

# THE CHANGING WILLOW AN EXPRESSIVE ARTS THERAPY RESEARCH PROJECT IN SPECIAL EDUCATION

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## Abstract

This expressive art therapy research project in education was undertaken at 'The Gateway School of Mumbai', a school for children with special needs. Six children with different special needs (Autism, ADHD and Cerebral Palsy) were chosen for this project. The children were part of one classroom of the school. Using a variety of visual art, music, drama and movement based tools along with the theme of 'transience and change'; the project used a story of the 'Gentle Willow'-a tree in the process of passing away due to a fatal disease. The project was designed to meet the group's needs of enhancing physical alertness, social bonding and spatial awareness. A marked improvement was found in all three areas of need in almost all children of the group.

**Keywords:** Visual Art, Therapy, Special Education, Music, Drama, Innovation

## 1 INTRODUCTION

The group chosen for the Arts Based Therapy intervention was that of a group of six children between the ages of 11 and 13 years with identified special needs such as Attention Deficit Hyperactivity Disorder (ADHD), Down's syndrome, Autism, Epilepsy and developmental delays.

The group was part of a homeroom/classroom called 'Little Chefs' at the Gateway School of Mumbai, a school for children with special needs.

The Gateway School of Mumbai is a special school for children with identified special needs. It runs in affiliation with the Gateway School of New York, a school based in the United States of America that caters to the needs of children with learning disabilities.

The school in Mumbai has five classrooms with only eight to ten children with different types of special needs in each homeroom. The homerooms are divided according to age and group dynamics of the children who are enrolled in the school. The foremost aim of the school is to provide international best practices in special education to the children of the school. Hence, the curriculum is created to cater to the individual needs of each child, with the arts program (music, visual art and dance-movement) supporting the academics program (reading, language, science and math). The therapies (occupational, physical, speech, counseling) are provided within the school and each child gets a certain amount of arts, therapies and academics each day.

The school's interdisciplinary approach to special education helps inculcate visual art activities, movement activities and music activities across academic and therapy classes. This approach helps children optimally sustain a 7-hour school day according to their individual special needs.

The school's arts program approaches the arts as a process-driven endeavor, designed to provide meaningful creative experiences to the children. 'The arts become a way of seeing, thinking and feeling rather than producing and finishing only'.

### 1.1 Literature Review of Creative Arts Therapies

What is expressive art therapy, really?

We think in pictures. The moment we hear a word, we see it- an image associated with the word pops in our minds and creates a narrative for itself. While visual art may help us to see a word better, drama and music help us to experience the word. We physicalize the word in a dramatic experience, using our senses to play out narratives. Feeling and emotion become primary modes of understanding through these forms.

Psychology Today, a journal for the latest finding in the field describes arts-based therapies as an

experience. 'In the unfolding process of creating and working with the imagination through various art forms, a connection occurs that supports clients to create new experiences, insight and direction.' This connection itself is the 'music therapy', 'art therapy' or 'drama therapy' in its essence. In a drama-therapy session, the facilitator, Crimmens narrates a story to highlight this connection. 'For a story involving a journey up a mountain, I bring a bag of rocks of different shapes and sizes. We rub these rocks on our bare feet while I tell them through the journey.' As she was narrating, she said one student with a severe special need who was often very sleepy, with low levels of physical alertness, jerked back his head and opened his eyes really wide when she did this. He had been hooked onto the dramatic experience of the space. Then onwards, he maintained this level of alertness through the remainder of the session.

This building of connection through experience also relates to visual/spatial thinking. A young autistic boy writes in his personal memoir, 'Visual Thinking and Autism: A Personal Perspective', how visual art therapy helped him build strategies to think in pictures and identify and understand concepts in real life, visualizing objects in detail in the therapy room, remembering their smells and tastes and working to symbolically represent them onto paper helped him form associations with reality. He says, "Growing up, I had trouble following social concepts like trust, loyalty, and friendliness. I learned to convert abstract ideas into pictures as a way to understand them. I visualized concepts such as peace or honesty with symbolic images. I thought of peace as a dove, an Indieport describing a person returning a wallet with all the money in it provided a picture of honest behavior and so on..."

Therefore, connection making through experience and imagination using various forms of art, in a therapeutic setting can help heal and provide apt channels for reflection and expression. This space for reflection and expression, being cathartic and healing in nature, in turn assists the academic learning of the child.

### 1.2 Hypothesis

For children with identified special needs in a special school set-up working on the ability to focus and visualize, expressive art therapy can improve the general state of alertness and enhance capacities in visual and spatial thinking and reasoning.

## 2 METHODOLOGY

### 2.1 Project Location and Setting

The project has been undertaken in the premises of the Gateway School of Mumbai's campus in Chembur, an eastern suburb of Mumbai. Most sessions were conducted in the Visual Arts studio of the school, a classroom sized 355 sq ft. The studio has a cupboard stocked with art material and stationery, a rectangular table to seat eight children, eight wooden chairs and two large French windows that provide ample sunlight. The studio is used as a visual arts classroom for the children of the school where children attend sessions twice a week. The studio has a wall unit of cubbies to store children's artwork and musical instruments. The studio also has two display boards to display artwork.

### 2.2 Project Duration

Pilot Project: 6th February 2014 to 7th April 2014

Action Research Project: 3rd May 2014 to 20th September 2014 (with June 2014 and July 2014 being summer months off for the school)

1st June 2014 to 1st August 2014 were summer vacation months for the school, hence the school remained closed during these dates. The project was therefore run in May, August and September with an average of three sessions per week to complete 35 sessions of duration of 50 minutes each. Up to three extra sessions were added in the calendar per month to complete the required number of hours for this research driven Intervention.

### 2.3 Data Sources and Data Collection Protocols

#### 2.3.1 Standard Evaluation Tests: None

The Gateway school does not do any standardized testing. There are some Physical Therapy evaluations conducted by the Physical Therapist but they are very technical and detailed- not directly related to only areas of physical alertness/spatial thinking

#### 2.3.2 Expressive Art Therapy Assessment Tools

1. Session Record Sheet: every session (ABT Manual 2014)
  2. Rating Scale: once every 7 sessions (ABT Manual 2014)
  3. EPR Based Observation Forms (ABT Manual 2014 & Dr Sue Jennings 2012)
- Embodiment-Projection-Role Observation form: Before and After

- Embodied images/sculpts - Before and After project- documented as images

4. Teacher Feedback Questionnaire: Before and After project

5. Parent Interview Form - Before and After project

### 2.3.3 Methods used in the Intervention in brief

#### Month 1

The ABT intervention was planned in such a way that the six students were immersed in a majority of body-based work since their primary therapeutic goal, as a group was 'Physical Alertness'. The facilitator took the group through many expressive art forms such as 'immersive painting', 'playing with clay' and 'dramatic improvisations' and 'guided visualizations'. This helped the group to move their bodies more, create a safe play-space together and work with a variety of media.

June and July saw a break in the sessions since the school had their summer break in this time.

#### Month 2

The new academic year began for the school in this month. This also meant that the children had been put into new groups. So, six of the initial students had now been split into three different groups, The inclusion of new students in the group lead to various changes in group dynamics.

In August, the facilitator did many quick-repeats of previous games played in May and revisited art forms using the underlying metaphors that were developing in the group- those of loss, of change and of transience. Further on, the second therapeutic goal was worked on in focus- 'Spatial Reasoning' using maps and spatial navigation, body-based games.

#### Month 3

In the last month of the ABT sessions, the facilitator introduced a story of tree called 'The Gentle Willow' who lived a forest and who had a disease that was going to lead to her passing away. The facilitator developed expressive narrative based art exercises to engage the group with the story and derive personal meaning from the metaphors in the story.

As an intervention closure, the group made zen-mandalas and held a funeral for the tree, reflecting on the nature of loss in living beings.

## 3 OUTCOMES

### 3. 1 Session Record Sheet Practitioner's Inferences

1.1 On cumulative reading of the expressive art therapy documentation- the session record sheet (SRS), it has been observed that the group has formed a deeper bond within themselves, as compared to what was observed before the expressive art sessions had begun.

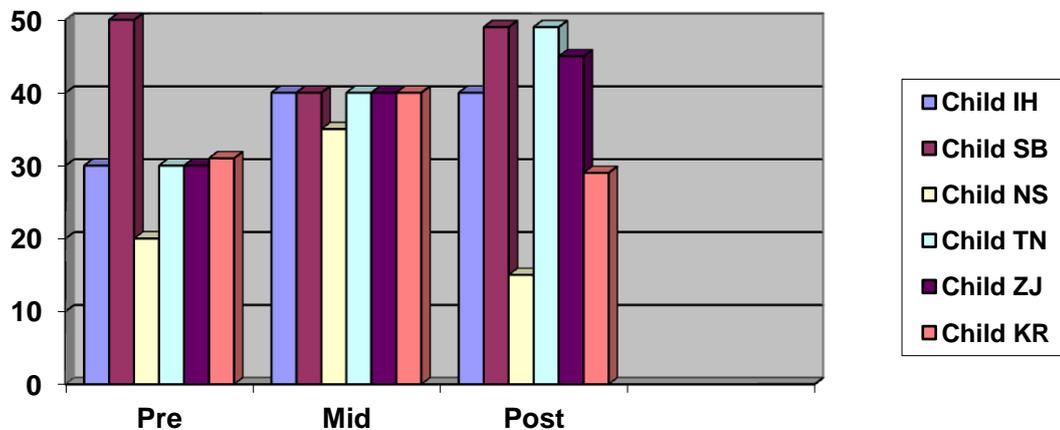
1.2 It is also observed that the group is able to work well together in the expressive art session and is able to engage in a beneficial social exchange of sharing thoughts, ideas and opinions with each other.

1. 3 From the 'notes' section in the SRS, it has been observed that the group is observed being enthusiastic about trying a variety of art forms and looked forward to coming to these sessions- in eagerness of trying something new.

1.4 The practitioner's notes also lead to the inference that the group enjoyed dramatization of stories and expressive narrative sharing the most. The metaphors created by the group seemed to have impacted the group to a large extent, as this is evident in their increased social responsiveness and general excitement towards the story of the tree.

1.5 The children were found to be calmer; more focused hence, more ready to attend the academic class scheduled right after an expressive art therapy session.

**3.2 Results of Therapeutic Goal ‘Exhibits quick reaction time/ Physical Alertness’ from the ABT Rating Scale for all six students of the group**

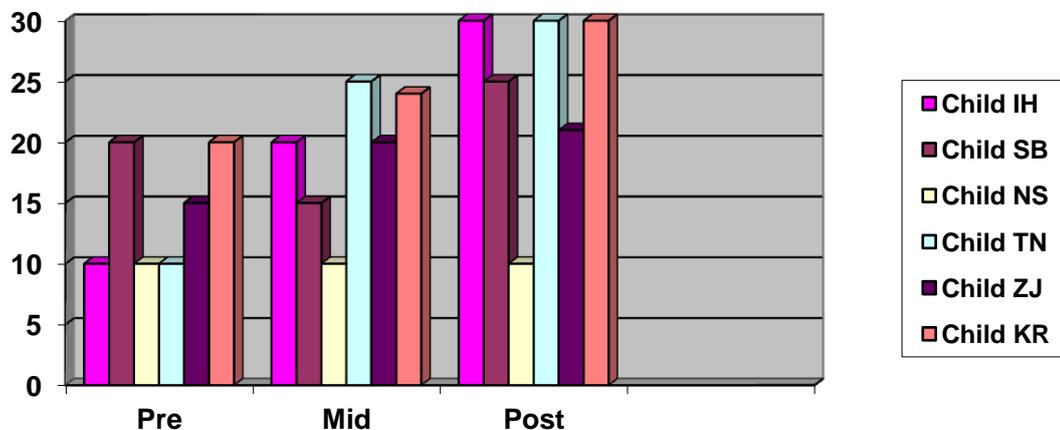


A study of these results shows an increase in reaction time in Child SB, Child IH, Child TN, and Child ZJ. Child NS and Child KR show a decrease. Child NS has been suffering from seizures, which are affecting her progress in all areas in the school.

Child KR has been showing an increase in hallucinatory behavior, which causes him to ‘float away’ in class. This could also be due to his recent medication change.

**B 1 Embodiment Projection Role Observation Form Results**

Pre, Mid and Post Results on ‘Spatial Awareness’ in Embodiment Projection Role (EPR) Observation Form



A study of these results shows an increase in spatial awareness in Child SB, Child IH, Child TN, Child ZJ and Child KR. Child NS shows a decrease in spatial awareness in the intervention. Child NS has been suffering from seizures and is on medication due to the same. Her spatial awareness seems to be on a low across classes in the school. A compiled study of the EPR also indicates an increase in ‘innovation’ in all children. There is a definite shift from the children indulging in the ‘mimicry’ phase towards the more creative, innovation phase of thinking of unusual answers/different ways of approaching tasks.

**C 1 Teacher and Parent Feedback Form Inferences**

In the Teachers Feedback Form, the homeroom teacher of the group mentioned a marked difference in the group’s social bonding skills. She said for IH, being diagnosed with Autism, it was earlier difficult to sustain in a creative session without structure/rewards. However, post expressive art therapy there has been in an eagerness in the child to work on innovative material by himself, without structure. Two parents of the children in the group mentioned that the child plays with art material by himself and herself at home- tries to mould clay in his free time. Two other parents noticed their children taking an affinity to musical instruments.

Teachers mentioned an overall increase in 'mindfulness' and 'calm behavior' during academic classes, due to constant reinforcement of the same in the expressive art therapy sessions.

### 3.3 Results Detailed

Here are the results of three students in reference to the 'Background and Creation' of each client:

#### 1. Name: KR

Gender: Male  
Age: 11.6 years

#### Family Background

Child lost his mother (2011) and maternal aunt (2012) consecutively. He was living in the same house as them. His father travels and works in Dubai and KR lives with his maternal uncle. He is not very well adjusted in his new home and feels a sense of deep loss of his family members.

#### Child's Strengths

- Highly imaginative
- Has strong skills of observation, remembers others' body movements imitatively
- Is quite adaptive to different circumstances and shows flexibility

#### Child's story pre-intervention

KR is a sweet boy who is named the class's role model due to his ability to be sensitive to his peers. He is a slow learner and has some developmental delays. He has been diagnosed as being learning disabled. Due to his family situation, he has quite a pessimistic view about situations. He is often found talking to inanimate objects and hallucinating about ghosts.

Creation and post-intervention inferences:

KR's main area of need is his low level of sustained focus. His second need is his tendency to hallucinate and his need to deal with the death in his family.

In the beginning of the intervention, KR found the expressive art therapy sessions highly engaging. The stories surrounding loss and reflecting with the group helped him channel some of his tensions into storytelling and imagination. Post summer break; he came back, defiant and unwilling to see the enjoyment in the sessions. His medication changed and he was seen hallucinating in class, making references to death. However, as the Gentle Willow's death story embedded deeper in the group, KR was able to say 'it's only a joke' or 'I'm not being serious' when he painted about death. This is a significant shift from his behavior post-intervention.

KR enjoyed music, stories that involved action and all painting related media. His biggest strength was his ability to imagine faster than anyone else in the group, and his biggest concern was his fear which needed sufficient one-on-one talking to, to overcome.



Left: KR's expressive painting of his trip to the imaginary forest: 'Car meets with an accident' (Painting 1- Session 5)

Right: KR's representative painting of 'Friends help each other when they feel angry/ upset'-dancing around Gentle Willow. (Painting 12- Session 25)

#### 2) Name: TN

Gender: Male  
Age: 11 years

### Family Background

He is the only child of his parents. During his childhood, he was exposed to a lot of anger from his father, who is said to have had psychiatric issues. The mother divorced the father and a life with TN. TN is very attached to his mother.

### Child's Strengths

- Electronics and gadgets- exhibits high level of interest
- Has good social skills
- Can work with triggers and scaffolds in visual art and enjoys drawing and painting.

### Child's story pre-intervention

TN is a quiet child who has developmentally delayed milestones and is a slow learner. His speech lacks clarity and he has a slow reaction time. His imagination seems to be less developed than his peers as he is quite imitative in his expressions through art.

### Creation and post-intervention inferences

TN's major need is his physical alertness levels and his lack of visual thinking skills. TN's levels of arousal in any session were always low and he would wait for everyone else to initiate in the group. With drama and EPR based tools, using role play and heavy affect, the facilitator saw TN opening up slowly. In the initial 18 sessions, TN had begun initiating conversation in the group and laughing when something was funny. The energizing rituals were a struggle for him but over time, he seemed to warm unto them. The observers watching the sessions had commented that they had never observed TN being as vocal as he was in an expressive art session. After the summer break, there was a slight decrease in progress and it took some time to get TN comfortable with his voice and aware of his tone again.

Although TN enjoyed map making, he would often struggle with understanding directions and hence, would imitate his peers. With many movement based exercises, he seemed to be able to locate simple corners such as 'the stationery corner' or the 'reflection corner' in the art room. In one session, he was also able to locate an imaginary river within an improvisation. This was significant progress for TN.

However, with the change of the groups, when new children were added in his group, he seemed to warm unto them. The observers watching the sessions had commented that they had never observed TN being as vocal as he was in an expressive art session. After the summer break, there was a slight decrease in progress and it took some time to get TN comfortable with his voice and aware of his tone again.



TN's 'Busy Jungle', 'Crying Gentle Willow' painting and 'Gentle Willow's Funeral postcard  
Arranged chronologically- May, August and September- Month 1, 2 and 3 of the project

### 3) Name: NS

Gender: Female

Age: 13 years

### Special Care Instructions

She needs help with some self-care activities due to the shape of her hand. She needs her medication on time.

### Child's Strengths

- High social skills
- Loves painting and tactile art

- She can be very cooperative
- High levels of imagination

### Child's Story pre-intervention

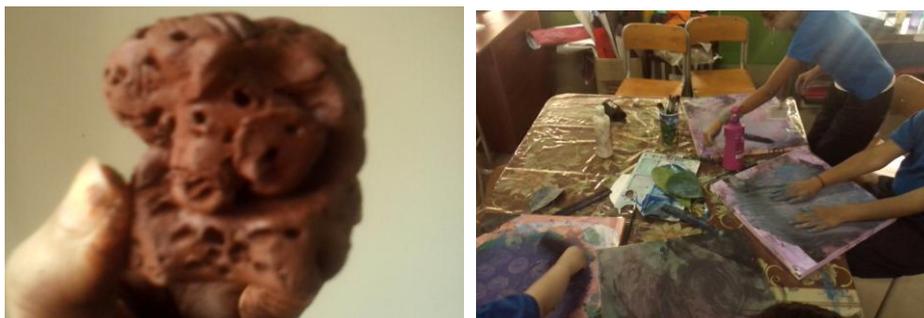
NS is a warm girl who has been diagnosed with Epilepsy. She has very low body and space awareness and tends to fall a lot while walking and handling objects. She has also been diagnosed with a condition called Arterio Venous Malformation (AVM). Her expressive language is very unclear.

### Creation and post-intervention inferences

NS's main area of need is her low level of body awareness. Her second most important need is her narrative capability skills. The school is trying to provide her with an IPAD as a way of communication since her speech is quite indecipherable. Since the beginning of the Action Research Intervention, NS's progress has been hitting a low. She has been getting frequent seizures and is often changing medication. In the beginning of the intervention, NS, although thoroughly immersed in the artistic activity, would struggle keeping her balance, would 'space out' and then float back in again. After the summer break, her new medication helped her focus and she was able to sustain attention for larger spans of time.

NS enjoyed expressive narratives and also liked initiating tasks and sharing. However, due to her unclear speech, the group would often ignore what she was saying. The facilitator dedicated one session to pointing out everyone's strengths and weaknesses, in story form. This session, supported by the counselor working with the group, helped NS to be more accepted within the group. During the end of the intervention, NS's progress was found to be hitting low points again, across classes in the school.

NS enjoyed working with clay, its tactile qualities suited her motoric movements and she was able to create wonderful 'gifts for the Willow'. She also enjoyed dramatic improvisations and painting to music.



Left- NS's work in 'Clay Play'- Gifts to the Willow  
Right- NS creating tactile paintings from her trip to the imaginary forest.

### 3. 4 Comparison of results between different domains

1. As a group, the six children seemed to have shown significant increase in social bonding and social communication. Hence, the Group Interaction domain seems to show a progress.
2. The group seems to show a significant progress in the 'Body Domain'.
3. The group seems to show a slight progress in the 'Cognitive Domain'.

Besides Child NS, who shows a steady decline in the 'Body' and the 'Cognitive' domain, most other children seem to have shown a steady incline, with occasional dips in progress.

### 3.5 Comparison of results between different evaluation tools

1. Both evaluation tools- Rating Scale and EPR Observation forms seem to show a progress in the 'Spatial Awareness' area.
2. An observational assessment of the drawing of the art room map and the rating scale area of 'Can draw floor maps/ plans' over 35 sessions seem to be aligned with each other. The drawings are clear evidence of such progress in some children.

## 4 DISCUSSION

### 4.1 Limitations

1. The foremost limitation in this intervention was the unexpected change in homeroom groupings in the school. While the groups were expected to shift slightly, it wasn't clear until late-July how the sessions would

run on a weekly basis with the number of sessions increasing suddenly due to the children shifting groups.

2. The advent of new children in the group lead to unprecedented changes in the group dynamics. Part of the session design plan had to be changed accordingly for each new group, keeping in mind the individual goals of each child.

3. The summer break falling in the middle of the intervention definitely reduced the impact of the sessions and the artistic forms introduced. Results do show a significant dip in progress in most children in the month of August.

#### **4. 2 Learning**

1. The Arts Based Therapy/ Expressive Arts Therapy as practice and as Intervention has given the facilitator immense insight into structuring the therapeutic value of art in a school setting, thereby providing meaning to each individual participant of the process.

2. Using 'mindfulness' and 'calming techniques' in almost all sessions lead to a significant internalization of calming strategies in each child with special needs.

3. The children of the group were attending music therapy, creative movement and physical education sessions along with expressive art therapy sessions. This prolonged exposure to the arts, practiced by all creative-education teachers at the school has lead to significant progress in both goals of the group.

#### **4.3 Similarities in relation to Literature Review**

The facilitator found this statement ( from Psychology Today Journal ) to be powerfully true- 'In the unfolding process of creating and working with the imagination through various art forms, a connection occurs that supports clients to create new experiences, insight and direction.'

This connection is the key to any form of tangible or intangible progress in an expressive art session.

#### **4.4 Future**

Future direction of expressive art therapy work in special education:

1) The facilitator intends on continuing her work with the children of the Gateway School of Mumbai in her position as the Visual Arts Facilitator at the school. The facilitator finds certain overlap in the school's approach to art practice and expressive art therapy as a therapeutic technique, hence, allowing her to continue building meaningful sessions for the children, across homerooms and age-groups.

2) The facilitator intends to share this work and its outcomes with the parents and management of the school.

3) The facilitator also intends to continue working with the other ABT practitioners in her area and in her school to reach out to more children who would benefit from this practice.

### **5 REFERENCE LIST**

1) Appendix A: SRS Summary

May 2014

The series of dramatic exercises was based on the concept of EPR (Jennings 1998)

2) Appendix B: EPR Observation Form

This form was developed by Dr Sue Jennings in the UK.

3) All rituals in the SRS Summary are based on David Farmer's 101 Drama Games and Exercises Resource Group for Drama Teachers.

#### **5. 1 Bibliographic References:**

1) Crimmens (2006), *Drama therapy and Story making in Education*

Royal Publications, London

2) Mills, Joyce C (2003) *Gentle Willow: A Story for Children about Dying*

Harvard Press, Boston, MA

3) Raghbeer Anjali (2009) *My Name is Amrita- Born to be an Artist*

Tulika Publishers, Chennai

4) Weider Serena (2012), *Visual /Spatial Portals to Thinking, Feeling and Movement: Advancing Competencies and Emotional Development in Children with Learning and Autism Spectrum Disorders*