

Viewpoint

Monsters, Monkeys, & Mandalas: Art Therapy With Children Experiencing the Effects of Trauma and Fetal Alcohol Spectrum Disorder (FASD)

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Imagine an 11-year-old Alaska Native boy who has been in child protective services since he was 6 months old. Imagine further that he has been placed in 27 residential facilities since that time. Tommy (pseudonym) had had an extremely chaotic, unpredictable, unstructured, neglectful, and abusive life. At the mere age of 3, he experienced the loss of his mother by suicide. He has witnessed domestic violence and it is suspected that he has experienced severe physical and sexual abuse. Tommy is also diagnosed with a form of Fetal Alcohol Effects (FAE), which means his mother drank alcohol during pregnancy. Although his presenting symptoms are cognitive difficulties and growth deficiencies, he does not exhibit the distinct facial features associated with Fetal Alcohol Syndrome (FAS). Tommy is immature in his behavior compared to his residential peers; he has difficulty paying attention, he often acts silly, and at times he laughs uncontrollably.

According to the Substance Abuse and Mental Health Services Administration Center (SAMHSA, n.d.), FAS is the term first used in 1975 to describe children who had similar patterns of facial features, displayed a growth deficiency, suffered from central nervous system dysfunction, and had mothers who drank heavily during pregnancy. It further explains that Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term that describes the range of effects associated with the diagnoses of FAE and FAS. FASD itself is not a diagnosis, but rather encompasses a wide range of symptomatic behaviors that occur in an individual whose mother drank alcohol during pregnancy.

This paper explores the use of art therapy in a residential treatment center with children experiencing both child abuse trauma and some form of FASD. It further explores how art therapy may be an effective means of treating the symptoms of this population. There is not much written on art therapy with children who have experienced trauma

from child abuse or neglect along with a form of FASD. I found it important to write this viewpoint not only as a way to share my personal experience as a newcomer to the field of art therapy, but also as a way to reach out to other art therapists who have had similar experiences. This paper focuses on Tommy, who participated in the 9-week art therapy group I facilitated.

Child Abuse and FASD

According to the 2006 Child Maltreatment Report (U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2006), the national rate in the United States of children determined to be victims of child abuse or neglect is 12.1 per 1,000 children. The same report claims that Alaska Native children and American Indian children had an overall higher victimization rate of 16.5 per 1,000 children. Additionally, in a 2002 report on infants (U.S. Department of Health and Human Services, Indian Health Services, n.d.) the FAS prevalence rate among Alaska Natives of 4.8 per 1,000 live births was 3.5 times that for all Alaskans (1.4 per 1,000), and at least 7 times the high end of the national rate (.1 to .7 per 1,000).

The symptomatic behaviors related to FASD are a lower IQ; an impaired ability in reading, spelling, and arithmetic; and a lower level of adaptive functioning. Individuals experiencing the effects of prenatal alcohol exposure have difficulties taking in information, storing information, recalling information when necessary, and using information appropriately in a specific situation (SAMHSA, n.d.). SAMHSA reported that a major problem in intervention is the lack of services geared to the needs of people experiencing some form of FASD.

Art Therapy and Traumatized Children Experiencing FASD

Trauma is a sensory experience rather than a solely cognitive experience; because of this, trauma memories are encoded as images (Malchiodi, 2003). As explained in the SAMHSA report, the cognitive difficulties associated with

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FASD make children less able to verbalize aspects of their experiences, especially traumatic ones. Because trauma memories are not solely cognitive, a sensory experience such as art therapy not only provides a vehicle for expression, but also a way for children to externalize those traumatic memories. In an article on expressive therapy with severely maltreated children, Klorer (2005) indicated that early trauma may lead to deficient hemispheric integration and traumatic memories may be stored in the right hemisphere. Since these traumatic experiences are processed and stored in the right part of the brain that is nonverbal, it makes sense to pay more attention to nonverbal methods of treatment. The child may never have full access to the memories of the trauma. Klorer wrote that art interventions allowing for children's self-expression are more effective than art interventions aimed at certain issues. In other words, the art therapist provides the creative environment, but the child finds his or her own path.

Group Art Therapy in a Residential Facility

In the fall of 2006, I volunteered to work with an art therapy group at a children's residential facility in Alaska where many of the children are experiencing some form of FASD along with the effects of trauma. The group met once a week for 9 weeks, ending just before the Christmas holiday break. The group did not resume after the holidays due to previous commitments of my own out of state. This art therapy group was the first of its kind at this facility. Existing treatment plan goals provided by the facility's lead clinician were used as a basis for the art interventions presented throughout the 9-week program. Art therapy goals included a focus on increasing self-esteem, building social relationships, improving interpersonal skills, increasing the ability to express feelings, developing non-verbal expression of feelings, increasing body awareness, increasing sense of inner control, and building self-concept.

The group consisted of six boys and one girl ranging from ages 10 to 14 years old. All children were experiencing some form of trauma from child neglect, domestic violence, or sexual abuse, and some form of FASD. About half of the group participants were Alaska Native.

I felt that it was necessary to protect traumatized children from losing a sense of control while engaged in art therapy, so I provided structured activities to give a sense of control and containment while attempting to meet treatment goals. Due to the learning difficulties associated with FASD, spontaneous activities were also provided.

Group directions can be difficult to comprehend for children experiencing the effects of FASD, and because of their difficulty with processing information, extra attention was provided on an individual basis with the help of a trained clinician assisting during the sessions. Visual cues were also used to help support memory problems and comprehension difficulties often associated with FASD symptoms. I received supervision from a Registered, Board Certified Art Therapist (ATR-BC) and a Licensed Psychologist for the duration of this group.

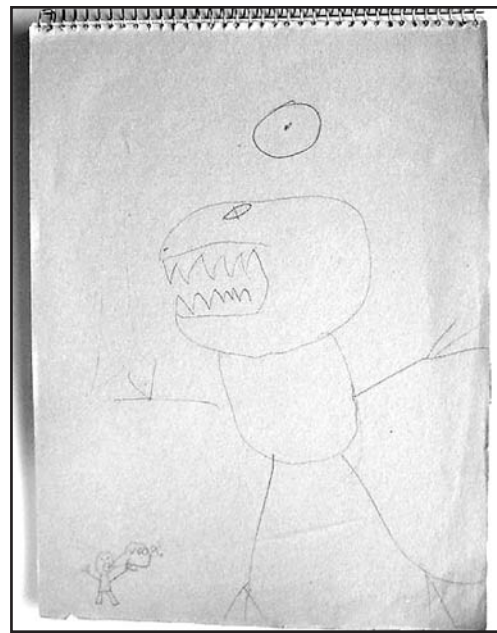


Figure 1

I provided each child with a 9" x 12" sketchbook, scented water color markers, pencils, and collage materials. The smaller paper is easier to control than larger paper, and colored markers or pencils are easier to control than paint. The collage materials helped children to overcome any anxiety regarding drawing skill. At the end of the group, children were allowed to keep their sketchbooks as a record of what they had accomplished, and also so that they could continue to add drawings if they wished and revisit the ones they had completed. The children were encouraged to share their sketchbooks with their individual therapists after the group had ended.

Case Study of Tommy: Monsters, Monkeys, and Mandalas

In addition to attending my weekly art therapy group, Tommy also attended weekly individual and group therapy sessions at the residential facility and his individual therapist was the co-therapist of the art therapy group. During the art therapy group, Tommy produced the greatest number of drawings. The average number of drawings produced was 10, but Tommy created a total of 18 drawings.

Monsters

On the cover of his sketchbook Tommy drew a large monster with a very small figure yelling in the corner (Figure 1). This powerful image was his answer to the question "Can you tell me through images about who you are?" Tommy was eager to share his drawing with the rest of the group, but he didn't want to talk about any associated feelings. The word coming out of the small figure's mouth is illegible and perhaps reflective of the FAE symptom of impaired spelling ability and difficulties in verbal expression. Monsters can represent fear (Drachnik, 1995) and

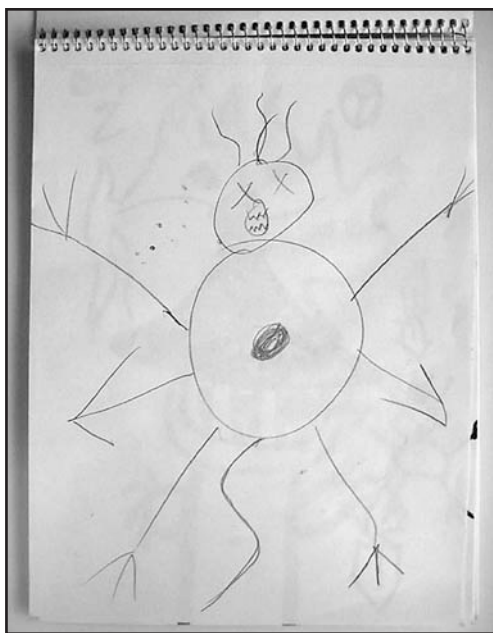


Figure 2

this drawing certainly gives one the feeling that this is a very scared young boy who has “monsters” in his life. The sensory experience of drawing appeared to provide Tommy a way to externalize his “monster.”

Monkeys

On a group drawing of an island where each child added something that they felt would be needed, Tommy drew a figure he called the “monkey.” This monkey figure began reappearing in his free drawings (Figure 2) and became what I felt was his personal image. The frightened and scary looking monkey figure had crosses for eyes, an opened mouth with sharp teeth, and a predominant “belly button,” as Tommy called it. I asked myself whether this monkey was a metaphor for something Tommy feared. I felt that this art experiential facilitated Tommy’s connecting with the others, and allowed him to increase his awareness of his environment while expressing fear.

In another of his free drawings (Figure 3), Tommy drew a figure without arms or legs, giving the feeling of helplessness and immobility (Drachnik, 1995). This figure may be reflective of his own sense of lack of control associated not only with the trauma that he experienced, but also his FAE symptoms that could be making him feel inadequate and incomplete in life. Much like the monkey drawings, this “self-image” has the crossed out eyes and clenched teeth but, like a victim, it does not have the ability to move or run away.

Mandalas

At the sixth session, I presented the concept of the “mandala” and showed examples of this form in nature and in every day life. The goals of this exercise were to help the children gain a sense of inner control by practicing the self-



Figure 3

soothing activity of coloring, and to increase social interaction by combining all of the mandalas together. Smitheman-Brown & Church (1996) found that using the mandala as a centering and focusing device with children (aged 10 to 13 years) who had been diagnosed with Attention-Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) had the effect of increasing attention and decreasing impulsive behaviors over time, allowing for better decision making and completion of tasks. This proved to be a particularly beneficial exercise with the children I worked with as well. They were able to concentrate when they usually would have difficulties due to their FASD-related symptoms. Of all of the activities, this was the one activity where all of the children were able to participate without disruption for at least 15 minutes.

I asked the children if they could see anything in the room or think of other examples of a circle with something in the center of that circle. Tommy appeared very interested in this concept and was able to pick out several things in the room, such as the clock and the doorknob. I provided outlined mandalas for the group to color and then we combined them into a “unity” mandala to represent the group. When Tommy finished coloring his mandala, he spontaneously drew his “monkey” image in his sketch book (Figure 4) and remarked how this reminded him of a mandala, because of the circle making up the body and the dot in the middle. He then drew a large circle with a smaller circle and said this was a doughnut and was also a mandala (Figure 5). He repeatedly stated on different occasions how much he loved doughnuts and it appeared to me that the doughnut image might be another personal image with a positive feeling associated with it. Lastly, Tommy added a circle with a dot in it on his cover art just above the monster image.

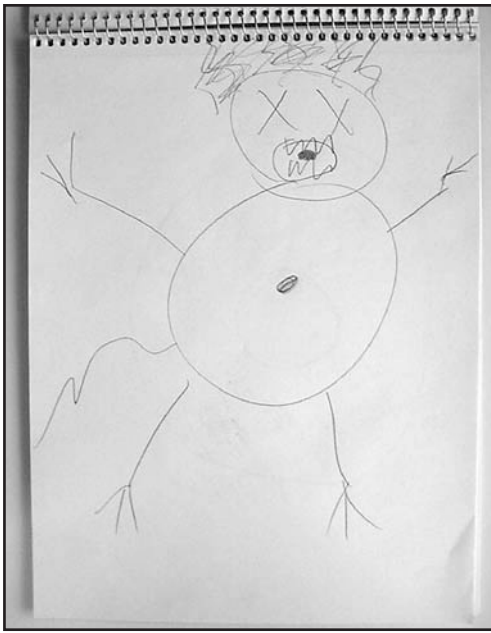


Figure 4

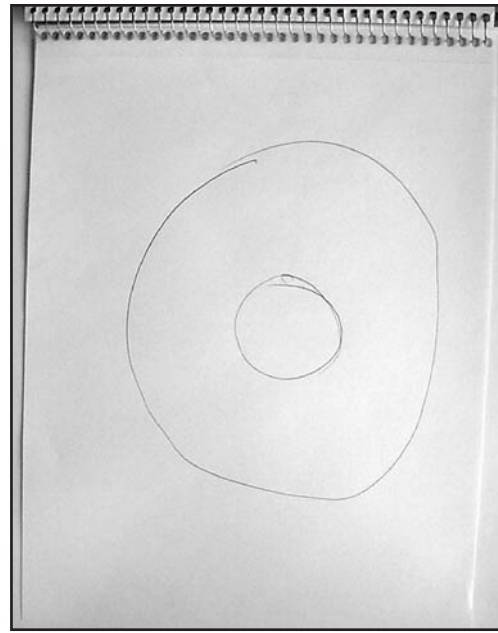


Figure 5

Transformation

I felt a transformation had possibly taken place: Had Tommy transformed his scary looking monkey image into the safe and much loved image of a doughnut, and did the mandala provide the vehicle for him to be able to do that? Did placing the mandala over the monster represent an attempt to begin to control the monster? These are questions to which we may never know the answers, but it seems that by providing an outlet for his monsters, monkeys, and mandalas to appear on paper, Tommy was able to express and address fears that he may never have been able to bring up verbally.

Conclusion

It was my experience in this short program that art therapy provided a way for children experiencing both a trauma and the effects of FASD to express themselves non-verbally and at a sensory level that they could easily understand. In the case of this group, and in particular in the case of Tommy, drawing provided the stimulus to overcome feelings of inadequacy associated with FASD-related symptoms while also addressing trauma by helping Tommy to begin to tell his story of fear, worry, hurt, anger, inadequacy, and overall victimization.

The Director of Residential Services stated: "The group itself has added considerable value to our efforts to meet the varied needs of the students we serve, in particular for those students who have experienced FASD and the effects of trauma, and are frequently less able to verbalize aspects of their experiences" (personal communication).

In conclusion, integrating art therapy into the trauma and FASD treatment plans provided a very beneficial service that addressed both the issue of trauma and the difficulties of FASD. Art therapy allowed one young boy to release

his scary monsters and monkeys, to share his story, and to discover new and safe possibilities.

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