

**ART THERAPY IN RELATION TO AUTISTIC CHILDREN AND  
ADOLESCENTS OF NORTH INDIA**

A Thesis

Submitted in partial fulfillment of the requirements for the award of the degree of

**DOCTOR OF PHILOSOPHY**

**in**

**(FINE ARTS)**

**By**

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**LOVELY PROFESSIONAL UNIVERSITY**

**PUNJAB**

**2021**

## ***Declaration***

I hereby declare that this thesis titled “***Art Therapy in relation with autistic children and adolescents of north India***” submitted in the partial fulfilment of the requirement of Doctor of Philosophy in School of Journalism, Film and Creative Arts, Lovely Professional University, is based on the results of the research work carried out by me and written out by me under the guidance of Dr. Manavpreet Kaur Arora and Dr. Mohammad Amin Wani. The manuscript has been subjected to plagiarism by software Turnitin. This thesis or any part thereof has not been submitted for any purpose to any other university or institute.



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## ***Abstract***

Art therapy is known for the therapeutic purpose to diagnose and resolving issues related to the human life. The purpose of this study is to focus on two important areas- art therapy in India and implementation of art therapy on the children with autism spectrum disorder. The research adopted mix methodology design and is carried out in two stages. The aim in the first stage is to showcase the status of art therapy in India. As it is relatively infant profession, the nature of art therapy in India is yet to take shape. With the basic essence of healing, how cultural differences, infrastructure and skillset for art therapy makes it different in India? To comprehend the strengths and weaknesses of art therapy in India, interviews of 16 art therapists were conducted in different states of India and abroad. 12 art therapists practicing in India, 2 in Canada, 3 in USA and 1 in Singapore shared their views on art therapy skillset- educational qualification, training, infrastructure and techniques. The purpose of interviews with therapists practicing in different countries other than India was to get an insight into the practices going on in developed countries. It was indicated by practitioners that the basic qualification for art therapy in any country is master's degree or diploma or certificate course equivalent to master's degree. The course designed to train the student therapist include psychology and art. The core of education of art therapy to create the therapeutic space with the mechanism of self- expression, awareness and transformation by using art as a tool. The therapist having deep knowledge of human psychology and behaviour, with help of various forms of art, identifies and creates changes in the life of people. The education and supervised training enable art therapists to work with diverse populations in different settings. In the present scenario, there are hardly any institutions in India offering art therapy courses or training and this field continues to struggle for its identity. On the contrary the cultural richness and the natural connection of people with art in India can be a very fruitful ground for art therapy.

In the second part, study investigated imagination/ observation, expression and balance via art works. 54 autistic and 54 non- autistic children and adolescents participated. Results indicated significant difference in the art works. The non-autistic respondents showed better performance in context with the elements and principles of art. This played a role of basis for the art therapy intervention for these autistic



children which highlighted art therapy programs with the children and adolescents with autism spectrum disorder and evaluated its implications on aesthetical outcome in their art works. To evaluate the contributions of art therapy intervention for the expression of emotions through art works experimental method was utilised with pre- test and post- test control group design. 54 children with autism spectrum disorder were selected from different special needs schools of North India and two groups were formed with random selection- experimental group and control group. There was significant difference seen in the scores of pre-tests and post-test while evaluating the works of the children with experimental group. The subjects were able to communicate their unsaid expressions through art. Their imaginative and observational skills were enhanced notably. It was also observed while in therapy they were more receptive to unknown materials proving that art therapy has potential to address the core issues of autism like sensory regulation, stabilizing emotional fluctuations and psychomotor growth.



Jai (My School)

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Robert Frost said, "There are two kinds of teachers: the kind that fill you with so much quail shot that you can't move, and the kind that just gives you a little prod behind and you jump to the skies".

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**Declaration**

**Certificate**

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# **Chapter 1**

## **Introduction**

Verbal language is a tool of communication for every individual, which helps to avoid chaos but there are many emotions of human being which are difficult to express in words. Art is a language which comes naturally to every human being so, since ancient times it works as medium for unsaid emotions. Verbal language has barriers of boundaries of expressing emotions in words whereas language of art is simple and innate. Modern day's art therapy is based on the essence of expression through art and its strength lies in the symbols and metaphors to assist in resolving certain issues. Carl Jung has called art as the foremost mean of expression understood by metaphor. (Jung, 1973, p.67).

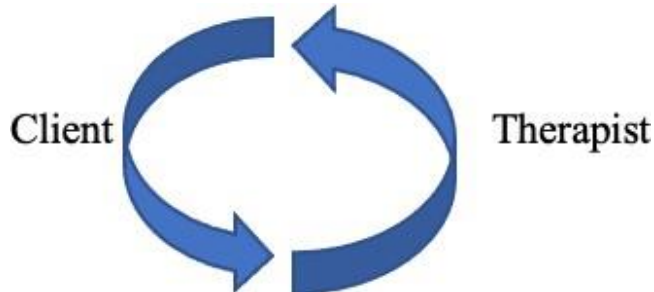
Another strength of art therapy is that it works on inner distress and bring it on conscious level. The role of the therapist starts to identify issues with the help of symbols and metaphors and help person in removing stress from person's mental life. This makes a way for positive development in all the walks of life. Irvin D. Yalom while quoting Sigmund Freud explained opinion about art therapy that the reason for generating thoughts in man is clashing forces and those forces exist on the different level of conscious level and there are few which are totally unconscious. (Yalom, 2002, pp.247-8).

### **1.1 Understanding of Art Therapy**

Art therapy is a profession dealing with mental health using creativity in art making for involvement and enhancement of physical, mental, emotional state of the people. The base of art therapy is art and psychology. R. M. Vick calls art therapy a hybrid profession which is based on different areas of art and psychology, where characteristics in the drawing of every client show different world. (Vick, 2012, p.6). Art therapy profession is based on the belief of self-expression and in this profession therapists use creative process to determine issues. In verbal therapy the relationship of the therapist and client's relationship is of transference and counter transference. Fig 1.1 Interdependence of Transference and Counter Transference.

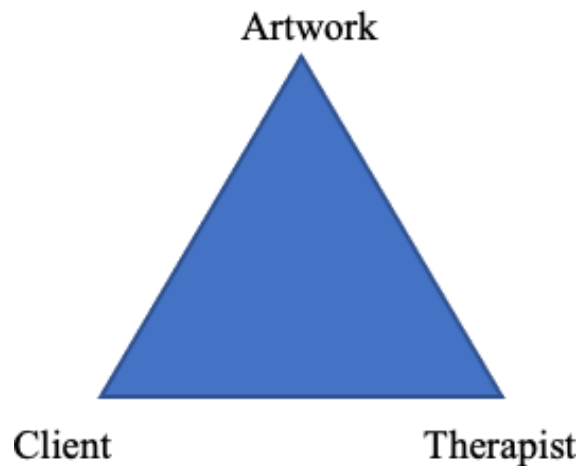


***Figure 1.1 Interdependence of Transference and Counter Transference in verbal therapy***



Art therapy theorists like Rubin (1984), Wood (1984), Case (1992,2001) suggested expansion of psychotherapy from dyad to triadic. Wood called it triad from dyad (Wood, 1984, p.68). it provided multiform space to the client and therapist. In fig. 1.2, Transference and counter transference is dependent on all three angles that is artwork, client and therapist.

***Figure 1.2 Art Therapy (Triangular Relationship)***



Due to its non-verbal aspect, art therapy holds a unique position in the field of psychotherapy. Tessa Dalley explained that therapies like art, dance, drama, music and play which comes under expressive art therapies benefits clients in self-understanding and self-awareness. This helps them to get confidence in struggle of their life, by indulging in art materials and outcome in the form of a product. During art therapy, therapist understands client's inner struggle not only with verbal

discussion but through artwork also. Dalley calls art activity an approach which provides concrete results when compared to the verbal therapy because of its convenient medium which supports a client to convey both conscious and unconscious expressions. Self-articulation plays an important role in therapeutic process. (Dalley, 1984, p.xii).

According to Harriet Wadeson, *“Art therapy is neither the addition of an artwork component to psychology nor the addition of a psychotherapy component to creative artwork. Art therapy is more than the sum of its part.”*

Art in the supporting role of psychotherapy serves the patient’s unconscious thoughts and helps to bring them the light. According to the Robertson, Jung believed in dual way for getting access to man’s unconscious. First one is to gain insight into the understanding and interpretation of words. The second medium is creative expression through artwork. (Robertson, 2004, pp 33-40)

So, this branch of psychotherapy is based on expression with creativity where symbolism is used for the expression of feelings and emotions as a language. The need of non-verbal language in psychotherapy is felt when words fail to convey feelings and emotions. Art is known for its capacity to penetrate into hidden areas of mind. It can play a role of a medium to express feelings and thoughts. By indulging in art activity, a person gets involved physically and mentally. This is probably the reason art is positioned at highest level by ancient scholars also. Saint Francis of Assisi placed art on the top of all activities by saying, *“He who works with his hands is a laborer. He who works with his hand and head is called craftsman. He who works with hand, head and heart is called an artist.”* Its cognitive aspect is seen in recent studies on cerebral hemisphere dominance. The ‘primary process’ and ‘secondary process’ in Freud’s theory are interdependent.

Phenomena like dreams and hallucinations exist in the mind in the form of images. Psychologist Rudolf Arnheim (1969) termed it as ‘visual thinking’. A psychiatrist and psychoanalyst Mardi Horowitz (1983), after using art and mental imaginary in therapy explained the reason of why people are able to get those which are not available visually.

Mis happenings or painful experiences in the past are better accessible through nonverbal therapy. Images can go to the root of inner disorder. This is the area which

is otherwise not easily accessible. The symbolic form of art can help in explaining dark side of a person. Jungian therapists called this dark aspect a 'shadow'.

The very beginning of art therapy was done with the views of Freud and his psychoanalysis theory opened the way to modern art therapy this worked as base in human's conscious and unconscious speculations in mind. He established a theory called psychoanalysis which supported to convert from unconscious to conscious to get people free from neuroses. This could be done through verbalization and transference. In verbalization patients express to the therapist about every feeling they have in mind without any thought of relevance or irrelevance. However, transference is related to strong emotions which are generated with reexperiences of past experiences. In such situation patients have the same experiences they had originally, but therapists help to settle those emotions in different ways. Sublimation comes after psychoanalysis which helps the instinctual energy to shift towards socially valuable goals.

Art product is physically available. In art therapy room apart from client and therapist there is always a 'third party' available in the form of art product. The greatest asset of art is its versatility. It can be used by anyone ignoring age or ability. It is flexible in nature. It is portable and rapid. Psychotherapy and creative process go hand in hand. The similarity between them is they both break old norms and build new ones.

Art has the capacity to heal. Elinor Ulman<sup>1</sup> explained deep involvement in art is "A momentary sample of living at its best." In today's world where short-termed happiness is sorted with the help of mind-altering drugs art gives the right pleasure because whole body and mind gets involved into its practice.

The areas, where art therapy work is visual art and creativity along with counselling and psychotherapy. Art therapy is used to treat:

- Mental and emotional issues
- Mental illness and personality disorders
- Abuses and addictions

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<sup>1</sup>*Elinor Ulman* taught in the Art Therapy Program and was a life member of the American Art Therapy Association and was founder, editor and publisher of *The Bulletin of Art Therapy*-the first forum devoted exclusively to the topic.

- Disability or illness
- Traumatic conditions, PTSD and loss
- Cognitive, behavioral and neurological disorder

In this form of therapy drawing, painting, collage and clay and many other mediums are used to express inner feelings. It could also be taken as symbolic communication, which is used by professionals to help for reducing anxiety, relief in stress and increase self-esteem. So, its definition can be taken as therapeutic technique for treating psychological disorders and enhancement of mental health. This therapy can be done individually, with couples, in family or in groups. Art therapy services are available in many settings these days like hospitals, institutions, offices, rehabilitation centers, mental care settings and many more. When art taken as a medium in art therapy, the focus is not only on the finished product. It is known as process-oriented therapy. The art making process and the finished product both are important in art therapy process. In the soothed atmosphere provided by art therapist, the client is made to create images with the aim of expressing and sharing emotional difficulty. The therapist on the other hand tries to decode the hidden messages during the art therapy sessions with the help of behavioural insights, mood, conversation with the client. The finished product of art is also studied to understand through lines, colours, composition and other elements of art. Individual under the therapy is expected to gain self-understanding in a better way at the end of the therapy session. So, while defining art therapy, it can be called a part of psychotherapy, which helps in expressing emotional state and the healing is taken place through non-verbal medium. The American Art Therapy Association (AATA) explains art therapy as art making for therapeutic use with the help of a professional taken place by individual who seek assistance in illness, life challenges, trauma, grief and also personal development. In the process of creating art self-awareness is also increased in the subjects and they get equipped to deal with not only the signs of anxiety, stress and distressing experiences, but also in the enhancement of cognitive abilities.

The Canada Art Therapy Association (CATA) demonstrates art therapy as a form of psychotherapy, which assist in the expression of emotions. Healing is taken place through non-verbal means. Unlike most adults, the younger generation often

finds difficulty in verbal expression so art therapy facilitate any individual to express self-using simple art materials.

Australian National Art Therapy Association (ANATA) recognizes it as psychotherapy and acknowledges it as an interdisciplinary practice which involves health and medicine. Various forms of visual art like drawing, painting, sculpture, collage are used for this therapy. The basic principle of this therapy is psychoanalytic and psychodynamic. But in this, therapists are given freedom to use theoretical base in which they are comfortable with. An art therapy is actually a relationship among art, healing and the client. Sometimes, therapist, art and healing and many times it is therapist, client and healing.

Art therapy field is not new, many of the professionals had been doing art therapy since 1930. But, a lot of attention was drawn in last decade due to immense developments in this area. The foundation of The American Art Therapy association was done in Louisville, Kentucky in 1969. The numbers the members from 1969 to 1979 increased from 100 to 1324, which is quite high in numbers. Out of 1324 members, 504 were registered art therapists. This was the way art came out of art rooms to the therapy studios.

The roots of art therapy lied in finding the role of visual art in expressing and healing the emotional distress. The relation of therapeutic potentials in art is seen in history. David Edwards in his book Art Therapy while quoting 'Woods' explains three overlapping phases of art therapy:

*"During the first period, art therapists focussed on powerful means of expressions they might offer to people with serious disorders and also on the provisions of respectful containment. During the second period art therapist tried to counter some of alienating effects of psychiatric institutions by providing an asylum within an asylum. In the third contemporary period, the work of art therapists has become more influenced by psychotherapeutic practice...during this time question of technique have become paramount."* (Wood, 1997: 172)

Edwards in the above statements clarifies that Woods had written it in the context of art therapy in the relation with psychosis treatment but he believed to be applied to the whole art therapy profession development.

The term 'Art Therapy' was first used by Adrian Hill in UK and later he used it as profession in 1940s. Hill while treating the patients from tuberculosis, discovered the benefits of art. A psychologist Margret Numberg also used the term 'Art Therapy' in USA. Her model was based on the usage of spontaneous art expressions for the liberation from unconscious. The roots of her therapy were based on the relationship between a therapist and a patient and the model is closely related with psychoanalysis theory. The approaches taken by Hill and Numberg were different but 'art' in both the approaches worked as primary element. Numberg used 'Art in Therapy' and Hill used 'Art as Therapy'. This way two streams simultaneously developed – art itself a therapy and art as psychotherapy. The former approach stressed upon the healing abilities of art and other only advocated a strong therapeutic connections between art, therapist and a client. According to the New York University's website the initial art therapy courses and its seminars on the graduation level were designed by Numberg in 1950's and Krammer on the other hand in 1973, designed a Masters of Art in art therapy program.

## **1.2 Art Therapy as Profession**

It is important to understand what art therapy is or what not. Judith A. Rubin explains in his book *'Introduction to Art Therapy: Sources and Resources'* that a great difference lies between art therapy and art activity.

“Many people think, for example, that art therapy means working in art with those who are differently abled, but the definition of art therapy does not depend on *who* is being seen, any more than it is a function of *where* the work occurs; rather than *whatis,why* it is being offered.” (Judith A. Rubin, 2009)

Activities could be educational and recreational when people work with art material under the guidance. It could be a constructive activity for free time. It develops skills and also act well in, but it is certainly not art therapy. Though under psychiatric conditions the primary purpose remains learning skills and having satisfactory experience, it certainly comes under therapeutic conditions but couldn'tbe called art therapy. Ulman said,

“The essence of art therapy needs to be true to both parts of its name- Art and Therapy. The primary goal of the art activity, therefore, must be therapy.”

In art therapy an art activity should have the target of assessment and treatment. The complex field of psychotherapy encompasses different ways of human nature. Major task covered by psychotherapy is to assist people in overcoming hurdles in development and adjustments.

### **1.3 Role of Art Therapist**

Early years of twentieth century witnessed the presence of a therapist as obstruction to the psychotherapeutic process (Freud, 1912). A therapist needed to be-“Technically and neutral anonymous, then, the transference would spontaneously unfold and would not be distorted by the personality of the analyst” (Aron, 1990, p. 478).

The counter transference- therapist’s own emotions and reactions were considered as hinderance (Heimann, 1950). While accepting to the neutral image of therapists Klein (1946) and the Bion (1967) acknowledged that counter transference gives clues related to the client’s psyche and also considered it an important aspect of therapy. Later, the emphasis was upon two subjective individuals for relational psychologies (Aron, 1990; Jordan, 1995; Mitchell, 2000; Robbins 1998) recognised therapeutic presence in therapy which is based on the experience with clients in psychotherapy.

Art therapy profession is very difficult and composite. The major role of art therapy is being provided in many ways and by many types of professionals. In this list artists, art teachers and volunteers, Psychologists, social welfare workers, psychiatrists and counsellors are included. Anyone who request creative tasks or incorporate artwork in their profession is called art therapist. Edith Kramer said, “The art therapist is a specialist who combines the qualification of being a competent artist with specialized skill in the field of psychotherapy and education.”

For an art therapist it is essential to have knowledge about ‘Art’ and ‘Therapy’, any person having no or less knowledge about even one component cannot be called a competent art therapist. ‘Art’ is required for the basic work to be done in the process for healing; second ‘Therapy’ is for understanding the creativity of art media. In their temperament emotional stability, flexibility, patience, sensitivity to

human expressions and needs, an insight to psychology, humour, listening, keen observation and personal touch are vital components.

With this they work on individuals, families, friend group or stranger groups, or a specific community. Similarity among them is that they use art as a medium for healing, but they do differently from the work of credentialed professional art therapists. It has already been cleared that art therapy doesn't only cover healing, it works on so many other areas. Art therapy is better known today than past but even for those who know it they do not often have clear idea about it. Confusions are generally increased as art therapists use different ways and techniques for therapies. Reasons behind it could be different backgrounds of art therapists they belong to or the need of specific designed therapy of a particular client. Gilroy (1992) stressed upon the importance of art therapist to have knowledge of art. In an article she quotes, "Their background and training as artists given art therapists a social understanding of art processes and symbolic communication...Having been involved in the challenge of creating images and forms themselves and finding the most appropriate means for expressing and communicating them, they are in a position to empathize with patients who are embarking on similar process." (Waller & Gilroy, 1986, p.55), (Gilroy, 1992, p.121).

Activities should be monitored by therapists and they should know whom and what they are treating. Activity designing should be according to the goals of the treatment. An art therapist should be well versed about wide range of activities where art can support in self-understanding as well as aid individuals to grow and to rehabilitate in desired direction. When art as therapy is offered, it becomes essential for an art therapist to be trained as clinician. Even the highly sensitive artist or the highly qualified teacher cannot become an art therapist. It is equally important to other qualification where it takes years to study. In art therapy one needs to get education in psychology and psychotherapy. Art is not only area for art therapists to be covered, they need to be more into therapy. The unique thing about this profession is that they need to develop highly expertise in the use of art as a visual modality in the therapy. In the beginning art therapy was used as support material used by psychoanalytical clinicians for the outcome of expressions from the client in the treatment. Herbert Read and John Dewey realized the contribution of 'art' in



developing overall personality. They gave an idea of stimulating the development guided by either teacher or therapist, who will provide materials and generate stimulating environment. Many progressive art teachers followed Dewey school, but the role of art in hospitals and other health center remained uncertain. Edward Adamson, the first art therapist appointed in Netherne Hospital in 1946 followed Dewey's approach. He provided an atmosphere which supported expression through art without intervening. Waller (1991) explained that doctors in that time had very clear ideas about art in work. They advocated free expressions with minimum intervention. They called it therapeutic but without analyzing or interpretation.

With the view to clear the role of art therapists in hospital setup a central association was made which later on paved the way for art therapy associations and its formation helped people to understand art therapy professionally. Theory and practice developed gradually targeting many basic links of psychotherapy. Art therapy training was based on art school setup which included personal understanding, aesthetic appreciation and problem solving. Another skill art therapist requires is personal creativity and trust on intuition because this profession is actually different from a psychiatry.

For art therapy, an art therapist has to be familiar with all variety of materials, tools and techniques. This does not only include the medium of art therapy but also include the quality of surface (paper, wall, cloth), different tools for different medium like brushes, clay tools, glue, texture tools. Basic mediums for drawing, colouring modelling and constructing. Art therapist should know the quality and the capacity of each art material before offering it to the client.

It is important for art therapist to develop personal relationship within the framework of professional therapy setup. For this they can use conscious and unconscious processes. Therapist even after establishing a relationship with client should supervise client to understand counter-transference phenomenon.

#### **1.4 Importance of Art Material**

Colours, water, newspaper, wires, papers, clay, old magazines, blocks and part of toys are some of the art materials and media which art therapists use as medium for art

therapy. In other words, anything which excels fantasy can be an art material. (Rubin 1984, p. 255)

During training therapists are trained about the nature and potential of each art material. It becomes very important to provide right atmosphere for art material to be used in activity. The greatest quality of art therapy is that artwork acts like an alternative to the verbal expression of thoughts.

Judith A. Rubin in his book *The Art of Art Therapy* write about the sensory qualities of art materials with her own experience, she further explains the reason of most art therapy work is done with paint, chalk and clay, “ But I am still convinced that the materials that can be touched and shaped by the hands offer a kind of direct sensory experience that is perhaps even more than before- badly needed by the people in this era of virtual reality and technology”.

Cathy Malchiodi<sup>2</sup> calls process equally important to the finish art product. “Dealing with the inherent beauty of materials and their unfailing reliability can involve us in deeply healing process (Erikson).” (Malchiodi, 1998, p.79)

For art therapy materials to be used should be simpler because of practical reasons. Art materials also effect psychology of a human being so, beginning of therapy should be done with simple mediums. Further in next sessions it could be taken to the complex mediums if required. Unstructured mediums will encourage a person to process easily. Therapist should see that art materials should not be imposed upon the client as art therapy is a field where self-imaginary and expression becomes difficult if the client does not feel comfortable with offered material. There are many reasons why art therapists prefer simple materials. Most important is that the sessions have limited time. Complex materials can be used in case of group therapy or when project is extended over many days. In hospital settings or studio settings sometimes, it becomes difficult to manage incomplete artwork or wet artwork for days or weeks.

“In addition to the quality and the quantity of the materials, the characteristics of different materials are believed to have an impact on the therapy by evoking

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<sup>2</sup>Cathy A. Malchiodi, PhD, ATR-BC, LPCC, LPAT, REAT published numerous articles, chapters and more than 20 books including *Art Therapy: The Role of the Relationship Does Art Therapy Effectively Support Relational Treatment goals?*

specific physical encounters, psychic responses and emotional state”. (Moon, C.H., 2010, p.10)

Therapist needs to ensure expressiveness in session. Simple pasting activity, colouring with numbers or using molds for craft activity may seem very pleasant but could not be a successful medium for expression. Not only art materials should be ‘simple’ and ‘unstructured’ but the media also plays an important role. It doesn’t mean that it should be very expensive but should be of good quality paper. Wassily Kandinsky with his thoughts about art mediums:

*Colour is a medium of exerting direct influence on mind.*

*Colour is the piano keys,*

*The eye its hammer*

*And the mind is the whole piano with multiple strings.*

*The artist is the hand*

*Which by purposefully striking this or that key (colour)*

*Makes the mind vibrate - **Kandinsky***

Wadeson (1980), Moon (2010) have opinion that most of art therapists have information and experience about most of the art materials available and also have the knowledge how to use them. Same way Carolina Case and Dalley (1992) in their book *Handbook of Art Therapy* put stress on the practical experience on creating artwork during art therapy training. It helps forthcoming art therapists to understand different art materials and help them in future to get the picture of practical usage of each one.

There are many factors which needs to be taken care before determining the selection of art material. Few like budget and population fall under the category of pragmatic and many other could be personal. Everyone in art therapy profession have personal preferences for art materials. During training also students get to know about great variety of options of the materials and processes. Specific material can be a choice of a particular client or a therapist could choose specific material in case of special population, settings or reason. Judith A. Rubin in the book *Introduction to Art Therapy* explained that sometimes material and activities adopted by children are influenced by their mothers and sometimes art therapists also feel enthusiastic about a particular medium and try to encourage clients to work in same medium which is

called Pied Piper effect. Art therapist first must start working in the same medium to get client encouraged in the same activity. In this the most important thing to be noticed is to see interest and comfort level of the client.

With changing definitions of art every day, number of art materials and processes are being coming up every day in art field. So every art therapist needs to get himself updated about new tools and art accessories time to time as both of them are essential component of this branch.

### **1.5 Art Therapy Techniques**

The roots of art therapy must have been in history where the most common method

for psychoanalysis was-free art and even today this is preferred by many practitioners. In modern times art therapy is more scientific, where specifically designed activities, time bound and certain groups have taken place of free art. Aina

Nucho's (2003) book suggests very precise instructions to the art therapists about their role in each step of therapy. She has coined terminology for each step which are self-explanatory, "Unfreezing, Doing, Dialoguing, Ending and Integrating"

Naumburg in quoting Freud about expressions in art, "Although Freud made the modern world aware that the unconscious speaks in images, he did not follow the suggestion of his patients that they be permitted to draw their dreams rather than to tell them. Art therapy however encourages just an expression of inner experience" (Naumburg, 1966, p.2).

Her conception of *Dynamic Art Therapy* was based on this which promoted the release of impulsive imaginations. But on the practical grounds, biggest challenge remains in Art therapy is planning of activities according to the desired goals. "The only technique of art therapy is the technique of relating to the patient through art", says Hanna Kwiatkowska (Levy et al.,1974, P.17).

There are different ways of using art in therapeutic world for assessment. The plan of activities chosen by therapists depends upon the goals to be achieved. Despite of variations in the activities, there are few compulsory steps which are to be followed.

First step is to prepare 'Appropriate environment' which could stimulate creativity. Uncomfortable and chaotic atmosphere leads to discouragement.

Second step is 'Introduction to activity'. The therapist's instructions to the client about activity (free or fixed) should be clear and motivating. Therapist should have to be expert in evoking expressions.

Third step in art therapy is to 'Recognize expression'. Therapist should have both sensitivity and skill to visualize client's state of mind.

Fourth step in art therapy begins when artwork is done. Therapist need to learn from the process and product of art making.

Technique of art making should be well-integrated, work artistically and temperament need to be sensitive. There are few important steps in therapy process:

### **1. Warming up**

Which in the words of Aina Nucho is called '*Unfreezing*'? It is very important step as it helps to overcome common resistance which many times can lead to blocking of free expression. Art therapists use various methods to make client feel easy before creative activity. Many warming activities like storytelling, music, dance and fantasy are been used as stimulus. Judith A. Rubin in her book '*Introduction to Art Therapy*' shares her experience of an art therapist 'Bernard Stone' who used modified light of candles, flashlights, projects and shadows to enhance dreamy atmosphere. In warming up there are many more activities like stimulus drawings which comes under category of pictorial stimuli. Under this, different pictures in the form of photographs, magazines cutouts, drawn pictures of animals, places, buildings are shown to the client. This helps a person to imagine and show it in the drawing.

Visual starters are another form of stimuli. Prinzhorn (1922) and Cane (1983) connected it to the inspiration of Leonardo da Vinci. Examples are cracks on stone, wet surface, variegated colours, crumbled paper or cloth. They are also known as ambiguous stimuli.

Another stimulus is use of nondominant hemisphere in which usually opposite to the preferred hand is used for drawing. It is believed that this activity assists in accessing nondominant hemisphere of the brain. Kimon Nicolaides (1941) in the 'Natural Way to Draw' suggested quickly made *gesture drawings*.

Mental Imagery, series of images are few more techniques which are used to enhance the feeling of self-expression through art. Crowley and Mills, child art therapists suggested cartoon series while dealing with children in their book *Cartoon Magic* (1989).

## **2. Encouraging Expressions**

To ensure creativity in art sessions, Edith Kramer divided activity of using art material according to age levels. She coined them as Precursory Activities, Chaotic discharge, Art in the Service of Defense, Pictographs and Formed Expressions. These kinds of analysis help in maximum artistic expression and also to understand created artwork. Lowenfeld in discussing children activity presented the idea that while drawing children do not only imagine but they enact also. This helps in enhancing child sensory awareness.

Further in techniques Lowenfeld explains “auxiliary ego”, where child is not confident to work on his own. For that child needs to think one way that is closure. In example an artwork is started, and child needs to finish. David Henley (1992) called it pictorial intervention and Edith Kramer termed it as “using art therapist’s third hand”. Many art therapists supported working with patient (Kapitan, 2003; McNiff, 1981; B.Moon, 1995, 2006, 2007; C. Moon, 2002). Whereas a group of art therapists do not support *drawing together activity*. Francis Kaplan called it rather disruptive.

## **3. What to do and why**

As already mentioned, that an art therapist has to be creative enough to design activities according to the needs, goals, categories and themes. (Buchalter, 2004; Liebmann, 2004; Makin, 1999). The activities design should be based on these two goals.

- a) *Diagnostic* where someone’s perception toward family, society is to be determined.
- b) *Therapeutic* is helping someone to get improvement in desired field. Before proceeding to activity, a therapist has to take care of three elements- media, theme, manner of working.

### **3. Visual art variations**

Apart from common art materials, new techniques and materials could be tried like sand play, it had always been very attractive for children as well as elders. Kalff (1980); Lowenfeld, (1979) called it a natural activity. This technique has been used by many art therapists in various ways.

Under hypnosis and guided imagery, painting or model is done while hypnotized. It can help in bringing state of unconscious in front. Art therapy approaches like meditation, relaxation and imaginary are related closely.

Modern technology like videography, photography are mediums can be used as extension of artist's eye. Some clinicians and therapists ask clients to bring family photographs or moments of their life to therapy sessions.

There are limitless ways one can express through art. Therapists use many different techniques for art therapy using variety of mediums. Colours and shapes lifeline can be used to understand person's life. Family tree can be made to get clarity about relationship in family. Similarly, doodles can also be very helpful to understand relationships.

#### **1.6 Art Therapy Session**

In this process the clients go through the release of integrated energies and could do what they couldn't do for themselves as a result of interaction of an art therapist (Cox, 1978). Art therapist assists a person to re-engage with their troublesome past experiences which in turn results in a relatively optimistic present. With this transference relationship is established. Transference is occurred when childhood strong feelings, experiences or relationships are shared. According to Freud, "what are Transferences? They are new editions or facsimiles of tendencies and phantasies which are aroused and made conscious during the progress of analysis, but they have this peculiarity, which is characteristic for their species, that they replace some more earlier person by the person of physician. To put it another way: a whole series of psychological experiences are revived, not as belonging to the past, but applying to the physician at the present moment." (Freud 1905:116)

The transference occurs in present situation between client and therapist, where client's life incidents happened in the past are involved. Klein on the other

hand differs from the views of Freud. Transference in Freud's understanding is to re-experience the past life trauma whereas in Kleinian theory it is molded upon the infantile mechanisms where patient learn to manage his past traumas (Klein 1952:55). Art making process set up three lines relationship: therapist and client, client and image, therapist and image. Image is often a center through which transference traversed.

In the relationship of a therapist and client, center of the focus remains the image and transference and counter transference is developed with the medium of image. 'Counter transference' term was coined in 1910 by Freud. According to him counter transference in art therapy is therapist's reaction to the client and the image. An art therapist also goes through many different emotions while in art therapy session. Heimann in her main thesis "comparing the feelings roused in himself with the patient's association and the qualities of her mood and behavior." It is about the therapist has understood or failed in understanding client's feelings (Heimann 1960). In more specific understanding, it is therapist's own understanding and also picture impact on conscious and unconscious mind. It is also about how to react for artwork or how to feel about client. Earlier counter transference was taken as obstacle in therapy but as its importance is concerned, it has gone through many changes. These days it has become a valuable tool.

In interpretation conscious and unconscious process is made and after understanding those conclusions are made. It can be both ways- a client can also make an attempt to explain artwork or it can be an art therapist who can notice significant elements in artwork or in relationships. Either it can be through transference between client therapist and client or it can be through symbolic messages made through images in artwork. One of the major benefits of making image in therapy its concrete presence and it is always open for interpretations, as many times as a therapist feel. Pictures could have layers of meaning. So, there should be careful, mature, patient interpretation of image. Its big disadvantage is that it could be misinterpreting and may lead to confusions. Therapist needs to stay receptive to the feelings of anxiety and rejection which are generated by a client in image making process.



In this, role of counter transference is very important. Feelings generated by image making and staying along with that could be the right indicator in further work plan for a client.



**Ekamveer (My Family)**

## Chapter 2

### Literature Review

In the present research, after understanding art therapy-its components and compounds, a brief account of the power of art material is given—the next section surveys autism. Art with autistic children and adolescents will be discussed—an overview of Art therapy results on autistic subjects will be examined. In the following step, assessment of different research will be done in art therapy concerning training, skills, and infrastructure of different countries.

A review of literature gave a picture of the state of art therapy in India. A formal welcome of art therapy in India is still needed. So, the researcher bound to review literature produced in other countries also. It can plan a framework for present and future work and research in India, especially its Northern part.\

The present research is about studying autistic art in the context of children and adolescents. It will also study different aspects of art therapy practices in India. For art and art therapy, art therapist; autism and art therapy and autism are briefly outlined.

**Art and art therapy:** Through art is called "Confessional Art" because it helps in expressing inner struggle, hopes. The process of improvement of emotional and mental well-being through art, makes the base for art to become a therapeutic activity. In this activity, the therapist plays an important role, which helps explore inner and outer experiences and improves relationships through interpretation of artwork without being judgmental.

**Autism:** Under this condition, a person faces problems in socializing and communication. Autism Spectrum disorder includes conditions like autism, Asperger's syndrome, childhood disintegrative disorder, which was considered separate.

**Art Therapy and Autism:** Autism spectrum disorder is a neurological condition that leads to nonverbal communication in social interaction. It makes it difficult for the autistic person to share his feelings with others. There is no fixed treatment for autism but 'Behavior Modification Therapy' is the most popular way of dealing with autism. A person with autism, when involved in 'art', go through the feeling of

independence. According to an agency 'Healthline.com' in the US that 40% of children with autism do not speak at all, and others also have minimal language and have communication skills. For them art can be a perfect medium to express their emotions and emotional needs. Art is also taken as the perfect medium for their behavior to be shaped. In art therapy, an art therapist assists them to discover themselves and the world around them.

### **2.1.1 Art and Art Therapy**

Visual art has been known as well-grounded medium to express inner feelings or communication of thoughts. There is no universally accepted definition of art so far, but the most popular is that art is a medium to describe 'beauty' or something that help to produce 'aesthetic'. It has many specific categories according to the range of materials like drawing (black and white and colored), coloring (water, oil, glass, acrylic), sculpture (stone, concrete, wood, glass, paper, metal, fabric, porcelain) and many more mediums are being used and being discovered every day.

Expressing self through art started long in pre-history when early human- made cave walls were a medium to share experiences, sorrows, hopes, happiness, and fears. In the late 19<sup>th</sup> and early 20<sup>th</sup>-century extreme display of emotions through artwork done by Van Gogh, Emil Nolde and Kandinsky was done. André Breton, in 1924, named liberating force to his unconscious and exploited it in his paintings. Pablo Picasso once said, "Art washes away from the soul the dust of everyday life".

### **2.1.2 Art by Children**

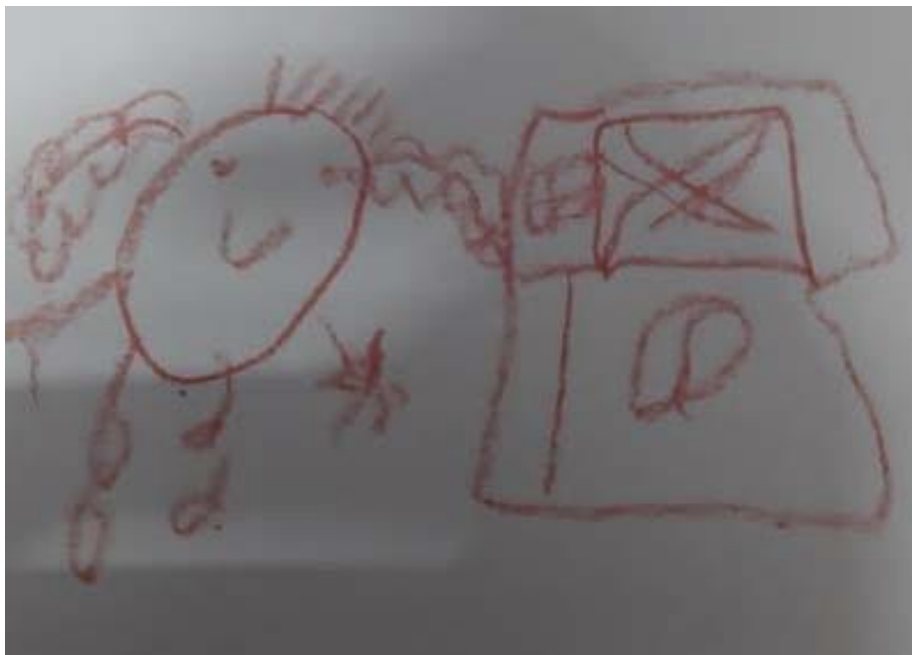
Picasso wrote "Every child is an artist. The problem is how to remain an artist once he grows up."

The basis of Art therapy is definitely 'art', which leads the therapist in the right direction for diagnosing and then treating. feelings and emotions which are expressed through 'art' become the basis of the therapy. Art created in the formal set up such as school institutions often lacks expressions of real emotions, but artwork created on the personal level by the child holds the key to understanding of his/her state of mind. When children paint, their artwork reflects their perceptions about themselves, their surroundings and information. Honesty and spontaneity are the

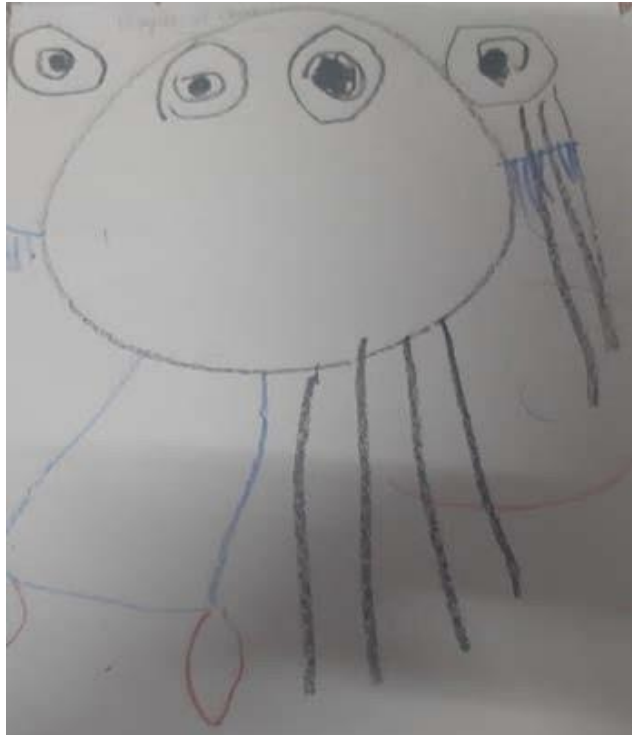
fundamental features of their artwork as these art pieces are mostly direct and uncensored. For children, art is fun but in its indirect way it provides them a medium of self-expression and freedom to choose, to feel and to think.

It is proven that by the time children turn one year old, their motor skill allow them to hold crayon and do just 'scribbling'. After that 'controlled scribbling' is done by them following shapes, circles, crosses and also start arranging different items to create a so called 'sense' in that. Stages of children art can be categorized as:

**Symbolism:** This stage often begins at around 5 years when they develop a vocabulary of different images. Things and figures are drawn in the basic shapes, which are called symbols or schema. The proportions are not yet understood and the art work is done on perception rather than observation.



**Figure 2.1 Drishti**



**Figure 2.2 Chandani**

**Realism:** This stage often starts when the child turns nine or ten, where children focus more on the imitation of reality around them in the drawing. This stage often frustrating for children because they find it difficult to express their feelings as they struggle to get details in their artwork. Some of them often give up drawing entirely.



**Figure 2.3 Nisha**

**Therapeutic Art:**

Many times, children also experience negativity in their relationship, suffer from stress and anxiety and many other issues which they find difficult to share with others. By indulging in art making process, they find channel to release their suppressed emotions and feelings and thus art activity becomes therapeutic for them. Art works on their body and mind without their conscious knowledge because it expresses unsaid.

In the same way art helps the children with special needs to express their emotions, who have communicative and social interaction difficulties.

**Child art and childlike art as inspiration:**

The term Child art was created by Franz Cizek (1865-1946) and it has a different image in the contemporary world of fine art as it refers to the artists who depict children through their works.

Art of the children is full of imagination and spontaneity. It has been an inspiration for many artists to work in that style. Picasso once said, “It took me four years to paint like Raphael, but a lifetime to paint like a child.”

Painting like child means to bring deliberately an element of immaturity and naivety. With practice many artists like Picasso, Joan Miró, David Mendez Alonso and Karel Appel brought a childlike element in their art work. John Miró is known as one of the influential artists of 20<sup>th</sup> century due to the childlike innocence in his paintings. Use of bright color especially blue, red, green, black and yellow in different shapes, dots and circles is a feature of his work. In figure 2.4 Joan Miró in playing dog has expressed childlike interests and fun.



**Figure 2.4 Joan Miró (Playing Dog)**

The child art appears to be generated from heart not from head due to its freedom and spontaneity. Artists who work in the childlike art need to practice to get such skills developed in them. In his paintings, Karel Appel experimented and pursued primitive and free expression with the help of bold rich colors. As we can see in figure 2.5 Karel Appel , Meeting in the sun that artist has used dark colors with bold abstract forms.



**Figure 2.5 Karel Appel (Meeting in the Sun)**

Picasso at the age of 80 years painted a series of schematic portraits, the zigzagging suggested the idea of play. Stein, 1959 explains child's perception in the relationship with mother,

“ A child sees the face of his mother, it sees it in a completely different way the other people see it I am not speaking of the spirit of mother but of the features and the whole face, the child sees it from very near, it is a large face for the eyes of a small one, it is certain the child from a little while only sees a part of his mother, it knows one feature not another, one side not the other, and in his way, Picasso knows faces as a child knows them and the head and the body”. In figure 2.6, Picasso has used dark colors and bold lines like children in his art work.





**Figure 2.6 Pablo Picasso (Jacqueline in a Straw Hat)**

Martin Gardner writes,” Child wants...and is perhaps driven to introvert, graphic equivalents from those categories that occupy her thought process; and so, it becomes natural for her to develop a formula or photo typical schema, which can represent or stand for the full range of instances of this category.”

Art created by autistic children has a visually similar to child art and childlike art. But there is a marked difference in the aim of art created by autistic children as art serves as a medium of communication and expressions. It can help to overcome their limitations. The role of art therapist in this area is discussed further.

### **Art Therapy**

Freud's 'free association' was seen in the works of the twentieth century. André Masson and Max Ernst works are the best Psychic Automatism examples.

While talking about art Elinor Ulman, the editor of one of the first issue of *The Bulletin of Art Therapy* called it a mean which helps to discover both- self and outer world. Art also assists a person to set up a relationship between two. So, art, according to her, “The meeting ground of inner and outer world”.

Freud believed that 'primal repression, is responsible that few sides of human life could not be presented directly, for those signs and symbol are the best media of outlet.

It can be stated that art is the way to represent beauty and possesses psychological benefits. Art can be used as a therapeutic activity that can be beneficial to the artist and anyone else as it helps to communicate, fight anxieties and stress, and helps one know about different facets of own character.

“Anything that is to be called art therapy must genuinely partake of both art and therapy.” - Elinor Ulman

As its name says, art therapy should include both- art and therapy, but the primary goal of art activity remains therapy. In its therapy form, it doesn't only include assessment but also treatment. Moreover, as a therapist, one should understand about the person and the cause of treatment.

The American Art Therapy Association (AATA) is a non-profit, professional and educational organization dedicated to the growth and development of art therapy. The definition of art therapy according to AATA'

"Art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families and communities through active art- making, creative process, applied psychological theory and human experience within the psychotherapeutic relationship".

This association makes sure that the latest information related to the profession is reached to every member. It also publishes research and practice-based articles.

In the article Cathy Malchiodi<sup>1</sup> refers to a Mayo study, where researchers worked on "Bedtime Visual Art Intervention" (BVAI), where individuals needed to engage in creative art without specific psychotherapeutic goals. Results were to be measured in three areas: pain, anxiety and mood. The study demonstrated that with simple art-making experiences, the paraprofessionals could influence positive changes among the patients. Objectives of art therapy are positive relationship, integration and self-discipline.

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<sup>1</sup>Cathy Malchiodi: Art Therapy; The Role of Relationship; Does art therapy effectively support relationship treatment goals?

Judith A. Rubin<sup>2</sup>, in her book explained that a natural element of education is also included in art therapy. Nevertheless, teaching art in it should be a secondary aim. Defining the difference between art therapy and art education, she clarifies that both could be social and emotional development. Art itself can be healing in many areas like discharging tension, experiencing freedom, expressing forbidden emotions and thoughts, and visualizing dreams and invisible. Art therapy session may look like art class, but there is a great deal of difference between their approaches; in art education, it is open-ended, while in art therapy, it is highly structured. In art therapy, assessment is included, whereas art-making is not judgmental.

Art therapy is a branch of psychotherapy. In her thesis Ofira Honig<sup>3</sup> called art therapy works when words fail or not able to convey emotional feelings in sufficient precision. She called art therapy a tree that holds extraordinary power, and its roots are fed by the psychodynamic theory, which is made with the help of art material, artworks and creative process. Margret Naumberg<sup>4</sup> called it.

"Dynamically oriented art therapy is based on the recognition that when the unconscious conflicts of people with a mental health condition are released through their free association to their spontaneous art... psychotherapy can be successfully carried out (Naumberg, 1987, p.22)

Cathey Malchiodi expressed the same idea, "As many of art therapy's theories have pointed out, non-verbal language works regardless of artistic talent one has or has not and regardless of previous experience of artwork" (Malchiodi, 1998).

In his book David Edwards<sup>5</sup> explained the birth of art therapy, which started in 1940 in UK artist Adrian Hill found therapeutic benefits of art in tuberculosis patients and in USA, Margaret Naumberg at the same time used the term 'Art Therapy'. A triangular relationship of an art therapist, client and artwork is defined. In modern definitions, it is known as the psychotherapeutic relationship between

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<sup>2</sup>Judith A. Rubin: Introduction to Art Therapy Sources & Recourses

<sup>3</sup>Ofira Honig: Post-Graduate Art Therapy Training in Israel: Personal and Professional Transformation Through Dynamic Artwork-Based Experiential Transformative Courses

<sup>4</sup>Margret Naumberg: (May 14, 1890 – February 26, 1983) was an American [psychologist](#), educator, artist, author and among the first major theoreticians of [art therapy](#). She named her approach dynamically oriented art therapy

<sup>5</sup>David Edwards: Art Therapy- Creative Therapies in Practice.

client and art therapist. The material is used for self-expression and for the people who experience trauma or challenges or look for personal development and people who cope with stress to increase cognitive abilities.

Art making is basically display of expression through art in history few examples of paintings and their painters expressing moods are also given period wise like Romanticism, Expressionism, surrealism. in art therapy there is influence of psychiatry. Freud had a feeling that due to 'primal repression', art can be an outlet for dreams, creativity and culture, whereas Carl Jung found a dynamic relationship between the client and his imagination. Jung also used 'Mandalas' for therapeutic purposes. The 1960s and 1970s was the time for the emergence of art therapy as a profession, but as an agreed profession, it came into being in 1982 and later on, its influence was spread. Though some clients might not feel comfortable drawing, art therapists have to be made the client comfortable before actually giving them therapy. Symbols like metaphors also contain messages which an art therapist should be competent enough to understand. As art therapy is an individual activity, the therapist might have to include additional skills to get desired results. Group art therapy is featured for clients who do not feel comfortable with one-to-one interaction.

Nishi Tripathy and Kanchan Dilawari<sup>6</sup> defined art therapy as a projective technique where art making is used as a creative process for improving and enhancing the physical, mental and emotional level of a being. The base of this therapy is self-expression through the creative process.

The fast pace of changing society and technological advancements has made everything complicated and stressful for everyone- men, women, children, and even fetes suffer from stress. Adolescents these days are feeling stressed due to many reasons like parents' pressure, own personal targets, friends, relationships, physical outlook and many more. Many techniques such as physical activity, meditation and relaxing, deep breathing, music, drama therapy are the most common stress-buster techniques. Art therapy is a projective technique to improve mental health for everyone at every stage. In this art, expression helps to resolve problems and issues. BAAT (British

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<sup>6</sup>Nishi Tripathy and Kanchan Dilawari: *Effect of art therapy and counselling on adolescents*

Association of Art therapy) says that art media is used as the primary mode in psychotherapy in art therapy. Anyone can use it to diagnose and heal emotional, behavioral, mental health problems, learning disabilities, neurological conditions, brain injuries and physical issues. Behavioral symptoms like poor attentiveness and low academic results can be a factor in pre-assuming a child's stress because verbal explanations are often complex. Many case studies prove that art therapy helps in reducing trauma symptoms<sup>7</sup> in PTSD children and adults.

Akila L.K. and Dr Choodamani Nandagopal<sup>8</sup> find art therapy beneficial to everyone in the overall well-being of an individual irrespective of age, gender, and race can get its benefits. Two different streams, 'art as' and 'art in' therapy and its origin in UK and development in America had taken place. Therapeutic art has immense benefits for children, patients, staff members in different areas of the world. Furthermore, the introduction of art therapy in India in the context of special children can be beneficial but there are limitations of art therapy in India, the infrastructure and skills of the therapists are very minimal, the parents' thought is also a big hurdle in the mental health wellness area. Parents hesitate to acknowledge children's disorders. Areas in India where art therapy can help people are Health care originations, Business originations and educational originations.

There is a need for the people in India to understand the benefits of art therapy, and art therapy will be established well in India shortly. Art therapy also works in family relationships as symbolization through visuals becomes the channel of expression. The benefits multiply when art-making activity is taken place together by parents and children. In a research paper, Tami Garvon and Ofra Mayseless<sup>9</sup>

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<sup>7</sup>10 adolescents from group 13-18 undergoing stress were taken, selection criteria were teacher's reference and pre-stress test questionnaire. At first stage of the study a rapport was formed with the client and introduction to art therapy was given to the clients with some suggested art works. Stage two was for administration of art therapy techniques, in goal-oriented sessions. Started with scribbling, completion of incomplete drawing, expression of inner desires, three wishes and self-portrait to understand self-perception of the client. few more activities like if you were an animal- which animal, a place in the world where you can fit in and you, house- tree. Relaxation with deep breathing and termination of therapy

<sup>8</sup>Akila L.K. and Dr. Choodamani Nandagopal: Introduction to Art Therapy and Creativity in Originations

<sup>9</sup>Tami Garvon and Ofra Mayseless; Creating Art Together as a Transformative Process in Parents Child Relations: The therapeutic Aspect of the Joint Painting procedure

worked on parent-child psychotherapy. The study evaluated the relationship between parent and child relationship during the Joint Painting procedure (JPP). The goals were to understand the child's inner world concerning the parent, potential growth, and identify and focus treatment goals. After working with 87 mother-child dyads, the findings were that art activity gave a better understanding of each other<sup>10</sup>. The study indicated the benefits of using art together in the enhancement of mutual understanding. It also played a vital tool in parent-child art psychotherapy and in parent-child psychotherapy.

Kaye-Huntington S.(2010)<sup>11</sup>, finds it beneficial in the field of mental health care domain by saying, "The use of art therapy with the people, who have been diagnosed with a variety of mental and physical illness, such as autism, schizophrenia, mild depression, dementia, Alzheimer's PTSD, and asthma".

The virtue or the strength of art is its language which is very natural to the human beings. Communication in the form of language, could be sometimes more complex to use. On the contrary, here different metaphors can be used to clarify complex ideas.

*The language of visual art:  
colors, shapes, lines and images-  
speaks to us in the way which words cannot.  
(Malchiodi, 1998, p.XIII.)*

## **2.2 Art Therapist**

In her book "*The art of art therapy*", Judith A Rubin calls art a center well as the of art therapy, but only knowledge about material and image is not enough for becoming a competent art therapist; one must have the training in psychology also. Formal education focuses on both areas- required expertise to become an art therapist. She further adds,

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<sup>10</sup>After working with 87 mother-child dyads where they shared fun, developed relationships, regulated and recognized each other mutually.

<sup>11</sup>Kaye-Huntington S.(2010),in Art therapy in the context of creative expressive therapies, integrative Psychiatry

"There are, however, some basics, as with art that every therapist should know-basics that do not enter your head through institution or osmosis, but that requires some kind of study, formal or informal".

In *Art Therapy*, David Edwards said that the art therapist's role is to emerge themes and respond accordingly. To understand the choice of materials by the client and also different ways of using them. In image making, process therapists have to understand the thoughts behind it and notice its process.

Many art therapy associations in different countries have laid guidelines for working as an art therapist. The BAAT (British Association of Art therapy) in UK seeks majorly in the art therapists to work in group therapies and image role in healing and understanding. They are also expected to understand unconscious and creative enough to experiment with materials and approaches to achieve their goals. After attaining formal education every student art therapist needs to do 120 days clinical practice under supervision to get in depth understanding of psychotherapeutic experience. Student therapists are also required to go for personal therapy to learn through experience on self and also to get an answer of the unsolved issues which helps later on to provide emotional support to the students. The role of BAAT to also to spread awareness about art therapy, to develop a nationalized criterion for professional art therapists, conferences, newsletter and also set code of ethics and principles of practice. Association encourages and monitors research upon different areas of art therapy. EBP (Evidence Based Practice) is stressed but there is another issue of constituting 'evidence' to apply for practice and evaluation.

Similarly, the foundation and role of AATA (American Art Therapy Association) and CATA (Canada Art Therapy Association) in accreditation and licensing for art therapists is also very important in USA and Canada. Different courses designed and run under different institutions was also written about. The contributions of Dr. Fischer<sup>12</sup> in the field of art therapy in Canada is remarkable. Art therapy in Australia didn't develop properly till 1987, before ANATA (Australian

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<sup>12</sup> Dr. Martin Fischer: Early pioneer in Art Therapy in Canada; Founder and first president of TATI (Toronto Art Therapy Institute).

National Art Therapy Association) was established. Psychiatrists Ainslie Meares<sup>13</sup> and Eric Cunningham Dax<sup>14</sup> and painter Gay Grey-Smith<sup>15</sup> were pioneers in art therapy in Australia.

*'The Therapeutic Presence of the Art Therapist'* exploring how art therapists use their experience and qualification in the triangular relationship of therapist-client and artwork. After interviewing 14 female art therapists, authors Neftali Shwarz, Sharon Snir, and Dafna Regev (2018) found agreement of all therapists on active attention, open-mindedness and flexibility at the workplace. A therapist should know what conditions they should join the client flexible with art therapy settings, and better understanding help strengthens the mutual relationship with the client. An art therapist needs to be aware of art's complex and dialectical nature to understand different facets of art in therapy.

### 2.3 Art Therapy and Autism

Barbara Wootton explains 'good mental health' in a person if he or she has, "the capacity to cooperate with others and sustain a close, loving relationship and ability to make a sensitive, critical appraisal of oneself and the world about the one and to cope with the everyday problems of living" (Wootton, B. 1960)

Gombrich<sup>16</sup>, on the other hand, discarded the term 'mental illness', according to him few people experience mental distress which is named like madness, dementia, psychosis, mania, hysteria, insanity, and other such terms. World Health Organization (WHO), estimated that there are about 1500 million people in the world might be suffering with one or another emotional disorder. The exact reasons causing mental illness is still not known.

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<sup>13</sup>Dr Ainslie Meares BAgS, MD, BS, DPM. (1910-1986), termed his work 'mental relaxation' and then coined the phrase 'mental ataraxis' meaning absence of disturbance of the mind.

<sup>14</sup>Dr Eric Cunningham Dax, AO, BSc Lond, HonMD, FRACP, FRANZCP, HonFRCPSych (18 May 1908 – 29 January 2008), Dax employed the artist Edward Adamson to facilitate a research art studio at Netherne, and 689 of the people painted under his supervision.

<sup>15</sup>Guy Grey-Smith (1916 – August 1981) A Western Australian Painter, [printmaker](#) and [ceramicist](#).

<sup>16</sup>Sie Ernst Hans Josef Gombrich- Australian born art historian, major work in the psychology of preception



In a thesis in partial fulfilment of the Manchester Metropolitan University<sup>17</sup>, Langley brown relationship between Art Therapy and Non-therapy art. She further discussed that in art therapy, the emphasis is on the diagnoses and healing of a client, whereas in non-therapy art, which is also a non-clinical activity, the emphasis is on art made by an artist where the aesthetical elements are considered. The author has questionnaire of case studies, questionnaire survey, views of artists, staff and managers as the research methodology. View of different artists on art and different definitions on mental health with different disorders were discussed to prove the positive impact of art on individuals. Art therapy helps in mind and brain development, enhances problem-solving and creativity and compensates impaired functioning parts.

Mental illness can be categorized broadly into three factors. These are psychological factors, environmental factors and biological factors. Sometimes two or more factors are also responsible for a particular illness like autism. The *Rehabilitation Council of India*<sup>18</sup> issued information about autism was given with the help of few stories related to the people's life, where mild or autism at moderate level was to be diagnosed based on its symptoms, but it was made clear that all symptoms not needed for ASD. It falls under Pervasive Development Disorder, where cognitive abilities could be sometimes average or above average. If parents and family support and children get treatment and specific therapies at an early age, they can lead a nearly normal life. These children could be given vocational training, can get employment and can lead a balanced adult life. With the help of local governments, human resource development started few teachers training programs in Karnataka, Delhi, Mumbai and Kolkata. In the last, the need for a holistic approach in this field like western countries was also felt. Training of parents and NGO support was also needed for a fruitful outcome.

According to Mayo Clinic Autism Spectrum Disorder (ASD), both biological and environmental factors could be responsible. ASD is not preventable but, specific therapies could be helpful in alteration of the behavior. Non-verbal and social

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<sup>17</sup>Langley Brown: Is art therapy? Art for the mental health of the millennium.

<sup>18</sup> Rehabilitation Council of India (RCI), set up a registered society in 1986 and in 1992 was in acted by parliament. the act was amended in 2000, the mandate given to RCI is to regulate and monitor services given to the person with disability.

isolation is one of the significant characteristics in ASD children. Many researchers believe that they can express themselves through art.

Temple Grandin<sup>19</sup> in an article mentioned about three types of autistic/ As per cognitive types.

1. Visual thinkers: To process information, they see thoughts, either in their mind or physically. The other category is of verbal or logical thinkers are good at language. They memorize things like timetables, routes or telephone numbers.
2. Pattern thinkers: Michael Shermer, in defining pattern city, said, "The tendency to find meaningful patterns in both meaningful and meaningless data". Such people recognize chords, rhythms and scale, often good at music.
3. Bottom-up, analytical, lateral and associative thinkers: such thinkers structure fragmented pieces and bits and reassembled them to get some satisfactory conclusion. Associative thinkers do not have a linear kind of thinking. A category of people with ASD generally has logical reasoning. Such individuals have excellent problem-solving skills, and they are 40% faster than ordinary people.

The Ohio State university in a research laid stress upon art therapy because it provides autistic population-a state of independence and also makes them feel collaborated with themselves. Art do not only help them for self-expression but their creativity and imagination gets enhanced. It supports them in many impaired areas like cognition development, free-expressions, visual-spatial discrepancies, enhancing imagination and abstract visualization, refining motor-skills, improvement of communication and interaction, develops coping and self-care.

In a research program, students with autism participated in museum education program. After that clear evidences were noted in decreasing of internalising behaviour, decreasing of hyper activity. their socialization was increased along with improved self-esteem.

More research in this field is required as the art therapy profession is new Dafna Regav, Sharon Snir<sup>20</sup> an experiment used art therapy for observation,

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<sup>19</sup> Dr. Temple Grandin is known for her work as a spokesperson for the people with autism. Her life's work has been to understand her own autistic mind. She is one of the most respected expert in autism.

perceptions, insight and approaches for autistic children and found six major areas of difficulty to work with ASD clients. They are mind theory, functional execution deficiency, understanding complex emotions, find difficult to understand and further application of social skills, lonely feeling, hyper or hypo sensitivity. Art therapist while working with them can face rigidity and repetition in their behaviour very commonly. Commonly children find it difficult to express emotions and thoughts in drawing. Another strain for facilitator is that they show no interest to complete their work and show no intentions to recollect. To find out the results, author interviewed ten therapists<sup>21</sup>. Art-works were the clients between the ages 3-18 years with broad spectrum functioning levels<sup>22</sup>. In results it was found that initially children worked with regressive material than controlled. Para art material like water, sand, dough is good at pre- symbolic stage. By involving in art ASD subjects find pleasure which leads them to session engagement. Due to the socialization impairment ASD children hesitate in direct contact with people, Art material play positive part between a client and therapist and also draws the children out of bubble by providing them a controllable environment. The art products and activity help continuity while art records and helps create a notion of self-presence and also enhances memory retention. Art helps increase the children's range of patterns but also in group activities a sense of relationship is developed. William J. Baker, Christopher Stephen Rayner<sup>23</sup> (2017), have discussed three areas of development: their emotions, expressions, and challenges verbal areas. For this, two boys with ASD aged seven and ten participated in art therapy sessions. The art-making activity did not only develop skill but made them confident to express emotions also. They were able to use a variety of mediums. In another study art therapy intervention helped children in the

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<sup>20</sup>Dafna Regav, Sharon Snir: Art therapy for treating children with ASD: The unique contribution of art materials.

<sup>21</sup>Therapists were nominated by snowball sampling technique. The interview contained six steps which were personal information of therapists, their views about ASD population, description of challenges, activity, role of communication, role of mutual relationship.

<sup>22</sup> Selection of sample was done on three stages. First stage was open coding where researchers separately identified themes and meaning; at second stage axial coding was done to formulated main categories and in third stage selective coding and there definition was done

<sup>23</sup>William J. Baker, Christopher Stephen Rayner: Using visual arts to encourage children with autism spectrum disorder to communicate their feelings and emotions.

state of autism. In a case study a 6-year-old boy diagnosed with autism without retardation went through the process of art therapy who was not even interested in scribbling. He was unable to connect things with words because of his poor language skills, high pitch and underdeveloped motor skills. With typical autism behaviour he was reluctant to adopt new things and when art therapy given in first session he chose clay material and made ball after many efforts. After several sessions, with the art development his voice quality was improved unlike high pitch earlier. His eye contact was also improved considerably.

The literature on the art therapy with autistic subjects makes it clear that art therapy helps them in better communication of their feelings, emotions and desires. Cooper and Widdows (2008), said that art activities that match learning styles of ASD children who are visuals and keen learners. Results showed that the performance of ASD children in all the sessions was at high levels in three weeks training. The score of adaptative behavior was considerably increased and the art program proved to be effective and successful in achieving the target of improvement in social skills.

Beyond question, art therapy is a non-verbal platform for autistic population who cannot manage to demonstrate their feelings. This non-verbal language has the capacity to show its effects on any person. Researcher Theres Van Lith, assistant professor in Florida state University, surveyed art therapists, who are working with ASD population to find better ways for treating them. Focus was to develop guidelines for art therapy to children with autism. Set of guidelines was developed after interaction with art therapists which were: sessions for therapy should start with same routine and therapist also shouldn't be overly directive or too loose with directions. Art material should also be chosen with careful manner and overly stimulating materials should be avoided. Suha Hussain (2017) says,

“Art therapy is a distinct treatment for autism and can be alleviating activity, help reduce some of its symptoms, provide an outlet for self-expression, and encourage social interaction in fun environment”.

Art therapy is a new profession, and a lot of research is required specifically with autistic population. Nicole Martin, Lawrence, KS<sup>24</sup> while pointing out the characteristics of autism explained the along with social, communicative and imaginative impairment, the restricted and repetitive behavior in greater or lesser degree also exists. Further, author mentioned many factors responsible for the impediment of practicing art therapy in practice for autism which are: There is a demand of evidence-based treatment goals. Another reason is noticed by most of the autism centers that there is lack of understanding about treating autism with art therapy and also variety of therapies available in the market for the treatment makes it stressful for the parents and the child as well. Biggest problem is that availability of art therapists is a very less and therapists treating autism is even lesser. Despite of many drawbacks, art therapy had always been advocated for autism because of its distinctive potential to improve the symptoms of lack of imagination and aimless thinking which improves social and self- expression. It also refines motor skills and communicative skills and gives relief from anxiety, stress, depression and frustration. General knowledge and awareness about autism also needs to increase among public and parents. Dalley quotes art therapy as,

“... An activity provides a concrete rather than verbal medium through which a person can achieve both conscious and unconscious expression, and which can be used as a valuable agent for therapeutic change”.

## **2.4 Literature Review and the Present Study**

With the review of the aforesaid relevant literature on art therapy, it becomes clear that art therapy has a multisensory nature and psychological expertise of therapist, well-designed sessions can be beneficial for ASD populations. The literature review also speculated that the use of art material in such cases could assist them to express themselves and also assists in their sensory development. Many case histories are exhibited in research from many parts of the world, but art therapy is not that common in India. It can be an operative way to assist the Indian population in many

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<sup>24</sup>Nicole Martin, Lawrence, KS. (2009) Art therapy and autism: Overview and Recommendations

ways. Few researches and works related to art therapy in India were available, but as far as the northern part of India is concerned, no literature has come into notice.

Literature review analysed that art therapy is a blend of art and psychology. The need to understand art content regarding its elements and principles in art therapy practices was understood. The therapist's role in art therapy regarding their skills, qualifications, practical training, and practices was understood. This role gave an outlook for 'what' is required in art therapists for practicing art therapy.

Overall literature review supported building a foundation of the present research. It played a role of medium to understand the importance of introducing art therapy not only with the autistic population but for everyone in the modern Indian setup.

Autism Spectrum Disorder (ASD) and Art therapy are vast subjects, and all possible care was taken to justify both. The following chapter is designed to understand Autism Spectrum Disorder (ASD). Succeeding chapters will focus on data collection with and without intervention, assessment and data interpretation, analysis and discussion, and conclusion.

## **2.5 Research Gap**

In the first section of the literature review, the terrain of visual art and its application in art therapy is mapped. The review was expanded to psychotherapeutic uses of art therapy. Further, the condition of 'autism spectrum disorder' was understood, and the benefits of art therapy in concern with 'autism' in particular was reviewed.

The key findings taken were that the literature worldwide stated that art therapy assists in self-discovery and makes a person competent to understand every day's struggle, and gives strength to fight with mental issues. Many articles related to art therapy in mental health setup have come to notice. All though researchers have come up with the conclusion that art therapists ease mental issues. In art therapy with autism, Temple Grandin has worked to explain that ASD subjects think visually.

Art therapist Theresa Van Lith said, "I have noticed that children with autism think in pictures. So, it's a natural progression, then, to use the visual arts to communicate what's going on in their world." However, many theorists are supporting the connection of visualized thought process of autistic children. But the

author did not come across any research providing evidence that children and adolescents with autism are visual thinkers. So, this research will focus on their imagination, observation, and expression through art while comparing their artwork with non-autistic children and adolescents.

In the review of literature, many articles discussed overall improvement with art therapy. But no art therapy community or autism research community has attempted to comprehend the post effects of art therapy in the artworks of autistic children concerning refinement in drawing and coloring skills. This study will focus on their improvement in assembling capabilities of composition study in art. This study will help understand if art therapy assists an autistic subject mind develop into a meaningful whole from fragmented thoughts.

In the literature review, the benefits of art therapy are discussed, and the theorists from all over the world suggested art therapy 'A potential tool which serves to treat a wide range of difficulties and mental issues but in India it is still at budding state. Very few people in India are working to promote art therapy, and fewer are in North India. In *'Introduction to art therapy and creativity in organizations'* it is mentioned, "India in its realm of culture has a lot of diversity from north to south and east to west, this within -culture variation creates a flowery platform for art therapy with distinct population and would be great to explore. It would take many more years for art therapy to flourish here in India". The author realized a gap that there has not been any work done in research in India, particularly for autism spectrum disorder (ASD). There is a need to understand art therapy techniques utilized for autistic children.

There are many art therapies and exercises available in books and articles. Many opinions are the same, and many differ as per literature review in the area of skills, qualification and infrastructure for art therapy. The reason for its variation could be area, illness and available resources. But no literature has been able to represent the perfect model of art therapy. So, there is a need to identify the required skill set for art therapy.

Art therapy is a new concept in India. People are becoming aware of it. Due to cultural diversity, weather, beliefs, and customs, art therapy in India could have its unique spectrum of it. There would be a few innovative techniques and beliefs about

art therapy and few areas where improvement will be required. For the proper use of art in therapy, it is essential to identify the strengths and weakness of art therapy in India.

## **2.6 Research Objectives**

This research has connection with art therapy in North India and art therapy in with autistic children and adolescents. The research questions are:

1. To document art therapy techniques utilized for children and adolescents with autism spectrum disorder in India.
2. To compare the artwork of autistic and non-autistic children.
3. To aesthetically evaluate the effects of art therapy on art works of respondents with autism spectrum disorder
4. To identify the skill set necessary for dissemination of art therapy.
5. To identify the strengths and weakness in the field of art therapy in India.

## **2.7 Hypothesis**

1. It is hypothesized that artwork of autistic children differs with the artwork of non-autistic children
2. There is significant effect of art therapy on artwork of autistic children.

## **2.8 Scope of Study**

Art is used as a therapeutic medium in physical as well as mental illness in many countries. This is a unique way where a patient fights with different flaws in the body and mind in the same time. It is also known as a proven medium for the development of personality by enhancing self-esteem and mental peace. Art therapy in India is emerging new profession, its courses and training provided by institutions are also rare. The aspiring candidate can find related courses only on few cities in south.

The study sought to illuminate the way to introduce courses at different levels related to art therapy in colleges and universities. In the current eco-system of the country, conditions like stress, anxiety, distress and low self-esteem expects the high demand of art therapists in schools, hospitals, NGOs, wellness centers and in private. By understanding art therapy profession and its present state in India, study will



highlight the areas of art therapy which needed to be supported by the government and the people for its awareness.

The purpose of this research is to understand the effectiveness of art therapy in general and in certain conditions of autism. This can be a new approach in India to manage autism with the help of art material through creative expressions. The role of visual art as supportive space for expressing unsaid emotions. This study will explore the understanding of aesthetical development in art works of the subjects with autism. and also look into the relational aspect of art making activity and acceptance of multisensory materials of autistic individuals.





**Kulraj (Person I love)**

## **Chapter 3**

### **Research Methodology**

The central idea of this research is to understand art therapy structure in India in general and techniques and exercises for autistic children in specific. In methods procedure adopted for investigation and methodology refers to the science behind the adopted method.

#### **3.1 Research Design**

Research design is a blueprint for conducting any research, with its help, the researcher is able to select appropriate methods for conducting the research. Winner 1971 has compared the design of an experiment to an architect's plan for the structure of building. the designer of experiments performs a role similar to that of the architect. Similarly, the designer of experiment has to do the planning of experiment, so that the experiment on completion fulfill the objectives of research (Broota, 2010).

According to Lindquist (1956), "Research design is a plan, structure and strategy of investigation conceived so as to obtain answer to research question and to control variants" (Broota, 2010)

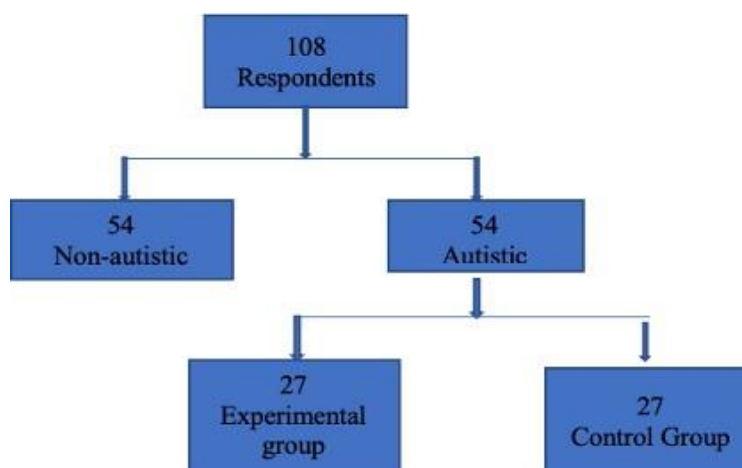
The present study adopts mixed research design(quantitative and qualitative) with the aid of an exploratory descriptive design. To quantify the obtained primary data through art works, the researcher used various statistical tests (simple t-test, paired sample t-test). For qualitative analysis, interviews were taken from the experts of the field in order to understand the required skills, status of art therapy in India its strengths and weakness in current scenario.

#### **3.2 Sampling**

A small group of children and adolescents were selected for the purpose of observation and analysis of art therapy effects. A sample of 108 respondents was selected through the multistage and purposive sampling technique from 8 schools in North India, from Jalandhar, Ludhiana, Ambala and Dehradun. Further these respondents were equally distributed into two groups 54 autistic and 54 non-autistics.

During selection of autistic respondents, Vatsalya school gave a list of 30 students. Researcher met all students personally and also had gone through their disability certificates and school certificates. Only 26 students were found to be falling in the category of mild and moderate autism. 2 students were having the condition of severe autism and parents of one child refused to participate. In Vardaan school principal agreed to work with 27 children, In the personal meeting with students it was found that 2 autistic children were visually impaired, 1 were in the category with severe autism and parents of two children refused to participate in the study. Darpan School of Autism had 4 children with autism, out of those 4 children 2 were in the category of severe autism. In Learning Tree of Special School, the researcher came across with 5 autistic children, 1 was having severe autism. So, the number of total children selected for experiment were 54. Thereafter, these autistic children were given specific art work to do, later they were divided into two equal groups, 27 in experimental group and 27 in control group. After completion of first art work, experimental group was given art therapy, then again art work was given to both group in order to find the effectiveness of art therapy on art work. For this purpose, pre and post-test were applied and differences were found through paired sample t- test

### 3.1 Distribution of Respondents



**Table: 3.1 Distribution of subjects in autistic children**

<b>S. No.</b>	<b>Name of the Special School</b>	<b>No. of Students</b>
1	Vatsalya School for Children with Special needs, Ambala Cantt.	26
2.	Vardaan School for Blind and Autistic Children, Ludhiana	22
3.	Darpan- Centre for Autism, Ludhiana	02
4.	Learning Tree Special School, Dehradun	04
5.	<b>Total</b>	<b>54</b>

**Table: 3.2 Distribution of subjects in non-autistic children**

<b>S. No.</b>	<b>Name of the School</b>	<b>No. of Students</b>
1.	Delhi Public School, Jalandhar	20
2.	Govt. High School, VPO. Lidhran, Jalandhar	18
3.	Darshan Academy, Ludhiana	04
4.	Govt. Sr. Sec. Smart School, PAP, Jalandhar	12
5.	<b>Total</b>	<b>54</b>

**Table: 3.3 Distribution of respondents in groups**

<b>S. No.</b>	<b>Name of the School</b>	<b>Experimental Group</b>	<b>Control Group</b>
1.	Vatsalya School for Children with Special needs, Ambala Cantt.	13	13
2.	Vardaan School for Blind and Autistic Children, Ludhiana	11	11
3.	Darpan- Centre for Autism, Ludhiana	01	01
4.	Learning Tree Special School, Dehradun	02	02
5.	<b>Total</b>	<b>27</b>	<b>27</b>

### 3.3 Methods and Procedures

The Present study adopts both qualitative and quantitative research design to achieve the objectives. The purpose of qualitative research is to understand the power of art for the purpose of healing. For objective one, four and five (as mentioned below) interview and observation method was applied in order to get the detailed information (thoughts, experience and view point) from the respondents. Semi structured interview schedule designed by the researcher was used to collect in-depth information from the interviewee.

*“If you want to know how people understand their world and their life, why not talk with them? The qualitative research interview attempts to understand the world from the subjects’ point of view, to unfold the meaning of peoples’ experiences, to uncover their lived world prior to the scientific explanations” (Kvale, 1996).*

It is also allowed interviewers/participants to speak freely and the author to get in-depth insight into the interviewer’s perception about different aspects of art therapy. This method is popularly known as “research into mankind” (Robson, 2002). The Present study is focused to understand techniques, necessary skill-set and status of art therapy.

1. The first objective of the study is ‘To document art therapy techniques utilized for the children and adolescents with autism spectrum disorder in India’. To fulfill this, analysis will be made on the basis of the reviews and experiences of the therapists in India which they developed during their practice.
2. The second objective is ‘To compare the art-work of autistic and non-autistic children’. for this objective a group of 108 children, 54 autistic and 54 non- autistics were prepared to participate in the study. The study compared t-test scores for analysis.
3. For third objective ‘to aesthetically evaluate the effects of art therapy on art works of respondents with autism spectrum disorder’ experimental method (pre and post intervention) was adopted. A Group of 54 children with autism condition which further was divided into 27 groups each in ‘Experimental Group’ and ‘Control Group’. The study compared t-test scores for analysis.

4. The fourth objective is 'To identify the skillset necessary for dissemination of art therapy'. To fulfill this objective, interviews with the therapists and observation were adopted to make analysis in this study.
5. The last objective for this research is 'To identify the strengths and weakness in the field of art therapy in India'. The analysis were extracted from the information provided by the therapists during their interviews.

### **3.3.1 Procedure for Objective First, Fourth and Fifth**

To achieve objective first of the study, trained art therapists were contacted and the purpose of the study was discussed with them. After their due consent semi, structured interview was conducted.

#### **3.3.1.1 Interview with art Therapists and Artists**

This is an exploratory study and, the interviews of art therapists were conducted and not only in India but in countries like Canada, America and Singapore. The purpose of this study was to understand the existing profession of art therapy as it already been practiced in developed countries. The art therapists in these countries were contacted to understand in depth the outlook and apprehensions prevalent practice of art therapy in those countries where it is already established and recognized in contrast to India. The focus of this study remained on North India, there are very few art therapists working in the northern region of India so the researcher was bound to keep the number of interviews limited to the availability of the art therapists and art therapy facilitators. Interviews of art therapists from different parts of India were conducted including states of North India- Punjab, Haryana, Himachal Pradesh, Rajasthan, Uttar Pradesh and Delhi.

The semi-structured interview questionnaire was designed keeping in mind the objectives of the research. Each interview was divided into two sections, where the section-A consisted of personal details of the participants and their professional background and Section-B focused on their views on different aspects of art therapy. In the first stage art therapists were contacted by mail, through the directory of art therapists in Canada and USA and Singapore, explaining them about the purpose of



the study. They were requested to share their phone numbers so that the researcher can contact them for a personal appointment. But, in India they were contacted directly by a phone call. Five art therapists from Canada and USA, one from Singapore and nine from North India agreed for interviews and gave permission for personal visit to their work place. The interviews were conducted and recorded and analysis of interviews is shared in chapter 6 and 7. Table 3.5 shows the art therapist demographics.

**Table 3.4 Art Therapist's Demographics**

<b>Name of Art Therapist</b>	<b>Country</b>	<b>Educational Qualification in Art Therapy</b>	<b>Experience</b>
Carry Cardwell	Canada	Master's Degree	27 years
Sally Chang	Canada	Master's Degree	5 years
Emery Mikel	USA	Master's Degree	11 years
Cindy Scawab	USA	Master's Degree	13 years
Stephanie Saklad	USA	Master's Degree	5 years
Hernie Kamas Martin	Singapore	Master's Degree	4 years
Aarti Bhandari	India	1 year Diploma Pursuing Master's Degree	3 years
Aastha Ahuja	India	PG Diploma in Clinical Art Therapy	2 ½ years
Anupama Bajaj	India	1 year Diploma	10 years
Aarti	India	1 year Diploma	6 years
Dr. Shivani Khetan	India	Diploma 250 hours	5 years
Kalpana	India	Certificate Course	2 years
Manpreet Kaur	India	Certificate Course	2 years
Nishtha Aggarwal	India	Certificate Course	2 years
Niyati Shah	India	Certificate Course 1 year	2 years
Sonia Bhandari	India	Foundation Course, Certificate Course	12 years
Vasvi Shrivastava	India	1 year Diploma	4 years
Yeti Parikh	India	Master's Degree	2 years

### **3.3.2 Procedure for Objective Second and Third**

Further, the researcher applied the quantitative research design to quantify the art work of respondents by using non experimental method. Selection of the tasks for the students was done in multiple steps. In the first step, art therapist Emery- director of 'Water and Stones Art Therapy center' is well-known art therapist and expressionist in USA after request suggested activities for objectives two and three based on self- awareness and the surroundings, visual-spatial skills, self-expression and motor control, enhancement of patience and interest. A draft of the same was presented to Mr. Satish Kaushik- A renowned artist who has been a school teacher for one year. He had been a lecturer in Govt. College of Art Chandigarh for three years and recently working as an Artist Modeler in Govt Medical College, Chandigarh since 28 years and to Ms. Preabhleen kohli, who has a vast experience of 27 years teaching of Art to the children and adolescents including special need children. Kaushik added 'Me and My pet' and 'Jungle Scene' with 'Zoo' as according to him it will widen the area of imagination and expression. Kohli on the other hand was in favour of strengthening the motor skills of the children with autistic subjects. She added tearing and pasting activity and paper folding activity.

For second objective, art works of autistic and non-autistic students were compared by using simple t-test.

### **3.3.3 Comparison of art works of autistic and non-autistic children**

To achieve the objective participant (non-autistic) were chosen randomly from different schools in order to compare the art works of autistic and non-autistic.

Creativity is "the ability to produce or develop original work, theories, techniques, or thoughts. A creative individual typically displays originality, imagination, and expressiveness" (Benjamin, L.T. Jr, VandenBos 2006, 242). In this definition there is a connection of creativity is seen with imagination and expression. Another definition by Britannica Concise Encyclopedia, " the ability to make or otherwise bring into existence something new, whether a new solution to a problem, a new method or device, or a new artistic object or form" (Kerr 2014). Franken (1993) defined creativity "the tendency to generate or recognize ideas, alternatives, or possibilities that may be useful in solving problems, communicating with others, and

entertaining ourselves and others” (Franken 1993, 396). So, on the basis of fore mentioned definitions, it can be said that during art activity children reveal their social awareness and perceptions about themselves and others using their intellect and artistic abilities. Lee and Hobson (2006), in an investigation with the respondents of children and adolescents with autism and with learning Disabilities (not autism), with a prediction of little differentiation between the drawings of themselves and others<sup>1</sup>.

In many studies the importance of free hand drawings by the children is encouraged (Allen 2009; Cox 1992; Gardner 1980; Freeman 1980; De Loache 2004) In a study (Low et al. 2009), assessment of individual differences in imaginative drawing content with ASD subjects. Leevers and Harris (1998), in his findings suggested that the imagination of autistic children is wide not limited as it was once thought. Under few prompted conditions the differences can even disappear between ASD and typically developed children<sup>2</sup>.

In a comparative study (Lee and Hobson, 2006), it was found that in the drawings of autistic children and of healthy children the details were similar but variation in the work of ASD subjects was lacking.

During the analysis of literature on one hand, it was found that creativity in ASD children is not a perfect match (Low et al. 2009; Leevers and Harris 1998), but at the same time many researchers believe in the presence of creativity in the children and adolescents with autism spectrum disorder (Schwarz 2004; Belmonte et al. 2004). Allen (2009), believes that children with ASD during art activity relate their drawings to an external object and sometimes the display of creativity goes beyond the typically developed children. Aleksandrovich and Zoglowek (2014), in a study found no significant difference between the artworks of ASD and TD children in the area of line, size and color. The researcher has not come across any comparison to determine difference between art works of autistic children and non-autistic children on the basis

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<sup>1</sup> The drawings of autistic children and children with LR compared to determine their perception about self and others, which resulted in distinguished figures drawn by the children of autism, contrast between the drawing of houses whereas the drawings of LR children were distinctive.

<sup>2</sup> .In an experiment where a comparison of art work among autistic, moderate learning disabilities and children studying as normal setup were compared at four years of age. Results showed autistic children were equally successful.

of Imagination, observation and balance. Drake (2012) talks about the superior visuospatial system among the children with ASD. In a comparative study, in which observational drawing was assessed made by ASD and without ASD, the superior local processing was observed in the children with ASD because of the often-present drawing talent in these subjects. Many children with autism are known to have intense eye for detail, the art expression based on imagination could be expected from them. They are also known to think out of the box, so creative skills can be compared with TD children. Present study will focus on the comparison of artworks of autistic with non-autistic respondents.

Participants were provided zero periods of forty minutes each to complete drawing and coloring. For this activity students were given two tasks (My-self and Jungle Scene/ Zoo/ Me and my pet).

**a) My-self**

The reason of drawing self-portrait activity was how students see themselves or how they share their personal feelings, experience. While drawing activity of self- they express self-esteem, self-confidence, self-doubts, their mental and emotional state. Self-portraiture does not only reveal their current feelings but through this activity they were given freedom to express how they see themselves in future. The art works were critically examined and many interesting facts about self-perception were noticed. Apart from aimless uncontrolled scribbling, meaningful works of art were also done by autistic children by using bold and strong lines, use of different colors in their self-portraits. Few drawings showed multiple number of objects. Some of the works were seen with exaggerated proportions but few were very close to the right proportions.

**b) A jungle Scene/ Zoo/ Me and my pet**

Drawings are often taken as a communicative tool. It is used when words are not enough to express. Drawing of animals often provides valuable information about the hidden fears and the relationships in therapeutic area. Drawing animals helps to understand closeness of an artist with nature and environment. It also helps to

discover different textures in artwork. Artist has freedom to use as many as colors and shapes. According to Ebenezer Cooke<sup>3</sup>:

*"If a child follows its bent and draws animals its own way, in action, and repeats them, outlines them, and colors them too, he will produce a drawing which may be comparable to the archaic period of more than one historic school."*

### **3.4 Effect of art therapy on art works of autistic children**

To achieve the third objective of the study pre-test and post-test has been used to find the effect of art therapy on art work of artistic children; therefore, both the work of experiment group before and after intervention is compared.

All 54 respondents were allotted two groups randomly with 27 Respondents in each group. Intervention was allotted randomly to the subjects and remaining subjects in each school formed the control group.

The intervention was given in the school settings after the selection of the sample and formation of the group. The necessary permission was granted by the principals of the school and special teachers were also assigned duty for this task. A zero period was fixed for this task so that students do not miss their studies. the first round of activities (pre-intervention) was completed in 25-35 days in various schools. After the break of 10 days, the second round of activities(post-intervention), 30 sessions were planned and duration of each session was 40 minutes to one hour. After completion of 25 sessions the process was interrupted due to the lockdown in the country. However, the sessions were resumed after opening of the schools (approximately 90 days after). The tasks given to art therapy groups were as follows:

#### **a) Hand, finger and thumb printing activity**

The subjects were given this activity for the reason to strengthen their motor skills. While its practice complex hand movements, hand and eye coordination and muscle control takes place along with expressing artistic ability. Few were subjects who were sensitive to the use of wet materials, were not forced to do the activity.

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<sup>3</sup>Ebenezer Cooke(1837–1913) was an art master and pioneer in art education.

**b) Free hand Drawing**

The reason for incorporation of free hand drawing in the task was to understand their imagination and observation. This helps the subjects in improvement of hand- eye coordination and fine motor skills, observational skills and also helps them to get engaged for longer durations. 'My home' and 'My school' were the topics given to them under this.

**c) Expression of Inner feelings**

This task was given to the students for the reason to understand their inner feelings, struggles and desires. The relationship with self and near and dear ones was to be expressed under this activity. Subjects were told to work on 'I love to eat' and 'Person I love'.

**d) Paper folding and paper tearing and pasting**

Paper tearing helps in improvement of endurance in small muscles in hand. Different colors of the paper and pasting them in aesthetically on the paper often helps in building confidence and gives a sense of achievement in subjects with autism spectrum disorder. Paper folding allows the development of patience and attention skills and also enhances mental concentration.

**e) Color Mandala**

Coloring in similar patterns or shapes, helps in focusing attention and also develop patience, perseverance and constancy. It helps in keeping mind light and keeps negative emotions, anxiety and stress away.

### **3.5 Parameters for Evaluation**

During automatic motor skills, brain can focus on higher cognitive levels in writings like ideas, plans and different spellings and numbers. But to achieve the objective of a certain level of maturity by child in psychomotor, emotional, and cognitive area, drawing can be a good tool. In the present study tasks based on visual art were given to the children aiming to evaluate their imagination and observation skills, expression of inner world, attention and patience, balance, perseverance, and constancy. Tests like Goodenough-Harris Drawing Test (GHDAMT), Draw a Person Test (DAP test) and Kinetic Family Drawing (KFD) were under consideration to evaluate art works. The DAP was developed by Florence Goodenough in 1926, who first studied a figure

drawing. The test was known as Good Enough Draw a Man Test. The test was later revised and extended by Harris, and it is now known on the name of Good enough Harris Drawing Test. In 1949, the first measure of figure drawing was developed by Karen Mach over for the personality assessment. She developed Draw- A Person Test with the aim to measure attitudes, concerns and personality traits through the features of drawn figures. In GHDAMT and DAP test the subjects are supposed to draw human which are further analyzed on different dimensions to measure non-verbal intelligence. Kinetic Family Drawing (KFD) developed by Burns and Kaufman in 1970 with the vision to assess cognitive, interpersonal, and psychological functioning. In this test child is asked to draw self and family “doing something”, which meant to understand child’s attitude the family dynamics and child’s attitude towards family.

Aforementioned tests were limited to the drawing of human beings and the children drew compositions which included surroundings like trees, clouds, rainbow, buildings, eatables, animals, and birds, color variations. So slight modification and ideas were included in context with the details of the composition and pointing system from DAP, GADMT and KFD.

The first draft was developed by researcher which had imagination and expression as parameters and sub-parameters with its points. It was further submitted to supervisor and co-supervisor for further discussion. In online meetings a second draft was prepared and was submitted to the artist Satish Kaushik and art teacher Prabhleen Kohli, who worked with special children also. The experts were asked their opinion on that draft on its relevancy and appropriateness. In their feedback Kohli suggested points for scribbling and to add another element ‘space’ in evaluation when she saw that in few arts works the entire space is covered whereas in some art works only limited area was covered. Kaushik suggested to add a principal of ‘balance’ in the evaluation as few art works were well balanced and others were not. On the basis of their feedback, one parameter ‘balance’ was added for the measurement of Area covered in the given space along with Imagination/ observation, expression. Details of the same is as follows:

### **Imagination and Observation**

The basic idea of art from the very beginning is to express inner world freely, which one might not be always in a position to express in verbal language. So, while

evaluating art works, it is important to understand their ideation, visualization. The use of observation in the art work is also very important. It helps an evaluator to understand how much a child is aware of the surrounding and how he/she recall their memories in their art work.

The parameters imagination/observation, expression, balance were further divided into sub parameters, where each art-work was scored from 1 to 5. Comparative study of art works had been done in chapter number-5. The scores on each parameter were awarded from 1-5. The highest score was 5 and lowest was 1.

1. Aimless uncontrolled Scribbling- Score 0
2. Lines somewhat controlled- approaches crude geometrical forms- score 1

All drawings that can be recognized as attempts of representing activity. Each point is scored plus, no half credit is given.

### **Imagination and Observation**

The basic idea of art from the very beginning is to express inner world freely, which one might not be always in a position to express in verbal language. So, while evaluating art works, it is important to understand their ideation, visualization. The use of observation in the art work is also very important. It helps an evaluator to understand how much a child is aware of the surrounding and how he/she recall their memories in their art work. The evaluation of imagination was done on the basis of number of objects and size of objects in the composition as explained below:

- Number of objects/ human drawings in Composition
 

1 object	-	Score 1
2 objects	-	Score 2
3 objects	-	Score 3
4 objects	-	Score 4
5 objects or more	-	Score 5
- Size and proportions of objects/ human drawings
 

Very small size/proportion	-	Score 1
Small size/proportion	-	Score 2
High contrast in size/proportion	-	Score 3
Very high contrast in size/proportion	-	Score 4
Normal size/proportion	-	Score 5



## **Expressions**

Elements of art play an important role in an art activity, which in non-verbal expressions of inner feelings. Artistic expressions help to transform emotions into creative energies. Evaluation of art expression was done on the basis of line color emotions and work quality as mentioned below:

### **▪ Line**

Broken/ dotted/ feeble line	-	Score 1
Weak line	-	Score 2
Normal line	-	Score 3
Dark line	-	Score 4
Very Strong Line	-	Score 5

### **▪ Color**

Neutral/ monochromatic colors	-	Score 1
Two colors used	-	Score 2
Three colors used	-	Score 3
Four colors used	-	Score 4
Five and more colors used	-	Score 5

### **▪ Emotions**

Anger/ Fear	-	Score 1
Sad	-	Score 2
Normal (No expressions)	-	Score 3
Surprise	-	Score 4
Happy.	-	Score 5

### **▪ Work quality**

Messy	-	Score 1
Reasonably neat	-	Score 2
Neat and Clear	-	Score 3
Beautiful	-	Score 4
Aesthetically appealing	-	Score 5

## **Balance**

In a balanced art work, the visual weight of the composition is expected to be evenly distributed across the composition. It gives a feeling of stability and comfort. So, in

evaluation, balance is an important factor to be considered. Evaluation of balance was done on the basis of total use of space and area covered on paper as explained below:

▪ **Total use of Space**

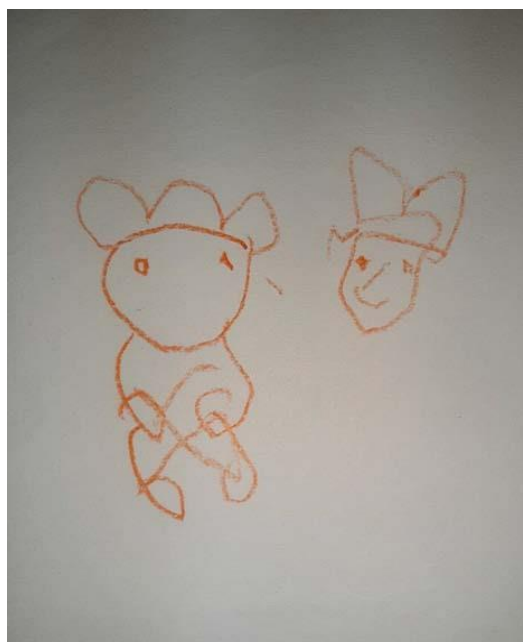
Approx. 10% to 20%	-	Score 1
Approx. 21% to 30%	-	Score 2
Approx. 31% to 40%	-	Score 3
Approx. 40% to 50%	-	Score 4
Above 50%	-	Score 5

▪ **Area Covered on Paper**

One corner	-	Score 1
one corner and middle space	-	Score 2
Two Corners	-	Score 3
Two corners and middle space	-	Score 4
Above three corners	-	Score 5

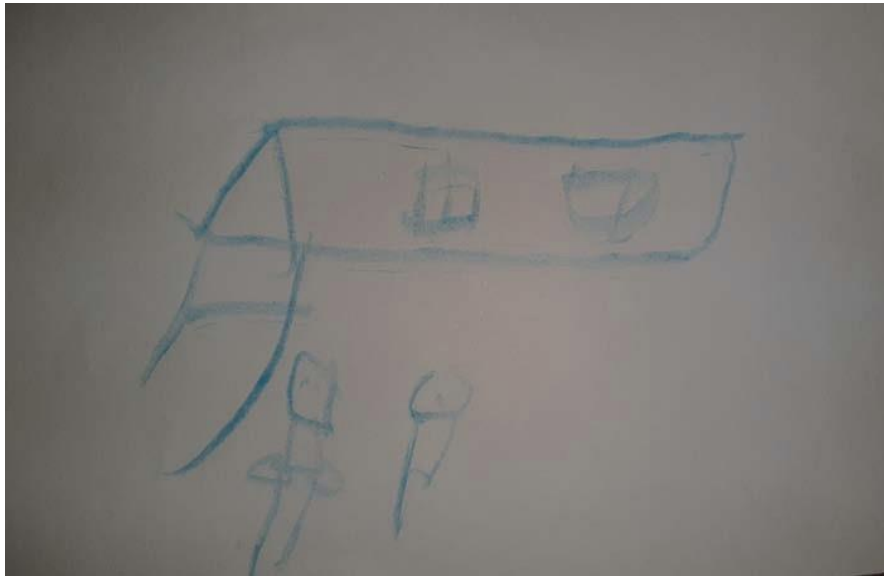
In Figure 3.2 shown few art-work evaluations based on above parameters.

**Figure 3.2(a) Drishti (My-Self)**



**Imagination/ observation** number of objects-2, size of objects-3; **Expressions** line-3, colour-1, Emotions-3, work quality-4; **Balance:** Space-3, Area-3.

**Figure 3.2 (b) (My School)**



**Imagination/ observation** number of objects-3, size of objects-3; **Expressions** line-3, colour-1, Emotions-3, work quality-3; **Balance:** Space-3, Area-3.

**Figure 3.2 Tanu (Jungle scene)**



**Imagination/ observation** number of objects-5, size of objects-4; **Expressions** line-4, colour-5, Emotions-4, work quality-3; **Balance:** Space-4, Area-5.

**Figure 3.2 (d) Jai (My Home)**



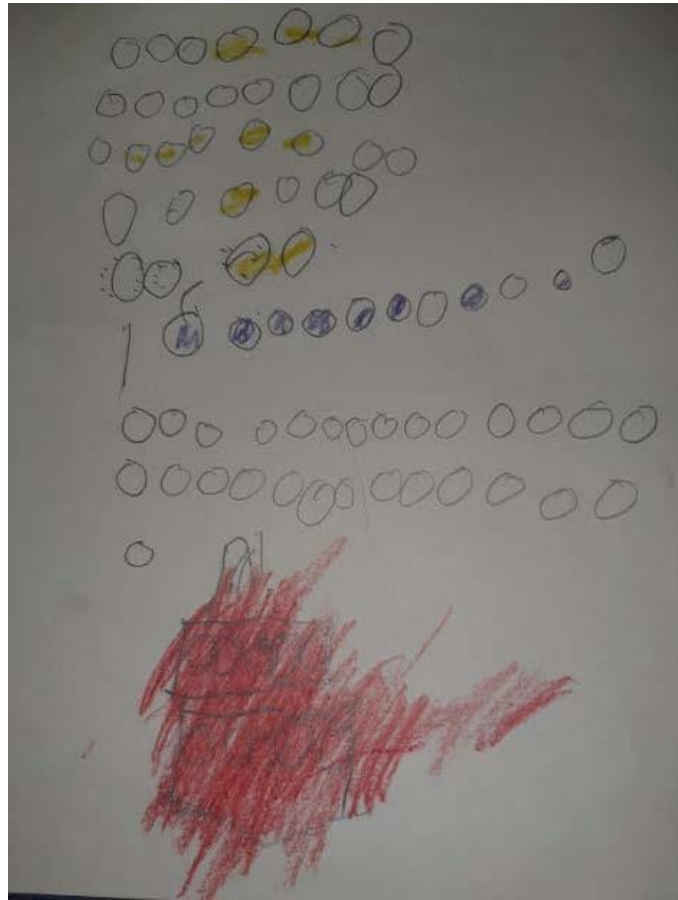
**Imagination/ observation** number of objects-5, size of objects-5; **Expressions** line-4, colour-4, Emotions-5, work quality-5; **Balance:** Space-5, Area-5.

**Figure 3.2 (e) Preeti (Person I love most)**



**Imagination/ observation** number of objects-1, size of objects-3; **Expressions** line-4, colour-5, Emotions-4, work quality-4; **Balance:** Space-3, Area-3.

**Figure 3.2 (b) Dapinder (I Love to Eat)**



**Imagination/ observation** number of objects-2, size of objects-3; **Expressions** line-3, colour-3, Emotions-3, work quality-3; **Balance:** Space-4, Area-4.

The art work done by the respondents were statistically analyzed by using arithmetic mean and sample t-test in order to compare the artwork of autistic and non-autistic children. Paired sample t-test was applied to find the effect of art therapy on artwork through SPSS 22.0 version.

Art therapy has multidisciplinary nature and its relational aspect in managing core symptoms of autism is advocated in literatures since long time. The progress in relation with art work of the children and adolescents during art therapy is well understood in this research.

Scores were added and mean score was generated out of the total scores achieved by a group in a particular task. The comparison of t-scores determined the effectiveness of art therapy intervention to the experimental group.

Art therapy has multidisciplinary nature and its relational aspect in managing core symptoms of autism is advocated in literatures since long time. The progress in relation with art work of the children and adolescents during art therapy is well understood in this research.

*"Art is not a part of life, it is not an addition to life,  
it is the essence of those pieces of us that make us fulfilled.  
That give us hope.  
That give us dreams and  
provide the world a view very different than  
what it would have been without us."- Hasan Davis*





**Sarthak (My-self)**



## **Chapter- 4**

### **Autism and Art Therapy**

Art therapy application for the children with autism is not new, after the development of this profession in 1960-70, different models were developed to help autistic individuals. In this chapter the focus of study will be autism spectrum disorder, its assessment tools and its different conditions. Autism in India, guidance and education of the children with ASD and art therapy as interventions to cope with this condition will also be explored.

#### **4.1 Understanding Areas of Health**

A good health is a balance among physical, mental and social elements of a human being. Ideal health is not absence of disease but is known for ‘overall-wellness’. A number of questions related to the health like protection, maintenance and recovery could not be answered in concrete manner until the clear meaning of health and its measurement is known. Health has different meanings and definitions according to the cultures, traditions and social classes of the people. Commonly it is believed that:

- No illness means good health.
- Good health is shown in everyday behavior.
- Psychosocial health means healthy.
- Active lifestyle means good health.

World health Organization (WHO) explains health as, “a state of physical mental and social wellbeing and absence of disease”. There is a great connection between psychology and health. The role of psychological health is to deal with behavioral outcomes of different people in same disease. Psychological health integrates cognitive, developmental and social aspects for better health and health care. Health psychologies works in promotion and maintenance of health and also take care about improving health systems, preventing and treating diseases and avert any possible illness.

## **Historical Perspective**

In middle ages health was strongly connected with spirituality and illness was seen as God's punishment as a result of misconduct or could be the reason of evil spirits.

Renaissance in fourteenth and fifteenth century witnessed scientific revolution, with great development in area of medicine. Organic and psychological perspectives for illness were taken place. In seventeenth century Descartes offered dualism theory where body and mind were two separate things but didn't link between two. The biopsychosocial model involves physical, social, psychosocial and cultural areas in explaining illness or its symptoms. Freud in twentieth century spoke about conscious and unconscious instead of body and mind.

Recent studies show that people from developed countries show interest in traditional way of treatments whereas in developing countries they look for modern medicine and treatments.

## **Be able to define health and health psychology**

Health is not just the absence of disease and infirmity, but is recognized to be an achievement involving balance among the physical, mental, and social well-being; optimum health is known as "wellness".

## **Health Psychology**

Health psychology is devoted to understanding the psychological influences on how people stay healthy, why people become ill, and how they respond when they become ill.

Health in modern days is more than caring physical body. It is a balance of mental, social and environmental and emotional and spiritual health. Good health is a combination of physical care, positive attitude and good relationships. There are many areas of health but following are known as main areas of health. Well interconnection of these areas ensures maintenance of good health.

## **Physical Health**

Physical health is most visible and most critical area of health. It is related with soundness of body- free from illness and abnormality. A person is expected to take care of body for optimal health and it's functioning. The wellness of physical health is dependent upon many components. Few are- physical activity, self-care, rest and

sleep, smoking and alcohol and drugs, diet and nutrition. In '*The World Book*' key aspects mentioned for sound physical health are:

- Height to weight ratio, heart health
- Keeping heart healthy:
- Healthy blood pressure level:
- Cholesterol level:
- Eating well and regular exercise
- Sound sleep

The importance of physical health increases with the fact that in the absence of sound physical health the other areas like social life, personal relationship are also affected.

### **Spiritual health**

The relation of spiritual life is with overall purpose of life, which people find in faith and beliefs. Some create their own goals. According to the studies people who have sound spiritual health live longer lives. (Chida et al., 2009). Mental health and emotional health are often affected by spiritual health, it helps in achieving goals. Interwoven health areas improve in overall wellbeing which is possible only with a holistic approach for health (Hawks, S., 2004)

Improvement in the area of spiritual health often contribute in healing process in physical and mental illness. In the other words it helps to deal with pain and other issues during illness even if do not cure illness. Inner peace allows body to deal with difficulties and adds in healing giving one a feeling of completed and connected with self.

### **Mental health**

Mental health deals with psychological and emotional wellbeing. It is known as an important element of holistic health approach. According to World Health organization (WHO) an individual having good mental health understands own abilities, deals positively with everyday stress, works productively and also contributes to the society. The sound mental health personally effects on education, productivity at work and relationships. It also helps to understand and control on negative areas like crime, alcohol and drug use. Variety of factors influence mental health like genetics and lifestyle and life events.

There is no universally accepted definition of mental illness. Crown explains how in western countries and societies the 'emotional distress' in the terms of symptoms and signs is named medical model of 'mental illness' (Crown. 1987. P. 475). According to him no general definition of mental illness is available,

“There is no right solution for size and nature of the problem changes according to society's definition of mental illness and its tolerance of unusual behavior among its members” (Crown. 1987. P. 475).

The psychiatrist Thomas Szasz (1972) called mental illness a 'myth'. R.D. Laing (1960, 1978) explains insanity plays as logical reaction to social oppression. In many societies emotional distress is taken as an experience of spiritual crisis where emotional stability is reinstated with the help of rituals.

What cause illness or distress? According to health psychology no single factors but many of them could be the cause illness. These factors are psychological, environmental and biological.

### **1. Psychological Factors:**

The psychological reason contributing mental illness could be:

- Severe trauma in childhood like physical, emotional or sexual abuse.
- Neglected feeling at any stage can also develop into mental illness. In such cases sometimes distress is developed later.
- Loss or grief- like loss of a parent at early stage of life.
- Sometimes poor ability in relating to others can also result in mental distress.

### **2. Environmental Factors:**

- Environmental stressors included can trigger mental affliction:
- Family relationship breakdown. It could be due to the divorce or separation. Dysfunctional family life can also cause mental distress.
- Constant feelings of low self-esteem, loneliness, resentment, tension and deficiency leads to mental distress.
- Sometimes feeling of not being up to social expectations such as physical structure, beauty parameters, and other physical distortions can cause mental distress. Sometimes constant change of educational institutions or jobs also plays a trigger to mental disorder.

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- Substance abuse by the person's relative or outsider can lead to mental desolation.

### **3. Biological Factors:**

- Sometimes mental illness in the family also can be there as reason of mental distress in a person. People who have a person with mental illness in a family are prone to have mental distress in the life. This is due to genetics; the abnormalities are passed on in generations through genes. As per son carrying such genes might not show the signs of any abnormalities but sometimes environmental factors like stress, abuse or some trauma can play a role of trigger and in later stage of life for development of mental distress.
- Few infections can cause brain damage and contribute to develop the mental illness or can worsen its symptoms. A PANDA (Pediatric Autoimmune

Neuropsychiatric Disorder) is related to a bacterium which later on can develop obsessive-compulsive disorder (OCD).

- Some mental disorders are due to the abnormal functioning of nervous cell circuits used to connect particular area of brain.
- Pre-natal damage brain defects or injuries is also a major reason for the development of certain conditions like autism spectrum disorder.

Many other factors like mal-nutrition, exposure to toxins like lead, can also be a reason for mental illness to develop.

In this study the focus will remain on Autism among children and adolescents which nowadays is commonly called autism spectrum disorder (ASD). Autism spectrum disorder (ASD) is a cluster of complex developmental disorder. Its main characteristic is repetitive behavior pattern and struggle to communicate and interaction socially. According to DSM-5 (Diagnostic and statistical Manual of Mental Disorders) autism spectrum disorder includes Autistic Disorder, Asperger's syndrome, Rett Disorder, Childhood disintegrative disorder and Pervasive development disorder, not otherwise specified (PDD-NOS). The diagnosis of autism is based on intellectual disability and language impairment. There is no specific socioeconomic group, race or ethnic group for ASD to occur, but boys are more prone to ASD than girls. According to the analysis of CDC (Centre for Disease Control and Prevention) it is estimated that 1 in 68 children suffers from ASD.

In Autism Spectrum Disorder term 'spectrum' is used for wide range of symptoms, abilities levels of disability among the people who suffers with it. There are few who are fully independent to do their daily works while others require substantial assistance to do their basic activities. Cognitive abilities of autistic children are also different in each case from above average to average intelligent and few fall in the moderate to mentally retarded category and sometimes in severe handicap condition.

According to CDC (Center of Diseases Control) 1 in 59 children suffer with ASD (autism spectrum disorder) and in male gender it is 1 in 37 where in female gender it occurs 1 out of 151 girls. Boys are prone to this disorder approximately four times more. The average age where this disorder could be caught is 2 years whereas it is generally diagnosed after 4 years.

## **4.2 Assessment of Autism**

Being developmental disorder 'autism' can be diagnosed in early childhood. But there has not been a single screening tool came across for perfect diagnosis of autism to apply worldwide. The standardized tools is made according to the local conditions where autism spectrum disorder is to be diagnosed. So, there is possibility of over or under diagnosis of ASD in different conditions. The DSM-V (Diagnosis and Statistical) is used widely to understand symptoms of ASD.

### **4.2.1 Diagnostic and Statistical Manual of Mental Disorders (DSM-5)**

In the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) major changes were done in autism spectrum disorder. In the revised manual the diagnosis for autism is more scientifically and medically accurate.

Earlier the diagnosis of four separate disorders- autistic disorder, Asperger's disorder, childhood disintegrative disorder and pervasive developmental disorder- not otherwise specified (PDD-NOS) were done using DSM-IV. People with ASD are noted with certain deficits in following areas:

#### **Social Communication and Social Interaction**

1. Abnormal approach for social interaction, difficulty or failure in or continuing conversation, very less display of emotions, interest.
2. Poor integration of verbal and non-verbal communication; avoiding eye contact, mismatched body language, lacking own facial expressions and not been able to react to other's expressions.
3. Difficulty in making friends, sharing or absence of interest towards other's presence.

#### **Restricted/ Repetitive Patterns in Behavior**

1. Motor movements repetition, repeating speech, lining up or flipping objects/ toys.
2. Insisting on sameness in routines, refusal to small changes and getting disturbed in very small changes, rigidity in thinking patterns.
3. Showing strong attachment to few things like toys or extreme absence of interest to few objects.
4. Hyper or hypo reaction to pain/ temperature, certain sounds or textures, smells, lights or movements.

*Individuals should meet diagnostic criteria of DSM-IV for autistic disorder, Asperger's disorder or pervasive developmental disorder- not otherwise specified. If any individual who show deficits in social communication, but their symptoms do not meet the criteria of ASD, should go for evaluation of social (pragmatic) communication disorder.*

According to DSM-5 there are different severity levels of autism spectrum disorder. Below is the table for the same:

**Table 4.1 Severity levels of Autism Spectrum Disorder DSM-V**

<b>Severity Level</b>	<b>Social Communication</b>	<b>Behavior</b>
<b>Level 1 (Require Support)</b>	Noticeable impairments are caused due to deficits in social communication, however, works without or with minimal support. Find difficulty in initiating social interaction.	Behavioral inflexibility; difficulty in organizing and planning and in switching between activities.
<b>Level 2 (Require Substantial Support)</b>	Noticeable deficits in verbal and non-verbal social communication skills. Limited or no initiation of interaction and rare response to greetings.	Rigidity in behavior, difficulty in adapting change, easily noticeable repetitive/ restricted behavior. Show frustration in changing focus or action.
<b>Level 3 (Require Very Substantial Support)</b>	Severe impairment in functioning due to severe deficits in verbal and non-verbal communication. Generally, no initiation of interaction or very less or no response to others.	Behavior inflexibility, extreme rejection towards changed routine, restricted/ repetitive behavior cause hurdle in functioning in all areas.



#### 4.2.2 Indian Scale for Assessment of Autism (ISAA)

Indian Scale for Assessment of Autism (ISAA) tool is used in India to determine the condition of autism. It is an objective assessment, which is based on observation, clinical behavior evaluation, interaction with client, interaction with parents to diagnose autism. ISAA is a 40 item, based on six domains to be rated on 5-point scale. The domains are:

**Table 4.2: Domains- Indian Scale for Assessment of Autism (ISAA)**

<b>Domain 1</b>	<b>Social Relationship and Reciprocity</b>	Usually, individuals with ASD avoid eye contact, lack social smile, remain aloof, don't approach others, finds difficulty in relating others, inability in social/environmental cues, engage in solitary and repetitive play activities, difficult peer relationship.
<b>Domain 2</b>	<b>Emotional Responsiveness</b>	Inappropriate emotional response, show exaggerated/no response, self-stimulated emotional engagement, lack of fear of danger, excited/agitated for no apparent reason
<b>Domain 3</b>	<b>Speech Language and Communication</b>	Acquired speech but lost, difficulty in non-verbal language, engage in repetitive language, engage in echolalic/ flat speech, produce unusual noise, unable to initiate or sustain conversation, uses pronouns reversals, unable to understand meaning of communication.
<b>Domain 4</b>	<b>Behavior Patterns</b>	Stereotyped and repetitive motor manners, extreme attachment to useless objects, hyperactivity/ restlessness, aggression in behavior, temper tantrums, self-injuries behavior, and rejection of change in

		routine.
<b>Domain 5</b>	<b>Sensory Aspects</b>	Overly sensitive, stare blank, Difficulty in fixing gaze on moving objects, unusual observation to tiny details, insensitive to pain, responds with smelling, touching or tasting.
<b>Domain 6</b>	<b>Cognitive Component</b>	Inconsistent attention and concentration, delayed response time, unusual memory, Special or extraordinary ability in restricted area of interest.

*Norms of ISAA for diagnosis of Autism*

If the score is <70, the degree of autism is normal. If score is between 70-106, individual is suffering from mild autism, if the score is between 107-153, individual suffers with moderate autism and if the >153, individual suffers from severe autism.

#### **4.2.3 Misconception and Diagnostic Difficulties**

Mental health care is equally important to the physical health care. It is widely taken care in developed countries. In India yet so much is to be done in this area where bad mental health is generally ignored. parents do not accept child's problem due to different environment in the family and society and often feel annoyed when their child is referred to a psychologist as the first feeling they get is that their child is mentally ill. Nimhans, Bangalore conducted a study and found only 37.5% parents acknowledged that their child's mental distress. There are few more studies done in different parts of India, but a generalized conclusion cannot be drawn out for the whole country on the basis of data due to the socio-economic diversities.

Few misconceptions specifically about autism is also been noted. They are:

- People suffer with autism only in western countries.
- Only rich people suffer from autism
- Hugging and holding is not liked by autistic children.
- All autistic people don't speak and don't make eye-contact.
- Autism could occur due to poor parenting.

Misconceptions and lack of awareness leads to misdiagnosis. At times it is over diagnosed and many times it is underdiagnosed. It creates a state of confusion for parents in planning therapies and treatment for children. Despite of intensive campaign by 'Action for Autism' through media still awareness is needed among parents and society

#### **4.3 General Characteristics and Diagnosis**

There are few symptoms which are commonly found in autistic children. It can be said that individuals suffering from this disorder do not or very less understand what they see, hear or feel with other sensory organs. Children with autism are known to have deficit in three major areas- Imagination, social, communicative and behavioral reciprocation. According to Herbert, "Just autism is not simply a genetics problem, it is not simply a brain problem, either; autism involve the whole body" (Herbert, 2010).

##### **Symptoms can be divided in three groups:**

*Qualitative disability and difficulty in social relationship* with no or very less eye contact, abnormality in responding to others.

*Aberrant language development and communication skills* sometimes with no language at all. Early or delayed language loss. Impairment in expressions through metaphors or understanding body language of others or very good at languages.

*Stereotyped pattern repetition* demand of the routine which maintainsameness, attachments to particular objects, repetitive motor mannerism like twisting, flapping or full body movements.

#### **4.4 Autism in India**

According to Census of India, 2011, out of 1.2 billion total population, there are 27 million people with special needs. About two million population between age 0-19 years having special needs (Thakkar Amrita, 2018).

Term 'autism' was first used by a Swiss psychiatrist Bleuler in 1911. In India first case mentioned was in 1944. Till 1970 few cases of autism were seen and in 1988 a movie Rain Man brought attention of the people towards ASD. 1994 was the year, when AFA (action for autism) one-year teacher training program started. Once

it was considered very rare, but statistics tell a different picture. Its incidence rate is increasing in India but the parents in India do not openly accept the flaws of their children so, there is possibility that many cases go unregistered. It is said that it can be diagnosed after age of 3, but in India with the thoughts like slow development it gets delayed, so the treatment is also delayed. Few common symptoms were written to understand its prevalence.

Two school of thoughts about autism have come up. Autism is called a neuro developmental disorder, with which a child suffers from birth and it is named 'classic' autism, it is said to have no cure for it. Only a person with this can be trained according to the severity of the disorder. Another school believes that along with classic autism there prevailed another type called 'regressive' autism or 'setback' autism or 'acquired autistic syndrome', which is said that at the time of birth to a certain age child show normal development but after regression autistic pattern of neurological development is observed in child. In Wikipedia the standardized definition for regression is not available but regression in autism is well documented. There could be few reasons for onset of regressive autism after a certain age. One probability of connection between MMR vaccine and autism was ruled out with many studies. Another factor could be environment toxins, which cause mental illness among the children of North India. In a study conducted with the children of Punjab by E. Blaurock-Busch<sup>1</sup>, after taking hair and urine samples of 149 physically and mentally challenged children<sup>2</sup> of Punjab, found their long-term exposure with heavy metals. Further she did not deny the connection between heavy metals in the water and soil could be a reason for prevalence of autism among children.

Dr. Pritpal Singh from Baba Farid Centre for Special Children shared shocking figure about prevalence of autism in North India. According to him at around 1960, the approx. data of autism prevalence was 1 in 35000, whereas present status says that it is 1 in 150. He denied the possibility of only genetic reasons for increasing population of the autistic children and adolescents and also confirmed that in case of regressive autism there is a possibility of 95% children to live nearly

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<sup>1</sup>E. Blaurock-Busch-*Toxic Metals and Essential Elements in Hair and Severity of Symptoms among Children with Autism.*

<sup>2</sup> As mentioned in Paper

normal life after certain treatment and therapies. In ‘A systematic review and meta-analysis’ it is estimated that 2 million children less than fifteen years of age suffer with ASD. Reported studies in concern with ASD are based on hospital-based data.

#### **4.5 Education and Guidance for Special Children in India**

The need of education for the Children with Special Needs (CWSN) was felt only a century ago. According to the Census of India, 2011 only 61% of the children with special needs attended schools. According to ‘India Spend’, “As things stand, 45% of India’s disabled population is illiterate, according to census 2011, compared to 26% of all Indians. Of persons with disability who are educated, 59% complete class X, compared to 67% of general population (Census, 2011). About 28% (600,000) children with special needs between the age of six to thirteen years leave school. In a National Survey of Out of School the chances of the dropout rate of the children with more than one disability is 44% and 36% with mental and 35% with speech disability than those with other kind of disability.

##### ***Educational setup for the children with special needs in India:***

India’s educational system has undergone many changes for the achievement of better educational standards for students and teaching practices. Central Advisory Board of Education (CADE) in its report in 1944, named ‘Sargent Report’ advocated provisions for the education of handicapped<sup>3</sup> as an important part of national system of education. It should be administered by Department of Education. According to this report children with handicap should only be sent to the schools if their defects made it necessary. The Kothari Commission in 1964-66 observed, “the education of handicapped children<sup>4</sup> should be an inseparable part of education.” Until 1970, most educators believed that children having physical, sensory and intellectual disabilities couldn’t be part of a normal school (Advani, 2002).

In India during 1880 Christian Missionaries started establishing schools for the children with special needs. The Education Department initiated few workshop units for blinds after independence (Luthra, 1974) and later deaf, physically challenged and mentally retarded children also joined. (Rohindekar and Usha, 1988).

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<sup>3</sup>terminology used as author.

<sup>4</sup>terminology used as author.

World Conference on Special Education Needs (SEN) in Salamanca in 1990, there came a remarkable change and Salamanca Statement was 92 governments and 25 international organizations. The Special Educational Needs (SEN) was felt for the learners with disabilities. To quote from Salamanca statement,

“We the delegates of the World conference on Special Needs Education.... Hereby affirm our commitment to Education to All, recognizing the necessity and urgency of providing education to children, youth and adults with SEN within the regular educational system, and further hereby endorse the Framework for Action on SNE, the governments and organizations may be guided by the spirit of its provision and recommendations (UNESCO, 1994: 8)

A District Primary Education Program (DPEP) was defined (DPEP, 2001). In NCERT-UNESCO report ‘Assessment of Needs for Inclusive Education: Report of the First Regional Workshop for SAARC Countries (2000) included child labor, street children, victims of social conflicts and natural catastrophes and socially and economically deprived children also in SEN category.

#### **Educational provisions for children with special needs:**

Indian government in 1970s, launched Integrated Education for Disabled Children (IEDC). Its aim was to provide education equivalent to normal children in regular schools with the objective to provide them exposure of integration with general children. It could give them courage and confidence to face problems in life. NCERT with UNICEF also launched Project Integrated Education for Disabled Children (PIED). The results were encouraging, and it increased the enrolment and retention of disabled children. Presently in India, ‘two tracks- Segregation and integration’ are going on parallel in the field of education for special children. (Pijl and Meijer, 1991). NCERT recommendations for inclusive schools, were supported by The National Curriculum Framework for School Education (NCFSE, 2000). According to NCFSE, “Segregation or isolation is good neither for the learners with disabilities nor for the general learners without disabilities. Social requirement is that learners with the special needs should be educated along with other learners in inclusive schools, which are cost effective and have sound pedagogical practices (NCERT, 2000)

**Benefits of Inclusive Education:**

- Social interaction for both with and without SEN. Children needing SEN could observe and imitate socially acceptable behavior.
- Children without disabilities can serve as peer tutors.
- Children with SEN interact peers of their age, study age-appropriate academic content.
- Students without SEN could learn to communicate and deal effectively with wide range of individuals.
- Children without SEN will learn individual differences, tolerance and also step towards responsible citizens.

Indian Government has launched many programs for the persons with special needs to ensure their education and rights. Private sectors have also come up to this area to provide support. Some initiatives are:

- Persons with Disability Act (1995)
- Sarva Shiksha Abhiyan (SSA)
- Right to Education (RTE)
- Department of Empowerment of Persons with Disability (Divyangjan)
- Accessible India Campaign

**Special Educators:**

“Classrooms are known as mini societies and children learn future societies handling with in the class only”. There is a need to work on diversity in the classrooms also- diversities could be in learning styles, intelligence levels, personalities. In the same way diversity of abilities and educational needs fulfilling the demand are also been addressed time to time. In India also the curriculum designing has been updated many times to empower special teachers/ educators. It is done to ensure quality education for the students with disabilities. For this purpose, diploma and degree programs are designed and updated time to time. NCTE notified in December 2014, to place teacher education preparation in special education in the rights- perspective of large picture. Special educators/ teachers should be able to provide education in all settings of special education- inclusive, special, open school or home based. Their

competency should be in all areas of work- classroom, resource teacher, cross ability teacher facilitator.

Diploma in Education in Special Education<sup>5</sup> is for the individuals who have completed twelfth grade of education. At the completion of course individuals are allowed to teach children with special needs at pre-primary, primary and upperprimary levels. This course enables them to attain personal, professional and social skills- a primary requirement for teachers. This course would have its own specialized areas like visual blind, deaf blind, hearing impairment, intellectual disability, cerebral palsy, autism spectrum disorder. individual opting a course would be free to choose any of these specializations. But in the base course every in future teacher/ educator would get training in 'Verbal Language', 'Indian Sign language (ISL)', and 'Total communication (TC)'. In specialized subjects they would be able to develop and adapt materials for instructions, managing classroom.

Bachelor of Education Special Education, Diploma in Special education (B.Ed. Spl.Ed), D.Ed degrees in India are designed for the teachers/ educators keeping in mind the development of children with various disabilities. The aim behind such courses is to enable them to obtain knowledge and develop skills and competencies to get insight into the needs of the students with disabilities and as of few specific disabilities.

In the structure of B. ED degree<sup>6</sup> with special education, an insight into core courses and cross disability and inclusive education is given. In Code- 3 'Disability Specialization Course' is given where the teacher student is independent to make choice among autism spectrum disorder (ASD), Hearing Impairment (HI), Learning Disability (LR), Mental Retardation/ Intellectual Disability (MR/ ID), Multiple Disability (MD), and Visual Impairment (VI). In Enhancing Professional Capabilities professional development course is undertaken. In practical Field engagements and School Internships are done.

The duration of M.Ed. Spl.Ed. degree is one year for regular students teachers and two years for in-service teachers. As disability rehabilitation has become an

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<sup>5</sup>Diploma in Education in Special Education<sup>5</sup> (two years) (D.Ed.Spl.Ed(HI)-2014 / 22-05-2014 2 Rehabilitation Council of India)

<sup>6</sup>B. ED degree with special Education(as per UGC Notification on Specifications of Degrees March 2014 as published in the Gazette of India, July 5, 2014)



important aspect in India and there is a need of advance study and research on this subject. The aim for M.Ed. Spl.Ed. is to apply scientific thinking in classroom practice, work as planners and administrators. The study would enable teachers to acquire knowledge and skill in research methodologies so that the organization, implementation and analyzation of research and development work is done in classroom or school. The enhanced skills would make them competent to conduct research themselves and implement into their own practice and also to cooperate research projects.

The basic structure of this course include core subjects, optional subjects and specialization areas of study, practical and dissertation guidance and sessional work. Under core subjects the Study of Development in Special Education, Advance Educational Psychology and Research Methodology & Statistics would be studied. Optional subjects would include Management in Special Education, Educational Technology, Curriculum Development. List of specialized areas contained Hearing Impairment (HR), Learning Disability (LR), Mental Retardation (MR), Visual Impairment (VI). There would 180 practicum hours. Last and compulsory component of M.Ed. Spl.Ed. would be dissertation.

Apart from above these, Diploma in Early Childhood in Special Education in specialized subjects like Intellectual Disability, Mental Retardation, Learning Disabilities are also being run under central and state government.

Thought behind designing of teachers' training programs is to make teachers competent enough to take care the emotional, physical and intellectual needs of the special children. The aims remains same for the government 'Education for All'.

#### **4.6 Art therapy for Autism**

"Repression of emotions has a direct impact on physical and psychological health". (Jainish, 2019).

There had been a long history of using art therapy for the children with autism. Many practitioners and therapists have contributed to the therapeutic programs for the children with autism. The centers for art therapy for Autism Spectrum children could be special schools, social service department and private practices. Different models were developed for art therapy were developed and many

new ideas are also under development for helping individuals with autism. Different art therapy models are being developed to alleviate psychological issues and distress through psycho-therapeutical intervention, development from one stage to next since mid-1990. The major area of deficit in autistic children are imagination and communication. Art can be a very effective tool to understand their world, their developments with a comparison of artwork done in the context of art therapy. In this process a therapeutic relationship between therapist, client and artwork is established. It supports in filling the non-verbal communicative gap to some extent as autistic population use art as a medium of expression. The most important factor with autistic population is that each individual is unique with his/her abilities, strengths, needs. Art therapy gives a personalized attention to meet the characteristics of the child where children can picture in free-flowing manner. Art therapy with the children of ASD help them to be comfortable with unpleasant stimuli which they normally avoid like smell and texture of art material and surfaces. Children can start as early as two to three years of age with simple activities like art cube drawings, sand drawings and clay or play dough sculptures. Research proves the benefits of art therapy in the following areas of autism.

- The communication of the subjects is improved by involving into creative expression.
- Imagination and abstract thinking are enhanced.
- Art therapy inspires to understand other's emotions and perspective, so the interpersonal relationships become stronger.
- Art activity needs body and mind to work in synchronization. Improved motor skills and sensory integration also seen in the children with autism while in art therapy.
- Their visual/ spatial skills are developed.
- With the improvement in their emotional health, positive impact is seen in their daily behavior.



**Divyansh (People I love)**

## **Chapter - 5**

### **Amalgamation of Art Therapy and Autism**

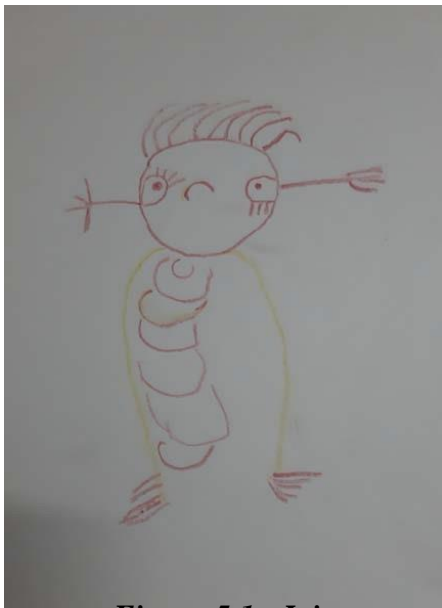
Autism is generally referred as “triad impairment”, which is social, communication and imagination along with the presence of “restricted, repetitive and stereotypic patterns of behaviors, interest and activities. Art can be autistic children’s favorite activity, which can help them in strengthening their motor activity and visual learning. Art therapy is said to train or exercise different parts of brain that are impaired with autism.

#### **5.1 Art Works of Autistic and Non-autistic children**

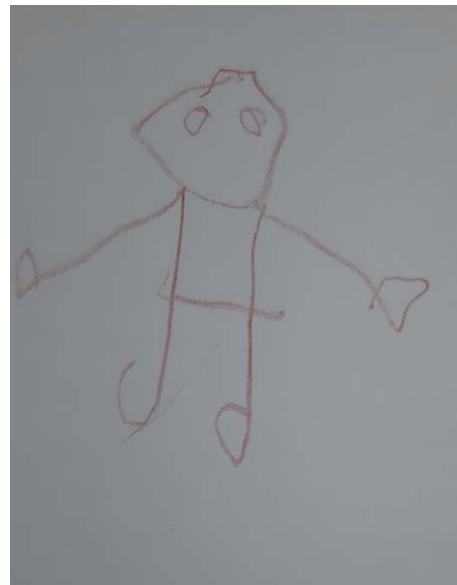
This part of the study will focus on objective two- ‘To compare the artwork of autistic and non-autistic children’.

To achieve this objective an experimental study was conducted, in which 108 respondents (54 autistic and 54 non-autistic) participated to test difference in the art works of autistic and non-autistic population. Tasks allotted to them were- Myself and Jungle Scene/ Zoo/ Me and my pet. Participants were given instructions by the special teacher or the art teacher in the school. The tasks were designed for the subjects to express their inner feelings, desires and fantasies through art.

#### **Art works of Autistic children (My-Self)**



***Figure-5.1a Jai***



***Figure-5.1b Dev***



***Figure-5.1c Rudra***



***Figure-5.1d Dapinder***



***Figure-5.1e Kapil***



***Figure-5.1f Sarthak***



**Figure-5.1g Naman**



**Figure-5.1h Akashdeep**



**Figure-5.1i Samaira**



**Figure-5.1j Drishti**



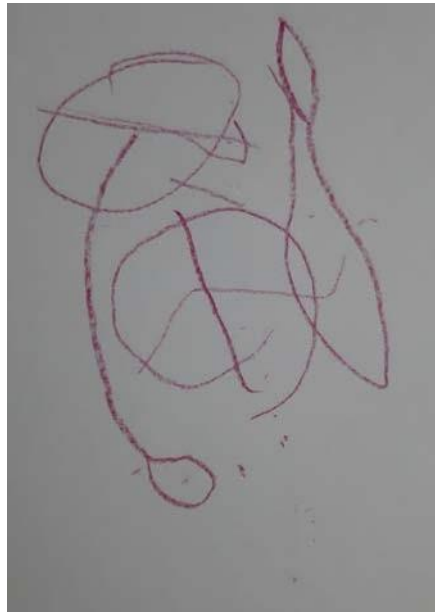
***Figure-5.1k Jayaaditya***



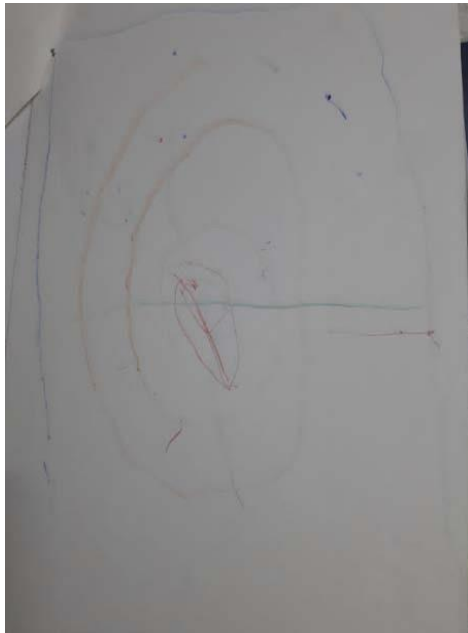
***Figure-5.1l Avish***



***Figure-5.1m Ekamvir***



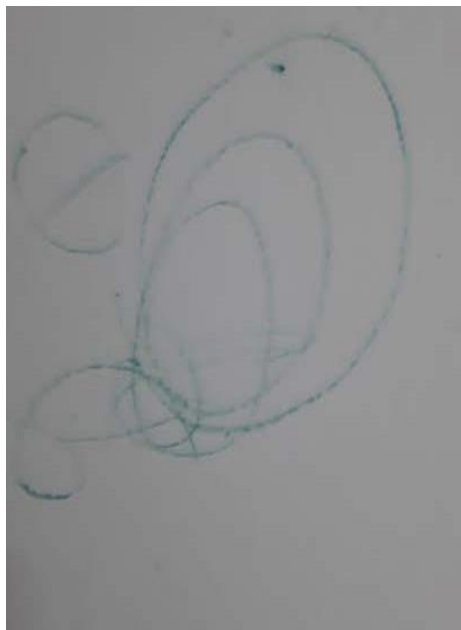
***Figure-5.1n Aditya***



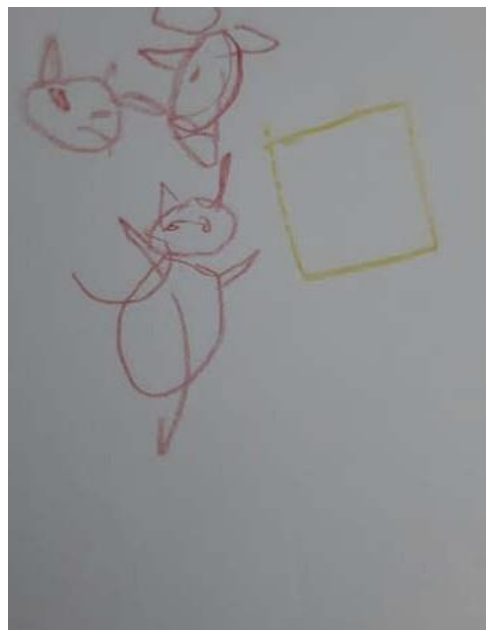
***Figure-5.1o Aksh***



***Figure-5. p Nonu***

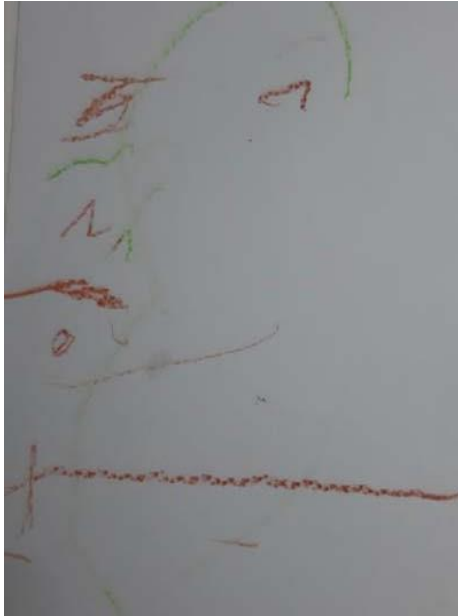


***Figure-5.1q Emon***



***Figure-5.1r Laksh***





***Figure-5.1s Bhuvan***



***Figure-5.1 t Arpit***



***Figure-5.1u Kulraj***



***Figure-5.1v Parneet***

In figure 5.1a, Jai has displayed imaginary self, body is directly attached with face. body drawn is divided into many parts like a caterpillar. Arms and legs are connected with head and details of fingers and toes are also drawn. It seems that child doesn't have awareness about number of fingers and toes because he has drawn four fingers in one hand whereas in other hand, they are three. Facial features are also untypical, Eyes and nose is drawn but lips are missing. Details in the drawing of eyes is very interesting, child has drawn eyelashes on both eyes but on left side it is under eye and on right side it is on eye. Figure no 5.1b Dev, drawn strong lines in one single attempt, though body is more or less proportionate. The details are missing in the drawing figure 5.1c, is comparatively very small in size and Rudra seemed to have very less clarity about body image. Two colors black and green are seen in the drawing. Child has tried to draw something at the back with green color, but clarity of the object is lacking. An attempt to draw a circle for face is seen, eyes are drawn very casually without any details. Hands and feet are drawn but details are not noticed. Figure 5.1d and 5.1e are perfect examples of delighted emotions while doing self-portrait. Prominent eyes, hair are drawn. Consistent and bold lines are the feature of the art works. In 5.1d, Red, blue and yellow colors are used for drawing and at many places child has tried to add his aesthetic sense by drawing small circles and lines with it. In figure 5.1e waves are shown while illustrating hair and details in eye drawing is also visible with eyeballs and eye lashes. Nose is also seen but in very light hand. Two lines to show body and legs are attached with head and a semicircle to mark dress is seen. It seems that child is not very clear about his gender identity as he has drawn frock which indicates a female impression on his mind. In figure 5.1f Sarthak has shown exaggerated proportions. Lines are also broken at many places and proportions are also missing. Long legs are marked against head and body is not sketched. the use of three colors and two colors for legs makes this drawing very interesting. Facial features are drawn but not very clearly portrayed. Figure 5.1g displays Akashdeep's struggle in drawing of self-image. The lack of fine motor skill resulted in slightly clumsy outcome. Multiple drawing attempts and scattered composition represented lack of consolidation ability to self-image. In figure 5.1h, Abhimanyu has displayed angry expressions, with teeth shown. Nose is divided into two parts and eyes balls are also seen in a very aggressive temperament and tension in

the body is visible. Efforts in impulse control and frustration tolerance is evident. The awareness about his immediate environment is also seen as the child has also drawn additional objects like sun, clouds and mountains. In 5.1i Samaira has drawn herself in black color. Along with small face body is drawn by using two lines. it seems that child has tried to draw feet at the end of the line. on the name of facial features only two dots representing eyes are drawn. Drishti has drawn myself in a very abstract way. she has drawn a big circle in light blue color and one circle of yellow color in it. It seems that light blue color circle represents hair and yellow is face. There is not any mark of facial features but few lines are drawn for hair. Jayaditya in fig 5.1k has drawn legs directly with body seems to have misperception about his body. Fingers and thumb is also drawn with arms and features on face have been drawn proportionately with eyes and eyeballs. In 5.1l Avish has drawn lines and face is drawn in distorted shape. Goggles are drawn and lips are not proportionate. In 5.1m Ekamvir has drawn three human figures. One in the middle is very prominent. Confused perception about the body is seen as long legs are directly attached with head. Arms are stretched and very long. One arm on the left side is almost touching the ground. Details of footwear are very interesting as child has used orange and blue color to make them. Figure at the back on the left side seems to be a female as frock like costume is seen and figure on the right side is drawn male. Hair are surprisingly drawn with orange color. Aditya in 5.1n has drawn abstract circles and few shapes which look like faces. Aksh has drawn six concentric circles and in the middle, he has drawn few marks and lines. In 5.1o Nonu has drawn many small circles all over the sheet. In 5.1q Imon has drawn also drawn circles aimlessly where Bhuvan has also done scribbling. These art works gives a clue that the respondents have no idea about drawing self or it is also possible that they might have lost interest in drawing them. In 5.1t Arpit has drawn many circles as it seems that he has drawn many faces. In few circles he has done coloring with brown shade. Kulraj in 5.1u has drawn self-image beautifully. Face is drawn in Circle and upper part of the face is drawn little dark; it seems that child has tried to show hair. for eyes two dots are drawn and design patterns are shown on dress. legs and arms are drawn, overall image conveys a happy message. In 5.1v Parneet has shown more than one face on the paper. In the first image thick black color probably used to mark hair and rest of the circle is drawn in

green color. In the second face red color is used giving an impression of an apple and the third face gives an impression of orange slice. It is also possible that the child made three attempts to draw self-image.

### **Art works of Non-Autistic Children (My-Self)**



*Figure-5.2a Drishti*



*Figure-5.2b Karan Kumar*



*Figure-5.2c Sanjam Jain*



*Figure-5.2d Sunil*



**Figure-5.2e** Diljaan



**Figure-5.2f** Rohit



**Figure-5.2g** Gurleen



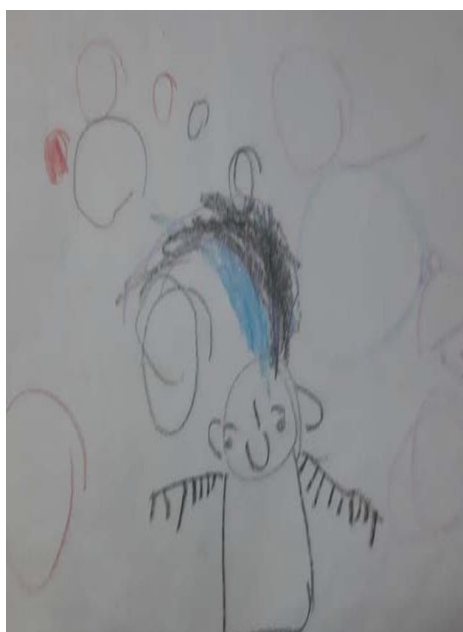
**Figure-5.2h** Reshmi



***Figure-5.2i Rohit***



***Figure-5.2 j Samrat***



***Figure-5.2k Chandani***



***Figure-5.2l Harsh***



***Figure-5.2m Ajit***



***Figure-5.2n Naveen***



***Figure-5.2o Gurnee Kaur***



***Figure-5.2p Sunny***



***Figure-5.2q Gursimar***



***Figure-5.2r Ekamvir Singh***



***Figure-5.2s Ram***



***Figure-5.2t Narsingh***





***Figure-5.2u Sajan***



***Figure-5.2v Soni kumari***

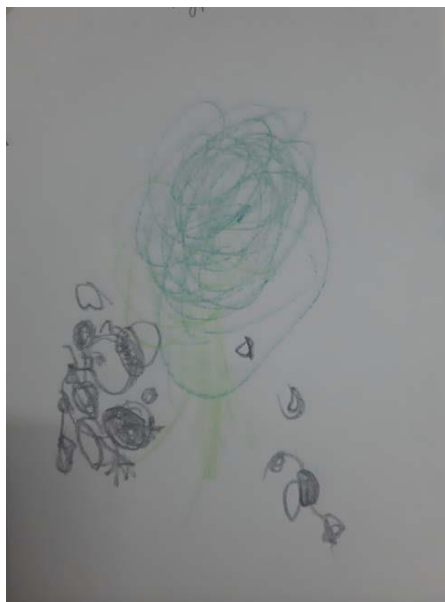
Drawing of self- portrait in figure 5.2a represents confused perception of proportions but very much awareness about self and surroundings. Sense of self, clear gender identity is delineated as the child has shown two plaits and frock and footwear with heels in her drawing. Strength in the lines aims at good fine motor control. Flower is drawn on the side is bigger in size than human figure overall leaves a pleasing effect. In the same way, in figure 5.2b house and tree are depicted smaller than human figure. Lines in the composition are very clear and prominent. a happy gesture and facial features are also clear. Eyes are marked properly with eyebrows, nose and a smile on the face makes it very attractive. In the areas like body and hands color is filled, fingers and palm are drawn like flowers. Ears are shown comparatively very big and feet are shown rectangle. In figure no 5.2c and figure no. 5.2d, solid lines are visibly seen. Face and upper body in 5.2c are drawn with different color shading with hatching technique. Such art works provides an idea to numerous possible variations like disturbed development or inner struggle. In Figure 5.2d almost full body is drawn. hands and fingers are not drawn. facial features are prominently clear

and calming effect is seen. good impulse and higher level of inhibition is displayed. hair are shown very thick and curly. In Figure 5.2e and figure 5.2f, Diljaan and Rohit have beautifully related themselves with nature. trees, flowers, sun, mountains and clouds could be seen in their work. Diljaan has drawn a happy figure with flowers in the hand. Facial features include eyes, nose and a big smile ear are also drawn and hair are also seen. around the figure a beautiful tree with apple like fruit show the delighted temperament of the child during activity. Greenery around and blue color in the sky with white clouds makes composition beautiful. Rohit in his art work has displayed perspective by drawing a big tree in front and a smaller one at the back. to add aesthetic tinge, he added grass around tree. human figure is not very clear but a big smile on the face exhibits happy inner state. In figure no 5.2g and 5.2h, Gurleen and Reshmi were successful in depiction of self-love. Gurleen has drawn face relatively very big and the facial features are clear and confident. Dual style in hair can be seen, one side of the head is with curly locks and other side is wavy. Eyes are drawn beautifully with eyelashes and heart shape could be seen instead of lips drawing. Dress is also shown wavy and hands are attached with face and are longer in proportions. details of fingers and toes is also drawn. Two small flowers on each side is depicted beautifully. Figure 5.2h is somewhat proportionate and shown fashionable style. hair style is trendy and accessory is drawn to enhance beauty of hair style. Dress is also drawn beautifully with floral print on it. Reshmi had been successful in depicting delicacy in hands and fingers whereas legs are missing in the figure. In figure 5.2i Rohit has drawn himself in a garden, which shows his awareness about surrounding and good observational and imagination skills. Trees at the background are drawn smaller than the tree in the foreground. A big flower almost equal to the size of tree at the back is also shown in green color. The boy is also drawn in the middle of the art work which gives a balanced look. the body message and facial features of the boy are giving a happy look. Face is drawn with black color and a big smile is seen. Details like toes and fingers are also seen. In the background mountains and sun is drawn. In 5.2j Samrat has also drawn similar kind of composition. Samrat shown himself standing in the middle of the art work. Trees on the both sides are drawn. sun is also seen at the background. Happy facial features and body language is seen. Multiple attempts of Chandani to draw herself are seen in

5.2k. Many circles of different colors at the background are seen, few out of them are solid whereas few are hollow. In a figure at the front ground, she has drawn herself in happy mood with a long smile on the face. Hair are drawn towards vertical side in a big bundle with blue and black color. Hands are drawn wide and probably the child has drawn fingers along with arm. In figure 5.2l the child has shown himself playing cricket- happy facial features, use of multicolor for dress and foot wear proves of having a good sense of imagination. Child has drawn bat and ball and also tried to make cricket ground also by marking a circle around him. Another figure of the boy is also drawn who seems to be co-player. Clouds in the sky are also drawn. In figure 5.2m Ajit has shown himself standing in front of hut. Bricks with yellow and red color are drawn shows good observational skills of the child. A typical multicolored lotus and a peacock is drawn in the foreground, which child usually draw in his art works. A tap with water droplets for watering lotus flower is also drawn. On the right side there a cartoon character drawn. In 5.2n Naveen has drawn herself with mother and father. Art work is balanced and this shows child's strong connection with family. Gurneet kaur has shown herself as a baby who is dressed up in fairy outfit in figure 5.2o. Details in the crown is done and hair are also drawn. A necklace of red colour with golden pendent is shown. Sunny in figure 5.2p has drawn a self-portrait with facial features. He has also drawn moustaches. Gursimar has drawn himself with pencil. Folds in the turban are beautifully depicted and facial features are also drawn and shaded. Ekamvir in 5.2r has drawn himself with a square body. Orange shirt is drawn with lines on it and pants are coloured in yellow. A happy self-image with stretched hands and big smile on the face. Ram has drawn himself very happy in Rainy day. Clouds are drawn with grey and raindrops are drawn in yellow. hansa and legs are drawn in stick drawings. Fingers and toes are also drawn. Narsingh has drawn himself in a garden with beautiful flower plants around him. A smile could be seen and facial features are also very prominent. Boy is holding a flower in his hand. Body is not proportionate. A tree on the right side is drawn. in 5.2u, Sajan has shown himself as an army officer attacking enemy. Mountains are drawn at the back with light blue colour along with smiling sun. Overall art work conveys happy expressions. Soni kumari in 5.2v has drawn her self-image in two plaits. Details of the facial features and hair style can be seen.

## **A Jungle Scene/ Zoo/ Me and My Pet**

**Art works of autistic children (Jungle Scene/ Zoo / Me and my pet)**



***Figure-5.3a Dishanto (My Pet)***



***Figure-5.3b Kapil (Jungle Scene)***



***Figure-5.3c Anubhav (Jungle scene)***



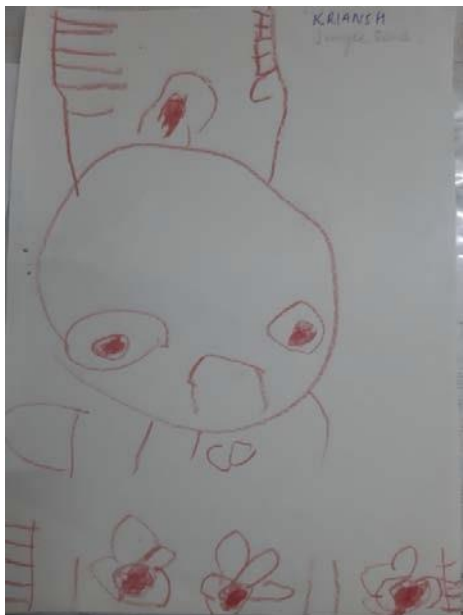
***Figure-5.3d Abhimanyu (Jungle scene)***



***Figure-5.3e Parneet (Jungle scene)***



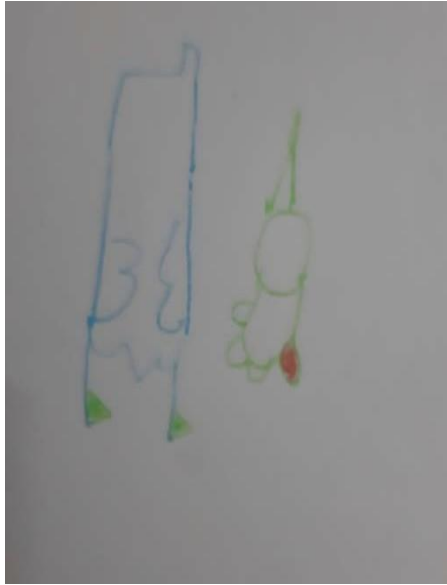
***Figure-5.3f Naman (Jungle scene)***



***Figure-5.3g Kriansh (Jungle scene)***



***Figure-5.3h Yajur (Jungle scene)***



*Figure-5.3i Samaira*



*Figure-5.3 j Laksh*



*Figure-5.3k Jayaditya*



*Figure-5.3l Naman*



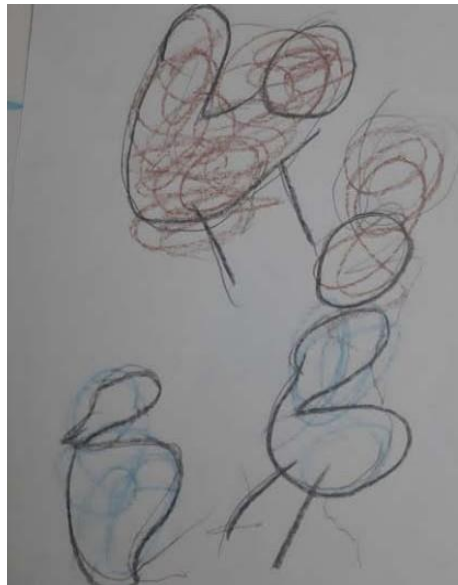
***Figure-5.3m Emon***



***Figure-5.3n Aksh***



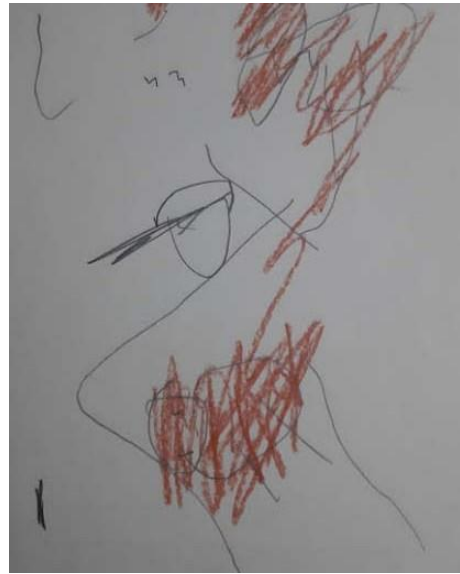
***Figure-5.3o Bhuvan***



***Figure-5.3p Arpit***



***Figure-5.3q Aditya***



***Figure-5.3r Avish***



***Figure-5.3s Parneet***



***Figure-5.3t Kulraj***





***Figure-5.3u Ekamvir***



***Figure-5.3v Nonu***

In figure 5.3a Dishanto has tried to make himself and his pet. Though he could not make clear drawings but trees and few figures are visible in his work. He has used two shades of green color for trees, which shows good sense of observation in him and is a perfect example of 'fortuitous realism'. Kapil in figure 5.3b has drawn lion and turtle in his composition. Different objects in the surrounding like sun, mountains, trees, a lotus flower is drawn. Lion's both legs are disproportionate and body is geometrical rectangular shaped but the drawing and color scheme successfully helped in bringing out the character of that animal. Toes and hair are drawn, facial features are also marked. Two trees are drawn one in front and one at the back but solid coloring is not done in it. Colors are only filled in the animals- lion and turtle. Turtle is drawn on the upper part of the art work with green and black color. Overall work represents child's happy state of mind. Anubhav in Figure 5.3c and Naman in 5.3f has tried to draw animals with the help of scribbling. Abhimanyu has used strong lines to draw jungle scene, animal drawn is not very clear but body and tail can be seen. Another drawing on the side can be seen, which gives an idea of a creature. in figure 5.3d. Trees are shown smaller than flowers. A smiling lion was initially drawn in violet color but later on uneven coloring was done with black color. Child seemed to enjoy doing activity, as many flowers with different

colors are added in the composition. Another animal on the side seems like peacock is also drawn. Legs of both animals are drawn and their toes are also marked. small tree is drawn and grass around is also drawn showing imagination of the young artist. Mountain or bushes at the back are drawn with green color. Parneet in figure 5.3e have displayed symbolic animals in his art work. the figures are drawn with the help of strong lines where realistic representation is missing. Body of the animal is shown covered with hair like lines and eyes are also drawn with aggressive eyeballs. Another figure perhaps a peacock is drawn on the side in vertical manner. a flower is drawn in between both figures. Colors are not filled but use of many colors and textures makes art work attractive and interesting. Naman in 5.3f has shown his struggle to draw jungle scene. Efforts to draw animal with circles are seen at many places on the paper. tree like structures are also drawn and a few place rectangles are also drawn. it seems that child has jungle scene in his mind but was unable to depict on the paper. Solid color filling is given to all shapes. In figure 5.3g, Kriansh has also drawn an abstract animal with two horns like structure on the head. Another drawing on the head could be an ear or another horn representing a unicorn drawing. Facial features are drawn with prominent eyes and eye balls. nose is also seen and body shown is very little. Below the figure few flowers are drawn and few vertical lines are also drawn between the flowers. In figure 5.3h, Yajur has drawn an animal more like a human figure with elongated body. It represents a delighted state of the child as his arms are open wide and smile is there on face. entire art work is done in a rectangle and waves like lines and a lotus flower is drawn. It is assumed that the child could have tried to draw a water animal. Samaira in fig 5.3i has drawn two prominent figures in the art work one out of that look like a human figure in green colour, the hand-colored red. Another elongated blue color figure along with human figure could be tent or a building. Figure 5.3j shows scribbling done by Laksh, two prominent flag like drawings with red color are prominent along with green and blue aimless scribbling. Jay Aditya in figure 5.3k has beautifully drawn an elephant in his art work. The details in elephant are drawn are interesting as Jay has drawn only two legs but toes of the elephant are drawn. Facial features are also happy and elephant seems eating something. A lotus flower on the right side is also drawn and water like color marks are also seen in the work. the entire art work is drawn with orange

color. Naman in figure 5.3l has drawn animals, though the drawings do not direct to a specific animal. Trees are also drawn with brown and green color. A specific pattern is seen in the coloring of trunk. Another mango like formation at the back is seen. one animal in the foreground has tail, ears, hand are drawn another animal at the background is drawn only with circles with two legs like lines attached with it. Figure 5.3m shows abstract trees and a face. only green color is used to make it. a truck is seen in the front but the animal or human figure is merged with tree. In figure 5.3n multiple drawings are shown by Aksh. A prominent figure with solid colors of blue and red is seen in the middle of the art work but is headless. legs are seen with feet and toes. A tree trunk like structure on the right side of the figure with green color is seen. A plant with green color leaves is also beautifully depicted on extreme right. A pot like structure is drawn at the back. In 5.3o Bhuvan has done aimless scribbling, in 5.3p Arpit has drawn figures like structures with circles. Coloring is also done in circular patterns. The drawing of the figures is not clear. In figure 5.3q Aditya has drawn a pink color tree very clearly but it seems that after loss of interest child started scribbling. He has drawn lines with green and pink color on the tree. Figure 5.3r, overall look of the art work shows scribbling but in minute study it shows drawing of animals with pencil at the back but while coloring child used scribbling led to the loss of figures behind the scribbling. A face like structure is also seen in the center of the art work but facial features are missing in it. In figure 5.3s Parneet unique style is seen, he has drawn two figures in the art work. One figure is owl like structure and features like eyes, eyeballs and eyelashes are also seen. Legs and paws are also drawn. Hair on the body are also drawn which points at good imagination skills of the child. Another figure looks like peacock looking upwards. Facial features are not drawn but hair on all sides of the face are seen. Neck is drawn using many lines and the body of the peacock is embellished with beautiful patterns with purple shade. feathers are drawn with dark grey color and many flowing lines are drawn in it. A flower is also drawn in the middle of both figures with yellow color. Kulraj in figure 5.3t has drawn three turtles in his art work. The use of different colors in the figures is there. The drawing of the turtle is done first and after that a careful coloring is done in it. attempts to draw turtle are seen at the back. A pink smiling flower on the right side gives a message of happy state of mind of the child. In 5.3u

Ekamvir has drawn three prominent figures in the artwork out of which two which look like animals. One figure on the right side looks like half body in egg. Facial features are happy, eyes and nose are drawn. in the foreground a reptile like animal is drawn with black and purple color in round shape. hair on the sides of the body are also drawn. figure 5.3v is scribbling, few patterns are also seen in the scribbling.

It is seen that some of the art works are just scribbling and, in few works, children have put in efforts to combine circles and lines. Symbolic drawings and in few works efforts to draw like real are also seen.

### **Art works of Non-autistic Children (Jungle Scene/ Zoo / Me and my pet)**



***Figure-5.4a Lachman(Jungle scene)***



***Figure-5.4b Sonia (My Pet)***



***Figure-5.4c Savita(Jungle scene)***



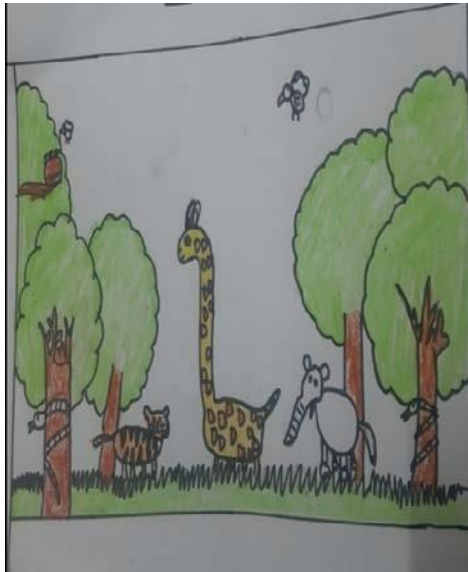
***Figure-5.4d Samaira(Jungle scene))***



***Figure-5.4e Mehak***



***Figure-5.4f Akansha***



**Figure-5.4g Tanisha**



**Figure-5.4h Raghav**



**Figure-5.4i Harsh**



**Figure-5.4j Chandani**



***Figure-5.4k Ajit***



***Figure-5.4l Naveen***



***Figure-5.4m Gurneet Kaur***



***Figure-5.4n Narsingh***





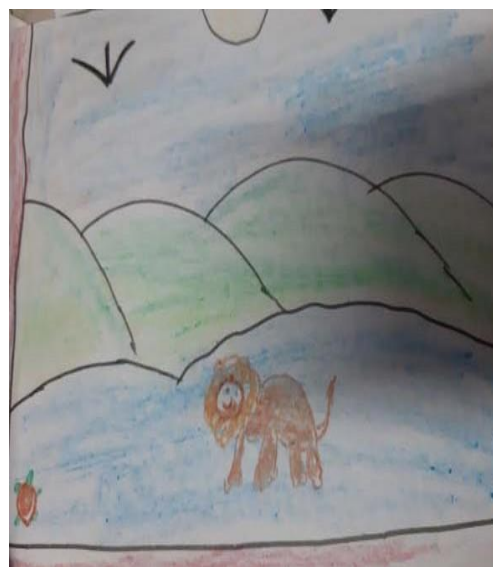
***Figure-5.4o Gursimar***



***Figure-5.4p Ekamvir***



***Figure-5.4q Sajjan***



***Figure-5.4r Soni  
Kumari***



There is visible difference between the art works of autistic children and non-autistic children. In this group more of imagination and creativity is seen. The drawing quality and choice of colors differ than autistic group. Lachman in figure 5.4a shown dinosaur in his jungle scene which is drawn bigger than the tree. Different textures on the body, feet and a big tail, the child has been successful to show the giant size of the animal. Near it another animal like squirrel is drawn. On the other side a big bird or a peacock is seen. Child has used only green color lines to draw animals whereas in the tree he has used brown color also. In figure 5.4b Sonia has drawn a puppy as my pet which is very close to realistic. The most interesting part of this art work is depiction of trees at the back, where child has used pink color along with different shades of green. In figure 5.4c Savita has drawn beautiful rainy day in jungle along with smiling sun behind the mountains. Clouds are also shown and different shades of green are used for trees. There is a tree with few leaves on it but a parrot is drawn. Samaira in figure 5.4d has shown jungle scene with soft but confident lines. A smiling girl in the rainy weather is drawn and, on the side, an ornamental tree can be seen which is smaller than a flower. Flower is also smiling and two snakes are also drawn in the art work and one is drawn in the sky and another one is on the ground. Drawing of snail is interesting because it is very rare to see a snail drawing in child's art work. Similarly in figure 5.4e Mehak has drawn many trees with lots of fruits. She has drawn many animals like lion, giraffe and tiger by using geometrical shapes and also filled bright colors to make it more attractive. She has drawn birds also in the sky. Drawing of a monkey in the sky near clouds makes this composition very captivating. Figure 5.4f shows a big parrot drawn on a branch of a beautiful ornamental tree by Akansha. Similarly in figure 5.4g solid lines and beautiful composition with many animals and their surrounding could be seen. Tanisha has used patterns in the body of the animals enhancing the beauty of the composition. Minute details like butterflies, flowers and squirrels on the trees are drawn beautifully. Snakes around the tree trunks are drawn which generally are not seen in the compositions of the children. Raghav in figure 5.4h has shown many animals, though the proportions are not up to the mark but depiction of different textures and use of soft lines and colors makes it beautiful. Harish in 5.4i had tried to draw two animals, one out of them looks more like human being, both animals are smiling.

Trees are drawn beautifully to give a look of a jungle. grass with two shades of green makes whole composition beautiful. Chandani's Jungle scene 5.4j is little abstract but interesting. She has used many shades of blue to do her work. Three flowers are also seen, one flower drawn with light blue shade but coloring in each petal is different and flower at the back side is only drawn with blue. One flower at the back side of human figure is covered which probably she made water body using different shades of blue. Few pattern-like signs are seen at the back, which probably she had drawn trees. In 5.4k multiple colors have been used by Ajit to draw jungle scene. Trees are drawn with red, green and orange color in foreground and background. A big flower at the back with crimson shade is giving composition a happy look. A beautiful peacock using many colors is drawn, which seemed like dancing. Minute details of peacock are taken care of including eye and crown. Both legs of the peacock are colored with two different shades. Grass is drawn at many places. Naveen in 5.4l have used silhouette style to depict jungle scene. The clouds in the sky are shown with different shades. In the middle ground red and yellow color is used where in the foreground trees and animal is made with dark shade of green. Gurnee Kaur in 5.4m has depicted different types of trees in her art work. at background trees are long and conical and in front tree depicted is shady with a beautiful parrot sitting on that. A peacock with different shades is drawn in the middle and a duck like bird is also seen on extreme right. The most unique factor of this art work is a red color bird flying in the sky, which steals the attraction. The details in the art work are beautiful, the feathers of peacock, the parrot- eating something, red bird and trees. In figure 5.4n Narsingh has drawn three figures in jungle scene. One human figure which do not seem proportionate and two snakes. trees are drawn around figures. Very few students have drawn zoo, Gursimar in figure 5.4o has drawn beautifully. A gate for entrance and a big hedged passage in between. She has depicted animal on both sides like dinosaur, tiger, leopard, zebra, duck pond, an elephant and a caged bear are shown all animals' character is shown fully. Few human figures in the passage are shown who probably are visitors. Ekamvir in figure 5.4p has shown many trees at the background. The trunk of the trees is colored with different shades of yellow and browns and there are many details in the trunk are shown. On left side a water body is drawn and in the middle two animals stag and rabbit are shown. In 5.4q Sajan has

drawn trees on both sides of the art work, each with different shade of green. Trunks are drawn but not colored. There can be seen two figures in the middle- one is human figure with half legs and facial features are drawn with detail. The position of the hands is upwards, which shows happy emotions in the art work. An animal like figure is also drawn along with the human drawing. Soni kumari in figure 5.4r has drawn birds with black colour in the sky, and she has drawn mountains with green colour, the foreground is drawn with light blue color. A lion and a turtle is drawn in the middle of the art work.

## 5.2 Comparative Study of Autistic and Non-autistic Children

This area of thesis focuses on the developmental process by both autism spectrum disorder and non-autistic- ability to compose visual art in the capacity of communicative and imaginative to explore whether autism interferes the process.

This study indicates the sample size of 108 respondents. Which further divided into two groups- autistic and non-autistic? As shown in table 5.1

Table 5.1- Distribution of sample (Autistic and non-autistic respondents)

Group	Category	Sample size
1.	Autistic	54
2.	Non-Autistic	54

Both groups were assigned two tasks.

- Task one -My-self
- Task two- Jungle scene/ zoo/ me and my pet

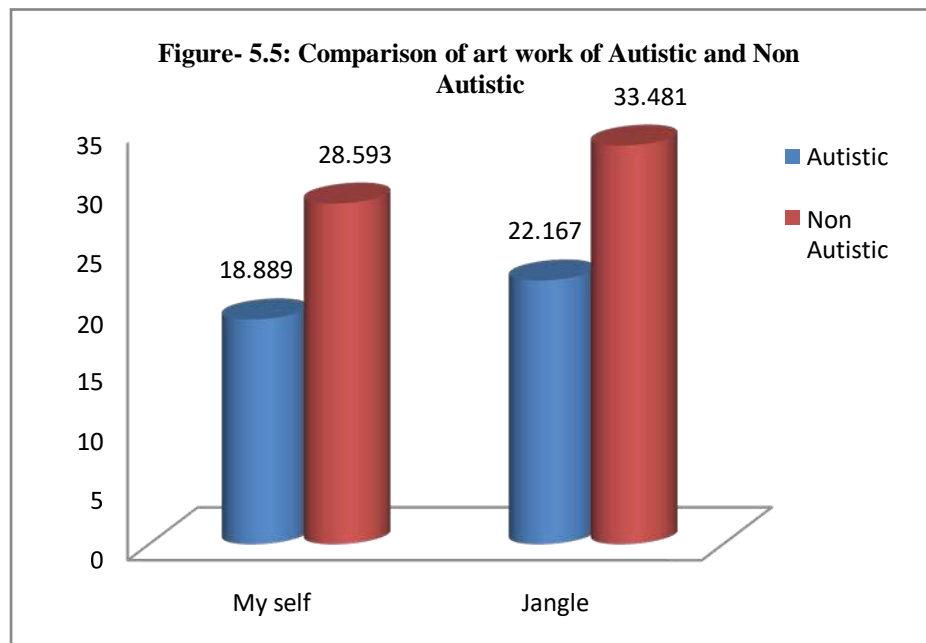
The art work of both groups was analyzed. For analysis of the data mean, standard deviation and t-value was calculated. Their art-work was compared with independent sample t-test on the basis of element and principles of art. Table 1 shows the mean difference of both the groups.

**Table 5.2- Comparison of art work of Autistic and Non-Autistic**

Art Work	Group	N	Mean	Std. Deviation	Std. Error Mean	t-value	Sig.
My Self	Autistic	54	18.889	5.8654	.7982	-8.705	.000
	Non-Autistic	54	28.593	5.7183	.7782		
Jungle	Autistic	54	22.167	8.2342	1.1205	-7.561	.000
	Non-Autistic	54	33.481	7.2885	.9918		

For task 1, the mean score for autistic children was 18.889 and for non-autistic group were 28.593. The significant t-value (-8.705), p-value ( $p < .001$ ) indicates significant difference in the art works of both the groups.

For task 2, the mean score of both the groups was 22.167 and 33.481, t-value (- 7.561), p-value ( $p < .001$ ) indicates significant difference in the art works of both the groups.



Two groups n-54 were similar in the distributions of tasks and also the evaluation was done same parameters. It was an aesthetical evaluation of art works and was done on the basis of imagination/observation, expression and balance. Task wise comparison on the above parameters was also done. Table 5.3 shows the results of task-1 My-self Autistic and non-autistic children:

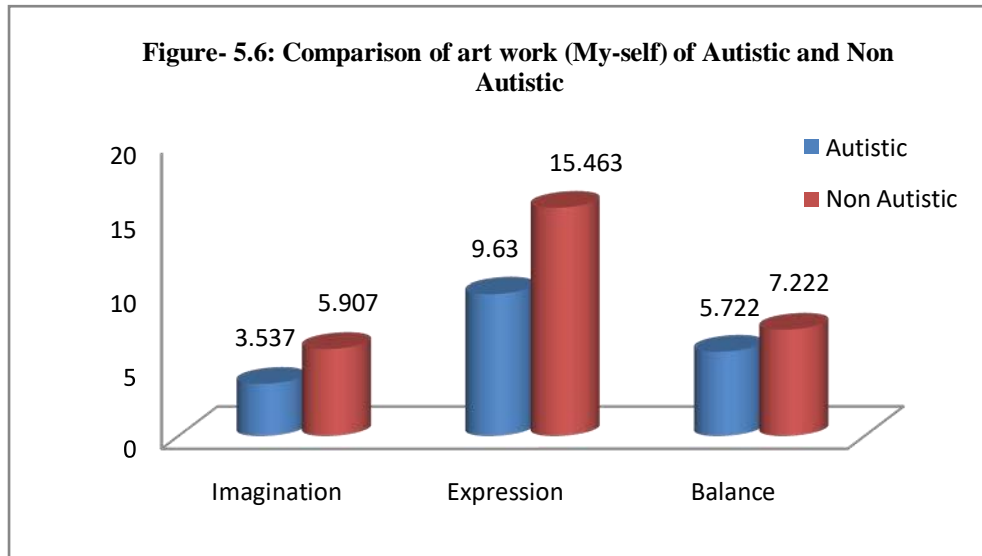
**Table 5.3- Comparison of art works Task 1 (Myself) of Autistic and Non-Autistic**

	Group	N	Mean	Std. Deviation	Std. Error Mean	t-value	Sig.
Imagination/observation	Autistic	54	3.537	1.7774	.2419	-7.203	.000
	Non-Autistic	54	5.907	1.6399	.2232		
Expression	Autistic	54	9.630	3.4053	.4634	-7.753	.000
	Non-Autistic	54	15.463	4.3555	.5927		
Balance	Autistic	54	5.722	1.9850	.2701	-3.842	.000
	Non-Autistic	54	7.222	2.0711	.2818		

The findings of the study unveiled that autistic and non-autistic significantly differ with respect to task-1 (My-self), For imagination/observation, the mean of the autistic and non-autistic group was found to be [(Autistic, M= 3.537), (non-autistic, M=5.907) and the t-value -7.203] which is significant at 0.01 level of significance.

Similarly, the mean of autistic and non-autistic group in expression and balance was found to be [expression (Autistic, M= 9.630), (non-autistic, M=15.463) and the t-value -7.753], for balance [(Autistic, M= 9.630), (non-autistic, M=15.463) and the t-value -7.753] which is significant at 0.01 level of significance.

Therefore, it is revealed that artistic and non-artistic significantly differs in imagination/observation, expression, and balance.



**Figure 5.4:** Comparison of mean, Autistic and non-autistic children, task 1(Myself): Imagination/observation; autistic (3.537), non-autistic (5.907): Expression; Autistic (9.63), non-autistic (15.463): Balance; autistic (5.722), non-autistic (7.222). Comparison of both groups revealed statistically significance variance in the terms of art grade.

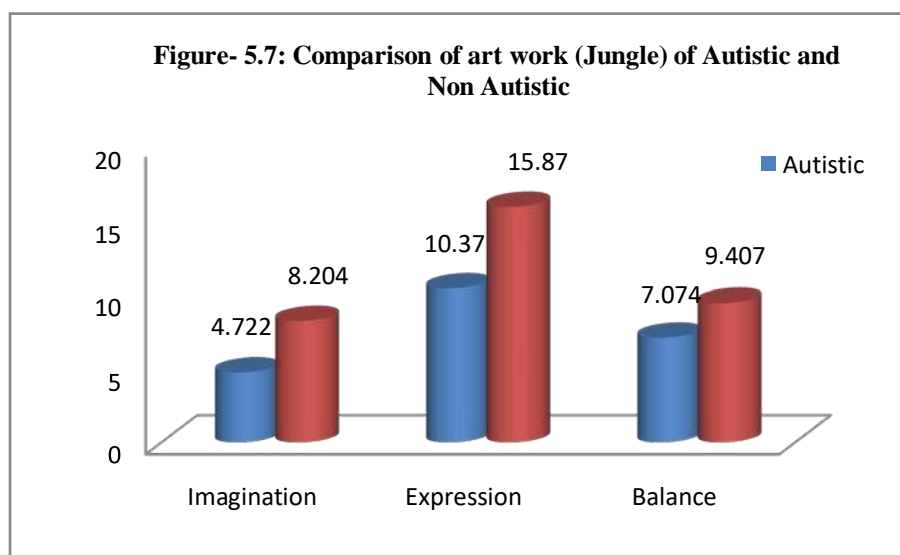
Second task Assigned to both the groups was Jungle scene/ Zoo/ Me and my pet. Table 3 shows below the data analysis of task-2

**Table 5.4- Comparison of art work (Jungle) of Autistic and Non-autistic**

	Group	N	Mean	Std. Deviation	Std. Error Mean	t-value	Sig.
Imaginati on	Autistic	54	4.722	2.8577	.3889	-8.283	.000
	Non- Autistic	54	8.204	1.1717	.1594		
Expressio n	Autistic	54	10.370	4.1903	.5702	-5.334	.000
	Non- Autistic	54	15.870	6.3127	.8591		
Balance	Autistic	54	7.074	2.1267	.2894	-7.151	.000
	Non- Autistic	54	9.407	1.1078	.1507		

In the course of evaluation of task-2 Jungle Scene/zoo/ me and my pet, the autistic and non-autistic a significant difference was seen. For imagination/ observation, the mean of autistic and non-autistic group was found to be [(autistic, M=4.722), (non- autistic, M=8.204) and the t-value -8.283] which is significant at 0.01 level of significance.

Similarly, the mean of autistic and non-autistic group in expression and balance was found to be [expression (Autistic, M= 10.370), (non-autistic, M=15.870) and t-value-5.334], for balance [(Autistic M=7.074), (non-autistic M= 9.407) and t- value-7.151, which is significant at 0.01 level. Therefore, it is revealed that theautistic and non-autistic significantly differs in imagination/ observation, expression and balance.



**Figure 5.5.** Comparison of mean, Autistic and non-autistic children, task 2(Jungle Scene): Imagination/observation; autistic (4.722), non-autistic (8.204): Expression; Autistic (10.37), non-autistic (15.87): Balance; autistic (7.074), non-autistic (9.407).

### Discussion

108 subjects, 54 autistic and 54 non-autistics participated in the study which aimed at the assessment of distinctiveness in their art work. Comparison of the groups was done on the basis of few elements and principles of art which were- imagination/observation, expression and balance. In the present study remarkable

difference between the art work of both the groups was noted. First task assigned to both the groups was my-self, which aimed to see conceptual difference in self-perception. Significant difference with t-value -7.982 was registered, which shows more awareness of non-autistic respondents towards self and surroundings than self. Second task for both the groups was jungle/zoo/ me and my pet to notice imagination and observation of the subjects. The statistically significant difference t-value -7.561 was noticed. Group comparison with regard to imagination/ observation, expression and balance was also done for both tasks. It reported a significant difference of -7.203 on t-value. Results indicated that children with autism lack skills in the area of imagination/ observation when they are compared with non-autistic children. But in art works (My-self), wonderful display of their imagination is noticed like in figure 5.1a and 5.1e where body is divided into many parts and in figure 5.1h where clouds, sun is drawn by the subject. Although in second task also(jungle scene/ zoo/ me and my pet), difference between the art work of autistic subjects and non-autistic subjects was registered at t-score was -8.283, but one cannot deny the presence of imagination/observation content in art works of autistic respondents. Depiction of flowers, trees, mountains, sun and many animals like lion, turtle was also seen.

The second parameter of evaluation was expression and t-value score for task-1 (my-self) was -7.753. Though expression is impairment in the children with autism but in Figure 5.1d Dapinder has shown happiness and in Figure 5.h Abhimanyu has shown anger and resentment. In the same way, for second Task (jungle scene/ zoo/ me and my pet), t-value between both the groups was -5.334.

Third parameter of evaluation was balance and for task 1, the t-value for both the groups -3.842, and for task 2 t-value is -7.151. Remarkable balance and utilization of space was seen in the art-works of non-autistic subjects. In many art-works of autistic children also efforts were seen to maintain it.

Therefore. on the basis of above findings, it is conformed that artwork of autistic children differs to the artwork of non-autistic children hence the first hypothesis is accepted.



### 5.3 Art Works Pre and Post Intervention

The experimental study had been conducted with the objective three- 'To identify the effects of art therapy on autistic children in their art works'. The therapy design was suggested with seven tasks based on visual art.

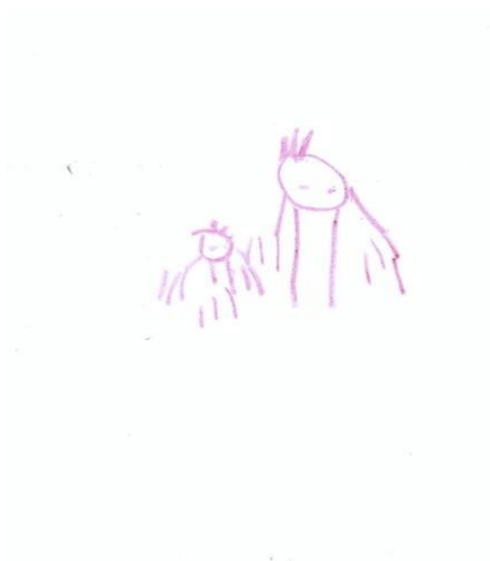
#### *Experimental Group- Pre-Intervention*



**Figure 5.8a Kapil (Thumb Printing)**



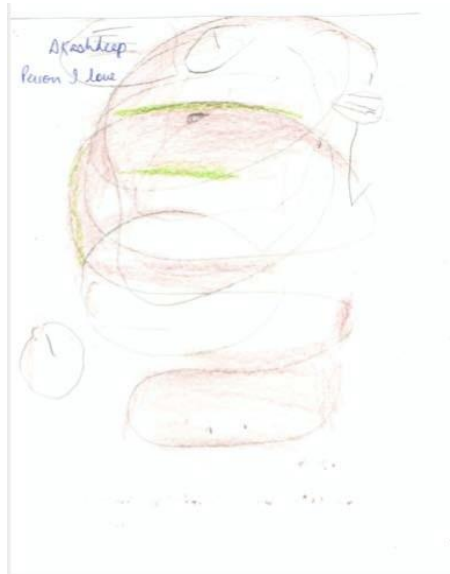
**Figure 5.8b Jayaditya(My Home)**



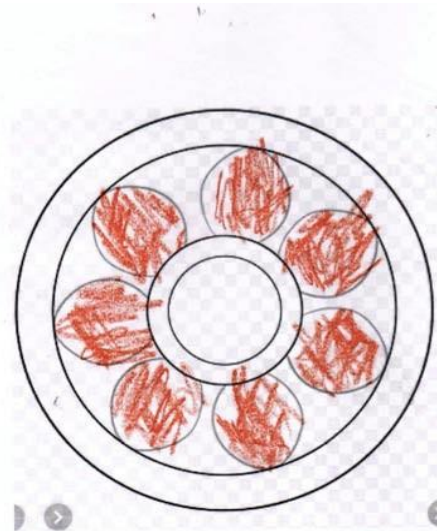
**Figure-5.8c Aditya (My School)**



**Figure-5.8d Nonu (I love to eat)**



**Figure-5.8e Akashdeep (Person I Love)**



**Figure-5.8 f Devansh (Mandala)**



**Figure 5.8g Iqbal (Collage)**



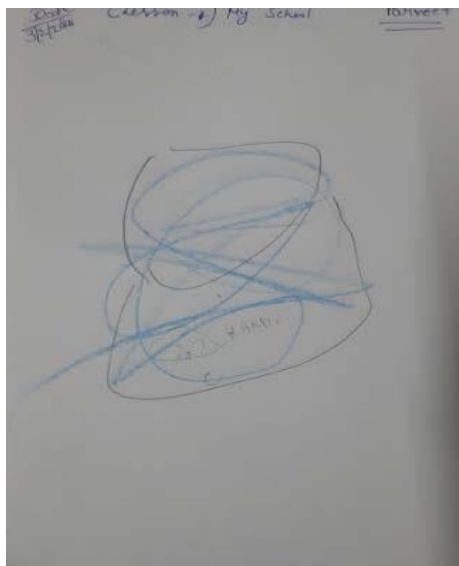
**Figure-5.8h Dev (Collage)**



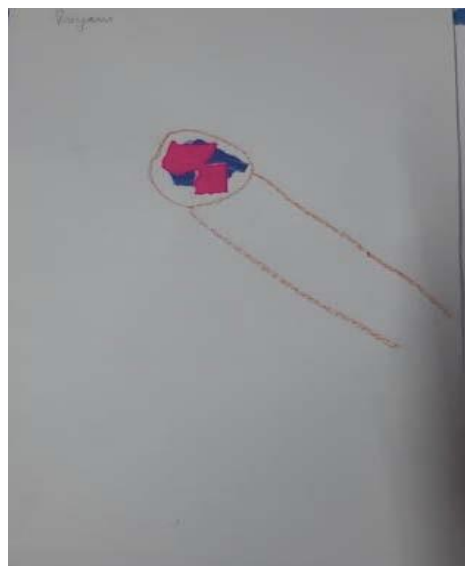
**Figure-5.8i Nitisha (I love to eat)**



**Figure-5.8j Nitisha (My School)**



**Figure-5.8k Parneet (My school)**



**Figure-5.8l Parneet (Collage)**



***Figure-5.8m Priyam (I love to eat)***



***Figure-5.8n Priyam (My School)***



***Figure-5.8o Sehaj (Hand printing)***



***Figure-5.8p Sehaj (Person I love)***



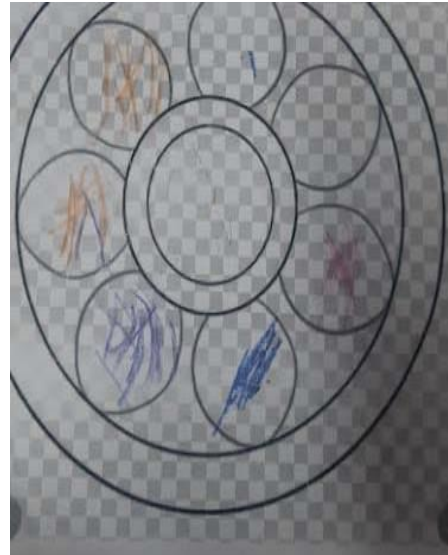
***Figure-5.8q Ekamveer (My school)***



***Figure-5.8r Ekamveer (Person I love)***



***Figure-5.8s Kulraj (Person I love)***



***Figure-5.8t Kulraj (Mandala)***



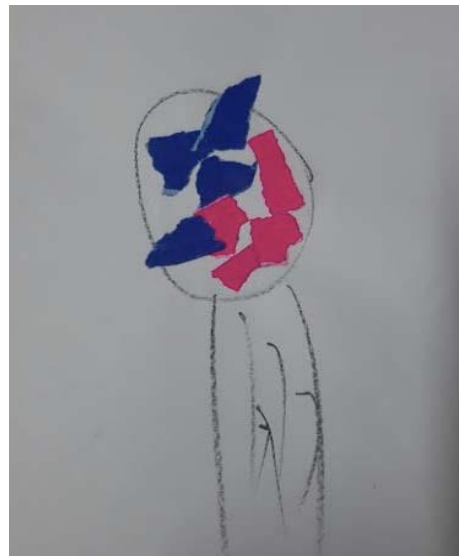
***Figure-5.8u Naman (paper Folding)***



***Figure-5.8v Naman (Person I love)***



***Figure-5.8w Dapinder 9My School)***



***Figure-5.8x Dapinder (collage)***



***Figure-5.8y Samaira (I love to eat)***



***Figure-5.8hz Samaira (Mandala)***



***Figure-5.8aa Rudra (Thumb Painting)***



***Figure-5.8ab Rudra (person I love)***



### *Experimental Group-Post Intervention*



*Figure 5.9a Kapil (Thumb Printing)*



*Figure 5.9b Jayaitya(My Home)*



*Figure 5.9c Aditya (My School)*



*Figure 5.9d Nonu(I love to eat))*

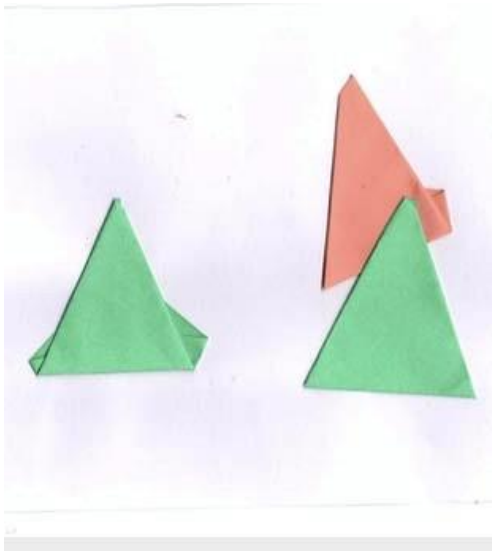




***Figure 5.9e Akashdeep(Person I love)***



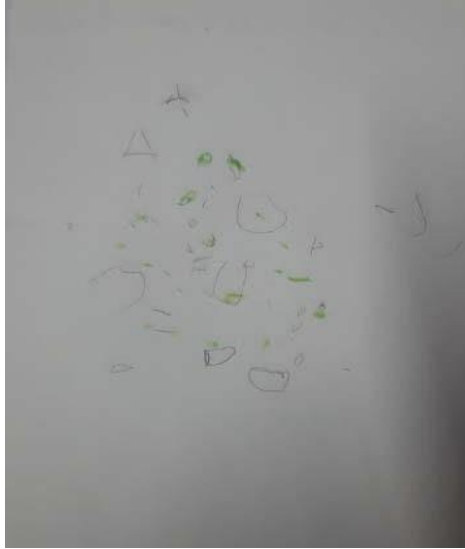
***Figure 5.9f Divyansh(mandala)***



***Figure 5.9g Iqbal (Collage)***



***Figure 5.9h Dev (Collage)***



***Figure 5.9i Nitisha (I love to eat)***



***Figure 5.9j Nitisha (My School)***



***Figure 5.9k Parneet (My school)***



***Figure 5.9l Parneet (Collage)***



***Figure 5.9m Priyam (I love to eat)***



***Figure 5.9n Priyam (My School)***



***Figure 5.9o Sehaj (Hand Printing)***



***Figure 5.9p Sehaj (Person I love)***



*Figure 5.9q Ekamveer (My school)*



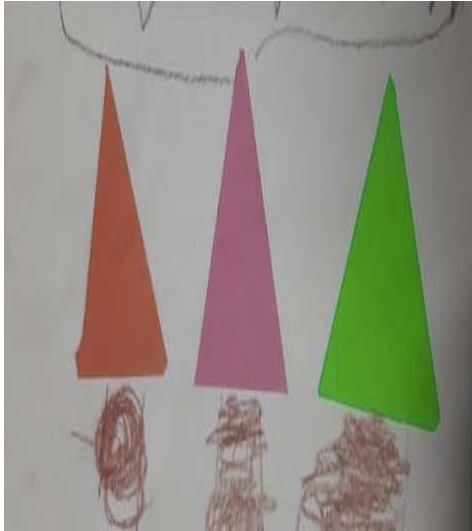
*Figure 5.9r Ekamveer (Person I love)*



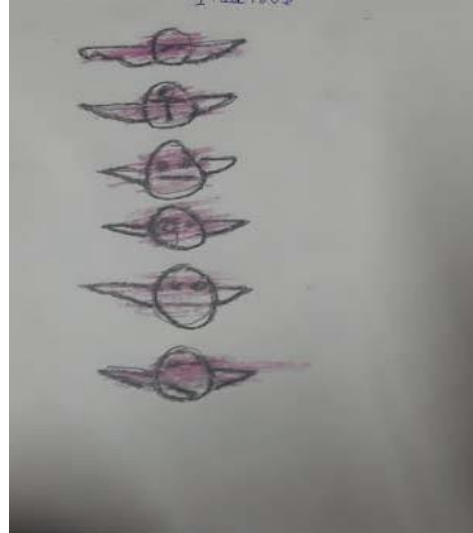
*Figure 5.9s Kulraj (Person I love)*



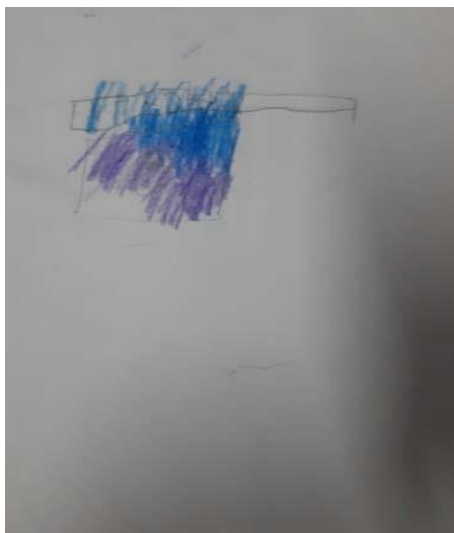
*Figure 5.9t Kulraj (Mandala)*



***Figure 5.9u Naman (Paper folding)***



***Figure 5.9v Naman (Person I love)***



***Figure 5.9w Dapinder (My School)***



***Figure 5.9x Dapinder (collage)***



*Figure 5.9y Samaira (I love to eat)*



*Figure 5.9z Samaira (Mandala)*



*Figure 5.9aa Rudra (Thumb Painting)*



*Figure 5.9ab Rudra (Person I love)*

***Control Group: Pre-Intervention***



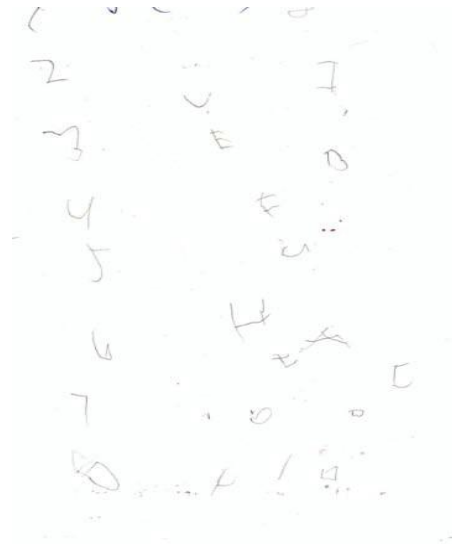
***Figure 5.10a Laksh(Thumb printing)***



***Figure 5.10b Tanu(My Home)***



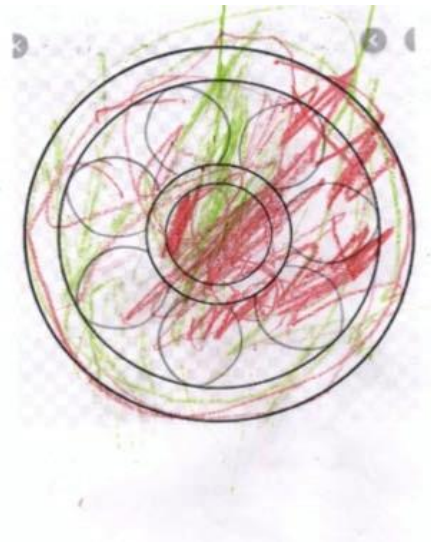
***Figure 5.10c Palak (My school)***



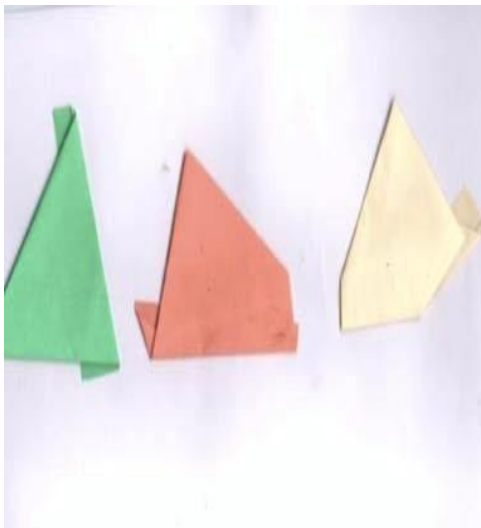
***Figure 5.10d Viraj (I love to eat)***



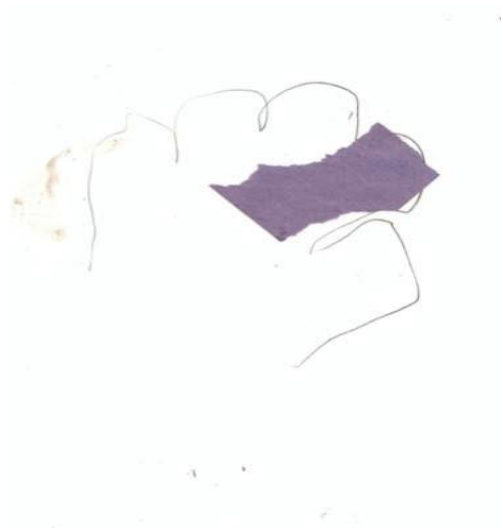
***Figure 5.10e Gurnoor(Person I love)***



***Figure 5.10f Keshav (Mandala)***

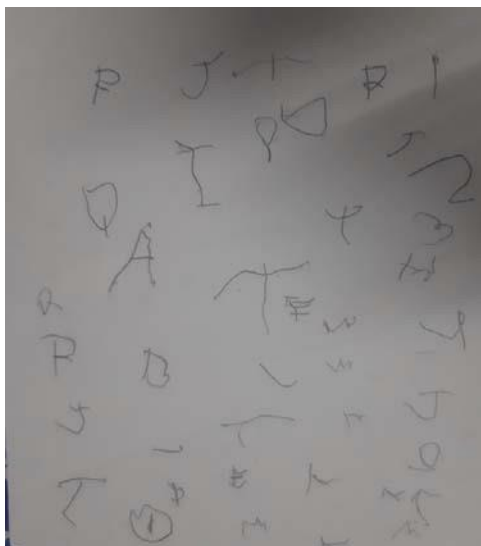


***Figure 5.10g Parth(Collage)***

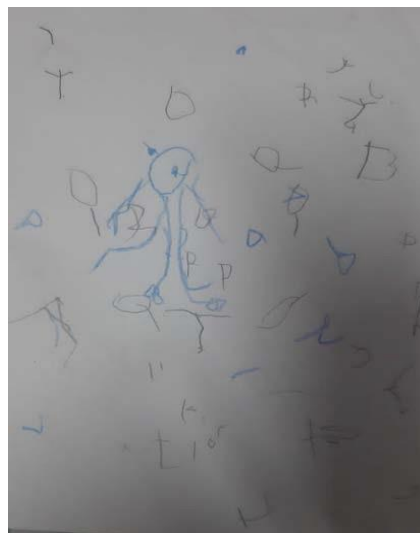


***Figure 5.10h Emon(Collage)***





**Figure 5.10i Viraj (My school)**



**Figure 5.10j Viraj (My Family)**



**Figure 5.10k Tanisha (I love to eat)**



**Figure 5.10l Tanisha ( collage)**



***Figure 5.10m Kapil (Person I love)***



***Figure 5.10n Kapil (Hand Impression)***



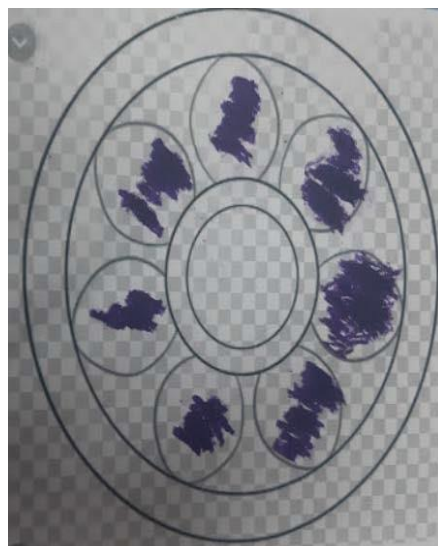
***Figure 5.10o Kriansh (My School)***



***Figure 5.10p Kriansh (person I love)***



***Figure 5.10q Drishti (Thumb Printing)***



***Figure 5.10r Drishti (Collage)***



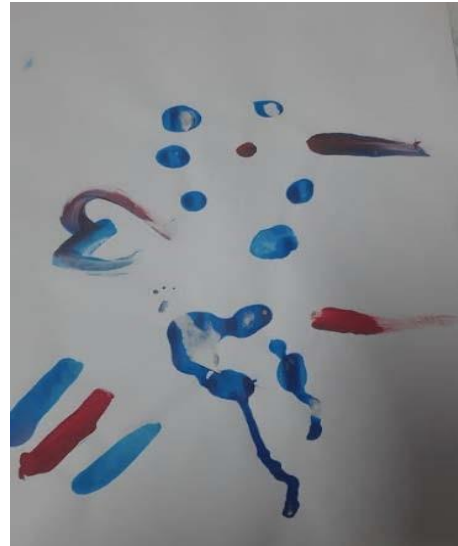
***Figure 5.10s Parth (I love to eat)***



***Figure 5.10t Parth (Mandala)***



*Figure 5.10u Laksh (My school)*



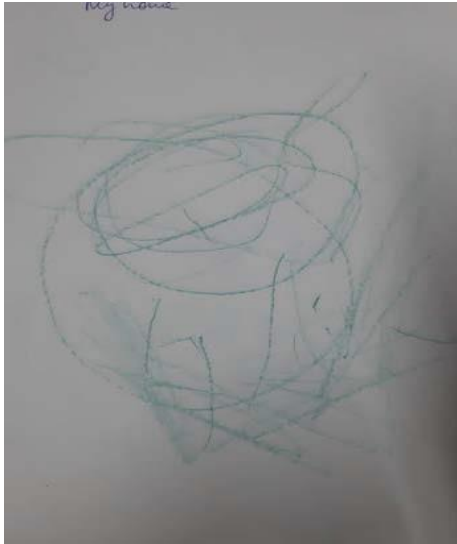
*Figure 5.10v Laksh (Thumb Painting)*



*Figure 5.10w Gurnoor (I love to eat)*



*Figure 5.10x Gurnoor (Paper Folding)*



***Figure 5.10y Keshav (My Home)***



***Figure 5.10z Keshav (Thumb painting)***



***Figure 5.10aa Arpit (Paper Folding)***



***Figure 5.10ab Arpit ( I love to Eat))***

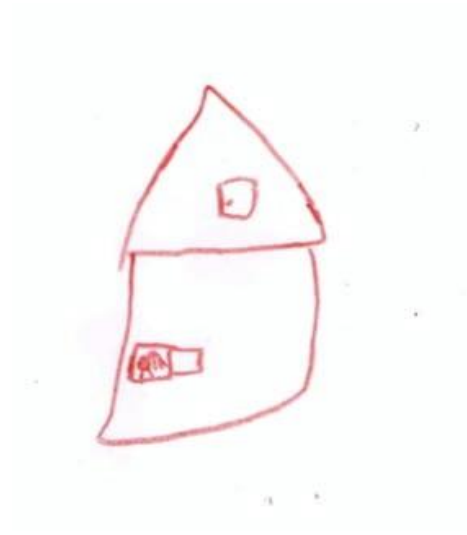
***Control Group: Post Intervention***



***Figure 5.11a Laksh(Thumb Printing)***



***Figure 5.11b Tanu(My home)***



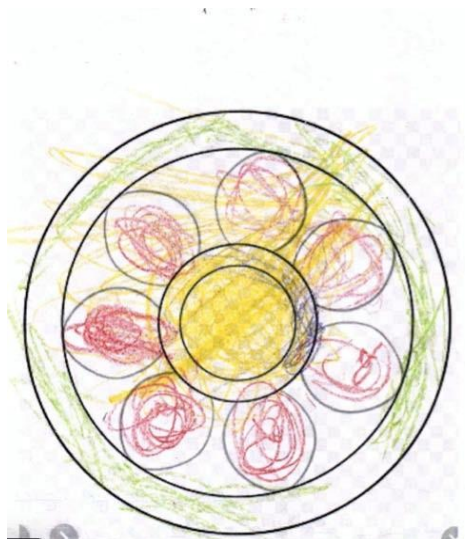
***Figure 5.11c Palak (My school)***



***Figure 5.11d Viraj (I love to eat)***



***Figure 5.11e Gurnoor (Person I love)***



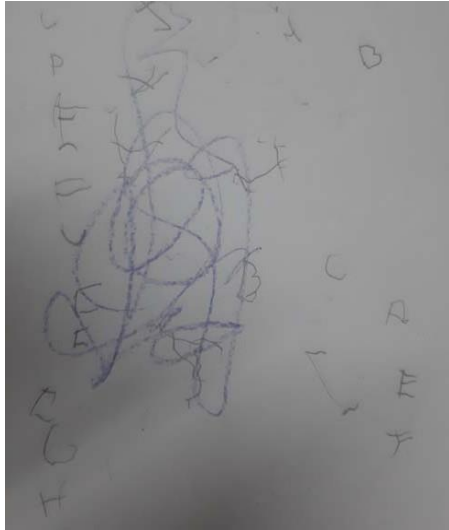
***Figure 5.11f Keshav (Mandala)***



***Figure 5.11g Parth (Collage)***



***Figure 5.11h Emon(Collage)***



***Figure 5.11i Viraj (My school)***



***Figure 5.11j Viraj (My Family)***



***Figure 5.11k Tanisha (I love to eat)***



***Figure 5.11l Tanisha ( collage)***





***Figure 5.11m Kapil (Person I love)***



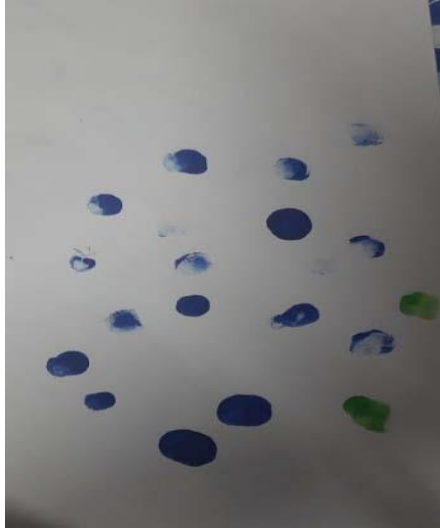
***Figure 5.11n Kapil (Hand Impression )***



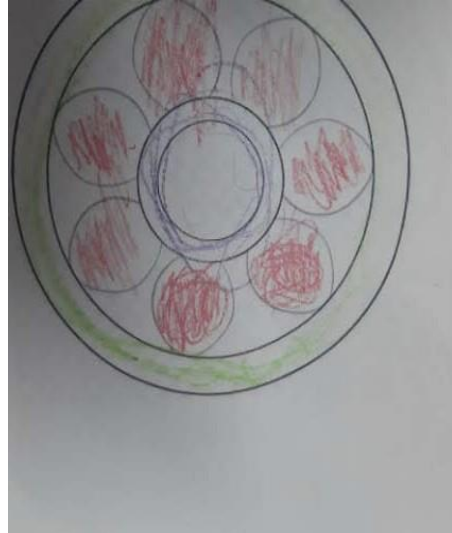
***Figure 5.11oKriansh (My School)***



***Figure 5.11p Kriansh (person I love)***



*Figure 5.11q Drishti (Thumb Printing)*



*Figure 5.11r Drishti (Collage)*



*Figure 5.11s Parth (I love to eat)*



*Figure 5.11t Parth (Mandala)*



***Figure 5.11u Laksh ( My school)***



***Figure 5.11v Laksh (Thumb Painting)***



***Figure 5.11w Gurnoor (I love to eat)***



***Figure 5.11x Gurnoor (Paper Folding)***



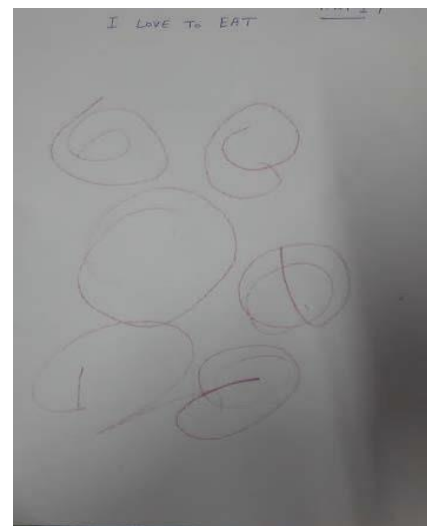
**Figure 5.11y Keshav (My Home)**



**Figure 5.11z Keshav (Thumb painting)**



**Figure 5.11aa Arpit (Paper folding)**



**Figure 5.11ab Arpit ( I love to Eat)**

Autism is characterized by social, communicative and imaginative impairment as well as pervasiveness of “restricted, repetitive and stereotype” conduct and practices but its impairment severity and behavioral patterns varies from case to case. They often find difficulty in expressing appropriate emotions and find problems in communication also as their emotions do not match their actions. Imagination deficit is often challenging because of lack of understanding about what is right or wrong, so, it is often known as ‘Fourth impairment of autism’.

Their initial<sup>1</sup> drawings are just disorganized scribbling with there is no control over the medium unlike most people have an impression that autistic children have magical art skills. Research proves that the inborn quality of art making is there in the autistic children as all other children have but the impairments of autism like anxiety, over or under stimulation towards environment and mediums, lack of concentration and easy distractions often interrupts their art activity. But the fact remains that children on spectrum love art activities like all other do. While doing thumb printing activity, few children showed resistance to the activity as they felt wet mediums uncomfortable but with practice most of the children in group did activity successfully except one child who never showed interest in doing activity with wet mediums. Figure 5.8a, 5.10a shows lack of interest of the child in the activity, but with gradual practice of months, improvement is shown in the works in figure 5.9a and 5.11a. In 5.9a Kapil has used finger painting in the way that a face like structure is seen in it whereas in 5.11a Laksh has drawn few drawings intentionally. The control on the hand and interest in the activity is visible in the second round of the activity. For My home, Jayaditya in figure 5.8b has worked on high detail in his art work and this kind of child is artistic autistic and the behavior is hyper focus and could be termed “High fidelity attention” (Rimland<sup>2</sup>, 1978). Use of multiple colors seems to be a feature of his art style and in post intervention typical ROYGBIV colors is somewhat visible in his art work. Drawing of human figures and different objects in the compositions plays the role of attraction like in pre intervention child has drawn a big flower in a big pot and also drawn two human figures outside the

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<sup>1</sup>Initial do not mean with 2,3 drawings; it took months for autistic children to get settled for at least focused scribbling.

<sup>2</sup> Bernard Rimland: An American psychologist, writer who is known for his works in the field of developmental disorders.

house one of which is big standing along the flower pot, which seems like a parent and the other one in perhaps in a rectangular shape which the child has probably drawn a lawn. Details like facial features of both figures are paid attention and the door and the windows are also seen. In post intervention the child has drawn full family in front of the house and a pet is also drawn as a part of the family. Father parent is drawn biggest and mother is drawn smaller than him and a child-like figure -could be himself is drawn. A big flower drawn in front, happy faces and bright colors conveyed a clear message of a happy home by the artist. The second sample of my home is of Tanu from control group who has drawn a tree like shape for her home in first round of the activity and in second round of the activity she has repeated same tree but she has added few objects along with that which looked like table and a chair. Typical autistic behavior of repeating patterns in the drawing is seen. Surprisingly the same shade of green color is used for tree, the reason for this is difficult to determine. Aditya in 5.9c has drawn two children figures in my school, probably has drawn two friends or a teacher and a student because one figure is reasonably bigger than the other. Lines are drawn for legs which are attached with head and for facial features only two dots for eyes are drawn. For fingers and toes also, small lines are drawn and few places they are not attached to the body and in the post intervention the composition is improved and a building is drawn at the back for a school with big eye like windows and a door and two small human figures are drawn in front, look like friends. In his typical style Aditya has attached legs with head and eyes are shown by drawing of small circles. In the control group the sample of Palak has been taken for my school. She has drawn one big rectangle representing a building and a child face is drawn. The child is interestingly looking up. Colors are not used for the art work only pencil drawing is shown. In second phase of project the child drew a building of a school with a window in it from where a child is looking out. Drawing is done with red color. In figure 5.8d, I love to eat, Nonu has used disorganized scribbling and also controlled scribbling but there is no relation between different shapes is visible. Typical behavioral pattern of autistic children of repetition is seen in the work. In post intervention 5.9d the work pattern is same but scribbling is more controlled, organized and balanced. It seems that child has tried to draw something like pizza in his art work. In controlled group Viraj has just written

few numbers and alphabets- a typical autistic behavior. It seems that child is trained only to write few alphabets and few numbers and he do not understand any instruction given to him. in the second phase of the activity, he has tried to draw a shape like mango, grapes and a plate with some eating stuff or a pizza but constant presence of numbers and alphabets in his mind is visible. a human figure is also drawn in his composition. In the next composition 'Person I love' Akashdeep has drawn soft abstract lines and use of balanced color scheme gives a charming effect to his composition. The subject was instructed to draw a person who is most admired by him and an expected human figure was missing in his pre-intervention activity. But in the post intervention in figure 5.9e an attempt to draw a human figure is seen, although the gender is not clear. A big head with two eyes marked on it legs and arms attached directly with head. color is used to draw it and later a pencil is used to correct the face and also Akashdeep had tried to draw hair. Repeated patterns at the back show spectrum behavior. In figure 5.10e Gurnoor's efforts to draw a human figure are seen. Though she has drawn most body parts which a child could imagine but she could not get success in assembling them to the right place in a body. Face is drawn with hair on the head facial features are prominent but lips are drawn attached to the outer line of the face. one long leg is drawn directly with head and on the half of the leg, a small stomach is drawn. Another leg is very small and going on one side with a visible foot. Arms are also disproportionate one is attached to the leg near stomach and other one is near head. one more rectangular shape is drawn opposite to the human figure seemed like wing on it but overall, it is not clear. Second drawing in figure 5.11e shows distortion in the drawing of human figure. Hair accessory, style and dress shows that perhaps Gurnoor wanted to draw a female figure. the parts of the body are there but she mismatched them. In figure 5.8f mandala Divyansh has used aggressive hatched and cross hatched strokes for coloring in the petals whereas outer boundary and inner circles are left blank. In post intervention also, the art work is seen with aggressive lines during coloring pointing out his hyper temperament but at the same time, child has used more than two colors in it. Keshav in 5.10f has used different colors but shown no control in the coloring activity. It was a surprise to see that child has hardly crossed the boundary of outer circle of mandala. So, there was awareness in him for his limitations while in his second work of mandala he has

used circular strokes for coloring in the petals. The outer circle is given a different color. Next two activities were origami and paper tearing and pasting. Origami or paper folding, pasting on the sheet and then coloring in the trunk of the tree activity was a crowd pleaser for both the groups. Paper tearing and pasting activity included the outline marking of own hand and to paste on the paper. Nitisha in 5.8i I love to eat has drawn small circles with yellow color scattered on the paper and in post intervention 5.9i the same typical autism pattern is visible but there is a change seen in the formation of shapes. Improvement is seen in the understanding also where the child has used pencil for drawing and color after that. Again at 5.8j (My School) Nitisha has used patterns in circular motion everywhere on the paper but in the post intervention she has drawn a small organized cluster of circles and the work is comparatively neat. Little use of blue color along with yellow colors is also seen which reflects the element of curiosity in the child. Parneet in 5.8k, my school has drawn a tub like shape and the drawing is stroked with blue lines and in 5.9k successful attempts in the drawing of hut and tree is visible which shows the improvement in the mental stability after intervention. In the same way in collage activity 5.8l, tree drawn by Parneet is slanting going towards the extreme right and very few paper pieces are pasted whereas in 5.9l, after intervention the tree looked more balanced tried to draw in the center and many papers are pasted to draw a big tree. So, clearly art therapy helps to balance personality. Priyam in 5.8m, I love to eat has tried to draw a multistoried cake, many attempts are seen in the drawing of pizza and another drawing which could be soft drink container is seen. In 5.9m, more clarity in the drawings is seen whereas the basic outlook of the art work is same. The cake is clear and bigger than the pre-intervention drawing, 2 candles are drawn on cake. Pizza is replaced with green apple and in front noodles like thing is drawn. In 5.8n Priyam has drawn My School with two colors and rectangles are seen to mark two different buildings. Few details are seen behind the brown color building drawn with pencil. A building in foreground is colored with blue color and a window is also drawn in that building where a child figure is seen in happy gesture. In 5.9n a school building drawn in pink is seen, where the name of the school is tried to write on top. Gates of the building are also drawn beautifully. Students in the building are seen and one student standing outside the school is also seen. Overall happy artwork.



A struggle to make a hand impression with color is seen in the art work of Sehaj in 5.8o whereas in post intervention impression the struggle was almost disappeared. the impression was relatively confident. Aimless scribbling is seen in 5.8p, person I love and after intervention-controlled scribbling is seen underneath the green color. In 5.8q beautiful two school buildings are seen, one with multicolor and drawing of windows is also seen in both buildings. railing with texture is seen and many students standing near wall are also seen. trees in the ground are drawn with black color and figures of students are also seen in the ground, it seems that the child lose interest at the end so he didn't do coloring in the trees and the students in the front. In 5.9q, Ekamveer, has drawn building in foreground and two students with details of their body are drawn at the back. Multicolored figures of a girl and the boy are drawn in happy gesture with their arms directly attached with head. the boy's figure seems having two sets of arms one is wide open. In 5.8, the person I love Ekamveer seemed to draw family- mother with two children. Happy figures and the legs are directly attached with head, feet are seen in mothers body only. Eyes with eyeballs are seen in all figures and hair are also drawn. Feeling of stepwise drawing is seen in the art work of Ekamveer's person I love in composition 5.9r. Total figures shown are four increased by one after intervention. The drawing of mother (probably) is improved. legs are attached with head but the details of toes is done. hands are also drawn wide and give a happy look. eyes and eyeballs are drawn. hair are also seen; children are also drawn happy and multiple colors are done in it except one child which is drawn with yellow color. In 5.8s, kulraj has drawn one male looking figure with yellow, purple and brown color. the body is comparatively fat and the facial features are also drawn. eyes and eyelashes are drawn and in one eye eyeball is missing. In post art therapy same kind of figure is drawn, but little smaller. This figure is drawn with only pink color and is relatively happy. Detailed facial features are drawn and body parts are also seen. In 5.8t, Kulraj did not seem to be very much interested in coloring mandala. very few lines with color are seen here and there in it and in 5.9t after intervention he has filled much more area with color and used multiple colors in it. In 5.8u, Naman while in paper folding activity, didn't follow instructions properly but at the end he was manage to make a tree, whereas after intervention he drew proper trees and made a composition. In 5.8v, for the person I love most, struggle for the

drawing is seen in his art work to draw a head. he has attempted many times and three orange medium sized orange circles are seen and two black color circles. A tree like structure is drawn many times in the middle of the sheet with yellow and magenta color. In 5.8w Dapinder has drawn many rectangular like shapes in order to draw a school building. Tree like shapes are also seen in the foreground. Yellow color conveys a message that child had lost patience or got distracted in the last. In 5.9w Dapinder has drawn a building like structure with a pencil which is far more real than the 5.8w. Two colors blue and purple are used to fill the space but outlines were not adhered during the coloring activity. In 5.8x Dapinder has drawn a tree and paper bits are used to fill that. In both pre-intervention and post intervention, much difference is not scene. Tree trunk in post intervention is filled with color. Samaira seemed to have a very clear understandings about her surroundings. In her artwork I love to eat, she has drawn pizza, samosa, burger and a cake with candle. Surprisingly she has drawn a bottle of soft drink which is seen in the foreground horizontally. In the post art therapy also the standard of her work seemed to improve considerably. she has drawn a big beautiful pizza in flower shape, petals like drawing id done around it and another small pizza is drawn multicolored. A blue colored samosa is also seen there. In mandala also same patience of Samaira is seen, coloring is done adhering the lines and each petal is colored in different color and surprisingly the post art therapy mandala is colored with cool colors. Rudra in 5.8aa, in finder printing seemed to be trying to draw with the help of paint with finger in few places, though he also followed the instruction by just making an impression with color. In 5.9aa he actually tried to draw conical tree like shape with his finger. In 5.9ab He has drawn person I like most with scribbling where few shapes and controlled scribbling is seen but in 5.9ab he has drawn a very small figure on extreme left side using many colors. The overall art work gives a happy message.

Viraj's work in 5.10i, 5.10j is typical autistic symptomatic, as he do not see to follow any instruction and he is stuck in few alphabets and numbers and in the second round also he when given special instructions, he drew a figure but again he started repeating same patterns and style. Tanisha in 5.10k also do not seem to understand any instruction , scribbling all over but in a pattern is seen using many colors. In figure 5.11k also she repeated same style but few wavy lines are also seen in her

work. In paper tearing activity 5.10l, instead of drawing a tree she has just pasted bits of paper and same type of work is seen in 5.11l. In 5.10m, Kapil in the Person I love most, has drawn a very light human figure with orange color. Hands probably are attached on head at ear's place and another hand like drawing is also seen on right place. legs are drawn and feet are also seen. In 5.11m, Kapil has drawn a very interesting human figure with light orange and green color with wavy lines. hair are also drawn; facial features are there but not very clear. hands and legs are also drawn. in 5.10n Kapil did hand printing activity which he did with little struggle due to motor activity in second round also hand impression was with hesitation but surprisingly child used two colors on his hand. In 5.10o, Kriansh had drawn my school with broken and feeble lines and in 5.10p he has drawn person I love most where he has drawn a very light human figure to the extreme left of the paper. Body is drawn with green color while ears are drawn with skin shade. Legs in single line are straightway attached with head, details of toes is drawn. In facial features, eyes are drawn with skin shade nose with green and a big smile is also drawn. In 5.11o, in second round of activity, kriansh has drawn a hut with a drawing of a child. Lines in the drawing are broken and feeble but details like window and texture on the roof are seen. Figure of the child is also happy with light and dark green combination. Another figure is also drawn at the back with green color. In 5.11p person I love, kriansh has drawn a human drawing with pink color, which probably look like a female character due to the hairstyle, hands are attached with head in place of ears and legs in vertical lines are attached with head. Drishti in 5.10q had made five thumb impressions in an arc on the paper with red color whereas in second round of activity she seemed confident as she made many thumb impressions scattered upon all over the paper with blue color and few impressions with green color are also seen. In 5.10r, mandala, Drishti has chosen purple color, though she didn't fill the entire petals but it seems that she is quite aware of the lines, not even at a single place, the color has crossed the lines. In the second round in 5.11r she started mandala with red color, with her awareness about not crossing the lines but after sometime she seemed to lose patience or got distracted, while using purple color which was just strokes here and there not bothering to the boundaries of lines. Parth in 5.10s has attempted to draw a fruit- pear or mango. which he colored with yellow crayon and in 5.10t while coloring in

mandala he has used many colors to make it colorful. additional drawing outside the mandala, to convert it into a flower is also seen which advocates the aesthetic sense of the child. in the inner circle also, he has drawn a flower. the use of multiple colors and the attempts to blend them is surprising to see. in the second round, parth in I love to eat has attempted to draw bananas with yellow color and in mandala also. It seemed distracted, not shown his interest in activity as scribbling is seen instead of coloring. In 5.10u, Lakshay has done aimless scribbling in My school, and in 5.11v he has used blue and red color for thumb printing. At many places he seemed put attempts for patterns with colors and fingers. In 5.11u, he has drawn a hut like image at the back but after drawing with pencil he has used red color to just fill the space. few prominent marks with red and purple color are also seen. In 5.11v he has used red color for thumb printing and again a pattern is seen in his work, delicate finger prints in a balanced manner are spread upon the paper. Gurnoor in I love to eat has drawn controlled circles with color, and in the second round also she has drawn circles with green color which could be grapes. In paper folding activity, in 5.10x she has followed instructions to make trees with green color which she in the process of folding has torn from few places. To make a composition, she has drawn mountains, bird and also tree trunks. Keshav in My home in 5.10y, has drawn circular aimless lines and in 5.11y, has drawn vertical and horizontal lines and gave a shape of a building, but drawing of the building is not clear. In 5.10z he has done thumb printing with different colors but in 5.11z he has used variety of colors to make thumb prints. Arpit in paper folding 5.10aa has made efforts to make tree and also seemed to be successful in it after multiple attempts, whereas in the second round of activity it came out to be a neater activity, In I love to eat figure 5.10ab scribbling is seen which do not lead to any assumption and in second round of activity he has drawn controlled circles scattered all over the paper.

They needed a great deal of support and encouragement for these activities because of its nature of great imposition on children's physical and sensory boundaries.

Art making modality could be tool to deal with their deficit areas line imagination or abstract thoughts, sensory disintegration, emotional expressions fine motor development growth and visual-spatial skills. when art plays a tool for

therapeutic purpose, it helps them to convey unspoken as children on spectrum shield themselves from society.

### **5.5 Comparative Study of pre and post intervention**

The analysis of the data was done with the objective to understand the effects of art therapy intervention on the art works of autistic spectrum children and adolescents. Scores were awarded to each artwork (pre and post intervention) on the basis of elements and parameters with boarder categories of imagination/observation, expressions and Balance. The sub-categories were Number of objects/human drawings, size and proportions, line, colors, emotions, work quality, use of space, area covered. The study included the sample size of 54 respondents, which further divided into two groups- Experimental group and Control group. Table 5.5 shows the distribution of sample:

***Table 5.5- Distribution of sample- Experimental and Control Group***

<b>Group</b>	<b>Category</b>	<b>Sample size</b>
1.	Experimental	27
2.	Control	27

The art works were assessed and then analyzed. For analysis of the data mean, standard deviation and t-value were calculated. Their artworks were compared with independent sample t-test on the basis of element and principles of art.

### **Measurements of pre-test scores:**

Table 5.6present the comparison scores of experimental and control groups before intervention activity wise:

**Table: 5.6 Comparison of artworks- Experimental group and control group before intervention**

		Mean	N	Std. Deviation	Mean difference	Std. Error Mean	t-value	Sig. (2-tailed)
Thumb painting	Experimental Group	17.778	27	4.8859	.259	.9403	.177	.860
	Control Group	17.519	27	5.8531		1.1264		
My Home	Experimental Group	18.593	27	5.3151	-.777	1.0229	-.423	.674
	Control Group	19.370	27	7.9380		1.5277		
My School	Experimental Group	19.074	27	6.9555	-.925	1.3386	-.460	.648
	Control Group	20.000	27	7.8152		1.5040		
I love to Eat	Experimental Group	17.074	27	6.3302	-1.814	1.2182	-1.021	.312
	Control Group	18.889	27	6.7216		1.2936		
People I love	Experimental Group	19.444	27	5.6113	1.518	1.0799	.964	.339
	Control Group	17.926	27	5.9545		1.1459		
Color Mandala	Experimental Group	17.667	27	5.8111	2.33	1.1184	1.435	.157
	Control Group	15.333	27	6.1331		1.1803		
Collage	Experimental Group	19.593	27	3.8256	-.185	.7362	-.190	.850
	Control Group	19.778	27	3.3089		.6368		

The findings of from the above given tables show the difference in art work of experimental and control groups before intervention. For task-1 (Thumb painting), the

mean score for experimental group was found to be 17.778 and for control group it was 17.519, with mean difference of 0.259. The t-value .177 is not found significant at 0.05 level that indicated experimental and control groups before intervention not differs with respect to the artwork (Thumb painting)

For task-2 (My home), the mean score for experimental group was 18.593 and for control group was 19.370, the difference of mean score between group-1 and group-2 is -.777. The t-value is -.423 and the t-value is .674, which is not significant. For task-3 (My school), the mean score for experimental group was found 19.074 and for control group was 20.000, the difference of mean score between both groups was -.93. The t-value is -.460 is not found significant very little difference.

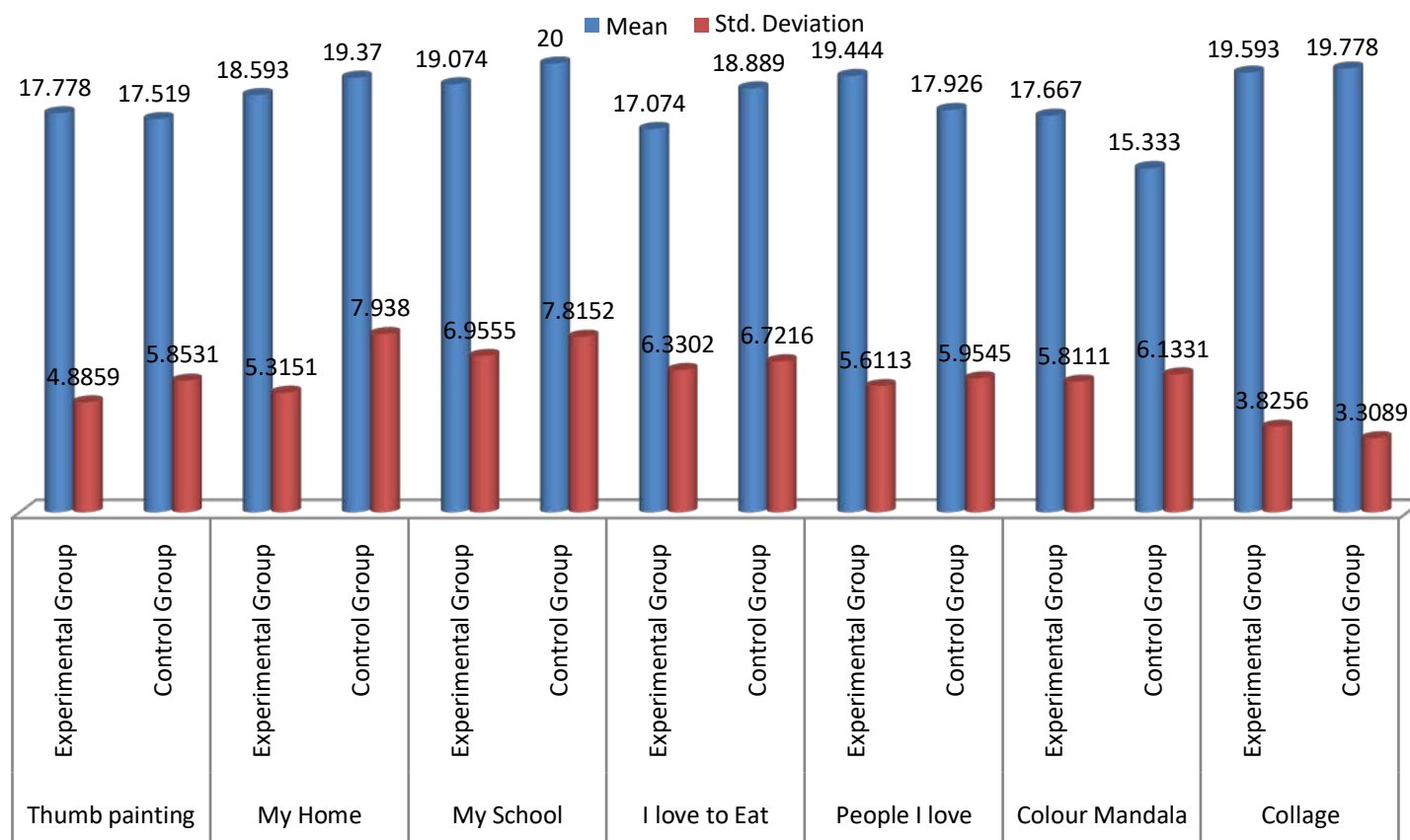
In task-4 (I love to eat), the mean score for experimental group was found 17.074 and for control group was 18.889, the difference of mean score between both groups was -1.814. The t-value is -1.021 and t-value is .312 indicate little difference.

Task-5 (People I love), the mean score for experimental group was found 19.444 and for control group was 17.926, the difference of mean score between both groups was 1.518. the t-value is -.964 and t-value is .339 is not significant. For task-6 (color mandala), the mean score for experimental group was found 17.667 and for control group was 15.333, the difference of mean score between both groups was 2.33. The t-value is 1.435 and the t-value is .157 shows very little difference.

For task-7 (Collage), the mean score for experimental group was found to be 19.593 and for control group it was 19.778, with mean difference of -.185. The t-value -.190 is not found significant at 0.05 level that indicated experimental and control groups before intervention not differs with respect to the artwork.

The findings of from the above given tables show the difference in art work of experimental and control groups before intervention. At the pre-test level both the groups were given same tasks and the mean scores did not differ much in all the activities. In thumb painting, People I love, color mandala experimental groups scored more than the control group whereas in my home, my school, I love to eat, and collage control group scored more. The above scores clearly indicates similar scores in both the groups in pre intervention.

**Fig. 5.12: Comparison of artworks- Experimental group and control group before intervention**





**Figure 5.12. Comparison of mean** , Task -1 (Thumb printing): Experimental Group (17.778), Control group, (17.519): Task -2 (My home): Experimental Group (18.593), Control group, (19.37): Task -3 (My school): Experimental Group (19.074), Control group, (20): Task -4 (I love to eat): Experimental Group (17.074), Control group, (18.889): Task -5 (People I love): Experimental Group (19.444), Control group, (17.926): Task -6 (Color mandala): Experimental Group (17.667), Control group, (15.333): Task -7 (Collage): Experimental Group (19.593), Control group, (19.778).

**Comparison of Std. Deviation** , Task -1 (Thumb printing): Experimental Group (4.89), Control group, (5.85): Task -2 (My home): Experimental Group (5.31), Control group, (7.93): Task -3 (My school): Experimental Group (6.96), Control group, (7.81): Task -4 (I love to eat): Experimental Group (6.33), Control group, (6.72): Task -5 (People I love): Experimental Group (5.61), Control group, (5.95): Task -6 (Color mandala): Experimental Group (8.11), Control group, (6.13): Task -7 (Collage): Experimental Group (2.83), Control group, (3.30).

#### **Measurement of test scores after intervention**

In the course of evaluation, the post- intervention scores for both the groups are presented in table 5.7 below:

Table: 5.7 Comparison of artworks- Experimental Group and Control Group After Intervention								
		Mean	N	Std. Deviation	Mean Difference	Std. Error Mean	t-value	Sig. (2-tailed)
Thumb painting	Experimental Group	21.7778	27	6.61195	4.29	1.27247	2.514	.015
	Control Group	17.4815	27	5.92498		1.14026		
My Home	Experimental Group	24.0741	27	7.70577	5.25	1.48298	2.361	.022
	Control Group	18.8148	27	8.63373		1.66156		
My School	Experimental Group	22.8148	27	6.47502	2.55	1.24612	1.326	.191
	Control Group	20.2593	27	7.63893		1.47011		
I love to Eat	Experimental Group	23.0741	27	8.48948	4.74	1.63380	2.317	.024
	Control Group	18.3333	27	6.40312		1.23228		
People I love	Experimental Group	22.8889	27	5.65912	4.15	1.08910	2.401	.020
	Control Group	18.7407	27	6.97023		1.34142		
Color Mandala	Experimental Group	20.1852	27	5.83779	3.89	1.12348	2.387	.021
	Control Group	16.2963	27	6.13198		1.18010		
Collage	Experimental Group	23.9630	27	5.35280	2.59	1.03015	1.939	.058
	Control Group	21.3704	27	4.43021		.85259		

The findings of the study for task-1 (Thumb painting), the mean score for experimental group were found to be 21.7778 and for control group was 17.4815 with the mean difference 4.29. Further the t-value 2.514 is found significant at 0.05 level which indicates that experimental and control group after intervention significantly differs. The findings of the study for task-2 (My home), the mean score for experimental group was found to be 24.0741 and for control group was 18.8148, with the difference of mean score between group-1 and group-2 is 5.2593 and t-value is 2.361 which is found significant at 0.05 level.

The findings for task-3 (My school), the mean score for experimental group was found to be 22.8148 and for control group was found 20.2593, the difference of mean score between both groups was 2.5555 and the significantly differs with t-value 1.326.

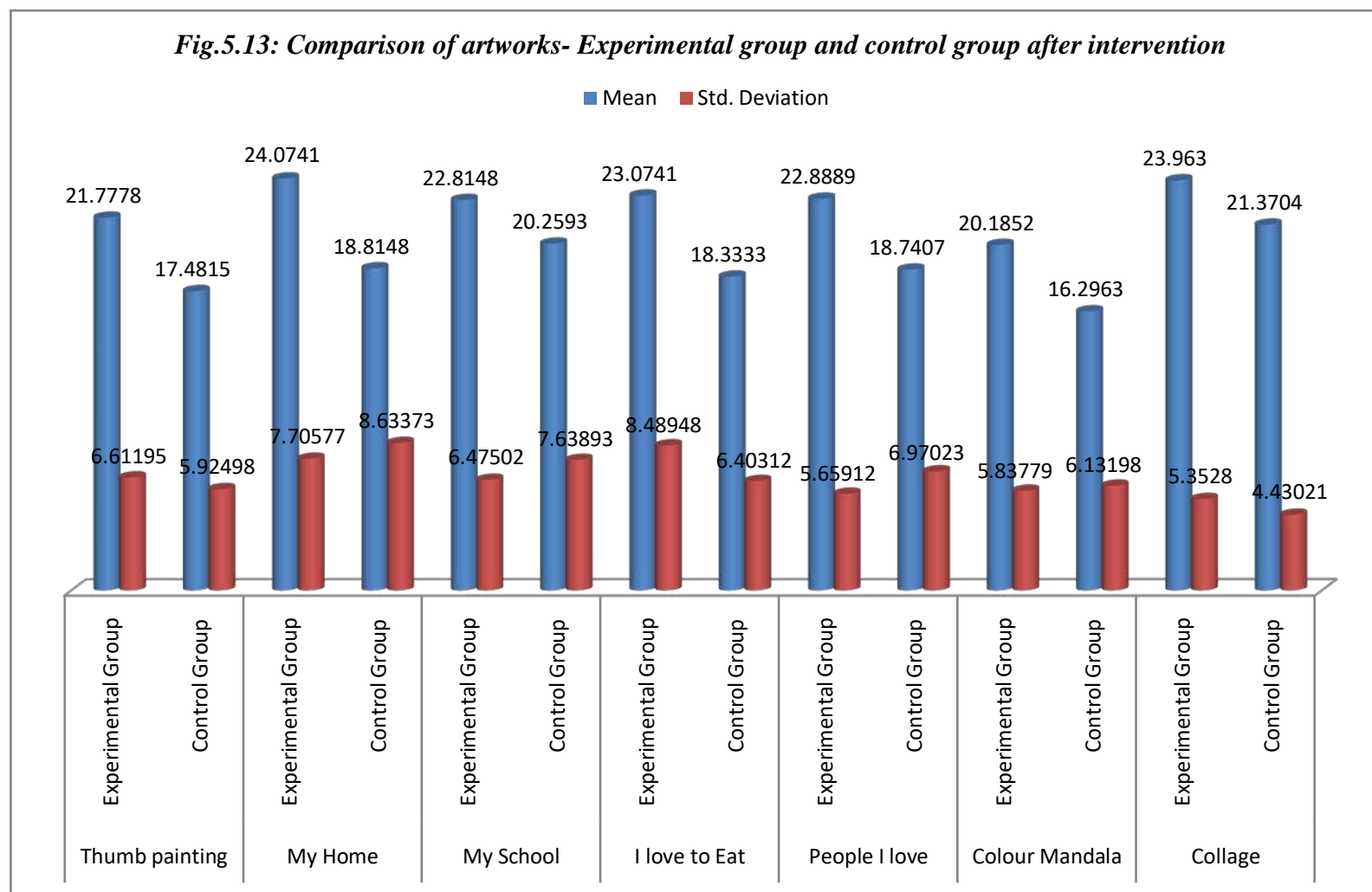
The findings for task-4 (I love to eat), the mean score for experimental group was found to be 23.0741 and for control group was 18.3333, the difference of mean score between both groups was 4.7408 and t-value is 2.317 which determines significant difference between both the groups.

The findings for task-5 (People I love), the mean score for experimental group was found to be 22.8889 and for control group was 18.7407, the difference of mean score between both groups was 4.1482 and shows significant difference with t-value is 2.401.

The findings for task-6 (color mandala), the mean score for experimental group was found 20.1852 and for control group was 16.2963, the difference of mean score between both groups was 3.8889 and t-value is 2.387 determines a significant difference between experimental and control group.

The findings for task-7 (collage), the mean score for experimental group was found to be 23.963 and for control group was 21.3704, the difference of mean score between both groups was 2.5926 and shows a significant difference with t-value is 1.939.

In the second round of the activity, experimental group was given art therapy and their found difference between the scores of both the groups. Experimental group scored significantly better whereas the scores of control group remained very close to the score of first round of activity.



**Figure 5.13. Comparison of mean** , Task -1 (Thumb printing): Experimental Group (21.778), Control group, (17.481): Task -2 (My home): Experimental Group (24.074), Control group, (18.81): Task -3 (My school): Experimental Group (22.814), Control group, (20.259): Task -4 (I love to eat): Experimental Group (23.074), Control group, (18.333): Task -5 (People I love): Experimental Group (22.888), Control group, (18.740): Task -6 (Color mandala): Experimental Group (20.185), Control group, (16.296): Task -7 (Collage): Experimental Group (23.963), Control group, (21.370).

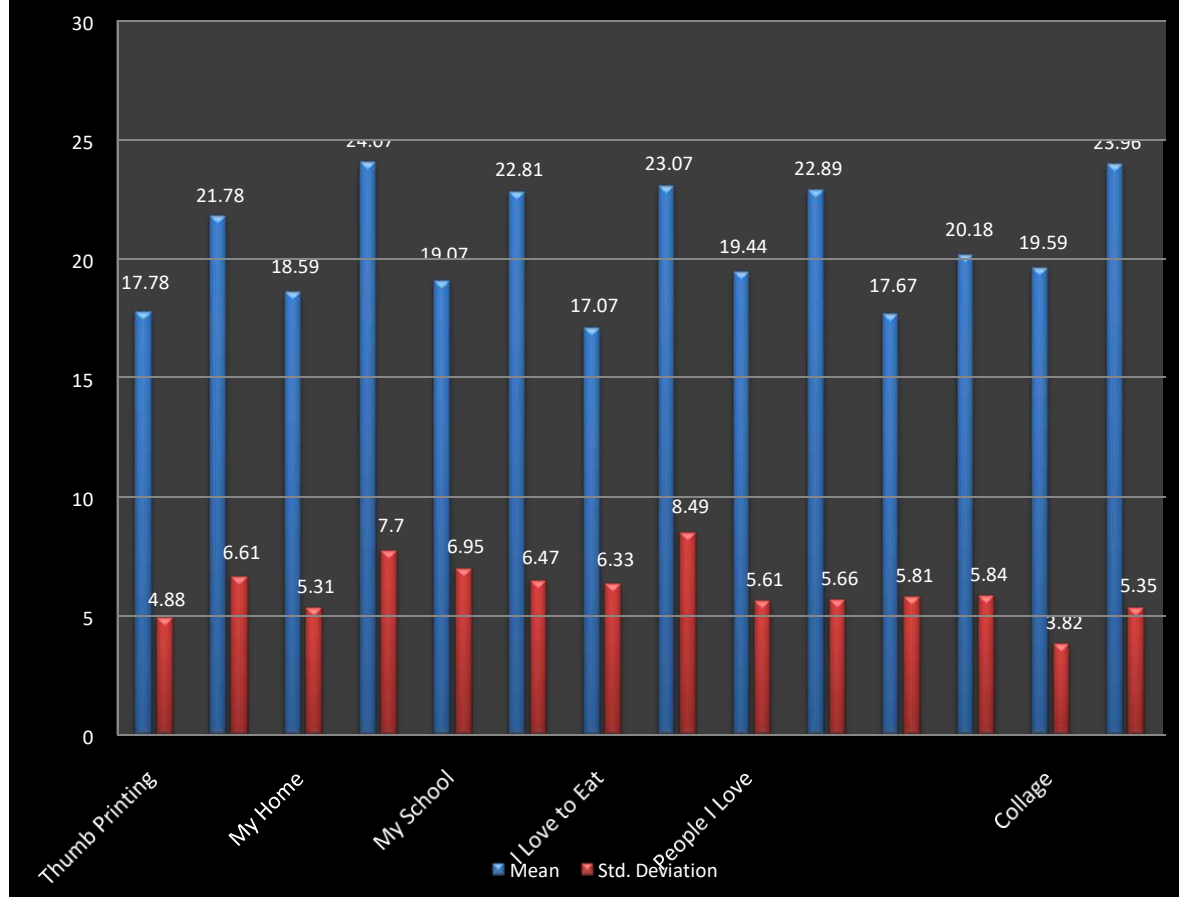
**Comparison of Std. Deviation** , Task -1 (Thumb printing): Experimental Group (6.61), Control group, (5.92): Task -2 (My home): Experimental Group (7.70), Control group, (8.63): Task -3 (My school): Experimental Group (6.74), Control group, (7.63): Task -4 (I love to eat): Experimental Group (6.13), Control group, (6.97): Task -5 (People I love): Experimental Group (5.83), Control group, (5.95): Task -6 (Color mandala): Experimental Group (8.11), Control group, (6.13): Task -7 (Collage): Experimental Group (5.35), Control group, (4.43).

#### **5.4 Comparative Study of Pre and Post Intervention**

Two groups of autistic children and adolescents- experimental and control n= 27 in each group were selected for experiment to determine changes in the art work after art therapy intervention. During aesthetical evaluation parameters set were imagination/ observation, expression and balance. Task wise evaluation was done and scores were awarded accordingly. Table 5.8 show the comparison of scores of experimental groups in pre and after intervention of art therapy.

<b>Table 5.8: Impact of art therapy on artwork of autistic children</b>								
		<b>Mean</b>	<b>N</b>	<b>Std. Deviation</b>	<b>Std. Error Mean</b>	<b>df</b>	<b>t-value</b>	<b>Sig. (2-tailed)</b>
Thumb Printing	Pre-Test	17.78	27	4.88	.94	26	-3.67	.001
	Post Test	21.78	27	6.61	1.27			
My Home	Pre-Test	18.59	27	5.31	1.02	26	-5.95	.000
	Post Test	24.07	27	7.70	1.48			
My School	Pre-Test	19.07	27	6.95	1.34	26	-4.06	.000
	Post Test	22.81	27	6.47	1.25			
I Love to Eat	Pre-Test	17.07	27	6.33	1.21	26	-5.52	.000
	Post Test	23.07	27	8.49	1.63			
People I Love	Pre-Test	19.44	27	5.61	1.08	26	-3.92	.001
	Post Test	22.89	27	5.66	1.09			
Color Mandala	Pre-Test	17.67	27	5.81	1.12	26	-3.46	.002
	Post Test	20.18	27	5.84	1.12			
Collage	Pre-Test	19.59	27	3.82	.74	26	-4.59	.000
	Post Test	23.96	27	5.35	1.03			

**Figure 5.14: Effectiveness of art therapy on artwork of autistic children**



The findings of the study indicated that the scores of pre and post art therapy intervention differ significantly. The scores of the children and the adolescents of experimental group after art therapy sessions were remarkably improved than the scores of before intervention. To determine the effects of intervention t-tests for correlated means was used and table 5.8 presents different values indicating the following outcome.

The mean of Task-1 (Thumb Printing) of autistic children before intervention was found to be (17.64) and post intervention score was (21.78), which shows remarkable improvement in the art work of respondents, the obtained t-value -3.67 was highly significant at 0.01 level, Therefore, it is confirmed that autistic children show improvement in the activity- Thumb Printing and effect of art therapy was visible on their work.

On the same time significant effect of art therapy was found on the artwork of autistic children with respect to Task-2 (My Home). Further that mean of pre intervention was found to be (18.59) and post intervention was (24.07) with t value - 5.95 which is found significant at 000 level.

Similarly, for task-3 (My School) the effects of art therapy were significantly visible as pre intervention score was found to be (19.07) and post intervention score was (22.81), t-value of both the groups was found to be -4.06. The post intervention scores were improved at 0.01 level of significance.

Intask-4 (I love to eat) pre intervention was found to be (17.07) and post intervention score was (23.07), t-value of both the groups was found to be -5.52. The post intervention scores were improved remarkably at 0.01 level of significance.

Significant effect of art therapy was found on the artwork of autistic children with respect to Task-2 (My Home). Further that mean of pre intervention was found to be (18.98) and post intervention was (21.44) with t value -3.21 which is found significant at 0.01 level.

Significant effect of art therapy was found on the artwork of autistic children with respect to Task -5 (People I love), pre intervention was found to be (19.44) and post intervention score was (22.89), t-value of both the groups was found to be -3.92. The post intervention scores were improved at 0.01 level of significance.

The mean of pair-6 (Color mandala), shown remarkable improvement in the art work after art therapy intervention as scores pre intervention was found to be (17.67) and post intervention score was (20.18), t-value of both the groups was found to be - 3.46. The post intervention scores were improved at 0.01 level of significance.

The mean of Task-1 (Collage) of autistic children before intervention was found to be (19.59) and post intervention score was (23.96), which shows remarkable improvement in the art work of respondents, and the difference the obtained t-value - 4.59 was found highly significant at 0.01 level of significance. The findings of the present study infer that art therapy application shows improvement in the imagination/ observation, expression and balance. Art works of the children directly and improvement in the behavior and communication indirectly. Therefore, the hypothesis "There is significant effect of art therapy on artwork of autistic children" is statistically accepted.



## 5.5 Results and discussion

To achieve the objectives of the present study, data was systematically, grouped, arranged and analyzed. Two groups  $n=27$  were similarly distributed tasks and evaluation was done on the aesthetical evaluation with the parameters based on imagination/observation, expression and balance. Task wise comparison was done to determine the effectiveness of the art therapy intervention. First task in this study was assigned to both the groups were thumb printing which aimed to their acceptance towards sensory material. Many students at the first stage rejected but slowly after witnessing others enjoying activity hesitantly came forward and did activity. The impression made by the students in both the groups was casual and many of them didn't like color on their hands and quickly wanted to get rid of it. But till the second round many of them started accepting wet materials in their art activities except one odd child who didn't participate in the activity. The t-value of this activity was - 2.871 and the improvement was significant at the .006 level.

The second activity was my home and mean score in the pre intervention was 18.98 and post score was 21.44, with t-value -3.213 and significant improvement was noticed at .002 level. In third activity-my school participants again showed improvement in their work with the mean level improved to 21.537 in post therapy with compare to 19.537 in pre therapy with the t-score of -2.947 and the significant level was .005. Both my school and my home activities were planned to focus on their observational skills evaluation which showed remarkable improvement. Next activity was I love to eat, which every child was excited to do. In pre intervention means score was 17.98 and in post intervention the score was 20.70 with t-value of -2.95 and the improvement was .001 at significant level. this activity amused all participants, many of them in pre intervention stage were clear in their views what they like to eat, but probably not clear with its illustration but after therapy they were able to represent what they loved to eat. Next activity was people I love where they were instructed to draw whom they like most. The mean scores were 18.69 and 20.82 in pre and post therapy respectively. The t-value was found to be -3.342 and there was significant improvement noticed at .002 level. Task-6 was color mandala where simple mandala drawing print was given to the participant to color. This activity was

included to check the coloring skills in the children. The mean of pre group was 16.50 and the post group was 18.24 with the t-value of -2.887 and the level of significance was found .006. During this activity children were instructed to adhere the outlines while coloring it, in many cases children just did aimless scribbling and in post intervention they listened to the instructions and worked but concentration on the repeated patterns were difficult for them and they were easily getting distracted. In the last activity collage paper tearing and pasting activity was done which every participant enjoyed. The mean scores for pre and post therapy group were 19.69 and 22, 68 respectively. The t-value was -4.734 and there was significant improvement seen at the .001 level. The variations of test score were found high on significant and the results obtained synthesizes a body of information that art therapy can be used as therapeutic treatment to support the impairments of autism. The significant difference noted in pre-test and the post-test scores makes it clear that art therapy intervention was successful in the improvement of their art-work quality, which indirectly points at the improvement of their psycho-motor development, communication and sensory regulation.

The t-value comparison of pre-test and post-test were significant in different tasks, it indicated acceptance of second hypothesis i.e., that with art therapy positive changes would be seen in the subject with ASD in drawing, coloring techniques, textures and composition study and fulfils objective 3 i.e., to aesthetically evaluate the effects of art therapy on art works of respondents with autism spectrum disorder. it was observed that children involved in drawings initially scribbled and in second round they were able to do representational drawings. Many drawings are symptomatic and represent a relationship between their ASD symptoms and the drawings even the scribbling. The early artistical development could be scribbling by a non-autistic child could be easily distinguished due to its qualities- central, contemplative even it is chaotic but scribbling by an autistic child is often symptomatic portraying spectrum on greater or lesser degrees.





## **Chapter - 6**

### **Formation of Art Therapy Structure**

This chapter aims to define the structure of art therapy. There have been many books guiding newcomers in the field about different processes and materials. There are many theoretical and practical aspects of art therapy that need to be taken care of while designing and implicating art therapy sessions. The purpose is to get an essential insight into the depth and breadth of art therapy. The basis of 'therapy' in art therapy broadly depends upon case history, issues, boundaries and client comfort. Once the relationship is built, the transference, counter-transference, and art object become essential. The task of an art therapist is complex and challenging. Art therapy as a profession has emerged with the combination of two disciplines- art and psychiatry. The early roots of this profession are said to be from the theories of art education's links with primitive art and child art. After a long incubation period of this profession, newly developed courses and the curriculum was designed focusing on the mental welfare of human beings.

#### **Interview with art therapists and artists**

To unlock the conceptual status of art therapy, one must understand the qualification and skills of art therapists. The training of therapists is a significant component because of the many areas involved in the therapy. The art therapy curriculum consists of theory and experimental elements. Insistence is also given on diagnosis and assessment. The name of educational qualification could be different in different countries like Master's degree in art therapy and post-graduate diploma. Art therapy training in different areas of the world enfolds many philosophies and approaches.

#### **6.1 Skills set for therapists**

This part of the thesis aims to fulfil objective fourth 'To identify the skill set necessary for dissemination of art therapy'. There is a need to study few aspects of art therapists which they need for the effective execution of art therapy. To become a competent art therapist, one should be a good artist, a therapist and a teacher. A unique skill set is required in this field, and professional training helps in polishing

that skill. Edith Kramer and Margret Naumberg were pioneers and indeed self-taught and developed different art therapy sessions themselves with their knowledge and experience. In art therapy training, therapists learn different techniques which helps them to understand different ways of expressions.

"Thus, the art therapists combine several disciplines. She/he is at once an artist, therapist and teacher. To maintain a sound balance between her several functions is her greatest skill."

Edith Kramer

The knowledge of media and observation during the process helps them to understand the process of achieving the alteration in unconscious behavior of the client. The basis of the acute observation in the creative process is sensitivity and non-judgement. It is a significant component because the more the therapist sees, the more she tries to reach the hidden areas of a person's personality, and it helps to intervene for help.

*"A picture is worth a thousand words, but to observe the making of picture is worth ten thousand words". Robert Ault*

Edith Krammer and Margret Naumburg themselves invented theories of art therapy using their own experience and knowledge at the initial stage of art therapy. Edamson and Mary Huntoon were also self-educated, who practiced art therapy on patients in a hospital setup. The idea behind the art therapy in the hospital set up for people with a mental health condition was to benefit from the healing properties of art. In early courses, seminars by Margret Naumburg and training in the different schools were taken place. So, art therapy had a long period of slow development before blooming in the west. Before the formation of American Art Therapy Association in 1969, few courses and certificate training programs were going on. After the establishment of AATA, a one-year program was offered and by 2009, morethan 40 Master's degree programs were offered, and AATA approved more than 30.

Art therapy is an interdisciplinary field; different courses were designed and training criteria and practice also differs. The two streams, 'the art in art therapy, and 'the therapy in art therapy', were studied and practiced. In art in art therapy, more emphasis on the quality of the product as it becomes the basis for therapy success. This therapy is also known as an art as therapy, where an image is given a special

value. For the other group, where therapy is done in art therapy, they are less concerned with the quality of the art. Their focus is on the communicative area during the process-communication verbal and non-verbal both. 'Image' is also important for them, but its importance remains in context with the message it conveys or in one word, it could be understanding 'visual language'.

There are few essential elements a therapist while in training needs to develop and the most important one is **awareness**:

Awareness about the surroundings and self is essential for a therapist. A therapist can never be successful in resolving others issues until he/she struggles with her emotional ups and downs. So, the training in art therapy helps them to grow mentally and makes them emotionally strong and give them understanding how to manage emotional wave which comes from client by not mixing own issues with them and be still empathic. According to Sally Chung from 'art as Therapy', Canada, while sharing her experiences in art therapy tells that the training helped her grow constantly.

“I would say that I felt like I was growing. I am understanding the world in a different way. May be my confidence sometimes, I had less confidence sometimes wonder do really half of it, taken to support an individual often intentionally humbly”.

Judith A. Rubin in 'Introduction to Art Therapy' expressed that “Being an art therapy patient would have been an even more useful learning experience”. Yeti Parikh also expressed that training in art therapy made her look into the emotions, problems, and inner struggles. It also gave her a direction to understand how these negative issues can be resolved with the help of art media,

“Yes, it has definitely benefitted me in multiple ways and multiple aspects in my personal life. Yes, it has also helped me to gaze into the emotional level of the people individual and in the group. When I do work with the groups, everybody comes from a different background, from the different life scenario, and even individually everybody comes with their own problems, issues and traumas. So, art does gives you an extra benefit over the talk therapy. But just release the emotions to however they wanted using colors, textures and paints. So, it definitely has helped and benefitted me to understand own and other's emotions.”

While in art therapy training, a person is expected to resolve his/her issues, work on their own "dark side", and accept their own rejected parts. Sonia Bhandari from Vimhans Hospital said that while in training, students need to act like clients and that training helps them experience the way clients experience during therapy.

“When you do art yourself as a student, when I took art therapy as training, I myself was, you can say, playing the role of a client with my trainer. So, it's like I went through the process of my emotional stirring. I went through the process of addressing my emotions. How it helped me to understand and how I help others. So, this is basically called in the training of art therapy. You have to go through the personal therapy. Only then you are able to understand how to address the emotions of others”.

The training is like a first-hand experience for the learning therapists, where they learn self-approval and also learn to accept individual strengths and weaknesses.

“The things like self-acceptance is one of the biggest lessons that I have learnt in my course and the teachers actually taught to accept your own vulnerability, your own challenges in the life and understanding them completely and resolving them in the process.”

Vasvi Shrivastava appended that each trainee in art therapy needs to go through personal therapy. It helps them resolve their own issues first then to work with other people's problems. She finds it very important because no one is entirely trauma free:

"We had to go through the personal therapy. So, that was very interesting. I don't know whether it is related to your question. So, when you are working with the people and when you are working with therapeutic process it is very important for you to resolve your issues first and as human beings all of us have different issues, nobody's life is completely trauma free. so, you know it's important for each person, who is working with the people in mental health space, they have to face their own issues and had to go through their art therapy as well. You know with this way you are able to understand how does the other person feel when you are on the opposite side. right? You know when you are working as an art therapist, you are on the other side and the other person has the issues with which he has come to you. but, when you



bring your issues to the therapeutic space. how does that feel what are the needs that you have to and how those needs fulfil through the therapist?”

The therapists could get shaken with the emotions of the clients if they do not stabilize their own ‘shadows’. Therapists are expected to bring peace and harmony in the relationships and within self. But, first of all, they themselves should be at peace with them.

“Art therapy s about working positively on inner struggle, it is harmless way of managing emotional issues. During the course I learned that issues, may be those, you even are not aware of, comes in your default behavior. They need to be managed so that peace is settled in every day’s behavior. During art therapy course, we were taught that before working on others’ emotions you need to settle your issuesand I was surprised that so much unsettled burden that I was lifting. My mentors in the course helped me to settle it. This is the way we work on others to find out issues and resolve them.”

Manpreet working in the area of special children, told that there could be issues kept in the layers in subconscious, which therapists with own therapy, while training could get over. During every art therapy course the trainee is given many sessions to resolve their own hidden turmoil.

“Art therapy is basically working on emotional issues or finding a solution of a personality disorder or many a times just like that only one can go for it to reveal hidden layers of you which you might not be aware of. Before working on others, we should resolve our issues and if we do not do, we might face different issues in resolving others’ problems. One of our teachers used to say that until you don’t feel that your issues are resolved, you won’t be able to work on others.”

Cindy Scawab, Art therapist in New York works in ‘Women Shelter Home’, explained that females suffering physically and mentally; within family, society or in drugs come there and get therapy there. But she takes therapy as therapy because of her training and experience. She also added that if a therapist will not take care ofown emotions, he/she will not be able to do justice with the profession.

“I don’t take emotions with me, it's not like that you know, I carrying a sack. I go home and this is the burden, it’s not like that, you being an art therapist need to understand to have a glass line in-between.”

Art therapists need to tackle with many kinds of people, So, a basic understanding about emotional handling is very important. Emery director of 'Water and Stones', USA described how her training helped in handling her own emotions while dealing with grief of others:

"Definitely, because we were doing psychology and art therapy, we also were doing meditation classes. Another thing I feel all of them really became important to me and how I exist with the clients, which I think is own looked in life and training. I think, I have, we are in a room with a client, it matters because it have its personal settings. So, having the psychology and the meditation and art therapy gave me the ways to be in the room with the people that ..."

I think that also when, I work a lot with grief and loss and death and dying. So, the emotional aspects come up pretty strong and any work with them also to the different things and then I connect exist with those comfortably and my classes and my training and more the psychology and meditation classes are just art therapy, really gave me a ground for that so I could exist, were strong factors."

Carry Cardwell from 'The Junction Art Therapy', Canada found very important to settle her own issues. She insisted to find a difference between an art therapist and an artist:

"That takes up so much therapy. Perfect therapist have to do their own therapy without feeling pain. As therapist I have to do my own work. I wanna be neutral available to do, to be present with you. If I have an issue, I have to resolve it and you, if you have the same issue there is no way I can be neutral about it. It will be trigger mine, my issues will be hold on but it should never be allowed mixing with yours. This is therapy."

Hernie Kamas Mitriform 'Holistic Psychotherapy Centre', Singapore believes in self-awareness and self-correction during the training. With understanding own patterns, one finds easy to grow as human and a therapist both.

"So, one of the major things, part of the course was also self-awareness and self-correction. the more you understand your own self, the better therapist you would be. Because, you understand your own patterns, you know the right, there is a lot of introspection which as a therapist you need and daily practices, their suggestions

which you follow every day to keep mind naturality and to keep up yourself. see, that I am also growing in this process.”

The art therapy, trainers in most of their trainings, learn to unfold gently the hidden layers of the personality. In the mode of teaching through this language budding art therapists learn multiple aspects of self-disclosure. Nishtha, an art therapist from Himachal Pradesh stressed upon the non-judgmental way of art therapy where the content of fun is added.

“The lesson I learned from them was how to help so lovingly, so gently and bring them on the space that they feel safe in that process because it’s all just feelings and emotions you feel are not easy to explore otherwise and with words. So, it has to be done safely on the non-judgmental ground. the most important thing was to enjoy the whole process and also to some extent having fun with it and not just making this to anyway this word therapy sounds so intimidating.”

Along with the awareness, the art therapist should have a creative outlook towards planning and executing art therapy sessions. To make art therapy effective, it is very important for the therapist to stay creative. There is a common thought to search for sure shot techniques among the therapists. It is suggested that the techniques which already in fashion could be altered and new to be discovered according to the needs of the client. The therapist should keep in mind that every individual is different and it is important to look for the individual plans for each session.

### **6.1.1 Education of Therapists**

In the process of art therapy, the art therapist help the clients not only in relieving mental distress but also in self-awareness, stress-coping, ease traumatic experiences and also in improvement in inter-personal relationship. The major element in art therapy is Art but the client is not expected to be a good artist. The art therapist is essentially art literate or having a good knowledge of art media. So, the question arises that being an artist one can work as art therapist or formal education in the art therapy should be required. This part of the study focuses on the importance of formal education for the art therapist. In the interviews art therapists and art therapy

facilitators have expressed their views on the need of formal education, training. The interviews covered their personal education and level of their practical training also.

*“The language of visual art:  
Colors, shapes, lines and images-  
speaks to us in the ways which words cannot.”  
Malchiodi, 1998,p.XIII*

The American Art Therapy Association(AATA), after its foundation in 1969, become a world's prime art therapy association with the mission, “The mission of American Art Therapy Association is to advocate the expansion of access to professional art therapists and led the nation in advancement of art therapy as regulated mental health and human service profession” (August 2016). In USA the key figure in development of art therapy was Margret Naumberg, who believed art as the means of ‘spontaneously releasing the power of unconscious’. The influence of Freudian theory could be seen in her way of working, where she had given acknowledgement to the relationship between the art therapist and the client. Edith Krammer on the other hand highlighted the healing powers of art process.

Later, a separate organization was established called The Art Therapy Credentials Board (ATCB) for the registration and accreditation of art therapists. Art therapists work under three levels under ATCB.

- a) Provisional Registered Art Therapists (ATR-P): Minimum Master's degree level but the therapist needs to practice under approved supervisor.
- b) Registered Art therapist (ATR):Needs to have minimum Master's degree level, should have completed the required supervision and clinical hours set by ATCB. ATR-P is not required for ATR.
- c) Board Certified (ATR-BC): ATRs need to appear for national level exam to qualify as Board Certified.

In many countries, where art therapy is being taken as profession, minimum Master's degree is required qualification along with supervised practical hours.

For the formal training, art therapy student is expected to acquire knowledge about art- its elements and principles. Art therapy subject is a combination of two streams- art and psychology. So, the psychology and counselling also plays an important role and all students wish to be art therapist needs to understand its

theories and methodology. While in interviews in India and at international level where art therapy has its deep roots have agreed to the need of formal qualification to be art therapist or art therapy facilitator. Kalpana with her experience shared that without formal education, art therapy will be like an art class. She further added that for working as an art therapist one should have at least master's degree in the hand. Dr. Shivani Khetan from Mudita, Uttar Pradesh while sharing her experience explains that formal education in this field is very important as she herself had worked in both ways, with and without formal education.

“Formal education is definitely required, because I have seen both the ways. I have worked without education and when I worked with education, it gave me a very constructive routine. It gave me a constructive way to understand psychology. These days many people are claiming that they are doing art therapy. First thing one needs to understand that art education is different. It tries to help you with what you have drawn unlike your art teacher. I am not your teacher I am here to tell you what you draw, I am just going to help you to understand where you are coming with.”

The area of art therapist is very complex and difficult, and the practitioners need to be highly trained and experienced people. Art therapists need to organize art activities for the clients keeping in mind the therapeutic applications for them. So, it's important that the education of the therapist should be proper. Aastha Ahuja insisted that in the profession like art therapy, where a therapist deals with the mental wellness of human beings, the therapist is expected to have a good knowledge of the subject which is not possible in short courses.

“The courses that are coming these days. you know people claim to teach art therapy in 4-5 days etc. it is not really helpful because art therapy is the only therapy in which you can do proper master's degree. Okay? you get master's degree abroad in art therapy. so, there are two therapies where the value gets Master's degree, one is psychodynamic and one is art, so, imagine the intensity of learning that it requires in order for you to practice it and you cannot learn like in 5 days.”

In most of the countries where art therapy is flourishing as professional business, minimum qualification for art therapists is degree in art or design or minimum qualification to appear for post-graduation and also qualification in art therapy at postgraduate level. Nishtha from Himachal Pradesh while sharing her

thoughts, emphasised on the formal training in art therapy. She added that it's a profession where a client trust a therapist. A therapist doesn't only need to acquire knowledge about art and psychology, there are many things associated with it, like techniques, understanding of ailments knowing, understanding and dealing positively with the temperamental issues of the client.

“When we talk about art therapy, you know therapy is something which we are looking in people's mind and people's behavior and I think it is a lot of responsibility. So, when somebody see it is an art therapist, then the client's expectations is that you know, 'I can rely on this person completely'. So that is a client is relying on someone. Applying art as therapy and working with the people's mind and their emotional feelings. So, art therapy is art and therapy and having good knowledge of about art and understanding what art doesn't and what is therapy and what is technique, work; what kind of ailments or what kind of issues we are working on, bringing this together comes to an education, comes to really knowing and understanding, how can you bring these two things together comes to an education, comes to really knowing and understanding, how can bring these two things together. That understanding and that knowledge, making it a tool for therapy.”

The primary goal of art activity has always been healing in art therapy. A young art therapist Yeti Parikh has the opinion that formal education equip them for field work. The art therapist always deals with individual differences, so with the basic qualification of intelligence in understanding the clients and creating and designing sessions as per the needs of the client. They need to understand different school of thoughts. In teaching and learning art therapy students come across many case studies which guide them to develop their sessions in their own style.

“With formal education, I will be able to do justice in what you are dealing with, you get exposure, different schools of thought, different laws that have been laid out by psychotherapists, psychologists over the years. Also, we get to study many case studies from all over the world, get exposure to different types of case studies you come across, so when we are acquainted in our studies. with the practice we know how to handle the situation. so, if we come to theory, theory is about a lot of knowledge of inside what we get into”.

During the course, student art therapists are provided a safe space for self-examination, which help them to envisage creativity and ability to employ it professionally in future. Expressing with a different medium other than talk had always been a big thing because it helps to be an outlet of emotions. Instead of talking, the selection of other media and expressions come through colors, shapes, patterns and textures. The course attended by them supports them to be professionals who are empathetic, intellectual and creative. Sonia Bhandari a senior art therapist in Vimhans Hospital, Delhi finds transference as an important element in art therapy along with connection, emotions and care. The training in art therapy helps to develop these traits in art therapist:

“The formal education is very much required because art itself could be as therapy and it can be art in therapy. So, there you have to know the basic principle of art therapy, which is about transference, which is about relationship bonding with the therapist and the client, which can come only after the proper training. Say for an example anybody is sitting at home and doing art, but what is their emotional stir, how will they take care of their therapy, how will they take care of their emotions. So, art therapy has proper formal training and how to use art as therapy to help people to get connected with their emotions, to address their emotions and to get healed themselves. So, it is a very sensitive journey, so, formal training is crucial.”

Anupama Bajaj, art therapist from hospital background also believes in the importance of art therapy because being an art therapist one needs to acquire many skills like human development, visual arts and its creative process, different models of counselling and psychotherapy. There are few basic skills a person can have in him/her, But, formal education supports him/her in adding new ones and also to get excelled in the skills which he/she inherits.

“Art therapy is a mental health profession that uses the creative process of artmaking to improve and enhance the physical, psychological, and emotional wellbeing of people at all ages. The background of psychology, along with creativity, counselling skills and communication skills, is must.”

Art therapy is more than art education says Kalpana, who believes that art education is confined in developing a skill. She being in a special school in Haryana, feels that as an art therapy profession is quite satisfying as it works for the welfare of

special children whereas in art teaching, the focus is on completing curriculum deadlines. She also believes in continuation of education to get oneself updated with latest researches and findings even after completing postgraduation in this field.

“Yes, absolutely, without formal education it will be like teaching art in the class. with education I found that it is quite different from normal art teaching. Working as an art therapist you need to have at least Masters’ degree in your hand and not only art you need to attain education in psychology also. So here we work as art therapy facilitator.”

Art therapists, in their training learn many valuable skills from their teachers who had been art therapists in their career. They help students to get a self-inquiry and to find own authenticity. Vasvi Shrivastava from Abhyantaar healing arts, Haryana, explains that training gives an opportunity to get trained from learned teachers who guide the students to be creative and innovative and above all to develop the skills of critical thinking. Lacking in proper education on the other hand may have negative effects on others.

“I just told you that you know art making and experience it yourself and know the power of art but then formal education, academic ground, you know the guidance of the people who are actually practicing, people who are teaching you also. People practicing art therapy in their lives, so they are master practitioners, so you need that kind of supervision, you need that kind of place where you can really ground yourself in the theory and in the pedagogy basically of art therapy, especially when you are working with the people. there are so many important things which you may overlook if you don’t have an academic ground. So, it is important to have right kind of qualification before start working with the people because you know we can also damage the people if you are not properly qualified.”

Manpreet working with special need children, finds that in any profession where one is dealing with the physical or mental health, formal education plays a vital role. She further added that in case of children it should be compulsory because the future of the children is dependent upon it. Formal education again becomes in any field because the theories taught in that study is experimented by many.

“When you talk about education or therapy, nothing is important then a right kind of training. After all, you are dealing with human beings and specially children



who are going to spend their entire life on the training which you are providing them? So, yes, absolutely training is very important because what you learn in the training is tried and tested by many experts and that's the way a curriculum is prepared."

In the data received from international art therapists, they all agreed to the importance of formal education in the art therapy profession. In their views one must obtain formal Education for art therapy practice. The essence of art therapy lies in its multidisciplinary approach, which is a combination of art and psychology. So, along with the elements and principles of art and theories and methodology from psychology also play a central role in the execution of art therapy. Emery explains the need of formal education in the field of art therapy profession. She added that the art therapy curriculum is designed on the grounds of understanding of mind and body working, art materials and its importance, transpersonal counselling and many more areas.

I found is even in the US all programs tend to be, there are many differences between the programs. I went to the program that was of 60 credits, which is one of the highest sides of how many classes and things you have to take and my degree is in transpersonal counselling psychology in art therapy. So, my degree in psychology and art therapy. So, I have those pieces, some of these classes which are not just art therapy based, they were actually psychology based. So, we had the grounding in psychology degree- understanding of how the mind works, how the body works, it what that actually happens and then learn how to also use the art materials and art with and then specific art classes are really pin pointed. What is this combined so, we have the base in both of those and then combine them, which allows, it allows for me to do setting with client.

Stephany Saklad from Art Therapy pros, USA finds it impossible to practice art therapy without formal education that too on Master's degree level. She also adds that it could be very dangerous because without understanding the skillset one cannot understand its power and limitations.

"One cannot call oneself an art therapist unless they hold a masters level degree. There is danger in someone stating that they provide therapy when they are not trained, or that they are able to provide a specialty, but they do not have the skill

set to understand the power as well as the limitations. I think it sets individuals up to feel that they can practice unhindered by an ethical body to answer to.”

Art therapists in their education program acquire knowledge about conscious and unconscious levels of people. They also understand different behaviors. They study about inner struggles which are seen in automatic behavior of human beings. Cindy working in women shelter home, USA believes that formal education helps anyone to deal with people coming from different cultures, background and issues.

“I think it is very important because people come from all walks of life that many have psychiatric diagnosis, So, anyone you are treating, people with diverse background and I think in order to understand people and understand what you are seeing have to do assessment like I say there is not talking here, because the range of art therapy now is from hospital all the way to various Centers.”

In Canada art therapy education is based on private post-secondary educational institutions. The motif of the educational training of art therapists to use art as non-verbal medium to help in externalizing thoughts. The therapist Sally Chung from Art as Therapy, Canada calls art therapy- ‘a form of psychotherapy’. She finds formal education in this field very crucial and unethical when it is done without training.

I mean art therapy is a form of psychotherapy. So, you provide psychotherapy-therapy to anyone. I would say education is crucial. I would say rather its very unethical and quite harmful either if someone is not trained in art therapy and therapy providing services to someone and sharing this is therapy. I don’t find that ethical.

Carry Cardwell from The Junction Art Therapy, Canada partially agrees to the need of formal education in art therapy. She believes that the social worker with art education might not need to have educational training in art therapy, but it is a vital element in the clinical practice.

“If you became a social worker, I would be okay with you doing art therapy because you are already an artist. The thing is when you are working as an art therapist that is a full-fledged profession so you have to have psychology background and art.”

Another art therapist from Singapore Hernie Kamas Martin from Holistic Psychotherapy Centre advocates the need of formal education for art therapist

because this profession demands psychology and counselling. One needs to find difference between art in therapy and art as therapy and get training accordingly.

“I think there must be a degree of training of art therapy, true, I mean counselling and psychology is important. But, the interpretation of art itself is very important. So, if you don’t have training to look or to ask them questions. Because art in therapy and art as therapy are two different things. The training helps us to do how art in therapy works, that’s what talk therapy comes I art therapy. So, there is a slight difference. So, even before I did my training, I thought I was doing art as therapy and then I was only reading. so, only after proper training, asking questions, writing papers and research, I understand art in therapy and art as therapy, they are actually very distinct. So, it is simply to have knowledge and to be trained in art therapy is important.”

### **6.1.2 Training**

Just as formal education is important in becoming a competent art therapist, practical training/ field training is also an indispensable element of it. This can be called the second aspect after formal education. The basic function of practical training is to apply theoretical education into the practical process. Field training in Art Therapy is known with different names. In Canada it is termed as supervised practical hours and, in the UK, it is referred as clinical placement or field work.

Art therapists or facilitators laid emphasis on the experience of practical knowledge, which is generally done under the supervision of an experienced therapist or under the teacher. It is supervised general or clinical training, which includes specific hours as per the requirement of the course in western countries. In India, it has a different approach, it goes side by side in study or a trainer is supposed to work in the NGO sector.

Along with two years of study in art therapy, which includes course work, a student therapist is required to have supervised training hours in the field directly with the clients. In many countries they are required to do training even after their post graduate study to meet the criteria to be a registered art therapist.

Dr. Shivani Khaitan, who did certificate course in the field of expressive art therapy, said that she needed to do 500 practical hours and during course training hours were

250. She worked in an NGO, where she worked directly with the two group of adolescents. She said that with art therapy there were big change in their academic and behavioral areas.

“One group was totally mix of children who were from where. Why were they like that divided families or dysfunctional families, you know this kind of background was there. So, I think in that NGO for 500 hours, I think I did more than that. I went into 750 hours. I picked up 24 classes, so each day I had one hour with one and one hour with other. The NGO was very good, and they supported me a lot. Every day, they used to give me class and they missed me in my absence. They used to ask why you didn’t come. For three months I worked there.... There was a big change in the behavior also there was a big change in 11th and 12th behavior also and academic was also.”

Yeti Parikh who is doing her second master’s in expressive art therapy told that she did 140 supervised practical hours during her study. She finds that practical training during and after study helps a budding art therapist to get in-depth experience of working directly with clients. In this part of the study, they get opportunity to decipher self-ability. This helps to use their theoretical information into the practical field.

Anupama Bajaj also finds practical training very important as it has helped her in self exposure and also with fighting fears. The therapists work in the area of emotional issues and their education helps them to resolve those issues. She further adds that the clients with the help of art making process want to resolve their multiple issues and therapist with her experience and insight finds out techniques and process in helping them out. Training helps them to step into their inner world with the medium of art.

Sonia Bhandari had to go for one-year supervised training under the supervision of Mr. Ercan Backet (Turkish Art Therapist and Counsellor from Britain). “Ercan Beket was a supervisor, where I worked with parenting, children with autism, ADHD, dyslexia and also neuro-typical disorders”.

Vasvi Shrivastava, did her certificate course in expressive art therapy and in practical training she said that they were required to complete a dissertation based on long term group in art therapy. The students were required to go to the clients directly

and collect information about changes after every therapy. Students in this process needed to discuss their progress and issues with their supervisors.

“When you are doing training kind of art therapy, you have to experience the different art modalities and you have to experience the whole art therapy process yourself to be able to understand the smaller details of the process, the nuances basically. So, basically that was extremely important and it was mandatory for us to go through at least 40 hours of therapy before we got over diploma. Because a lot of things come up when you are going through training for expressive art therapy, during the training a lot of issues come up for the people who are training to be art therapists. so, you take those issues, you have to resolve them.”

Aastha Ahuja attained her Diploma in Clinical Art Therapy from Canadian institute of Art Therapy, told that the practical supervised hours in art therapy is must. One cannot get mastered without attaining proper education, training in that area. An Art therapist being in a human service profession cannot afford to ignore it at any point.

In Canada and USA, the therapists do not see any chance to work without proper training in this profession. Carry Cardwell in Canada, giving an information tells that in art therapy course, practicum intern hours play an important role where therapist come in the direct contact with the client, and they understand case managing to supervision.

“So, absolutely a big part of art program is doing practicum intern hours. So, we have to do 700 hours. a part of that had to be direct contact with client and other part had to do with case management and you know note writing, supervision; there are many things a part of the program.”

Stephanie Saklad from USA while sharing her experience told that 700 hours training under the supervision was very rigorous and it was divided into two parts. that was two internships at two different places. Along with that for getting a credential at national level, 1500 supervised hours training was done and for state license she added 1100 supervised hours.

“The hours during the program were 700 altogether, split into 2 separate internships at different sites. Post-graduation, I obtained 1500 supervised hours in order to obtain my national credential, ATR-BC, provided by the Art Therapy

Credentials Board. I also obtained 1100 supervised hours, at the same time, for my state license”.

Sally Chung while sharing her experience about internships said that it was going in the society and working with individuals.

“I mean particularly to the practicum and the internships. That really had an actual experience going out in community and doing work with individuals, children and do those actual interactions. Where I am able to take up what I have learnt from the school and apply it.”

The Qualified art therapist organizes specifically designed art activities in the therapeutic space for the wellness of the clients. During supervised training, they learn to work at many elements of art therapy like relationships, case studies and collection of information about clients, feedback and documentation.

### **Introduction with Client**

Student trainer need to understand that the first meeting with the client is very important for both therapist and the client. The response of the client for the therapist and the therapist’s response for the client marks the starting of a long new expedition for them. In the first meeting the therapist needs to assess the client’s present state of mind. This happens by getting information on introductory form and also by talking to the client or by drawing. The purpose is only to make atmosphere comfortable and to bring a client into a relationship of trust. It also eases the client who feels anxious at that moment.

In first few meetings, the art therapist is not only able to establish a relationship with the client but also few areas like time and number of sessions, duration of sessions and many other areas are decided roughly. Setting well defined objectives with the strategy to achieve them should be a part of the basic ground for therapy. An immediate goal is decided after interaction with the client because the therapist is able to observe visible issues like- poor motivation, disturbed behavior. The plan of behavior modification programmed is designed. A contract with the client or with the family members is made.

## **Understanding Psychodynamics and Case Development**

For the art therapy progress, a therapist makes use of basic frames of psychology. The understanding of psychodynamics, which is ‘the interrelationship of conscious and unconscious mental and emotional forces to determine the personality’ makes therapist familiar with different ways of thinking. It helps a lot in case making. The next issue comes is ‘did art therapy help’. So, the therapist in the therapy part also keeps a track of developments which gradually take place after each session. An element of trial learning always takes place in art therapy whether the therapy plan is long termed or short termed. A therapist always has to choose right from many variations and many factors. For every therapy plan a therapist need to meet short- term objectives, long terms goals. In the case development the therapist also needs to design the ways to achieve them and parameters to measure them. Consistent growth at frequent intervals needs to be marked. Art therapy is intense but intimate by nature. This is why many art therapists often need consultation for the clients and sometimes for themselves also even after many years of experience as therapist.

## **Record making**

A good therapist is expected to do note making after each art therapy session about approach, temperament, feelings of the client. The note taking activity and pool all the notes in a file helps a lot when talking about the progress of the client. After the contract is terminated with a client, full information of the treatment plan in that file is given. It includes detailed information about each session, about major issues client had come for, if those issues were successfully resolved or not. If the concerns are sorted then how and if the problematic area is not resolved then what was the hurdle behind. Confidentiality in any case is always maintained.

## **Feedback**

A therapist need to collect feedback for all the aspects of therapeutic grounds during art therapy at regular intervals. Art therapists can contact client, staff members and family members of the client for this. By giving a clear account about the development of the client and what she perceives with interaction, she can get real assessment of her therapy outcome. the areas could be change in the client- behavioral, logical, perceptions and relational. The ‘image’ remains a center of communication for the feedback and the therapist interprets image through the glass

of the relationship between self and the client. It is always better to get family members' opinion to understand. For an art therapist feedback and communication with co therapists is very important.

### **6.1.3 Relationship of Education and Field Training**

In theory, the student therapists attain information about the clients and their image making. Whereas in the training part they learn relationship building so that the image making process could be spontaneous. The art therapist's role on the whole is majorly divided into two parts. First one is knowledge, conception and experience of therapeutic connection. Second part is understanding symbolic communication- could be an image or an object. In this the perception of pictorial imaginary and its relationship with interpersonal dynamics is recognized. The further understanding is extended to psychotherapy, psychology and psychiatry. In practical training first students learn to investigate their own image making. Practical trainings generally start from 2 hours onwards and is led by experienced supervisor. After experiencing self-identity in image making and self-understanding in group discussions, students therapists participate in group dynamic process. Therapists are also required to attend workshops and trainings held by organizations and associations time to time to keep their knowledge updated. With the extensive education in theory and practical training therapists get proficiency at their job.

### **Goals For Therapy**

Art therapists work with keeping goals in mind. They start with short term objective and those objectives leads them to the goals. Dr Shivani says that the goals are determined with the help of multiple exercises after the relationship building. The CBT and few art exercises takes her to the goal building. Yeti Parikh explains that the goals of therapy shouldn't be determined only on the basis of conversation with the client. The therapist needs to use her insight to set them.

"I will talk to the client first and get an insight into what the client like or dislike, the client's issues are what like and for what reason the client has shown me. Why that client has come to me, what are the intentions in his/her mind. Once I understand then based on that I will decide what problem is to be tackled first. Maybe the client might come and say that I had a breakup and I want another relationship.



That is not my job but I will just try to handle those emotions that a client is going through because of the breakup and to address those areas that a client doesn't know somehow, how to address."

Bhandari also supports yeti in using vision for the goal determination. Majorly the goals are Self-discovery, self-confidence, self-esteem and self- exploration.

"Goals are determined according to what the client wants and what I feel what a client should change inside, is one goal. behavior understanding and altering is another goal. It's about self-discovery. It all depends what the client has come to me for and what I feel the client needs to work towards. I become a mentor sometimes and I become a life coach... So, I use my observations to set goals. But common goals are- Self -confidence, self-discovery, self-esteem and self-exploration."

Manpreet also feels that ultimately self-satisfaction and happiness is the goal which everyone wants to achieve. Therapist has to design sessions accordingly because there are not set programmers and techniques for that.

"It's not goal, we are trained to bring positivity in the client. Here with special children efforts are only to give confidence to the children so that they can accept their disability and strengthen their emotional state. They all are different from each other, although all children are different, but in this case their disability is different. You cannot provide one syllabus to all and it shouldn't be. So, as I said for every child there has to be a separately designed therapy program keeping in mind".

Deciding an objective for therapy is a not one-time process, it is a continuous process. The therapist Starts with a basic goal and as the therapy proceeds the layers are unfolded and new issues are acknowledged. Vasvi believes that those issues which come during therapy are addressed in coming sessions.

"The very first session is history taking session where I get the details, you know, who they are, why are they here, what is their life story and everything and that is where we come up with the basic goal planning, okay, these main things to work on with this person again as I said that every individual session has a lot of things coming up and maybe the person has not told you about certain things, they don't remember those things, but there they will come up with the therapy, so, the goals are

based on that. After the session I will make the note, “Okay, this is something new that coming up and maybe I have to address it in the next session”.

Aarti while describing the process of goal determination said that they are not decided in one sitting, sometimes it might take more sessions than therapy sessions.

“Many times, a lot of time is spent is just to understand that the solution might take two or three sessions, 2 sessions but to really understand, the core issue. It might take a lot of time because it is based on a lot of layering, you would again trigger points you would understand not necessarily it will happen in one or two sessions to really understand those triggers and once you know it then it’s easy to work on.”

In deciding goals for the therapy, knowing background of the client is important along with the present mental status. In most of the therapy centers an assessment form has to be filled by the client or family members. In first few sessions, therapists try to understand the expectations and the requirements of the client. Cindy while sharing her experience told that people who are abused or depressed takes time to open up with their experiences. Emery said that to find out goals for the therapy an art therapist needs to step in the brains of the clients. That is done with the help of one-to-one talk and sometimes drawing activities. Hernie in goals determination says that therapy starts with very tiny goals like “I want to stop crying”, or “I feel like crying” or “I can’t sleep at night”. Working with such tiny goals leads to the actual target to the therapists. Actually, it is about empowering the client to face the challenges for life.

### **Important Aspects**

All art therapists need to have a basic understanding about human psychology. In art therapy therapists have to be familiar with developmental perspectives of art. In their therapy they are free to choose their own style to design therapy sessions. When therapists and art therapy facilitators were asked about the important aspects of art therapy, they all answered in different way. Aastha and Emery finds flexibility an important aspect during art therapy. Aastha said that if a client came with different mood or mind setup and not interested in working with the given plan, the that case therapist should be flexible enough to replace with a new activity. But therapist should not forget the objective. She explained it by giving an example.

“So, taking clues from the client wants from me not what I have to give to the client. Giving that openness to the client to decide where to stay on this. So, it’s like my client is holding the steering and I have the control on the car.”

Emery also agreed that flexibility in the activities should definitely be there in art therapy sessions. along with it, understanding how to use art and psychology at the same time is also important. Without a knowledge of psychology with art would be like supporting but not helping in healing.

“I think also understanding how to use art and having that psychology background is important. I mean, I do have artists too to work with me who are not therapists, but the limit how they work and it’s not a therapy because they can do, they can help people, like supporters, it’s great for them to bring that art to the people. I love that part but they don’t have the psychology piece with them which allowsthem to go deeper into things when someone starts to have something come up. So, I think with the art therapy sessions to really rely on both sides so, psychology and art both support you and the client to make successful whole session.”

Yeti is of the opinion that in art therapy a therapist should not be having judgements and pre-conceived notions because that part can involve negativity in the session and also can give a different direction to the session. She also finds grounding as an important aspect in art therapy session because she finds background important. Kalpana finds mutual connection, freedom, care vital characteristics in art therapy. She further added that client should also be willing to open up completely.

Aarti finds planning and improvisation as salient characteristic of art therapy along with connection, trust, deep listening. Vasvi feels that safety is very important and also a feeling of trust for the clients and flexible approach in activities.

“It’s very important to establish safety to give a lot of time to help them, to see that you are not there to judge, you are not there to tell them you are right or wrong or good or bad. Just hold a space to them and as I told you through concern from maybe just getting into verbal agreement, that I am not going to share, whatever you share at this space will stay here, it will not go out of here, it’s very important to be ready with all the material and the other material that you are expected to need in the other session properly, you need to have a plan but as I said your plan might go

for a loss, you have to be ready with other alternative option to make sure if this plan doesn't work.”

Manpreet says a right setup, she feels that a proper infrastructure can help in delivering therapy properly and can get positive results. Sonia Bhandari thinks that Bonding in art therapy comes foremost.

“The most important is bonding between the client and the therapist. The orientation of art therapy because its new in our country and it becomes extremely important and non-judgmental and no comments on artwork is very important and the artwork is a tool. It's a three-way process, It's a triangular process.”

Cardwell called mutual connection- a cardinal feature of art therapy which can help in giving respect, safety and allows a person to unfold the goal. Hernie feels that attention should be on the top. and Cindy feels that a positive atmosphere always help them to express people properly.

### **Evaluation**

In India many art therapy facilitators didn't resonate themselves with the term 'evaluation' in art therapy. Most of them find art- A non-judgmental space, just a medium for a client to express emotions. Kalpana believes that the activities should focus on the weaker areas. The art work should not be the basis to observe change in the client, it should be behavior, interest and social interaction which should be taken care to measure change in the client.

Aarti defined stepwise evaluation in art therapy process. She said in first few weeks 'observation' could be the basis.

“I think the first few sessions are just observation, like I really observe the child how are the cognitive movements of the child, is he or she scared of something or are they responding, are they getting triggered with some particular things, how are they asking questions? you keep observing them, you know you tend to see some patterns and of course it's not easy to understand in two or three sessions.”

A group of therapists believes that the parameters of evaluation could change in the behavior and art work. They believe that there could be chances of misinterpretations in the process of understanding the content in an image. Images sometimes can carry different layers of meanings which needs time to unfold. The purpose of art therapy facilitation is to strengthen the clients from within. The role of

the therapist is to support them externally with the help of art. Certain values of art help the client to bring them peace, in a very gentler way. Different emotions can also have different ways where words could get failed like anger- it could be anger or it could be frustration. but with the medium of art, it could get expressed very accurately. Aastha explains that there are not fixed parameters for evaluation, one can make out the progress with the work quality and behavior.

“So, parameters are not exactly laid down like in a format of the paper, but the parameters can be seen as an observation first in the behavior of the client and second in the artwork. The process also become more mature and work also become more mature. Okay, behavior, artwork and drawing your age.”

The most effective evaluation could be when people themselves feel good during and after the therapy and they come back again in future for different other issues. Niyati also believes that talking to the client and taking their feedback about their experience really help. Talking to the family members of the client could also help in getting sessions evaluated.

“When we are speaking to the client, the target, the client see him or herself or we are speaking to the people who are in close connection with them because they are constantly interacting with the client. So, their feedback is also important and has a value. Of course, observation during the session and after the session, we can speak to the people who are closely and the client himself or herself can also express, what changes he or she is experiencing.”

Nishtha feels in the same way, she also believes that taking feedback from the client could be very helpful and also suggests to have a feedback form for that. She also advises few psychological tests to be conducted in frequent intervals during therapy process to understand ‘shift’ in the client. A therapist can also determine change in the client by understanding pre and post therapy behavior, temperament also.

“There can be different ways of evaluation like there could be questionnaire which could be filled before and after the session, you know if there is a proper plan like, if so, most of the time how we working, is there are a couple of sessions happen and people like some sessions we have published and we have and some people come and whatever happens or what shift that has happened in a person, in that session

itself, that is been shared in the group if it is a group therapy. In one-on-one session it is spoken about that, but there could also be the ways like you know bringing questions into some psychological tests and also may be using before and after the sessions. So that could be one way really coming down to “this is a certain kind of change that I see in a person”. What people share after the session like how they came in , what kind of mood they were and when they are leaving, so, there are these words like you know- feeling light, feeling happy, learnt something or changed perspective.”

Areas which therapists commonly mentioned were colors, image and overall, what the client has tried to depict through the composition. Khaitan mentioned that she has witnessed a lot of changes in the clients because at initial stage they are reluctant to draw but by third and fourth session they get comfortable with and till last they start loving to draw their emotions. So, she calls it a journey. She also added that art helps her to evaluate their feelings at that moment or to understand their issues- social or emotional both. Encouragement about writing few words about the art work is also given to the clients.

“In my field it has helped me to understand what the client is coming from what is the background he is been brought up and what kind of family he is been from like from dysfunctional family or what kind of surrounding he is living right now? What are his goals? So that was all coming in the path where art helps you. you know colors speaks, If, he is using black color, I can lot of these kinds of, if he is not able to write good things, because I also encourage to write the words they come across. The affirmations they come across. Just on the side after making art, if they want to write anything about art or anything which comes to their mind, write that also. So, all that helps you. It’s not only art in art therapy you are working with its about many things because there are some stuck words that might come up while working with art but if you give them prompt, they will come up.”

Niyati while clarifying evaluation process said that colors do make difference to some extent but, relying upon the elements totally is not right. Art is a medium of expression in art therapy but art only cannot be the basis of evaluation in art therapy. Many other factors are also involved in it.

“My approach is not really that it is a red color and this is what it means. Of course there is other side where art activities and colors and strokes used are also

used psychological tests, where in a person who is taking the test and can you get it look at the patterns and say that ‘okay, this is probably leading to this. Like somebody has created an image in this passion with these colors then it means this. But my approach is not that. So, art for me is more of expression bringing out, what you don’t know, what the client is not able to talk. That are in subconscious mind and not available to us in the conscious world. So, in bringing that out art does that job so gently and easily.”

Second group of art therapist believe in psychotherapeutic process in art. Nishtha explains that certain psychological tests could help the therapist to lead in a certain direction but as a facilitator she helps clients to express what they feel through art. Importance is given to expression not interpretation. The art therapists are trained to interpret the conscious and unconscious process. It could be about transference or could be emerging through image the client has produced in the symbolic way. In this therapy a therapist gets a concrete visual product for interpretation than verbal one, where sometimes expressions are limited. Bhandari expressed that the parameters for evaluating art work are the elements of art and many a times an image- which carries a story behind. She called those messages ‘focal points’.

“I have done one aspect of art therapy which has elements of psycho analysis: which we are able to analyses what is the color, what does the color mean and what kind of images that are drawn- which are called focal points. So, those focal points help me to see the difference in the art.”

Stephine while sharing her experience told that it is during art therapy process when a therapist finds out a particular theme or a pattern in art or in the choice of art materials and those changed in the patterns become the basis for the evaluation.

“Typically, in my work with clients, I find that at a certain point, they begin having some sort of theme. It may be the materials that they choose to use, or some sort of thematic element in their artwork. Through that, it is often exciting for us (myself and the client) to look at their artwork, spanning weeks and months, to see the changes. it may be that as they gain clarity and control in their life, their art work reflects a less chaotic environment. As I do not administer assessments in each session, I am unable to give an exact scientific answer.”

It is not only art content but style also needs to be understood to assess change in the clients. Sometimes the choice of materials by the clients also conveys a therapist about the statement of their mind.

“Art is, yes it’s nice if you get more than one, two, three or four pieces and see the range of things, that’s another thing about materials, you can see how somebody is responding to the visual materials and it will surprise you. Moreover, clinical conditions, for what they draw spontaneously, was, it was very regressed. Now, I won’t have to put that together. I have to be able to compare those two kinds of thing you know, door kinds of artwork.”

An art therapist always needs to be open to the artwork made by the clients with all the potential meanings related to it. But should take proper care to come to the conclusions, the evaluation should not be rapid. Aarti Bhandari believes that Interpretations can help but coming on the conclusions on the basis of colors, forms and compositions could be sometimes misleading and also can harm the process of therapy.

“This example stays in my mind, like there is a possibility, like if I am working in a group and one child is using a lot of black color or whatever notion canit be, but sometimes the interpretations can completely go wrong if you really ask our child why you are using black color or why have you not added your grandfather in this portrait. Don’t leave it to assumptions. There could be he had an option of only black color, you know he is not being assertive, so, the problem is not that with black color, the problem is availability of color. So, I think it’s important, there are mere observations that a child has used black color, but if I am saying oh, he/she has used, and the reason could be this or that. That I think is wrong and it can lead to false interpretations or conclusions. Same thing is there in second case. okay, you have not drawn your grandfather, you can ask the child. So, then he can say whatever he or she wants to say, Probably the grandfather had gone out of station or something else .”

Sometimes the discoveries are not accepted by the client, so it is important to confirm assessments with the clients in own special way. The meaning of the image and its significance can only be explained exactly by the client, an immature interpretation of the image or early intervention can harm the process than in helping the client. Image in the art therapy is a raw piece of information about the conscious



and the unconscious world. An art therapist needs to understand the wave of emotions in image making process. Therapists make use more or less these following values of art for understanding, goal setting, procedures and evaluation.

1. **Form and content:** These elements are often used by the therapists in non-verbal expressions of inner world. The use of image and content in artwork is done by the therapists with the intention of “Trying to access the knowledge and understanding that a supervisee has about a client that is at the edge of awareness” (Scaife, 2001). Such information can be made available with specific activities like family tree, or friends provides necessary dimension to the therapist for the further action. Sometimes a therapist only wants unintentional forms to appear in the scribbling activity for the perceptual objective. Further the engagement of symbolic component in the form, helps revealing a different layer of the character.
2. **Nature of metaphors and symbolic expression:** At birth, the child doesn't have symbolic thoughts, but they start at early stage in life along with the progress in language and mental representation (Greenspan & Shankar, 2004; Wilson, 1987). Many times, a therapist come across the art works with symbolic representations of a particular kind of forms of the clients, who look for self-searching, self-realization. The use of colors in a symbolic way also guides a therapist to further processing with their therapies as problem solving skill.
3. **Materials- nature and temperament:** This is the one of the major art parts of art therapy. For the understanding of creative process an art therapist needs to have a knowledge of art materials and products in a great deal. The right use of material could help in getting right kind of framework for the therapist. materials have the capacity to create sensations. Fluid media can help in getting symbolic expressions when they are used in rapid flowing way and with the use of pencils precision and planning is involved. Clay can be used as sensory product depending on in what direction the therapist wants her session to go.

In the conclusion, it can be said that formal education is not only important to work as an art therapist, but it should be a compulsory element along with field training. Other

skills like awareness about self, client and surroundings; creativity helps a therapist to become a competent professional. This fulfils the objective four of the research.

## **6.2 Programs and Techniques for ASD subjects**

This part of the thesis addresses on providing a model of art therapy intervention to address the complexity and stereotypic behavior of autism which addresses objective one- ‘To document art therapy techniques for autistic children in India’. The major challenges art therapists face with ASD individuals are in the areas of communication and socialization, regulations of emotions and challenges in sensory areas. They need support to understand outside world. (Greenspan & Shankar, 2004; Greenspan and Wieder, 2006; McAfee, 2002; Wetherby &Prizant, 2000). Individualized art therapy sessions to address their sensory needs, their emotional needs and social communication areas can help in the areas of their family, community and education.

Many researches prove that art therapy helps in reducing stress and support emotional regulation with the help of sensory art materials. “Due to an intense desire to cut, to tear, to blend colors, to put sticks and other materials into their works, individuals on the autism spectrum are naturally drawn to their unique, preferred, art form” (Hosseini, 2012, p. 7). Moon (2008), called art therapy “meta-verbal” or “beyond words”. In the complexities of communicative abilities in autism, meta- representations can assist them to express their thoughts fully. Art therapy can also help in their cognitive abilities.

Art is natural and every person has a unique way to express themselves through art. Oxford dictionary explains art as:

- “The expression or application of human creative skill and imagination, typically in a visual form such as painting or sculpture, producing works to be appreciated primarily for their beauty or emotional power”.
- The basis of art therapy is empowering client with self-expression and self-understanding with the help of art expressions and it is quite different from the children with autism (Oster & Gould, 1987). Individuals with autism often lack in basic skills of attention, communication, cognition and motor coordination to understand others and also to get themselves understood. Art

as a medium, tool can help and engage ASD population to assist them in building visual-spatial strengths. It also can help in developing their social skills as Anderson (1994) explains “art-centered learning” for the children having different disabilities. When it comes to special needs children, it can be called as an alternative to therapies where work is done on their issues that hinders their development. Those issues could be related to physical, emotional, mental and behavioral areas. The design of art therapy is based on strengthening own unique personality to provide a positive outlook towards self and environment. Its techniques focus on increased motor skills, improved focus and altering mood to provide a relaxed and safe environment for such children. Sonia Bhandari art therapist in Vimhans Hospital, Delhi calls art therapy and a client’s relation like mother and child’s relation, where the client gets to know about self. “I would like to say that art therapy is just not like a very technical clinical intervention. Art therapy is a very natural way of helping or it’s more like self-help to heal themselves. To get in touch with their original self and what is original, we are all creative beings and some way or the other I always say that art is somewhat like a relationship between mother and child, so, the moment we get in touch with our creativity, it’s just like a child is in touch with the mother. So, how that feels. You feel so connected, you feel so comfortable and you heal and that’s what art therapy is”.

Art therapy is based on the theory of the influence of art on neurological system. The therapist uses stressors and challenges to help children and adolescents with autism. They learn to use art material in different ways. It does not only help them understand positive relationships but also it helps in erasing negative emotions, memories, emotions and situations. Anupama Bajaj art therapist in hospital setup explains that many autistic children are good at imagination and art is very natural in them.

Many people with autism struggle with communication and are often visual thinkers. The art fits naturally with Autism. The autistic people can express themselves through images while also being a relaxing activity.

Sonia Bhandari explained that art is a very natural way to heal autistic children. Most children with autism are not expressive and art could assist them to express their emotions which they deal with but can't express.

“When it comes to the autistic children, it all depends on their intensity of their sensory issues because that's the main area which we need to take care of and secondly a therapist shouldn't forget that many a times they are not able to express their emotions, but they deal with them. The training we get is that we shouldn't think that the children with autism will pick up colors and start to do art.

In the contradiction a young therapist Aarti Bhandari- a free-lancer art therapist, does not believe in anything called 'autism'. According to her each child is different and categorization on the bases of behavior of the child will not be just. Art therapy is most of the time customized according to the individual needs for everyone, so, giving a name to a particular behavior is not there in Buddhist philosophy. She feels that every individual is different and 'autism' is another individuality. she further added:

“If I am saying that this child is , has the disorder then I am a sort of putting a child into the bracket. but, if I see it is all, like everything can be changed, you think is permanent, how the child is perceiving things, everything, then my approach is also different and I am not putting the child into the bracket, but I am seeing your observation working on it and also seen changes into it and also seen the changes in the sense, so your approach changes with those spiritual psychological points. I feel like very interesting to work with clients”.

Art making during therapy helps to stabilize mood of autistic children who very easily get uncomfortable with little change. Manpreet calls art a sure shot remedy to hyper behavior and anxiety.

“As I have already told that art therapy is a magic to work on moods. These teens in our settings also become very hyper due to changing hormones, they sometimes cannot express but they feel anxiety and when they can't express, they become cranky. They just throw stuff here and there and ignore your commands. When you bring them to the therapy, give them colors, they at once get settled and calmed down. And children they are always ready to do art, scribbling, drawing,

tearing all these activities express their emotions. You see them how engrossed they are with their work. This is the power of art when you forget your surroundings”.

### **Relationship Building**

Autism Spectrum Disorder often leaves a child in a different world, in which the child experiences withdrawal and is internally pre-occupied. There is always a glass wall between him and the outsiders. Kalpana working with special children in Haryana finds it very important to build relationship with the children having autism. She finds it as a key to mend their behavior:

“In our profession it is very important. They throw tantrums upon new teachers and once they get attached to the teacher emotionally, they will follow all the instructions. They express easily to the person who is connected with them”.

A major deficit among individuals with autism is socializing. It's important for any person to develop a mutual relationship with them. A therapist needs to visit many times before actual commencement of the work. Manpreet calls it the most important area when it comes to the relationship with autistic children,

“This is most important in our area. These children do not easily trust anybody and once the connection is made, they totally start looking upon you for their physical and emotional needs. They are just pure and love the person from heart who love them”.

“Relationship doesn't take place immediately, it needs a lot of patience on the part of a therapist”, Says Manpreet that bonding is really important in any therapy.

Sonia Bhandari calls it bonding instead of relationship building. She calls bonding a three-way process:

“The most important is bonding between the client and the therapist. It's a three-way process, it's a triangular process where client and therapist play important role over a piece of art”.

Once the relationship is maintained they would love to be in their company, so, working for long period makes a therapist understand the preferences of the child and the therapist gets skill to what way the work is done. Niyati Shah feels that the feeling of trust comes gradually and art becomes a medium for the relationship building.

“These art forms help them to express. So, slowly as you spend time with the child you will understand what they are responding to what they are enjoying and what they are sensitive to”.

Anupama Bajaj also supports Niyati’s opinion by calling sessions- ‘the process of communication’ , and calls art therapy a safe and non-threatening space.

When the client and therapist sit together, the process of communication happens on agreement from both. The client feels that this is a safe and non- threatening space for them to express their emotions and feelings. Art made in the presence of an art therapist may enable a person to get in touch with feelings that cannot easily communicate in words.

Aastha Ahuja, art therapy trainer and art therapist in MpowerU, Uttar Pradesh feels that a therapist should show ASD clients her acceptance to get them opened up.

“So, their notion is nobody understands them and that is all. Now when you are showing your acceptance towards them through art. The shift happens and they see you as a friend, parent, teacher, mentor all together. They see it in you and then they open up. You just have to show yup that you accept whatever they are doing”.

Vasvi Shrivastava stressed on relationship building with ASD client. they have their own emotional issues and many a times they do not get socialize with outsiders. So, for working with them a therapist should first of all bring client into confidence of being non-judgement and acceptance.

“I think trust is everything, trust in sense of safety is everything, when we have therapeutic session, we have to make sure that a client is able to open up completely. They are able to feel that they are not being judged in that therapeutic space, they are fully accepted with their flaws, with all the good and bad and ugly and all. you know that the therapist s not there to judge you. They have to feel accepted and safe and we also make it very sure, we establish safety in the first very few sessions, like we keep on telling them lets sign a confidentiality agreement, so that whatever you’re sharing in this session today will not go out.

**She further adds:**

“I think trust is everything, trust in sense of safety is everything, when we have therapeutic session, we have to make sure that a client is able to open up completely. They are able to feel that they are not being judged in that therapeutic

space, they are fully accepted with their flaws, with all the good and bad and ugly and all. you know that the therapist is not there to judge you. They have to feel accepted and safe and we also make it very sure, we establish safety in the first very few sessions”

So, the building of rapport and establishing a kind of trust by a therapist makes art therapy session successful where simple art making process leads to the transformation of the personality.

Aarti Bhandari calls trust and connection- the most important aspects of art therapy. Deep listening and give a feeling of ‘being understood’ to the client comes prior to planning and improvisation.

Chung defines that art therapist need to understand inner struggles of the teens and children with autism. they have their own issues. the relation building for the therapist in such cases becomes very important and the patience in the therapist helps to build that because many times it takes months for the clients to open up with therapist.

“If a therapist get that, they feel really... , may be of there in the school; they are really lonely, they feel isolated and hurt and here they feel lived. They feel joy and just so much they create. They only come in the relationships. Within few sessions they are like more enthusiastic about you know working with. When they see that sometimes it takes time for the child you know it. It may take weeks, months for some times to come in and feel safe”.

Sometimes a relationship of the therapist with a child with ASD might look like one sided but the therapist needs to understand that these children need time to get comfortable. There are few points every art therapist need to take care while setting up a mutual relation with spectrum child.

At first comes the flexibility- to make child comfortable with projects. If they find difficulty in achieving the goal of the session there should be the space to make it easy or break into small parts or change it.

Next is to understand their art and material choices- therapist has to move with the goal to encourage autistic individual for expression through art activities. Sometimes children want do not want to work on the particular activity decided by

the therapist. In such situation therapist needs to be receptive with the choice of the client and mold activity in the way that the objective is received.

Physical contact is always a matter of concern for spectrum children. Therapist needs to understand the craving or avoidance of physical touch by ASD child.

Children with ASD do not understand abstract easily, so verbalizing in easy and direct manner is always good with them.

It is important for the therapist to listen to their body language, which they unintentionally convey.

### **Communication**

“Basic communication of human being is non-verbal. Man is not born with words, he learns language gradually from his environment”, Aastha Ahuja says that 95% of our communication is non-verbal and only 5% is verbal. A new born child to 1 year age hardly uses any language, but is still able to convey his feelings or needs. As the child grows, he/she starts to depend upon the language.

One of the major difficulties faced by a child with autism spectrum disorder is verbal and social communication. People with autism are many a times non-verbal and many can speak but cannot communicate. The reason for the same is that they face hard time processing it into smooth and easy language. People with autism mightnot be very good at understanding body language and hidden meanings but the extraordinary quality which many autistic people possess is that they “think pictures”. This ability could be turned into the form of expression through drawing, coloring and other mediums of art. Art therapy on the other hand works as a tool for helping people with autism to understand their own emotions. Sally Chang from Canada calls art therapy a ‘visual reminder’.

Kalpana calls communication a way of expression,

“It could be very important in other cases but for us it is important to some extent. All students are not verbal. They also do not express themselves in the words. so, that is why art therapy is for, it helps to express the part which they can’t express through words. You know, you saw when they were expressing themselves through colors or pencil, how beautifully they expressed themselves, though some of them were not



very clear that which is the right place for eyes or nose, still they were so confident in drawing that”.

Until now, literature review stays far from presenting tools and techniques directed towards the use of art therapy in the condition with autism. Art therapy techniques for the clients with autism spectrum disorder focus on mental and emotional growth. Activities are aimed to understand better creative development. Art therapy process many times is an effort for autistic individuals to express themselves through art. But, can communication through art can help such children in difficulties with language to communicate?

Ahuja finds communication very important aspect,

“Communication is one I think is one of the key elements of art therapy but not a major element, so for example if you come to me for a therapy, I would want to communicate with you using materials using in art material because that’s how that what my language is. that’s what I have learned”.

Understanding as the basis for technique is very popular among therapists. Gathered interview data for the study confirms that right kind of art therapy techniques helps children with autism a lot. Sally Chung from ‘Art as Therapy’, Canada in expressing her views on the contributions of art therapy for autistic children

“Art has a power in general and as a teacher I am sure you know art is working both parts of the brain and it is into the operation to be happen so, anyone who is engaged in art making, they are doing it for the cognitive for the brain and not only for autism but for any child, is important part using both sides of the brain to develop with the coordination, with the perfect coordination. There might be more sensory and just confronted states well”.

Autistic children many times do not develop language at all. So, they have no medium to express their feeling. What if they give shapes to their emotions to share to another person? Everybody might not be, but, a good art therapist is skilled enough to not only understand the surface meaning of a picture but the thoughts and messages which are conveyed through pictures. Emery from USA, feels that verbal part is not very important.

Sonia Bhandari believes in the constant communication with the client during session, This communication with me and with a client; whether its speaking, whether it's just having silence and then there is also between me and the art therapy and the client and the art. So, the communication goes in the multiple ways and often... It goes bothways verbal and non-verbal, because I don't want them to have to come up with words for the art if that doesn't help because they might not be comfortable with the words that's why they chose art.

She strongly believe in art as a medium of communication:

“Art is an image, so, in art therapy major part of the communication is through art”.

Kalpana and Manpreet working in a special school have the opinion that many of autistic children are usually not verbal, and even if they speak, it is not easy for them to communicate through words. so, in such cases art plays its part but it's the skill of the art therapists that determine how much they interpret?

“Verbal communication could be very important in other cases but for us where all the students are not verbal. They also do not express themselves in the words. so, that is why art therapy is for, it helps to express the part which they can't express through words. You know, you saw when they were expressing themselves through colors or pencil, how beautifully they expressed themselves, though some of them were not very clear that which is the right place for eyes or nose, still they were so confident in drawing that”.

“Our students do not much communicate, if they do that is also not very clear in words, so most of the time we need to understand their needs. Art therapy helps them to express themselves and that gives them pleasure too, because they do not speak, they share their emotions through colors. So, for them communication is when you understand their non-verbal behavior”.

Art therapist should have skills to understand non-verbal messages. Niyati Shah explains communication in her words.

“So, of course it is important, but communication doesn't happen only verbally, communication happens just looking at each other, your body language, your intentions, your purpose- those also fall in the category of communication. so,

all these mediums help you to connect and act. It is itself a communication. what is considered as communication? Art itself is also a communication. So, it is constantly happening.

Yes, whether it is communication with self that is happening or its communication with the facilitator or with the group. You are communicating through these art forms”.

Art therapy activities for ASD subjects at the sensory level, like finger painting, hand impressions, rolling clay, can be pleasurable and also helping in calming them down. Martin indicates art as “an interesting crossroads for children on the spectrum because it is an activity in which strengths (visual learners, sensory interests) and deficits (imagination, need for sensory control) merge” (Martin, 2009, p. 28).

Aastha Ahuja who is running an art therapy center in U.P India clearly mentions about their social, communicative and emotional side.

“What I found about the spectrum children is that they just need somebody to be there with them. They don’t understand your social and emotional theory. its beyond their power to understand that but they just want you to give them an authoritative ability to do whatever they want to do”.

For autistic children, communication is generally very difficult. So, they use other methods to describe their emotions. Art is one of the safest media which helps them in expressing themselves. Manpreet says that:

“Our students do not much communicate, if they do that is also not very clear in words, so most of the time we need to understand their needs. Art therapy helps them to express themselves and that gives them pleasure too, because they do not speak, they share their emotions through colors. you have already seen how much they are excited to see you here. So, for them communication is when you understand their non-verbal behavior”.

### **Gathering Information**

In the first stage of the therapy information about the client is gathered. It is assessed with observation technique and also their medical reports are considered. In observation his/her behavior patterns are studied. Aastha Ahuja explains the need to

collect information about the client and also through observation, understanding behavioral patterns and by talking to the family members.

“The first session is more of intake session where we are trying to understand why the child is coming to us or brought to us. That is more of a verbal communication that happens not only with child but the parents too. If I save time in that then I do an assessment there and then using the art activity otherwise I leave that for second session to happen and if the client is not clear on what goal they have to achieve from the therapy, because it is very important to understand habits, patterns of ASD child. Their triggers, their calming techniques, their issues and many other things about the child a therapist should always know.”

If the therapist still feels that the information provided by the family members is not sufficient or any particular information is required by the therapist then therapist generally keeps more sessions for information gathering. Ms. Ahuja advocated certain activities to be used by therapist to find details about child's behavior.

“We plan assessment activities and there are many assessment activities that we do. we have huge pool of activities that we can choose for an assessment, but I will choose an activity then depending upon what situation, what kind of information is given depending upon what you can probably do”.

Information is collected through a form also which is filled by the family members of the child where many questions regarding the assessment about the autism are available, which gives a direction to the therapist to work on. Many activities are also available which help in equipping facilitator to plan goals. In such exercises, a lot of observation is used where therapist see how the client feels, how he/she is reacting to a certain color, material or drawing. It is a very important because children on spectrum are just unique in their behavior and reactions. Sonia Bhandari strongly believe that the temperament, behavior of autistic child is dependent upon the family atmosphere of autistic child.

“It depends how they are taken care of, how are they looked after at home, how much time parents are able to give, what kind of support- family support they get from home. So, accordingly the techniques are used for autistic children”.

Aarti Bhandari agrees to collect information from the mother of the child about him and the family and the issues a child is facing and also a discussion could be done with the child also if he/ she is able to express. it might take three to four sessions. she further added:

“I usually write observations after the class ends and maybe after 3-4 sessions, I sit with the parents also to convey those observations. Even tell the parents different ways, how to do this, how to work with the particular issue if they can make their own contributions and stuff like that. then I take things with the parents as well because, I am not going to stay with children forever, they are going to stay”.

The Therapist has to take notice of behavior and gestures of the child during first few interactions through her link of channels. There are subtle ways of observations which make therapists understand different areas of the client because everyone is not verbal. Arti Bhandari believes in taking few sessions in the beginning for the collection and note making of information about the child before setting of goals.

“I think the first few sessions are just about observation like I really observe the child, how are cognitive movements of the child. Is he or she scared of anything or are they responding, are they getting triggered with some particular thing, you keep observing them, you know you tend to see some patterns and of course, it's not simple to understand in two or three sessions, but whatever patterns you tend to see, you create therapeutic goals accordingly, like you see you assume, a child he or she is getting triggered, and you see that repeatedly, tend to work on that type of therapeutic goals? Very simple things like a lot of things, a lot of children don't know about their special understanding, to see those patterns in the child is not able to specially understand his environment. Sought of set those therapeutic goals and then create sessions around.

So, the first stage of the therapy includes assessment of the client. in the first visit, many times before the visit of a client with ASD information from the family needed be collected, so that therapist arranges a comfortable space for the clients with their specific behavioral patterns.

### **Materials for Activity**

Choosing right art material is a key element in art therapy. Art therapist uses art activities as a primary source of his/her session. But, until the right kind of art material is not engaged in the activity the process of unconscious engagement in the process of change and growth remains incomplete. The planning of the activity without the planning of art material is not possible. There are two decisions an art therapist has to take before planning an art therapy session to achieve the goal is activity and the art material. Art material has its own value to the journey of unconscious because art is not theoretical.

In case of autistic children, it is very important for an art therapist to take history from the family of the child to understand his choice, allergy, personal liking and disliking or triggers. Sometimes a certain material is intolerable to the ASD individual for the reason of specific sensory sensitivity. Kalpana believes in the careful selection of art materials for ASD students.

“That they can be sometimes very specific to certain materials, likings and disliking so the selection of the material should be accordingly”

Manpreet believes that the choice of the material should be according to the activity but at the same time understanding a therapist needs to be flexible enough when working with special need children.

“All kind of materials are used for art therapy like from dry coloring to wet colors and different craft materials. It is according to the activity. Most of the times it is as per the requirement of the activity, but we are not rigid to it because you know the children, we have in the school are special ones and they are sometimes moody and refuse to act as per given instructions. So, we are open to change the material and sometimes the entire activity also”.

Materials of different kinds like base material where its color and its thickness is decided as per the need of the activity. The base can also be cloth, wood, wall, board and many more as per the imagination of the therapist. Different medias can also be used on it including different kinds of brushes and clay modelling tools.

### **Materials can be divided into three broad categories:**

- A. Drawing
- B. Coloring and Painting

### C. Modeling and constructing

Apart from it different paper activities like tearing, rolling and folding is also actively used in different art therapy sessions. Nishtha Aggarwal advocates natural materials also like pebbles, leaves, stems, wood, clay so that the client feels grounded.

“So not really very specific about it, all sorts of material can be used, I feel that available material like crayons, water colors and pencils and exciting materials like sometimes if you want to create a happy thing. Clay objects from the nature like stones and leaves, stems, newspapers and also glitters are happy materials you can use. But I also feel that sometimes, when client comes, we also need to see how comfortable the client is, sometimes he/she can be overwhelming also, that you see so much material. Sometimes they are hesitant also. When we ask people when the last time, they painted, or they took a color in their hand. They go back actually to their school time not even college, they go back to their childhood. And this experience could be overwhelming experience for them,”

Almost every art therapist during interview emphasized on the importance of using right kind of material. Out of the buffet of different kinds of available materials, specific material required for the specific activity needs to be chosen. Material and activities should be planned keeping in mind to give relaxation to the client's mind.

So, So the activity has the capacity to calm them down without them knowing that they are destructive e.g., emotions are released with clay, which is a play with activity, the child's mind and approach get diverted from the destructive to friendship or sometimes laughter. So, there are no fixed things of art that needs to be selected for everyone according to the needs. There are very selective ways to handle sensitive areas which needs to be kept in the mind.

When it comes to the selection of art materials the art therapist should select sensibly and it's not important to serve wide variety of art materials to the clients. The choice of the materials should be made according to the goals of the session. Art therapist to needs to know about the temperament of art materials, e.g., clay is very good material to calm down but at the same time if clay is wetter than it is required, it can increase anxiety.

“It's very-very individual that way, so if I am doing things in the group settings and I have a certain plan for that day, then maybe I will ask for you to choose

water colors only because water colors have a certain quality, water colors have something which you do not have much control. So, when you start using water colors, you will start out with a certain plan, especially when you are not a skilled artist, you will start out but the color might go in different direction, that will help you to trigger your imagination, then very new surprising things might come up- revealing about yourself. So, if I want a certain outcome, then water color will help, then I will use that. Similarly, I will use clay if I want other kind of outcome, I am working with autistic, where they don't have control like water colors, in such situation they will just go out of the place. so, when to control them, I will give them pencil colors or I will give them oil pastels. Right? because this kind of medium doesn't need to need efforts to control. Sometimes, few arts materials triggers anxiety, so you have to be very specific about, whom you are working with, what are they, maybe age group, ailment they are coming with or what outcome that I want from them in a particular session and I want to see where that person go on their own then I will display all art material and I will tell them to choose, because what they choose will give me information about who they are?

In most of the circumstances few materials are enough to serve the needs of the time. I think that the tactile experience of art making allows for a refocusing of the body's attention which can then allow the person a safe place to express (verbally and non-verbally). A skilled art therapist needs to know the right use of material in the situation. Sonia Bhandari with an example of clay explains how it can help in calm down the destruction behavior.

"If a child gets hyper and start toppling the table and you give them clay, he/she drops it on the floor again and again. So, this activity has the capacity to calm them down without them knowing that they are destructive. Because these emotions are released with clay, which is a play wat activity. So, the child's mind and approach get diverted from the destructive to friendship or sometimes laughter".

Niyati Shah explains that variety of materials are available for various art and craft activities. natural ingredients can also be a part of art activities:

"We use a lot of things for VA (visual art). You know all the art material that we can use like pastels, pen, paint, felt pens, colors, colored pencils. All possible art material that we can use is like pasting material and sometimes we use natural



materials for the activity as per the demand of an activity. We do a lot of craft and a lot of things that come under VA. It depends on the session that what we have and what is available to the client”.

Choosing materials for ASD subjects also can also be a major task for the facilitator. Safety during art therapy sessions should be taken care. Sonia Bhandari stressed on sensory based and safe materials should be the first preference:

“Colors play a very important role, so, sensory integration is done through art material. We have to be very, very tactful over there, what kind of colors to be used over there e.g., children with autism, they may have tactile issues, they might not like to put their hands in water. They will definitely not like to put their fingers in the paints and colors. So, alternatives have to be taken care of. We have to see that glass bottles of paints can harm if broken so for hyper a client, on this aspect should be seen. So, choice of materials depends upon the clinical history of the clients.”

Further she adds that art material plays a central role in art therapy. The client interacts with the material. Material interaction is an important source in art therapy with ASD subjects. On the topic of the quality of art material Sonia Bhandari insisted on good quality of art material:

“Availability one of the reasons, I think, for a very creative people, I would definitely like to add more materials because they love to work with variety of them. For the ones who are not creative, I use very few ranges of materials, so, that they do not think or overwhelmed. looking at the material. And the quality of the material, I always use good quality of material, when it comes to the art therapy”.

Along with the knowledge and the temperament of art material, understanding of ASD is must for every art therapist if they want to work in the area. When talking to children and adolescents with spectrum, a therapist needs to understand that age and spectrum leaves them with short attention span. The choice of the art media should be suiting the topic. All the interviewees made it clear that deep and wide nature of art material plays a vital role in achieving the goal of art therapy session.

Aastha Ahuja and Yeti Parikh also favors experiments in the sensory materials for autistic children. Aastha again stressed upon knowing the patterns of the child to give them art material. But she added that the safety of the child should be the top priority for the therapist.

“They also vary on spectrum scale....As far as the child is not getting harmed, the child should be allowed anything to do they want to do. you just have to see what pattern they are following when they are with you. so may be first ten sessions you could take to determine the pattern they are following with you. Give them paint, give them sketch pens, crayons, give them everything you have clay, beads, whatever you have, right? and see what they choose, what they want to make. see how they are trying to communicate with you because they are with you in that room for one hour, So, they will want to communicate with you”.

Yeti Parikh advocated sensory products for ASD children. She encouraged many play-way methods like puppets and clay. This helps children with autism to visualize:

“A lot of play way techniques are used, there are a lot of sensory ways, methods that can be used, becoming characters or wearing costumes, you know it becoming something in their head. Clay dough is another medium, we can use for autistic children, we can create imaginary objects, they want to express themselves with, a lot of textures or colors and a lot of objects or patterns that we use with autistic children. Mainly it’s all sensory things”.

Many of ASD children have anxiety issues, some of them could be having extra-sensitivity toward environment and many adjust easily about it. Yeti advocated materials and activities in such situations

“When I say art, I don’t mean every time to hold a pencil and draw. What I mean is to let them play around with things, you can give them colorful fruits or objects around, let them play around and recognize color, textures and shapes, feel those things. Fine motor skills and sensory based activities are very-very important for kids, because they relate motions to the colors and textures and they know if I am feeling angry, I do this I will feel better. So, instead of throwing the objects make them down that way, give them an object that they can do pounding, you have so many things which can be used. give them clay dough, let them mash something, they should be putting something when they feel aggressive, clay dough, give them papers-tear the papers, there are a lot of activities which can engage the emotional outlet through art”.

## **Warming up Activities**

Warm up activities in art therapy are designed to give clients an experience to become familiar to the process and art. Another reason for such activities is to develop a relationship with the therapist. So, the activities selection for this session are very easy which can give confidence to the client to open up for further therapeutic sessions.

In art therapy warm up exercises help the ASD population to understand that the quality of the drawing and coloring activity is not important, it is the process only which they should enjoy. So, warm up exercises help them to eliminate their hesitations. They start understanding and there is more and more emphasis upon the expressions of ideas during actual activities in art therapy session.

Any change in the routine of ASD child often leaves him with a great deal of anxiety. Anything which is taken by them as disturbance in their world, would cause hyper behavior in him as they have a fear towards change. Kalpana told that ASD clients often get upset with the change in routine. So, in warming up exercises, she suggested to start with same activity because autistic individuals get upset easily with a change in the routine.

“Yes, as you know autistic children often like to do same activities every time which they are comfortable with so first of all we should take care that activities should be started in recapitulation method or we start session with same activity to make them comfortable and later very gently we mold session to new activity. This helps to make them agreeable with their atmosphere. So, bringing them in their comfort is very important”.

Before starting up actual activities with ASD individuals, it is very important to understand their anxiety and defense mechanism. Most of them use this to protect themselves from experiencing socialization and external atmosphere they cannot tolerate. This mechanism is operated in their unconscious thoughts. So, Niyati Shah, in warming up activities emphasized on the activities which make a client comfortable with the space.

“As the sessions progress, the client also starts getting comfortable and open to the things and sometimes, we even push- actually push is not right word, it just helps the client you know to start accepting and to get open to the activities. So, it is

with time that anybody would get open to trying to suppose a person has never got involved in art”

“Yes, and then, I can check in about them how do they do it. So, I engage them from the start. From doing the session and making art, I make art too and I just do last and smaller and don’t go into my details. I stay foot back. I make art too and I think it settles them more as well”.

Kalpana found that doing same activity on a different platform also helps ASD children to get congenial space.

“Very often, it can be different in other cases but as I already said that when working with special children, we all start with the familiar topic or technique to make them comfortable. Every time we start, we start with the familiar thing and then later on we move to the next topic or technique by joining it with old one”.

### **Activities and Assessments**

The art projects for art therapy for the children and adolescents with autism spectrum disorder works as powerful medium in the different areas of their physical and mental development. Such activities are designed keeping in mind the child’s interest and progress with the focus on the goals. There are six major areas of spectrum children, which can be best addressed with art activities.

- A. Imaginative and conceptual thinking
- B. Sensory Synchronization
- C. Emotional Expressions
- D. Developmental Growth Milestones
- E. Visual-spatial skills Processing
- F. Fun and Entertainment skills

Children on spectrum do not meet all the goals written above, they deficit at least in one of them. Specialized art therapy projects are designed keeping in the mind long term goals but are started with short-term goals. As the spectrum children are different from each other, the response to the various activities could be different from each other. Sonia Bhandari said that the experience of the therapist help her to work with ASD clients. The selection of activities and techniques are very significant in their art therapy program.

“See, when it comes to the autistic children, it all depends on their intensity of their sensory issues because that’s the main area which we need to take care of and secondly a therapist shouldn’t forget that many a times they are not able to express their emotions, but they deal with them. the training we get is that we shouldn’t think that the children with autism will pick up colors and start to do art. there are some techniques for autistic children, and they can be according to their sensory issues.

So, there are no fixed things of art that needs to be selected for everyone according to the needs. Yes, there are very selective ways to handle sensitive areas.”

Imaginative and conceptual thinking is often a deficit area for most of the autistic children. It is connected with creativity and these two skills enhance the ability to visualize things in abstract way, where spectrum children are often helpless. The major work of art is to stimulate imagination and finds out the ways to use art materials to express those thoughts. There are autistic children who are very imaginative but often they face these issues. They need to have an idea, which could be visual picture or description for the things to imagine and draw. Art making can play a good role in the development of these skills. Its medium, which are visual and tactile can help them to draw mind pictures. during art making process they get in touch with different feelings, the skills of art therapists helps in enhancing brain storming to express them. Availability of different art materials help them to choose the most appropriate one.

Manpreet calls art therapy a group of many activities which focuses on physical and mental development of the child with ASD. She further adds that because every child differ on spectrum scale; activities designed for one child, do not generally fit another. So, there is always a need of customized activities for children:

“Many, actually Autism is a spectrum disorder, and it varies in each child. While planning for activities we should keep nature and limitations in the mind. In fact, each and every child is different. So, we cannot make a lesson plan and apply to all, which is unfortunately is being done in many institutions. In the context of art therapy there are variety of exercises which can be given to the children keeping in mind their IQ and some of the children have vision problems also. Few spectrum children don’t like to use wet material, but one thing is sure that most of the children like art and some of them are very good at it.”

It has been observed that individuals with Asperger and those who are comparatively low at imaginative deficit, perform wonderfully on visualizing and making art works. Their mental flexibility helps them to work spontaneously in the depiction of unreal events, stories and beings.

Niyati shah with her views on the designing of art therapy sessions for ASD children according to their spectrum scale.

“Autistic children, they are like each child is different, each child could be having different concerns. One could be intolerant to sound; someone may not be tolerant to some kind of textures or someone may not be tolerant to certain kind of behavior or movement. it has to be very sensitively designed. Depending upon each child and the focus is on their ability and the limitations.”

**Sometimes at first stage only few drawing sessions can be done.**

Second stage is art making for two dimensional or three dimensional where children use clay, plasticine or paper to make sculptures or other activities. Art therapy activities for ASD subjects at the sensory level, like finger painting, hand impressions, rolling clay, can be pleasurable and also helping in calming them down. Martin indicates art as an interesting crossroads for children on the spectrum because it is an activity in which strengths (visual learners, sensory interests) and deficits (imagination, need for sensory control) merge (Martin, 2009, p. 28).

Sonia Bhandari feels that family and atmosphere at home is very important with the autistic individuals. This makes a lot of difference in the children and adolescents. So, the planning and execution of art therapy sessions should be accordingly:

“There are some techniques for autistic children, and they can be according to their sensory issues. It depends how they are taken care of, how are they looked after at home, how much time parents are able to give, what kind of support- family support they get from home. so, accordingly the techniques are used for autistic children”.

Research in the area of treatment in ASD indicates that the problems in motor planning drops if the chances of motor movements are provided. Bigger tasks are broken down into small activities (Rogers, 1997).

“Apart from colors we can give them few activities like making balls by crushing newspapers or scribbling. This helps them to strengthen their motor skills. Their hands and other muscles are mostly weak, so this should also be taken care while designing activities for autistic children.”

“A therapy session structure enables us to work productively in the therapy practice and provides a framework for the client. Be mindful of our own bias towards observing client’s behaviors. Discuss the art-making activity with the client if possible or understanding their emotions and thoughts that surfaced throughout the exercise.

Art therapy unlike art making, where the stress of the teacher is on the content or a specific skill or technique, has its focus on process. More on behaviors and themes. Aastha Ahuja says that art therapy with spectrum individuals could be sometimes very challenging for the therapist. A therapist has to set goals to tackle their deficit triad- imagination, communication and behavior. An individual with the love towards art might not be difficult client because he/ she would be very comfortable with art material.

“They also vary on spectrum scale. so, how it depends upon, how much authority you can give them and how much can you keep to yourself too, so, as far as the child is not getting harmed, the child should be allowed anything to do they want to do. You just have to see what pattern they are following when they are with you. So may be first ten sessions you could take to determine the pattern they are following with you. Give them everything that you have, give them paint, give them sketch pens, crayons, give them everything you have clay, beads, whatever you have, right? and see what they choose, what they want to make. see how they are trying to communicate with you because they are with you in that room for one hour. So, they will want to communicate with you. How they communicate with you when you leave them free and when they don’t bother. Then tell me what you have done. What is this, what is that? Just sit there and observe, what they do, right? They like a lot of sensory activities but they don’t like touching at times.”

Gains in the activities come slowly. A lot of practice and processing information is required to get desired results. In the initial stage of art easy exercises

should be provided. This also helps in gaining confidence and builds interest in the sessions.

Art therapy is not only art activity where a client creates art work to learn art skills, it is expression – an expression of inner feelings. The finished work is not required to be aesthetically beautiful but it has to be conveying. An art therapist by her skills many a times gets successful to understand the inner turmoil of the client. Along with the product the process of art making is very important. It gives information to the therapist about the client's mental state and also to setup goals accordingly. many interviewees agreed that process is equally important. when we talk about 'the process of art', the final outcome is the finished product, but process also gives a lot of information about the client. Yeti says 60% art therapy is based on process and 40% is based on product.

In the same way Vasvi Shrivastava from Abhyantaar healing, Delhi also finds the importance of the behaviour, mood and gestures of the client very important. Art making activity in art therapy according to her is not based on the outcome of beautiful art piece, but emotions and feelings expressed during the process and in the product are most important.

"People always lay a lot of stress like what happened to you when were you creating art, why were you making art? what were the feelings and sensations which came in to your body during art making, what did you see and what did you feel? We don't care how beautiful your art is. every art is beautiful what, you like you know artists, so artists are supposed to own the skills and make the skilful piece of art, but in art therapy the idea is to express yourself through art, so expression is the process of art therapy, not the final outcome So, this is the one part and second part is when it comes to communication. We talk about what happened during the art making process and also when we look at final outcome, what did they feel, what are the insights they are getting, what is covered about themselves, is there something new about what they learnt, what do they feel when they look at it?"

Third stage is post art stage, the observation of the therapist during the process and art work after it is done. Understanding emotions and getting child's views about it.



In the analysis, the development of model template of art therapy for the children and adolescents with ASD is not practically possible due to the spectrum quality of these children. But there are few effective steps, which can be applied to almost all subsequent sessions. For understanding therapy in a deeper way, perspective of the international art therapists was also considered:

A. In the first session with an autistic child, the therapist needs to use skills for collecting history, patterns, habits and family atmosphere. This does not only provide a guideline to the therapist to frame a goal for art therapy sessions but also to assess and monitor the progress. Emery director of 'Water and Stones', USA strongly supported to understand child in first few meetings and to know about the child. She also suggested few activities just for the client to open up and settle down with the atmosphere and the therapist

"A child with special needs requires an individual approach to learning and often struggle in the traditional channels of today's education. If they can't learn in the way we teach, it's vital to teach in a way they can learn. so first few exercises I give is-no patterns, just a circle. Yes, we don't ever, some people do, I don't think it is useful. For all my clients. A quarter piece of paper and just a circle and then I tell them, everything they can just put on; that can be dark, that can be coloring the entire page. It's up to them. And what happens it bring them into the room and it grounds them and it settles them into the room. So, they are talking right away and they are getting into it and I start to see that they are more anxious to stay, what colors they are using and what energy they are using, on the quiet, they are more relaxed, they enjoy colors they were using and what energy they were using and now they are going into it. Are they going inside the circle or outside the circle also gives me information?"

Cindy Scawab an art therapist from New York, USA believes that an art therapist should create an environment which should be open and safe so that clients should feel trusted. In the same way Sally Chung explains that mutual connection as a vital component of art therapy. To provide them therapy they should be brought under trust. She further explains:

"That's the biggest component of what we do because if we don't have that trust your client cannot, so sometimes it takes a long time for client. Sometimes it takes many sessions, it really depends on , our main purpose is to just continuously

provide that space to them, so that they can feel. Feel that she is the one, whom he can trust and maybe hopefully one day share about something. It really depends upon a child. But that's the biggest thing we work on".

American Art Therapy Association (AATA), calls art therapists' and clients' relation "The therapeutic alliance", and it depends upon the nature and the quality of the relationship to set and achieve goals. The bases of this relationship is trust; trust for safety, confidentiality, non-judgmental approach.

B. Children with autism often experience anxiety, So, while interacting with the child, the art therapist needs to ensure that the anxiety or social interaction phobia of the child is minimized with different means of expressions and understanding. One of the major tasks a therapist needs to micro-analyze is to understand the patterns of the child as these children show behavior sequences. Emery believes that communication is an important part of art therapy, but it is not necessary that it should be verbal. it could be in the silence also. communication can be between a therapist and the client, the client and art-work. but it goes on.

"It goes in the multiple ways and often...It goes both ways verbal and non-verbal, because I don't want them to have to come up with words for the art if that doesn't help because they might not be with the words that's why they chose art".

Those patterns need to be secured during activity because failing in this could result in 'total withdrawn' by child. Hernie Kamas Martin an art therapist from Singapore also finds understanding child's behavior on the top priority in art therapy. She calls it a 'vital' element of art therapy.

"Very important, because if it is not there, they are not going to do, they are not going to open any suggestion. they have counselling programs going zero. nothing going to help".

Further she also adds that the art therapist need to build up a relationship with individuals having autism according to the nature of their behavior sequences as it varies in each child:

"Like with different autistic children like some day they are in different mood and other day they are different. Some children are very, shy and some are very tactile. So, their areas are limited to work with them. I can't know it until I am in the

room. So, I think it comes to do art therapy with the children and person may need more time to understand and then decide how can I go about it. You have to customized art therapy sessions according to their needs. it is a broad umbrella and that is from mild to moderate too severe”.

C. While planning art therapy sessions for ASD populations directive approach is always better. A therapist should be familiar with client to design a creative process because keeping in mind the individual differences. A proper understanding of media and tools is must, and it makes an art therapist different from other therapists. For the children with autism the therapist has to be aware of temperamental, special and other areas of non-verbal behavior, which may be regarding material or environment.

In directive approach the child is given clear suggestions and instructions about the activity. Non-Directive approach works mostly with Asperger and PDD-NOS (Pervasive development Disorder not otherwise specified) children as they are high functioning. Structure providing and explaining expectations to the spectrum child helps him to free up from anxieties. In all these steps of the therapy, client being served always remains very important.

Materials are essential component of art therapy, but very few authors have discussed this aspect of art therapy. Edith Krammer in her articles discussed about art materials and pre art materials. Just as art activity is important element of art therapy not mere a ‘tool’, choosing art material is also an indispensable part of the session. Taking an international perspective about art materials to be used in the therapy Stepheny an eminent art therapist running ‘Art Therapy Pros’, from New York, USA Material choosing could be the choice of the client, but the role of the therapist is to understand the reason of finding out the reason for choosing and using it. She also had given a list of safe materials which could be used for the ADS populations. “Paper, paints, watercolors, oil paint, oil pastels, collage, fabrics, yarn, sensory items, pencils, markers, tempera sticks, tempera paints, India inks, watercolors (liquid, tube and cakes), tempera cakes, book making materials, foam, kinetic sand, canvas.”

Art therapy can provide an opportunity to ASD children motor coordination and copying skills, as there are variety of activities available. Important things to note down are:

- I. There should be clear instructions given to the child regarding activity and material and if the activity is multistep, stepwise instructions should be given.
- II. Pre-preparation of basic things and the material helps avoiding negative outcomes. Cindy Scawab, New York, USA, stressed to use good quality and non-toxic materials in art making process. She also supported the view that the ‘choice of the materials’, could be client’s own and a therapist could offer a variety of materials for art making process.

“Well, there are in your, in hospital settings there are strict rules about that, there are non-toxic materials and there that inspections are about that. But I want to see there should be non-toxic materials generally. Well, in case of choice, they can use the whole collection. They can use drawing, painting, they can use small sculptures. You know whatever it is safe and gives the variety of expression because are these tools are used, it can be used to treat different kinds of concerns.”

Sally Chung from ‘Art Therapy Pros’, Canada also supported the view that the choice of the material could be client’s and the therapist gets insight into many things through the choice of material and activities chosen by the client.

“Ultimately it’s a child’s choice. So, we provide the safe base for them. If we might some ideas that we place on the table but then if they taking a look, they...No, I don’t wanna do this. This we can’t force them because this is their time. so, they can choose whatever material they want. I have a pen they could, they could take a look at it and decide. Art therapy sessions, it’s not even about making art only, sometimes it’s just wanna play. I have ideas, ideas related to their goals. Why if they feel like, I don’t want to do then, they need time and as an art therapist. I like a detective. I can’t wonder why they did that today?”

- III. When giving a new activity to the children, they might not welcome because of the tendency of not accepting new ideas. So, the constant motivations should be given to keep them interested during sessions.

The visual-special skills of autistic individual should be recognized and utilized in enhancing and understanding of many cognitive concepts.

- A. At first stage, variety of cognitive skills with the activities like matching identical objects, pictures, color and shapes.
- B. B. Second stage is therapist can increase the complexity. she can add more items for matching and sorting activity like different shapes to match.
- C. At third stage, therapist can ask clients to match different colors and not only primary colors, but more shades can be added for the child to discover new colors.

Communication is one of the major problematic areas with autistic children because they often do not only lack verbal ability but they are socially withdrawn also. Normally they have low developed language, no or very less eye-contact. Carry Cardwell from The Junction Art Therapy, Canada emphasizes on the language of art over the autistic children.

“The work for the moment is like paint comes in, oh my gosh, you should the kid just describes it. He is not verbally on or a lot of stuff without language, it becomes more expressive. He is working hard to process. So, there is a thing I cansay you as language it helps”.

Social skills deficit is often seen as core characteristic of autism. They do not take interest in symbolic play. So, for the children with autism can get benefitted in expressing what they couldn't express in words.

- A. The visual art activities can help them in this area, like for every activity a name could be given and in in next activities those names could be repeated.
- B. For enhancing their social skills, they could be given group activities. Such activities should be designed in the way that their groups should be increased slowly from two to many.

For delivering art therapy to autistic individuals, there are few guidelines which are provided by the therapists during their interviews.

- A. There is a common characteristic for individuals with autism that they do not accept change in their routine, it sometimes makes them hyper. So, for beginning of each session with autistic children, the therapist should use same routine, she can always keep same structure of the session.

Physical space also where children come for free exploration, shouldn't be changed frequently. The room, the furniture, materials and even smells and sounds. they all need to be the same for autistic children, it gives a sense of comfort, security and control to the autistic children.

when child come for the first time, he should be taken to a tour of the room as to get child comfortable and familiar with new space.

B. The instructions for the activity and material used should be explained in consistent manner.

C. Constant motivation and curiosity and fun should be maintained.

**Few aspects in the therapy sessions to be avoided:**

A. Therapist should not be overly directive and also should be very less directive.

So, as a therapist she should know when to speak and when to observe. Art therapist also needs to understand the therapy process properly. When and how to change the direction of the session in the required area.

B. Over stimulating materials like very soft clay and fast colors should be avoided as they can trigger their anxiety.

C. Too many options of the materials should not be given.

### **6.3 Essential Conditions: The Structure**

The definition of art therapy profession is different in many ways. This is the reason that numerous art therapists, scholars and writers have referred that each therapist works with a different identity, with a different combination of its elements in the area of training and according to the requirements of clients (Malchiodi, 2012; Menachemi, 1998; Case, 2000; Rubin, 1984; Case and Dalley, 1992; Schaverien, 2000). Therapists are the designers of their art therapy session and their role is not only to create space for consultation, room presentation, supply art material but also their presence creates positivity, encouragement and motivating. So, it is very important for a therapist to understand the therapy process as well as art. The therapist's presence is very important in physical way and also in psychological way for client. Though it is not always possible to get perfect supportive, physical and psychological settings to deliver art therapy but still few areas which can be useful in the ease their path.

### **6.3.1 Education and training of therapists:**

- The art therapists acquire knowledge and understanding of therapy after graduation as a master subject.
- In a post graduate study, the student is expected to get matured in age because the work of the therapist is to work with unconscious mind.

The interview process of art therapists was conducted in two groups. In group one were the therapists from India and in group two the therapists from different countries, to understand the international perspective. In India, therapists using art as medium do not call themselves as art therapists. They rather prefer to call themselves as art therapy facilitators. The reason behind this is that out of all therapists interviewed in India, only two therapists did or pursuing post-graduation study in art therapy. All others were having certificate courses in art therapy. Here, it is important to mention that one therapist is in a Master's program, is doing her diploma from a college which has affiliation from foreign university and the second one who is doing M.A. is studying from a foreign university.

### **6.3.2 Empathetic**

It is very important for an art therapist to have a cordial relationship with other staff members around. The therapist needs to have an approach to design therapy to implement. the support from seniors in this profession could always be welcomed as guidance. So, the positive atmosphere at workplace helps a therapist to achieve a goal easily.

Carry Cardwell expressed sorrows when she shared that she was not understood by her colleagues and art therapist many a times feel alone in such atmosphere.

“Not feeling understood by your peers or not being felt valid. Okay, I remember I was working in a hospital with adults and teenagers and I said, I worked with a team and as team, therapy I was giving art therapy and if they don't understand that would be hard... we couldn't connect. It was one of the many disturbances, nothing important, don't know art sensibility, couldn't connect. Just, in general, when in service for art therapy for teen, a person should need to be empathic. So, that's the challenge when you get supported on the behalf of the team”.

### 6.3.3 Physical Setup

“A therapist furnishes the consulting room with his personality”(Menachemi, 1998, pg.,32). An ideal room for art therapy is required to have a comfortable setup for both- art therapist and the client. Unnecessary intrusions should be prevented, enough light and water supply should be nearby. Carry Cardwell while sharing her long experience as art therapist said that a room with a big table to work on. But she also added that with passing years she understood that a competent art therapist needs very less props. She further added that it's not important to have a big studio at expensive area, on the other hand, it should not be as small as a closet because in a very small space a client can feel trapped.

“I had a big space like this area plus a large art therapy table. But what I have learnt over time is that the more experience you get as a therapist the fewer props you need...comfortable level, so I wanted a mixture that is structured with environment. But when you are doing art therapy you have to be mindful of everything and in a different way than just talking therapy. So, therefore room organization, how you organize your room is very important. I used to have art therapy in a hospital setting in a closet, I will never do that again but I did. This stage is okay, but first of all there's no safety. Usually, the therapist will be nearest to the door but then the client might feel trapped. You need to read this after client and when your client is not comfortable, there has to be a comfortable kind of atmosphere to work.”

A well laid down and well-organized room which is safe for the clients is very important for art therapy. Sonia believed in a room which suits the personality of a therapist along with keeping in mind the state of the clients.

“See, it all depends upon the personality, on the clinical background of the client. We have to setup the room accordingly. Say if it is a very sensitive client and for sensitive client you can say clinically mentally ill patient, so patient with the mental illness could get violent anytime, could actually stir violence, so, we have to be very careful that there are no sharpeners, there are no cutters etc. And the furniture also has to be very safe with round edges, which do not harm them.”

The room for art therapy is where patients are expected to make their inner journey. So, it is important that it should be well maintained and clean. Niyati shared



that once she conducted a group art therapy session in a public park. So, an art therapist should have the skills to adapt to the surroundings and should have the creativity to design the sessions according to the atmosphere.

“Space must be clean, that’s very important, hygiene and cleanliness and it should be open with less obstructions and furniture. Those are the main things and of course those are the things which could really help it. We have been trained that in whatever circumstances, you adapt to it and you find a way out. these are basic requirements for the space.”

In many places there is not specific room allotted for art therapy so, the facilitators work in given activity room. They find it difficult when the clients are special need children. Manpreet shares that in activity room, proper light and temperature is maintained by them. So that the students feel comfortable. Nishtha feels that a room with proper light and it should have curtains also because sometimes they need low light. Art therapy facilitator Yeti feels that a center piece- flowers pot or a candle could be kept or a small pot- where clients can put offerings- offerings in the form of writing notes what they expect from the session or what they let go of their life. Light music and scented candles also help in maintaining spiritual atmosphere.

“When I am doing session, I usually like my studio or my room to be well lit. So, sunlight or it is an evening it must be tube lights. I normally put a center piece in my room which becomes my grounding space or any center spot, it could be a bowl of flowers, it could be a flower pot or it could be a candle or I ask the participant if I know the participant, I ask them to bring offering to the session, anything they like to offer to the session, they bring it and keep it in the form of offering making or a formation in the center of the room. I normally put up some light music that is most soothing and calming, us then I have scented candles so that it gives aesthetical appeal to the room. Although material I require for the particular session, I make sure that it is well in place, each participant has an ample of space for him/her to work during the session. Obviously, we play around the space, we use space as per requirement of the session because there is a lot of movement that happens in room and if it is a visual art class, they have their own material that is provided to them,

they can go over and work individually, so depending on what session I am conducting the material varies.”

Chung who works for the children looks for a playful, colorful room for therapy with a limited material, So, that children do not get diverted. Materials and equipment play an important role in art therapy room set up. There should be a closed space for keeping art supplies as display of all the variety could get the attention diverted from the main subject. There should also be a table where required supply of the material should be laid properly. Khaitan adds that fragrances can be used , but allergies and the clients triggers to be kept in mind before using those.

#### **6.3.4 Psychological Setup**

A healthy psychological framework for the therapist is essential component. It could be the most important aspect in all essential conditions. Art is a quite activity and unnecessary traffic and rush should be avoided. Though art therapy is possible in all circumstances, a stable set of room with stable mindset of the therapist is always very important. In each therapeutic session, an art therapist has the freedom to adapt his role in art therapy room in his own special way.

“For one person art therapy might involve the art therapist encouraging them to share and explore an emotional difficulty through the creation and images and discussions; where as another it may be directed toward enabling them to hold a crayon and make a mark” (Edwards, 2004, pg.4).

Many art therapists insist on a proper recognition of the therapy as people feels that this profession is mere art making activity. Niyati explained said that for getting full benefits from this profession it should have a respectable place in the society.

“Even it’s importance is not recognised that how it can also be one of the medium to bring about the positive change in the life or facilitate healing.”

#### **6.3.4 Independence**

The therapist in her profession has to master in many areas and has to do many activities, the work could be clinical or non-clinical. The work of the therapist to set up relationship building with the client and a lot of ideas and feelings are involved in the sessions. Parents in case of children or other family members sometimes interferes in the sessions. Sonia feels helpless to make parents understand that a

bonding between the client and therapist is important and with family member's involvement it becomes difficult to achieve the target. Though she also believes in family therapy but that is done with a different purpose.

“When there is involvement of a family members in the therapy, that time I faced issues. never with the client, only with the family members. That art therapy is a therapeutic intervention, it's a clinical intervention, it can really help. It's very tough to tell some of them. But now I use the correct strategy from the Indian perspective because we need to do. here in Asian countries art is not really looked at in healing, we have always looked at art as an aesthetic thing or traditional involvement with our culture. In western culture, it's okay when you do art for the different purpose.”





**Priyam (My favorite Person)**

## **Chapter - 7**

### **Conclusion**

One of the objectives of this research is to determine the status of art therapy in India. The involvement of creation of art for increasing awareness about self and others is the basis for art therapy.

"Art is not a part of life, it is not an addition to life,  
it is the essence of those pieces of us that make us fulfilled.  
that give us hope.  
that give us dreams and  
provide the world a view very different than  
what it would have been without us."

Hasan Davis

Art and children- the connection is natural. Since children are not too expressive verbally, art helps them to show their feelings and experiences. When art is used as a therapy it helps in promoting relaxation, reducing anxiety and improves focus. The role of art in the field of special need children is also very important. It also supports tactile integration for the development, which was explored in the art work of the ASD population after art therapy intervention.

#### **7.1 Art therapy practices in North India**

Art therapy as profession has made its way to India over the past couple of years. It is very popular profession in western countries which started long back in the 70s. Those who take up art therapy as a profession are fascinated by the expressions of lines, conversations of forms and play of colors. The theory behind art therapy is that art has the power to inspire, rejuvenate and give a positive perspective to a stressful mind. Sonia Bhandari while sharing her experiences in the field of art therapy explains that art therapy profession has changed her life. She believes that in this profession, people get healed naturally and get in touch with their original self.

“It’s not just the kind of others reporting that art therapy or the sessions, they have changed their life, I always say that my work has changed my life, I love my work. As for the technical view, I would like to say that art therapy is just not like a very technical clinical intervention. Art therapy is a very natural way of helping people or its more like self-help to heal themselves. To get in the touch with their original self and what is original, we are all creative beings and some way or the other I always say that art is somewhat like a relationship between mother and child, so, the moment we get in touch with our creativity, it’s just like a child is in touch with the mother. So, how does that feel. You feel so connected, you feel so comfortable and you heal and that’s what art therapy is.”

In the contemporary world where medical domain is developing with many new techniques for diagnoses and treatment of different problems and diseases, art therapy is also being adopted in many countries including India. But, the profession of art therapy is yet not known to many people in India and even lesser than that in North India. Art therapists are struggling for their identity. Courses in this field are very rare, though few private institutions are offering certificate courses in India which are very short and expensive. Such courses are only available in metropolitan cities like Mumbai, Pune, Bangalore and Chennai.

Awareness in the people for this profession is minimal. Even the professionals related to the field of art do not seem to have much information about it. In the discussion with many artists working in North India, they agreed that art has its positive effects but most of them were not aware about healing properties of art.

Indian magazine of Dance/ Movement therapy in their directory of art therapists in India, mentioned forty art therapists and arts-based therapists. Art based therapists or art therapists use one modality of art for their therapy sessions whereas arts-based therapists use mix modalities for healing- story telling, singing, music-vocal and instrumental, dance, drama and visual art. The use of different modalities could be done in an integrated way or individually. Visual art plays an important role as an element in their therapy sessions. Out of forty therapists in the list, there could be seen only thirteen therapists who work in mix modalities or only with visual art. Eight therapists out of thirteen are working with Arts based therapy and there are only five

dedicated visual art therapists in the list. When it comes to North India, six art and arts-based therapists are registered in the list, out of those four works with mix modalities and are called expressive art therapists. There are only two visual art therapists, who belong to North India in the directory. Out of eight states and two union territories of North India (Google: Wikipedia), only Delhi based therapists are seen in the list.

Art as therapy: Out of eight interviews conducted from different states in India, five experts fully believed to work in art as therapy and one, Sonia Bhandari, partially agreed that she personally does not believe in evaluating the art work; though it is required on the educational level of art therapy.

“I would like to add that I would not want to get into any kind of evaluation scale etc. But if it is required on educational level, I would not comment on it that much. Because it takes away fun element, it kills the personal relationship which you end up developing and that personal relationship which is more beautiful than using any scales to assess and evaluate.”

The role of art therapists is to understand people through art expressions. The goal of identifying issues or to understand clients in better way is what sometimes they are not able to define. But the art therapy facilitators do not believe in the evaluation of work. Vasvi Shrivastava in her interview about evaluation of art work refuses to do so. She feels that the sole purpose of art therapy is empowering the client, so that they can find solutions of their problems or they find their own meanings.

“We don’t, it is strictly that is something is not supposed to be done according to the practice we follow because as I said we had already that you cannot be expert on somebody else. You cannot say you have drawn this tree and a house and that means this. So, no to such thing, we have to help come up with their own meanings and we cannot analyse or interrupt or make meaning of their art. The whole process is to empower you, to come up with your own solutions and your own meanings and interpretation of your art work.”

The art therapy facilitators believe in using art as a tool to compensate for the weaknesses. The facilitators focus on the improvement from within with the help of art. The evaluation part in such cases is not considered good because the focus of the therapist is not what is being expressed on the sheet of paper but on the client so that he/she can open up with the emotions. So, art making process is spontaneous and the



client is not conscious in this process about different judgements. Yeti Parikh believe that the taboo or stigma which comes with the word 'therapy', needs to be abolished. People will trust only when they know that they will not be judged.

"We don't focus only on the set format, improvement, but we see like a gradual process client gets to open up and express. We don't really evaluate art because expressive art itself is non-judgmental space. We enable and we offer a space where each individual can come and express themselves emotionally, physically and mentally through the different modalities. For that, there is no judgement when and where why they have made that."

The purpose of making art is to achieve personal wellbeing and improvement in their everyday functionality. It is used as a means for communication and self-expression. Art itself plays a healing role because there are certain hormones which are said to be released during an art making activity that help in soothing nerves. Niyati, in this context explains that analysis on the basis of lines or colors of the art pieces is not right. The person might be using a particular color for some other reason but the therapist might take it in some other way.

"There is no particular analysis of how a person is drawing something or how a person is making lines or why a person is using black color or why a person is using too much orange. Because it is also changing, because as one is going through a certain process, a person may do it once and a person may not be doing it once, so a person may do something over a period of time. So, it is not about analyzing it that way. But it is about observation that we make. We make observation based on all the expressions through the different art forms and you see visual art is just one aspect of it."

Manpreet calls art a slow process and believes in the purpose of art therapy, where one gets stronger to face issues of daily life.

"Actually, the main focus on wellbeing of the client, but that cannot be measured by any graph. It is an alteration in yourself and sometimes you yourself do not realize it. The purpose of therapy is to make you stronger, so that, you face your issues, because end of the day you only have to deal with your issues. We do not evaluate changes after every art therapy session. It is not a tablet which we give and

see after-effects. It is a slow procedure which takes time and efforts. The change is noticed by the parent or the client.”

Art in therapy: Three therapists, who found art images containing messages for the therapists are Aarti Bhandari, Dr. Shivani Khaitan and Sonia Bhandari. Dr. Shivani explained that art therapists work on the subconscious level to understand colors and contents of image. She further added that art therapy along with many combinations like hypnotherapy or sound therapy gives wonderful results; and especially when a good number of sessions are given to the clients, because change in one or two sessions is not possible.

“Art therapy goes another step ahead for subconscious and to understand effects of those colors, so, when I do my art therapy as a sound therapist also, I use my sounds. I use my combination of art therapy and some 1 or 2 sessions of hypnotherapy also. So, when I am working with the clients, I use my own way of understanding that person and it’s about 12 sessions I work with because it’s not a point working for one or two sessions with the client. This way they will again go back to the same square one and it becomes very difficult to work with them.”

Art therapists belong to a branch of psychotherapy which has another language other than verbal to express and understand emotions. In other words, that language is non-verbal or symbolic and it doesn’t require artistic talent or the previous experience with artwork

“First reaction of the client is that I am not a good artist. Second is there is developmental therapy that is done that the first the colors are just spread around you know the different mediums of colors and we observe which kind of colors and mediums the clients are feeling comfortable with then accordingly, I create the activity. So, if the patient, try not really wanted to show his or her art then I call to do doodle art, you know scribbling. So, you know if the patient is very comfortable with art, then we leave it to them, then we also tell them that aesthetic part is really not required. You know we are really looking at the art for transference process.”

Another therapist Aarti Bhandari believes in the use of aesthetic medium for expressions. The most important is the observational skills of the therapists, which enables therapists to get insight into the thought procedure of the client.

“You observe that not only what he or she speaks, but it is also through what you are creating, that’s the whole idea of art therapy, it gives multiple ways to communicate, not just verbal communication. So, if you are just saying, I am calm or I am not calm, maybe intellectually you know that; maybe your body movement show that how freckle you are, maybe you are not able to understand that you are changing, you are thinking, you just keep overthinking and that’s not making you calm. That not maybe, not having the ability to conclusion and fear is what that you don’t want to jump into unknown because you can’t control that you like to control.”

Getting qualified to work as an art therapists could be taken as a beginning of learning but not the end. The art therapists are required to get themselves updated with the latest developments and information about the field. All the art therapists are expected to do their Master’s degree or post graduate two years course to practice as an art therapist. The purpose of post graduate degree in art therapy training is to ensure that:

- The experience and the age of the therapist also matters. Sonia Bhandari mentions that she started art therapy at the age of forty and that at her age she felt mature to use art with all kind of behavioral patterns.

“But I think because I started art activity at very mature age, I did at the age of early forty. So, I was mature enough, skill full enough to use art with all kind of behavioral patterns of people and I have been able to channelize from destruction, violence to patience, increased attention span and bonding.”

## **7.2 Factors Influencing Art Therapy Practices**

Art therapy is an interdisciplinary field. Art therapy practice also depends upon the background, education and training of the therapist. Many a times the practice is designed according to the needs of the client or the target group. There is not any set plan for therapy sessions, an art therapist in various situations, according to the challenges, plans activities and design of the session. There are few basic principles and elements which an art therapist needs to put into practice.

**7.2.1 Education and skills:** Along with the educational qualifications, a therapist is required to have liking for the people and art. Basically, an art therapist is required to be curious- curious in understanding people through artwork created by them, being

compassionate during the therapy, being creative enough to bring a 'new' element every time in therapy; so that interest of the client is kept and above all unaffected with the emotional outbreak of the client. Art being an amazing modality has a power to bring out unconscious material and also stimulate regression gently protecting fragile part of it. For this reason, training of an art therapist is important; because of the involvement of psychology, psychotherapy and psychopathology along with art.

**7.2.2 Connection with clients:** An art therapist needs to have a skill of connecting well with people. Initially, the relationship with a client could be one-sided, but it is important for a therapist to make sure that a flexible approach is adopted; which makes sure that factors such as respecting choices of a client and understanding of cultural differences form a base of their relationship building. The therapists are not only expected to communicate verbally to understand a client, but it is also important for them to listen to their body language and provide comfort on the following levels:

- With the client in order to get into their inner world: The prime concern of the art therapist is to create trust in the relationship so that the client can feel safe in the therapeutic area. The client should have a feeling of being at non-judgmental space.
- With the art media: Observing art making process and artwork is a skill that forms the backbone of the therapy. This helps an art therapist to learn about hidden desires and fears of the client. Choosing and organizing materials into the techniques with the purpose of expression with comfort of the client is art therapy motive.
- With the process: There are certain steps which an art therapist needs to design himself according to the state of the client. This involves orientation, developmental therapy, activity designing and implementation; keeping in mind the short-term goals and final goal.

**7.2.3 Age and experience of therapists:** Sometimes, maturity of the therapist plays an important role in therapy. The crucial part of therapy is evoking the expression with the help of art materials. Many times, in group therapy a client's negative memory get triggered and it is the skill of the therapist to settle it down, without affecting the going on session. A seasoned therapist can get control over such a situation and many other

similar situations. Sonia Bhandari also agreed that maturity of the therapist helps in many areas during the therapy.

“I started art therapy at the age of early forty. So, I was mature enough, skill full enough to use art with all kind of behavioral patterns of people and I have been able to channelize from destruction, violence to patience, increased attention span and bonding.”

**7.2.4 Infrastructure:** A safe and secure setting for art therapy session and providing comfortable atmosphere for a client is always good. The crowded hospitals, unnecessary intrusions could create a chaotic atmosphere obstructing the therapeutic process. Carry Cardwell also mentioned that a very big room with luxurious furniture is not a prime requirement for art therapy, but a good and clean environment is a basic need. She recalled how in a hospital setup she was given a room with a size of closet, where the client used to feel trapped.

### **7.3 Ethos of Art Therapy**

Along with understanding different aspects of art therapy, it is very important to understand the basis of art therapy. The importance of understanding rationales of art therapy could help in the process of engaging, evaluating and healing. With the availability of various modes of interventions for certain problems and issues, art therapy is considered as having a special therapeutic value. Its capacity to change lives is known since history, as old as Greeks. Aristotle and Plato established the concept of ‘art as an Experience’ (Dewey, 1934). It involves body, mind and spirit. Recent research in clinical neuroscience also signified the relationship between “brain physiology and creation of art” (Hass-Cohan & Carr, 2008).

The most important ground for the art therapy is that it involves the whole personality of a person. In the engagement with art, it is not only hands and eyes that are involved but emotions, imagination, environment also become part of the process.

Dreams and hallucinations are the evidence that the thinking process in human mind is portrayed in the form of images. Vasvi Shrivastava explains that art does not work only at the physical level, but it involves the whole being into the process. Image

is not only impressions on the paper, but they are the portrayal of journey, of getting into the unconscious state. Memories stored in the brain and the body are exposed with the help of image, which probably not fully possible with the help of words.

“There will still be some changes some healing will happen because different senses and different levels of being you are involved. It is not only you working with art on physical level, your mental level, your emotional level and even your spiritual level gets involved. You know the act of just holding a pen and you know doing something on the paper... if you are going to psychotherapy session, you know talking about your experience, it is not a full experience, when you are also expressing yourself non-verbally , not using words, that’s what at many levels you are being involved. You know it is not just words, you know that emotions are just stored in different parts of your brain and body... With art there is so much that comes out of it. Working art is very embodied and very holistic experience.”

Memories and experiences are sometimes very painful and at time they are abstract like disorders, addiction, obsessive attachments or hatred. Such issues cannot be explained in words. These issues get collected in the mind and cause many personality disorders. Art as a safe medium of outlet helps getting rid of the bitter memories and experiences. Nishta speaking about the emotions explained that the vocabulary about emotions is always incomplete. One word might have different meanings, like anger which could mean anger along with frustration and many other forms related to anger. So, art very easily and accurately expresses right kind of emotions in a very natural way.

“Sometimes words are not enough to express and sometimes for us to even understand. We are not in a position to understand people’s emotions clearly. Our vocabulary about emotions and feelings is incomplete like we know words, like we love, hate. It could be different. Hating one person could be different and hating second person could be different. How will you explain that and anger is not just anger, it is frustration, it can be irritation and it can be many things. That vocabulary is limited and only art has the way to just we don’t have to use words. We just have to put something on the paper. So, it could be simple lines and colors. Out of course there is other side where art activities and colors and strokes. what the client is not

able to talk. That are in subconscious mind and not available to us in the conscious world. So, in bringing that out art does that job so gently and easily.”

The physical presence of the artwork makes it different from verbal therapy. It’s always like ‘third party presence’ in the room. It gives a space for the therapist to talk about many issues freely. The therapist does not only play the role of a therapist but acts like co-partner in the journey of self-recognition, Sonia explains. She believes that art therapy is a triangular process where client, therapist and product at each angle play their part.

“The most important is bonding between the client and the therapist. The orientation of art therapy because its new in our country and it becomes extremely important and non-judgmental and no comments on artwork is very important and the artwork is a tool. It’s a three-way process, It’s a triangular process. It’s the therapist, client and product on each angle.”

The flexibility and versatility of art therapy makes it a prime choice for a therapy. It is convenient for the people of all ages, settings and the people with disabilities. It is very comfortable so, when in need it can be provided in any setup like home, school hospital, park or in NGO. It is very natural. Every person can get connected to art very easily. Art making process doesn’t only help in portraying emotions but it also provides a learning experience. The experience of art making relates an individual to his roots. It is primal, it is extensive and it is a medicine for the soul.

#### **7.4 Strengths and weakness of art therapy in India**

This section of the study will focus on understanding the present state of art therapy in India which will lead to fulfill objective five, ‘To identify the strengths and weakness in the field of art therapy in settings in India.’

The science of art therapy is not only confined to understand the client or just art making activity. It is used for the expression of non-verbal emotions and healing at unconscious level. Art therapy benefits are not only widely accepted throughout the world these days but it was used in ancient periods as well. Work on the cave walls or many other art pieces prove that fact. In India also, art making had been a very old activity but art therapy is quite young in India. On the other hand, its formal

introduction is still not done in India. In the words of Malchiodi, “All approaches of art therapy have a powerful capacity to tap elements of experiences and thoughts and emotions that verbal therapy alone cannot. The ability to capture through visual image the internal world of feelings, sensations, Perceptions and cognitions makes art therapy. whether from a psychoanalytic, humanistic, developmental or other approach, a unique, creative and effective way to work with the clients of all ages” (Malchiodi, 2013,39).

But art therapy profession is not well recognized in India. In last two three years there are a handful people who were working in this field and very few people in public who were aware of this profession and there were rather fewer who believed in art therapy. But slowly a positive change is being seen and people have started talking about this profession and those who come across with the word art therapy first time, seem to be very curious about this profession. New art therapists are coming in the profession. It will be a long way to spread its awareness and art therapies can form a base to facilitate healing and growth and change.

### **Diversity in India**

India is known for its cultural and traditional richness. All its states and union territories have their own distinct identities in the context of traditions; which they display through various forms of prevalent arts. Niyati, talking about art in India explains that art is in the culture of India, rangoli represents mandalas, bells are like the rhythm of music, colors and patterns on walls, bedsheets, curtains etc.

“We use a lot of art which we do not even realize, which indirectly helps us at so many levels. So, it is just acknowledged and given a proper recognition”.

Mandalas are known as a stress buster and in India women have been into the drawing of rangoli for thousands of years. The base of mandalas and rangoli or kolans is almost the same. It is made with the help of geometrical patterns. Carl Jung has also recognized mandalas as “a representation of the unconscious self”. Aastha also agrees to the point that art is a part and parcel of every Indian’s life.

“India has the potential and the capacity to go huge in art therapy because we are so culturally rich in art. We have art everywhere around us. A child I been exposed to art work when he is born. There are forced monument trips and that is



also art because you don't see such monuments anywhere else then India. So, when we study history, geography we come across the art, art is everywhere.”

India being rich in art since its past, needs to recognize the importance of healing properties of art in every day's life. Research proved that the involvement in any kind of art is itself, gives the therapeutic treatment. So there is a need to create awareness about using art in therapeutic form because it has the capacity to gently and naturally heal.

### **Social Impact**

In India, there used to be a notion that if a person seeks any therapy for any mental health issue, he/she is mad. Parents and family members hide this. Attention is only given to physical illness. So, therapy word was often related to the treatment of madness. Little change is seen in big cities, where the importance is given to mental health, but the percentage of the people who understands mental health is still very low. The National Health Care of Mental Health Study, while reporting to WHO submitted shocking fact about Indian mental health. According to a report, the percentage of Indian population suffering with one or the other severe mental is at least 6.5%. Proper medical care and therapies are needed to cure it. The target of attaining sound mental health seems to be difficult when the fact of extreme shortage of mental health workers in India seen. The problem doesn't only come in the area of treatment of certain disorders but diagnosing and acknowledging it is a bigger issue. Yeti explains the need of therapies for mental health.

“People need to understand that it's not you are paying to the therapies, it is the investment that you are buying it for yourself. Instead of buying a fancy bag for yourself, invest in the therapy for yourself. It should be as normal as, “oh, I am going to the shopping today”. So there could be, “I am going for therapy today”. That's how it should be literary. But I think we will have to wait for it.”

With education and social media people are getting aware day by day. The acceptance for the mental health and issues related to it is seen in the society in public. Many NGOs and organizations have come up and working towards it. Art therapy could be a remedy for many mental issues.

## Education

Creating art, in any form is healing. But using art in healing process makes it more powerful. This becomes a full-fledged profession where a therapist makes use of art making in healing process. As art therapy profession is not fully recognized in India and nor there is any educational qualification particularly in art therapy is provided. In south India there are few art therapists, and many art therapy facilitators are working but in North India, very few are seen and those who are working they are forced to go for diploma programs although many therapists out of them have attained masters or doctorate degree<sup>1</sup> in psychology and clinical psychology. There are very few art therapists who have attained masters or even graduate degree in art therapy in India. Those who have studied abroad, instead of coming back in India and struggle for their professional identification, find it easy to settle there only and continue their practice. Vasvi Shrivastava explains that the non-availability of proper education in this field encourages mal- practicing; which could be very harmful for the people and for the reputation of this profession also.

“There are people who go through certification and for two days and they are calling themselves art therapists, so that is very misleading. So even if you do certification for three months and you are calling yourself art therapist, that is also not acceptable because you need a lot of rigorous and a lot of detailed academic training to be able to get yourself called an art therapist. To be able to work with the people in the deep and meaningful way, you cannot do deep work with the people after just the training of three months or just five weekend courses in art therapy. That is the biggest problem you are facing with art therapy right now.”

There are few certificate courses which are being provided in India online and offline these days. These courses have a few elements of art therapy curriculum. The duration of the courses is very short. Almost all courses are less than one year and few are only two to three months with one two hours class per week. Dr. Shivani Khaitan insists on proper education and training of the therapists because working without it could be very dangerous. She explains that along with proper qualification it is mandatory to practice for an art therapist.

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<sup>1</sup> Dr. Shivani Khaitan

“My only suggestion that they should go and get themselves trained and they should not be doing those 5- 7 workshops and do whatever is coming to their mind because it is a very serious work... art therapy which means a therapist has gone through the training, that gives permission to go out and work then. There is scenario where everyone thinks that they are doing, they all are therapists. I mean even a 22years old calls herself a therapist and saying I am doing this and says I am doing this but then you have to have a certain amount of psychology and experience, training and then yes. Otherwise, lots of NGOs and societies are there, where they can do their work and come back.”

The future of art therapy could be very promising in India. Aastha Ahuja believes that in India there are immense opportunities for the skilled art therapists. But the business minded people are spoiling the entire structure before even setting properly. She strongly feels a governing body to monitor education and practicing of art therapy.

“We have so much capacity to explore art therapy in India but people have made it business because there are not institutions, they are not recognized, they are not properly training people. They are just making money; they are doing their courses in 50-50 batches in one go and give nothing in return to them. So, the condition right now is worse than anybody could ever imagine and my suggestion would be if India doesn't have an art therapy association then there is no harm in collaborating with association outside India, which could be interested to develop something in India; by taking their help develop an association in India to set down proper guidelines.”

### **Awareness**

In India, most people are not aware of art therapy profession and those who have heard they also have misunderstanding about this profession. The success of art therapy profession in India is only based on the people's notion that art can be used for healing. Yeti is of the view that people are getting aware of it in big cities. She shared that art therapy can be very helpful in coming future in India.

“When I started this 8-9 years ago, I started as a behavioral therapist. There was a huge taboo and stigma against it. That everybody thought that this is for the clients with mental issues or who are mad. It was very hard to explain people that this

was not only for the people who are depressed or having suicidal thoughts or who have mental issues. I worked a lot in the corporate sector and with children. From them also to break out that notion that, “No, No, this is not for our child, our child is normal”. I know that the child is normal and this is the reason I am telling you to get this done. Because he is normal, your kid is 100% normal, he used to come for express. He has the same problem to express. so, that has to change.”

So, as long as the confusion about art therapy is not cleared in the people, trust cannot be established about the profession. There is a need of creating awareness and acceptance from the people in India. Sonia Bhandari explains that art therapy profession could get recognition only once the family members of the society understand that this empowers a person from within.

“It needs to be taken into consideration by the family members of the clients also and that really helps and that also makes individual feel very empowered to able to use this concept even as self-help activity, so, it needs to be accepted.”

An understanding of how art therapy can help them in their mental and physical health has to be created. Kalpana who works with special need children is concerned about the trust issues which people have for art therapy.

“It is changing in big cities, but here I still do not see much awareness about it. Even if they know about it, they are really doubtful. They ask that, “will my child be okay, perfectly normal after taking the therapy”? They need to understand that therapy doesn’t change human beings, this helps you to bring out a real you, which sometimes is hidden behind every day struggles. There is a lot of literature on internet we come across everyday about art therapy and few parents are aware of it, but they have trust issues.”

Being a new profession in India, people are confused between art education and art therapy. There is a need for making people understand its concept, intentions and the process. Manpreet while sharing her experience says that people have doubts about the success of the therapy.

Manpreet says that “slight awareness is there but still the concept and process are not clear to the people. Any therapy or any profession you talk about, we see that people know about it because professional education related to the subject is available. Everybody knows that what is physiotherapy, everybody knows what is

L.L.B., everybody know what is B.Ed. but when we talk about art therapy, people get very surprised or if they know their instant query is, “Ma’am, does it work or it is a wastage of time”?

The reason for not acknowledging art therapy is because of the mentality of Indians, who get annoyed when they are administered to a psychologist. Most parents in India do not like to accept any aspect about their child’s disorders. Art comes naturally to the human being and children on the other hand are very comfortable with art. Few therapists have started working for the awareness of art therapy in India. Few private organizations and companies have also introduced art therapy in their set up to give relief to the employees from mental stress. In the schools also few art teachers have taken an initiative to start art as therapy in the big cities. Anupama Bajaj feels that art therapy profession in India could be the most demanding profession in future but it is yet not taken up any speed.

“The profession of an art therapist is not yet booming in India, while the institutions offering the course and practice less. An aspiring art therapist can find this course only in a few cities such as Mumbai, Pune, Bangalore, and Chennai. The future is expected to bring along a massive demand for art therapists. The health ecosystem in the nation is spreading. The people who have mental conditions such as stress, depression, anxiety, and low self-esteem are aware. People in the country are opting for different types of therapies. So, let us expect the best and support the nation.”

### **Unaffordable**

In a newspaper article published in Indian Express December’2019, sharing report of ICMR<sup>2</sup> shared was that in India out of seven people, one is affected by mental disorder and total number is approximately 19.7 crores.

The severity of mental disorder varies from case to case. The increase in the number of cases from 1990 to 2017 has doubled. The mental health in India is a very big issue which needed to be addressed. The socio-economic diversity across the country makes the target even more difficult. In a report by Richard Mahapatra, it is

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<sup>2</sup>Indian Council of Medical Health; The research shows nearly 19.7 crore people suffered from some form of mental disorder, including depression, anxiety disorders, schizophrenia, bipolar disorders, idiopathic developmental intellectual disability, conduct disorders and autism”.

explained that near 220 million population in India is living under poverty line, sustaining on average level of less than Rs. 32 per day (Mahapatra, 2020). According to Wikipedia, 300-350 million population of India consists of middle class. Dreaming to pay for therapies for middle class and poor class is often difficult as they struggle to meet their basic needs.

Art therapy as a profession is steadily growing in India. The art therapists and art therapy facilitators in metropolitan cities are working. The expenses on education for art therapists multiplies, when they study abroad where they pay in that country's currency, whose value is generally higher than Indian currency. The set up in big cities is also higher on cost. All these factors make art therapy an expensive area for the people who belong to middle class and almost impossible for low-income group to afford.

Aarti Bhandari describes the situation of art therapists in India and says that the art therapists after studying hard and spending so much on their studies struggle to sustain. So, there is a need for the government to intervene in maintaining the standards of art therapy so that art therapists can ask for remunerations with dignity.

“Even in the terms of remuneration, art therapy is so tough to convince clients to pay you. I think people are choosing this career, but it is tough to sustain and going to take long time because one has to learn lot of other things to keep this going, so, I feel definitely a push from the government for art is also an important aspect to help people, recognize that it's a tool which is very important, which is very effective. So, definitely a push from the government is required. That would itself help to facilitate to feel that, to get that kind of respect or recognition and all.”

The people of India need to understand the importance of mental health. The parents (young and literate), in India acknowledge different disorders in child and sometimes it is not disorders but only stress and anxiety, which the children and adolescents struggle with. They are aware of their surroundings and discuss art therapy. This will help people to understand how valuable can art therapy could be.

## **7.5 Practical limitations in existing practicing**

Art therapy practice is based on the process of art making activity for the therapeutic reason. It is also based on the client, which a therapist is working on. Clients in this

area feels often have a hesitation of getting involved in art activity especially in India where art therapy is a very new profession and art therapists often feel challenged to work in this field. According to Nishtha, the word art therapy is very confusing for the people in India. There is not much awareness in India about it.

“People feel curious when we publish our session, for the people to even come to this place where they can feel okay, it is art related but the word therapy associated with art is very confusing for them. There is a hesitation even to opt for this kind of session because not many people know about these kinds of and even if they come to know about it, there are so many stories that go around.”

### **Trust**

Trust of the people is a major issue in this profession in India. This is the biggest cry of art therapists which leaves them demotivated. Therapists find that art therapy is an undervalued profession. People in India are not very much aware of art therapy profession and find it difficult to relate art with health wellness. Dr. Shivani Khaitan and Yeti Parikh find it challenging to convince the clients who come with a doubt about therapy or having a rigid mind set about accepting that art can be beneficial in mental health wellness also. Khaitan further shared that until the client is open for the therapy, the process of mutual connection is not possible. Yeti also expressed that therapy is not possible in forceful circumstances and the client needs to be receptive.

“Sometimes, there are participants who either come with the pre-conceived notion or they have a rigid mindset that this is not for me or I am coming here because my friend told me or my parent told me. So then to break that mind set and for them to let go and let loose and trust the process can be challenging for the facilitator”

The process of art therapy is slow and many people who go for therapy do not realize change in themselves. So, the negative publicity can be very frustrating for therapists. Family members also do not understand this and do not take therapy seriously. They find it waste of time and money. There is a need for the people to become aware of the difference between art therapy and art education. Art therapy is often confused with art classes in India.

## **Connectedness**

Another issue with this profession is that people feel shy in getting involved with art making process because they have not been involved in the art making activity since their childhood or they have a feeling of not being good at art. The art therapist's challenge is to make a client comfortable with the medium. Sonia Bhandari told that, clients hesitate to come for art therapy as there is a feeling in them for getting judged through art work. Once they come for therapy, there are many techniques used to make them comfortable in therapeutic atmosphere.

“First reaction of the client is that I am not a good artist, so, orientation is very important in every session for new clients. second is there is developmental therapy that is done that the first the colors are just spread around you know the different mediums of colors and we observe which kind of colors and mediums the clients are feeling comfortable with then accordingly, I create the activity. So, if the patient has uncomfortable feeling, try not really wanted to show his or her art then I call to do doodle art, you know scribbling. So, you know if the patient is very comfortable with art, then we leave it to them, then we also tell them that aesthetic part is really not required. you know we are really looking at the art to talk about it.”

**Number of Sessions**  
Art therapy helps a person in mental well-being. It is used to treat multiple issues of young and adults. The basic idea of art therapy is to empower the client so that the positivity can be infused through therapy to bring a change in him/her. It takes a long time to achieve desired goals. Sonia sharing her experience said that after four sessions of analysis and setting goals, the decision is taken for further treatment sessions. Patience is expected from the client and family members.

“It is basically a plan of 4 sessions to begin with some diagnostic tools, which is more like analysis. After 4 sessions, I plan the therapy which depends on whether it's a 12-session plan or 3 months plan or one year plan. I plan like that and to get the results,”

According to Nishtha, art therapy has a certain value which brings a client to certain stage with a gentler way, where words do not help. So, all this is not possible with few sittings and it is a long process with many sessions. Unlike magic it works slowly on the person and heals from within. She further added that not only number



of sessions but a reasonable gap between the sessions is also required because therapy needs to work on subconscious process.

“Exactly, so we know that if it is a long-time program, that we are working on and probably it will take 8 sessions at least, you cannot do 8 sessions immediately. Like in one week you can’t do all because once you do an activity or session there are a lot of things happen to be at the subconscious level which can happen through the dream or something that sticks us in our every day’s life and after that so taking a gap between the sessions and their coming back with their own observations about what happened during this time and bringing that to the next session of therapy and then work with that and then taking into deeper into why, what happened and then asking the questions. So, it is a stepwise process, and it is a slow process. World and the lives are too fast, that everything needs to be so quick and fast. So, the awareness is let’s slow down little bit through our therapy and work through love and patience.”

### **Family Interference**

In India, most people have yet not accepted the importance of art therapy as therapy. Only in big cities, therapies related to art are being witnessed. The therapists also work in the area of wellbeing of their clients, but the family members’ interference during therapy is an issue of botheration for the therapists specially parents in case of a child client. Sonia explained that during therapy, the process of transference gets interrupted when there is third party interference. She adds that sometimes the client also finds difficulty in opening up with the therapist.

“When there is involvement of family members in the therapy, that time I faced issues, never with the client, only with the family members. That art therapy is a therapeutic intervention, it’s a clinical intervention, it can really help. It’s very tough to tell some of them. But now I use the correct strategy from the Indian perspective because we need to do. Here in Asian countries art is not really looked at in healing, we have always looked at art as an aesthetic thing or traditional involvement with our culture.”

### **High Expectations**

In art therapy sometimes clients or their family members come with high expectations. Niyati said that people expect a change overnight which is not possible. Giving an example she said that art therapy is not like going to the medical

practitioner, where the patient is given medicine and the client is cured. So, the people should not get over anxious about results.

A healthy conversation with therapist upon the therapy process and its duration should be discussed.

“Something during the session, I have felt that people come here with a lot of expectations. Maybe I will create some art and or I will use some color or technique and the therapist or facilitator is going to tell me what is wrong with me or how can I fix it.”

### **Infrastructure**

Infrastructure is a vital element of art therapy, though art is such an activity which can be done anywhere. But for therapy, an appropriate place with basic needs like peaceful atmosphere for less distraction, water availability nearby to conduct art activities and comfortable sitting for the therapist and the client is absolutely required. Niyati shared an experience of having an art therapy session in a park, which was very difficult to conduct.

“So, there are some challenges like space is not conducive, but we just come around with that with a constructive approach, sometimes those are the issues like material not available. Sometimes when I was working with NGO it was in the park and the sessions were held in the park, which was the road facing, so, there was a lot of noise of traffic, I was getting into. So, they didn't have washrooms, they didn't have tap in the park.”

### **Respect**

While working in hospital set up or in a group of psychiatrists whose background is from medical field, the existence of the art therapist is usually denied or not given much importance. They often feel isolated or misunderstood. David Edwards for surviving the institution of art therapists points out three problematic areas: Recognition, integration and validation.

Thus, this study of strengths and weakness of art therapy in India's system fulfils objective five.

## **7.6. Recommendations**

Present status is far from satisfactory. Art therapy in India needs to be undertaken with the aim to tailor down art therapy programs and techniques according to the local needs. The level of education, contents of the study and the kind of courses; are some aspects where there is a need of structuring art therapy programs. Whether it is the programs, qualifications or activities, everything is abstract in India in the present scenario. There is a need of creating awareness among people about the healing properties of art. Aastha Ahuja explains that art therapy in India is disintegrated and disorganized. People from India go to study art therapy to different countries and then struggle to practice when they come back.

“Art therapy in India is very small now., so it is picking up, there are lot many people who have taken up this profession, taking interest training and even many people are going abroad and coming and coming back with the Masters, but it is still disorganized in India”.

### **Addressing Research Questions**

Addressing to the first research question- To document the art therapy techniques utilized for the children and adolescents with autism spectrum disorder in India. As mentioned before, children and adolescents with special needs find difficulty in expressing their thoughts and feeling in a normal format. Art can be an alternative way where they can draw their expressions in symbolic or concrete way. Art can be used as a therapeutic tool in reducing anxiety and enhancing self-worth. There are very few art therapists in India who work for special need children and those who work with autism are even fewer. They have advocated for use of sensory activities for autistic population. The therapists also laid stress upon the care for hypersensitivity of few autistic clients towards specific materials and smells. The beginning of an art therapy session should be done with same manner and activity for the reason that ‘autistic subjects do not accept change in their routine easily’. It is important that they should not feel stressed and contrarily feel delighted during activity. Activities which help in enhancing their imagination and expression like house, tree, person; free drawing, family drawing, self-portraits should be conducted, as they help them to relate with themselves and the people around them.

In the second objective, the focus is on the understanding and making connections of the art work produced by the children with autism. For this purpose, it is important to understand the art product of non-autistic children and the children with autism spectrum disorder. The study found significant difference statistically between the quality of art work created by autistic and non-autistic children in the areas of imagination, expression and balance.

In addressing objective three, where the art works of the autistic subjects were compared in pre and post art therapy intervention, results have indicated improvement in the scores of the subjects after intervention. Therapeutic art making helps in providing sensory stimulation in a very safe and friendly atmosphere, which can help in opening the doors to imagination and expressions.

Fourth research objective is to identify the skillset necessary for the dissemination of art therapy. Art therapists need to work with the people affected by various issues- mental and physical<sup>3</sup>, behavioral issues, learning difficulties, coping in relationships and many lives time conditions also. So, qualification and training is a vital part of art therapists. It makes them to work for the psychological wellbeing of the people. Along with that, proper setup is also required which gives both the therapist and client a comfortable setup for outlet of expressions.

The goal was to unlock the present status of art therapy in India by understanding its strengths and weaknesses in India. Art therapy can be seen as profession with a great scope in India because here it is still not recognized as a profession; whereas in Europe and other western countries, educational programs related to this profession are being offered since 1960s. Another sad state is the decline of art education in schools. The art class is often utilized to teach so called major subjects where students get credits whereas in art only grade is provided. Unfortunately, art as a subject has been discredited in many states of north India and in many schools (public and private) art has been eliminated. Another astonishing feature is that even if it is there in the curriculum, there are hardly any qualified art teachers in the schools. There is a need for the education department to look into the matters of this concern because there are ample researches proving that art making activity serves positivity by distracting individual from negativity.

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<sup>3</sup> Making a patient mentally strong to deal with physical illness

American Art Therapy Association (AATA), also while defining art therapy calls art therapy “An integrative profession that enriches the lives of individuals, families and communities through the active art making, creative process, applied psychological theory and human experience within a psychotherapeutic relationship.” The formal introduction of art therapy should be supported by National Mental Health Programs in India. Educational programs at all stages should be designed and introduced in the educational institutions for the Indian students as the courses done in other countries are very expensive and they are also customized according to their culture and atmosphere.

### **Policy makers**

#### **For Schools and Mental Health Practitioners:**

Many early art therapists worked as art teachers before they developed different approaches of art therapy by mixing experience and knowledge. What is known as the ‘child centered approach’ (Waller, 1991:16). The idea of using Progressive methods for teaching art to aid emotional development and intellectual of the children, provided the base of art therapy with children. The basic language of child in growing years is expressions and not words. So, it is important to introduce art in the schools as a therapeutic medium for the children at very young age. Art therapy in children can be very beneficial because children can relate themselves naturally to art. Art can help where the verbal expressions of the children are found difficult, as in many cases.

At an adolescent age, one forms opinions about people, objects and the world around them. At that age they struggle for their existence between being a child and an adult. They often struggle with issues like emotions, expressions and thoughts. Their physical body changes into new. The physical and mental transformation is often a reason of confusion for them which they do not want to share with anyone. In a therapeutic area, they get a space to express their emotions while keeping their claim to their privacy. So, whatever they create through art, therapy is working for them by keeping them engaged in the creative process. There are many issues which they do not intend to share or come out with, but express them with the help of

creativity. Creativity gives them a safe expression by respecting their will of privacy. Art in such cases provides them with satisfaction and self-appreciation.

In the schools for special education, art education is provided by special educators, where more stress is given on displaying of art and craft material for an exhibition and sale. The purpose of using art for expressions or for physical and mental development gets little difficult to fulfil, when children do not get involved with creating activities. So, there is a need of qualified art teachers who are mature enough to handle disabilities of special need children. Art Education should have a special curriculum targeted to help them in vocation, memory retention, thinking independently. Art programs should also focus on the color messages like danger, contents in food and road safety. They can help children to bring out what is not possible for them through verbal communication and facilitate in understanding their limitations and strengths. The art making experience should be a pleasure, with potential of healing along with academic excellence, psychomotor development and self-help attitude. The staff in such schools should be motivating and empathetic.

Art education in the schools involves more of ‘copying’ rather than ‘creating’. The learning of basic principles is paid more stressed upon rather than imagination and in this process the ‘spontaneity’ is often gone. The use of ‘Freer art’ can be done in the school and education department in the training of the teachers’ curriculum can add art teaching as a medium of creativity. Art curriculum in schools and special schools should be designed in the way to decrease the amount of stress, anxiety and can help in increasing concentration, observation and also promote healing.

### **For Work Areas**

Stress at work place is commonly observed these days. It leaves harmful responses in the area of physical and emotional personality of human being. Conflict between job demand and amount of control by the employer is a major reason for this. Stress often prevents employees from being productive because of low concentration, decision making ability and confidence. Keeping this in view many progressive employers have introduced certain therapies at their work place and art therapy is also one of them. Art therapy is used to cope with stress and its positive results are also seen in boosting self-esteem. The process of art making helps a person to restore client’s functioning and give them a feeling of well-being. Therapist’s motivation works as an

encouragement for the employee to get engaged in creative process, which helps to express feelings and emotions which sometimes even the client is not aware of. Art therapist's job is not to judge the client but the process creates a base where messages communicated through art are combined with psychotherapeutic counselling for the initiation of personal growth and to cope with stress at work place.

### **For Hospital Setup**

Good health can be defined as complete wellbeing of a human being which involves physical health, mental health and social health. Physical health has been on the top attention for human beings for centuries but the mental health area had always been neglected. Over the past few years, a strong connection between the physical health and mental wellness has been realized. There are leading chronic diseases which are caused by stress, eating disorders, depression and many other mental health issues. There has been awareness in the field of health these days and so in healing (Anantha, 2008). Healing is said to take place rapidly in a positive hospital environment (Altimier, 2004). According to Ulrich the recovery of the patient is quicker where the ward has trees and landscape paintings on the wall rather than the patient who faces a view of plain wall (Ulrick, 1984). The art therapy concept is based on the patients participation in creative activities which infuses positive energy in the them and helpsthem to handle their medical issues. Art therapy creates self-awareness and self- esteem among patients to deal with their pain and depression. Participation in art activities not only shows positive changes in the patient's medical report but also symptoms of stress and also improves quality of life (Monti et al, 2006).

Art therapy in the healthcare organizations had been introduced in many countries since long time. Its positive effects are seen in the reduction of recovery period in the patients, as it is seen as a medium to enhance healing. In India a few private hospitals have started different therapies, arts and yoga in hospitals for the patients. But there is a need for the introduction of art therapy in all the hospitals for the rapid recovery and positive mind set of the patients.

### **Need of a Governing Body**

Very few people in India are aware of art therapy and fewer are the people who believe in that. The major reason for disbelieving in art therapy is that its education is not very popular in India. Once the degrees and diplomas are offered by universities

and the courses are popular, the trust of the people will also be established. In metropolitan cities in south India, there could be few art therapists practicing but in north India it is very rare to have an art therapist except in Delhi. So, people do not know much about art therapy. This is a common cry of all the therapists and facilitators that people do not understand art therapy as they have doubt that art can heal. The concept and the process of the therapy are also unclear to the people. People know about professions which are formally studied like physiotherapy but art therapy is a new concept in India. They cannot differentiate art education and art therapy. There is a need for the education department to give recognition to art therapy in India and courses related to art therapy should be started in colleges and universities, so that more and more people join this arena and awareness is spread in India about this profession. A professional degree with proper curriculum, internships and supervision needs to be done. Practical training supervised and directly with clients should be made compulsory in the training after education because dealing with human being without proper knowledge and training could be dangerous. The art therapy courses should be designed according to the Indian clients and for Indian therapists. The fee structure should also be according to Indian courses. For designing of curriculum according to the educational level, recognitions to the educational institutions, monitoring of the courses and courses accreditation needs to be done time to time. To organize what is disorganized in India, there is a need to form a central body, the way it is in many countries. American Art Therapy Association (AATA) in USA, Canadian Art therapy Association (CATA). British Association of Art Therapy (BAAT) and Australian National Art Therapy Association (ANATA) are few such associations. It should work on the improvement of therapist's terms and conditions of employment, overall development of the profession with the basic functions of designing art therapy courses curriculum and to monitor it, make practical training its compulsory element, establish code of ethics and principles of professional training. All art therapists agree to the formation of a central body and few art therapists have also suggested getting affiliation from a foreign university for designing of art therapy courses in India. So, collaboration with foreign art therapy association could help to design and maintain a reasonable standard of art therapy in India and help to stop malpractices in this field. Eventually, people will understand



that art therapy is not a trial-and-error field, it has evidence-based approach and there is a lot of science behind it.

### **For Researchers**

Art as a non-verbal way of communication is known since long time but the therapeutic use of art is concerned with understanding of human condition and its healing is yet to be established. Art therapy is a new field and its curriculum, activities, evaluation and development are designed after a careful research on psychotherapeutic grounds. Since this is a new profession, it is important to get aware about the latest research and findings. One can get updated in the form of further training, conferences and workshops, courses, publications and research. Art education and art therapy research is not be confined to art, psychiatry and psychology but many other disciplines like philosophy, art history, archaeology, sociology can also find its connections for further research. Research becomes useful when it supports to improve the trend. In art therapy, both the art product and at process could be evaluated. There is always a possibility to find out more. For a student or practitioner, it is important to check the areas where research is required because during practice one can explore many new ideas and cases working with diverse population and settings. Few such areas are thoughts and logics behind art therapy, therapy process and responses of the clients with individuals, family or groups. Art therapy research committee should work on inspiring, supporting and promoting of research based on multiple methodologies- qualitative and quantitative. There are areas of art therapy where further research can be done:

- Effectiveness or outcome of art therapy
- Different process, activities and mechanism in art therapy
- Relations of art therapy and neuroscience
- Validity and reliability
- Multicultural art therapy practice and assessment.

Many more areas to understand where and what method to be applied, Scientific methodology is always preferred but using quantitative research methodology is always not favored because art work needed to be evaluated in to many components like color, space and many others. Generally, artwork also needs to be explained from its

creator's view. In such cases qualitative research methods are always preferred. So, the areas where the researcher is expected to work in art therapy are:

1. Activities and process for a particular group or a specific disorder.
2. The comparison of different therapies and interventions with art therapy.
3. Understanding and assessing neurobiological processes in art making during art therapy intervention.
4. Replacement of verbal therapy with art therapy or assessing a client's need to be verbal in therapy.
5. There is a need for the newcomers in this field who with a deep study can acknowledge problems or issues. They should have understanding in use of different procedures and methodologies and can possibly work on hypothesis or certain assumptions, interpret facts to find a meaningful solution of the problem.

### **Limitations**

The study is focused on the status of art therapy, its strengths and weaknesses and its techniques, particularly with autistic population. To achieve these objectives, interview and observation method was adopted, which might have limitations:

- The thoughts and ideals of art therapist from India and abroad differ from one major point which is qualification and skills. This might be because of the limited education provided in India to the therapists.
- As Art therapy is highly recognized in developed countries, there is a huge difference in infrastructure and facilities available to tackle the issues, which in India, itself has become a big glass wall and acts as a hindrance in providing therapeutic set-up.

With the objective of experimental research, where the art works of autistic subjects were evaluated on pre and post method and the results exhibited remarkable improvement after art therapy intervention, the researcher felt that the scores could vary due to the following reasons:

- The therapists in India did not have the qualification and skills according to the marked standards i.e., Master's degree in art therapy. If they were properly literate in this profession and were provided adequate infrastructure to carry

out the therapy, they could advocate its dissemination and broaden the scope of art therapy in relation with ASD subjects.

### **Avenues for future research**

Art therapy is therapeutic intervention which uses art as a medium for expression of inner turmoil and for its therapeutic solution. In India, this profession is new and people still need to know about this profession. Art therapy has a potential to help anyone regardless of gender, age, mental ability, and profession. It is known as an effective tool to cope with depression, stress, physical and mental illness and people with special needs. The focus of this study was to understand art therapy status in north India in the context of its educational training, techniques and its effectiveness with autistic population. The study suggests its awareness and regular practice in the society as other therapies is practiced specially with disabled population. The researcher offers few suggestions for future research that could help prospective researchers:

- The sample size could be larger.
- The number of the sessions can be increased to get better results of intervention.
- Different aspects of art education and art therapy can be compared.
- The research was focused on assessment of art works to determine art therapy intervention, further research on their behavioral patterns, social interaction can be done.
- Curriculum of art therapy at different levels can be studied.
- The pros and cons of inculcation of art therapy as subject in special education teacher training course can be encouraged to study.

So, in conclusion, it can be said that art therapy services in the society at different organizations and institutions can support people in coping up with their struggles. Introduction of formal art therapy education at degrees and diploma levels should be introduced and also need to form an association to monitor its practice.

With this research considerable knowledge about the relationship of autistic children and adolescents with art therapy was gained. The experiment study tested and proved that art therapy is an effective intervention for the autistic population and it can

benefit for other children for special need too. Introduction of art therapy and appointment of art therapist in special schools can help to deal with aggressive/ typical behavior in the students as with art therapy respondents were more receptive to the relationships and external environment which usually caused disturbance to them.

## References

- Aleksandrovich Maria, Zoglowek Herbert. (2014).  
<http://www.britannica.com/EBchecked/topic/142249/creativity>  
 4-year Olds. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 39,  
 399-41
- Advani, L. (2002). "Education: A fundamental Right of Every Child Regardless of His/  
 Her Special Needs". *Journal of Indian Education; Special Issue on Education of*  
*Leaners with Special Needs*. New Delhi: NCERT
- Aina O. Nucho. (2003). *The Psych cybernetic Model of Art Therapy*. Charles C.  
 Thomas publisher, Ltd. Spring field, Illinois, USA
- Akila L.K., ChoodamaniNandgopal. (2015). *Introduction of Art Therapy and Creativity*  
*in Organizations*. Retrieved From:  
[http://globalbizresearch.org/Chennai\\_Symposium/conference/pdf/C543\\_Full%  
 20Paper.pdf](http://globalbizresearch.org/Chennai_Symposium/conference/pdf/C543_Full%20Paper.pdf)
- Aleksandrovich Maria, Zoglowek Herbert (2014). *Autistic Spectrum disorders and*  
*Creativity: Comparative Study of art works*. Electronic edition.  
[https://www.researchgate.net/publication/276269319\\_Autistic\\_Spectrum\\_Dis  
 orders\\_and\\_Creativity\\_Comparative\\_Study\\_of\\_the\\_Art\\_Works](https://www.researchgate.net/publication/276269319_Autistic_Spectrum_Disorders_and_Creativity_Comparative_Study_of_the_Art_Works)
- Allen, Melissa.L. 2009. Brief Report: Decoding Representations: How Children with  
 Autism understand drawings.  
<https://link.springer.com/article/10.1007/s10803-008-0650-y>
- Altimer, L.B. (2004). *Healing environments: For Patients and Providers*. New born and  
 infants nursing, 4(2), 89-92.
- American Art Therapy Association [https://arttherapyorg/about/\(educational standard\)](https://arttherapyorg/about/(educational%20standard)).
- American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental*  
*Disorders (5th Edition)*. American Psychiatric Publishing, Arlington.
- American Psychiatric Association; DSM-5. (2013) *Autism Spectrum Disorder*.  
 Retrieved from: [APA\\_DSM-5-Autism-Spectrum-Disorder.pdf](#)
- Ananta, S. (2008). *Healing Environments: The next natural step*. *Explore* 4, 274-281.

- Anderson, F. E. (1994). Art-centered education and therapy for children with disabilities. Springfield, IL: Charles C Thomas.
- Aron L. (1990). One person and two person psychologies and the method of psychoanalysis. *Psychoanalytical Psychology*, 7, 475-485. doi: 10.1037/0736-9735.7.4.475
- Art and Autism. The Ohio State University. Retrieved from: <https://aaep.osu.edu/sites/aaep.osu.edu/files/Educator%20Toolkit.pdf>
- Autism Speaks; Autism Diagnostic Criteria: DSM-5. Retrieved from: <https://www.autismspeaks.org/autism-diagnosis-criteria-dsm-5>
- Autism speaks. DSM-5 Diagnostic Criteria. Retrieved from: <http://www.autismspeaks.org/what-autism/diagnosis/dsm-5-diagnostic-criteria>.
- Autism: the rehabilitation council of India. (2003). Retrieved from: <http://www.rehabcouncil.nic.in/writereaddata/Autism-5-2003.pdf>
- Barbara Cooper, Nancy Widdows (2008) *Knowing Yourself, Knowing Others: A Workbook for Children with Asperger's Disorder, Nonverbal Learning Disorder, and Other Social-Skill Problems*
- Baron, Hugh (1999) A history of art in British Hospitals, in Haldane, Duncan & Loppert Belmonte, M K., Cook, E H, Anderson, G M, Rubenstein, J L R, Greenough, W T, Beckel-
- Benjamin, L. T., Jr., & VandenBos, G. R. (2006). The window on psychology's literature: A history of psychological abstracts. *American Psychologist*, 61(9), 941–954. <https://doi.org/10.1037/0003-066X.61.9.941>
- Best, J.W. and Kahn, J.V. (1993). *Research in Education* (7<sup>th</sup> edition) New Jersey: Prentice hall, Inc. Englewood. Cliffs, p. 25.
- Bion, W.R. (1967). *Second thoughts: Selected papers on Psychoanalysis*. London, England: William Heinemann College
- Blaurock-Busch, Albrecht Friedle, Michael Godfrey, Claus E.E. Schulte-Uebbing (2010). Metal exposure in the physically and mentally challenged children of Punjab, India. National Library of medicine.

- Broota KD. (2010) Experiment Design in behavioral research (P. 2-3). New Age International Publisher, New Delhi.
- Bucci, W. (2011). The role of subjectivity and intersubjectivity in the reconstruction of dissociated schemas: converging perspectives from psychoanalysis, cognitive science and affective neuroscience. *Psychoanal. Psychol.* 28,447- 466.
- Buchalter Susan (2004). *A Practical Art Therapy*. Jessica kingsley Publisher.
- Cane Florence. (1983). *The Artist in each of us*. Craftsby Common VT: art Therapy Publications.
- Case C. & Dalley T. (1992), *The Handbook of Art Therapy*, Routledge, London G.B.
- Case, C. (2000), Our lady of the queen: journeys around the mental object. in: A. Gilroy, & G. McNeilly (eds.), *The Changing Shape of Art Therapy*. Jessica Kingsley Publishers Ltd. London, U.K. (Chapter 1, pp. 15- 54)
- Case, C. (2000), Our lady of the queen: journeys around the mental object. in: A. Gilroy, & G. McNeilly (eds.), *The Changing Shape of Art Therapy*. Jessica Kingsley Publishers Ltd. London, U.K. (Chapter 1, pp. 15- 54).
- Cathy Malchiodi (2018) Art therapy: The Role of the Relationship Does Art Therapy Effectively Support Relational Treatment goals? Retrieved From: <https://www.psychologytoday.com/us/blog/arts-and-health/201805/art-therapy-the-role-the-relationship>
- Cay Dranchnik. (1976). A Historical Relationship between Art Therapy and Art Education and the Possibilities for Future Integration. *Art Education*. Vol. 29, No. 7 (Nov. 1976), pp. 16-19. Retrieved From: <https://www.jstor.org/stable/3192142?seq=1>
- Chauhan Anil, SahuJatindra K., Jaiswal Nishant, Kumar Kiran, Agarwal Amit, Kaur Jasleen, Singh Sukhmanjeet, Singh Meenu. (2019). Prevalence of autism spectrum disorder in Indian children: A systematic review and meta-analysis. Vol 67 p. 100-104.
- Chawla d., Sondhi N. (2011). *Research Methodology- Concept and Cases*. Vikas publishing House.
- Chen Iris. (2016). Childlike artists. <https://medium.com/@rabbit7924/childlike-artists>

- Cooper Barbara, Widdows Nancy. (2008). *Knowing Yourself, Knowing Others: A Workbook for Children with Asperger's Disorder, Nonverbal Learning Disorder, and Other Social-Skill Problems*. New Harbinger Publications.
- Cox, M. (1978). *Structuring the Therapeutic Process: Compromise with Chaos*. Oxford: Pergamon.
- Sage Journals. Retrieved From: <https://journals.sagepub.com/doi/abs/10.1177/053331647801100318>
- Cox, Michael. 1992. *Children's Drawings*. London: Penguin
- Crown (1987), *Mentally ill, Service for*, in, Gregory, R.L. *The Oxford Companion to the Mind*. Oxford University Press
- Czamanski-Cohen J., weih KL. (2016). *The body mind model: A platform for studying the mechanisms of change induced by art therapy*. Retrieved From: <https://www.ncbi.nlm.nih.gov/pubmed/27777492>
- DafnaRegav, Sharon Snir, (Jan'2013). *Art therapy for treating children with ASD: The unique contribution of art materials*.
- David Edwards. (2004). *Art Therapy: Creative Therapies in Practice*. Sage publications
- David R. Henley (1992). *Exceptional Children Exceptional Art: Teaching art to special needs*. Davis publication.
- DeLoache, Judy, S. 2004. *Becoming Symbol-minded*. *Trends in Cognitive Sciences*, 8, 66-70
- Department of Education (1986). *National Policy of Education, 1986* New Delhi: MHRD, GOI. Retrieved from: [https://mhrd.gov.in/sites/upload\\_files/mhrd/files/document-reports/NPE86-mod92.pdf](https://mhrd.gov.in/sites/upload_files/mhrd/files/document-reports/NPE86-mod92.pdf)
- Department of Education (2000). *SarvaShikshaAbhiyan: A program for Universal Elementary Education*. New Delhi: MHRD, GOI. Retrieved from: <https://mhrd.gov.in/ssa>
- Department of Education (2003) *Inclusive education Scheme (Draft)* New Delhi: MHRD, GOI. Retrieved from: [http://www.ncert.nic.in/new\\_ncert/ncert/rightside/links/pdf/focus\\_group/special\\_ed\\_final1.pdf](http://www.ncert.nic.in/new_ncert/ncert/rightside/links/pdf/focus_group/special_ed_final1.pdf)



- Dewey, J. (1934). *Art as experience*. New York: Capricorn Books.
- Dhar Aarti. Schools the special syllabus. The Hindu e-newspaper October 09, 2013  
retrieved from: <https://www.thehindu.com/features/education/school/the-special-syllabus/article5216775.ece>
- Directory of art therapists in India by Creative movement Therapy of India. Retrieved from: <https://cmtaisite.wordpress.com/directory-of-art-therapists-in-india/>
- DPEP (2000). *Empowerment through Education: Identification and Enrollment of Children with Special Needs in DPEP*. New Delhi: Education Consultant of India Limited. Retrieved From: <http://14.139.60.153/bitstream/123456789/2637/1/DPEP%2C%20Empowerment>
- DPEP (2001). *Towards Inclusive Schools in DPEP*. Noida; Ed.CIL. Retrieved From: <http://14.139.60.153/bitstream/123456789/2646/1/Towards%20inclusive%20schools%20dpep%2012189.pdf>
- Early Childhood Interventions (2018) I Rocket ECI. *How the CBSE Ensures Inclusive Education for Children with Disabilities*. Retrieved from: <http://www.irocket.in/how-the-cbse-ensures-inclusive-education-for-children-with-disabilities/>
- Education of Children with Special needs. (2006) National Council of Educational Research and Training. Retrieved from: [http://www.ncert.nic.in/new\\_ncert/ncert/rightside/links/pdf/focus\\_group/special\\_ed\\_final1.pdf](http://www.ncert.nic.in/new_ncert/ncert/rightside/links/pdf/focus_group/special_ed_final1.pdf)
- Edwards, D. (2004), *Art therapy*, London: Sage Publications Ltd.
- EleonorBlaurock-Busch, Omnia R Amin, Hani H Dessoki, ThanaaRabah (2012). *Toxic Metals and Essential Elements in Hair and Severity of Symptoms among Children with Autism*.
- Environment, toxicity and autism. Baba Farid Center for Special Children Retrieved from: [https://www.youtube.com/watch?v=SVS4\\_wIlwNo&t=3513s](https://www.youtube.com/watch?v=SVS4_wIlwNo&t=3513s)
- Evaluation in Art Education. Curriculum. Diploma in Elementry Education (D.El.Ed). Retrieved from: <http://mooc.nios.ac.in/mooc/pluginfile.php?file=/11709/course/summary/UNIT%205%20EVALUATION%20IN%20ART%20EDUCATION.pdf>

- Evans K. Dubowski J. (2001). Art therapy with the children on autistic spectrum disorders: A review of clinical case description on 'what works. *Arts psychother* 2014;41(5):577-93. Retrieved from: <http://www.sciencedirect.com/science/article/pii/S0197455614001087>
- Franken, Robert. E. 1993. *Human Motivation*. Wadsworth: Brooks/Cole
- Freeman, Natalie. 1980. *Strategies of Representation in Young Children: Analysis of Spatial skills and drawing process*. <https://www.semanticscholar.org/paper/Strategies-of-representation-in-young-children-%3A-of-Freeman/7b7305d7a7ecb4548395e7663c300793777e233f>
- Freud, S. (1912/1958a). The dynamics of transference. In J. Strachey (ED & Trans.), *The standard edition of complete Psychological works of Sigmund Freud* (vol. 12, pp. 97-108). London: England: Hogarth Press.
- Freud, S. (1965). *The interpretation of dreams* (J. Strachey, Trans.). New
- Freud, S. *Free Association Psychology*. 1998. Retrieved from: <https://www.britannica.com/science/free-association>
- Gardner Martin. Machinamenta. (2013). *Drawing like a child*. <http://machinamenta.blogspot.com/2013/08/drawing-like-child.html>
- Gardner, Howard. 1980. *Artful Scribbles: The Significance of Children's Drawings*. <https://muse.jhu.edu/article/599704/summary>
- Gilroy, A. (1992) *Research in Art therapy*, in D. Waller and A. Gilroy (eds), *Art Therapy: A handbook*, Buckingham: Open University Press.
- Gombrich, E.H. (1995) *the story of art*, London: Phaidon
- Greenspan, S. I., & Shanker, S. G. (2004). *α'e first idea: How symbols, language, and intelligence evolved from our primate ancestors to modern humans*. Cambridge, MA: De Capo Press.
- Greenspan, S., & Shanker, S. (2004). *The first idea: How symbols, language, and intelligence*
- Greenspan, S., & Weider, S. (2006). *Engaging autism: Using the Floortime approach to help children relate, communicate, and think*. Cambridge, MA: Da Capo press

- Greg H. fraith., Janet W. Michwell (1983) Art Education for Mildly Retarded Students: A Significant Component of the Special education Curriculum. Retrieved from: <https://www.jstor.org/stable/23877342?seq=1>
- Haldane Duncan, LoppertSusen. (1999). The Arts in Health are: Learning from experience. London: King's Fund Publishing.
- Hanna Kwaitkowska. (1974). Approaches to Art Therapy: theory and technique. Edited. Judith A. Rubin. Routeledge, Tailor & Francis Group, New York, London.
- Hass-Cohen, N., & Carr, N. (Eds.). (2008). Art therapy & clinical neuroscience. London: Jessica Kingsley Press.
- Herbert, M. (2010). The Autism Revolution. New York, NY: Harvard Medical School, Ballantine Books.
- Hiemann, P. (1950). On countertransference. International Journal of Psycho analysis, 31, p. 81-84
- Hiemann, P. (1960). counter transference, British journal of medical psychology.
- Hosseini, D. (2012). The art of autism: Shifting perceptions. Carpinteria, CA: The Art of Autism. Just Imagination in Children with Autism, Children with Learning Disabilities, and Normal
- India News. No Country for the disabled: Why almost half of Indians with special needs are illiterate (April 05, 2017). India Spend
- Jain R, Juneja M, Sairam S. Children with developmental disabilities in India: Age of initial concern and referral for rehabilitation services, and reasons for delay in referral. J Child Neurol 2013;28:455-60.
- Jarrel (2018) Exploring the Relevance of rt Therapy in Public Education. Western Michigan University. [https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=4414&context=masters\\_theses](https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=4414&context=masters_theses)
- Jean-Francois Trani, Parul Bakhshi,<sup>2</sup> Jill Kuhlberg,<sup>1</sup> Sreelatha S Narayanan,<sup>3</sup> Hemalatha Venkataraman,<sup>4</sup> Nagendra N Mishra,<sup>3</sup> Nora E Groce,<sup>5</sup> Sushrut Jadhav,<sup>6</sup> and Smita Deshpande<sup>3</sup> · Mental illness, poverty and stigma in India: a case-control study

- Jennifer E. Drake, 2012. Is superior local processing in visuospatial domain a function of drawing talent rather than autism spectrum disorder? Retrieved from:  
[https://www.researchgate.net/publication/263937614\\_Is\\_Superior\\_Local\\_Processing\\_in\\_the\\_Visuospatial\\_Domain\\_a\\_Function\\_of\\_Drawing\\_Talent\\_Rather\\_Than\\_Autism\\_Spectrum\\_Disorder/link/562beb5208ae518e3481018f/download](https://www.researchgate.net/publication/263937614_Is_Superior_Local_Processing_in_the_Visuospatial_Domain_a_Function_of_Drawing_Talent_Rather_Than_Autism_Spectrum_Disorder/link/562beb5208ae518e3481018f/download)
- Jordan, J.V. (1995). A relational approach to psychotherapy. *Woman and Therapy*, 16(4), 51-61, doi: 10.1300/j015v16n04\_05
- Judith A. Rubin. (2010). *Introduction to Art Therapy- sources and Resources*. Routledge, Taylor & Francis Group, New York, London.
- Judith A. Rubin. (2011). *The Art of Art Therapy-What Every art Therapist needs to Know*. Routledge, Taylor & Francis Group, New York, London
- Jung C. G. (1973). *The Archetypes and the collective Unconscious*. Second edition, translated by Hull R. F. C. Vol. 9, part 1. Bollingen Series XX. p. 67 Princeton University Press.
- Kalff, D.M. (1980). *Sandplay: A psychotherapeutic approach to the psyche*. Boston: Sigo Press.
- KapitanLynn. (2003). *Introduction to Art Therapy Research*: Routledge, Taylor & Francis Group, New York, London.
- Kaye-Huntington S. (2010). Art therapy in context of creative expressive therapies. *Integrative Psychiatry*. P. 86-110
- Kerr, Albert, B. 2014. *Encyclopedia Britannica*. Electronic edition.
- KimonNicolaides (1941). *The Natural Way to Draw: A working Plan for Art Study*. Houghton Mifflin Company, Boston. Kingsley Publishers.
- Klein, M. (1946). Notes on Some schizoid mechanisms. *International Journal of Psychoanalysis*, 27, p. 99-110
- Klein. M. (1952). *On Observing the Behaviour of Young Infants*. From: *Envy and Gratitude and Other works 1946-1963*.
- Kvale, S. (1996). *Interviews*. Thousand Oaks. London. New Delhi. Sage Publication.
- Laing R.D. (1960). *The Divided Self*. London
- Laing R.D. (1978). *The Politics of Experience*. London

- Langley brown. (2006). *Is art therapy? Art for the mental health of the millennium*. Degree of Doctor of Philosophy. Manchester Metropolitan University.
- Lee, Anthony, Hobson, Peter, R. 2006. Drawing Self and Others: How do Children with autism differ from those with learning difficulties. <https://bpspsychub.onlinelibrary.wiley.com/doi/abs/10.1348/026151005X49881>
- Leevers, Hilary, J.; Harris, Paul, L. 1998. Drawing Impossible Entities: A Measure of the imagination in children with autism. <https://acamh.onlinelibrary.wiley.com/doi/abs/10.1111/1469-7610.00335>
- Liebmann Marian (2004). *Art Therapy for Groups: A Handbook of Themes and Exercises*. Psychology Press.
- Low, Goddard, Melser, Joseph; 2009. *Generativity and Imagination in Autism Spectrum Disorder: Evidence From Individual Differences In Children's Impossible Entity Drawings*. [https://www.researchgate.net/publication/40485346\\_Generativity\\_and\\_imagination\\_in\\_autism\\_spectrum\\_disorder\\_Evidence\\_from\\_individual\\_differences\\_in\\_children%27s\\_impossible\\_entity\\_drawings](https://www.researchgate.net/publication/40485346_Generativity_and_imagination_in_autism_spectrum_disorder_Evidence_from_individual_differences_in_children%27s_impossible_entity_drawings)
- Lowenfeld, M. (1993). *Understanding children's sandplay: Lowenfeld's world technique*. UK: Antony Rowe Ltd. (Original work published 1979 as *The World Technique*).
- Luthra, P.N. (1974). "Role of the Department of Social Welfare in the Rehabilitation of the Handicapped", *Journal of Rehabilitation in Asia*, 15: 9-19
- Makin Susan R. (1999). *Therapeutic Art Directives and Resources: Activities and Initiatives for Individuals and Groups*.
- Malchiodi, C. (2003). *Handbook of Art therapy*. The Guilford Press.
- Malchiodi, C.A. (1998). *The Art Therapy Source Book*. Los Angeles, CA: Lowell House.
- Malchiodi, C.A. (2000), *Art therapy and computer technology*.
- Malchiodi, C.A. ed. (2012), *Handbook of Art Therapy*, second ed. The Guilford Press, N.Y.

- Marczyk G., DeMatteo David & Fastinger David. (2005). *Essentials of Research Design and Methodology*. John Wiley & Sons.
- Mardi J. Horowitz (1983). *Behavioral Sciences & the Law*. Post traumatic Stress disorder. Retrieved from: <https://doi.org/10.1002/bsl.2370010305>
- Martin, N. (2009). *Art as an early intervention tool for children with autism*. London: Jessica
- Masoumeh Farokhi, Masoud Hasemi (2011). *Analysis of Children Drawings: Social, Emotional, Physical and Psychological Aspects*. Retrieved from: <https://www.sciencedirect.com/science/article/pii/S1877042811022580>.
- Mayo Clinic. *Autism Spectrum Disorder*, (2018) Retrieved from: <https://www.mayoclinic.org/diseases-conditions/autism-spectrum-disorder/symptoms-causes/syc-20352928>
- McAfee, J. (2002). *Navigating the social world: A curriculum for individuals with asperger's syndrome, high functioning autism, and related disorders*. Arlington, TX: Future Horizons Publishing.
- McNiff Shaun (1981). *Integrating the Arts in therapy- History, theory and practice*. Charles C. Thomas. Publisher, Ltd. Springfield. Illinois. USA
- Melinda J. Emery, Lake Forest, CA. *Art Therapy as an Intervention for Autism*. Art Therapy: journal of American Art Therapy Association
- Menachemi, H. (1998), *The Art Therapist as an Artist the Dilemma of The Professional Identity*. *Therapy Through the Arts*, Journal of The Israeli Association of Creative and Expressive Therapies, 2(3), pp. 32-35.
- Mitchell, S.A. (2000). *Relationality: from attachment to intersubjectivity*. Hillside, NJ: analytic press.
- Mitchner, A. 2004. *Autism as a Disorder of Neural Information Processing: Directions for*
- Moon B. (1995). *Existential Art Therapy*. Springfield, IL: Charles C. Thomas publishers.
- Moon B. (2006). *Ethical Issues in Art Therapy*. Springfield, IL: Charles C. Thomas publishers.
- Moon B. (2007). *Dialoguing with dreams in existential art therapy*. *Art Therapy: Journal of American Art Therapy Association*, 24, (3)

- Moon Catherine Hyland. (2010). *Materials & Media in Art Therapy: Critical Understanding of Diverse Artistic Vocabularies*. Routledge, Taylor & Francis Group, New York, London.
- Moon, B. (2008). *Introduction to art therapy: Faith in the process*. Springfield, IL: Charles C. Thomas.
- Moon, C. H. (2002). *Studio Art Therapy. Cultivating the Artist Identity in Art Therapist*. London. Jessica Kingley
- National Institute of Neurological Disorders and Stroke. (2020) Autism Spectrum Disorder fact sheet. Retrieved from: <https://www.ninds.nih.gov/disorders/patient-caregiver-education/fact-sheets/autism-spectrum-disorder-fact-sheet>
- Naumburg, M. (1950/1973). *Introduction to art therapy: Studies of the “free” art expression of behavior problem children and adolescents as a means of diagnosis and therapy*. New York: Teachers College Press/Chicago: Magnolia Street.
- Naumburg, M. (1966). *Dynamically oriented art therapy: Its principles and practices*. New York, NY. Grune and Stratton.
- Naumburg, M. (1987). *Dynamically oriented art therapy: Its principles and practice*. Chicago: Mangolia Street.
- NCERT (2000). *National Curriculum Framework for School Education (NCFSE)*. New Delhi: NCERT. Retrieved From: <http://ctegujarat.org/Downloads/NCF%20Secondary%20Education-2000.pdf>
- NCERT (2006). *Education of Children with Special Needs. Including Children with special needs*. New Delhi: NCERT retrieved from: [http://www.ncert.nic.in/pdf\\_files/SpecialNeeds.pdf](http://www.ncert.nic.in/pdf_files/SpecialNeeds.pdf)
- Nicole Martin, Lawrence, KS (2009), *Art therapy and autism: Overview a Recommendations*. Retrieved from: <https://www.tandfonline.com/doi/abs/10.1080/07421656.2009.10129616>
- Nishi Tripathy, KanchanDilawari. (2016). *Effects of art therapy and counselling on adolescents*. Retrieved From: [https://www.researchgate.net/publication/308960740\\_Effect\\_of\\_Art\\_Therapy\\_ans\\_Counseling\\_on\\_Adoescents](https://www.researchgate.net/publication/308960740_Effect_of_Art_Therapy_ans_Counseling_on_Adoescents)

- Ofira Honig. (2014). Post graduate Art Therapy Training in Israel: Personal and Professional Transformation Through Dynamic Artwork-Based Experiential Transformative Courses. A Dissertation for the Degree of Doctor of Philosophy. University of Sussex.
- Oster, G. D., & Gould, P. (1987). Using drawings in assessment and therapy: A guide for mental health professionals. New York: Brunner/Mazel.
- Prinzhorn Hans (1922). Bildnerei der Geisteskranken (Artistry of the Mentally Ill). Retrieved From: <https://publicdomainreview.org/collection/hans-prinzhorn-s-artistry-of-the-mentally-ill-1922>
- Project integrated education for the Disabled. (1993). New Delhi: NCERT. Retrieved from: [http://www.ncert.nic.in/new\\_ncert/ncert/rightside/links/pdf/focus\\_group/special\\_ed\\_final1.pdf](http://www.ncert.nic.in/new_ncert/ncert/rightside/links/pdf/focus_group/special_ed_final1.pdf). Psychology, 24, (3), 547-565
- Razdan Meha. (2018). The art of painting like a child. <https://cherwell.org/2018/04/22/the-art-of-painting-like-a-child/>
- Research and Targets for Therapy. Molecular Psychiatry, 9, (7), 646-663.
- Richard Mahapatra (2020). How India remains poor: 'It will take 7 generations for India's poor to reach mean income'
- Rimland, B. (1978) 'Savant Capabilities of Autistic Children and their Cognitive Implications.' In G. Serban (ed.) Cognitive Defects in the Development of Mental Illness. New York, Ny: Brunner/Mazel.
- Robbins, A. (1998). Introduction to therapeutic presence. In A. Robbins (Ed.), Therapeutic presence: Bridging expression and form (pp. 17–35). Philadelphia, PA: Jessica Kingsley.
- Robertson, J. (1956). 'Mixture of writing with drawing as a psychotic behavior'. The Journal of General Psychology, 54, 1, p127-131.
- Robertson, R. (2004), Beginner's Guide to Jungian Psychology, (Hebrew-language ed.) Tel Aviv: Penn Publishing. P. 33-40
- Rohindkar, S.R. and Usha, M.N. (1988). Educational and Vocational Needs of Physically Handicapped Children. Bangalore: Institute for Social and Economic Change.
- Rubin, J.A. (1984a), The Art of Art Therapy. Brunner/Mazel, Inc. N.Y. N.Y. P. 255



- Rubin, J.A. (1984a), *The Art of Art Therapy*. Brunner/Mazel, Inc. N.Y.
- Rudolf Arnheim (1969). *Visual Thinking*. University of California Press. L.A. London.
- Scaife, J. (2001) *Supervision in the Mental Health Professions: A Practitioner's Guide*, Hove: Brunner-Routledge.
- Schaverien, J. (2000), *The Triangular Relationship and Aesthetic Countertransference in Analytical Art Psychotherapy*, In: *The Changing Shape of Art Therapy*, A. Gilroy, & G. McNeilly, eds. (Chapter 2, pp. 55-83). Jessica Kingsley Publishers Ltd. London, U.K.
- Schwartz, James. 2004. *Special Training May Help People with Autism Recognize faces*, UW Study Shows. Electronic edition. Assessed October 10, 2014.  
<http://www.washington.edu/newsroom/news/2004archive/02-04archive/k021204>.
- Schwarz Naftali, Snir Sharon &RegevDafna (2018). *The therapeutic presence of the art therapist* p.2-5. Retrieved from:  
<http://www.tandfonline.com/10.1080/07421656.2018.1459115>.
- SerajHaque, MainulHaque. (2015). *Art Therapy and Autism*. Asian Journal of Pharmaceutical and Clinical Research. Retrieved From:  
<https://innovareacademics.in/journals/index.php/ajpcr/article/view/8242>
- Serlin Ilene A. (2007) *Theory and practices of art therapies: Whole person integrative approaches to healthcare*. Retrieved From:  
[https://www.researchgate.net/publication/232462192\\_Theory\\_and\\_practices\\_of\\_art\\_therapies\\_Whole\\_person\\_integrative\\_approaches\\_to\\_healthcare/link/5788738c08ae95560407c0b2/download](https://www.researchgate.net/publication/232462192_Theory_and_practices_of_art_therapies_Whole_person_integrative_approaches_to_healthcare/link/5788738c08ae95560407c0b2/download)
- Sharon Snir and DafnaRegev, Neftali Schwarz. (2018). *The Therapeutic Presence of Art Therapist*. Retrieved From:  
<https://www.tandfonline.com/doi/abs/10.1080/07421656.2018.1459115>
- Siegel B. (1996). *The world of the autistic child: Understanding and treating autistic spectrum disorders*. Oxford University Press. Retrieved From:  
<https://psycnet.apa.org/record/2001-16742-000>
- Standard of living in India. retrieved from:  
[https://en.wikipedia.org/wiki/standard\\_of\\_living\\_in\\_India](https://en.wikipedia.org/wiki/standard_of_living_in_India).

- States and Union Territories on North India (2020), Retrieved from:  
[https://en.wikipedia.org/wiki/North\\_India](https://en.wikipedia.org/wiki/North_India)
- Stuckey Heather L., Nobel Jeremy (2010) The connection between Art, Healing and public health: A Review of Current Literature. Retrieved from:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2804629/>
- Suha Hussain (2017). The impact of art on autism. Retrieved from: <https://www.act-today.org/the-impact-of-art-on-autism/>
- Szasz, Thomas (1972). *The Myth of Mental Illness: Foundation of a Theory of Personal Conduct*. London: Paladin
- Tager-Flusberg, H. in *Understanding other minds: perspectives from autism* (eds. Baron-Cohen, S., Tager-Flusberg, H. & Cohen, D.J.) (Oxford University Press, 1993).
- Tami Garvon and OfraMayseless (2018) *Creating Art Together as a Transformative Process in Parents Child Relations: The therapeutic Aspect of the Joint Painting procedure*. Retrieved From:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6243114/>
- Temple Grandin. (2017). Research shows three distinct thought styles in people with autism. Retrieved from:  
<https://www.forbes.com/sites/quora/2017/07/05/research-shows-three-distinct-thought-styles-in-people-with-autism/#649fadca221e>
- Thakkar Amrita (2018). *The Essential Guide to Special Needs Education in India*. Retrieved From: <https://blog.firstcrayon.com/@amritaest>
- The burden of mental disorders across the states of India: The Global Burden of Disease Study 1990–2017 [https://doi.org/10.1016/S2215-0366\(19\)30475-4](https://doi.org/10.1016/S2215-0366(19)30475-4)
- Theres Van Lith. (2017). *Art therapy best practices for the children with autism*. Retrieved from:  
<https://www.sciencedaily.com/releases/2017/07/170720103604.htm>
- Tucker. (2011). Picasso on painting like a child. The art blot.  
<https://artblot.wordpress.com/2011/11/23/picasso-on-painting-like-a-child/>
- Understand Drawings. *Journal of Autism and Developmental Disorders*, 39, 539-543.
- UNESCO (1997). *International Standard Classification of Education*. Paris: UNESCO. Retrieved From:

[http://uis.unesco.org/sites/default/files/documents/international-standard-classification-of-education-1997-en\\_0.pdf](http://uis.unesco.org/sites/default/files/documents/international-standard-classification-of-education-1997-en_0.pdf)

UNESCO (2001). Open file on inclusive Education: Support Materials for Managers and administrators. Paris: UNESCO Retrieved From: <https://unesdoc.unesco.org/ark:/48223/pf0000125237>

UNESCO (2011). International Standard Classification of Education. Paris: UNESCO. Retrieved From: <http://uis.unesco.org/sites/default/files/documents/international-standard-classification-of-education-iscd-2011-en.pdf>

VermaCharu, Amin Mohammad. (2018). Emotional articulation: Defining Role of Visual Art. IJ RAR December 2018, vol. 5, issue 4.

VermaCharu, Arora Manavpreet k. (2020). Delineation of Self Image: A Critical Study of Perception in Autistic Children. International Journal of Psychosocial Rehabilitation. Vol. 24- issue 6.

VermaCharu, Arora Manavpreet k. (2020). Interpretation of Art Therapy Practices in Context of Formal Education and Training. European Journal of molecular & Clinical medicine, 2020, vol 7, issue 7. (pg. 3169-3176).

Vick, R.M. (2012), A Brief History of Art Therapy, in: C.A. Malchiodi, ed, Handbook of Art Therapy, second ed. The Guilford Press, N.Y., N.Y.

Wadeson Harriet. (1980). Art Psychotherapy. Wiley Publishers. Hoboken, New Jersey.

Waller, D. (1991) Becoming a Profession: A history of art therapists 1940-82, London: Routledge

Waller, D. (1991) Becoming a Profession: A History of Art Therapists 1940-82, London Routledge.

Waller, D. and Gilroy, A. (1978) Ideas in Art Therapy, London: British Association of Art Therapists.

Wan-Chi Chau, Gabrielle T. Lee, Hua Feng (2016). Use of behavioral art program to improve social skills of two children with autism spectrum disorder. Education and Training in autism and developmental disabilities. Vol. 51. No. 2. P. 195-210

- Wetherby, A., & Prizant, B. (Eds.) (2000). *Autism spectrum disorders: A transactional developmental perspective*. Baltimore, MD: Brookes Publishing.
- William J. Baker, Christopher Stephen Rayner. (2017). Using visual arts to encourage children with autism spectrum disorder to communicate their feelings and emotions. Retrieved from: [https://www.researchgate.net/publication/320349771\\_Using\\_Visual\\_Arts\\_to\\_Encourage\\_Children\\_with\\_Autism\\_Spectrum\\_Disorder\\_to\\_Communicate\\_Their\\_Feelings\\_and\\_Emotions/citation/download](https://www.researchgate.net/publication/320349771_Using_Visual_Arts_to_Encourage_Children_with_Autism_Spectrum_Disorder_to_Communicate_Their_Feelings_and_Emotions/citation/download)
- Wilson, L. (1987). Symbolism and art therapy: a theory and clinical practice. In J. A. Rubin (Ed.), *Approaches to art therapy* (pp. 44–62). New York: Brunner/Mazel.
- Wood, M. (1984), 'The child and art therapy: a Psychodynamic Viewpoint', In: T. Dalley (ed.), *Art as Therapy*. Tavistock, London.
- Woods, C (1997) 'The history of art therapy and psychosis (1938-1995)' in K. Killick and J. Schaverien (eds), *Art, Psychotherapy and Psychosys*, London, Routledge.
- Wootton, B. (1960) *Social Science and Science Pathology*. London. P. 468
- World Health Organisation (WHO), (1999) fact sheet. Retrieved from: <http://www.who.int/inf-fs/en/fact130.html>
- Yalom, I.D. (2002), *The Gift of Therapy. An Open Letter to a New Generation of Therapists and their Patients*. HarperCollins e-books. Retrieved From: [https://www.academia.edu/3774663/Irvin\\_Yalom-The\\_Gift\\_of\\_Therapy](https://www.academia.edu/3774663/Irvin_Yalom-The_Gift_of_Therapy)