing skills, experimenting and experiencing her own creative process. This involvement seemed

to give the girl a sense of her own agency, the freedom to explore different ways of expressing herself and different ways of being.

Harter's inclusion of significant others in her model of self-esteem (Harter, 1986), is relevant to working within an approach derived from Family Therapy theory and practice. The "therapy" that is ongoing within the systems of home and school is of more importance than the "once-a-week" therapy that occurs in the office with the therapist. Involving as many people as possible that are part of the systems in which the subject lives, is vital to ensuring that changes occur within these systems, rather than viewing change as only occurring within the subject.

The girl's mother and teacher were included at the beginning and at the end of the competency-based Art Therapy treatment. The Pretest and Posttest questionnaires for caregivers (Appendixes D and E), were successful instruments in identifying the caregivers' perceptions of the subject's problem, how well they perceived the subject to be coping with the problem, what they hoped the outcomes of the therapy would be and whether these hopes were realised. The results of the current study indicate that there was a minimal positive change of 1 point in the teacher's perception of the subject's self-esteem after the Art Therapy and no change in the way the mother perceived the subject.

A possible reason for this result is that the caregivers' inclusion was very limited and consequently, they were not directly involved in the therapeutic process. The teacher expressed some scepticism about the possibility of a short-term therapy having an effect, considering the issues involved with this child. This scepticism and lack of direct experience with Art Therapy may have effected the caregivers' responses to this question.

In Family Therapy, when significant others are available, they are included in the therapy sessions. When this is not possible, working with an individual within a

Family Therapy framework is an acceptable compromise. In the current study, it was considered essential to include the girl's caregivers since they are a vital part of her life because of her age. Even though the extent of the inclusion of the subject's caregivers was limited, it was pertinent to the overall process and to ensure the continuation of interventions recommended by the researcher after the therapy sessions.

Implications of the Current Findings

Measuring the effectiveness of an Art Therapy intervention is an important facet of research in this field. This type of research will educate other professionals about the validity of this therapeutic modality and provide a wider understanding within the field about applicable methodologies in Art Therapy research. The multi-faceted Pretest-Posttest research design proved useful in obtaining data from a variety of sources assessing the effectiveness of the competency-based Art Therapy approach in improving the self-esteem of a pre-adolescent female.

The short-term orientation of the competency-based Art Therapy is particularly suited to the school setting, where it may not be desirable or possible for children to undergo long-term psychotherapy. The competency-based Art Therapy techniques enhance therapeutic process, can encourage later verbalisation, does not require insight for change to occur and can involve significant others. Consequently, a long period of time for the therapy to be effective is not required.

This study attempts to provide the additional research strategies and measurements called for by Williams (1976), to examine the effectiveness of short-term individual Art Therapy. Additionally, this study has focussed on a pre-adolescent

female subject, from a subject group that has been neglected by previous studies regarding the effectiveness of short-term Art Therapy on an individual's self-esteem (Stanley & Millar, 1993; Tibbetts & Stone, 1990; White & Allen, 1971).

This child's inability to extend metaphors verbally and her difficulty in answering questions about how she was able to feel good at school despite her learning difficulties may be related to her stage of cognitive growth. According to Piaget's stage theory (Sprinthall & Sprinthall, 1977, p. 117-147), the subject is nearing the end of the stage of Concrete Operations or Operational Thinking, which ranges from the ages of seven to eleven years. During this stage the child thinks literally, logically and functionally, and abandons the intuitive and magical thinking of the previous (Pre-operational) stage. This consideration has implications when using the verbal questioning techniques used in competency-based Family Therapy with this population. Incorporating art into this approach, takes the emphasis off verbal communication and logical thinking processes. In this way, using art with competency-based techniques was a vital aspect of working with this child, and would be with any subject of a similar age.

Limitations of the Current Study

Whilst the Pretest-Posttest design allows the researcher to compare and contrast data collected before and after the treatment phase, this design does not have built-in controls. In the current study, the subject serves as its own control, where "within subject" or "intra subject" comparisons are able to be observed (Huck, Cormier & Bounds, 1974). Nevertheless, the investigation of an individual client and

the evaluation of treatment is of clinical importance to psychologists (Matheson, Bruce & Beauchamp, 1939).

A limitation of all research designs is that it is difficult to predict the intrusion of extraneous variables. However, the process-orientation of the Art Therapy treatment sessions enabled variables to be monitored and their influence noted. The variables are reported in the Results and Discussion sections of the current study.

Huck, Cormier & Bounds (1974), list History, Maturation, Testing and Instrumentation as the possible problems relevant to the methodology used in the current study. The six week duration of the study minimised the possible effects of History and Maturation.

The current study used valid and reliable instruments, such as the psychometric SPPC and the projective H-T-P. The validity and reliability of using other instruments developed upon the theoretical framework of competency-based Family Therapy such as, the subject's drawings, the subject's self-ratings and the caregivers' ratings requires further investigation. It is difficult to determine the effect of Testing and Instrumentation on the findings regarding these measures.

It is difficult to test for the consistency of the caregiver's Pretest and Posttest observations and ratings with regard to their subjectivity. However, the information collected from the two caregivers allowed the similarities and differences in their perceptions to be discussed and became part of the content for the therapeutic work.

The current study is specific to one subject and therefore has limited generality (Bordens & Abbott, 1988) and limited external validity (Shaughnessy & Zechmeister, 1985). However, it adds to the sparse literature on the topic in the field and will provide initial findings on several measures for others to validate.

Recommendations for Future Research

It is recommended for future research that the subject's parent/s and teacher/s understand the process of Art Therapy more fully so that they are able to make informed decisions about the possibility that Art Therapy may make a difference to the child's current situation or problem/s. Including caregivers in therapy sessions is an important part of systemic, strategic and structural forms of Family Therapy and Family Art Therapy. However, where this is not possible introducing the caregivers to Art Therapy in a session may be necessary.

Including significant others in the therapy sessions, such as the subject's teacher, parents and siblings, is a feature of Family Therapy. Family Therapy models of intervention require a high degree of therapist training, skill and supervision. These models of therapy also include a co-therapist. Family therapists confer on interventions and provide feedback to one another about the progress of the therapy. At times, the group of participants may be separated into two groups with one therapist each to work on particular issues. For example, the parents may work with one therapist for a time while their children are with the other therapist working on other issues and then the two groups will come together again at a later time. In Family Art Therapy, the same techniques may be used with the added intervention of art, whereby all participants experience the process of using art in therapy. This recommendation for future research is an undertaking of considerable proportion.

When the therapist is unable to meet the necessary requirements of conducting effective Family Art Therapy based on Family Therapy models, as described above, an alternative may be to conduct a separate introduction to Art Therapy for the subject's caregivers so that they may better understand the process that the subject will be experiencing. The introduction to Art Therapy for caregivers

would be best done after the Pretest Meeting and before the commencement of the Art Therapy sessions with the subject. The introduction would be most effective if it incorporated giving some information about the validity and history of Art Therapy, answering questions and doing Art Therapy activities. The experiential process of Art Therapy is important for the caregivers to experience themselves in order to better understand and be able to make an informed comment upon the possibility of Art Therapy effecting change in the subject.

The current study attempted to consider competence in a variety of domains. While the SPCC measures five dimensions of competence and gives a Global Self-Worth measurement, it does not measure the dimension of a person's creativity. While various art products were created by the subject and she was engaged in a creative therapeutic process in the current study, again the dimension of creativity was not directly measured. It is recommended for future research to include an instrument that measures creativity as a valid dimension that the subject may have developed competence in.

Future research would be enhanced by testing for the validity and reliability of three instruments developed by the current study. They are, the "How I Feel About Myself and My Life" Drawing, the Ten-Point Self-Description Scale and the Caregivers' Ratings. Specifically, with regard to using objective judges in voting for the Pretest or Posttest "How I Feel About Myself and My Life" Drawing as indicative of improved self-esteem, the term "self-esteem" may require defining. This could be achieved by providing a list of terms that define high self-esteem and asking the judges to rate which of the two drawings portrays the qualities associated with the listed terms.

With regard to comparing the differences in the caregiver's SPCC ratings of the subject, future research would be furthered by allowing for more descriptive information to be gained. In the Posttest Meeting, not only can differences be highlighted

but more open discussion could be encouraged about why noticeable differences have occurred. For example, in the current study, the large discrepancies between the mother's and teacher's ratings of the subject in the dimensions of Scholastic Competence and Behavioural Conduct could have been further investigated by asking the mother and teacher why they rated the subject so high or low and why they think the discrepancies occurred.

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APPENDIXES

APPENDIXES

Appendix A

Form of Disclosure and Informed Consent

A Competency-Based Art Therapy Approach for Improving the Self-Esteem of a Pre-Adolescent Girl

This research project is a thesis to be conducted in partial fulfilment of the requirements for the degree of Master of Arts (Art Therapy) at Edith Cowan University.

Purpose:

This project will apply and test the effectiveness of art therapy principles and practices to a way of working therapeutically that focuses on recognising and enhancing the client's view of her competence.

The term "the client" refers to a pre-adolescent girl. The term "caregivers" refers to the client's teacher, the client's parents/guardians and the school psychologist. The term "participants" refers to the client and caregivers inclusively.

Procedures:

The client will be actively involved in art therapy sessions designed to recognise and enhance a view of self-competence. The therapist will use standard projective drawing techniques and procedures during the course of the art therapy sessions, as well as responding to the needs and requests of the client.

The client's teacher, the client's parents/guardians and the school psychologist will be involved in meeting the researcher at the beginning and at the end of the art therapy sessions to discuss their perceptions of the client's strengths, the areas that they think the client needs to develop and to comment on areas that they have observed improvements made by the client.

The client will also be met before the commencement of the art therapy sessions and informed of the research activities and purpose of the research.

Rights of Participants:

Involvement in the research is voluntary and participants may choose to withdraw at any time.

Confidentiality:

All artworks and written notes will be treated with confidentiality and will be stored securely.

Every effort will be made to ensure the participants' anonymity and confidentiality by the use of pseudonyms in the final report.

Time Commitment:

Participation in the research project for the school psychologist will involve supervision of the researcher, which would be approximately half an hour per week over a period of approximately ten weeks. The school psychologist's availability to provide additional counselling support to the client, the client's teacher and the client's parents/guardians if any unexpected problems arise during the course of the research study is considered an essential prerequisite for conduct of this study.

Participation in the research project for the client's teacher and the client's parents/guardians will involve attending a meeting/interview and answering some questions before the commencement of therapy and also at the completion of the therapy. Each meeting will be approximately half an hour long.

Participation in the research project for the client will be negotiated with her in terms of the goals, frequency and duration of the sessions and the total length of art therapy. It may involve approximately one hour per week in one art therapy session over eight weeks. These sessions will probably occur after school on the school premises.

Benefits to Participants:

Participants can expect to benefit from involvement in this study through experiencing the difference in approaching problems and change by enhancing competencies.

Participants may also gain an increased understanding and knowledge of how art can promote views of competence and self-esteem.

A summary of the research results will be made available to participants on request.

Any questions concerning the project entitled,
A Competency-Based Art Therapy Approach
for Improving the Self-Esteem
of a Pre-Adolescent Girl

can be directed to Maria Papaluca, Phone: [REDACTED]

Appendix B

Consent Form for the Release of Artwork Produced and Information Given in Art Therapy Research 1

I _____ (client's name), have been informed about doing art therapy with Maria and any questions I have asked have been answered to my satisfaction. I know that the art therapy will involve making art as well as talking about how I feel about myself and things in my life. I agree to be involved in the art therapy sessions until the end of the term. I realise that I may choose to stop at any time if I want too.

Participant's Name: _____

Signature: _____

Date: _____

I give permission for the information, artwork (and in the form of photographs or slides) and case notes produced in art therapy research that I and my child have taken part in at

_____ to be used for educational purposes in conjunction with the M.A. Art Therapy course at Edith Cowan University.

I understand that my child's and my own anonymity and confidentiality will be preserved.

I agree that the research data gathered for this study may be published provided my child and myself are not identifiable.

Parent's Name: _____

Signature: _____

Date: _____

Researcher's Name: _____

Signature: _____

Date: _____

Appendix C

**Consent Form for the Release of Artwork Produced and Information Given
in Art Therapy Research 2**

I _____ have read the information above and any questions I have asked have been answered to my satisfaction. I agree to participate in this research activity, realising that I may withdraw at any time.

I give permission for the information, artwork (and in the form of photographs or slides) and case notes produced in art therapy research that I have taken part in at

_____ to be used for educational purposes in conjunction with the M.A. Art Therapy course at Edith Cowan University.

I understand that my anonymity and confidentiality will be preserved.

I agree that the research data gathered for this study may be published provided I am not identifiable.

Participant's Name: _____

Signature: _____

Date: _____

Guardian's Name: _____

Signature: _____

Date: _____

Researcher's Name: _____

Signature: _____

Date: _____

Appendix D

Pretest Questionnaire for Caregivers

1. What is your understanding of the problem this young person is currently experiencing?

2. On the scale below, circle a number that represents where you think this young person is at in terms of how she is managing her problem?

1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Not Coping Just Coping Coping Well

3. What is your perception of the interests, competencies and areas of strength that this young person has developed?

In your descriptions you may like to consider relevant issues like:

behaviours or habits,
medical and general physical health,
mental health,
personal and social relationships,
family history and family relationships,
educational performance and aspirations,
vocational interests and pursuits,
recreational interests,
life skills,
religious and spiritual practices.

4. What do you consider to be important for the therapist to know in reference to working with this young person?

5. If this Art Therapy treatment was seen to be successful, what would be most helpful and what would you hope the outcomes would be?

6. How would you know the therapy has been helpful?

Name: _____

Date: _____

Appendix E

Posttest Questionnaire for Caregivers

1. On the scale below, circle a number that represents where you think this young person is at in terms of how she is managing the problem you identified at the beginning of the Art Therapy treatment?

1—2—3—4—5—6—7—8—9—10
 Not Coping Just Coping Coping Well

2. Has the Art Therapy treatment been helpful?

3. How are you able to know the Art Therapy treatment has been helpful or not helpful to the child/young person?

Name: _____

Date: _____

Appendix F

Questions for Initial Meeting With Client

1. What would be helpful for me to know about you/your situation?

2. How do you wish your life/feeling state/attitude/behaviour was different?

3. How will you know when things are getting better for you?

4. Let's imagine that this Art Therapy was successful. How would you know if the Art Therapy has been helpful?

5. How will your family, friends notice that you are doing better?

Appendix G

Self-Perception Profile for Children (SPPC) - "What I Am Like"
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 manual (Harter, 1985b).

What I Am Like

Name _____ Age _____ Birthday _____ Month _____ Day _____ Group _____
 Boy or Girl (circle which)

SAMPLE SENTENCE

	Really True for me	Sort of True for me				Sort of True for me	Really True for me
(a)	<input type="checkbox"/>	<input type="checkbox"/>	Some kids would rather play outdoors in their spare time	BUT	Other kids would rather watch T.V.	<input type="checkbox"/>	<input type="checkbox"/>
1.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids feel that they are very <i>good</i> at their school work	BUT	Other kids <i>worry</i> about whether they can do the school work assigned to them.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids find it <i>hard</i> to make friends	BUT	Other kids find it's pretty easy to make friends.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids do very <i>well</i> at all kinds of sports	BUT	Other kids <i>don't</i> feel that they are very good when it comes to sports.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are <i>happy</i> with the way they look	BUT	Other kids are <i>not</i> happy with the way they look.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids often do <i>not</i> like the way they <i>behave</i>	BUT	Other kids usually <i>like</i> the way they behave.	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are often <i>unhappy</i> with themselves	BUT	Other kids are pretty <i>pleased</i> with themselves.	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids feel like they are <i>just as smart</i> as as other kids their age	BUT	Other kids aren't so sure and <i>wonder</i> if they are as smart.	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids have <i>a lot</i> of friends	BUT	Other kids <i>don't</i> have very many friends.	<input type="checkbox"/>	<input type="checkbox"/>

	Really True for me	Sort of True for me				Sort of True for me	Really True for me
9.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish they could be alot better at sports	BUT	Other kids feel they are good enough at sports.	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are <i>happy</i> with their height and weight	BUT	Other kids wish their height or weight were <i>different</i> .	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids usually do the <i>right</i> thing	BUT	Other kids often <i>don't</i> do the right thing.	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids <i>don't</i> like the way they are leading their life	BUT	Other kids <i>do</i> like the way they are leading their life.	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are pretty <i>slow</i> in finishing their school work	BUT	Other kids can do their school work <i>quickly</i> .	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids would like to have alot more friends	BUT	Other kids have as many friends as they want.	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids think they could do well at just about any new sports activity they haven't tried before	BUT	Other kids are afraid they might <i>not</i> do well at sports they haven't ever tried.	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish their body was <i>different</i>	BUT	Other kids <i>like</i> their body the way it is.	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids usually <i>act</i> the way they know they are <i>supposed</i> to	BUT	Other kids often <i>don't</i> act the way they are supposed to.	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are <i>happy</i> with themselves as a person	BUT	Other kids are often <i>not</i> happy with themselves.	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids often <i>forget</i> what they learn	BUT	Other kids can remember things <i>easily</i> .	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are always doing things with <i>alot</i> of kids	BUT	Other kids usually do things <i>by themselves</i> .	<input type="checkbox"/>	<input type="checkbox"/>

	Really True for me	Sort of True for me				Sort of True for me	Really True for me
21.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids feel that they are <i>better</i> than others their age at sports	BUT	Other kids <i>don't</i> feel they can play as well.	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish their physical appearance (how they look) was <i>different</i>	BUT	Other kids <i>like</i> their physical appearance the way it is.	<input type="checkbox"/>	<input type="checkbox"/>
23.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids usually get in <i>trouble</i> because of things they do	BUT	Other kids usually <i>don't</i> do things that get them in trouble.	<input type="checkbox"/>	<input type="checkbox"/>
24.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids <i>like</i> the kind of <i>person</i> they are	BUT	Other kids often wish they were someone else.	<input type="checkbox"/>	<input type="checkbox"/>
25.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids do <i>very well</i> at their classwork	BUT	Other kids <i>don't</i> do very well at their classwork.	<input type="checkbox"/>	<input type="checkbox"/>
26.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish that more people their age liked them	BUT	Other kids feel that most people their age <i>do</i> like them.	<input type="checkbox"/>	<input type="checkbox"/>
27.	<input type="checkbox"/>	<input type="checkbox"/>	In games and sports some kids usually <i>watch</i> instead of play	BUT	Other kids usually <i>play</i> rather than just watch.	<input type="checkbox"/>	<input type="checkbox"/>
28.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish something about their face or hair looked <i>different</i>	BUT	Other kids <i>like</i> their face and hair the way they are.	<input type="checkbox"/>	<input type="checkbox"/>
29.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids do things they know they <i>shouldn't</i> do	BUT	Other kids <i>hardly ever</i> do things they know they shouldn't do.	<input type="checkbox"/>	<input type="checkbox"/>
30.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are very <i>happy</i> being the way they are	BUT	Other kids wish they were <i>different</i> .	<input type="checkbox"/>	<input type="checkbox"/>
31.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids have <i>trouble</i> figuring out the answers in school	BUT	Other kids almost <i>always</i> can figure out the answers.	<input type="checkbox"/>	<input type="checkbox"/>
32.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are <i>popular</i> with others their age	BUT	Other kids are <i>not</i> very popular.	<input type="checkbox"/>	<input type="checkbox"/>

	Really True for me	Sort of True for me				Sort of True for me	Really True for me
33.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids <i>don't</i> do well at new outdoor games	BUT	Other kids are <i>good</i> at new games right away.	<input type="checkbox"/>	<input type="checkbox"/>
34.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids think that they are good looking	BUT	Other kids think that they are not very good looking.	<input type="checkbox"/>	<input type="checkbox"/>
35.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids behave themselves very well	BUT	Other kids often find it hard to behave themselves.	<input type="checkbox"/>	<input type="checkbox"/>
36.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids <i>are</i> not very happy with the way they do alot of things	BUT	Other kids think the way they do things is <i>fine</i> .	<input type="checkbox"/>	<input type="checkbox"/>

Appendix H

Self-Perception Profile for Children (SPPC) - Importance Scale Permission to photocopy materials granted by the author in the published manual (Harter, 1985b).

Name _____ Age _____ Group _____

HOW IMPORTANT ARE THESE THINGS TO HOW YOU FEEL ABOUT YOURSELF AS A PERSON?

	Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
1.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids think it's important to do well at school work in order to feel good as a person	BUT	Other kids don't think how well they do at schoolwork is that important.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids don't think that having a lot of friends is all that important	BUT	Other kids think that having a lot of friends is important to how they feel as a person	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids think it's important to be good at sports	BUT	Other kids don't think how good you are at sports is that important	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids think it's important to be good looking in order to feel good about themselves	BUT	Other kids don't think that's very important at all	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids think that it's important to behave the way they should	BUT	Other kids don't think that how they behave is that important	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids don't think that getting good grades is all that important to how they feel about themselves.	BUT	Other kids think that getting good grades is important.	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids think it's important to be popular	BUT	Other kids don't think that being popular is all that important to how they feel about themselves.	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids don't think doing well at athletics is that important to how they feel about themselves as a person	BUT	Other kids feel that doing well at athletics is important.	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids don't think that how they look is important to how they feel about themselves as a person	BUT	Other kids think that how they look is important.	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids don't think that how they act is all that important	BUT	Other kids think it's important to act the way you are supposed to	<input type="checkbox"/>	<input type="checkbox"/>

Appendix I

Self-Perception Profile for Children (SPPC) - Teacher's Rating Scale

Permission to photocopy materials granted by the author in the published manual (Harter, 1985b).

TEACHER'S RATING SCALE OF CHILD'S ACTUAL BEHAVIOR

Rate on the self-perception profile for children.

Child's name _____ Class grade group _____ Rate: _____

For each child, please indicate what you feel to be his/her actual competence on each question, in your opinion. First decide what kind of child he or she is like: the one described on the left or right, and then indicate whether this is just sort of true or really true for that individual. Thus, for each item, check one of four boxes.

	Really True	Sort of True			Sort of True	Really True
1.	<input type="checkbox"/>	<input type="checkbox"/>	This child is really good at his/her school work.	OR	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	This child finds it hard to make friends.	OR	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	This child does really well at all kinds of sports.	OR	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	This child is good-looking.	OR	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	This child is usually well-behaved.	OR	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	This child often forgets what s/he learns.	OR	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	This child has a lot of friends.	OR	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	This child is better than others his/her age at sports.	OR	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	This child has a nice physical appearance.	OR	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	This child usually acts appropriately.	OR	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	This child has trouble figuring out the answers in school.	OR	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	This child is popular with others his/her age.	OR	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	This child doesn't do well at new outdoor games.	OR	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	This child isn't very good looking.	OR	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	This child often gets in trouble because of things he/she does.	OR	<input type="checkbox"/>	<input type="checkbox"/>

Appendix J

Post-Drawing-Chromatic-Interrogation (P-D-I) (Buck, 1970 p. 30).

The researcher will ask the following formal questions:

Person

1. Is that a man or a woman (boy or girl)?
2. How old is s/he?
3. Who is s/he?
4. What is s/he doing? (And where is s/he doing it?)
5. How does s/he feel?
6. What sort of Person is s/he?
7. What is the weather like in this picture?
8. What does that Person need most?
9. What kind of clothing does that Person have on?

Tree

1. What kind of tree is that?
2. How old is that tree?
3. Is that tree alive? (If not, what part of is dead and what caused it to die, and will that tree ever come to life again, and when?)
4. Which does that tree look more like to you: a man or a woman?
5. What gives you that impression?
6. What is the weather like in this picture?
7. In which direction is the wind blowing?
8. What does that tree need most? (Why?)

House

1. How many stories does that House have?
2. Whose House is that?
3. If that were your own House and you could do whatever you liked with it:
 - (a) Which room would you like to take for your own? (Why?)
 - (b) Whom would you like to have live with you? (Why?)
4. What is the weather like in this picture?
5. What does this House need most? (Why?)

Additional questions may be asked to clarify the client's intent, to identify additional objects included in the drawing and to ascertain the significance of unusual details, proportional, spatial and positional relationships or the absence of essential details.

Appendix K

Pretest-Posttest Drawing Form for Objective Judges

Please consider the slides of the two artworks.

These artworks were produced by a pre-adolescent girl at different points in time, one before Art Therapy sessions and one after Art Therapy sessions designed to improve her self-esteem. Which of these do you think illustrates the person possessing a higher sense of self-esteem?

Do not discuss your thoughts with anyone else.

Circle your choice below:

Artwork 1 or Artwork 2

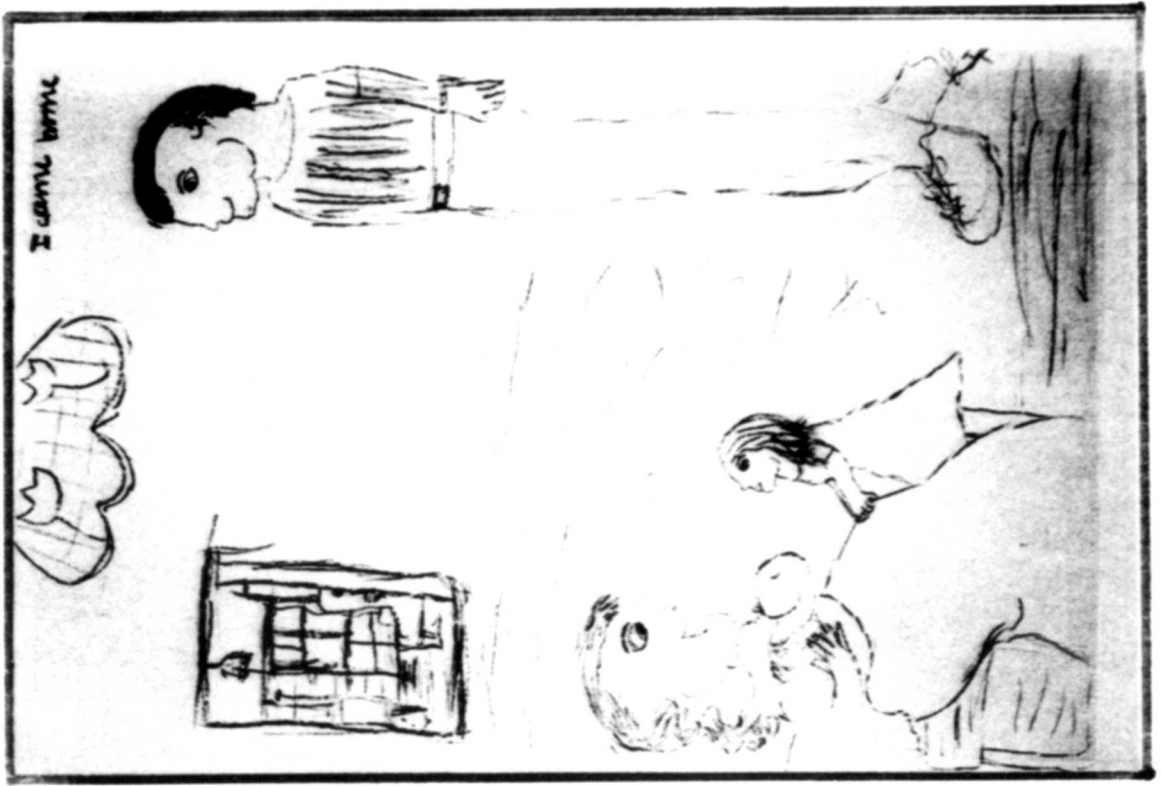
Comments:

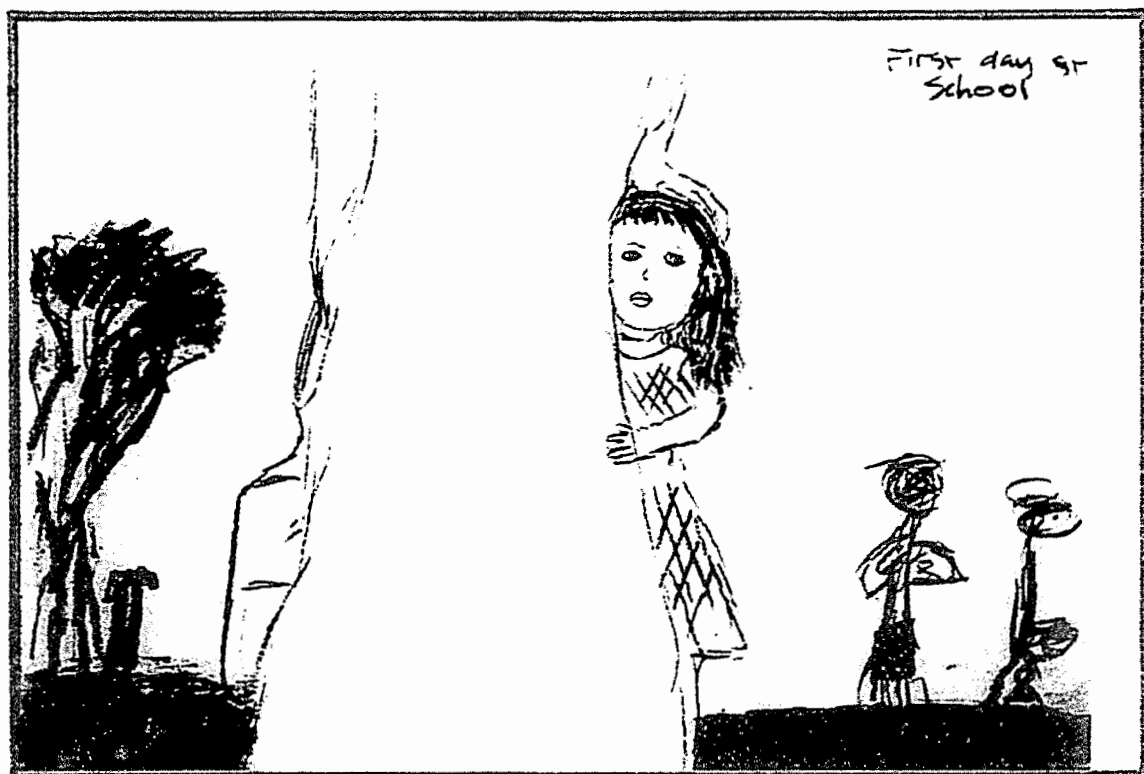
Please hand this paper back when you have completed the task.

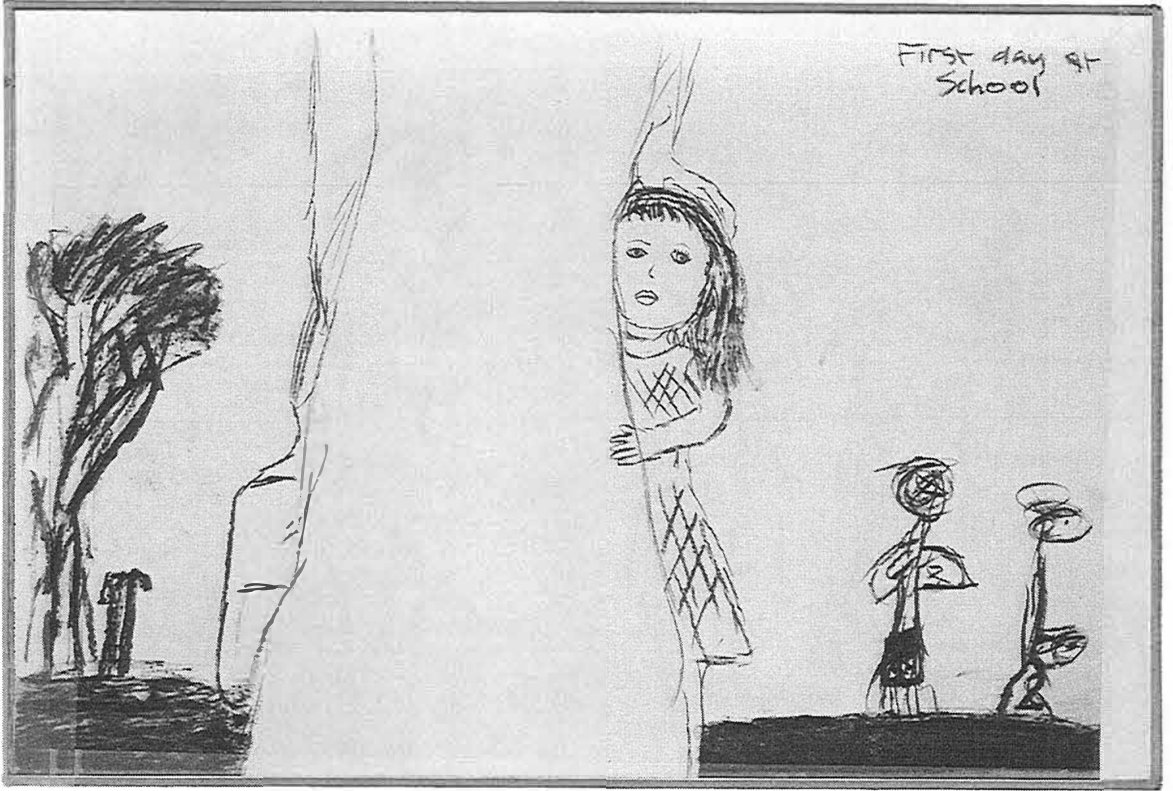
Thankyou.

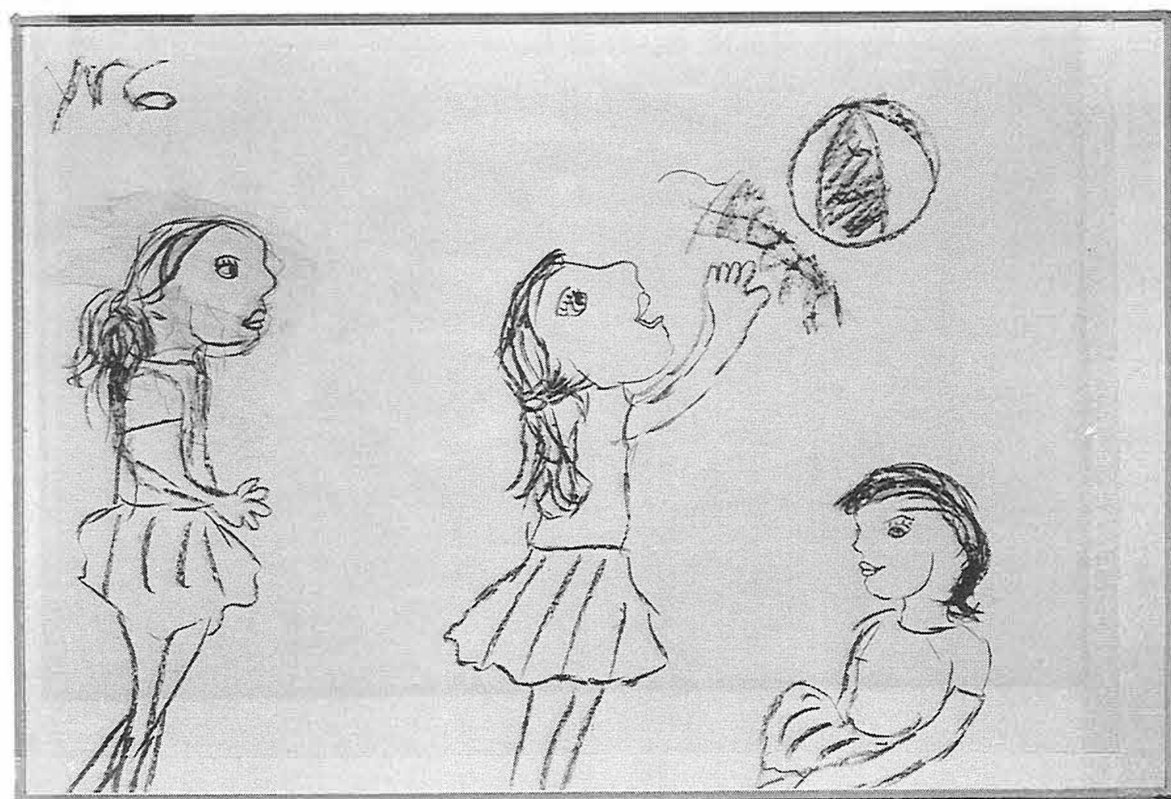
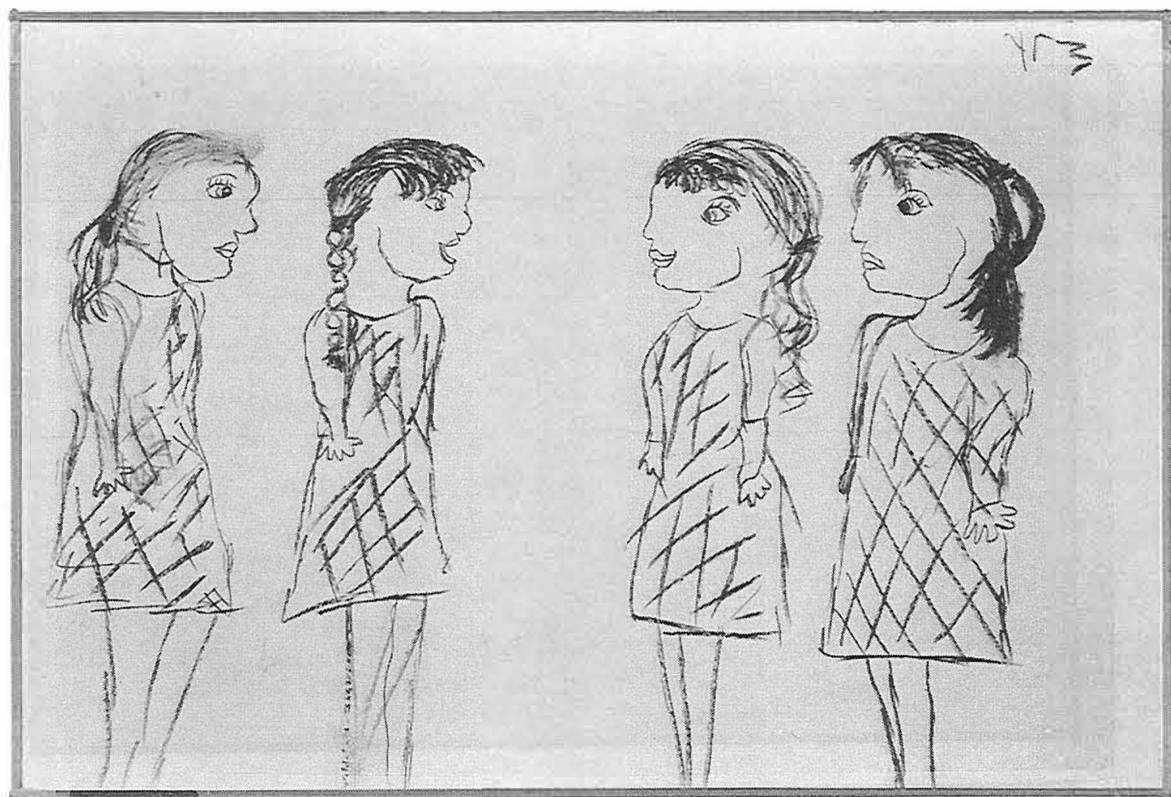
Appendix L

Subject's Life Story Drawings - Art Therapy Sessions 1 and 2.



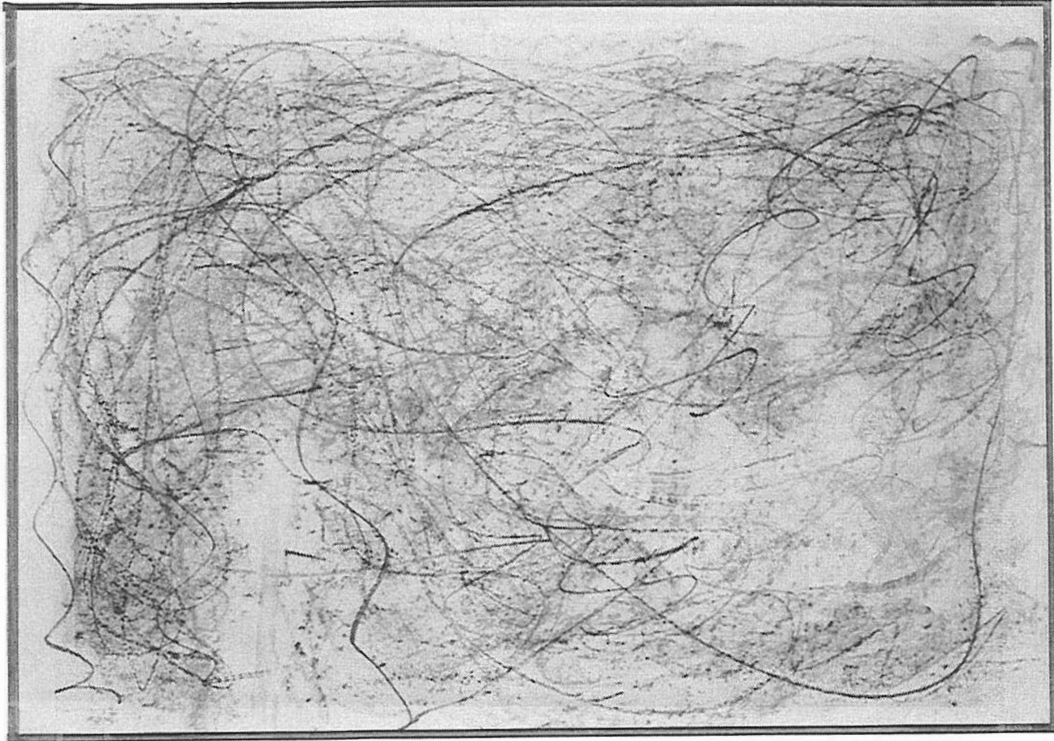






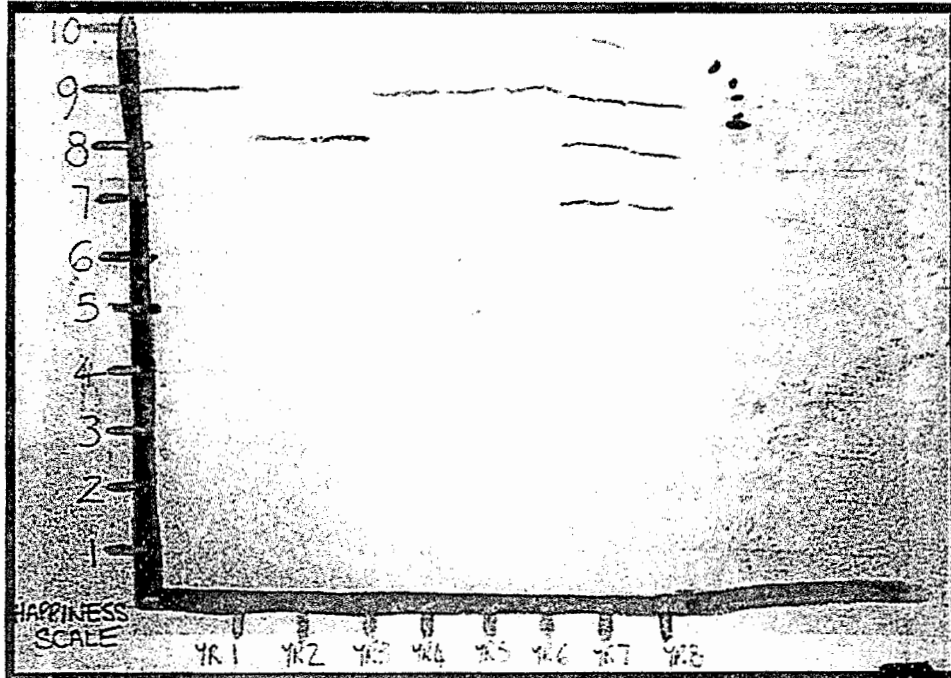
Appendix M

**Subject's Spontaneous Scribble Drawing and Painting -
Art Therapy Session 1.**

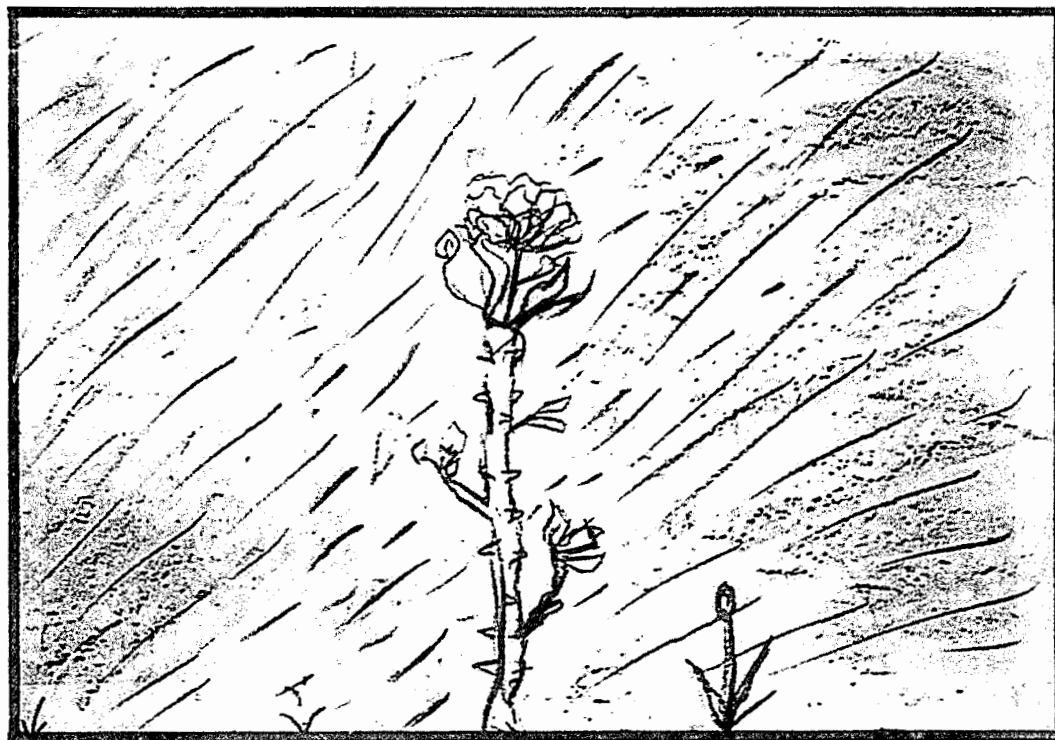


Appendix N

Subject's Happiness Scale - Art Therapy Session 2



Appendix O

Subject's Rose Bush Visualisation Drawing - Art Therapy Session 3.

Appendix P

Subject's Clay Reindeer - Art Therapy Session 4.

Appendix Q

Subject's Clay Dolphin and Researcher's Clay Bowl Gifts

