Art and the Child with Autism: therapy or education?

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This article examines some of the factors that contribute to the success of art as a therapeutic tool with children with autism and considers some of the possible reasons why art therapy is not more in evidence in our schools. The article continues by outlining the skills that experienced teachers of children with autism can bring to the therapeutic setting. The article concludes with suggestions for future research in this field.

Key words: Autism; Teacher; Art therapy; Art education; Creativity; Aesthetics; Spirituality

INTRODUCTION: INHABITING DIFFERENT WORLDS

Children with autism inhabit a world that is different from ours.

This may seem a bold, possibly discriminatory, statement to make but it will have resonance with parents and people working with children with autism. Indeed, many people with autism are themselves at pains to describe their very different way of experiencing the world and having their being. Donna Williams, a writer with autism, describes her early awareness of the ‘differentness’ of her world to that of other people and of her attempts to accommodate to the world of others thus:

For the first three years I had moved freely within “my world” observed incomprehensibly by “the world” which moved around me. Progressively Donna was seen in smaller and smaller snapshots until there was no longer any freedom to be a self within the grasp of “the world”. (Williams, 1999, p. 16)

Williams’ example here is just one from a selection of similar experiences described by people with autism. Williams’s perspective may be one from the higher functioning end of the autistic spectrum but it illustrates a characteristic of autism seen across the spectrum; that of isolation and confusion.

If one accepts that people with autism do inhabit a fundamentally different world from the rest of us non-autistic people, then we are left to ponder whether teachers and children with autism can meet on common ground at all. This is not a puzzle posed for intellectual exercise, but rather a question asked in the hope of forging common ground between autistic and non-autistic people. It is the intention of this article to present the case that art education and art therapy are particularly suited to forging this common ground.

Before this case is presented it will be necessary to outline a working definition of ‘autism’, of ‘teacher’ and of ‘therapist’ for the purposes of this article. The remaining key terms will be expanded upon in the body of this text.
Lorna Wing (1997), writing in the International Journal of Autism, presents a concise history of the emergence of autism as a distinct developmental disorder, and attributes the term ‘autism’ to Kanner who first coined the term in 1943. Kanner (1943) used the word autism from the Greek *autos* meaning self to describe the aloof, distant behaviour of a group of children that he was working with in his clinical practice as a psychologist. He listed some fourteen behaviours that he had observed that led him to designate autism as a condition distinct from other childhood psychosis. Wing (1969) encapsulated these fourteen elements of behaviour into what was to become widely known as ‘the triad of impairment’. People with autism experience significant difficulties in communication, social interaction and imagination, claims Wing. Many writers and people with autism disagree with the assertion that they lack imagination and, semantically, it does seem that the term has led to some confusion. Researchers have more recently preferred to describe the undoubted differences that people with autism have in cognitive functioning as lacking central coherence (Happe, 1999), as inflexibility of thought (Frith, 1989), or as lacking in an ability to acknowledge (or imagine) other people’s states of mind (Baron-Cohen, 1995).

The term teacher is used to mean a person participating in the education of the child; either classroom teacher, parent, teacher’s assistant or residential worker. Therapy in this article refers to the process of:

. . . assisting favourable changes in personality or in living that will outlast the session itself.
(Ulman, 1961, p. 12)

These brief descriptions of autism, teacher and therapist serve only to introduce terms of reference. It will be necessary to expand upon them as they are set into the context of art therapy and education in schools for children with autism; the main focus of enquiry of this text.

**THERAPY AND EDUCATION: THE CASE FOR BOTH**

Art education and art therapy in this article are confined to a consideration of the visual arts, although it is acknowledged that the arts also encompass drama, music and literature.

Even a cursory reading of a selection of writings from this field is enough to support the case that there are fundamental differences in the expectations, purpose and methods employed by art teachers and by art therapists. Art education is characterised by adult direction, target setting and, in most cases, evidence of achievement if not concrete evidence of finished work. Clement *et al.* (1998) and others in their guide for arts co-ordinators in the primary school quote the advice given by OFSTED inspectors to art teachers and co-ordinators, which is illustrative of much of the guidance to art teachers and art co-ordinators in school:

Good teaching in art is best supported by sound planning which provides for the progressive acquisition and reinforcement of skills. Teachers need to have a clear idea of what constitutes good standards in art, and to have high expectations of their pupils; these should be communicated by direct instruction, through discussion and through the display of art in school. (Clement *et al.*, 1998, p. 4)

The emphasis in this statement is on skill acquisition, good standards, and high expectations and on direct instruction. Contrast this statement with a representative statement taken from a selection of similar examples in this field relating to therapy rather than to education and we can see that there is less emphasis here on skill acquisition or on direct instruction and rather more on emotions and empathetic communication.

Art therapy is a profession of reaching and touching emotions through art work; recognising feelings and helping to identify them in oneself and others. The goals of art therapy are to move towards healing and
It could be argued that pupils with autism should have access to skill acquisition, high standards and a sense of identity, accomplishment and self-knowledge.

**ART ON THE CURRICULUM FOR PUPILS WITH AUTISM**

Piotrowski (1996) claims that the National Curriculum Council’s report of 1992 promoting art education as facilitating such cognitive functions as making choices, forming opinions, remembering and adapting, sorting, calculating, counting, sequencing, appreciating pattern and anticipating outcomes has been instrumental in raising the profile of Art and Design in the National Curriculum in mainstream schools. There is very little similar guidance in the field of special needs, however. Barnett and Henderson’s (1992) study of figure-drawing of children with dyspraxia is a relatively rare example of research in the field of special needs, albeit not of autism. This study concluded that drawing practice had significantly beneficial results on the development of spatial awareness and hand and eye co-ordination. Piotrowski (1996) suggests that anecdotal evidence of the value of art education in the field of special needs may arise not so much from a reasoned argument supporting the validity of art education, but rather a habituated response to art as a good thing for children with special needs. She suggests that there is a somewhat spurious belief that art is a non-academic subject and that therefore it is ‘suitable’ for children with special needs.

To justify a place on the timetable for arts on the basis of its non-academic status or to argue for its place on the grounds of skills acquisition is to limit the potential that the arts can have in the development of creativity, spirituality and self-hood. One would be hard put to argue for the place of art on the curriculum principally on the basis of cognitive and physical skills alone. It could be argued that playing ball games during physical education develops spatial awareness and hand and eye co-ordination more systematically than handling a paintbrush, for example. Counting and calculation skills can be practised in art activities but similarly are more readily developed under the numeracy curriculum.

It can be seen from this short review of a selection of the literature in this field that arguing for a place on the curriculum for art activities in terms of its effectiveness in skills acquisition is to bark up the wrong pedagogic tree. Rather, this article seeks to present the case that there are unique and special elements associated with art activities that warrant art a particular place on the curriculum. Engagement with art can transcend merely functional skills. This applies both in the case of the normally developing child and the child with autism but the case presented here will argue that there is a particular value in respect to the latter.

A common thread running through much of the literature relating to the arts highlights creativity, aesthetic appreciation, spirituality and ordering or making sense qualities that engagement in art can facilitate. These qualities are not the sole prerogative of the arts as Capra (1975), Dawkins (1998) and others would attest to in their consideration of the spirituality and creativity of science, and the case argued here is that the arts are particularly suited to the task of facilitating the development of creativity, and of giving voice to spirituality and to a sense of self-hood.

Before this argument can be developed, however, it will be necessary to attempt to define these notoriously elusive qualities. An outline of each is presented here. For the sake of clarity each is presented in turn, although the reader will appreciate that there is considerable overlap between each heading.
CREATIVITY

The first element particularly evident at work in any study or practice of art is creativity. There are, as one might expect, conflicting views on our constructs of creativity. The evolutionary perspective of researchers who have been involved principally with animal studies such as Kohler (1935) maintain that creativity is a function of survival. For example, in his studies of apes and their primitive use of tools, Kohler concluded that the act of extending a stick by attaching a second length in order to reach food was a creative act.

Gardner (1973), for one, rejected this definition of creativity as being an example of problem-solving rather than creativity per se. He allowed that problem-solving may well be a component of creativity but he argued that creativity was essentially a thing apart from mere function. Many clinicians and educationalists have made the association between creativity and aspects of play (Matthews, 1999). Indeed, one would be hard put to label the activities particularly of the young child absorbed in art activities as either ‘art’ or ‘play’.

Storr (1972) argues that play and art possess a number of features in common, notably that both are voluntarily entered into. There are situations, he suggests, where a child may be compelled to engage in play or in art but this compulsion, he maintains, renders the activity void of the essence of creativity and could not properly be said to describe either play or art. Insisting that a child make a Mother’s Day card in an art lesson may be a scenario not too removed from the experience of many teachers and pupils. According to Storr (1972), such a situation could not be called creative engagement. Matthews (1999) writes compellingly of the playful quality of young children’s drawing. He deduced from his observations of young children drawing that explorative play was evident in the creative manner in which children combined sound, movement and mark making. He describes the absorbed way in which his subjects imitated aeroplane noises and the trajectory of flight in downward swooping movements and how these movements were later translated into mark making on paper describes this process as the choreography of play. Matthews’ (1999) descriptions of his observations of young children playing and drawing are affectionately written and appeal to a universal predisposition that we as teachers and therapists have towards children playing, creating and having fun. This positive dynamic between child and adult it is suggested by many writers is a prerequisite of successful engagement; an engaged, supportive interest being at the core both of the therapeutic and of the educative relationship (Evans and Dubowski, 2001; Hook, 1994).

AESTHETICS

The National Curriculum guideline on art (National Curriculum Council, 1992) defines aesthetic sensibility as the ability to make informed judgements about art. Although this definition is so brief as to be of little help to the teacher undertaking art activities the guidelines are at pains to detail examples of how children can be exposed to art from different cultures and to objectively and critically consider their own artwork. Helpful though this may be in the mainstream, there is little guidance for the child with special needs in this respect of the curriculum.

Hargreaves (1989) has some interesting comments to make regarding what constitutes an aesthetic response to an item or to a symbol. He maintains that the context in which the item or symbol is viewed is a determinate of whether one terms the response an aesthetic one. A farmer looking at a tree stump with a view to removing ‘the obstacle’ from his field is unlikely to experience an aesthetic response to the tree stump; the tree stump to a painter may evoke a strong aesthetic response, however.
Hargreaves (1989) further suggests that aesthetic responses can be evoked not only by beautiful or pleasing forms and objects, but that discordant, ugly or disturbing forms may also evoke an aesthetic response. This of course is in contrast to the views of the Aesthetic Movement of the 1870s and 1880s whose defining beliefs were in the beauty of a work of art. Hargreaves’ claim that aesthetics is concerned with not only the beautiful, but what may be perceived of as challenging or without beauty is perhaps in accord with the root of the word taken from the Greek *aisthetika* meaning perceptible but not necessarily beautiful. Strong reactions can be evoked by challenges to one’s views of what constitutes an aesthetic response. Storr (1972) reports that the undermining and destruction of a cherished vision of reality for an individual can be a shattering experience.

One could cite many examples of fierce, often violent reactions to new schools of artistic thought and practice. The Fauves, for example, had their early canvases slashed, and one does not have to look far back into contemporary art movements to note the level of ridicule that many recent artists have evoked in the media. This may seem far removed from the world of the classroom. However, if we as teachers are charged with facilitating children’s ability to make informed judgements about art, we must consider the very strong attitudes that we hold about our aesthetic responses both to professional works of art and to our pupils’ art work. This is particularly relevant in the case of the pupil with autism as it is all too easy to guide, encourage and facilitate the pupil’s artwork to such an extent that the work becomes less the pupil’s achievement than our own. Atkinson (1991) and Matthews (1999) both question how we as teachers respond to the pupil’s attempts at art activity. They exhort us to consider whether our pupil’s attempts are judged subjectively and in fact accorded less value than those that we consider mature, able or more representational according to our perception of what constitutes worthwhile or successful art.

Dissanayake (1992) claims humans have a unique urge to make special: we seem to delight in the act of creation beyond and in addition to function; creation for the sake of it, as she describes it. A further aspect of development that engagement with art can particularly facilitate is that of a sense of self.

**A SENSE OF SELF**

Several psychoanalysts building on the work of Freud with adults sought to relate psychoanalysis to children. Klein (1988) and Winnicott (1958) among others developed the therapeutic and analytical potential of play and of art in young children. The particular debt that art therapy owes to psychoanalytic theory expounded by Klein, Winnicott, Anna Freud and others is the subject of many books and essays, which this text cannot hope to do justice to. It is important, however, to draw attention to one aspect of development illuminated by various schools of psychoanalytic thought, and that is the emergence of the sense of self.

Winnicott (1958) saw a close association between play and art in the young infant. Both playing and art are essentially creative acts, Winnicott claimed, and are fundamental to the sense of the emerging self of the young infant. The handling, the exploration and the absorbed attention to the act of making matter whether with smearing faeces, food or paint according to Winnicott (1971) constitutes a creative act in that it externalises the child’s actions and represents the child’s sense of agency or impact upon the world. The move from total immersion in the literal prescience of the mother to a sense of the absence of the mother is described by both Winnicott and Klein (but in rather different terms) as a prerequisite to the development of the sense of self.

Both Winnicott and Klein are in agreement that the child’s ability to substitute, to imagine, to begin to have a sense of an internal/external world and of a separate sense of identity is
triggered by anxiety. This anxiety they believed arose from concerns that the child has that its needs may not be immediately met or that the mother may abandon her. In order to survive this anxiety, Klein (1988) maintains that the child engages in a process of splitting, projection and of restoration. Klein’s view of the child at war within itself can appear bleak. Winnicott had serious reservations about the existence of innate or instinctual drives and emphasised instead the role that the nurturing environment could have on the development of self-identity and the resolving of feelings of conflict. In order to begin to make sense of the world, writes Winnicott (1958), one needs to have a sense of one’s place in it and in order to do this one must have developed a sense of self as a separate entity.

The ability to play is dependent upon the ability to acknowledge a sense of external reality. This sense is ‘practised’ physically and metaphorically in what Winnicot refers to as the potential space between mother and child. Infants typically tend to suck their fingers, fist or thumb. Later this sucking and mouthing behaviour is extended to include sucking or stroking the mouth, nose and face with an external object (e.g., the corner of a blanket). One explanation of this behaviour, suggests Winnicott, being that the child simulates the presence of the breast and of sucking at the breast, another being the exploration of the “me/not me” phenomena. The thumbs and fingers are “me”, the blanket is “not me” (Winnicott, 1958). This use of external objects usually transfers to a favoured item or toy at a later stage, this item or toy becoming a very important fixture in the child’s life.

Gardner (1973) also argues that the early sense of the self is largely undifferentiated in the young infant from a sense of the mother. As the separate nature of mother and child become apparent to the infant, items associated with the mother take on a special or heightened sense of value. He maintains that an appreciation of these items herald the advent of symbol use. This notion of the development of a symbolic sense is echoed in the more recent work of Baron-Cohen, Tager-Flusberg, et al. (1993).

Without an opportunity to experience objects as substitution for other items, the young child will not develop an understanding of symbols and will remain tethered to the concrete world, not having access to an inner world of fantasy and imagining, suggests Baron-Cohen. This being tethered to the concrete world of literal, physical things gives rise to a blindness to the existence of things such as thoughts, beliefs, desires in short states of mind. Baron-Cohen (1997) describes this phenomenon in children with autism as ‘mindblindness’.

Many art therapists claim that making marks are an extension of this sense of individuation and represent the early stages of an understanding of an external as opposed to an internal world (Dalley, Rifkind, et al., 1993). Children with autism typically have a poorly developed sense of symbolic understanding, and therefore of inner and outer reality; they tend to experience things in the present and in a concrete rather than imagined way. This tendency will have implications for the way they order or fail to order experiences, think about activities, plan for the future, or remember or relate to events in the past. As Frith (1989) reports, a lack of symbolic understanding inhibits the child with autism from imagining a past or speculating about the future.

The subtitle of Matthews’ (1999) book on the art of childhood and adolescence is ‘the construction of meaning’. Although Matthews was writing here of his observations of normally developing children, his findings can be applied to support the case that art activities can facilitate the construction of meaning in children with autism also. He writes persuasively of how children begin to order their experiences through engagement with materials and how early marks on paper delineate a sense of external and internal experiences. Indications that art therapy can be effective in promoting a sense of meaningfulness, of ordering experiences and of restoring a positive sense of self are described by several psychoanalytic therapists; notably, Tustin (1995) and, more recently, therapists from the Tavistock clinic, among others Alvarez, Reid et al. (1999). It could be
argued that this sense of inner in contrast to outer worlds heralds the child’s first glimpses of spirituality.

**SPIRITUALITY**

The National Curriculum Council’s document ‘Spiritual and Moral Development’ defines spirituality as:

(that which) applies to something fundamental in the human condition which is not necessarily experienced through the physical senses and/or expressed through everyday experience. It has to do with the universal search for individual identity—with our responses to challenging experiences and it has to do with the search for meaning and purpose in life and for values by which to live. (National Curriculum Council, 1993, p. 2)

Beesley (1993) similarly draws attention to a number of aspects of spiritual development, which include a sense of wonder, awe and mystery, and to feelings of transcendence, self-knowledge, creativity and the expressing of one’s innermost thoughts through the arts and through exercising the imagination. Lealman (1993) expands this concept of the special place that art has in facilitating spiritual development, arguing that creativity can be a way of affirming the child’s identity. Artistic creativity, she maintains, can also communicate dynamic experience in addition to factual information and can introduce the child to symbols; symbols being part of the transpersonal realm. If one is persuaded that an engagement with visual art gives particular opportunities for experiences of creativity, aesthetics, a sense of self and of spirituality, then the next issue for the teacher working with children with autism is to consider how these opportunities can be facilitated. The case presented here is that art therapy is particularly conducive to this purpose.

**WHY ART THERAPY IS PARTICULARLY SUITED FOR USE WITH AUTISTIC CHILDREN**

It is the contention of this article that, not withstanding certain caveats to do with the need for considerable support for the teacher from qualified art therapists and the difficulties of assessment of progress, art therapy can be of particular benefit to children with autism.

The reasoning underlying the contention that art therapy is of benefit to children with autism will be considered under two headings; the teacher and the child.

**The Teacher**

Art provides the opportunity for common ground between the pupil with autism and the therapist or teacher, being as it is independent of verbal communication and less fundamentally concerned with cognitive ways of knowing as many other curriculum subjects like mathematics or science are. These subjects may well require the teacher to adopt a more instructive role suited to developing skills of logic, deduction or of seeking empirical evidence rather than the facilitating, allowing role favoured by art activities. Although the case can be made for a creative approach to the teaching of all subjects, the case being argued here is that the arts gives particular access to ways of knowing that are based upon creativity, and an awareness of spiritual and aesthetic concerns.

Teachers of children with special needs are well versed in empathetic communication having had to develop an alternative to verbal communication with many children with autism. Art therapy activities are particularly appropriate to this task, as they are not dependent on verbal communication or principally with cognitive functioning. Although
there is a reasoning aspect to art activities as Ross (1984) contests, the fundamental elements peculiar to art are those to do with creativity, aesthetics and communication of shared realities, or at least acknowledgement of another’s reality. The task for both the pupil and the teacher is in ‘reading’ the language of each other or, as Ross would have it, of developing a conversational exchange between teacher and taught. He describes how the teacher–pupil relationship in regard to art activities cannot be one based on the transfer of knowledge freight like the unloading of some cargo from one place to another, but rather must be based upon an engaged dynamic between the two.

The Child

Several writers in the field have argued that the fundamental difference between children with autism and with other special needs is the former’s lack of communicative intent (see Baron-Cohen et al., 1993; Jordan and Powell, 1995). It is not merely that children with autism lack the means to communicate easily, but that they do not see the necessity or value of communication. In this respect they are markedly different to children with other special needs, for example sensory loss or Down’s Syndrome. In both these groups of children the drive towards social interaction and to communication may be complicated by their particular difficulties but the intent and the desire to make contact is evident. Communication in the case of children with autism needs to start from a much lower baseline of expectation. The child with autism does not typically have an innate desire to communicate; indeed, the proximity of other people and their attempts to communicate, particularly on a verbal level, can be actively rejected by the child with autism (Baron-Cohen, 1997). Ability to use augmentative communication systems, fluency, literacy, skills of expression, reciprocity of conversation and listening skills are valuable and necessary skills for all pupils to acquire. They are, however, dependent on an intention and a drive that is typically lacking in children with autism. It is this drive that needs to be stimulated before the other aspects of communication can be developed. As Ros Blackburn (2001), a young women with autism, reports, she did not know what people were for and would much rather have been left to her own self-stimulating devices, principally in her case paper flicking, rather than attempt the Herculean and largely (to her) unproductive task of communication with other people.

The work of Evans and Dubowski (2001) with children with autism in a residential setting supports their belief that art therapy is particularly conducive to facilitating communication in its widest sense. These authors are at pains to define communication in this context not as spoken language, but rather as subtle interactions of reciprocal movement, gesture and response. The clinical accounts are reminiscent of the work of Trevarthen (1995) and others into pre-verbal communication between mothers and infants, which Trevarthen terms proto-conversations.

In these studies Trevarthen videotaped sessions of intensive interaction between several mothers and their very young babies. An important aspect of Evans and Dubowski’s (2001) therapeutic way of working with children with autism is the need to respond to the very individual way in which each child communicates, as the authors indicate:

This (working alliance and atunement) involves understanding the subtle manifestation of each child’s unique communicative sensitivity. (Evans and Dubowski, 2001, p. 96)

This brief review of some of the literature supporting the use of art activities in school for children with autism, particularly that relating to therapy rather than directive teaching, indicates that art therapy with children with autism at least warrants further investigation. Before considering some of the possible factors that might mitigate against the more
widespread use of art therapy in schools for children with autism, it will be helpful to consider a brief outline of the development of the profession of art therapy in the UK.

Art therapy as a profession has a relatively short history in this country, although it has been practised since the mid-1940s; the ‘first’ art therapist, suggests Waller (1999), being Adrian Hill. An artist recovering from tuberculosis during the Second World War, Hill found himself acting as unofficial ‘therapist’ to other recovering soldiers who had begun to paint pictures, principally of the horrors that they had endured during the war. The first official art therapist, Edward Adamson, was appointed in the UK at Netherne, a state psychiatric hospital, in 1946. Confusion as to the role and nature of art therapy was still evident as recently as 1980 when it was the view of the Department of Health and Social Security that art therapy was as an adjunct to occupational therapy and not a distinct profession and practice at all. The setting up of three training programmes in the UK during the 1980s leading to professional qualification has helped to promote and to define art therapy as a distinct and valuable practice. Liebmann (1990) recently reported on the extensive use of art therapy in prisons, hospitals, psychiatric units, day centres, special schools and community homes.

It is interesting to speculate on why, given the rise of art therapy as a recognised practice in special schools, there is relatively little art therapy being conducted in schools for children with autism. Without further research it would not be possible to indicate why this might be so. But suggestions as to why art therapy is not more in evidence in schools for children with autism may tentatively be made.

**OBSTACLES TO THE USE OF ART THERAPY IN SCHOOLS FOR CHILDREN WITH AUTISM**

A disincentive to work more therapeutically may be the perceived lack of time and of resources in a typically overstretched, under-resourced school, particularly if it is advised that one-to-one therapy rather than small group work is to be undertaken. A lack of knowledge and experience in working in a therapeutic manner, one suspects, may conspire to make art therapy a subject that is typically thought to be beyond the remit of special school staff. Indeed, one can query whether even the vocabulary for disseminating a more therapeutically orientated pedagogy exists. The National Curriculum Guidelines for Art and Design (1992), for example, talk of skills, tasks and achievements but do not use give weight to empathy, rapport or creativity. Evans and Dubowski (2001) maintain that empathy, rapport and creativity need to be facilitated by teachers/therapists who are skilled in less directive, less product-focused practice than is usually evident in schools for children with special needs. This has profound implications for the teacher of children with special needs. Such a teacher is typically likely to have had little experience of therapeutic methods with his/her pupil and will almost inevitably have been trained to facilitate pedagogy based upon applied behaviour analysis methods (see Garner, Hinchcliffe, et al., 1995).

A major consideration for a teacher who may want to consider a more therapeutic approach to their practice will be that of the need to create a ‘therapeutic space’. Maximising the potential for the communication of emotions and feelings, it could be argued is one of the fundamental purposes of the therapeutic process. Many therapists working with children have this aim in common. Brazelton (1991), for example, maintains that in order for this communication to take place the therapeutic nurturing space of early infancy has to be recreated. In his work with new-born babies who had encountered birth trauma or for other reasons had been estranged from their mothers, Brazelton emphasised the need to recreate a sense of containment in a facilitating envelope that in ideal circumstances mother and infant
would enjoy. Winnicott (1965) similarly describes the need to recreate the potential space between mother and child in the therapeutic setting as a precursor to therapy.

Many art therapists write at length of the importance of creating a safe space in terms not only of physical dimensions, but also in the dynamic that exists between child and adult when engaged in therapy. Cox (1978) is illustrative of many other practitioners in this field when she writes of the therapeutic space existing not only in time, space and setting, but most importantly in the dynamic that exists between the child and the therapist. She describes this interpersonal space as the shared air they breathe. In certain respects this interpersonal space is reflected in Vygotsky’s (1962) model of the zone of proximal learning. In this case the adult is more directive than in the case of the therapist in a therapeutic space, however, but Vygotsky’s model is still of a predominantly supportive and facilitating adult.

A further disincentive to adopting a more therapeutic way of working may lie in the sheer hard work and personal commitment to the emotional involvement demanded of the teacher in a therapeutic situation. Evans and Dubowski (2001), writing in Art Therapy with Children on the Autistic Spectrum, emphasise the value of art therapy for children with autism but acknowledge the often extremely challenging nature of working with this group of children. Evans reports on the difficulties she experienced in ‘picking up’ on the non-verbal body language that her client, a young boy with autism, displayed. Evans draws attention to the need for the therapist to cultivate sensitivity to ways of communication other than through speech. She describes the need for skilled empathetic shadowing of the child in order to establish rapport conducive to learning. Her description of empathetic practice is characterised by a child-led rather than adult-dictated approach.

However, child-centred pedagogic approaches are not predominant in special education. It remains the case that a more adult-led pedagogy based upon a behavioural method is more commonly in evidence in schools for children with autism, as illustrated by the predominance of such approaches as Therapy and Education for All Communication Handicapped Children (TEACCH) (Mesibov, Schopler, et al., 1988) and The Picture Exchange Communication System (Bondy and Frost, 1994). Indeed, the whole tenet of many of the most prevalent pedagogic approaches in this field is based on structured teaching, routine and order. Mesibov, Schopler, and others (1986) maintain that children with autism respond to order and to structure, and that change and novelty can be distressing to the pupil with autism. The literature of the TEACCH approach, to take one example of a pedagogic approach much in evidence, makes repeated references to the need for structure, routine and predictability in order to create an environment for the child with autism that is conducive to learning. A closer reading of TEACCH literature does reveal that although this approach lays emphasis particularly in the early stages on the need for structure, there is a concern to introduce change in a managed and gradual way (Dalley, 1984; Mesibov and Schopler, 1994)

A further possible block to working in a therapeutic manner rather than in the more directed manner traditionally associated with teaching for the teacher of children with autism may be his/her concern that they must manage and be seen to manage pupils who can often display challenging and, at times unpredictable, behaviour. In order to manage the child’s behaviour, he/she may be reluctant to give up the role of director and consider a more child-led approach.

It may also be the case that the teacher considers art therapy to be the domain of the expert and judges themself to be inadequate to the tasks that he/she perceives the expert therapist engages in, such as interpretation (see Dalley et al., 1993). Dalley (1984) suggests that many people, possibly because of art therapy’s historical links with psychotherapy, believe that the art therapist’s main skill lies in the interpretation of the finished art product. As Dalley and others point out, there may not be a finished article and the skills of interpretation will in
these cases be called into play in the understanding or interpretation of the three-way interaction of the therapist, child and therapeutic space, both literal and metaphoric.

The teacher will interpret guidelines and research according to her own perspective and experiences. It is a confident and competent practitioner who is willing to move from an established way of working to a new way of working with which he/she maybe unfamiliar, however. Change brings feelings of insecurity, as Schon (1987) attests to in his consideration of reflective practice, and needs to be carefully supported. Alvarez et al. (1999) and others similarly emphasise that the role of the therapist is not an easy one. The need for the therapist to be engaged in an intensive interaction with the child even when not much seems to be happening can give rise to feelings of intense feelings of boredom, anxiety, even of despair in the therapist. Alvarez maintains that it is necessary for the therapist to stay with the feelings and not to ignore them. If this is the case then at the very least teachers’ attitudes and beliefs about the roles of art therapy and of art education warrants further investigation. Nias (1989) reports that how a teacher feels about her practice, whether she perceives that her efforts are effective and how her performance is viewed by her peers are all strongly influential to her professional development and her willingness to risk change. Changing one’s practice in the light of new evidence is an extremely disturbing experience and not one to be undertaken lightly. As Schon (1987) writes, learning a new skill necessitates the unlearning of old skills and a temporary state of disruption, and unease always ensues if one attempts to accommodate to new learning.

In addition to problems of resourcing and of managing change, a significant factor in the relative paucity of art therapy in schools may be the difficulty of assessment (a) of pupil progress and (b) of effectiveness of treatment. Assessing pupil’s performance in art is a particularly challenging prospect, reports Kaplan (2000). Kaplan suggests that the lack of rigorous assessment and of reasoned discourse in the field prevents the arts being acknowledged as of primary importance on the curriculum. It may be that anxiety about one’s ability and a reluctance to change is compounded by the perception that art therapy is a relatively unregulated activity. While art and design education has clear (some would say too prescriptive) guidelines, at least in the case of normally developing children, there are no equivalent guidelines for art therapy. Indeed, Kaplan claims that the status of art therapy has suffered as a consequence of its association with psychotherapy, which she criticises in this context as being unscientific. She makes the case that science and art have much to offer one another not least in the area of assessment and evaluation. Although one could argue with her claim that art therapy relies on a theory borrowed from psychotherapy, her call for a more systematic evaluation and assessment of art therapy practice can only be of benefit to the classroom teacher beleaguered by doubts and unsupported by a framework in which to reflect upon her practice (Kaplan, 2000).

The typical teacher in a special school for children with autism will need some convincing that their methods, which are likely to have been predominantly directive, adult-led and informed by behaviour analysis theory, might benefit from a more therapeutic, child-led approach. If there is little evidence that a therapeutic approach is beneficial or if the little evidence that is available is couched in psycho-analytic terms with which the teacher may be unfamiliar, it is perhaps not surprising that most teachers will hesitate to place their heads above the parapet to investigate this approach.

SUMMARY

The National Curriculum Guidelines in Art and Design for Special Schools has some general advice for schools who cater for a wide range of special needs; there is very little specific
advice for teachers and parents of children with autism, however. The advice that is available is underpinned by a pedagogic approach that favours directive methods, instruction and is product oriented rather than process oriented. This article shared evidence to suggest that a more therapeutic child-led approach that is concerned more with process that with products may be of particular value to the child with autism. Working in a more therapeutic manner would have major implications for teaching staff. Any change from adult-directed to child-led therapeutic methods would need to be accompanied by a great deal of support from art therapy professionals. In addition, the classroom teacher would need to be sensitively supported as she develops the necessary skills for this manner of work. She is not without skills, however, and is likely to have developed a high degree of empathetic rapport, communicating as she does with children who have poor verbal skills. The teacher needs to be convinced of the benefits of this more therapeutic way of working for the pupils, however, before he/she can commit to this change. As Jordan (1999) reports, children with autism do not think, learn or have their being in the same way as other children with different special needs; the needs of the child with autism are very specific to the condition of autism and any approach to work with this group must not squander nor waste their time.

Kaplan (2000) and others have concerns about the assessment methods or lack of them evident in art therapy, but Evans and Dubowski (2001) among others show promising results from their use of videotaping as a method of both planning and assessment of progress. There are some parallels with early research into Play Therapy with children with autism, and it is likely that research into this closely allied therapy could illuminate ways of working and of evaluating effectiveness in the field of art therapy (Axline, 1989).

Providing the necessary conditions where learning can most deeply and intimately begin, or in other words forging common ground where teacher and pupil can meet, it is suggested, is the fundamental goal of education and of treatment of the child with autism. There is some evidence that art therapy can be particularly useful in doing this.

References
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