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Field Notes:

Art Therapy with Abused Children

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Submitted by: Lucille Proulx M.A., ATR

I arrived in Thailand in September of 2004. While there was much valuable trauma work being done following the Tsunami of December 2004, my art therapy work focused on an on-going traumatic problem, that of physical, sexual and family abuse of young children in and around Bangkok, Thailand. I could not help wondering if, for some of these children, the Tsunami was secondary trauma.

I worked at The Center for the Protection of Children's Rights Foundation (CPCR) assessment house. I became a Canadian volunteer to CUSO Thailand, a Canadian based volunteer organization that promotes development and human rights overseas. As a registered Art Therapist holding an M.A. degree and 15 years as a clinical Art Therapist at the Montreal Children's Hospital, my services were and are in great demand.

Grassroots art therapy: This non-governmental

organization (NGO) had been using creative arts as a healing tool for many years. The Center for the Protection of Children' Rights (CPCR) employs a resident artist, who has great skills at obtaining spontaneous art expression from her groups with painting, drawing, batik, sculpting with clay, and plaster. The children in the groups range from 3 years to 15 years. They have been rescued from situations of incest, physical abuse, neglect, and child labor exploitation. My work in Thailand consisted of helping structure the art program already in place into a therapeutic art program, and training mental health professionals in the benefits of art therapy.

How to do this when there was already a successful program in place? I spent the first 6 months observing, working and trying to see how my clinical art therapy experience would benefit them. The Thai people are very proud, but friendly and accepting. However, culturally, they repress their unhappy feelings. Therefore, I feel it is important to give you a brief overview of the historical problem.

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The foundations of the problem:

In South East Asia, where the sex trade is rampant, young girls sell their bodies to feed their families, or are sold outright to dealers, by their parents, for financial gain (Brown, 2000). In Pira Sudham's book, *The People of Esarn* (1994), Dr. Noel Rowe explains how a woman "...reveals how she was taken from her village and forced into prostitution, and how she resents the complacency and corruption which allowed this to happen" (Noel Rowe in Sudham 1994). In working with this population, one has to be aware of history and culture, and of the difficulties they have in expressing their hurt feelings. As Sudham further states in her book, *The People of Esarn*, : "To give a child up for adoption or to a stranger for money or to those who would buy a child for slavery or prostitution was a common practice among the poor in our area. But to offer one's son to a monk was merit-making, a pious deed which would bring good fortune to parents, if not in this life, at least in the next."

This is still a male dominated country, with millennia of history of multiple wives and concubines. Incest may be generational in families who have for centuries sold their bodies as a commodity that feeds their families. It is a country where affection is not publicly shown, such as flirting or hand holding, but it is a country plagued by HIV/AIDS and abused children. "In Thailand, for instance, a survey in 1990 found that 75 percent of Thai men had had sex with child prostitutes, from 20 to 40 percent of them HIV infected" (DeMause, 1991). C.P.C.R. 2004 statistics show that 59% of the children are physically or sexually abused by family members and 41% by strangers, for example teachers, monks, neighbors etc.

Although the culture appears restrictive, the children have very few limits imposed on them by their parents, therefore they have poor



Lucille with a group of adolescent girls who are making a collage of what they would like in their house. They are in one of the many beautiful Thai parks.

boundaries. Many are hyperactive, they do not respond well to limits. In Lloy De Mause's article, *The Universality of Incest*, he states: "That it is incest itself - and not the absence of incest—that has been universal for most people in most places at most times. Furthermore, the earlier in history one searches, the more evidence there is of universal incest, just as there is more evidence of other forms of child abuse." He continues to explain, "Two kinds of incest will be considered: direct incest, overt sexual activity between family members other than spouses; and indirect incest, the providing of children by their parents to others in order for them to be sexually molested." (1991)

Changing Cultural Practices: I was fortunate to work for The Center for the Protection of Children's Rights (CPCR), a Non-Governmental Organization (NGO) which has worked relentlessly for the past 25 years to make cultural changes for the protection of children. Because of the work of this NGO, in 2003 a law was passed and a Charter for the Protection

of Children's Rights was adopted. So my work here was to help strengthen and support this organization.

My Contribution: As an art therapist working and training professionals working with a population of abuse victims, I must keep all of this information in mind. We see symptoms of Hyperactivity, Depression, Suicidal ideation, Aggression, Sexualized behavior and a variety of other childhood psychological problems. In their art work, this population is very defensive, however these clients express such emotional themes as missing their homes and their parents. Little overt expression of the abuse is seen in the art productions.

In Art Therapy I am conscious of the necessity of setting limits. The limits must be non-verbal, such as the containment of a small room, tables and chairs to sit at are optional (habitually they sit on the floor), limits in the art materials are essential. All precautions to prevent chaotic discharge of the younger ones are

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necessary. I struggled with the language for 30 months, knowing from the beginning that even after many years my mastery would not be sufficient to understand the underlying meanings of the language. I had to rely on body language, art process and images. Therefore, I worked with a translator. It can be very frustrating as you never know if the meanings and feelings of the words are translated as well. What the client verbalizes is also translated but I feel that the translation inhibits their verbal expression. I also felt that the relationship was being developed with the translator instead of the therapist. The translator is a psychologist or an artist experienced in child development, who also uses art to help them express their feelings. They are trying to understand the workings of art therapy and aspire to be trained in the profession one day. Unfortunately there is no Art Therapy training in Thailand. Cost of living in Thailand is low, as are salaries. The average person can only dream of education abroad. So in the manner of the Art Therapists training professionals to work with Tsunami Victims, I found my role to be that of training CPR professionals working with abuse victims. The article outlining the Art Therapy Tsunami work did not discuss the problems of translators. All the CPR professionals have been using art techniques such as House-Tree-Persons and Draw-a-Person, Drama therapy, Art Studio, and they would like to know more about art therapy practice since these children find it difficult to express their feelings with words. They observe the sessions through a video monitor. All the sessions and discussions are recorded for future reference. I had to develop an observation sheet as the observers did not know what to look for.

At the end of the group we have a type of supervision where questions from the observers are put forth. We discuss

the art process, emotional themes, group dynamics, and we examine the art work produced. The group is reminded weekly of the confidentiality of these sessions. After 1 year of training I reversed the procedure. I have begun observing the artist and the therapists and give them supervision. I was co-leader of small groups, had individual clients, assisted in the programs already in place and helped the artist in setting limits and helping the children speak about their product.

I was also fortunate to participate in the Art Camps and the Art Exhibitions. Since the art produced at CPR was in the form of an art education, the art is exhibited in prominent public places such as museums and galleries and the products that the children make are sold. The income from the sale of the art products and the crafts is set aside for each child in special bank accounts.

One of my projects was to write a book on Creative Healing Arts. Translated in to Thai, the book includes the Open Studio Work of the resident artist and the results of some of the individual work by the mental health professionals that I

trained. The purpose of this book has been to validate the wonderful grassroots art therapy that already exists here and to emphasize the value of healing arts.

My experience in Thailand is "priceless" and it is difficult to express it all in one short article.

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Sudham, Pira (1994) People of Esarn. Shire Books, Bangkok, Thailand.

Lucille Proulx is a Graduate of Concordia University in Montreal with a Masters Degree in Art Therapy. She has several years experience as a clinical art therapist in infant and child psychiatry, she supervises and teaches. Presently she is associated with both the B.C. School of Art Therapy, and the Kutenay Art Therapy Institute. She is an author and exhibiting artist.



Lucille is shaking hands with the Thai artist that she trained to become a Therapeutic Art Specialist. The painting in the background is one which the artist did of a Cambodian mother and child.

On the Shelves: Art Therapy with Trauma Survivors

Book Review by:

Bronwyn Chambers, BFA, DVATI

Carey, L. (ed.) (2006). *Expressive and creative arts methods for trauma survivors*. UK: Jessica Kingsley Publishers.

This collection of essays has been very thoughtfully combined and, while each essay explores its own path, a common theme in trauma theory clearly emerges. Carey has selected authors of various creative disciplines, all of whom offer both succinct and diverse approaches to the work – suggesting that in practice, there are many ways to heal. The general alignment of underlying theory between practitioners and the sum of their clinical and anecdotal inquiry convincingly suggests that expressive and creative arts are a medium particularly suited to trauma resolution. This collection lends strength to the notion that it is creativity itself that is transformative and that the specific approach is as unique as the individuals involved in the therapeutic relationship. As Judith Rubin comments in her foreword: “Child, adolescent and adult survivors need the language of all of the arts not only to overcome repression, but to adequately express that which is unspeakable” (p. 12).

In her introduction, Carey speaks to the value of the therapeutic relationship and the particular strengths of creative therapies as means to access and integrate traumatic memory. She comments that in working with trauma: “The therapist and the patient are both confronted with intense emotional experiences that range from helplessness to revenge, from vicarious traumatization to vicarious thrills” (p. 17). It was surprising that a topic with such teeth could be addressed so concisely, but this idiosyncratic collection of essays



manages to integrate much of the current findings in neuroscience, attachment research and cultural context as they relate to the impact of trauma – both personal and collective.

In the opening essay, *Neuroscience and Trauma Treatment*, David Crenshaw looks at the neurobiological impact of early trauma on one's capacity to integrate experience over time. He refers to a “cascade of events,” that can literally alter brain development as a result of early trauma (p. 23). Crenshaw sets the tone for the case material that follows as he skillfully synthesizes research supporting the lasting impacts of trauma on emotional and state regulation. His commentary on pacing is particularly poignant as it addresses the need to work “developmentally” with trauma in keeping with a client's increasing capacity to cope with traumatic memory over time.

Nancy Boyd-Webb's essay *Crisis Intervention Play Therapy to Help Traumatized Children*, employs children's natural developmental inclination to “play out” their inner experience. Boyd-Webb's approach comprises both cognitive behavioral and psychodynamic approaches as a

foundation for treatment. With the ultimate goal of mastery over the traumatic experience, she describes how: “The process of reconstructing the traumatic experience, either literally or symbolically” through play provides cathartic relief to the child (p. 48). In this sense creative therapy provides a container for undigested psychic material. Without necessarily speaking openly about their experiences, Boyd-Webb's clients communicate the feeling states and associations linked to their traumatic experiences, thus transforming their somatic, cognitive and behavioral suffering.

Similar in orientation, Susan Hansen's essay *An Expressive Arts Therapy Model with Groups for Post-Traumatic Stress Disorder* speaks to the use of a cognitive behavioral approach within the “here-and-now” relational context of group therapy. Central to the effort of re-patterning, Hansen describes how perception is key in the initial assessment of whether or not an experience is traumatic, and in turn how it will recursively impact a child's worldview over time. Equally compelling is Judith Glass' essay *Working Towards Aesthetic Distance*, in which she explores

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“aesthetic distance” in drama therapy as a means to enable a client both to participate in re-enacting aspects of the traumatic experience, and at the same time to develop a kind of witness self that can simultaneously observe the past.

In her essay *Peter: A Study of Cumulative Trauma* Eleanor Irwin’s case study follows the trajectory of a child adopted at 14 months from a Russian orphanage. As Irwin describes his transformation from “robotic” to socially engaged, she speaks to the manner in which expressive arts “...therapy is enacted, rife with embodied meanings, dependent on non-verbal and presymbolic (sensory-motor) forms of communication” (p. 97).

Both Dennis McCarthy, in *Sandplay Therapy and the Body in Trauma Recovery*, and Diane Austin, in *Songs of the Self: Vocal Psychotherapy for Adults Traumatized as Children*, further explore this idea of em-

bodied therapy. Austin experiments with the use of voice as a means of exploring the interplay of relationship. Her work follows the process of clients as they use song to contain and integrate early traumatic memory. Her commentary on “resourcing” is particularly useful in encapsulating how we help clients connect to inner and outer sources of strength (p. 138). As with Austin and many of the other authors included here, McCarthy comments on the embodied play of relationship as a site for healing. Following a series of vivid case examples describing the use of sandplay therapy, McCarthy refers to Erikson’s citation of Plato in his *Laws* as he saw the need for play: “To truly leap, one must learn how to see the ground as a springboard and how to land resiliently and safely. It means to test the leeway allowed by given limits, to outdo and yet not escape the laws of gravity. Thus, whenever playfulness

prevails, there is always an element of surprise that surpasses mere repetition and habituation” (p. 174). This seems to be the message of many of the essays and of trauma theory in general, that in order to find the state of flow that emerges in play, one must first feel the ground beneath them.

While this has only been a sampling of the authors included, hopefully these examples will convey the overall value of this book. Without being exhaustive, Carey’s collection ably advocates for the breadth of creative and expressive approaches in working with trauma. As a final note, Carey’s concluding call for further studies – both traditional and non-traditional in conjunction with scientific research marks the rigor of this body of research and the growth potential for the field.

Announcements

Creative Expression, Communication and Dementia

The Society for the Arts in Dementia Care is holding a multi-disciplinary Art and Sciences conference in Vancouver, May 30 and 31st, at the Emily Carr Institute of Art and Design. Dr.'s Shaun McNiff and Patrice Baines, an art therapist, psychologist, and anthropologist from Australia, are just two of the esteemed presenters planned for the event. A conference brochure, registration, articles, and comprehensive society information are all on their website. www.cecd-society.org

Practicum Opportunity

Practicum hours available co-facilitating groups for children. Groups take place in two schools in North Delta (6 hours on Fridays), as well as one group in Tsawwassen, from now until the end of May 2008. Group participants are children between the ages of 5 and 12 who have a number of social, environmental and behavioural issues. Student would co-facilitate these groups with Liz McKenna. For more information, contact Liz at 604 580-1317 (Hm) or 604 279-7077 (work).

2008 Vancouver Board of Parks and Recreation Artist-in-residence program - call for artists

The Artist in Residence Program is based on principles of community cultural development. Its purpose is to support artists working with communities on issues of joint interest or concern. Artists from all disciplines, including writers, composers, visual artists, dancers, musicians, poets, choreographers, theatre artists, celebration artists, video artists, and performance artists, are invited to submit proposals.

After Tuesday, January 22, application packages will be available (for pick-up only) at each of the participating Community Centres listed below, at the Roundhouse Community Centre (Davie and Pacific) and at the Park Board Office, 2099 Beach Avenue.

Information is also available at: www.vancouverparks.ca click on Arts and Culture or www.city.vancouver.bc.ca/Parks/arts/index.htm

The residencies provide: an artist fee of \$8,000, artist-intern fee of \$2,000 and a materials budget of up to \$2,000.

Participating Centres in 2008:

- Coal Harbour Community Center
- Champlain Heights Community Center

APPLICATION DEADLINE: March 4, 2008 at 5:00 pm

Member's Corner

To all BCATA Members!

Please consider becoming involved with BCATA's Executive Committee. At this year's AGM, we will be looking to install several new executive board members who will advance the business and interests of our Association forward into a new term.

Our Association is instrumental in establishing and maintaining professional standards and credibility for all practicing art therapists in BC. BCATA stands as the foundation for registration, professional membership, standards for ethical practice and training, and a process for public inquiry and complaint.

There are many rewards that come with volunteering and rising up to the call of responsibility. It is a bonus to develop a stronger sense of belonging with a great community of professional colleagues and new friends.

All of us have busy lives, but it has been satisfying to work together in maintaining the solid footing of our profession, and taking care of business so that our Association can keep growing and moving forward into the future.

The call for nominations will be coming soon. We invite you to consider nominating a fellow member or even yourself, to serve a term on the executive...Don't wait for the AGM. We invite you to contact us to ask questions and/or to enlist and/or make a nomination. To do so, please e-mail Patty Patching at ppatching@shaw.ca or Barbara MacCormack at barbaramaccormack@shaw.ca.

The following positions on the Executive Board will be available in June:

- President-two year term
- Vice president-two year term
- Treasurer-two year term
- Ethics Chair-two year term
- Membership Chair-two year term
- Recording secretary-two year term
- Registration Chair-two year term

We need you to consider taking a turn. You will be glad that you did!

Sincerely,

Julia Smith BCATR
Ethics Chair

From the executive:

Spring is in the air and with the first snowdrops blooming, The Art Therapist is changing seasons too!

Michelle Gilligan will be moving out of her Newsletter Liason role as she focuses on some new beginnings of her own. Thank-you Michelle for all the work you have put into the newsletter and to all those who have been contributing, especially Bronwyn Chambers for your excellent book reviews. Michelle will continue to help out with the layout and Paddy Bruce, who is just finishing up her final practicum and preparing to write her thesis at BCSAT, will be soliciting articles and other items to inform and interest the membership. Paddy stepped up to the plate when we needed her. Thank-you Paddy! I wish you all a happy new year filled with peace and happiness!

Patty Patching
President BCATA

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From Paddy Bruce:

My time as a student representative for BCATA brought me opportunities to meet working art therapists and get a sense of all the diverse and interesting people that comprise our organization. It helped me realize we have an amazing profession with firm foundations. I am honored to be a part of it all.

And, now I am very pleased to help bring my energy and interest to our organization's newsletter, The Art Therapist. Here is where I need your help. We have created a new column called 'Field Notes.' This is a place where the membership can hear from one another about what you are doing in your part of the province or anywhere else in the world. You will notice this month Lucille Proulx has contributed an article about the significant work she did in Thailand. Thank you Lucille.

We want to hear from you. This organization belongs to all of us and the newsletter can be a format to create better connections. Please submit anything happening in your region you think is related to art therapy. We want to hear about your work, events, conferences or workshops, possible grant opportunities related to the arts, etc. We want to promote you and art therapy. Our goals include continuing to build relationships with one another and helping each other expand the understanding and acceptance of the field of art therapy in our own area and beyond.

I look forward to getting to know you better through our newsletter.

Artfully yours, Paddy Bruce

BCATA Elected Executive 2007/2008

President	Patty Patching , B.F.A, Masters of Visual Arts, A.Th.Cert. (BCSAT)
Vice President	Barbara MacCormack , B.Ed, DVATI
Recording Secretary	Judy Baker , BA, DipAT
Corresponding Secretary	Heather Sanrud , MA, BCATR, RCAT, DipAT, B.Ed
Membership Chair	Marna Lynn Smith , B.Music, BCSAT
Registration Chair	Jane Kane , DipAT (BCATR)
Treasurer	Shawna Paul , BCATR
Ethics	Julia Smith , BFA, DVATI, BCATR

BCATA Appointed Executive 2007/2008

Professional Development Committee	Liz McKenna , EdD, MA, BCATR, ATR, BA (Psych) Joanne Elliott , BA, BFA, Master's Candidate Applied Psych
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Newsletter Editor	Paddy Bruce , BA, BCSAT Student
Newsletter Liason	Vacant
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Past President	Deborah Broadhurst , BA, DVATI
VATI Student Rep	Vacant
BCSAT Student Rep	Crista Damato , BA, BCSAT student