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Art Therapy as an Intervention for Autism

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Abstract

This article presents the art therapy treatment of a 6-year-old boy diagnosed with autism without mental retardation. Children create art and draw because it is rooted in the need to relate to their world (Horovitz, Lewis, & Luca, 1967). However, children with autism have difficulty relating (Green & Luce, 1996). This case study explores the value of art therapy interventions in the young boy's development, growth, and ability to relate. His growth is highlighted by discussing three of his drawings that reflect his progress towards developing object constancy. The importance of art therapy in the treatment of children with the diagnosis of an autistic spectrum disorder is also explored.

Introduction

Autism is a pervasive developmental disorder that is characterized by impairments in social interactions, interests and activities, and language development. Children with autism are deprived of the resources from which the mind develops and organizes. For example, children with autism may exhibit severe language deficits, may not relate well to people, often have a desire for repetition, exhibit exacting attention to detail, and display rigid behaviors. If the children's routines, patterns, or objects change in their external world, they may experience emotional intensity and distress. These behaviors are often challenging to parents and professionals (Green & Luce, 1996).

In the 1960s, Maudsley Hospital in London started a school for children with autism under the supervision of Dr. Lorna Wing, a well known British child psychiatrist. The focus at the school was on the clinical, educational, and social aspects of the child. *Early Childhood Autism* by Wing (1966) is a comprehensive book about child case studies at the Maudsley School that made a major contribution towards clinically understanding this relatively new developmental disorder. On the front inside cover of the first edition of the book is a picture of a child looking out from one of the school's windows titled, "The Outsider's Impression of an *Autistic* Child." By viewing this photograph, one realizes how much has been learned in understanding the diagnosis of autism and the implication of this diagnosis for children. A child with autism looks like any child, with or without a label.

Parents have identified and promoted effective treatments throughout the history of treating children with autism (Green & Luce, 1996). The behaviors and the developmental needs for a child with an autistic spectrum disorder can be as different and unique as the individual child. This is best explained in the following statement by Siegel (1996):

> Various labels exist for a child with many symptoms or few symptoms of autism, or with severe or mild forms of autism. Sometimes phrases such as "autistic like" or "autistic tendencies" or "pervasive developmental disability (PDD)," or "Asperger's syndrome" are used. (p. 4)

Early Child Development

Thirty years ago the understanding of human development was revolutionized by John Bowlby (1952). His books on attachment issues, separation, and loss prepared the way for a better understanding of parent-child attachment. Bowlby scientifically demonstrated that the early bonds between children and their parents are crucial to development. His findings emphasized the importance of attachment and resulted in a better understanding of healthy human development. Since then, this understanding has placed increased importance on children's art and the representation of objects within their respective stages of growth. The importance of children's art to their development is reflected in the following statement by Gardner (1980):

> Short of the obvious equipping of the child with tools and the general encouragement necessary to foster any youthful activity, we encounter in the area of drawing a period of several years in which processes unfold essentially at their own pace and in their own way. We have seen that the general results of this early exploration are quite similar across populations. What is less widely appreciated is that the child during this period is developing many of the behaviors—the endless repetition, the exploration of schemes, the experimentation with various shapes, the production of forms that produce pleasure in him and in others—which constitute the raw material on which any artistic achievement of later times must be based. During this early period there is a genuine, crucial motor to development—a mechanism of growth and timing which leads the child at his own pace through the early stages. (p. 260)

Children's art is a developmental process and is expressed by schematic stages that reflect that development.

Editor's note: Melinda Emery, ATR-BC, LMFT, is Director of Family Therapist Art Resources, Inc., in Lake Forest, California. The case study in this article, along with the information about recent research from Maudsley Hospital in London, was originally presented at a 2002 workshop for professional counselors in Huntington Beach, California. Correspondence concerning this article may be sent to Ms. Emery via e-mail at memery@atr-therapy.com.

The term "schema" is derived from the Latin word meaning outline. In a child's schematic stages, outlined shapes have a connection to actual objects. Form is simplified, and the shapes are used again and again to designate the same objects. The importance of developing schemata is explained in this statement by Horovitz, Lewis, and Luca (1967): The schemata are repeated in much the same way as words are used. In this sense they are signs. Thus, in schematic representation, the same shapes repeated constantly come to express entire complexes of ideas" (p. 7). Artistic expression can reflect a child's object constancy, growth and development, and the ordering of his or her internal world (Robbins, 1994). As an art therapist, one can assess a child's relationship to important objects through drawings.

As a result of a better understanding of healthy child development, the mental health field began to understand the behavioral symptoms of autism in the 1960s. A clinical picture began to emerge for diagnosing children with this pervasive developmental disorder. Several research studies occurred at Maudsley Hospital in London. The books written about these studies focused on diagnostic criteria, symptoms, and prognosis and suggested interventions, education, and home management. The studies served as a breakthrough in meeting the needs of children with a diagnosis of autism (Wing, 1964). Prior to these early books, autism was viewed as childhood schizophrenia or symptomatic of psychosis in general (Wolff & Chess, 1964). Programs and interventions based on these books are now available to teach new skills to young children with autism (Green & Luce, 1996). Parents, mental health professionals, and pediatricians now understand that the diagnosis of autism can be made much earlier, sometimes within the first year of life. Twelve- to 18-month checkups are crucial for detection. Parents are the best source for providing important developmental information about areas—such as attention, reciprocity in relating, and imitation and pretend play—during these early childhood physical examinations (Siegel, 1996).

The Young Child and Autism

Infants have autistic symptoms very early in development but later make eye contact. The earliest autistic symptoms are not viewed as abnormal, according to the American child psychiatrist Leo Kanner (Siegel, 1996). During the early infancy stage, mothers spend many hours looking at and cuddling their new infants. Parenting behaviors and attachment behaviors are preprogrammed and develop along certain patterns (Bowlby, 1988). The pattern of looking at each other during the infant's early months may be a trigger to emotional connectedness and attachment.

Children who have autism do not relate to people and go through infancy without acquiring a concept of persons as subjects of experience. Profound deficits on a perceptual level contribute to social and communication problems. Perhaps the autistic child who displays language deficits experiences this delay because language starts by parents talking to and mirroring the child. In theory, the child who suffers from autism does not perceive a parent as something to relate to. However, it is the organization of the outer world that stimulates behaviors. Any sensory deprivation can limit a child's experience and, therefore, alter his or her behaviors. This may lead or contribute to slow, late, or missing language development.

Considering all the components of autism, there apparently exists an inability to achieve object constancy in early development. Behaviors that seem obsessive-compulsive, repetitive, and generally abnormal in relating to people, objects, and events may be the method by which children with autistic symptoms attempt to satisfy their need for object constancy. Children who have autism cannot order and keep constant their relationship to objects in their inner world as other children do throughout development. Children with autism continually insist on sameness; behavioral rigidity and specialized interests may be explained by their intense need for order and object constancy. This is a new concept in that the behaviors of autism are not viewed as strange or odd, but as fitting into the larger picture of defining the behaviors as normal to their growth and developmental needs. All children's behavior has a purpose (Bowlby, 1988). The world of children with autism is not one of confusion and baffling behaviors, but involves a different way of ordering their world. The metaphor of an inner mirror that cannot reflect may help describe their experience.

Developing Object Constancy

The mechanisms that allow children to relate and to develop language skills are not well understood. As mentioned, the behavioral characteristics that define the syndrome of autism are a delay in language development, lack of response to social cues, and poor integration of social, communicative, and emotional behaviors. There is an apparent lack of pride, feelings of pleasure, and relating to people (Siegel, 1996). Visual cues can give the normal child a sense of familiarity. In normal child development, objects can be related to because they remain constant in the child's inner experience. That is why normal children love to draw as they are ordering the objects that represent their inner world. Children also like to talk while drawing and this may also contribute to object constancy (Horovitz et al., 1967). Young children are kinesthetically tied to their art expressions and can physically and emotionally relate to the drawing as they execute it (Gardner, 1980). In other words, a house, a tree, or a person in a drawing can be emotionally charged for the young artist.

As an art therapist, I have often gotten a sense of a child's world by observing the execution of his or her drawing and the emotional importance attached to every object through color, line, and body language. This experience becomes less as children mature and art expression is intellectualized. However, symbolic meaning often continues to exist, and therefore, artwork remains highly expressive (Horovitz et al., 1967).

Building a Relationship

In a safe environment, all children can move towards building a trusting relationship with a therapist. This relationship takes longer for children with autism and, at times, seems impossible to achieve because these children do not care to please, follow a directive, or be engaged with the therapist. However, it has been my experience that when this relationship has time to develop, the autistic symptoms become less evident. What drives children with autism is very different from what drives normal children in the developmental process. Willful action is dependent on the ability to monitor one's intentions and understand one's mind. For example, normal children will exhibit emotional preferences when choosing activities whereas autistic children often do not display emotions in such situations. Autistic children may repeatedly play with and direct their attention to objects that appear to have no significance. The idea of closure, completion, or satisfaction seems unimportant, but process apparently is (Green & Luce, 1996).

The Case Study

The growth and progress of a 6-year-old boy diagnosed with autism without mental retardation will now be discussed. I met with him in individual therapy for a period of 7 months. I will explain his growth through the interventions of art and play therapy in the following sections. His development has given me a glimpse of his world and a new understanding of children with autism.

Autistic children do not develop imagery schema, and they show little interest in drawing or even doing a scribble. This is considered abnormal, and yet the world of autism has no apparent inner order for relating to objects or for developing such schema. The 6-year-old boy with whom I met in therapy had not developed schemata for objects. For example, when I asked him to draw a house, he would write the word "house." When I asked him to draw a person, he would write his name or my name. There was no object in his imagination or in his mind for familiar words. His language skills were poor, and his voice was high pitched and repetitive. The child had started speaking around age 4 according to his mother. Eye contact was difficult, and his attention was hard to keep for any significant time. My overall sense of this child was that he was experiencing an inner sense of chaos and was constantly struggling to order the objects in the playroom. One set of soft and multicolored alphabet letters was always his choice with which to play or work. I later discovered from talking with his mother that he had the same set at home. Perhaps this is why he chose them repeatedly for many months in the sessions.

Stages of Drawing

In this case study, the process of drawing contributed to the young boy's development. The boy began the process by working with colored play dough. He made a ball and then flattened it out on paper in the shape of a circle. The process was laborious for him. Following my directive and example, he drew a line around the flattened circular shape using a marker. The play dough and the pounding was a kinesthetic experience for the little boy. I encouraged him to continue and to repeat this process. His motor skills were poor, and when he tried to trace, his hand went far from the round shape. However, he repeated the exercise over and over for several months and gained control of tracing around the circular shape. After tracing, he progressed to cutting the clay in cookie-cutter fashion. After several months of repeating this process in therapy, the child drew a figure that was fragmented with a head disconnected from a body. The child then began to draw consistently at home, as reported by his mother. The mother brought in many of these drawings, and the little boy shared them with me during the sessions. From this point in his artistic development, I could observe his progress in his voice, which was now in a more normal tone and not as high pitched. He also improved his eye contact with me while in session.

In the middle stage of therapy, he chose to use puppets in his interaction with me. He would hand me a puppet and talk through his selected puppet in a normal voice without the usual high pitch. He could now be engaged through the safe transitional space of a puppet. I attempted to get this on videotape, with his mother's approval, to show his dramatic change in voice and improved mannerisms and eye contact. However, he was unable to ignore or disregard the camera, which was a new object in the familiar room. Following the work with puppets, without my direction, he chose to draw. His early figures of people were fragmented and disconnected as in his earlier drawing. However, when he drew a figure with a neck that was connected to the body, his behavior at home and in the school setting improved. He continued to seek out paper and markers and to order and develop a schema of objects through his drawings. During one session after drawing several figures, he said to me, "These are called people." I also observed that his joy in the process of drawing was remarkable. Towards the end of the middle stage of therapy, he was able to have a conversation with me in a voice that sounded less mechanical.

Toward Object Constancy

The following description of three drawings provides a detailed example of the child's early progress towards object constancy. Figure 1 shows his drawing of a toy McDonald's sign with the big arches. It is detailed down to the registration trademark; he drew it as if he was tracing around the object as he looked at it. The drawing in Figure 2 was done on a second sheet and depicts the exterior of a McDonald's playhouse with detailed rooflines. I asked how he would get to the restaurant to eat his favorite foods. He responded in a car and that his mother would drive him there. I directed him to draw a car going to the McDonald's restaurant. It was my impression that he was anxiously looking around the room for a toy car to look at and draw. I gave him some encouragement and instructed him to draw a car, his own car, and assured him that it would be a wonderful car. Figure 3, his third drawing, is an outline of a car. He drew his mother driving in the front seat with hands on the steering wheel and himself in the back seat. Then, he

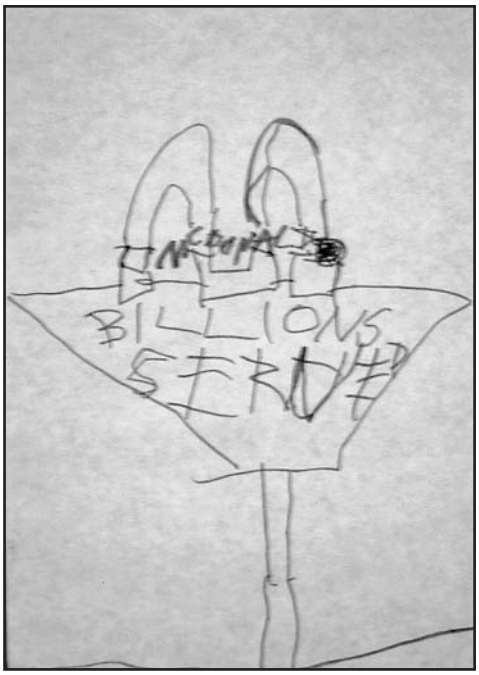

Figure 1
Drawing of the McDonald's sign with the big arches

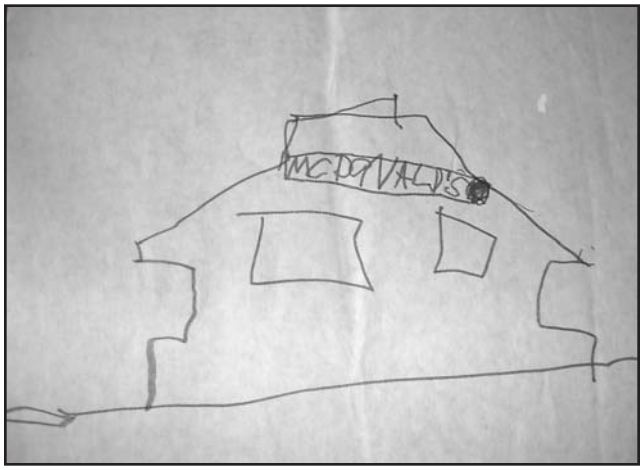

Figure 2
Drawing of the McDonald's playhouse

placed the three separate drawings side by side and drew a ground line across the bottom of the papers with the objects solidly on the ground. This is a very significant sign of growth in a child's drawing. A ground line signifies being and feeling grounded, which is an important and significant developmental step in schematic drawings (Horovitz et al., 1967). He was pleased with himself and truly expressed joy in his ability to connect the three drawings together with the long and connecting ground line. He then placed the McDonald's toy house and logo on the pictures of these objects. He took a step back, and then appeared to look lost because he did not have a toy car to place on his third drawing. I commented that the car was his and that it was a beautiful car. He was joyous and spontaneously came and gave me a hug. The car drawn from memory and the ground line were significant advances for

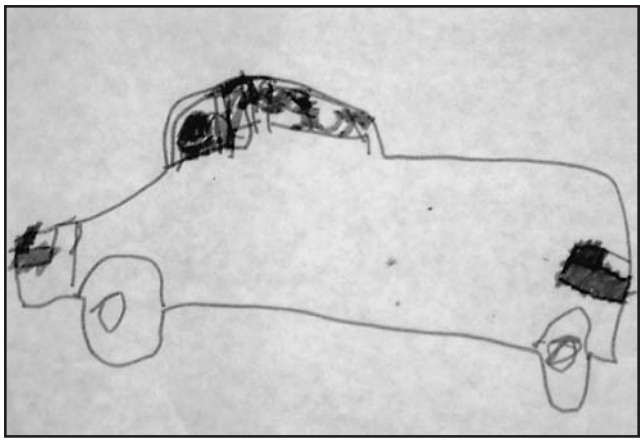

Figure 3
Drawing of the outline of a car going to the McDonald's

this child. His ability to place himself and his mother in the car and to display feelings of pride in his accomplishment showed tremendous progress in learning to relate.

Improved Language Development

At our following session, the child made a book of his favorite restaurants, which included McDonald's. He also said that he made it for me and wanted to share it with me. Making something for someone and sharing it is representative of interpersonal relating. He now cared enough to please me that at the close of our sessions he would put the toys away. In earlier sessions, he had difficulty stopping his activity and making the transition to closure.

This boy's progress was largely due to his mother's constant and unconditional regard for his well-being. The school was also supportive and understood his special needs. All of these supports contributed to his ability to grow in a therapeutic setting. Although his imaginative play continued to lack the spontaneity of normal children, he understood a small joke that I made during a session using representational play. He was playing with a toy school bus and had selected figures of schoolchildren and placed them in the bus. However, one figure that he selected was a toy dog. I made the comment, "It looks like someone brought their dog to school." My tone of voice implied a subtle joke. He laughed spontaneously and enjoyed my joke, as he then removed the toy dog from the school bus and replaced it with a toy child. The boy's language skills and his ability to relate and enjoy the joke revealed important progress, as reflected in the following statement by Green and Luce (1996): "A concrete language user will not understand riddles and humor, which require one to understand figurative language or plays on words" (p. 317).

Discussion

Recent Research on Autism

Research now being done at Maudsley Hospital in London focuses on genetic clues to the biological base for autism (Bailey, Phillips, & Rutter, 1996). According to the

research, autism is a neurodevelopmental disorder for which genetic factors play the key role. The research team is currently attempting to find the genes that lead some people to develop autism. They are studying families containing two or more people with autism in hopes of locating the set of genes that are responsible for the spectrum disorder. Their research has shown that relatives are affected on a continuum of symptoms. I had the opportunity to talk with the head of the research project, Dr. Tony Bailey, while I was in London in 2002. He and his clinical team hope that they can find new ways to treat autism. Researchers from all over the world are devoting considerable time to finding the answer to what causes autism. However, parents and families with children with autism remain frustrated in their search to find the most helpful and beneficial treatment for their children. Green and Luce (1996) describe this fact in the following statement:

> Any history documenting progress in the treatment of autism should note that it is the parents of such children who have suffered most due to the ineffective treatments offered to their children. At the same time, they have been the leaders in identifying and promoting effective treatments…. There may be many reasons for the parent's leadership. Parents hurt the most when they observe their children's steady deterioration in settings where they were supposed to be receiving treatment and education. (p. 241)

The Parents' Role

From my work with families, I know that education is essential for parents to understand and support their children with autism. Every developmental delay demands a major adjustment in the expectations set for these children (Green & Luce, 1996). Many parents look for quick answers or solutions; however, it must be stressed to parents that patience, acceptance, and understanding are important for supporting their autistic children. Parents' frustration and disappointment with the symptoms and behaviors of the disorder may prevent or hinder their children's development.

Parents remain key to helping children adjust, learn, develop, and grow. Giving, receiving, accepting, and acknowledging define the nature of this important relationship. Relating will always be the most treasured and significant characteristic of development, regardless of children's genetic makeup. The path to helping children with autism is through the constancy of parents, teachers, and therapists. Both normal children and children with autism thrive in an environment of patience, acceptance, and understanding. Constancy is fundamental for growth and development.

Conclusion

The use of nonverbal expression through the experience of making art encourages children with autism to begin to represent their experiences. Forms represent objects and the very act of drawing with intention may encourage attachment to the object. Children create art because it is rooted in the need to relate to their world. Children with autism appear to lack the need to relate. However, art therapy for normal or autistic children may serve as a path toward increased awareness of the self. The sense of self remains a cornerstone for relating.

Experiencing the self is a developmental process. It can be very difficult for some children and is particularly true for children with autism. Seeing children's behaviors through the eyes of normal developmental milestones can be important in helping children with autistic spectrum disorders. The little boy in the case example learned to experience the act of drawing. Art for children will always prove to be an evolutionary process that leads to the next stage. Art therapy for autistic children can be an important activity-based intervention for encouraging their growth.

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