

**A MODEL OF ART THERAPY FOR ABORIGINAL CHILDREN
WITHIN THE PRESCHOOL**

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Statement of Authorship and Sources

This thesis contains no material that has been extracted in whole or in part from a thesis that I have submitted towards the award of any other degree or diploma in any other tertiary institution.

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All research procedures reported in the thesis received the approval of the relevant Ethics/Safety Committees (where required).

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(Signature)

Dedication

This thesis is dedicated to preschool educators
and to
meaningful relationships

Acknowledgements

Firstly, I would like to acknowledge the Aboriginal people of Australia as traditional custodians of Australia, and pay my respects to the Elders, both past and present.

I also pay my respect to my own grandparents and ancestors and the journey they faced. Their story weaved into mine, giving me understanding of trauma and love.

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Glossary

Aboriginal: In this thesis, 'Aboriginal' refers to the original inhabitants and traditional custodians of Australia. The term 'Indigenous' is inclusive of all the first peoples, including Aboriginals of the mainland of Australia, and Torres Strait Islanders.

Art Therapy: Therapy that uses creative methods and procedures, including visual art-making, dance/movement and drama, contained by a therapeutic relationship to improve and inform mental, emotional and physical wellbeing.

Attachment: A term used to describe the emotional bond that typically forms between infant and caregiver(s).

Colonisation: A forming of a settlement by a group of people who take control of territories or countries and often involves dominating the original inhabitants of that area.

Early Childhood: A stage in human development, in the years from toddlerhood through to school age.

Liminal Space: A transitional zone between the known and the unknown world requiring patience and trust. Although it is a space of not knowing what will happen next, growth and healing can occur (Myerhoff, 1982; Pack, 2017).

Neurobiology of Trauma: The clinical evidence of how brain mechanisms are directly impacted by life experiences such as trauma, and of the effects that therapy has on the brain.

Neuroplasticity: Professionals used to believe that neurological growth stopped at early childhood. However, the theory of neuroplasticity holds that the formation of new neurones and neurological links continues throughout a person's life.

Resilience: The ability to recover or bounce back from adversity, trauma, or significant sources of stress.

Stolen Generations: Refers to the generations of Indigenous children who were forcibly removed from their families between 1910-1970, as a result of government policies at that time. They hence became known as the Stolen Generations. These years of child removal resulted in trauma and loss that has left a legacy throughout subsequent generations within Indigenous communities, individuals and families (Human Rights and Equal Opportunity Commission, 1997).

Stress: A difficult to manage, high arousal state that can generate unpredictable and uncontrollable affect and behaviours. When an experience proves overwhelming for the senses, the body's automatic response is to create the hormone cortisol. In the long-term this can be detrimental to health. Studies have shown that strong social bonds and secure attachments can mitigate the body's cortisol stress response (Gunnar & Nelson, 1994).

Transgenerational Trauma: Trauma that has been transmitted from a generation of survivors, who have witnessed or experienced trauma directly, to second and further generations of the survivors' offspring (Atkinson, 2002).

Trauma: Any experience that threatens a person's life, is psychologically overwhelming or causes intentional harm to an individual are sources of

trauma. Studies have also shown that witnessing the trauma of others, is a source of trauma, and that the perpetrator of harm or death to another also experiences trauma. Exposure to multiple or prologued traumatic events can lead to complex trauma, that does not fit psychiatric criteria for post-traumatic stress disorder. Events such as, neglect, psychological maltreatment or physical and sexual abuse, are generally interpersonal (Atkinson, 2013).

ABSTRACT

This research sets out to formally develop the Seasonal Model of Art Therapy, to observe and test it in action, and to address the research question, which examines ways to support educators working with children who have experienced trauma, using art therapy groups in preschools. Case study methodology was utilised, to systematise the approach and to assist in fully articulating its aims, purposes and procedure, ultimately for dissemination to art therapy teams and educators. In addition, the thesis provides a systematic and somewhat exhaustive survey of contributory theories and related research in the literature, which serves towards providing a rationale for the work. The Seasonal Model, devised and developed over some twenty years by the author, an experienced art therapist and clinical social worker, and in the last ten in collaboration with art therapist Andrea Bloom in Australia, is an articulated art therapy process designed to work with people affected by trauma. For the purposes of this research it was conducted in a preschool with a significant number of children, and educators also, affected by trauma or vicarious trauma. This preschool was affected by so-called “big behaviours” such as swearing, kicking, biting, or breaking furniture; ways of communicating experiences and distress.

The research has developed my original conception of the Seasonal Model in two key innovations. Firstly, it applied decolonising theory in order to adapt the model to the unique challenges that many Australian Aboriginal children who have experienced trauma, can face. Secondly, it repositioned the model's focus from the affected children, to a focus on their relationship with their educators, as the most important protective resource for childhood development is a strong relationship with an engaged, empathic adult. However, past research suggests that educators themselves are prone to vicarious traumatisation in being exposed to

trauma-derived behaviours in the children and are often unable to fulfil this role for children, as they impact on their feelings, behaviour and relationships with the children in attempts to control or avoid engagement with the children.

The research was designed to have educators present during the art therapy sessions, and to incorporate collaborative and consultative practice with the educators throughout the four “seasons” of the Seasonal Model, which extends from planning through implementation to evaluation and reflection phases. Educators also were actively engaged in the process of designing, participating, reflecting, and evaluating. When the Seasonal Model was implemented, it was found that children used the art space to express themselves and create more meaningful relationships with their educators. They used their art, and often the space, to share their stories, and this had positive effects on their behaviours and general resilience. Educators reported increased empathy with the children, being better able to contextualise children’s behaviours and therefore to have more tolerance of them and having more resources to respond to such behaviours. The educators reported a positive shift in being able to better understand and contextualise their own vicarious traumatising.

The research, in keeping with Winnicott’s (1953) theory of the “good-enough” relationship, confirms that such relationships can act as essential intermediaries through which children can safely express their trauma non-verbally through art. A key theme in the findings is the difficulty educators experience in bridging their professional expectations of process-oriented educational outcomes against the unpredictable nature of art therapy and its essentially open-ended process. The adapted model emerges as a powerful tool for facilitating high quality care in a preschool with a significant population of trauma-affected Aboriginal children. It also provides educators with an experiential space through which they can discover the positive

impacts for themselves and the children in their care, of providing a 'good-enough' relationship in support of expressing and dealing with trauma.

CHAPTER 1

INTRODUCTION

This chapter begins with a brief outline of my background as a social worker and art therapist, and my experience with traumatised children, families and educators, which fuelled my drive to create a model for treating trauma in art therapy and led to my continually renewing my commitment to this work. The chapter proceeds to outline what brought me from the war-torn border towns of Israel and Palestine, to the preschools of urban and rural New South Wales, where I discovered an overwhelming number of Aboriginal children suffering the effects of trauma—both immediate, and from the ongoing transgenerational effects of colonisation.

I also explain the biggest difference between the present research and similar projects in the past: that the focus is placed on the educators of these children, as most of the educators not only suffer the vicarious traumatisation of caring for these children, but also carry their own (often unacknowledged) scars of trauma. Throughout the course of this research it became increasingly evident that, in order to create a model that could provide safety, solace and a space for healing the children, we also needed to provide an equivalent space for the educators. This chapter outlines the aims and objectives of the Seasonal Model, designed to achieve this end, and lastly, provides a brief introduction to the following chapters.

My experiences with traumatised children's families and educators

I have worked as an art therapist and as clinical social worker for over 23 years. My formative years as a social worker were spent working in a small city in the very north of Israel, a developing city that had a large number of families whose vulnerability was compounded by living in a war zone. Supporting families with young children inside bomb shelters, I found that talk therapy was neither sufficient nor appropriate. This prompted me to find other ways of working, which led to my engagement with and study of art therapy.

Later, I also worked with Bedouin and Ethiopian families, with Palestinian and Jewish social workers, and with women and children who had survived multiple forms of trauma. I found that art enabled access to working in ways that words could not. Art gave form to the unmentionable and allowed me to connect with people of different cultures.

In 2005 I immigrated to Australia and continued working with vulnerable children and families. Trauma remained the core of the work. Referrals came from the Department of Child Services, from Sydney Children's Services or from Foster Care Services. I also managed a non-profit rural project which worked closely with 44 Aboriginal preschools in country New South Wales. The project was twofold. It involved designing programs that could support children and their parents who were living with trauma, and it also aimed to support the preschool teachers. Art was used to create a space for the children and teachers in which to express themselves. Art created an opportunity to express and process some of their experiences.

Working in Aboriginal¹ preschools, I saw firsthand the results of direct trauma, and of what I later learned to be transgenerational trauma. I saw eager little children using the environment in the preschool the best they could, but I also saw children who were already so traumatised that curiosity, imagination, and play were simply not available to them. I knew all too well—as a child therapist, an art therapist and a social worker—that this is meant to be an age of intense curiosity, of joy in living, and that everything had the potential to be playful, and experimental. But this was in marked contrast to what I often saw. For example, a small child, invisible in the corner, her presence unnoticed since she troubled no one, or the opposite—children so overactive they were almost in a frenzy, with no goal or meaning other than to be active, as a way of avoiding stopping, of feeling what was too painful to feel. At first it surprised me that a child had already by the age of four established a false self. This term was coined by Winnicott (1965) to describe a personality that develops as a result of early environmental failure and behaves in a compliant way to please those around them.

The children in the Aboriginal preschools where I worked were identified as having experienced trauma as a result of their home situation. I saw that their parents had problems in negotiating a meaningful life for themselves—due to the terrible inheritance of transgenerational trauma caused by colonisation and the Stolen Generations. In this latter period, children of Aboriginal and Torres Strait Islander descent were forcefully removed from their families by Australian Federal and State

¹ I use the name Aboriginal with the awareness that Australian Aboriginal peoples are not a homogeneous group, that they have different concepts and cultures. I am also aware that the term Aboriginal has potential to be colonising in itself. The traumatic effects of colonisation are elaborated on in Chapter 2.

government agencies and church missions, under the acts of the respective parliaments. Children continued to express the traumas that their families and ancestors had survived and, in many cases, were still grappling with. Likewise, so many of the other traumas we observed the children and families expressing, such as domestic violence, substance abuse and neglect, were, very likely, a direct result of the primary trauma of colonisation.

I realised that there was no way that the vulnerable ego of a small child could be capable of handling such a degree of pain. I also saw that this pain was often inflicted by those entrusted with caring for them (Tracey & Hergass, 2014)—not just their parents and families, but also at times their educators.

What I initially took to be a kind of fatigue or malaise, in preschool educators, I later came to recognise as a response to coping with the underlying trauma from the children—trauma that had impacted on themselves also in ways that they most likely had no conscious awareness of. I came to know this condition and to identify it as a mask, a cover hiding an accumulation of emotions too painful to be experienced or to suffer. What I did not initially understand, was that many of these educators had themselves suffered traumatic childhoods, and that no person—professional or otherwise—was present to guide, direct, or support them (Tracey & Hergass, 2014) with this challenge. Only later, as relationships with the educators themselves developed, did I learn this.

I, myself come to social work as the granddaughter of four holocaust survivors. This gave me memories and experiences from my earliest years of how different people can survive and carry on with their lives, or not quite manage to, and I drew insight and strength from my own transgenerational trauma histories. Art, song and

stories carried hope into these lives fractured by trauma. One set of my grandparents were active in the community, enjoyed music, sang, went to synagogue, and opened their own shop—they wanted to live life to the fullest, whilst my other set of grandparents were in survival mode. Their life was packaged up and buffered so as to be less frightening. These grandparents lived within a very rigid routine: their windows were often shut, their couch still covered in the plastic that they had bought it in, and they didn't connect with the community much. In my family, one pair of grandparents thrived while the others survived in 'lock down' mode.

The birth of the idea for this research

At the time the idea for the present research was born, I was very involved in working with preschools, many in the outback of NSW, that were predominantly Aboriginal and that required much-needed support. At the same time, I was also immersed in supervising an art therapy group run by an art therapist and an Aboriginal artist. These experiences deepened my understanding of transgenerational trauma and the ongoing effects of colonisation and raised questions around my own work as a white Australian. Being supported in both professional and cultural supervision, and also as a university candidate, allowed me to look at the work I was doing with new eyes and give it different meaning, aligning with my reading of 'decolonising methodologies' (Smith, 1999) and It was around this time that I came up with the research topic of creating an art therapy model for Aboriginal children within the preschool. I had already formed a relationship with a preschool in the South Coast, as I was supporting them with extreme behaviours in children, which were a result of the traumas the children were experiencing at home. I suggested that I run an art therapy

group there for the children, whilst also involving the educators in the design, implementation and evaluation of the group. The school agreed, and our working relationship was further developed.

Art is a commonly used teaching tool in preschools and is a medium both children and educators are familiar and comfortable with. It therefore makes a safe and known way of entering the school and enhancing what is meant to be there already. I used the familiarity of art as a medium to link to trauma-informed practice. In the preschools, art is commonly used as a means of teaching. Educators may ask children to draw what they see in front of them or to share what they experience through art: for example, 'draw what you did on the weekend'. Art, used in the context of this research, explores the interaction between children and their educators to form a relationship. Using art experientially, in the art groups, rather than as a teaching tool, does not entail a specific theme planned in advance. Instead, in the art group the facilitators provide materials and a space which the children can freely use and explore, with supports for the educator to let what will, unfold.

One of the purposes of this process is for the art making to give space for a relationship between the educator and the child to evolve. There are no expectations or expected outcomes, and it often seems as if the process of creating is in itself the outcome: children would squeeze the glitter glues or smudge the chalk pastels rather than focus on a figurative drawing. The process entails observing the formation of the relationship and providing modelling and support when required.

The resulting series of art groups for my case study took place weekly, and involved educators sitting in on the group. At the end of each session, the educators

and the researcher, in conjunction with my co-facilitator, another art therapist, would go to a quiet place and reflect on the experience. These reflections were akin to clinical supervisions, although we did not use that terminology. From the outset, I surmised that running the art group would create a process and safe space in which the children could express themselves, and that the use of art, along with the relationships formed, would allow for healing. I envisioned that by having educators witness the children in the sessions, they would better understand the children and the meaning behind their behaviours, and that consequently the relationships between the educators and the children would be strengthened, as both children and educators would have key needs met in respect of dealing with trauma. The educators, I hypothesized, would develop theory about the child's 'difficult' behaviours, creating space for investigation and greater understanding.

I wanted to describe the experience of the children, to observe whether or not art therapy groups would allow the feelings surrounding trauma to be expressed, and whether the art group would impact positively on the children's behaviour through the formation of relationships between child and educator. I also wanted to support educators in understanding and looking at behaviours differently, by providing emotional support and a reflective space that could improve their ability to make empathic connections with the children.

My aims were to evaluate the educator's models of working with traumatised children, to identify how working with trauma impacts educators, to give the educators a greater understanding of how to work with traumatized children, and to build an interactive, integrated model to help educators link theory with actual practice in order to enhance their work. My main initial focus was the actual art group

and the impact it would have on the children and the educators. Though my research was initially outcome-focused, on changes in the children's behaviour, I realised that I needed to focus on the process by which positive relationships were developed between the child and the educator to build resilience and recovery. This research grew out of recognition of the limitations of my professional practice. While art therapists or social workers may have the skills to calm and engage these children, we are not at the preschool every day, and it is the educators who do the vast majority of the very difficult work of doing their best to support the children. I came to see that educators themselves need recognition and support to remain engaged and empathetic with the child. This capacity to relate to a child who is acting out due to trauma can be impacted by one's own awareness of self and one's personal history, I was aware from my own clinical practice by modelling critical reflection on the group with the educators whilst they self-reflected in cycles of action and reflection (Schon, 1983).

The traditional owners in the location of the preschool located in the South Coast of NSW.

The preschool identifies themselves as part of the Dharawal people. The Dharawal people lived on the coastal areas of Sydney between Broken Bay / Pittwater, west to Berowra Waters, south to Parramatta and Liverpool and extending into the Illawarra and Shoalhaven districts. The traditional language of this tribe was also known as Dharawal. However other nation groups residing within the Illawarra region include, but are not limited to the Yuin, Wiradjuri, Kamilaroi, Bundjalung, Dunghutti and

Gumbayggir nations (State of New South Wales through Department of Family and Community Service, 2018).

Overview of this thesis

The key aim of this research was to further develop, test and refine the Seasonal Model, which I had begun to develop in that border town in Israel, by systematically implementing it, within a preschool, using the structure of action research (Freire, 1982; MacDonald & Millen, 2012). In addition, I sought to further develop the theoretical rationale for this model. Participatory action research draws on a wide range of influences, on professional and life experience and collective cultural history and experience, and was a suitable framework, allowing partnership with the educators in this process, in order to share our skills and cross-fertilise our collective knowledge bases. In this development, the model now involved the educators in the process of design, in direct participation in the art groups, in reflection and evaluation. This research has profited from the dynamic in-depth thinking that resulted from this collaborative work. It has worked in a way that is quite opposite to trauma, which impacts on and nullifies one's capacity to think.

Thus, the research question for this thesis was formulated as follows:

How to support the educators to support children who have experienced trauma, so that they can then create a safe space so that the non-creative internal space of the child can be brought back to life and awakened using art therapy groups in preschools.

Chapter Two is a literature review, which discusses relevant research in the broad context of trauma, neurology, resilience and art therapy. Since this research was

done in a preschool in Australia, the effects of colonisation, as transgenerational trauma will also be addressed. This chapter is divided into two parts. The first part deals with the primary trauma of the children and the second part deals with the vicarious traumatisation of educators working with the children.

Chapter Three offers an overview of the seminal theories that informed the work, and the development of the Seasonal Model, whereas Chapter Four describes the Model itself.

Chapter Five, The Model in Action, aims to flesh out the model as applied in a more tangible and concrete manner, so that the reader can readily grasp the process of implementation. In order to achieve this, illustrative vignettes have been added. These have been collated from prior work done by myself, in collaboration with my co-facilitator, but are used to help illuminate the work detailed in this research.

Chapter Six, Methodology, describes the details of the research project and how the research was undertaken: how years of practice with the Seasonal Model were reviewed systematically for the purpose of pursuing more formalised research into it, and how the revised Model was then taken into the preschool to be refined and evaluated.

Chapter Seven outlines the results of research, the various themes emerging in this case study.

Chapter Eight discusses and analyses these results, whilst revisiting the theories and literature, and Chapter Nine offers a comprehensive conclusion and recommendations outlining the main ideas arising from the research.

CHAPTER 2

LOCATING ART THERAPY IN THE TRAUMA-INFORMED LITERATURE

The aim of this chapter is to discuss the literature concerned with trauma and its effects on the neurobiology of a developing brain, its physical and emotional effects, and psychological and social effects (including ongoing effects into adulthood). The chapter then moves on to explore risk factors, including general abuse and neglect, and the specific trauma caused by colonisation. This chapter concludes with protective factors, where the research provides evidence for the healing potential of secure relationships, and then finally locates art as an important tool for bridging and reviving the emptiness left by trauma.

Parameters of the literature review

Initial literature searches yielded limited results focused on the central research question. I found the literature sparse in respect of the value of group work using art, with children with traumatic histories. To answer this question was a complex process of trial and error drawing on interdisciplinary perspectives, of looking at one source for answers and finding some, but then having to go on to another source to find more. I started by researching trauma and the preschool child, the effects of trauma on the neurobiology of the brain, and how art therapy can support

the healing process. The research was undertaken within Australia and given its foundation and context, I researched colonisation and intergenerational trauma, along with the use of art in Aboriginal culture, and decolonising approaches. These necessitated various searches using different keywords and search strategies. Within and across these fields of literature, the main keywords I used were: neurobiology of trauma, effects of trauma, healing trauma, vicarious traumatising, transgenerational trauma, group work, preschool children, Aboriginal children, art therapy, colonisation, and resilience.

Part 1: Primary Trauma

Trauma is an experience which causes threat to one's self or life; or any harm inflicted on a person intentionally (American Psychiatric Association [APA], 2000). Studies have also shown that trauma is also caused by witnessing harm being done to another person—or to cause harm to another (APA, 2000). Trauma is essentially a confrontation with damage to body or mind, oneself or others. It may be the physical body that is injured or threatened, or the psychological self that is hurt or destroyed. Hence, childhood trauma can result from circumstances other than physical abuse, neglect, maltreatment or sexual abuse. Verbal abuse, for example, being called 'stupid' or 'worthless' can also be traumatic for children.

Trauma can likewise be defined as extreme anxiety or pain caused by external stressors that one has no control over (Kalsched, 2013), such as natural disasters, or the actions of others—e.g. abuse and violence. Trauma involves fear in its most primal form, and a feeling of helplessness that no one can save you or protect you or your

loved one. This overwhelming fear stops thinking and what is left is a non-living space that is empty (also see, Freud, 1914; Tracey, 1991; Tustin, 1972).

The Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision (DSM-IV-TR; APA, 2000), expands on the previous one and specifically defines a trauma as

direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1, p. 424). The person's response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganised or agitated behaviour). (Criterion A2, p. 463)

Effects of trauma

Although responses to trauma vary, there is strong evidence that traumatic experiences in childhood can have severe effects into adulthood, despite the human brain's ability to adapt (Van der Kolk, 2015). The impacts of trauma in childhood include difficulty in school, impaired ability to form interpersonal relationships, attention deficit disorders, speech impediments; impulsivity, challenges with work in the adult years and a range of physical ailments (Perry, 2001; 2009; 2014). The following section of this chapter starts by offering a brief understanding of the neurobiological effects of trauma, before elaborating on the physical and emotional effects followed by the psychological and social effects.

Trauma and the neurobiology of the brain. The majority of the micro-architectural developments of the neural system occur in childhood. These procedures help humans function and adapt to society. If neurological functions are interrupted by trauma, abnormalities in mental processing and behaviour can result. Also, the areas in the brain that handle the processing of information and thinking are sensitive, and vulnerable to traumatic experiences.

Van der Kolk (1996, 2005, 2014) has established that when trauma is re-experienced, using visualisation, it causes and intensifies activity only in the receptors of the brain that deal with emotional arousal – in the right hemisphere (O'Brien, 2004). This state of hyper arousal interferes with normative brain development. Early trauma and the resulting heightened emotional arousal is related to impairment of both the communication and perception of affect; this in turn creates problems in forming loving relationships based on secure attachments (Mollon, 1996; O'Brien, 2004; Schore, 2001, 2003).

Trauma literally impedes the development of neural pathways that would normally develop if a child had not experienced trauma. These neural pathways allow the child, and eventual adult, to view themselves as multi-dimensional beings and to also view others in the same way. Perry's (2006) studies with abused and neglected explains that the primitive brain of the traumatised child, is constantly in fight, flight or freeze mode, not allowing the child to developmentally progress and this results in a fragmentation and a difficulty in forming secure attachments, managing their emotions and behaviours or thinking and learning as they are trying to survive in a world that they feel is dangerous. Trauma essentially takes out parts of the complete

puzzle, and what remains is a simplified, disjointed view of reality, making connection and communication with others difficult.

Trauma and physical and emotional wellbeing. When human babies are first born, they are wired to expect stress to be managed for them (Gerhardt, 2004). If they have contact with a caring adult through stroking, rocking and feeding, cortisol levels will be low (Levine, 1997; 2010). However, when babies are not responded to, their sensitive systems can easily become flooded by high cortisol levels (Gunnar & Donzella, 2002).

The brain's reaction to trauma is fright, which triggers the fight, flight or freeze response (Van der Kolk, 2014). In order to facilitate this, the sympathetic nervous system triggers the release of adrenaline, which quickens the heart rate and increases blood pressure; cortisol is also produced (Ulrich-Lai & Herman, 2009; Van der Kolk, 2014). Normally these effects will abate within a few hours, but in cases of extreme or chronic trauma, it can take as long as a year or more to recover (Sherin & Nemeroff, 2011). And when trauma is ongoing, it shapes the development of the brain for, in many cases, a lifetime (Perry, 2009; Van der Kolk et al., 2009).

There are different responses to trauma: one is a heightened state of response, which can include extreme anxiety and reactivity—which we can see in the 'big behaviours' of many of the preschool children, behaviours such as swearing, kicking, biting, or breaking furniture as a way of communicating their experiences, in the study; another is a hypo-responsive mode, characterised by social and emotional withdrawal; an extreme version of this can become dissociation (Perry, 2014; Siegel, 2012). Withdrawal can also be seen in children whose experiences have taught them it is safer not to draw attention to themselves. Early trauma can also create problems

in establishing relationships, due to neurological impairments to communication and perception (Perry, 2014; Van der Kolk, 2014). 'Traumatic experiences may also cause physiological damage in vital organs such as the heart and lungs' (Hergass, 2015 p. 267), and is correlated with diabetes, asthma, a weakened immune system and even premature death (AIHW, 2017; Van der Kolk, 2014).

Extreme violence can have adverse affects on childhood development, affecting learning, cognition and memory (Joseph & Feit, 2014). Early maltreatment can also strongly affect the development of language in the especially vulnerable years between two and ten (Perry, 2009; 2017; Van der Kolk, 1996; 2014).

Trauma and psychological and social wellbeing. Secure attachment in childhood gives optimal conditions for healthy neurological and personality development, and future health. When there is distress during infancy, that individual's ability to form relationships, in later life is impaired (Bowlby, 1988), and becomes a stored pattern which can be relived in future relationships and experiences (Schoore, 2003). Hence things like neglect and domestic violence can become generational inheritances.

Traumatic experiences, through the damage they cause the right hemisphere of the brain, affect emotional regulation, ability to express and process emotions, the ability to navigate social interactions and a child's defences and coping skills (Schoore, 2003; 2011). Trauma in childhood can lead to post-traumatic stress disorder (PTSD), borderline personality disorder and depression.

In infancy, babies base the normal state of arousal on what is happening around them. Babies of depressed mothers become accustomed to a lack of positive feelings and low stimulation. Babies of anxious mothers can regard their feelings as

explosive and that they lack control over them and remain overly aroused. Babies who receive a caring and stable infancy with attentive caregivers, expect their feelings to be responded to, and are therefore better equipped to bring intense states back to equilibrium. Babies who are adequately cared for come to the world with an expectation of responsiveness to their feelings, and this supports their capacity to regulate their emotions.

This capacity to emotionally self-regulate relates very much to Winnicott's concept of 'good enough' caregiving (1953), which I discuss in detail in Chapter 3, and which was pivotal to shaping the Seasonal Model specifically, the focus on the educators (which I discuss further in part 2 of this chapter, on vicarious traumatisation).

Children who have been abused and traumatised are at risk of developing the full range of PTSD symptoms (Pynoos & Steinberg, 1996; Radcliffe et al., 2007; Teicher, 2000). And traumatised children, displaying PTSD symptoms often also display attention deficit hyperactivity disorder (ADHD) (Perry et. al., 2006; McFarlane & Van der Kolk, 1996; 2016). Long term, debilitating impairments to the brain, leading to psychiatric conditions, have been strongly linked to abuse of all kinds (Teicher, 2000, 2016).

Babies and toddlers who witness violence, display increased immature behaviour, irritability, fears of being alone, emotional distress and crying, sleep disturbances, and regression of skills aptitudes (such as language and toileting). Preschool-age children who have experienced or witnessed trauma, often appear disorganised, dissociated, serious and rarely smile (Appleyard & Osofsky, 2003). Emotional stimulation causes traumatised children to get lost in their feelings, unsure

how to make sense of them, or use them to assess situations. Instead their responses to stimuli seesaw, without being able to apply normative cognitive processing. The result is numbing of feelings or aggression, which turns into a maladaptive behavioural pattern (Schoore, 2001; Van der Kolk & McFarlane, 1996). The children have their own attachment styles and own experiences of caring or non-caring adults. They bring their experiences into the preschool, and their expression impacts relationships with the educators.

Long-term legacy of trauma into adulthood. Trauma in childhood erodes self-confidence and a child's sense of being safe; while increasing emotional distress, grief and shame; and leads to future destructive tendencies such as depression, substance abuse, alcoholism, smoking, aggression, crime, suicide, sexual promiscuity, physical inertia and obesity (Van der Kolk, 2014). Childhood trauma has also been linked to problems in adulthood including difficulties forming and retaining relationships; the development of physical illnesses such as cancer, stroke, heart disease and diabetes (Atkinson, 2013; Perry, 2001; 2009; Van der Kolk, 2014).

Building on this understanding of trauma, and its various effects, this chapter now moves on to explore influential risk and protection factors in the research.

Risk Factors

Throughout a person's lifetime, development is influenced by interactions between risk factors, which negatively impact healthy development, and protective factors that promote healthy development (Werner, 2000). In other words, human development is shaped by the interplay of sources of vulnerability and sources of resilience. These may be found within the individual (disability, temperament) or

within the environment, for example, poverty, violence and abuse. Protective factors may be constitutional such as good health, attractiveness, or environmental such as loving parents and strong community (Rutter, 1994; Al Jadili & Thabet, 2017).

Sameroff, Seifer, Barocas, Zax, and Greenspan (1987) and Eriksen et. al., (2013) have shown that the number of risk factors in a child's life correlates well with their IQ. A child's development will be adversely affected if he/she is subjected to both biological and environmental risk (Shonkoff & Phillips, 2000; Ferguson et al., 2013). Some developmental pathways are deeply established, regardless of risk factors. Examples are basic motor skills, such as crawling and walking. However, many others are susceptible to risks and protection, and thus to being influenced either positively or negatively. Waddington has explained these developmental pathways as valleys and ridges that are generated by a ball rolling downhill (Gilbert, 2000). Overall, the degree to which an existing pathway can be changed depends upon both biological and environmental factors. In this regard, the child's own expectations and those of the people he or she is emotionally attached to, will determine if the change is needed or not (Lewis & Rudolph, 2014; Shonkoff et al., 2000).

Examples of risk factors

The most common kinds of risk factors identified in the literature (Bonanno, 2004; Maughan & Rutter, 1997; Trickey et. al., 2012) are as follows:

- Disabilities in childhood which require high level care
- Family isolation from society
- Lack of parental understanding of child development and needs
- Domestic violence
- Poverty and unemployment

- Family disorganisation, family breakdown
- Substance abuse within the family
- Parents who are non-biological, single or young
- Parental maltreatment (physical, verbal and emotional)
- Lack of parent-child bond
- Parental maltreatment behaviours
- Parental mental health issues, such as stress, anxiety and depression
- Violence within the immediate community

In respect of trauma-related literature, and the site of the study being NSW, Australia, it was, important to consider the unique risk effects of colonisation for Australian Aboriginals, as many of the children and educators in the case study for the present research, share this history. The following section reviews literature that treats trauma in this particular context.

Colonisation as trauma for Aboriginal Australians

Aboriginal society prior to European contact provided the ideal circumstances emotional, physical and mental health; and family cohesion thanks to the holistic, collective arrangement of their society (Parker, 2010). Parker (2010) maintains that mental health issues were extremely rare in traditional Aboriginal society, noting the collective support of Aboriginal society not only offered a buffer for stress, but also gave space to express hostile feelings instead of suppressing them (Eastwell, 1988).

The Aboriginal people of Australia are still recovering from the negative impact of colonisation. The traumatic effects of colonisation have interfered with Aboriginal people's traditional ways of raising their children. Continuing economic and social

inequity and power imbalances have also negatively impacted the lives of Aboriginal people and continue to contribute to patterns of child abuse and neglect, as well as intergenerational trauma through conditions such as unemployment, poverty, overcrowding and inadequate housing, alcohol and substance abuse (Atkinson, 2002; 2013).

Within Aboriginal communities, violence and abuse are largely due to the history of violence experienced through the process of colonisation, inflicted by non-Aboriginal cultures. In the Bringing Them Home: The 'Stolen Children' report (Human Rights and Equal Opportunity Commission, 1997) (Report) it was revealed how the past is still impacting the present. The Report outlines 'multiple and profoundly disabling' layers of abuse that contribute to 'a cycle of damage from which it is difficult to escape unaided' (p. 178).

One of the most profound impacts, as noted in the Report, is the removal from their families of Aboriginal children – something experienced by most Aboriginal families. In many cases entire families were forcibly transferred to institutions, missions or reserves. This has been an extreme cause of trauma owing to the abuse received within these environments and the absence of Aboriginal child rearing relationships and traditions. Furthermore, it has occurred over multiple generations, with families still affected to this day. This compounding and accumulative trauma presents a major risk factor for the child. Although the literature surveys individual risk factors, it does not give much space to the context of society, which impacts on and often shapes the individual.

Transgenerational trauma

A single experience of trauma can have repercussions across generations and entire communities (Atkinson, Atkinson & Nelson, 2010). Van der Kolk (2014) provides a comprehensive understanding of the effects of undergoing trauma in childhood, showing links between the transference of historical trauma across families and communities and the associated transference of troubled behaviour and negative attitudes, with ongoing health problems from generation to generation.

The term transgenerational (or historical) trauma was initially conceptualised in Canada during the 1980s by the Aboriginal and First Nation peoples. It was conceived to describe the ever-present cycle of despair and trauma (Hawley, 2014; Wesley-Esquimaux & Smolewski, 2004;). Wesley-Esquimaux and Smolewski (2004) noted that the shattering trauma of massacres, removal of children, and loss of culture, remains unresolved and becomes a sort of 'psychological baggage ... continuously being acted out and recreated in contemporary Aboriginal culture' (p. 3). Transgenerational trauma therefore is defined as the subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes as 'collective emotional and psychological injury, over the life span and across generations' (Muid, 2006, p. 36).

For Aboriginal people in Australia, exposure to multiple layers of trauma results in a cumulative effect on the occurrence of trauma symptomatology, evident in the impacts to relationships and attachment with meaningful others and family functioning. It also impacts the parents' mental and physical wellbeing and strains their capacity to sustain relationships with extended family, society and to their

culture. Milroy (2005) noted effects are intensified by prolonged ongoing heightened levels of trauma and stress, including deaths and other losses. Secondary traumatisation intensifies these effects, when children are exposed to the trauma suffered by their parent or other family member. Milroy (2005) concluded that children are impacted by historical trauma, even when they aren't exposed to the stories of the ancestors and family – by way of community violence, family dysfunction, ill health, psychological hindrance and early mortality. Further, children remain:

Exposed to the cycle of harm resulting from transgenerational trauma, as indicated in the *Western Australian Study of Aboriginal Child Health*, Where 35 percent of Aboriginal children were reported to be living in households where a carer or a carer's parents had been forcibly separated from their family, and 24 percent were living in families affected by forced relocation from their country. (Zubrick et al., 2004, p.30)

Van der Kolk (2007) posits childhood trauma as one of the biggest social health challenge, but one that can be solved. He shows that the experience of trauma during childhood creates ongoing health problems and is typified by transgenerational transference from one generation to another, so that the effects of trauma, such as negative mindsets and disruptive behaviour, continue across family and community.

The Australian Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS) both hold statistics reflecting the negative impact of transgenerational trauma. The data also shows that Aboriginal and Torres Strait Islanders are at double the risk of traumatic effects, compared with non-Indigenous groups (ABS & AIHW, 2008). According to Atkinson (2002) and Gordon et al. (2002),

psychological and physical suffering across generations has contributed to the internalised family and community violence that is now part of many Aboriginal communities (Ryan, 2011 P.192).

An implication for my research is that preschools with substantial Aboriginal populations, general awareness of trauma risk factors should be tempered with an understanding of further factors unique to colonisation. For this reason, it is important to understand the histories and therefore contexts of the children and educators

Resilience and protection

Cyrułnik (2009) calls resilience a paradox, because while the pain caused by trauma is real, it also encourages defiance and strength: Survivors' emotional vulnerability is transformed into emotional strength. Resilience is an ever-changing process that entails adversity to be met with positive adaptations (Luthar, Cicchetti, & Becker, 2000). Resilience is the ability to adapt and function, in the face of ongoing trauma (Masten, 2001). Markers of resilience in preschool children include the development of social skills and capacity for emotional regulation (Jones et al., 2001).

Emotion regulation relates to the ways children express and manage their emotions (Gross, 1998). Low regulation of emotions has been shown to correlate to externalising problem behaviours and low levels of social ability (Rydell, Berlin, & Bohlin, 2003). Additionally, well-developed social skills in children seem to be the result of having supportive and protective others in their lives, who are not in their immediate family (Alvord & Grados, 2005). 'The roots of resilience are to be found in the sense of being understood by and existing in the mind and heart of a loving, attuned and self-possessed other' (Diana Fosha, cited in Van der Kolk, 2015, p. 107).

This preliminary understanding of resilience, building on the risk factors previously discussed, serves as a useful compass for positioning protective factors within the variables of an individual's background, and inherent and environmental degrees of resilience. What the Seasonal Model, discussed in chapter 4, aims for, is to provide the child with a stronger chance of building resilience and getting back on track for a positive developmental pathway, despite challenging beginnings. Through relationships and a safe space to create, the void formed by the experience of trauma may awaken into creativity.

Effective interventions can change the balance between risk and protection during early childhood development. When the child seeks and gets support from the environment, his or her motivation increases. Early exposure to an environment that reinforces competence will elevate his or her ability, and there are different strategies that can be used to directly influence the child's experience, or to work on the child-caregiver relationship. The common objective among these strategies is to provide all desirable influences on the child, to increase the chances of a favourable development profile (Penn 2014).

Relationships

The strongest protective factor for healthy childhood development is a strong attachment relationship with a caring, prosocial, competent adult. The single most important factor is normal cognitive development – evident in good attention skills, average or above IQ scores and 'street smarts' (Pat-Horenczyk et al., 2009; Siegel, 2010; Van der Kolk, 2014). Research by Masten (2001) shows that good caregiving and sustained cognitive development create resilience, even in the face of adversity.

Whereas without these primary protective factors, catastrophic stressors can radically

impact a child's cognitive skill. Once again there is a clear link here to Winnicott (1953) and his concept of 'good enough' caregiving, that creates a foundation upon which the child can develop and thrive which later gives them the basis to deal with later ordeals see Chapter 3 for detailed discussion of 'good enough' caregiver.

The term 'resilience' has been argued to be inextricably linked to risk.

Resilience is developed as a response to risk, when there are adequate protective factors in place (Cyrulink, 2011; Rutter, 1987; Van der Kolk, 2014). Much research supports the significance of secure relationships in developing a capacity for resilience, and improved educational outcomes (Nolan et al., 2014; Siegel, 2001). Teachers can foster resilience by creating an environment where such relationships can be built (Carins & Stanway, 2004; Nolan et al., 2014; Oswald et al, 2003). The literature arguing the case for relationships as a strong protective factor in building resilience and therefore healing, leads to the question—what qualities does this relationship need to have in order to actualise this protective effect?

The importance of empathic relationships. Bowlby's (1951) research found that a child's health and survival relies just as strongly on the presence of a stable and loving caregiver relationship as any other basic human need such as food and shelter. Sensitive, warm and responsive caregiving is a requirement for the healthy development of a child (Rutter, 1995). Empathy and prioritising the child's wellbeing is key to responsive parenting (Dix, 1992). Hence a very important aspect of relationships is a capacity for understanding and therefore empathy in the caregiving relationship. Siegel (2001) writes extensively on this topic and says that of all fields of psychotherapy, and regardless of the actual method they follow, the strongest predictor of successful outcomes for the patient is the presence of an empathic

therapist (someone who can tune into the subjective internal world of their patient).

Casting back to the discussion of neurobiology and the effects of trauma at the beginning of this chapter, the following link can be made: that the knowledge of neuroscience and psychotherapy comes together here to awaken those parts that become shut down as a response to threatening experiences and the absence of a safe space and caring relationships.

This example of the patient/therapist relationship can also apply to other caring relationships such as those between educators and the preschool children they work with.

Importance of multiple caregivers in raising a child. Fortunately, one of the key features of humans is that more than only one mother is generally responsible for raising a child. Hrdy (2009) refers to this as ‘alloparenting’ or ‘other-parenting’, which describes the act of relying on others we trust to help care for our infants, also known as cooperative child-rearing. Hrdy goes on to say that it is central to our adaptive ability. These findings are hopeful and in terms of children in the preschool setting, it means that even if there is an absence of caring relationships in the home and family, a human retains the capacity to respond to many caregiver relationships.

Dunbar (2012) similarly writes that relationships are central to being human, and that the more complex our societies become, the more complex our cognitive development. Studies undertaken by Siegel (2007) indicate that experiences directly impact our neural development – underpinning the importance of social relationships for forming who we are. Further, communication is the cornerstone of developing sustainable; connected and fulfilling relationships.

Communication and connections likely formed our relationships within groups allowing us to thrive. When human relationships began to evolve past our mammalian beginnings of the important parent-child relationship, to interaction and cooperation with extended family members, village members and wider society and the global 'village' of today – so too our need for complex cognitive development and communication has evolved (Siegel, 2007). The result for all human development is the vital importance of healthy relationships throughout life.

The role of educators in resilience and healing

The role of educators in children's healing cannot be overstated. They offer what Bion (1967) calls 'transformative communication' and the 'contained/container' relationship. This means that educators provide an external 'thought-thinking apparatus' where the child can reshape, detoxify and transform their emotions. This creates emotional intimacy for children—a safe space of human connection—which can help offset the pain and anxiety children may feel from experiencing trauma. This apparatus is where educators provide a safe container for children's reflection, processing, and expressive behaviours, including 'big behaviours'; with children knowing that these behaviours will be 'contained' and held, rather than reacted to negatively.

It has been posited that the most salient indicators of a child's positive outcomes in adulthood are not their reactions to trauma, but how others understand; appreciate and nurture their strengths and value them as individuals (Goldstein & Brooks, 2005). The roles of caregivers, educators, family and community members and other positive attachment figures, are vital for children's healing. As Wiesel (1986)

states 'Just as despair can come to one only from other human beings, hope, too can be given to one only by other human beings'.

Educators have an important role in fostering resilience in children. The time that the educators spend with the children in their care is significant both by amount and potential to meet the children's emotional and academic needs (Siegel, 1988). Educators can offset certain risks factors through creating school environments where students will succeed (Brooks & Goldstein, 2008). Educators can enhance children's self-esteem and competencies, which in turn strengthen their resilience (Brooks, 2001).

Supporting educators in this role is vital. This can be done by providing services that can aid educators to meet the complex needs of vulnerable children. An evaluation of early childhood programs highlighted the important role of training in improving staff competence and confidence. Reduced turnover and stress was also shown by some programs (Raver et al., 2009; Duran et al., 2009; Perry, et al., 2010; Johnston & Brinamen, 2005; Brennan et al., 2003). These studies show the effectiveness of highly trained and supported educators in addressing barriers to school readiness and success (Raver & Knitzer, 2002).

Working to support children with emotional and behavioural problems resulting from trauma is extremely challenging, but much more difficult when educators are not aware of the causes or strategies for addressing these behaviours. Research suggests that initial and continued training in the areas of intervention, and emotional and social development in the classroom are beneficial (Lott, 2002).

When classrooms and schools are chaotic, the attention that could have been directed towards teaching and motivating children is often diverted to behaviour

management and concerns and worries about their own personal safety. The ongoing stress and difficulty of working under these conditions decreases educators' commitment and therefore contributes to their burnout (Glass et al., 1993; Goldstein & Brook, 2005). Providing a foundational platform to support educators in the frontline of working with traumatised children is vital to the success of the children in their care.

Supportive educators can act as protective factors – nurturing self-esteem and trust in children. Siegel (1988) concluded that there are a number of factors enabling children to overcome odds. A key factor is the presence of an adult who they can gather strength from and identify with. 'In a large number of cases, that person turns out to be a teacher' (Mather & Ofiesh, cited in Goldstein, 2005, p. 248).

Cyrulink (2009, 2011) writes that when one's past or story is accepted (this does not necessarily entail feeding or reflecting the story back to them but can simply take the form of a deep silence acknowledging the person's story), healing can happen. Being seen and respected by another, and confiding in them, has an astonishing power to protect and heal. This implies that the environment must be empathetic and there must be a strong sense of trust. Of course, we are all bound by mandatory reporting, if needed in order to keep the child safe. Resilience is found not solely inside ourselves or in our environment; it is something midway between the two, because our individual development is linked to our social development (Cyrulnik, 2009).

Unfortunately, early childhood educators receive minimal training in promoting social competence (Han, 2014). Thus, they often fall short of obtaining the competencies for supporting social and emotional wellbeing among traumatised

children. Limited awareness of environmental triggers and the many ways in which trauma manifests, may lead to unknowingly triggering stress reactions in children (Lieberman et al., 2011). More research is needed to address how educators can best be supported in helping heal the effects of trauma on children.

The relationship/resilience gap. One of the strongest factors in healing from and developing resilience to trauma, is the presence of caring relationships. However, trauma affects and impedes relationships and communication.

Trauma results in a reorganisation of the mind and the brain's perceptions. It can alter how we think, what we think about, and simply our capacity to think at all. Helping those who have experienced trauma to communicate in words what has happened to them is profoundly meaningful, but often is not sufficient for healing. Moreover, it has been discovered that with those who have experienced trauma, the part of the brain accountable for language in the left hemisphere, known as Broca's Area, is 'turned off'. This is evident in the hypervigilance of many traumatised children (Van der Kolk, 1996). Traumatic experiences can also impair the functioning of the right hemisphere of the brain. In the early years of life, the right hemisphere is most dominant. It is responsive for expression, regulation and processing of emotions, as well as understanding social interactions (Schore, 1994). Research shows that trauma is processed first in the body and then in the mind (Perry, 2006; Van der Kolk, 2003; Ogden & Minton, 2000). One way to address trauma effectively is the ability to connect outside of language in order to integrate affective, emotional and cognitive, memory. The place of art therapy, and the foundation of the Seasonal Model therefore is to access and awaken the internal empty space left by trauma, in a safe,

non-threatening space, thus allowing connection and the fostering of supportive relationships, which in turn become safe containers for healing and resilience.

Art therapy

Art therapy provides art materials in the context of a relationship enabling non-verbal expression and communication (Rubin, 2001). It incorporates both preventative and treatment components and has the ability to engage those who might be reluctant to seek more traditional forms of psychological therapy (Naff, 2013; Sweeney, 2009), or those whom conservative therapy does not suit (Malchiodi, 2012).

For the last three decades art therapists have seen that art is beneficial in the treatment and assessment of trauma (Gantt & Tinnin, 2007; Rubin, 2001). The very nature of trauma renders it outside of language, especially for children whose vocabulary is still developing. Therefore, approaches like art therapy that provide other ways of communicating, expressing and processing overwhelming emotions are very useful in the treatment of trauma. (Eaton, 2007).

The restorative and healing powers of creativity have been recognised for thousands of years (Malchiodi, 2012). Creating art can be conducive to the health and strength of individuals and communities. Engaging in art is important in the development and maintenance of wellbeing and health (Malchiodi, 2013). At the 2009 *Art of Good Health and Wellbeing International Arts and Health Conference* in Port Macquarie, conference delegates recommended that the Australian Government at Local, State and Federal levels give credence to the arts in terms creating positive outcomes for all Australians via a healthy national cultural identity.

The intrinsic human impulse to enact a drama, tell a story, paint a picture and to know that one has an audience to witness this, implies a form of psychotherapy

that helps to order personal and social experience (Tracey & Hergass, 2014).

Psychoanalysis draws on the ideas of container/contained, the holding ability to change points of view, the ability to reflect empathically (Khan, 1963). The very act of being witnessed offers a container for the content of the art.

Matarasso (1997) identified 50 social impacts of participation in art programs, on individuals and communities. Matarasso established that participation in the arts brings benefits to individuals and communities (Kabwassa-Green et al., 2006; Phipps & Slater, 2010). Such benefits include: an increase in confidence; creative skills convertible into wider social impact; promoting contact; contributing to social cohesion and building of confidence in minority group members.

There are now several examples of arts and health programs in Australia, such as Arts Access Australia, Arts and Health Australia and Arts in Health at Flinders Medical Centre (Lankson et al., 2010). Art Centres in remote Aboriginal communities provide expression of the continuing strength of Aboriginal culture (Dyer, 2009). Art therapy has the potential to play a powerful role in addressing the social determinants of health outcomes that Aboriginal people face.

Art therapy is a healing tool used with an extensive variety of clients, who have diverse traumatic histories. The benefits of art therapy have been described by numerous authors for such clients (Appleton, 2001; Howard, 1990; Malchiodi, 2012; Meekums, 1999; Rankin and Taucher, 2003). Rankin and Taucher (2003), and Malchiodi (2008) emphasise the effectiveness of trauma-focused art therapy. They state it can stimulate the expression of emotional, physical, and mental states, externalising and making these visible so that a narrative of the trauma can be developed and therefore aid the processing of the trauma by facilitating meaning

making. They also emphasise that art therapy facilitates the management of physical symptoms such as stress; intrusive or avoidant symptoms; behaviours and affect, as well as ultimately supporting integration of the traumatic event into the child's life story (Gustafson, 2016; Kaiseer et al., 2005).

Information gathered from brain imagery (Van der Kolk & Fisler, 1995; Van der Kolk, 2000; 2014) showed that many people's stories of trauma are stored in fragmentary processes on the right side of the brain, and that they are not connected to language centres on the left side of the brain. How then, can people truly appreciate their own place in space and time if they cannot put words to their past experiences? These developments in neurobiology support using art therapy as the basis for accessing and linking emotions with narrative, and ultimately developing understanding and meaning (Schwarz & Perry, 1994). Indeed, Cyrulink (2009, 2011) states that art can bring the dead back to life, just as philosophy can bandage wounds. The act of creation or storytelling closes a gap, heals wounds and allows us to become ourselves once more, to become our complete selves through putting one's suffering into words or into art.

Art as part of Aboriginal culture. It is important to acknowledge the significant role art that plays in Aboriginal culture, in the context of evaluating art as a healing modality for traumatised Aboriginal children. 'Art is the lifeblood of our communities, connecting us to the past, the present and the future—to each other' (Art Gallery NSW, 2013, p. 17). 'Aboriginal art is history: it tells stories of the people, for the people and by the people' (Blacklock, 2015, p. 80), and incorporates the perspective of Aboriginal people's traumatic experiences, such as colonisation and massacres (Blacklock, 2015).

A report made to the World Health Organization (WHO) (Daykin, 2010) showed how powerful art is in relation to improving a sense of wellbeing and quality of life. Drawing on examples from third world countries, the WHO report, citing an Aboriginal community in Australia as an example, concluded that arts are relevant to health, wellbeing, and quality of life. Art is a communicative medium that allows togetherness and heals fragmentation. When external reality is harsh and negative, this drives the capacity for imaginative dreaming from the mind (Tracey, 2013). However, the process of art creation allows the formation of emotional links and negotiated interactive moments. This is one of the unique gifts the Aboriginal people have, and it is this imagining that allows people to be reawakened through art (Tracey, 2013).

The Voices From the Campfire Report by the Aboriginal and Torres Strait Islander Healing Foundation Development Team (2009) calls for a culturally sensitive, safe and holistic service to combat the root cause of dysfunction, and names art as one of these ways. It also names children as one of the necessary focus groups. Atkinson (2011, personal communication) says more research and work is needed with Aboriginal children in relation to using art as a healing tool.

Words are not the best basis for dealing with trauma in children. Their medium is dance, song, music, and art (Tracy, 2014). The art becomes the communication, so that the expression and witnessing of trauma can occur through this medium. Through the expression of art, it is possible to work in and heal areas that are pre-verbal, primitive, and deep.

Conclusion

This chapter has shown that although trauma is prevalent in preschool children, research on the effects of trauma, and healing trauma in this age group is

limited. It was therefore necessary to search for relevant literature across a number of disciplines, including trauma-informed practice, neuroscience, colonising and decolonising methodologies, and art therapy. Childhood trauma affects the normal development of a child in many ways—physically and emotionally, and psychologically and socially. If the effects of trauma are not ameliorated in childhood they continue into adulthood, with potentially devastating physical, mental and social ramifications. The literature it makes clear there are a number of risk factors in childhood. In the case of Aboriginal children, one must also hold in mind the traumatic transgenerational effects of colonisation. The paradox of trauma however is that it has the potential to build resilience. There are many inherent internal factors that predispose an individual to developing resilience in the face of trauma. However, there are also environmental factors that can be introduced to support healing. We know that supportive relationships are key to resilience in traumatised children, and that art therapy is a promising mode of healing for awakening the non-creative space caused by trauma. Available evidence suggests that art therapy is proving to be a successful intervention and therapeutic modality for preschool children who have been exposed to trauma. From my experience in the preschools, and from the relevant literature, educators can play an immensely important healing role for traumatised preschool children.

Throughout this research, I increasingly came to perceive the importance of the role of the educators, to the point that I realised that the effectiveness of the art groups hinged on the ability of the educators to create the safe space and nurturing relationship that we know from the literature, can be hugely transformative. With this understanding also came a deep awareness that educators who work in environments

that are stressful, or with children who have experienced trauma, may be traumatised themselves. To my initial research question therefore, which addresses the possibility of restoring a creative space in children affected by trauma, I added a second question: *How can we support the educators to support the children to create a safe space so that the non-creative space be awakened using art therapy in preschools?*

Part 2 of this chapter is devoted to literature focusing on the educators' experience of vicarious traumatisation.

Part 2: Vicarious Traumatisation

Introduction

Part I of this chapter looked at trauma and its direct effect on children's development, including the physiology, psychology and social impacts that can continue over their entire lifespan into adulthood. The chapter then discussed risk and protective factors that provided evidence for healing. Supportive empathetic relationships were found to be key to resilience in traumatised children. The secondary and vicarious effects of witnessing trauma also can impact the helper's sense of self, thus making their ability to remain empathetic and present problematic. This necessitated a separate literature review, of vicarious traumatisation, as trauma affects not only those directly exposed to it, but also others around them (Van der Kolk, 2014). Herman (1997) says that trauma acts like a contagion, and that in any helping role, witnessing a disaster or atrocity may result in the helper feeling emotionally overwhelmed, experiencing similar symptoms to that of the traumatised. This phenomenon is known as 'vicarious traumatization', (McCann & Pearlman, 1990) and professionals most at risk of

developing traumatic symptoms are those who are sympathetic and compassionate (Crumpei & Dafinoiu, 2012).

Part 2 aims to provide an understanding of the literature concerned with the secondary effects and impact of indirect trauma on others. This is important, in view of the research question: *How to support the educators to support children who have experienced trauma, so that they can then create a safe space so that the non-creative internal space of the child can be brought back to life and awakened using art therapy groups in preschools.* We begin with an outline of the parameters of this literature review, and then move on to defining relevant terminology, including vicarious traumatisation, secondary traumatisation, secondary traumatic stress, or compassion fatigue and burnout, all of which terms are linked with a growing body of empirical research that shows that professionals working with those who survive trauma are at risk themselves of being impacted in identifiable ways. Following from these definitions and preliminary understandings, we move to a discussion of risk factors including working environment, personal trauma and the wider overall and political context.

From here the chapter focuses on vicarious traumatisation experienced by preschool educators in the preschool. We conclude with a discussion of the newer term, vicarious resilience, and of interventions for ameliorating the effects of vicarious traumatisation: Self-assessment, together with self-care, is thought to be a tool for developing vicarious resilience.

Parameters of the literature review

Part 1 of this literature review warned that professionals involved in the caring of traumatised children and their families may experience an emotional toll that has the potential to compromise both their professional functioning and their impact on the quality of their life. This prompted further reading and investigation, in order to understand this phenomenon called vicarious traumatisation (McCann & Pearlman, 1990), which directly relates to the educator's role as educators spend many hours with the children and make an effort to get to know them and their families intimately. If the children have experienced trauma it follows that the educators trying to engage with them will be at risk of suffering from vicarious traumatisation, as they would be familiar with and touched by the children's stories.

If the symptoms of vicarious traumatisation are similar to those of trauma, it follows that educators will likely be disempowered and disconnected from the children in their care. This would directly impact their connection with the children, who themselves need a restorative relationship and experience in order to heal from their trauma. The search for relevant literature to help us understand this complicated paradox began with the now classic work of McCann & Pearlman (1990, 1992), Pearlman and Saakvitne (1995), and the research of the Traumatic Stress Institute (TSI) in the United States of America.

There is a growing literature on vicarious traumatisation of the preschool educator. I used the following search engines and databases to find pertinent literature: EBSCO databases: Academic Search Complete, MEDLINE with Full Text, ProQuest Central, PsycARTICLES, PsycInfo, SAGE Premier, SocINDEX with Full Text, Social Sciences Citation Index database and Taylor and Francis Online. The following

search terms and combinations of terms were used to locate specific resources for the literature review: vicarious traumatisation, secondary trauma, educators/teachers and vicarious trauma, trauma exposure in preschools, supervision and reflections in preschools, vicarious traumatisation in groups, vicarious traumatisation and art therapy, vicarious healing and Aboriginal resilience, vicarious resilience, educator's resilience. Additional literature was sourced from references cited in relevant articles, as well as from suggestions from my supervisors, colleagues and library staff.

Setting the context

The vicarious traumatisation literature provides a framework for understanding professionals' engagement with trauma and traumatic disclosures, or lack of it.

Children who have experienced trauma need an emotionally available empathetic adult to engage with and see them, in order to have a better chance to heal.

Educators, if vicariously traumatised in the ways suggested by Pearlman and Saakvitne (1996), may miss or avoid the pain expressed by children in their care, and without this attuned relationship with an emotionally available adult, the children's dissociation or traumatisation goes unnoticed and unmet. Consequently the 'big behaviours' the children display in the classroom continue, and relationships between the educators and the children are impacted negatively, which in turn impacts children's learning and development.

Terminology

Vicarious traumatisation is used in the same realm as secondary or indirect traumatisation, compassion fatigue, and burnout. A review of contemporary literature indicates the interchangeability of these terms, with no definitive studies delineating

vicarious traumatisation, secondary traumatisation, and compassion fatigue as mutually exclusive constructs (Rodgers, 2018). However, there are important distinctions between the terms, which this chapter will make clear after first defining the terms as used in classic and current literature.

Vicarious traumatisation and constructivist self-development theory

Vicarious traumatisation is predicated upon constructivist self-development theory (CSDT) theory, a framework created by Traumatic Stress Institute staff in the USA in the early 1990s (McCann & Pearlman, 1992; Pearlman & Saakvitne, 1995). Educators can be greatly assisted by an understanding of CSDT in being able to identify signs of vicarious traumatisation. This framework blends object relations, self-psychology and social cognition theories, and is based upon a 'constructivist's view of trauma in which the individual's unique history shapes his or her experiences of traumatic events and defines the adaptation to trauma' (McCann & Pearlman, 1992, p. 189). In other words, in order to understand a person's response to trauma, one must understand that person's unique personal biography, meaning system and context. This means that it not the facts of the event, but rather the individual that defines the trauma, because it is an individual's internal schemas and perceptions that create their realities (Trippany, White Kress, and Wilcoxon, 2011). In the case of preschool work, educators' response to and handling of trauma depends not only on their current context, but also on their early experiences (Saakvitne & Pearlman, 1996). CSDT therefore regards symptoms following from traumatic experiences as adaptations to that event.

CSDT goes on to state that changes to cognitive schemas and belief systems, though essentially protective in nature, are also cumulative and pervasive (Trippany et

al., 2003). Cumulative in that each subsequent encounter with the source of trauma reinforces adapted schemas and beliefs, pervasive in that they affect almost every aspect of the sufferer's (in our case—educators') life. According to CSDT, there are six aspects of self, all of which can be affected vicariously by others' traumatic experiences. The six components are: 'Frame of reference; independence; trust; intimacy; safety; and power (Saakvitne & Pearlman, 1996). Frames of reference include a sense of identity, views of self, views of the world and also relationships, and cross all other aspects of self.

Independence refers to the need to control or direct others, while trust refers to dependence on another to fulfil one's needs and have them met. Intimacy is the need for connection and connectedness through relationships and belonging to a community. Safety is the need to feel safe and invulnerable to harm, while power is the need to direct or control others. Vicarious reactions to the trauma of others occur within these six components of CDST. The collective effects of this is disorientation of the self (Saakvitne & Pearlman, 1996).

The original framework

Vicarious traumatisation is a framework developed by McCann and Pearlman (1990). The term describes the 'cumulative transformative effect of working with survivors of traumatic life events, both positive and negative' (p. 61), or the 'transformation that occurs in the inner experience of the therapist that comes about as a result of empathic engagement with clients' traumatic material' (p. 31). Vicarious traumatisation impacts the workers' feelings, behaviours, sense of self and thoughts in a similar way to those with whom they are working. Children often subject educators to waves of the very experiences that have traumatised the children themselves, as

they try to share and make sense of their experiences. The impact of vicarious traumatisation is considered by Pearlman and Saakvitne (1995) to be permanently and irreversibly transforming of the individuals' worldview and belief system, if unattended.

Signs of vicarious traumatisation. Individual's experiences and responses to vicarious traumatisation can vary. The symptoms are wide-ranging and may impact the worker on a physiological, psychological, cognitive and behavioural level. Symptoms may include prolonged mood swings, anxiety or sadness, feelings of grief, cynicism, irritability, isolation, paranoia or mistrust of others; also headaches, rashes, and heartburn, which may become more extreme if ignored; lowered feeling of agency, lack of purpose, and changed relationships amongst other things (Catanese, 2010). 'Persons who work with victims may experience profound psychological effects, effects that can be disruptive and painful for the helper and can persist for months or years after work with traumatized persons. We term this process 'vicarious traumatisation' (McCann & Pearlman, 1990, p. 133).

Rzeszutek, Partyka, and Golab (2015) have since defined vicarious traumatisation as 'personal transformations experienced by trauma workers that stem from a cumulative empathic engagement with another's traumatic experiences' (p. 213). Hence, these experiences lead to alterations in the way the individuals view themselves, others, and the world.

Empathy may be viewed as the ability to understand the child's experience, which may include the experience of being traumatised. For children to heal from trauma, having an empathetic adult is essential, but when educators engage empathetically with a child who has experienced trauma, they themselves become at

risk of suffering from vicarious traumatisation. Being vicariously traumatised may cause symptoms in the educator such as detachment from or avoidance of the child, and hence jeopardize the relationship. The deep empathic engagement required for any therapeutic relationship to be beneficial, is the very thing that opens the door onto the potential effects of vicarious traumatisation. Therefore, all mental health workers and educators working with children who have experienced trauma are at risk (Helm, 2014). Because mental wellbeing is necessary to their craft, the pervasive effects of vicarious traumatisation can strongly impact their work with children, and particularly their capacity for empathy (Skovholt, 2005). Skovholt (2001) writes of the caring cycle:

This is the cycle in which practitioners engage with their clients to facilitate healing. The caring cycle is used by the educator to engage with the children in their care. This cycle is composed of three elements: empathetic attachment, active involvement and felt separation.

In many ways in counselling, therapy, teaching and healing, we constantly must first feel for the other, be involved, then separate—being able to feel for, be involved with, and then separate from person after person is a highly effective, competent, useful way. (Skovholt, 2001, p. 13)

‘Cost of caring’

The first necessary process of the caring cycle is empathic attachment (Figley, 1982). It is the connection between the educator and the children in their care, and this really takes something, since often it occurs at the most delicate time and is almost always the sole responsibility of the educator, since the child, due to their

experiences does not have the capacity. Even more than this, in order to make the connection, the educator must also find a way through the various protective mechanisms the child has developed. Skovholdt (2001) writes that 'Practitioners spend hours trying to learn the attachment skills of attending, intense listening, emotional sensitivity, and non-verbal understanding' (p. 16). This is true for educators in preschools. To form empathic attachments, it is necessary for the caring professional to feel the feelings of those in their care. This attunement is not usually part of training to be an educator, so this is left to the individual to intuit, on the basis of their own experiences of parenting and their personal biography.

Active involvement is the second phase of the caring cycle and is similar to the initial bonding process of a parent and newborn (Skovholdt, 2001). This is usually the longest phase and requires the skill of the care professional to guide the child to heal. This phase is absolutely dependent on the initial empathic attachment phase and requires the ability to exist in a space of openness, and acceptance of complexity, ambiguity and at times, feeling lost. This is also known as the liminal space, a concept that will be expanded upon in greater detail Chapter 3.

In order to navigate the second phase effectively, knowledge and understanding are crucial. Theory and training help the caring professional to give the therapeutic relationship context, and a benchmark for all involved, in terms of being aware of negative impacts on body, mind and spirit during times of intense involvement with others (Skovholt, 2005). Since the potential for vicarious traumatisation is cumulative over time, education and awareness are essential for the health and capacity of the care professional (Pearlman & Saakvitne, 1995; Helm, 2014; Skovholt, 2005).

The caring cycle is completed by the final phase, of felt separation, of which, according to Skovholt (2001), almost nothing is known in terms of professional separations. What is known is how the therapist feels when a client termination occurs—due to ending by client, natural conclusion of treatment, or following a change in the therapist's life. It is a similar case for educators: however, they are not always aware of the emotional impact of such endings. Although the ability to separate is quite possibly essential to professional vitality, it is often not handled smoothly and can therefore be traumatic instead of protective (Skovholt, 2001). It is therefore important that educators have training in and awareness of endings and completion, in order to effectively manage separation. As one teacher said, 'with every hello there is a goodbye' (Skovholt, 2005). Avoiding feelings of depletion is challenging yet essential. The measure of success must be knowledge and engagement, rather than supervisor reaction or success of the client. Felt separation helps to protect against vicarious traumatization: otherwise, it becomes increasingly difficult for the care professional to continue the cycle. Professional loss appears to be the necessary paradox for relationship building, capacity for empathy and long-term professional health and vitality (Skovholt, 2005).

The caring cycle does not suggest that vicarious traumatising is inevitable. However, it does suggest that the caring for and exposure to stories of trauma is highly likely to directly impact the educator's experience of caring. It also gives a framework of assessment for those suffering vicarious traumatization, and points to areas in which additional support and training can be provided. This cycle is particularly relevant to preschool educators who are exposed to the traumatising of the children in their care. The terms vicarious traumatising and secondary traumatic stress (STS)

are often used interchangeably to refer to the indirect trauma that can occur when a supporter engages with a survivor of trauma whose behaviours are constructed life threatening, be it through images, stories, or behaviours.

The following section aims to define and explain secondary traumatic stress, a concept that was developed by trauma specialists such as Stamm, and Figley in the 1990s in order to understand why those who worked with survivors of trauma were experiencing similar symptoms to those displayed in Post-Traumatic Stress Disorder (PTSD). Vicarious traumatisation, secondary traumatic stress and compassion fatigue, all describe the impacts of working with trauma survivors on helping professionals. The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.) DSM–5; American Psychiatric Association, 2013) expands the definition of trauma to include vicarious exposure:

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: directly experiencing the traumatic event(s); witnessing, in person, the traumatic event(s) as it occurred to others; learning that the traumatic event(s) occurred to a close family member or close friend (in case of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental); or experiencing repeated or extreme exposure to aversive details of the traumatic event(s). (p. 271)

Despite their similar definitions, they each have different emphases: vicarious traumatisation impacts worldviews and cognitive schemas, whilst secondary traumatic stress impacts post-traumatic symptoms and burnout.

Secondary traumatisation/compassion stress

Secondary traumatic stress (STS). Figley (1993) defined STS as ‘the natural consequent behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person’ (cited in Figley, 1995a, p. 7). Figley explains the process of STS as ‘a traumatic event (that) forces a person close to a victim to identify and to empathise’ (Figley & Kleber, 1995, p. 95). Over time this compassion ‘becomes a burden’ (p. 95) and leads to exhaustion.

This energy depletion characteristic of secondary traumatic stress is, in part, due to one's loss of empathetic ability, as well as the growing inability to find relief from one's reactions through a sense of satisfaction in helping to relieve suffering. (p. 95)

Figley (1995a) asserts that ‘there is a fundamental difference between the pattern of response during and following a traumatic event, for people exposed to primary stressors and for those exposed to secondary stressors’ (p. 8) and goes on to argue that STSD results from ‘exposure to knowledge about a traumatizing event experienced by a significant other’ (p. 8): stipulating, however, that ‘STS is a normal and natural by-product of working with traumatized people. Left unattended, however, STS can lead to STSD’ (Figley, 1995b, p. 573).

Figley (1993) developed the Compassion Fatigue Self-test for Psychotherapists (CFST) tool to measure secondary traumatic stress/compassion fatigue (1993). CFST has two sub-scales, which measure the degree and dimensions of burnout and compassion fatigue. It is self-interpreted and self-administered (Figley, 1995a).

Professional literature indicates that secondary traumatisation or STSD is synonymous with compassion fatigue (Figley, 1995; McCann & Saakvitne, 1995). Researchers may prefer different terms, according to their focus, but one central theme is clear: absorption of traumatic information is typical in work that involves the relief of emotional suffering (Figley, 1995). Hence, secondary traumatic stress is the cost of engaging with others sufficiently to understand their pain and their experiences, and the emotional toll this takes. Figley (1995, p. 9) calls this the 'cost of caring' for others in emotional pain.

Signs of secondary traumatisation. The symptoms of STSD are almost identical to those of PTSD. The main distinguishing point is that PTSD is developed as a direct result of primary trauma, whereas STSD may be developed through hearing about the story of trauma, and therefore is secondary. Figley (1995a) suggests that PTSD would be more accurately described as Primary Traumatic Stress Disorder (p. 9). 'The difference between PTSD and STSD is that the latter can be more directly tied to the adjustment and recovery of the traumatized person: as the sufferer improves, the supporter experiencing STSD improves' (Figley, 1995b, p. 571).

Figley (1995a) also distinguishes three main STSD symptoms that can manifest in those who assist trauma sufferers: (1) re-living the survivor's story of trauma; (2) numbing to, or avoidance of reminders; (3) continual arousal. Additional symptoms include headaches, sleep problems, addictive and compulsive tendencies, and reduced ability to carry out normal day-to-day tasks and responsibilities. STSD also affects personal relationships due to stress, difficulties with trust, and capacity for intimacy. Other symptoms include general sadness and depression (Dutton and Rubinstein 1995).

Re-experiencing the source of PTSD can occur in many ways. These include recollections of the traumatic event or sufferer, sudden re-experience of event/person, upsetting reminders, dreams of the traumatic event or person (Figley, 1995a, p. 8). Avoiding reminders or numbing as a response to reminders can occur as avoidance of situations, activities, feelings and thought; psychogenic amnesia; detachment from others; lack of interest in activities; lowered affect; and loss of hope for the future (Figley, 1995a, p. 8). The third main PTSD symptom category—*persistent arousal*—includes: sleep disturbances, concentration difficulties, anger and irritability, heightened startle response, hyper vigilance for the trauma victim, and physiological reactivity to triggers (Figley, 1995a, p. 8).

Therapist-specific secondary traumatic stress (STS) responses

In professional treatment settings, the therapist may react to a patient's traumatic story in two opposing ways either with detachment or with over-identification. Over-identification can impair their ability to offer the client objective containment for their trauma or can lead to taking 'excessive responsibility for the client's life, perhaps in an attempt to gain control over an overwhelming situation' (Dutton & Rubinstein, 1995, p. 88). An over-identified therapist does not give the survivor safety or space to experience the full impact of their trauma, because it becomes too overwhelming for the therapist to experience and may lead to derailment of the therapeutic process (Dutton & Rubinstein, 1995).

At the other extreme, as Dutton and Rubinstein (1995) explain, distancing/detachment allows the therapist greater control over their emotional responses. However, 'it leaves the client survivor emotionally isolated and alone, detached even from those who are intent on helping' (p. 88). Detachment/distancing

makes it, 'easier to exercise authoritarian controlling behaviour' (p. 87). Consequently, boundary violations and sexual misconduct can ensue. 'Distancing may also take the form of withdrawal from family, friends, or colleagues, perhaps out of the belief that no one could understand their distressed response to their work' (p. 88). And another paradoxical risk factor involves cognitive distortion, which leads therapists to believe that the development of STSD means they are not suited to their work (Figley, 1995b).

Figley (1995) however feels that in actual fact the therapists that are most susceptible to STSD are those who are most effective at their job. This is due to the fact that empathy, sensitivity, caring and compassion are essential in establishing a therapeutic relationship between client and therapist.

Characteristics of secondary traumatic stress/risk factors

Research into secondary stress, has mostly been carried out with psychotherapists but it is also relevant to educators. The research suggests that some attributes and experiences are conducive for developing symptoms of secondary traumatic stress. The variables identified in this research, summarized below, include the personal biography of the worker, their age, gender and level of engagement with the trauma survivor, the composition of their care load, and social isolation.

- One of the characteristics is a therapist's prior history of trauma (Salston & Figley, 2003). Follette et al. (1994) assessed past trauma experienced in several hundred mental health professionals who worked with child sexual abuse survivors and found that 29.8% of the therapists reported experiencing some form of childhood trauma. Professionals with a history of child abuse exhibited

significantly higher level of PTSD-like symptoms (Follette, 1994; Salston & Figley, 2003).

- Many authors are convinced that if a therapist has an increased capacity for empathy, it may contribute to an intense empathic engagement with the client's traumatic issue (Baird, 1999; Figley 1995).
- Higher rates of secondary traumatic stress are noted among those mental health specialists who have a high number of traumatized patients in their caseload, independently of their own history of victimization (Schauben & Frazier, 1995).
- Development of secondary stress symptoms is believed to be associated with deterioration of social support (Emery, Tracey and McLean, 2009). The age, gender, and education level of the therapist have not shown clear relations with susceptibility to STS. Relative youth of the therapist was associated with greater levels of STS in one study (Ghahramanlou & Brodbeck, 2000), but not in two others (Kassam-Adams, 1999; Meldrum et al., 2002). A lower level of therapist education was linked to higher STS in one study (Baird and Jenkins, 2003), but was not related in another (Ghahramanlou & Brodbeck, 2000).

Consequences of secondary trauma

There are several long-term effects of secondary traumatic stress. These include a constant feeling of being overwhelmed, drained, and exhausted in working with clients (Catherall, 1995; Figley, 2002). STS symptoms can also lead to workers' preoccupation with thoughts of their clients outside of work, and over-identification with the clients' material (Beaton and Murphy, 1995; Miller, 1998). In addition, STS symptoms may be visible in the educator's behaviours, of which the most frequent are

distancing, numbing, detachment and cutting children off (Figley, 1995a; 2002; Pearlman and Mac Ian, 1995). Secondary trauma can also impact the educators on a personal level. More specifically, the educator might encounter relational problems (with spouse/partner, family, and friends).

The contrast between STS and VT

The secondary traumatic stress (STS) or compassion fatigue refers to the physical and emotional erosion that occurs when carers are not able to regenerate and replenish themselves. Vicarious traumatisation (VT), by contrast, is a term used to describe a dramatic shift in a carer's fundamental world beliefs, in response to long-term work with victims of trauma, and repeated exposure to traumatic material. Both VT and STS are similar terms – they both refer to exposure to emotionally challenging situations and clients in demanding jobs and can represent the risk of challenging continued engagement and obstructing provider's services. Both VT and STS posit interpersonal demands as a stressor, and facility for empathy as a predisposing vulnerability factor, and each factor or combined factors may tend to result in psychological distress. Whilst there appears to be a high correlation between both terms, particularly due to their referencing of residual PTSD like symptoms, they have four key differences (Jenkins & Baird, 2002):

1. Concerned with symptomatology rather than theory
2. Symptom nature
3. Relevant demographic groups, and
4. Amount of critical exposure to survivors of trauma.

McCann and Pearlman (1990) and Pearlman and Saakvitne (1995), reference constructivist self-development theory to posit VT as a process of self-perceived

change. Figley (1995a) focuses on PTSD symptomatology. McCann and Pearlman (1990) also consider PTSD symptomology but focus on the context of profound changes to belief systems. Secondary trauma theory does not give as much attention to etiology and context (Pearlman & Saakvitne, 1995).

Burnout associated with STS and VT

The phenomenon of 'burnout' is often discussed in occupational stress literature, as a way to describe the emotional effects of working intensely with other people's problems – within 'people work' professions such as mental health and human services (reviewed in Maslach, 1976, 1982, 1987; Jenkins and Baird, 2002). The phenomena of burnout is taken to mean a defence response to ongoing workplace exposure to challenging interactions which result in psychological stress and inadequate support.

Maslach (1982) defined burnout as a term containing three main aspects:

A syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people-work of some kind...response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems...a pattern of emotional overload and subsequent emotional exhaustion is at the heart of the burnout syndrome. A person gets overly involved emotionally, overextends himself or herself, and feels overwhelmed by the emotional demands imposed by other people (p. 3).

Over involvement and emotional exhaustion is considered to involve such coping strategies as withdrawal into depersonalization, avoidance of clients, and

inadequate provision of support, along with work overload. When social support is lacking, in tandem with these failures, feelings of inadequacy may result, due to reduced job satisfaction from personal accomplishment (Jenkins & Baird, 2002; Maslach, 1982). Signs of burnout can include: boredom, depression, lack of compassion, discouragement and cynicism. Burnout has also been connected to absenteeism and labour turnover (Jenkins & Baird, 2002).

Summary of the relationship between STS, VT and burnout

To sum up, burnout is more of a professional phenomenon and a general term that is not specific to engagement with trauma. Burnout arises intermittently and can occur within vicarious traumatisation, which is considered permanent and cumulative, transformative of one's beliefs and worldview over time (McCann and Perlman 1990). Vicarious traumatisation, secondary traumatic stress and burnout are similar in their involvement with exposure to emotionally challenging clients via empathetic engagement in an interpersonally challenging job. All three phenomena rely on empathic ability, which can become a vulnerability factor. Vicarious traumatisation, secondary traumatic stress and burnout claim interpersonal on-the-job demand as a source of stress, and all three can result in psychological distress. There is moderate overlap with burnout, which supports the construct validity of both secondary trauma and vicarious traumatisation (Jenkins & Baird, 2002). However, they are considered moderately related because of the theoretical difference in their impact in terms of trauma exposure, compared to workplace structural strains. Burnout can be related to chronic tedium in the workplace rather than exposure to specific kinds of clients' problems such as trauma (Jenkins & Baird, 2002; Schauben & Frazier, 1995), and

secondary traumatisation and vicarious traumatisation have not been linked to workplace conditions.

Risk factors for developing vicarious traumatisation (VT)

There are particular vulnerability factors that increase the likelihood of being negatively impacted by the work and being prone to vicarious traumatisation. Key areas of risk include the working environment, the existence of personal trauma and also political risks—including the effects of colonisation.

Working environment. There are certain risk factors that make some care professionals more vulnerable than others to developing vicarious traumatisation. One important risk factor is overwork and long hours. Many of the educators get up early and work long shifts, in a stressful environment. One study shows that work-related stressors, such as long work hours and organizational pressures, or being new to the profession, could be contributing more than their own personal trauma history to the professional becoming vulnerable (Deville, et al., 2009).

Many studies have found that caregivers or care professionals who mainly work with severe trauma, torture, sexual abuse, sexual violence and child abuse, seem to be more vulnerable to vicarious trauma and burnout, compared to other caregivers (Anderson, 2000; Chouliara, Hutchison & Laratzia, 2009). Educators working with children who have experienced trauma, fit into this category, as they work with vulnerable children, and often families, that have high levels of personal and intergenerational abuse and trauma. Other risk factors suggested by the research are being female and being younger. Hence, educators working in preschools that cater for children who have experienced trauma, are often at a direct risk of suffering from vicarious traumatisation.

Personal trauma. Many studies show that professionals who have experienced their own personal trauma are more vulnerable to vicarious traumatisation (Adams & Riggs, 2008; Baird & Jenkins, 2003). The relationship between personal experiences of trauma and vicarious traumatisation—in studies of therapists, counsellors, and social workers who had experienced vicarious traumatisation—is that more than half of the participant samples for each study identified as having a personal trauma history (Baird & Jenkins, 2003; Slattery & Goodman, 2009). In a survey of service providers (Choi, 2011), more than 80% of the workers identified as having experiences of one or more personal traumatic events, and more than 70% of workers identified as having experienced traumatic events related to family violence or sexual assault (Ben Porat & Itzhaky, 2011).

This does not mean that if one has experienced personal trauma, then vicarious traumatisation is inevitable; nor does it mean that those who do not have a personal trauma history escape the experience of vicarious traumatisation. It does however suggest that those who may be vulnerable to vicarious traumatisation deserve to take their own personal traumas seriously enough to work on becoming resilient. Working in over 47 country preschools across NSW, I have encountered many educators who have shared their own personal trauma, often trauma that had never been shared or acknowledged before (Tracey & Hergass, 2014). However, there was not at the time, any option for supporting educators thus affected. Instead, whilst maintaining boundaries appropriate to my role, I would only be able to suggest options for follow up with other therapists and counsellors.

Systemic colonising risk factors. Another aspect of vicarious traumatisation that is rarely mentioned in the literature is the political aspect of vicarious trauma

(Lambrecht, 2015). In my work experience in regional Australia, many of the children in preschools are Aboriginal Australians, as are, in many cases, at least a third of the educators. Many educators feel traumatised by children's expression of their own trauma, and so, trauma is transmitted from person to person, from generation to generation. Children's trauma is often, very likely the result of complex trauma from past generations, of generations being traumatised by the effects of colonization through oppressive government policies that have affected their access to the necessities of life in Australia. Personal trauma is political trauma when the intergenerational aspect of trauma is acknowledged (Lambrecht, 2015).

This is especially true with indigenous people, when family trauma is often caused by the political processes of colonisation in the past (O'Loughlin, 2013), be it among Native Americans in the United States, the Aboriginal people of Australia, the many indigenous people of South Africa, or the Maori in New Zealand (Lambrecht & Patterson, 2015). In working with indigenous people, as with any other people, intergenerational trauma reveals the political aspects of personal trauma. Unravelling the political aspects of trauma is helpful in strengthening the healing process (Lambrecht & Taitimu, 2012).

The causes of vicarious traumatising are as complex as are the causes of trauma and PTSD in general. The educator experiencing vicarious traumatising with children who have experienced trauma in the preschool, has the same experience as anyone else experiencing trauma. The aftermath of traumatic experiences affects the body, the mind, and relationships. Listening with empathy to stories of violence and abuse can shatter positive illusions about people and the world, creating a deep questioning, as trust in people is lost. Feelings of powerlessness can come up, and

sometimes that creates a need to avoid engagement, which in turn may lead to a distancing from the children or from those who suffer (Pearlman and Saakvitne, 1995). This can create a sense of being unproductive, something preschools educators often complain about, in my experience. If there is no supervision or support from others, then this pattern becomes ingrained and habitual, and in turn, often translates into a feeling of failure and shame about one's role. Such feelings are often pushed underground (Sabin-Farrell and Turpin, 2003).

Assessing and transforming vicarious traumatising

Educators, similarly to therapists who are working with children who have experienced trauma, need to consider the risks associated with their work, since they are exposed to trauma and are working under stressful conditions: both of these conditions can have a direct impact on their own wellbeing and health (Figley, 1983; McCann & Pearlman, 1990; Maslach, 1982). Individual and professional organizational protective measures may support the educator's vital role in the children's life (Keller, 2011).

The CSDT, outlined at the beginning of Part 2 of this chapter, provides a model framework for educators who work with children suffering trauma (McCann and Pearlman 1992). CSDT indicates that perceived realities of educators also change, as an effect of working with the traumatised children in their care (Saakvitne et al., 2000). Strategies for managing VT (Saakvitne et al., 2000) include:

1. Anticipation of VT and protection of oneself:

For work that is known to be stressful, expectation and understanding ahead of time is vital. Protective strategies include: connection, awareness and balance.

Maintaining balance between work, rest and play, including time with family

and friends, is integral to minimizing the effects of VT, and preserving a feeling of self-esteem and wellbeing. Other activities such as art making, journaling, counselling and support from partners – can also assist in tolerance to trauma and reconnection with an individual's emotion (Trippany et al., 2003).

2. Transforming pain caused by VT

Transforming the pain caused by VT is achieved by transforming the negative aspects of the work into positive aspects of community and meaning.

Strategies include: challenging negative beliefs, creating meaning, participation in community building and infusing current activities with meaning.

3. Addressing signs of VT

Addressing VT includes self-care. Strategies include: self-nurturing, self-care and escape (for more information and tools to build a comprehensive care plan refer to Pack, 2017).

Recent developments in building helpers' resilience

Recently, research literature has developed Pearlman and Saakvitne's (1995) original framework to suggest ways of promoting professional self-care comprehensively (Pack, 2017). The more negative impacts are now being considered as being more often transitory and fleeting, if addressed appropriately. New terminology and frameworks have developed, including the concepts of vicarious resilience (Hernandez-Wolfe et al., 2007) and posttraumatic growth (Carver, 2011; Tedeschi & Calhoun, 2004).

Although there are many challenges in working with those who have experienced trauma, a range of positive and negative emotions seems to occur simultaneously for those working with traumatised populations (Cohen & Collens,

2012; Guhan & Liebling-Kalifani, 2011). These emotions can include frustration, demoralization, anger, frustration; and also, compassion, gratitude and satisfaction (Guhan & Liebling-Kalifani, 2011). Guhan and Liebling-Kalifani (2011) found that the feedback they received from most study participants was that their work aligned with their personal morals, resulting in professional and personal development, and associated feelings of job satisfaction (Guhan & Liebling-Kalifani, 2011).

Vicarious resilience

Hernandez, Gangsei, & Engstrom, 2007, p. 237) define vicarious resilience (VR) as “The potentially positive effects of engaging with a client’s traumatic experience in a therapeutic setting, on clinicians working with trauma survivors.” By learning to cope with adversity, it is therefore possible for those in care professions to strengthen their effectiveness and motivation for working with survivors of trauma and therefore also their job satisfaction and sense of self-worth. Simultaneously this is reflected back to those in their care, improving their ability to make meaning of traumatic experiences and to heal (Hernandez, Gangsei, & Engstrom, 2007).

Power of resiliency

The term ‘vicarious resilience’ was first created by Hernandez, Gangsei, and Engstrom (2007), during a qualitative study with trauma workers. Several of the psychotherapists who took part, mentioned the strength and inspiration they developed as a result of their work with trauma survivors. This led the researchers to study the capacity of trauma workers to learn to develop resilience to the adversity of their work (Hernandez, Gangsei, & Engstrom, 2007). The research indicated that the work with survivors of trauma often had a positive effect on the clinicians, in the

context of resiliency (Hernandez, Gangsei, & Engstrom, 2007). The factors underpinning the development of VR include: reassessing personal challenges; developing personal and professional political beliefs, hopes and goals; witnessing and processing clients' healing capacities; coping with frustrations and challenges; developing professional boundaries; reassessing personal challenges; developing a use of self in therapy; and incorporating spirituality or religion into personal life (Hernandez, Gangsei, & Engstrom, 2007).

Resilience is the process of adapting to tragedy, trauma, adversity, and other types of stress (Yehuda, Flory, Southwick, & Charney, 2006). Further, resilience refers to the ability to react to traumatic experiences with flexible adaption (Yehuda, Flory, Southwick, & Charney, 2006). Yehuda et. al., (2006) also state that resiliency can be separated into resistance and recovery, where the former refers to an absence of trauma symptoms, and the latter to a capacity for coping with psychological trauma. The indicators of recovery resiliency include – positive outlook, ability to transform negative emotions, and the belief that stress is manageable (Yehuda, Flory, Southwick, & Charney, 2006). The concluding discovery that the capacity for resilience can be learned, indicates that the clinicians and clients could learn together. The client in response to trauma develops resilience, and simultaneously, the clinician may learn resilience vicariously in a parallel way.

An essential part of healing from vicarious traumatising is to normalise the experiences and the processes of vicarious traumatising (Brady, Guy, Peolstra and Brokaw, 1999; Bride, 2007). One way of normalising the experience and processing it, is through supervisions, and what preschools often call reflections. Supervisions provide a safe space to talk and share feelings and experiences, and to allow an

opportunity to discuss stigmas and judgements around being a caregiver, the meaning and implications of vulnerability and the difficulties one may encounter when working with clients, so that the symptoms of vicarious traumatising can be normalised.

To be efficient it is best that supervision is regular, ongoing and face-to-face meetings (Berger & Gelkopf, 2011). In these supervision meetings, workers are often aware of how meaningful they themselves are to the children, and how important their role is, and this gives them rigour, purpose and newfound inspiration and strength: both to deal with behaviours, often by understanding them, and to bring new creative spirit. It is, in and of itself a therapeutic intervention when staff in an organization feel understood and heard, as they experience almost immediate relief (Maltzman, 2011). Supervision has been shown to lessen the incidence of vicarious trauma and is essential to alleviate the painful effects of trauma work (Slattery and Goodman, 2009). When working in supervisions it is important not only to normalise vicarious trauma, but to celebrate achievement (Baird & Jenkins, 2003). Once the caring professional better understands what she has gone through, how well she has managed, how common this experience is, and what amazing work they have done, that then the impact of vicarious traumatising decreases (Ben-Porat & Itzhaky, 2011).

It is also important to mention the self-care of a care professional: this includes their diet, sleep, the support of family and friends, the ways they de-stress, and so on. Care workers may not be useful to the clients they work with, if they are burnt out, so knowing their limits, their levels of tolerance and self-care matters (Bloom 2003).

There is a spiritual component to vicarious traumatising. Discovering meaning in such pain is the central on the path to recovery and rebalance. There is

some suggestion that trauma work can lead to and increase spirituality and meaning in the care professional (Baker, 2012) Spirituality, mindful self-awareness, meditation have been shown to be helpful for vicarious traumatisation (Berceli & Napoli, 2006). Also, trauma specific education can diminish the potential for vicarious traumatisation (Bell et al 2003). It is important that formal trauma training is not just a one-time happening; rather the training needs to be ongoing (Lambrecht, 2015). Holistic approaches to healing trauma, and therefore the vicarious traumatisation of the educator, include addressing meaning and spirituality. This is in fact part of the traditional healing practices of indigenous people (Lambrecht, 2015) and so relevant to working with Aboriginal children and educators, but in Australia generally

Conclusion

This chapter showed that at the beginning of this research, the aim was focused on addressing trauma in preschool children. However, it increasingly became evident that addressing the vicarious traumatisation of educators was just as important, and in fact a necessary precursor to any benefit that the art therapy groups could hope to achieve. Vicarious traumatisation is a term that overlaps with a number of other, related yet slightly distinct terms—including secondary trauma, compassion fatigue and burnout. While educators may exhibit the effects of secondary trauma, the pervasiveness of what they experience and the cognitive influence it has on their core belief systems, self-esteem and general happiness, is more accurately labelled as vicarious traumatisation.

The chapter went on to explain that vicarious traumatisation is something that if not addressed, often leads to compassion fatigue and burnout—as evidenced by

high staff attrition rates. Risk factors that contribute to the chances of vicarious traumatisation include workplace environmental factors, such as working hours; higher degrees of trauma having been suffered by those in their care; gender (with females showing a statistically higher risk); personal trauma—i.e. primary trauma experienced by the educator; and political risk factors, such as the effects of colonisation. For the purposes of my study, the preschool and the educators had high exposure to all these risk factors, and therefore a high risk of suffering from vicarious traumatisation.

The literature examined, indicates that working through vicarious traumatisation can lead to vicarious resilience, and that a number of interventions can help to ameliorate the effects of vicarious traumatisation. These include normalising the experience; regular, supportive and empowering supervision; self-care; a spiritual component; and trauma-specific education. All of these aspects have been encompassed in the seasonal model: specifically, during the weekly reflections.

Moving on from this literature review of primary trauma and vicarious traumatisation, the following chapter identifies the theories that were central to the design and development of the Seasonal Model. These were: Winnicott's theory of the 'good enough' mother (1971), including his concept of mirroring; Bowlby's theory of attachment (1988); Bion's psychoanalytic theory (1967); Myerhoff's concept of liminal space (1982); the importance of the use of self (Baldwin, 1987; Bender & Messner, 2003), and a discussion of relevant group work theories (Sugarman, 2006).

CHAPTER 3

THEORETICAL APPROACHES CONTRIBUTING TO THE SEASONAL MODEL

Introduction

This chapter identifies the theories that are central to my research design and development of the Seasonal Model, which is described in full in Chapter 4. These are: Winnicott's theory of the 'good enough' mother (1971), including his concept of mirroring; Bowlby's theory of attachment (1988); Bion's psychoanalytical theory (1967); Myerhoff's concept of liminal space (Myerhoff (1982); the importance of the use of self, and a discussion of relevant group work theories, such as Sugarman (2006). All of these concepts and theories were interwoven into the Seasonal Model and form the foundation of *relationships*, which are at the core of the model. They form a web of thinking that supports work with a preschool's director, its educators and children. Over years of practice I have experienced and noticed various aspects described by these theories, while being engaged in relationships within the preschool centre.

By necessity, the theoretical basis of this work is broad and complex. This collection of theories is in no way exhaustive, and what I have found over the years of development of the model, that the theory evolves and deepens with

use. Also, it is a creative, non-linear process. I offer the following quote from my co-facilitator Andrea Bloom, as a caution to carry a theory with flexibility. She said:

I am left with big doubts about our language (psychoanalytic/therapeutic) it seems to fall short of taking us to the other side. Its concepts are like slippery stepping-stones in the river of life. They can help you perch above the waters and look down for a moment. If you think you've found dry land it is excruciatingly tricky to maintain the perch on ground too wet and too small to make home, and you'll find the shards of shells discarded begin to slice your soles. (Bloom, personal communication; August 2017)

Bearing this in mind, I will begin with what I presently think of as the heart of this work: Winnicott's (1971) theory of the 'good enough' mother.

The 'good enough' mother/relationship: educators as primary caregivers

Through my work as a social worker and art therapist with children I have concluded that it is imperative to consider how best to include the caregivers of the children in any intervention (Hergass, 2014): Otherwise, the work is isolated from the child's ongoing experiences and is less able to effect and sustain strong, positive change. To work with a child in isolation from the system that supports them may even be to set the child up for more acute experiences of that which had contributed to their predicament. Given that this study focuses on work with children in long day care in a preschool setting, it followed that including the educators was integral to the work.

It is a contemporary reality that children may spend significant parts of their early years, and a significant part of their days, in the care of daycare educators. Therefore, educators fulfil the role of surrogate parents, and the relationship between a child and an educator is as significant to a child's development as any other primary attachment in their young lives. This is the reason I have come to think about the 'good-enough relationship' as part of a collaboration towards early education centres becoming 'good-enough environments' that meet children's needs and support their healthy development.

Winnicott (1971), with his concept of the *good-enough* mother, maps a space where the significance of the caregiver can settle and play out, once a caregiver has embodied this way of being. The concept of the *good-enough* mother directly links with Bowlby's (1988) work on relational attachment. If we consider educators as primary attachments, then their contribution to a child's development is of utmost importance. They can potentially provide a central relationship to a child that helps develop emotional intelligence and a sense of security within the child. I have drawn on these and other psychodynamic theories to further an understanding of what is happening in a child's early life and how a preschool environment can be supported towards providing high quality care (Sims et. al., 2005); something that is not just safe and stimulating but emotionally sensitive and responsive too. The theory supports the work with preschool centres towards them becoming *good-enough* environments.

Winnicott's 'good-enough mother. Winnicott's (1971) theory of the 'good-enough' mother recognises the influential connection between primary caregivers and their children. Even Winnicott acknowledges the possibility that the primary caregiver could be someone other than the child's mother yet be no less important, as

it is the quality of the bond that sustains the child and their sense of being connected in the world.

The ‘good-enough’ mother (not necessarily the infant’s own mother) is one who makes active adaptation to the infant’s needs, an active adaptation that gradually lessens, according to the infant’s growing ability to account for failure of adaptation and to tolerate the results of frustration. (1971, p. 7)

Children who have *not* received *good-enough* mothering often fail to develop the capacity to tolerate frustration. In the centres where I work, many of which care for children with trauma backgrounds, this form of neglect (not receiving the ‘good-enough’ early care) shows in the children’s lack of emotional self-regulation. They have not learned the skills necessary to manage themselves when faced with frustration. This leads to displays of what the educators call ‘big behaviours’: children swearing, hitting, throwing furniture or being very disruptive.

The good-enough mother theory is relevant to preschool settings, in that educators spend enough time with the children to be considered surrogate caregivers and are well placed to provide *good-enough* relationships to make up for what the children have missed at home (Keller, 2011). The work of the present research has therefore been to bring attention to the significance of the educators’ role and to acknowledge the difficulty in providing *good-enough* relationships to traumatised children; including the risks of vicarious traumatisation. Even though it is difficult to have a *good-enough* relationship in response to violent and unpredictably behaving children, it may also be empowering to educators to be recognised as having the capacity to change the children’s lives if they do manage to adapt to the children’s

needs and to provide containment of their emotions; this will be explained further in terms of Bion's theory (1967).

Winnicott's theory of the 'good enough' (1971) can be thought of as continuum from intrusion/controlling and over-identification at one end, to withdrawal or consistent non-emotional availability at the other. Wilson and Lindy (1994) call these two poles of responses countertransference continuum Type I, which is avoidance, distancing and detachment, and Type II which is overidentification, over idealisation and enmeshment. *Good-enough* relationships are placed in the centre of that continuum. It is probably easier to imagine what a relationship that is, in comparison to what withdrawal or neglect looks like. In centres where educators work with children who have experienced trauma, 'withdrawal' is often a form of defence on the part of an educator for whom the feelings of the child are unbearable (Keller, 2011). This may include interaction between a caregiver and a child, but it is interaction bereft of emotional presence, where a child's emotions are not taken into account nor felt by the caregiver.

Intrusion may have a much more caring appearance outwardly, but it is the kind of interaction where a caregiver still may not see the child, but rather uses the child as a site on which to deposit their own thoughts, fantasies and emotions. For example, a child might bring something to show an educator. A relationship with an intrusive educator will show the educator speaking loudly with a mask of appreciation for what the child brings to show but filling up the exchange with their own thoughts about what is being shown. In the end the child remains unseen in the exchange.

Good-enough relationships are sometimes expressed at either end of the continuum. The meaning is implied in its name: It is not about being perfectly

attentive and responsive all the time, but it is about maintaining enough of a balanced, space giving, boundary-keeping, interested and available presence to offset the sometimes less than perfect interactions between a child and the caregiver. To have a *good-enough* relationship is to allow the child to develop independence and a place in the world, but within a safe container (Bion, 1970) to convey a relationship between a 'container' and that which was 'contained' within the container. The first expression of this relationship was in the mother/infant relationship (Bion, 1970; Britton, 1992). The theory of good-enough caregiving aims to understand how the adult's conscious and unconscious defences can impact upon building a positive relationship between the mother/caregiver and her child. A caregiver might lean towards being controlling or withdrawn to defend themselves from the strong emotions of the child; such emotions which might trigger the caregiver's own (unconscious) experiences of not having their needs met: of being intruded upon or ignored or being consistently misunderstood emotionally in their early childhood. This becomes their (unconscious) map of relationships.

It is vital that professionals understand how interaction perceived either as intrusive or as significantly reserved can impact upon children's behaviour and interaction with others (Golbasi & Onder, 2017) but the process of coming to understand requires slow, steady, and gentle work that simultaneously offers repair as it brings awareness. The Seasonal Model aims to walk with educators through their process of developing and embodying more of the *good-enough* relationship capacity within themselves. The model upholds the value of being non-judgemental and, rather than criticising or shaming educators for not knowing how to support the child, approaches the work in partnership with the educators. The aim is to draw on

strengths and identify positive changes as opportunities for professional development and growth.

In my twenty years of practice working with groups of traumatised preschool children, I have increasingly realised the vital role of the educators, and the delicate line one walks in facilitating and guiding but never directing or prescribing. Trauma engenders feelings of helplessness and overwhelm. Such feelings can also touch the educators: both as vicarious traumatisation, but also by the very nature of their role as primary carers, as they tap into and feel the children's emotions as part of their exchange in relationship with the children. This awareness of the child's emotions, that is presenting as the emotion of the educator, is part of trauma-informed practice, and guides the relationships of art therapy facilitators with the educators. The former need to avoid inadvertently bringing shame on the educators for what they may experience as a feeling of not knowing how to support the children. This is complicated. Such feelings of not knowing how to support the children may however indicate the presence of a real *good-enough relationship*, evidenced by connected educators collecting vicarious traumatisation.

The importance of the educator. An educator who empathises with a child's emotions is able to offer a comforting and reassuring presence as the child moves through the experiences of preschool and/or day-care. This reassuring presence will support self-regulation and emotional integration for the child. Ongoing acknowledgment of the child's emotions also promotes self-regulation (Sugarman, 2006), which allows the child to be more in control of his emotions and reduces instances of acting out. Without adult emotional support, the child may feel unstable and will not be able to fully develop a deep understanding of themselves and others.

The same applies to the educators (and parents): without continuing recognition and support, educators (and parents) will be unable to continue to provide the level of care required (Keller, 2011). Recognising the vital role that educators perform as surrogate caregivers is central to the seasonal model. The concept of ‘good-enough’ relationships with educators aims to flesh out the centre of the continuum, between an intrusive/authoritarian approach and a more withdrawn representation of caregiving (Wilson & Lindy, 1994). This centre is where children will receive the most support on their journey from dependent to independent, and where they can feel safe to form healthy, sustaining attachments.

‘Good-enough’ relationships understand that children require the educator to remain approachable, as well as to be given opportunities to test out new ideas by trial and error. Winnicott expressed the need for children to experience circumstances of disappointment. Such failures create a space for children to reach developmental milestones; further independence and the opportunity to practise the skills of negotiation and develop a sense of empathy for others (Borg, 2013). This concept however must be practised within a controlled and safe environment.

Liminal space. Liminal space is what opens up when the ‘good-enough’ relationship is in place. Winnicott talked about this in terms of a ‘location of cultural experience’:

... the *potential space* between the individual and the environment (originally the object). [Read: Between the child and the good enough carer, creating a good enough environment]. (1991, [1971] p. 100)

What Winnicott has called *potential space* I refer to as *liminal space*. Myerhoff (1982) developed the term ‘liminal spaces’ (Turner, 1973; Myerhoff, 1982) and Pack

(2017) contextualised the concept of liminality in the field of trauma therapy as a way of helping professionals embark on a journey to the unknown, where they deal with disclosures of trauma for their clients. I adapt the concept of liminal space further in describing the space the educators hold for their developing and often traumatised students, as they deal with their own experiences of vicarious traumatisation.

Myerhoff (1982) describes liminal spaces as *spaces of promise and peril*, and it is the ambiguity of not knowing which way it is going to go that can potentially provoke anxiety. However, in this liminal space, growth and healing can occur together with meaning making (Pack, 2017).

Liminal space is an 'in-between' sphere providing playful, creative potential and experiences involving innovative possibility and a journey into the unknown (Pack, 2016). In this gap between the known and the unknown, where meaning is attached to experience and in which change occurs when self and other interact, new life-enhancing narratives are created (Myerhoff, 1982; Pack, 2017). Pack (2017) notes that 'liminal' spaces exist when practitioners (and educators) move to a new field of practice and are challenged to evolve their own styles and methods of working with complex themes and issues. This concept of liminality presents a transitional zone between the known and the unknown worlds. Our presence in the preschools creates a liminal space by virtue of the cultural exchange that happens between ourselves as art therapists and social workers, and the educators. The difference between these modes of practice prompts a transitional zone.

Both the educators and children also enter liminal spaces together. These liminal spaces are relational happenings, not simply locations (Casey, 1993), in which educators are experiencing a new way of working with and relating to children, while

the children are experiencing new ways of relating to educators, art, and themselves. In this meeting of educators and children, in ways that are new to them both, the art therapy facilitator is asking them to expand and modify themselves when they enter the liminal space of the art group. That space is not just liminal but is intentionally constructed with boundaries of ritual and time, to make it a *safe liminal space*.

As part of this expansion and change, it is normal for people to experience some kind of identity ambiguity (Corley & Gioia, 2004). Narratives and stories help build transition bridges (Ashforth, 2001). Thus, the narratives of the children as they create art, as well as the processing and discussions amongst the educators after they have witnessed the children participating in the art groups, all assist in bridging the gaps between old and new identities.

The uncertainties of the liminal space can be rewarding and creative, however they can also be scary and unsettling causing a sense of incompetence, fear and loss of control, especially for some educators (children are more accustomed to inhabiting liminal spaces). Being in the liminal frees educators from rigid organisational control, and thereby offers enhanced creativity and freedom for themselves and the children. On the other hand, as mentioned above, it places them in a state of *not knowing*, which many find uncomfortable.

Liminality is something that can occur in the presence of 'good-enough' caregiving. This is the space of not one and not the other; rather, it is co-created by the children, the educators and the facilitators. It sits right in the middle of Winnicott's continuum, safely nestled between (but not feeling the impact of either) intrusion or avoidance. It is the very essence of the good-enough relationship. In art groups, it is

the space in which the educators and children assemble together in unity, unknowing of the possible outcomes of the session.

According to Turner (1967), within the liminal space, power imbalances are not evident. The facilitators aim to create a space of openness, trust and collaboration. The unknown can be linked to the concept of liminality, where educators must remain flexible enough to adapt and respond to situations in a calm and approachable manner. This 'good-enough' response to challenging behaviours may begin to influence the children's responses and be 'mirrored' throughout development. The need for educators to find the appropriate balance when responding to situations that are unfamiliar and challenging will further nurture and support children's ability to adapt and respond to unforeseeable situations in their future with composure and a holistic mindset. The children can experience this benign presence of the educators as a safe space, and the safe space is, like an invitation into the liminal space of potential, not without some peril too: for anything can happen in a liminal space.

Winnicott's mirroring. Winnicott (1971) offers another very helpful concept: *mirroring*. Mirroring describes the exchange between a mother and child. When they are in that place of the good-enough relationship, the child can look to the mother and see herself reflected in the mother's face. In this way, a child's earliest perception of self is mediated by the mother's gaze.

What does the baby see when he or she looks at the mother's face? I am suggesting that ordinarily, what the baby sees is himself or herself. In other words, the mother is looking at the baby and what she looks like is related to what she sees there. (Winnicott, 1971, p. 111)

This is a continuing process through early childhood; a child's sense of self has not yet consolidated by preschool age. However, the reflection that children see may often be of a negative emotion, such as: 'the caretaker's own mood, or worse still, the rigidity of her own defenses' (Winnicott, 1971, p. 111). Think about educators who may be frightened by a young child's aggression, rather than acknowledging it as a normal assertion of self (Fonagy, Moran & Target, 1993). When young boys are labelled by educators as aggressive, they often unconsciously identify with this and integrate it into their sense of self, coming to see themselves as bad or dangerous. This becomes problematic when, as Keller (2011) suggests, the:

Child sees in his teacher's eyes not himself, as a three-year-old boy, who is excited and wild and frightened of his own wildness, and needing help with regulation, but something from the caretaker's mind: a dangerous teenage male? Maybe a frightening figure from her past? A child who is annoying her and disrupting the classroom? (p. 747)

The Seasonal Model aims to ameliorate this issue by working alongside educators to develop understanding of trauma, to reframe children's behaviour and also to develop supportive tools to contain children's emotions before they seek dangerous modes of expression.

Main and Hesse (1990) have shown that a caregiver's emotional temper does not traumatise if it is clearly expressed and understood by the child: for example, a caregiver's yell when a child runs toward the street. When a caregiver's emotional state is disconnected from external circumstances (it is produced from the educator's internal world unrelated to the here and now; e.g., their own childhood wounding or something that happened earlier in the day), children in their care may become

disorganised in their attachment, not being able to differentiate between what the caregiver said and what the caregiver feels. A child playfully chasing another child who is confronted by an educator who angrily shouts at them, may feel incongruence between his internal experiences of playfulness and the caregiver's reflection back as dangerous and aggressive, creating anxiety for the child. It is important for the caregiver to remain aware of how their personal responses, values and interactions impact upon the child's emotional state and how they perceive the world around them. Educators are able to tolerate a greater range of behaviours if they develop a theory about the child's style of attachment to them. Bowlby's (1980) work on attachment is therefore another central theoretical influence of the model.

Bowlby's Theory of Attachment. Bowlby's (1980) work on the theory of attachment continues to be a leading concept in relation to child development and behaviour:

Intimate attachments to other human beings are the hub around which a person's life revolves, not only when he is an infant or a toddler or a school child but through his adolescence and his years of maturity and on into old age. (Bowlby, 1980, p. 442)

Bowlby identified the importance of a positive attachment figure. Rolfe crystallised this role by locating the attachment figure in a dynamic relationship with the child and designated this role with the name *secure base* (2004, p. 133). The secure base is physically and emotionally present, providing children with a sense of security and validation to continue with set tasks (Bowlby, 1988; Rolfe, 2004). In a preschool the educators play an influential role in guiding and supporting children throughout the various stages of their day. As children within the preschool have

experienced issues of trauma, they may then look to educators to develop a 'secure base'. Bowlby's theory of attachment recognised the years 0-5 as a crucial period where positive or negative styles of attachment can develop. These styles of attachment are believed to influence the child's relational skills and their ability to develop positive meaningful relationships throughout adulthood (McLeod, 2009).

Educators consistently confronted with challenging behaviours of traumatised children may withdraw from the children as a coping mechanism, to protect themselves from feeling overwhelmed or from becoming overly involved. This shift to the edges of the continuum can negatively impact a child's attachment styles and prohibit children from reaching a level of independence within their life.

In preschools with multiple traumatised children, anxious, avoidant and disorganised attachment styles are prevalent. The routine of separating from caretakers can be like a conduit for stored up trauma to express itself, and this in turn will impact the preschool environment, having a ripple effect on other children who witnessing their distress upon separation. In the case of avoidant attachments, distress can be very quiet, with what Rolfe notes as 'an apparent attentional preoccupation with the environment. This does not mean, however, that they are advantaged in terms of informational processing' (2004, p. 133). Here he is describing how the avoidant attached child will readily leave their caregiver upon arrival at preschool and become immersed in the preschool environment without looking back to acknowledge the leaving of their caregiver, and without really connecting to an educator.

It can be easier to ignore this kind of attachment behaviour, because it causes less fuss, but that does not support the child's wellbeing. It is important that

educators are aware of the needs of children with avoidant attachment styles, who can easily pass under the radar, and available to meet these needs. These children are also showing evidence of not having internalised good-enough relationships and may be overlooked due to the way they do not actively show their distress. Educators need to be keenly attuned, in order to read the subtle cues of attachment, to differentiate healthy separation anxiety from anxious attachment, quiet secure separations from avoidant distress and their own attachment experiences: all of which will contribute to how they perceive interactions.

The best guide is that a 'good-enough' relationship will be companionate without being intrusive and will be able to stay with distress without building it or shutting it down; thus, providing adequate mirroring. This way the children will come to know themselves and their feelings and come to understand and rely upon their own capacity to survive strong emotions. Importantly, creating this balance between the extremes of intrusive/overbearing caregiving and withdrawn/overly reserved caregiving, gives children the opportunity to direct their own decision making and to facilitate change, in a safe and secure environment.

Bion: Psychoanalytic theory. Psychoanalytic theory has been greatly influenced by Bion (1967), and the design of the Seasonal Model has also been strongly informed by three of his concepts that also align with the good-enough continuum: *projective identification* as communication, *container/contained*, and the *theory of thinking*. Bion (1967) emphasised the important role that projective identification plays in human communication (also see Keller, 2011). The mother of an infant in distress who is able to remain in the presence of her distressed infant and feel that distress on behalf of the infant, without becoming overwhelmed or

withdrawn, will have an enriched understanding of the needs of the infant. The infant physically needs its carer, and if that carer provides consistency and presence, the child will naturally develop a secure sense of self and be able to cope calmly with time away from its mother (Keller, 2011).

When children provoke extreme emotions in their caregivers, it is a sign that they require assistance with their own emotional regulation. In what is known as 'projective identification', children arouse emotions in their caregivers. For example, a caregiver will feel overwhelm on behalf of the child who needs their emotions to be taken in and digested by the caregiver, so that the child has access to their own feelings, moderated and made bearable by the caregiver. Educators need the understanding that, emotionally, they need to be receptive to the experience, rather than reactive to the child. They also need to have the emotional capacity to think about what they are experiencing. Part of the aim of the model I have created was to provide educators with emotional support in order to expand their ability to tolerate behaviours, and to help the children for whom they care to self-regulate. For this reason, in the present research the educators sat in on the art therapy groups. Afterwards, educators participated in a reflective space where they could access emotional support, which slowly expanded their capacity to tolerate behaviours and to help the children in their care regulate themselves.

Bion (1967) developed a model of communication, based on the mother and infant relationship, that he called 'container/contained'. Bion's theory proclaims that humans require emotional intimacy in order to process their thoughts and experiences (Bion, 1967; Souter, 2009). One of the functions of the Seasonal Model is to develop this kind of functional processing of emotional intimacy through relationships between

the facilitators and educators. If an educator personally experiences this kind of interpersonal containment over time, they can internalise a greater capacity to contain intense behaviours from the children, instead of reacting to them.

Bion (1967) expanded Freud's earlier work on thoughts and the mind (Freud, 1914) into a 'theory of thinking'. According to Bion the earliest challenges to thinking are loss and separation. Experiences of loss, ranging from the expected death of elders to extremes such as tragic deaths and abrupt separations, are common in the predominantly Aboriginal communities of the preschools where I have worked. Bion's work gives us an understanding of the psychological defence state unconsciously adopted in response to loss. Specifically, due to the age group of the children in their care, as Keller (2011) states, the educators' 'own emotional capacities will be tested to their limits, as the children appropriately, evoke intense affective experiences in their caretakers, as they do their parents' (p. 750).

Viewed through the lens of Bion's work, one can see that when educators fail to provide the children with developmentally normal support, this can be a defensive reaction to the children's pain. This point of view helps mitigate potentially negative judgements towards the educators for the way they treat the children in their care. It is very challenging to remain receptive to the emotional projections of, or projective identification with, children who have experienced abuse and other relational trauma. The experience itself is nothing short of traumatising.

Hence, one of the aims of the Seasonal Model is to help educators to strengthen their own self-regulation, in order to tolerate intense affects. On a daily basis, educators face feelings of threatened helplessness, loss and pain that are inconceivable to most. I believe that an educator's change of attitude through

reflection and containment, can impact the children they work with, and the child can begin to see themselves differently in the educator's eye (Winnicott, 1971).

Group work theory

Group work is central to the Seasonal Model of art therapy. The practice of group work is drawn from various theories and practices that are known to guide workers in their roles as facilitators throughout group processes. By being immersed within a group environment, children are given the opportunity to learn from and support one another by use of both verbal and non-verbal forms of communication.

There are many benefits to group work. These include providing a context in which individuals can share thoughts, ideas, problems and activities, and form a sense of belonging (Brown, 1994, p. 8). Children who are very shy or withdrawn can especially benefit from being in a safely contained interactive group, as could children who are aggressive and badly behaved (Brown, 1994).

The major theories of group work all describe the life cycles of a group as including a beginning, a middle and an ending, and movement between these stages (Garland, Jones & Kolodny, 1965; Northen & Kurland, 2001; Tuckman, 1965; Zastrow, 2015). These theories share considerable similarities in relation to group work as a form of intervention when working alongside specific target groups, such as children who have or are currently experiencing forms of trauma. However, the practice of group work is complex, and there are still many gaps in our knowledge of how facilitators should incorporate such approaches within their practice. What may work well for one specific target group may not be relevant for another, for reasons of differences in age, gender, social class, ethnicity and life experience (Trevithick, 2005).

The value of group therapy is that it provides opportunities for multilateral relationships that are not available in individual therapy. Children relate to, learn from, and identify with not only their educators but also other children in the group. The therapeutic process is enhanced by the fact that every group member can be a giver and not only a receiver of help (Shanok, Welton & Lapidus, 1989). We draw from Stark's (1999) approach, in which the group is a self-organising system from which recurring themes and patterns emerge. In the present research the inbuilt process of weekly meetings where educators reflected, discussed, and offered feedback, allowed for continual input and improved modifications to our model. This is what is commonly referred to as a process-focused approach.

Process-focused approaches to group work take two main forms: the analytic and the interpersonal. Our model draws upon both. In the analytic approach (Barnes, Ernst & Hyde, 1999), the group's therapeutic capacity is integrated into the very experience of being in the group, to experience its containment, holding and security. Thus, the major benefit of an analytic group comes from the experience of participation in the group process, rather than from talking about issues with the group. The Seasonal Model's component of creating and holding a safe space for the group falls into this approach of group work illustrated by Tuckman (1965), Northen and Kurland (2001) as well as Garland, Jones and Kolodny (1965).

The interpersonal approach (Brabender, 2002; Schwartz and Zalba 1971; Steinberg 1999; Yalom 1975) focuses on improving the social and psychological functioning of members of a group through strengthening connection and desire to help one another. One of the keys to the groups is the study of complex interpersonal exchanges in the liminal moment, in order to learn, understand and change the

relational selves of members (Shulman, 1986). Again, in the Seasonal Model, the space created within the groups, for both children and educators to connect with themselves and one another, and the weekly group reflections with the educators, encompasses this approach.

The Seasonal Model also builds upon the recognition that the preschool years present developmental opportunities for advancing young children's capacity for self-organisation and affect regulation (Beebe & Lachmann, 1994). The developmental needs of preschool children are distinct from those of older children; however, the literature in regard to group work with preschool children is sparse and disjointed (Shanok, Welton & Lapidus, 1989). Almost nothing was written specifically about this age group until the mid-70s, when Brusiloff and Witenberg (1973) wrote about their work in *The Emerging Child*, documenting the Therapeutic Nursery Group (TNG) model. The TNG model views play as the normal and primary route for children to communicate and reveal their feelings, fantasies and views of the world (also see Stone & Stark, 2013).

According to Garland, Jones and Kolodny (1965; also see Zastrow, 2015) there is an initial stage of group development known as 'preaffiliation'. It is anticipated that interaction between group members will be minimal in this period of the group's development. This is the stage where group members are internally deciding whether they are going to invest their time and energy into such a group. During this stage, it is vital for the facilitator to make the transition as comfortable as possible for all group members. This is known as the beginning stage of group development and corresponds to the Spring phase in the Seasonal Model, where relationships of trust are established. My presence in a preschool, co-facilitating an art group for the

children with the educators, embodies sensitivity to the fact that not everyone in the preschool will have been part of the decision-making process that led to our arrival in their space. Not all the educators will be on board with the information we may bring, nor do they necessarily see our presence as potentially supportive of their practice as educators. By being in the space and engaging the children, we are giving the educators time to assess their willingness to engage with us. In this way they are given a similar freedom of choice to that given to the children in an open group.

Group work encourages the resolution of conflict by negotiation (Scheidlinger, 2004). It also provides an experience of moderated frustration with an opportunity to develop tolerance. For the children this may be tolerating waiting for a tool someone else is using or having to share a generous but inevitably limited amount of a favourite art material. For the educators it may be tolerance of hearing colleagues speak openly into the group, which may feel dangerously like an invitation towards feelings of vulnerability. In this way the art group simulates moments of 'good-enough' experiences where participants' needs are both met and (as individuals in the presence of a group) not completely satisfied, so that participants develop more awareness of their own needs as they wait their turn, or perhaps arrive at the end of a session without saying what they had hoped to say. Through this process of sitting with their own frustrations, participants in groups have an opportunity to further develop self-regulatory skills. Participants in a group process have a direct encounter with their own internalised experiences of the good-enough continuum, and an opportunity to redress these experiences when they have not been quite good-enough. This occurs in the way a participant experiences their needs in relation to the

group, their perception of how the group meets their needs, and their own capacity to tolerate such encounters.

Preparation for conflict and other issues is woven into the concepts of ‘good-enough’ relationships and container/contained, and therefore facilitation guided through these principles occurs mostly with the facilitator, through their awareness of the received projective identifications of the children. From the outside the facilitator may look calm and somewhat passive, outside of receiving communication from children who wish to share, or occasionally stepping in to manage ‘bigger’, potentially dangerous behaviour by stating clear expectations (such as ‘keep the brushes down’ if a child is about to strike with one) but the majority of the work occurs internally, by making sense of what the facilitators are observing or feeling when running the art therapy group for the children. This is even more so in the training groups for the educators.

Use of self. Another key element of the Seasonal Model, and a benefit of the group work, is the idea of the *use of self* of the adults involved (Arnd-Caddigan & Pozzuto, 2008). Use of self is central a social worker’s role because work is person-to-person, and necessitates the social worker being aware of her/his strengths and weaknesses in her/his work with service users (Baldwin, 2000; Dewane, 2006; Kaushik, 2017; Walters, 2008). This requires the social worker be aware of how they impact on others and how others impact on them—an awareness of the self in action. The skilled use of self also requires that a social worker be able to engage in awareness and appraisal of the knowledge and values that they bring to each situation (Harris and White, 2013). This concept applies equally to facilitators as to the preschool educator and their interaction with the children.

Several traditions influence the idea of the use of self. For example, the psychoanalysis traditionally prescribed the presence of a *self* that was as neutral as possible (Bender & Messner, 2004). In the postwar period this turned on its head, with the self of the therapist becoming central to the therapy – sometimes being taken as far as free self-expression and gratification (Baldwin, 1987). Baldwin (1987) writes that any therapy is a relationship, and if we only focus on the self of the client, and their experience, without much attention to the therapist in that relationship, and without recognising that both bring their own self and experience into the relationship and interaction, much of the data is lost. When one takes into account the preceding theories of Winnicott, Bion and Bowlby, all of which reveal the necessity of active participation in an attached and emotionally present relationship as foundational to emotional wellbeing, it becomes imperative that the facilitator of an experience, the aim of which is to facilitate healing for the participants, brings their whole self to the work with awareness. Yalom (1980, p. 404) points out that it is easy to think that the client is responding to some specific technique, when the crucial variable may have to do with our humanness that is to say the relationship between the facilitator and the client as opposed to the technique the facilitator may use.

This is key to the seasonal model, which places great emphasis on the importance of educator as container, mirror and safe harbour for the children in care. Rather than giving the educators another layer of policy and procedure, tools or techniques, the aim is to better equip them to settle into presence in the classroom, and to feel empowered to bring their own stories to the school. As Rogers (cited in Baldwin, 1987) states: ‘I find that when I am closest to my inner, intuitive self, whatever I do seems to be full of healing. Simply my presence is releasing and helpful’

(p. 129). The Seasonal Model aims to awaken this same awareness in the educators and to provide a model of what this looks like in practice.

Similarly, Satir (1987) wrote about the sacredness of the individual. She focused on specific aspects of the therapist's behaviour, such as his power, how they deal with their own vulnerability, and how congruently they act; thus, implying the potential 'dangers of the unaware self, especially in the misuse of power. Satir views therapy as providing a context for empowering patients and opening up their healing potential, and states that this goal can only be obtained through the meeting of the deepest self of the therapist with the deepest self of the client' (Baldwin, 1987, p.2). This concept is transferable to the Seasonal Model's thinking about the role of the educators in relationships with traumatised children. These relationships contain potential healing. Each educator brings something different, but that they bring themselves with awareness is what most affects the potential of the relationship. Educators all have the same training, and yet they teach in very different ways, and can create very different relationships with the children. As Baldwin (1987, p. 9) says: 'We only wish to point out that differences in personal characteristics may be more important to the effectiveness of therapy than differences in method.'

This use of self is a core idea of the Model and is consistent with how we ourselves work as facilitators. As facilitators themselves bring this use of self to the work, this creates a congruency of expectation through the model that in turn allows the educators to connect to themselves and to bring their whole self to their work. At the same time, we are cognizant of the fact that this is not as simple as it sounds, and that this is even more complex when working with trauma. Educators often say things like: 'I leave my story behind when I come to work' and 'When I get to work, I put on

my teacher mask'. The model aims to shift this patriarchal view of professionalism by bringing authentic relationships to all layers of the model: everything from the art groups to the training and reflections with the educators.

The art group as a liminal space: The secure base. Having presented several of the theories that fed into my approach to group work in art therapy, this section aims to demonstrably integrate the theories into the practice, so that the reader gains an understanding of how these theories fed into the work.

The Seasonal Model offers the art group as a place where attachment can be practised through repetition. The group session has a beginning, a middle and an end that is dependable in its regularity (occurring at the same time and the same day each week). The groups are 'open groups', enabling the children to approach and leave the group by their own choice, thus enacting their attachment styles each time. In each session the facilitators are modelling what Salzberger-Wittenberg, 1999, describes as;

... the task of the educator [which] may be thought of as resembling the parental function: that is, to act as a temporary container for the excessive anxiety of his students at points of stress. It will mean he will experience in himself some of the mental pain connected with learning, and yet set an example of maintaining curiosity in the face of chaos, love of truth in the face of terror of the unknown, and hope in the face of despair. (p. 60)

Art making offers the prospect of an incubator for all of these phenomena: anxiety, chaos and the unknown. The facilitators ideally will be in touch with the children's anxiety via projective identification, and by meeting the experienced chaos with equanimity, they will model containment, positive regard, interest and maternal warmth. In the actual internal experience of the facilitators, many of the children's

unconscious emotions should be felt and endured, while they will also be maintaining an active interest in what the children are creating, thereby offering a constructive and accepting gaze—one that the children could use as a mirror in which to find themselves as curious, playful and creative beings. The art groups aim to function as a secure base: when facilitated by a good-enough relationship, they should create a liminal space of possibility that contains the anxiety of the unknown by providing dependable parameters. The art groups as a secure base should provide a safe space that can ameliorate the cognitive functions of children whose thinking is impacted by insecure attachment. In the art groups the children should be offered an 'environment' (art materials; setting and time frame) that is deeply engaging, but that is also in the presence of the 'secure base' attachment figure of an attentive adult. Therefore, the group should provide children with an opportunity to move between the attachment figure and the environment: they are to be contained in the liminal space where they can iron out the difficulties of insecure attachment. For example, they can settle to concentrate on art making, which is a cognitive function (concentration) often impaired by insecure attachment, but in the art group they can experience themselves concentrating, experiencing the relational joy of being seen, and can share their creations with the educators.

In summary, the quality of the open group should allow for all kinds of attachment behaviours in children, honouring passive participation, such as watching, as an active step towards active participation. Art can provide an alternative language that supports children with barriers to inclusion being actively included. The psychotherapy framework can provide a felt inclusive capacity for children with even the 'biggest' behaviours: children who act out or resist participation should find they

are able to join these groups. The liminal space that is to be created in these art groups should allow the children and educators alike to respond to the felt experience of this time set apart. The group feels different from the everyday. Here, children can become absorbed in flow moments that change their brain function in ways that can then be carried into their lives more generally.

In such groups, educators should see children and their behaviour in a fresh way that supports their practice as educators and deepens their awareness of the children through individual experience and ‘ah-ha’ moments that stay with them ever after. Through personal experiences of the same in the training, educators should develop more awareness of liminal space and be empowered to develop and witness their own capacity to provide good-enough care to the children in their centres, by an emotionally present use of self in their work. Such encounters with art groups in a preschool should reinvigorates creativity as a mode of communication and relating.

Conclusion

This chapter effectively has unpacked of the core theories that inform the seasonal model: Winnicott’s notions of the good-enough relationship and accurate mirroring, are central to the healthy development of the child and are foundational to the model. Bowlby’s later research into attachment, and Rolfe’s development of this into the idea of a secure base, all come together to inform the model.

The model posits that contemporary early educators become surrogate attachment figures for the children in their care, and therefore awareness of their importance to the children as primary caregivers can inform their capacity to offer different and potentially healing relationships to traumatised children.

The cultural exchange of bringing a distinctly different professional orientation and body of thinking into the preschools creates a liminal space that can be felt as both promise and peril. It is up to the facilitators to contain the anxiety that this provokes. We turn to Bion to offer an explanation of the mechanisms that can enable this containment.

The work of art therapy, fitting into the existing structure of the preschool, takes the form of open art groups supported by reflective time with educators and experiential training groups. Group work theory is drawn on to navigate some of the processes that are particular to working with groups.

The *use of self* as a real part of the practice, and as a concept, underpins the Seasonal Model because it is essential to have an emotionally aware educator in order to provide a surrogate good-enough caregiver, attachment figure or secure base: all of these, effectively, are different ways of describing the same thing: a containing relationship.

The last section of this chapter aimed to prepare the reader for the following chapter, which discusses the methodology of the model, by illustrating the integrated way in which all of these theories operate in the practice of the model. The art groups provide a liminal space that offers children a secure base through which they can recalibrate their attachment relationships and develop self-regulatory capacities. In the art groups the children should be able to experience good-enough relationships.

CHAPTER 4

THE MODEL: A SEASONAL MODEL OF ART THERAPY FOR PRESCHOOL CHILDREN

We are not threatened by silence. We are completely at home in it. Our Aboriginal way has taught us to be still and wait. We do not try to hurry things up. We let them follow their natural course—like the seasons. (Ungunmerr-Baumann, 2002, p. 2).

Introduction

This chapter presents an art therapy model designed specifically for preschool children and their educators. It has evolved over the last 20 years of my journey as an art therapist and social worker, working with children and families affected by trauma. The illustrative vignettes presented in this chapter have been taken from art groups that were run prior to my undertaking this research; they are presented to give a deeper understanding of the seasonal model.

This chapter begins by outlining the purpose and aims of the model, then moves on to a discussion of the important role played by educators as emotional caregivers. This chapter also discusses the concepts of ‘use of self’ in the educator’s

role, of reflective space for the educators, before discussing some of the challenges faced and the vicarious traumatisation that can be experienced (often unacknowledged). The chapter then gives an overview of the model, a description of the four seasons, and offers a précis of the key concepts that have shaped the model. The chapter concludes with a discussion of group work therapy.

Background

Ungunmerr-Baumann's quote at the beginning of this chapter very much encapsulates the heart of this model, and why it is named the 'seasonal' model of art therapy: It works slowly and the investment of time in relationships that it entails conveys a real presence and allows trust to develop respectfully. It considers that humans, as part of nature, experience changes and development over time. The ages and stages of life and relationships have been likened to the seasons, with the metaphor of sanctuary as a place of refuge or safety from pursuit, that enables growth over time, given the right conditions and support (see, Leibrich, 2016). Rather than imposing a strict timeframe for children and educators to adhere to, this model allows time and space for each child to unfold in their own time and in their own way, just like the seasons. The model does not hurry, rush, direct or control. Instead it supports, guides, encourages and seeks to understand. In this slow, safe space there is an opportunity for the relationship between the child and the educator to develop.

The model developed out of the realisation that educators, as emotional caregivers to the children, are often challenged in their work by their professional demands. There is expectation that educators will deliver and document an outcome-oriented curriculum. They must prepare to present their work to be accredited under the National Quality Framework for Early Childhood Education and Care (EYLF) under

seven quality areas that are considered important outcomes for children such as educational program and practice, children's health and safety, physical environment, staffing arrangement, relationships with children, collaborative partnerships with families and communities, and governance and leadership. Each of these areas is assessed by a regulatory authority through documentation and observation. They report daily to the parents sharing pictures and a story about their child's day at the preschool. They must track and deliver on behaviour management. Their days are fragmented by a never-ending stream of multiple demands such as those noted above, which come from the system and from community, as well as from the daily, pressing and immediate needs of the children. Due to these pressures, educators may find it difficult to allow things to unfold naturally and slowly. As they are trained within an academically oriented system, educators are conditioned to privilege outcome-oriented demands, while trying to survive the emotional demands of the children. This makes sense in that it is easier to have something in hand to show as the outcome of one's effort in the form of documentation. The model however is focused on making space for the emotional and relational part of the educator's work to be seen and supported. It offers the structure of the art groups and the reflective space to contain this otherwise nebulous aspect of their work.

The Seasonal Model therefore supports the educators so that they have the tools, knowledge and understanding to be able to hold space for the children to evolve through their unique individual journey, within the context of the preschool, to meet the challenges and adhere to the necessary framework of the preschool. It does this through expanding the liminal space in which the educators can comfortably accompany the facilitator in the "not knowing"—for example, what the child will

create, or how the artwork will turn out—as opposed to having a clear intention and guiding the child to colour or create the artwork, to fit a specific intention.

Purpose of the Model

Whilst the Seasonal Model of art therapy supports preschool children through the process of growth and development and healing from trauma, it focuses on supporting educators to sustain ‘good-enough’ relationships with these children (for more information on the ‘good enough’ please refer to chapter 3). A primary objective of the model is to enable educators to have a deeper understanding of how children communicate their experiences. The Seasonal Model was developed to achieve the complex task of creating an empathic space, through good-enough relationships, capable of greater tolerance of the impact of the children’s behaviour on the educator. The model aims to:

1. Co-create an understanding of life transitions and trauma and how these can have detrimental effects on childhood learning and development;
2. Create a liminal, ‘safe space’ in which children can create while being witnessed, and so begin the process of healing; and
3. Provide a practical, usable, theoretical framework for preschool educators to create a safe, supportive environment in which both the children and themselves can process the experiences of transition and traumas.

Educators as emotional caregivers. All children need a sensitive, attuned caregiving experience to develop over time, in what Bowlby (1969) calls ‘secure attachment’ through responsive, warm and consistently sensitive relationships. However, a challenging or traumatic start to life can impact on the way a child sees the world, other people and themselves. These early experiences serve as templates for

future relationships, including relationships with their educators and friends.

Due to the fact that many preschool children spend long hours at the school, the educators become akin to surrogate parents (Keller, 2011). While reading and writing is important, the availability and the ability to develop trusting relationships with adults other than their primary carers is vital. As are friendships with other children. Therefore, the educators not only teach in the preschool, but also support the children's emotions and guide their behaviours.

Children need help from adults to regulate their emotions. According to Bion (1967), caretakers help young children regulate their distressing emotions by absorbing and moderating the stress of the child. Attunement and empathy towards the child is essential for this (Fonagy & Target, 1996); and the emotional containment of the other, facilitates self-trust for the child; as the child internalises the regulating functions of the other (Fonagy & Target, 1996; Sugarman, 2006). Parry, Sims, and Guilfoyle (2005) define high quality care as care provided by adults who can moderate children's stress levels, and who are able to react to stress responses brought on by daily events.

The Seasonal Model aims to achieve this high quality and holistic approach to care, so that children can thrive (Sims, 2006). Art groups in preschool provide stability through normal life transitions, such as parents fighting or moving houses. For example, a girl in one of the groups was moving to a larger house in a better area, and whenever she discussed this transition, the educator would say: 'You are so lucky! You are moving to such a nice house! You must be so happy.' Within the group, the girl could say, 'I know it is a nice house, but I will miss my house and my room, and my neighbours.' It was only after a few artworks and some discussion around this big

change in her life that the girl became less distressed and could play with her friends.



Figure 4.1: Artwork on moving to a new house

This example also speaks to the need for educators to develop awareness around when to suspend or bracket their own judgements, values and prejudices, whilst listening deeply to what the child is saying verbally and non-verbally. It is a habit we might fall into of saying socially expected response about moving, such as how nice, whereas engagement with the child reveals a different reality in contrast to the mildly coercive rhetoric of the educator. This is no small task for educators, who often have very little time and who encounter multiple pressures. As one educator, Angie said: 'I am 70% outside doing things that need to be done, 20% putting out fires, and 10% with the children. When I am finally with the children, my brain is everywhere else scanning the environment, making sure everything is where it needs to be, and everyone is safe'. Knowing what 'safety' entails for children who are facing situations of life transitions or trauma can be bewildering and frustrating for preschool educators. This is the problem that triggered the search for a model that offers a different way of working.

Facilitators' use of self. The facilitators' use of self is central to their work and involves being aware of one's strengths and weaknesses. It requires the facilitators to be aware of how they impact others, and vice versa. Dewane (2006) looks at the use of self as a skill of using the self purposefully and intentionally, as Sheafor and Horejsi, (2003) show 'the use of self in social work practice is the combining of knowledge, values, and skills gained in social work education with aspects of one's personal self, including personality traits, belief systems, life experiences, and cultural heritage' (p. 545). The skilled use of self also requires engaged awareness and appraisal of the knowledge and values brought to each situation (Harris & White, 2013), together with an 'unprepared mind'—i.e., to keep rigid preparation in the background, thereby leaving room for spontaneity, hunches, novelty, surprise, and not-well understood connections based on the facilitator's own instincts (Schafer, 1998). It is an important aspect of the model that facilitators relate with educators openly, to cultivate this same awareness of the role of self with the children. As Yalom (1980, p. 404) points out, it is easy to think that the client is responding to some specific technique, when the crucial variable may have to do with our humanness. In the same way, educators often underestimate the profound impact they can have on the children.

The core idea of our model is to 'bring yourself to do the work', and by connecting with the educators we encourage them to bring their whole self to their work, knowing that this is not as simple as it sounds, and that this is still more complex when working with trauma. By being authentic and congruent and genuine, the facilitators model this way of being in relationships (Baldwin, 1987).

For people to grow and change, they need to be able to allow themselves to become open and vulnerable, they might encounter things that include mess, chaos,

other kinds of tests such as not having a clear outcome or even an activity for the children to do (Brown, 2012; Satir, 1987). Art group is a space where this can unfold. Vulnerability allows the educators to look at their work with the children in a more open way, to relate to them and to understand their behaviours, and frees them to allow more mess into the art experience (see below). It also allows educators and children to be immersed in the *process*, rather than focusing on the outcome.

Art groups. Drawing on a wealth of psychoanalytic thinking we create a ‘frame’ (Ganzer, 2013; Hoffman, 1998): the physical boundaries of the group, where time, space and facilitators remain a constant. This constancy gives a level of security that supports the educators and allows for more mess to be created by the children or testing or vulnerability to be explored by participants and witnessed by the educators. This testing of unknown ways of being happens on many levels: practically through the art materials, interpersonally in relationships, internally through the creative experience.

Reflective space for educators. A reflective space for educators can be achieved by spending an hour after the children finish the art group in order to reflect with the educators about what they saw and what stood out for them in the art group. This reflective space can contain whatever arrives in it, by being open to unpredictable or unforeseen themes. It is a chance to stop, process, digest, and reflect on the art group. In my experience, this is often the first time educators are seen and witnessed by an outsider who can truly acknowledge the hard work they are doing, the pain they may encounter physically (sometimes they are literally bruised and bitten by the children) and emotionally—how they turn up to work day after day, dedicated, committed; in spite of the whirlpool of emotions and exhaustion that they are feeling.

After one such group some time ago, one educator (Selena) remarked: 'I am up at night thinking about the children and the day I had.' Here we see an educator reflecting on how what they observe in the children inspires them to self-reflect and to share what they are becoming aware of, as they co-facilitate art groups, it also gives an inclination of the vicarious traumatising (Pearlman & Saakvitne, 1995) the educator may be experiencing. Participating in experiential trainings and reflecting weekly about the art groups in a safe, non-judgmental environment, allows for a parallel process of educators being more present to the children's world. Another educator (Betty in personal communication), again in work undertaken prior to this research, shared the following:

I have seen a shift in my practice as an educator. I feel as though I let children lead their own play more, and I am actively more present to extend their learning in a meaningful way. I am an observer who is ready to follow each child's individual needs, strengths and interests. I am less focused on meeting the outcome that I place importance on, as I place more of an emphasis on the children's outcome which they are working towards. As clichéd as it sounds, I am confident in the fact that children are active participants in the construction of their own learning. I know they are capable of exploring their own learning and exploring new ideas and concepts. I feel like I am less structured in my teaching, which has led to wonderful opportunities and strengthened my relationships with young children.

This sharing came in a candid moment between the facilitator and the educator. The educator risked her own vulnerability to admit with shock that she suddenly saw how prior she did not follow the children's lead and was not emotionally

available and present in her work, prior to her engagement with the Seasonal Model. It was a slow and meaningful change that happened in the co-created, safe space of the relationship, facilitated by her *use of self* in the model.

Challenges for educators. The extreme circumstances some children have experienced in their short lives often translate into behaviour such as throwing furniture, hitting other children or educators, running around while screaming, swearing, sobbing inconsolably, or not interacting: instead, sitting silent, isolated. Such behaviours—labelled ‘big behaviours’ by educators—are almost always the result of extremely traumatic experiences (Briere, 1996). While these behaviours can be seen as an attempt to communicate emotional pain, they can also have a negative impact on a preschool environment and put other children at risk. These ‘big behaviours’, according to Briere (1996), may be associated with coping strategies in the child which, while dysfunctional for the group, need to be understood, honoured and carefully addressed by the educator. If sensitive handling is unavailable, children are more likely to keep repeating the behaviour, in an attempt to be understood.

Educators are often at a loss as to how to help and support these children and may become overwhelmed and stressed while struggling to understand these behaviours. They may also become traumatised themselves by witnessing the behaviour: this is called ‘vicarious traumatisation’ and is explained in more detail in Chapter 2 Part 2 (also see McCann & Pearlman, 1990; Saakvitne & Pearlman 1995). Educators are affected by hearing, knowing, reporting and witnessing the events the children have experienced and then act out in the preschool. In the words of Judith Herman: ‘Trauma is contagious’ (1992, p. 140). While therapists may be familiar with the concept of vicarious trauma, preschool educators most likely are not. As one

educator said, 'I am a teacher, not a social worker. I do not have the knowledge or understanding on how to help these children. I thought I was going to come to work, to play with the children.'

Educators and therapists have very different ways of thinking, and work towards different professional goals. Therapists are process oriented and are concerned with creating a nonjudgmental safe space in which the clients can express themselves. All of the behaviours are understood to be an integral part of the process; a way of externalising an internal dialogue. Educators need to teach, document progress, and adhere to the curriculum guidelines, while simultaneously managing classroom conduct and behaviour. They are outcome focused and are expected to control their environment. This doesn't leave much time for reflection on how the children are evolving.

Therefore, this model was born from the need to make a specific time and space for the educators to simply observe children, and to work in a more reflective, supportive, slower-paced way with children outside the classroom. The model was developed over many years of discussion with educators and through experimentation in working as an art therapist with children and educators. In order to bridge the gap between a process-driven therapeutic model and an outcome-focused educational model, in partnership with my co-facilitator I have in the past two years implemented experiential training, allowing the educators themselves to create artworks as part of the trainings, so that they can tap into their own creativity and take the time they need also to change like the seasons. This opens more space for the educators to have creative, emotional relationships with the children.

Model overview. The Seasonal Model of art therapy within the preschool is

inspired by Ungunmerr-Baumann's (2002) explanation of the Aboriginal concept of *dadirri*. Dadirri is a deep inner listening, patience and awareness, and is discussed in more detail further down. It is similar to Schön's (1983) model of reflection and action.

The Seasonal Model enables educators to create a structured safe space ('safe spaces' are explained in-depth later in this chapter), in the form of the art group. In the art group children can express themselves, allowing internal stories to unfold naturally. In this unfolding 'big behaviours' can be transformed into healing communication. The model entails psychosocial education and experiential training for the educators. The trainings include information on how trauma affects childhood development, and how art, relationships, and creating a safe space all helps to provide a supportive environment for all children, and especially for children going through challenging life transitions and trauma.

Non-outcome driven, containing relationships between the educators and the children form a liminal space where the children can make art, as the educators witness and actively observe them. This allows the children to follow their 'natural course like the seasons' (Ungunmerr-Baumann, 2002, p. 2). When we are closely aware of the seasons, we can sense when to withdraw and conserve energy, and when to emerge and use that energy (Leibrich, 2016). So too, with children, when we are closely aware, we can sense when to watch in 'wonderment' (a term taken from Leibrich, 2016, p. 88) and when to be more active. Seasonality contributes both to a sense of 'contentment'—to be in the present moment—and at the same time, to recognise that sense of 'wonderment' (Leibrich, 2016). Through the group process, the educators are also able to develop a theory or understanding about the child's big behaviours, in a parallel way. This is consistent with Kelly (2015), who discusses how

psychoeducational groups with foster carers enable greater tolerance of a range of behaviours from foster children. This finding parallels my own experience of working with educators in preschools using the 'Seasonal Model' and involving 'reflection in action' (see Schön, 1983, p. 68).

The four seasons

Seasonality is a concept that describes the cyclical nature of relationships. Everything from the forming of initial relationships through the full flush of an active art group, to the sometimes-dormant pauses between engagements, is informed by an understanding of the cycles of seasons.

Spring

With nurture and attention that arrives like fresh sunlight, green growth comes, and it is Springtime. This is the phase in which rapport is established with the director and educators. Trust and purposeful working 'relationships' are developed, and the invitation to collaborate in a safe, co-created space is extended. We are entering the educators' space, where they hold knowledge and already-established relationships with the children. De-colonising methodologies shape a mutually tentative and respectful coming together, co-creating an agreement to work together. This is in keeping with the core values of the Australian Association of Social Work (AASW) which are respect for persons, social justice and professional integrity (AASW.asn.au, 2016). It is only by co-creating this positive working alliance that both professions, social work and education can effectively support and create a space for children.

This phase includes thinking about both the expectations of the organisation

and director, and the needs of the educators and children. Spring is the phase of forming the 'liminal space' of creative possibility, and is a journey into the unknown (Myerhoff, 1982).

Summer

During this stage, the practical work of co-facilitating the art groups for the children within the preschool is carried out. The facilitators work together with the educators in a co-facilitation relationship. The structure of the model is to run 10 sessions (1 hour each) over 10 consecutive weeks. This structure provides a therapeutic frame in which both children and educators are able to settle into the art groups. The physical space, which has a vital role in creating the 'safe space', is signified by the mat and the song that is drummed into the room. The materials brought (oil pastels, soft pastels, textas, stickers, sticky tape, scissors and different papers) all form the setting for the safe space and the creation of an emotional sense of being held: they are concrete markers of reliability (like a secure base). In this context, the materials become 'special' (Dissanayake, 1992) and the art itself becomes a container for moulding feeling. The emotions that children are internalising or acting out in 'big behaviours' have a place to be expressed, using art. This gives them both a relief and a joy, through having choices as to what to do with their artwork. For example, they can choose to mix paint, to draw with a paintbrush or with their hands.

The running of the groups and the reflections that follow, allows relationships to deepen between the facilitators and educators, and educators and children. In these real relationships, different behaviours have space to be seen, acknowledged and processed. The initial uncomfortableness and ambiguity of the open-ended

process becomes more familiar and tolerable, as relationships themselves provide positive feedback and holding.

Autumn

This season describes the centrality of reflection in the model. Autumn, in the form of time set aside to think and reflect, follows the Summer of each and every group. In Autumn the group's themes and incidents are processed. Processing happens on multiple levels, with the aims of integrating data such as the children's behaviours, the feelings these elicited in the facilitators, and the seeking of meaning through these feelings. The meaning usually speaks to the children's needs. A facilitator may feel that what they had brought, in terms of art materials for the children to use, wasn't enough or was too much of one texture; that something is missing.

Autumn gives space to think about such details and, potentially, to adjust the approach to the next session. The facilitator might, for example, seek out more 3D materials to present the following session. Such reflections happen between the facilitators and the educators, based on their experiences of the session. They might reflect on the effectiveness of the session, on what the session elicited in them emotionally, and on how they made sense of this. Such a process gives them space to create a deeper understanding of the children, of what their behaviours might mean, what behaviours are observed and how, and how such information can inform practice in the future, for both facilitators and educators.

The reflective practices of Autumn are prompted by a state of curiosity, and may include questions such as: Where to go from here? How did the educators feel? What if any, were the benefits for the children as observed by educators or the

director, or as reported by the children's families? Were any behavioural changes noticed in the children? Did anything change in the teacher's own perceptions and understanding? The meaningful space that develops action after contemplated reaction enables the development of an informed response (Schön, 1983) in relating to the children. This middle place where an educator is not withdrawing, nor intruding is the 'good enough' relationship and allows for high quality care, and more empathy for the children.

Winter

What can look like dormancy is as important a phase as any of the active phases. Winter is a period of pausing to think, of space, of waiting and re-calibrating. During this phase facilitators critically reflect on and hone the model, also drawing on the formal or informal evaluations of the educators or preschool director. They may also reflect on the children's artwork, and have long discussions between themselves, or in individual supervision. Social workers regard professional supervision central to maintaining best practice. Professional supervision in social work is defined Davys and Beddoe (2010) as:

... a forum for reflection and learning. ... an interactive dialogue between at least two people, one of whom is a supervisor. This dialogue shapes a process of review, reflection, critique and replenishment for professional practitioners. Supervision is a professional activity in which practitioners are engaged throughout the duration of their careers regardless of experience or qualification. The participants are accountable to professional standards and defined competencies and to organisational policy and procedures. (p. 21)

Drawing from the ‘theory in action’ and ‘theory for future action’ (Schön, 1983), such formal and informal evaluations can be seen as paramount, as they form the basis of the planning ahead.

This is also in line with the Australian Association of Social Workers (AASW) standards for ethical practice (2013), as social workers need to critically reflect on their work. In **Winter**, these thoughts become tangible. Vicarious traumatisation, for example, can be felt and attended to. This is essential not just to selfcare, but also to maintaining sensitivity to difficult emotions in the next cycle of work. The ability to critically reflect upon practice enables workers to identify how potential barriers, personal values and beliefs may impact relationships, and time away from the work while thinking about the work is a digestive process that sustains the work. For the educators, this is also a valuable practice, as it is hard to make windows of time in their working day to step back and gain insight into and to process their work.

The process of reflective practice supports the theory of life-long learning within social work. As professionals we must remain open to new approaches and see certain changes as a positive element within practice. When workers designate time aside to reflect upon certain situations, they allow themselves the opportunity to consider the thought process of others involved (Australian Association of Social Workers, 2013).

Key concepts that have shaped the model

Trauma. The overarching purpose of this model is to create a healing experience through art, for children who have experienced trauma. Trauma is any experience that threatens a person’s life or causes intentional harm (American Psychiatric Association (APA), 1994). Many of the children in our groups have

witnessed domestic violence and live within constantly chaotic surroundings. Living in homes where trauma and crisis is present impairs children's development and capacity to thrive. They often have emotional and behavioural challenges, language difficulties, and difficulty sitting still or focusing. With preschool age children, much of the trauma is pre-verbal. When children cannot talk about what they've experienced, many instead re-enact their experiences (Briere, 1996; Lieberman et al., 2011; Waller, 1993).

Trauma is something so startling, so appalling, so incomprehensible that it cannot be made sense of by the brain (Perry et al., 1995; Van der Kolk, 2014). A traumatic event is one that is psychologically overwhelming. The brain processes the event as a real and present threat which triggers the sympathetic nervous system response of fight, flight or freeze. In preschool children this manifests as 'big behaviours' and extreme withdrawal (Briere & Scott 2006; Courtois, 1999; Guarino et al., 2009; Lieberman et al. 2011). Kicking, biting, swearing, avoidance, withdrawing, and threatening are common behaviours in children who have experienced trauma.

Some of these behaviours may have been adaptive during the period the child was abused but may or may not be relevant to the post-abuse environment. The maladaptive behaviours may continue for different reasons, such as the child still seeing themselves as bad, unworthy and unlovable, or perhaps perceiving the world as dangerous (Briere, 2005). Briere (2005) asserts that these behaviours that may have been adaptive in terms of the abuse, therefore need to be honoured and respected, though they may be incomprehensible or disruptive to those around them.

Trauma causes fragmentation, while artwork can symbolically reassemble the fragments, to make meaning of it. Art therapy can help make sense of and provide healing from trauma (Malchiodi, 2000; 2012) as, with time, children are able to create

a story around the artwork. Being creative, in turn, helps the children to be whole again. Furthermore, trauma is healed through art being made and shared in a meaningful relationship with an adult (Howe, 2005; Van der Kolk, 2014). A witness can help give meaning to a traumatic experience, and art helps give shape to such experiences, literally in the form of the artwork, and by constructing a story and context to the memory, helping to integrate it with the story of the child (Malchiodi, 2000, 2012; Rubin, 2016). To know oneself as capable is to affirm one's identity apart from the trauma, instead of being defined by the trauma.

Life transitions. 'Transitions' are significant changes within the life course. Common transitions, such as going to school, spending a weekend with grandparents or breaking an arm, may be very stressful and overwhelming for children. Even positive changes such as moving to a new home or the birth of a new sibling, can also be traumatic for children. Moreover, for a child with a history of traumatic life challenges, such as witnessing domestic violence, experiencing sexual or physical abuse or neglect, being removed from home or being transferred from one foster carer to another—everyday stresses can reawaken or exacerbate the history of the trauma.

Not all children in these preschool groups will have experienced complex trauma. However, simply going through 'normal' life transitions can be stressful or traumatic. Life course theory (Hutchison, 2010) emphasises that individuals' transition experiences are inextricably linked to the lives of their significant others (e.g., parents, spouses, partners, children, extended family members, and friends). For instance, Leong (2008) found that undesirable economic transitions, such as loss of a job, not only affects parents, but that the effects 'spill over' and are felt by children.

Safe space. As Murray so eloquently reveals in Leibrich (2016, p. 102), a safe space is a 'A spirit space ... A safe space to be, think, play around in, recollect, re-connect and grow. An essential escape place for freedom of soul to fly ...' Leibrich (2016, p. 102) also says that physical spaces and safe spaces are linked to a sense of sanctuary. In a way, the Seasonal Model aims to create a sanctuary for the duration of the group. In order to create this feeling of sanctuary, the actual physical space becomes very important in conveying predictability and a shared sense of control and safety, which can be transferred from teacher to child. Such a space, paradoxically, allows for some important freedoms, for 'It is vital to create a safe space to allow young mind to wander, amble and stare into space. A mind sometimes just wants to be a vagabond—a fetching word that comes from the Latin *vagabundus* meaning strolling about' (Leibrich, 2016, p. 47).

Liminal space. In the Seasonal Model, liminal space can be visualised as a space of holding, a space of not knowing what will happen next. It is a transitional zone between the known and the unknown world, and in this way, requires patience and trust to stay in the liminal space. Importantly, in liminal space, growth and healing can occur. Dadirri is conceptually linked to liminality, as Ungunmerr-Baumann's (2002) description of dadirri is like a map of how to access liminality.

Dadirri. Dadirri is an Aboriginal concept, which describes a state of listening and deep awareness. It is a process of attunement—of coming to a deeper understanding of the beauty of nature, including the nature of ourselves (Ungunmerr-Baumann, 2002). The word Dadirri is from the Ngan'gikurunggurr and Ngen'giwumirri languages of the Aboriginal peoples of the Daly River region in the Northern Territory in Australia (Ungunerr, 2002). The Seasonal Model leans on the foundation and

thinking of the Dadirri concept.

For many of the educators, being still is a challenge, and contrary to all that they have learned and know, but this is exactly what the art group model is asking the facilitators to do. By staying still, we can invoke a dadirri presence to the space, creating a patient, healing presence within a space where children can heal in their own way in their own time. Dadirri is very much a part of the creative, transformational potential of the liminal space we create.

Attunement. Parents use their own emotions to attune appropriately to their children's emotions and needs. Attunement plays a major part in allowing babies and children to feel safe enough to 'let go' and explore. Bowlby (1973) referred to this bond between a child and their 'secure base' of caregiver as 'attachment'. Attunement, or 'feeling felt', as defined by Siegel (1999), is a state that 'permits the two individuals' minds to enter a form of resonance in which each is able to "feel felt" by the other' (p. 89) (also see Siegel, 2010).

In this art group work, facilitators attune to the families and children, thus allowing the children a safe space to explore, create, and let go. This requires educators to be completely present to both what is and isn't being said, and to intervene with what is or isn't happening as appropriate. The aim is to retain an open space (i.e., not prematurely close off ideas, possibilities and understanding) and safety (to encourage contribution). Thus, an essential part of attunement includes the creation and holding of a safe space. It is the facilitator's role to co-create (through invitation) this space, and to assist the educator to keep it open by providing understanding, support and guidance as required (Corrigan, 2010).

Attachment. Attachment theory has a strong focus on the contribution of

early relationships to the development of a child. Many of the children participating in groups I have run in the past, had already been in multiple foster homes and had already experienced disruptions to early attachment relationships. Research suggests that the experience of compromised attachments in early childhood can lead to problems regulating emotions, particularly under stress, as a result of changes to the structure of the brain. (Dobson & Perry, 2010; Schore, 2011). Such children lack the capacity to assess risk; they are often angry and destructive. Poor caregiving can also impact reasoning in relation to their behaviour (Cairns & Stanway, 2004; Rees, 2011).

Golding (2017) speaks about three kinds of intervention to help children who have experienced non-secure attachments. The first intervention is to provide safety and security. Without this, they cannot relax, so they only engage in sporadic exploration, as they retain their focus on survival (also see Howe, 2005). The second intervention is to help the child experience comfort and co-regulation. Siegel (2010) explains attunement as ‘how we focus our attention on others and take their essence into our own inner world’ (p. 35). This requires a consistent and calm approach from the teacher, especially in response to challenging behaviour from a child who is experiencing distress and dysregulation.

The third intervention is to stimulate the capacity for resilience. For this, teachers need empathy: the ability to think about the child; (Kelly, 2015; Meins, 1998), and reflective function. The Seasonal Model provides a practical, structured way in which all three of these recommendations to repair the child’s attachment system can be employed. The predictable space of the art group time and place, functions as a secure base. During art group time, facilitators can practise supporting children to regulate their emotions. The art materials, and their use by the children, provide a

medium through which this self-regulation can be witnessed. How fast, how chaotic, how organised the child is, is directly seen in their use of art materials, and an educator can provide gentle co-regulation in the form of words like ‘slowly’ or ‘gently’, in the presence of the child. This co-regulation happens through the attunement process. Educators can feel the children’s feelings as they make art on the mat and they can hold these shared feelings with empathy.

Relationships. There is evidence that having a relationship with an understanding other can transform trauma and stabilise or counterbalance its impact (Cyrulnik, 2009; Golding, 2017; Van der Kolk, 2014). Relationships are vital for healing and for healthy childhood development, and they are central to this seasonal model of art therapy. Building trusting relationships with a specific educator can help children maintain themselves without resorting to negative behaviours or crumbling in despair (Bowlby, 1958; Hass-Cohen & Findlay, 2015; Keller, 2011; Winnicott, 1964). The formation of relationships of trust with a specific educator can become a cornerstone to a child’s ability to self-regulate (Bowlby, 1958; Fonagy & Allison, 2014; Winnicott, 1964). However, in some cases preschool educators may not see the child’s trauma, because of the tension and stress of coping with the child’s behaviours. Sometimes the educators rationalise their defensive reactions to the children in order to keep them at an emotional distance (Keller, 2011). What educators see as tantrums and breakdowns can also be understood as distressed children who are not coping. In a safe space, where educators can experience support and a safe empathic space for reflection, educators gain an improved ability to connect with the children (Keller, 2011).

Art. Dissanayake (2016) proposes that we can understand the arts, as ways of making important things and activities ‘special’. Rather than emphasising the results,

as other art theorists have done, the process of making art and the art activities themselves become the 'work of art'.

At some point in our evolution, human beings began deliberately setting out to make things special or extraordinary. Historically, ritual ceremonies have been equally or perhaps more important in establishing that an event is special (Dissanayake, 2016). By incorporating ceremony, the experience becomes more significant and special, creating a stronger sense of its importance in the community. Our group has a ritual: we come, spread the sheet and start with drumming the hello song; we create and then end with a good-bye song. The group is special; the art materials I bring become special, as does the artwork. One mother once told me: 'My son's artworks are always brought home inside his bag but the day he does art with you in the group, he carries his artwork home and spends time showing it to us. We have a special place to keep his artwork' (personal communication from a mother whose son participated in an art group that was held before the art group of this research).

The Seasonal Model incorporates awareness of both process and artwork outcome, as both are significant in showing the child's present condition. In regard to the former, the Model draws on the paradigm of expressive arts therapy. Expressive arts therapy places an emphasis on supporting the internal and therapeutic processes of the creation and expression of art making, as opposed to analysis of the art product (Hogan, 2001). For more than 30 years, art therapists have observed that drawing and painting are useful in the assessment and treatment of traumatic disorders in children and adolescents (Gantt & Tinnin, 2007; Stember, 1977), including, but not limited to: aggression, attachment difficulties, autism, emotional difficulties (Hogan, 2001) and Post Traumatic Stress Disorder (PTSD) in children and adults (Cohen, Barnes, & Rankin,

1995; Collie, Backos, Malchiodi, & Spiegel, 2006; Rankin & Taucher, 2003; Raymer & McIntyre, 1987; Sweig, 2000).

Expressive arts therapy aids the health, healing, growth and development of humans through a combination of images, symbols, storytelling, rituals, music, dance, play, drama, poetry, movement, dream work, and visual arts. In recent years, advances in neurobiology and psychotherapy have informed the practice of art therapy, which has increasingly been utilised when verbal psychotherapy has failed to help clients. Three decades of clinical experience have shown that art therapy processes help regulate and recruit the stress and fear-based subcortical right hemispheric, quick stress-survival responses necessary for therapeutic outcomes (Bigsiach & Berti, 1990; Hass-Cohen & Findlay, 2015; Langhinrichsen & Tucker, 1990; Ledoux, 1996, 2002; Lusebrink, 2004; Malchiodi, 2012; Martindale, 1990; Rubin 2016; Schore 2003; Springer & Deutsch, 1989). The evidence suggests that children engaged in art therapy experience a reduction in their acute stress symptoms (Monti et al., 2005). The safe space allows children to imagine, create and tell a story. Art therapy enables creation of a space to symbolically hold the different fragmentations of the trauma and create a whole story again (Herman, 1992; Herman et al., 1989). When the primal brain is affected by trauma, art accompanied by narrative can help to heal the damaged self. By starting with preverbal, art therapy prepares the way for children to start engaging with trauma verbally. One aspect of trauma-related theory is the integrative function of talking about the traumatic occurrence. When people talk about what happened to them, they create a narrative that helps them to make sense of the experience. In the art groups, children can create narratives in the presence of educators, and this can allow healing from trauma to occur: the self becomes whole as

the telling is witnessed by others (Hergass, 2015; Hogan, 2001).

Group work therapy and the seasonal model

Before I conclude this chapter and move on to illustrating the model in action, a more in-depth discussion of the power of group work theory and how it relates to the Seasonal Model of art therapy is of value. There are many benefits to group work. These include: providing a context in which individuals can share thoughts, ideas, problems and activities, and forming a sense of belonging (Brown, 1994, p. 8). Especially children who are very shy or withdrawn can benefit from being in a safely contained interactive group, as could children who are aggressive and badly behaved (Brown, 1994). An intentional group such as an art group provides a level ground where outlying behaviours can be safely contained.

The aim of the Seasonal Model is to promote connections for the child within themselves, as well as to others, and to foster tolerance and empathy. Art group members can be looked at in terms of layers. Within the group there is a core group of children who attend consistently and who are openly and actively attached to the group and the process. Another layer of the group arrives in the form of what looks like peripheral group membership. These children come and go, or may take longer to fully arrive in the space and create art. The core group consistently turns up and more overtly values what is going on. As the created space forms with the core group, the peripheral members can then join, because the group is securely held by the core.

The coming and going of the children may reflect their attachment styles. Avoidant attachment styles play out in the way the group forms; therefore, it is important to hold the space without judgement, to wait patiently, and to allow children to come in when they are ready. This is the first layer of the group; whilst the

children are creating and doing the art, the co-facilitators are actually also holding space for the educators, who form another layer of the group. The group itself is fluid, spacious, and flexible. One might start the group at 10am, but if a child is very engaged in another activity, he/she can join when it suits them.

The value of group therapy is that it provides opportunities for multilateral relationships that are not available in individual therapy. Children relate to, learn from, and identify with not only educators, but also with other children in the group (Shanok, Welton, & Lapidus, 1989). We draw from Stark's (1999) approach that the group is a self-organising system from which recurring themes and patterns emerge.

Process-focused approaches to group work (Barnes, Ernst, & Hyde, 1999), include two approaches: the interpersonal and the analytic. Our model draws upon both. The interpersonal approach (Brabender, 2002; Schwartz & Zalba 1971; Steinberg, 1999; Yalom 1975) is concerned with connection with others as the road to healing (Shulman, 1986). In the Seasonal Model this approach is encompassed in the space we create within our groups, for both children and educators to connect with themselves and one another, and in our weekly group reflections with the educators. In the analytic approach the power of the group comes from providing a space for trust and healing. Therefore, it is the act of participating, not talking, that provides the benefit. Our model's component of creating and holding a safe space for the group falls into this approach.

The model also builds upon the recognition that the preschool years present developmental opportunities for advancing young children's capacity for self-organisation and affect regulation (Beebe & Lachmann, 1994). Although the literature on this group is sparse, but it is clear that the needs of preschool children differ

significantly from the needs of older children (Shanok, Welton, & Lapidus, 1989).

Likewise, our review of available literature revealed that pre-mid-1970, there was no continuity of group work with young children. The beginning seems to have been *sThe Emerging Child* (1973) by Phyllis Brusiloff and Mary Jane Witenberg. This book documented the approach of the Therapeutic Nursery Group (TNG) model. The TNG model views play as the normal and primary route for children to communicate and reveal their feelings, fantasies and views of the world (also see Stone & Stark, 2013).

Conclusion

This chapter has presented the seasonal art therapy model, which evolved over more than twenty years of working with children and families with traumatised pasts, as well as those experiencing 'normal' life transitions that trigger stress within the family. The primary purpose of the model is to co-create a different space inside the preschool, a space that can be inhabited by a Dadirri presence that permeates relationships and allows trauma to heal and grow through transitions. Practically, we use the art groups to reveal this complex weaving of the key concepts.

This chapter has also outlined the development, training, and implementation of the model, including an outline of the key concepts, among which reflective time for educators is paramount. Critical reflection on their teaching practices often leads teachers to 'light bulb moments' where they can see the transformations that are occurring within the group, both in the children and in themselves. This reflection time also allows teachers the opportunity to modify and improve their approach to each child, on the basis of cultural background, temperament, competence and story. This in turn helps ensure high quality care.

Trustworthy relationships are the foundation of this model, particularly because the model requires a very different way of working than educators are traditionally accustomed to. Educators must place their trust in the process and in the relationships that develop. In the art groups we can watch the seasons unfold together and, by reflecting on this process, deepen the presence of *dadirri*.

The Seasonal Model helps tolerate the not knowing, and forms a bridge between disciplines, so the educators shift from their role of imparting information to sitting still and feeling their way through a different paradigm. In addition, this model supports children's wellbeing and development, through simultaneously supporting educators as they hold space for children to heal through art. The following chapter is an in-depth discussion of how the seasonal model is implemented.

CHAPTER 5

THE SEASONAL MODEL IN ACTION

Introduction

This chapter describes how the Seasonal Model functions in a preschool with a high ratio of children from traumatic backgrounds. The examples given here are from groups that have been conducted over the last few years and are used here to further elucidate the Seasonal Model. The case studies are a compilation of voices. Hence the vignettes are of the most repeated issues raised. The researcher has permission to use these studies for educational purposes. This chapter expands on the concept of ‘good enough’ and provides a deeper understanding of the significance and meaning of the Seasonal Model (introduced in Chapter 4). The reader is led on a journey through each of the seasons and is afforded a description of the model in action in each season and the core concepts relevant at each stage, through illustrative vignettes.

Good-enough caretaking

Winnicott (1965) created the concept of the ‘good-enough’ relationship in an effort to support the typical instincts of stable and healthy families. His terminology is

in contrast to what he saw as a growing threat to the family: intrusion by professional idealisation of what parenting *should* look like. Important to his approach was a focus on the nurturing environment provided by the caregiver, something that is referred to in psychotherapy as the ‘safe space’ or ‘holding container’.

Winnicott’s (1965) concept presents a continuum of caretaking, with *intrusion* at one end, *withdrawal* at the other, and ‘good enough’ sitting in between the two extremes—existing in the liminal or holding space (see Wilson & Lindy, 1994). This idea of liminal space stemmed from Winnicott’s recommendation that mothers let their young child be ‘alone’ with them. Winnicott’s concept of ‘alone’ did not mean for either person to be literally alone, but rather to be existing together in the safe holding space in the middle. Winnicott maintained that children thrive when parents do not intrude too much on the child’s emerging selfhood. He extended this idea to therapists also, as he felt that the therapist should balance therapeutic techniques and interventions with a quiet, empathic, sympathetic acceptance. I embrace this notion when I work with the educators; thinking of their relationships with the children. Put another way, an overabundance of objectivity, explanation, theory, analysis, or specific interventions will spoil the quiet, gentle, humanistic connection between the therapist and client (Greene, 2014), and if we take this to the preschool situation, a focus on only intentional teaching, control of behaviour and planned curriculum can be balanced with quiet, humanistic connection between the educator and the child.

In contrast, the caregiver who withdraws and distances themselves from the child leaves the child feeling unsafe and unsupported, and this becomes its own form of trauma. The ‘good-enough’ caregiver relationship exists in between these two extremes, in a space of empathy, acceptance, understanding and presence. In the face

of difficult behaviour, the 'good-enough' relationship between educator and child holds the behaviour. This means allowing the child to express their emotion, whilst keeping them safe. Winnicott (1965) used the term 'holding environment' to describe optimal environment for 'good enough' parenting, an environment that allows the child to moderately and increasingly feel frustration and express their emotions whilst supporting the behaviour by being present.

In my work, I needed to create a model of successful caregiving that can tolerate difficult behaviours without withdrawing, or intruding on the child's boundaries, but instead attending verbally and non-verbally with warm and calm responses, underpinned by an honouring of the child's contextually bound behaviour. This is met by the endeavour of having a 'good-enough' relationship, because this requires the caregiver, whether that be a mother or an educator in a preschool, to be present to the needs of the child, and to be available to be 'alone' with the child (Green, 2014). The 'good-enough' space requires a holding of the child's pain or distress, the ability to self soothe without intervening, but attend kindly, patiently, empathetically, physically warmly, and maternally to that experience. What I discovered, in running the art groups, was that the model needed to focus on the educators as much as on the children. This required creating a safe space inside the preschool where the educators could have a 'good-enough' relationship with the children, while holding ambiguity and complexity, that is to say the educator stays present and emotionally available with the child, whilst the child may be doing something that may cause the educator a feeling of uncertainty. For example, if an educator is worried about the child using paint or scissors, the educator will still be

able to allow the child to use the material and actively observe the child, without disconnecting emotionally or telling the child to stop what they are doing.

Rory (pseudonym): A vignette. The following vignette, from work predating the research study, provides a useful illustration of how preschool educators find new creative ways to tolerate challenging behaviours, by shifting their own behaviour. I went into the preschool classroom and sat at a table. A boy came and sat next to me. He had a blue car that he loved and was holding on to it. He started playing with it—throwing and crashing it into things. I had a piece of paper and a texta in front of me, so I drew a racetrack to contain the crashing, and contextualise the game.

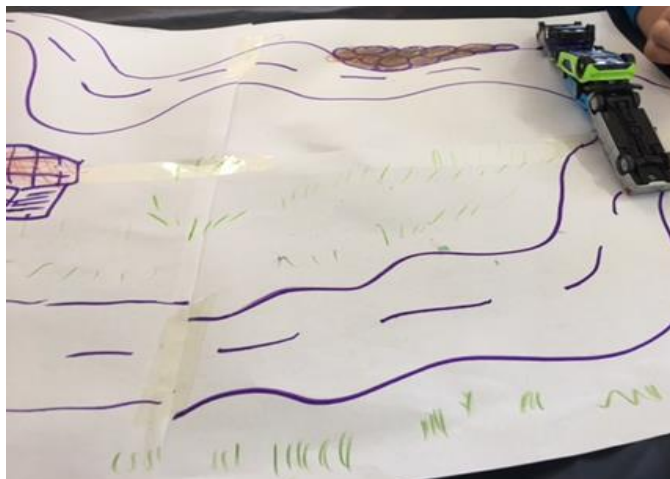


Figure 5.1: An example of facilitator response to a challenging behaviour: cars crashing on a racetrack

Other children came and joined in, asking this boy to race with them, but he cried that he only wanted to crash. He played with a variety of toy cars and spent nearly an hour crashing them. I drew rocks to crash into, and he asked me to draw water and a house. He did a lot of crashing, and at one stage came up to hug me and cried on my neck. I only made crashing sounds every now and again but let him initiate what to do while the educators who were in the room observed me. The class that day

had many children screaming and crying, and toys were being thrown around. When I left for reflection there were a few boys sitting around the racetrack crashing and racing together. When I walked past a little later on my way home, I looked through the glass door and saw one of the educators had created a race track on the floor and the children were all sitting racing and crashing their cars in a safe contained setting. Rory's story gives a useful introduction to how busy and chaotic the classroom is, and how modelling is used by the educators, so that they can create a good-enough relationship with the children.

Educators as emotional caregivers. The bright, colourful paints inside the classroom are a stark contrast to the grey, ambivalent feelings educators may feel. This is the paradoxical landscape of an educator's life. On the one hand, they really want to help the children, but on the other they are often exhausted and overwhelmed; emotions that may make it hard to stay in the middle of the 'good-enough' continuum. Educating and guiding young children can be challenging at the best of times, but when working with children who, due to their experiences of trauma, display extreme behaviours such as hitting, screaming, swearing or biting, the challenge may become a source of vicarious trauma for the educators. Their training has geared them towards the 'intrusionist' end of Wilson and Lindy's (1994) continuum, but the daily challenges of the vicarious traumatisation that the children's behaviour causes, and often their own histories of trauma, causes them to veer towards the other end of the spectrum—withdrawal and disconnection. As one educator expressed, regarding her experience of the stress of working with the preschool children, 'Actually I feel just like this tree. Bare, lifeless, dark and hopeless.'



Figure 5.4: 'Bare and lifeless, dark and hopeless': tree drawn by an educator

This paradoxical framework applies not only inside the preschools but is a wider social framework. The role of an educator is positioned as one of the most important professions. Educators care for our children and help raise the next generation. Children may spend more hours in the preschool than they do at home, and yet educators feel that they are given little social or political support, and very little acknowledgment for their challenging role.

Educators often need to console a crying child, to restrain a screaming one, pick up toys, sweep the floor, play or create intentional learning opportunities for the children they work with. It is expected that an educator will be emotionally available to the children, teach the class and manage behaviours without taking into consideration their personal wellbeing on the day. Many of the educators, complain they lack sleep, often due to worrying or thinking about the children they work with, and yet they come to work and do their best to be available to the children. Educators often talk about their role as an act of love, an act of giving and caring. Love is an act

of connecting. It is linked to the Buddhist concept of *Metta*, or wishing all beings well, regardless of their personal characteristics, behaviours or backgrounds (Salzberg, 2017).

The Seasonal Model creates a holding environment where the educator can experience these different emotions of caring for the child and at the same time being tired, worried or uncertain of how to react, in a safe nonjudgmental way. Cultivating this quality of relationship was referred to by an educator as a ‘paradigm shift’ since ‘it is very different to everything we have learned or been doing’.

Seasons, circles and cycles

A big part of this feeling of ‘paradigm shift’ comes from the fact that the Seasonal Model draws wisdom and inspiration from Indigenous culture, not from the colonial (dare I say—patriarchal) foundations of many other therapy models, the education system, and other institutions in Australia. The shift is away from the outcomes-based system of being busy, accounting for every minute, writing reports and controlling behaviours, to the liminal/holding space in the middle of the continuum where lies quiet contemplation, active observation and a true *seeing* of the child. As Aboriginal Elder Ungunmerr-Baumann (2002, p. 2) wrote: ‘We let them follow their natural course—like the seasons’.

And this is how the model is able to meet the needs of the educators, and those of the children. It is not one size fits all: there is no set curriculum, system, process or strategy. Instead, the model offers a safe space, guidance, support and understanding. It allows all participants to unfold and grow in their own time, like the seasons.

Dadirri Circle. The Dadirri Circle (a space of deep soul listening) is at the heart of the cyclical seasonal model. Everything in life is a circle. The sun, the moon and the earth move in circles. The circle shows that everything is interconnected and joined together to form one complete whole: an internal sanctuary, a space for receiving, listening, creating; and with promise of emotional growth (Tracey, 2014). In the Dadirri Circle of the Aboriginal people a formal ritual circle is formed. Its purpose is to bear witness to the suffering of a community member at the deepest soul level. All in the circle sit in silence, holding and acknowledging their pain. Through connection to land, spirits, ancestors, dreaming, totems, creation of identity and story, healing occurs.

At the intrusion/over-identification end of Winnicott's continuum, the child isn't even a separate identity. Instead, the caregiver is reacting to the child as if it is a part of them. On the other hand, there is the caregiver who withdraws in response to difficult behaviour. The space in the middle of the two extremes (like the Dadirri Circle) is where the caregiver is able to regard the child as a separate entity, but simultaneously feels connected as a fellow human and instead of intervening, engages quietly, patiently and empathetically. Instead of shutting down the child's behaviour, the educator watches, like the seasons unfolding. Once again, it's clear this is a total paradigm shift for most educators, as it is not the system they've been taught. It takes courage to follow, because there are no guaranteed outcomes, there is no set timeline or curriculum to follow exactly, and it may be very unfamiliar territory, since their own parents may have sat at one of the extremes of the continuum. For this reason, educators need to be provided with training in and experience with this model.

In the seasonal model, the art created in the groups simultaneously holds the trauma that stifles creativity and provides a safe space where the small child can

fantasise, symbolise and imagine through creating; and simply through being. The model's four seasons are a path through trauma and relationship, individual and group. The seasons symbolise dimensions of growth and the cycles of life. By taking part in the groups and using the model, the educators and mothers receive healing and learn 'to welcome and receive the children's primitive communication of distress: they learn to bear the negatives projected onto them' (Tracey, 2014, p. 14) not only by the children but also by vulnerable parents who see their children as exposing their inadequacies.

Like the seasons, this model is dynamic and cyclical, not fixed. There is no beginning or end, only an expansion of ever-increasing levels of awareness. The work has kept evolving through interaction and experience with people using the model. It is the facilitator's job to tend the soil at the beginning. From there, work proceeds in the way that makes the most sense for that particular group's needs. Spring is the time for planting the seeds and forming relationships; Summer is full flourish, actual groups in action; Autumn is the time for digesting, reflecting and settling; and Winter is for retreating to an inner and outer sanctuary for evaluation, analysis, regrouping and adjusting. These seasons are enlarged upon in the following sections.

The seasons in action

Spring

Spring is the season for building relationships, creating a safe space, and entering the liminal space of transition. It may also be the time for assessing the edges of the wound—the trauma or life transition that may be causing distress. It is for asking questions such as 'What would you like your class to look and feel like? What

are your needs, what are the children's needs?'

In the Seasonal Model, the educators are invited into experiential trainings, during which they participate in making art, reflecting and chatting about their process. The trainings include art making for the educators so that they can experience and learn about different media, and about how art can develop resilience in children. They also learn about the impact of art on the brain and learn how to use art as a language. These sessions also give the facilitator valuable information about understanding the educators, what they need, and how those needs can be met. The goal of the Seasonal Model is to provide an example of 'good-enough' relationships. This necessitates an understanding of where educators sit on Winnicott's continuum between intrusion and withdrawal. For example, here is an art piece created by one of the educators. When we asked her to talk about it, she said: 'All this colour and busyness hides the emptiness I feel inside.'



Figure 5.5: 'Colour hiding emptiness I feel inside': An educator's artwork

Relationships. Relationships (with multiple stakeholders such as the schools, directors, children, educators, families) are the most important way of attuning to

what is needed in any given setting. How relationships begin, and develop, depends on many variables. In each case the aim is to ‘find ways to be together’ that can develop relationships. The initial focus is on creating a safe, non-judgmental, empathetic and empowering space with educators, where they can relax and know they are ‘good enough’.

Creating a Secure Space. Another essential component of Spring, laying the foundations for encouraging ‘good-enough’ caregiving, is creating a safe/secure space that becomes a sanctuary, akin to the *Dadirri* circle, for all participants, in all group settings. Traditionally in psychotherapy the setting of the therapy is seen as one of the boundaries. Because we are running groups in settings over which we have little or no control (because it is not our own setting), we strive to make a consistent space. This is not always easy. In the case of one particular preschool setting, we’d been through the Spring phase of the model—discussions, needs assessed, relationships formed, and a safe space created. Then, three weeks in, we were informed that our space was moving to the other side of the room. This may seem trivial, but the safe space we create is pivotal to the model. It is imperative that we form trust and that all participants feel safe, supported and nurtured. Any change to the space has an impact. The following case study illustrates the importance of a safe space for connecting, engaging and creating trust.

Jack (pseudonym): a vignette. It is the 3rd session in preschool and Jack arrives. He takes the box with the materials, and other children are upset by this, as these are for everyone to share and he is trying to close the box and play with the latches on the outside of the box. Trying to exchange the box of materials for toys does not work—Jack throws the toys. Then he finds the charcoal and starts to break

the pieces. This creates a question: On the one hand, breaking the charcoal is expressing something, and on the other it is destroying the materials that the group as a whole enjoy using. In this instance looking after the materials feels like we are looking after the group. So, Jack is asked to stop: 'Don't break the charcoal, we want to be able to use it again.' The main box of charcoal pieces is removed from Jack, but we spend time reflecting and thinking about him (holding Jack in mind).

When the charcoal was removed from Jack, he moved away from the group but stayed nearby. He went to gaze out the window. Jack was allowed to be alone with his feelings whilst still being contained by the facilitator, who is thinking about him. Ordinarily in a classroom, an educator would manage his behaviour by either reprimanding him for his actions or trying to draw him back to continue the work. We came to him (to connect) and we looked for a brief shared moment at his hands, which were still wearing the charcoal. This is exactly the middle space of the 'good-enough' relationship, where he is contained, held and seen.

After the group, we spend time reflecting about Jack, wondering if he will attend the next session. We plan to bring for him a box of twigs that is intended especially for him: he can break them without this having an impact on the group. His need could be met because it is hard to imagine Jack, at this stage, making a drawing, until he has had an opportunity to express whatever it was he was wanting to do last session. This should create a connection and a meeting point with Jack. We could bring clay for him, to push the broken twigs into the clay, to provide a way of keeping all the pieces together and trying to make sense of them. The next session we brought a box of twigs for Jack and he did with it exactly what he had done with the charcoal the week before (see image 5.7 below).



Figure 5.7: Box of twigs brought for Jack

That same day, Jack, after he had sat with the twigs and done what he needed to do with them, found his way into art making alongside the other children. Jack attended many more sessions after this one. He no longer needed the twigs, and he didn't dominate the materials; he just got on with his own art making, much the same as the other children. Educators were able to observe a model of 'good enough'—how boundaries were kept, and yet the child was held in mind and attended to. When he felt seen Jack engaged, worked, and didn't disrupt the class. At the same time, the educators' anxiety was contained, and they were able to avoid being overwhelmed.

This vignette shows that children like Jack may, at the beginning of the group, bring anxiety and questions around whether or not they will be able to be contained within the group without having a destructive impact on the whole group. Often

however, when the children's needs are met, and they are acknowledged, they work through what is happening for them, and manage to fit in. In other words, engaging a child such as Jack in a secure space can be very important for moving through challenges that arise. When confronted with the often-overwhelming job of attending to and managing behaviours, it is very easy to find oneself at either extreme of Winnicott's spectrum. The Seasonal Model shows educators how to exist in the liminal space and allow the child to unfold like the seasons, in a space of safety. Jack's story illustrates what becomes possible when we are able to allow the children to express themselves freely and openly, without controlling them, and replacing judgements with warm engagement and attention.

Summer

Summer is the season for running the groups: co-facilitation with educators/parents, management of the physical space and materials are important now. Summer is the season when the children are creating and when they can mould their feelings, through art, into something tangible.

The preschool art groups are run for one hour per week in 10-week blocks. Each session of the art group begins with a song and a drum. The drum signals the beginning of the group. Those who may be outside the room can hear the song on the drum and it is an invitation to join the session. The group gathers around the drum. Each child is offered a turn to drum, and to sing their name to the group. This process weaves the presence of each child into the circle so that they can participate, if they so choose.

Here is an example of a child (Shani: pseudonym) singing her name to the group: 'Someone is knocking at the door. Someone is knocking at the door. Who's at

the door? Shani is at the door. Shani is knocking at the door', sings the group, whilst Shani beats the drum. Shani has chosen to beat the drum (some children choose not to): how loud she beats it and at what rhythm she beats it, is up to her. And so, we sing each child's name into the group and the song announces commencement of the group and thus demarcates the session. The song, as if creating a boundary around the mat, makes the space secluded and safe. The space can be seen and can unfold like the seasons, without intrusion or withdrawal.

The experiences are rich: The smiles on the children's faces, the anticipation, the shyness, the tears of someone wanting to go first, the banging, some barely touching the skin of the drum, the calling that is echoed in the preschool, letting the children know we are here. The opening drum ritual also offers a measure by which we can feel the mood of the group and the individuals. How loudly did they drum? How long did it take for them to gather?

The children can be likened to highly charged particles that are running around all over the place; we set up a space where those fully charged little beings can come in, sit down and be engaged in something. In that process of sitting in a concentrated fashion, in a free and safe space. What may have been fully subjective feelings that they were carrying on board, like unnamed emotions, get poured out or pushed out or scrambled with and somewhat externalised into art. They can step a little bit away, so they can get a bit of space between the emotions and the artwork, or themselves and the artwork, or themselves and their emotions.

That creative process is a moulding of feelings, because the actual process of making the art takes the feelings and expresses them in a form. This process of art making gives the children an opportunity to take some of their excess energy and

emotions out of their system.

There are many possibilities to consider when thinking about how children will unconsciously cope with what distresses them. Some children are terrified to feel and to express their intense distress. For others, their pain has already come pouring out in disturbing or violent behaviours. Little can change if you feel you must hide from your pain or if you believe that you must hide your pain from others. With this view, you will rarely ever feel confident or hopeful or creative (Eaton in Tracey, 2014). Instead, over time you become increasingly rigid, cautious, agitated, and mistrustful. If you believe that your pain must be kept secret or denied you tend to isolate yourself, even from people who may show care and concern towards you (Eaton cited in Tracey, 2015). Sometimes, children don't know how to express themselves and/or they are afraid to try. In some cases, children can be terrified to find out what will happen if they communicate their fears and anxieties.

Liminal space. The liminal space is the space in between, the transition space between leaving and arriving. This is the space we operate in. The liminal space holds in it the promise, or pearl—where one can learn to tolerate and allow ambiguity and emotions, instead of acting automatically at either end of the continuum. It is the space of reflection between action and reaction (Schön, 1983).

There are three layers of engagement with the liminal space: educators use liminal space, children use liminal space, and facilitators use liminal space. This is central to the work. Children automatically 'go there' when they make art, as do the educators and parents. Children make art; they may be aware of other experiences they are processing, but one does not necessarily ask them to share. In fact, boundaries are a consideration here. One doesn't necessarily want the children to

share personal stuff that may come up when they make art. One seeks to create good boundaries without verbalizing them, as trauma sits in a non-verbal, emotional part of being. The facilitators respect and tolerate and honour the behaviours of the children understanding they may be an expression of their life experiences (Briere, 1996).

Art. The group is the setting, and the art is the container. Bion's (1962) concept of the container/contained foregrounds the role of the mother in the developmental trajectory of the infant (see Chapter 3 for more detail). The container is an external phenomenon with the holding environment occurring externally. In the art groups, the art 'holds' the emotions of the child for them. During the preschool art groups, a new world is created. The children choose their paper, materials, and create art while recreating their lives and sharing their narratives. The value of the art therapy process is that it provides an alternative language where emotional, nonverbal, and even private materials, can be worked with: For example, the little girl Kristy, who squeezed red glitter onto the head of a figure saying this is 'Mum'' (addressing her mother's brain surgery).



Figure 5.12: Mother's brain surgery

Not only did Kristy attend to her thoughts about what had happened to her mum, she also contextualised this in her family by cutting papers and figures into tiny bits, as if to show the separation of her parents and family.

James: A vignette. In this next example, the case of James shows how a child with language difficulties can communicate clearly and powerfully with the language of art. Educators said that James had a global developmental delay (GDD). His language is impacted, and it can be difficult to understand him, but James was an eager participant in art group and was motivated to attend every session.

James loved the drumming ritual that began our sessions, and he used it to find his 'voice'. He would drum very loud and hard. Over time it was lovely to witness how James naturally reined in that action and found his own centre, by acquiring more and more self-regulation capacity. James experimented with the art materials and used the art to share things important to him, such as his mother's pregnancy. Staff members were surprised to see such a clear illustration of his awareness.

The art groups provide a safe space for children to express their thoughts, feelings and ideas. They allow for their creativity while connecting to themselves internally, and externally with their peers and educators. They make art about experiences that are important to them, about challenges in their lives, and about the people that are meaningful to them. From our research we know that when children are able to express themselves like this and feel heard, it helps them to develop and thrive (Malchiodi, 2002). Once again, this illustrates how the space of 'good-enough' caretaking that exists between intrusion and withdrawal allows children to grow.

Dadirri. The Aboriginal process of dadirri has been invaluable in every season of the model, but especially as we facilitate the groups: in the Summer season. Dadirri

is about presence, attention, allowing, and attunement. Dadirri is, as previously mentioned, a form of listening. Ungunmerr-Baumann (2002) writes that Aboriginal culture teaches us to be still, to wait and not hurry—'Like the seasons, like the rain that comes to fill the rivers and water the thirsty earth. When a relation dies, we wait a long time with the sorrow, own our grief and allow it to heal slowly' (p. 2).

Of course, this waiting is not easy for many practitioners, as the time may be filled with doubt, anxiety, and the inclination to do something—to be the one in control. It is challenging to remain unbiased and in a pure space of listening and responsiveness.

Attachment. As noted earlier, we used a working model of attachment based on Bowlby (1969). In general, different attachment styles are encountered between participants in the preschool groups, but we usually encounter anxious attachment styles, where the children exhibit anxious attachment, and adults exhibit avoidance. When we lay down the mat and mark the space where we will work, this sets up a kind of secure base from one can mark the onset of the relationship. Different levels and different attachment styles may be associated with institution, director, educator, kids. The groups provide an opportunity for children to form healthy attachments and good-enough relationships with adults.

We must allow for various layers of attachment and different patterns of attachment. We see and understand children's wanting to relate, wanting to connect, yet not feeling safe. We hold an awareness of trauma and its implications, which expresses itself in the relationship, in the attachment styles. This awareness is also part of the liminal space.

Autumn

Autumn is the season at the end of the sessions, a reflective time for educators, for evaluation and decisions about the future. Autumn is the 'settling' of all that has happened in Summer and includes the reflection time with educators after each group. We ask the educators: 'What did you think of today? Did anything stand out for you? When educators say things like 'oh now I get it!', we know that we have journeyed through Summer and entered Autumn because now the leaves that have fallen are breaking and being broken down and taken into the soil. This is signalled by 'aha' moments: 'I get what you are saying now'. They have watched for long enough and can make sense now. Educators find that with time and experience, the group becomes more settled. Because there is a 'settling in' of the children and the vicarious traumatisation is beginning to settle a little bit, the educators have physical time set apart to reflect which often allows for the emotional ability to reflect and think.

Reflective space for educators. An hour is spent each week after the group sessions in the preschools, reflecting on what the educators' saw and what stood out for them; holding space for whatever the educators would like to raise. Facilitators sit and listen, in the spirit of *Dadirri* to the educators' stories. They aim to be truly present and to hear the pain and the sense of helplessness that vicarious traumatisation elicits in them. One educator remarked: 'I am up at night thinking about the children and the day I had.' Often, these sessions are the first time that educators are seen and witnessed by an outsider who can truly acknowledge the hard work they are doing, the pain they may encounter physically (sometimes they are literally bruised and bitten by the children) and emotionally—how they come to work day after day, dedicated, committed, in spite of the exhaustion that they are feeling.

Asking educators to reflect on what they observe in the children at times inspires them to self-reflect and share what they observe in themselves about learning how to facilitate art groups. Participating in experiential trainings and reflecting weekly about the art groups in a safe, non-judgmental environment allows for a parallel process of the educators being more present to the children's world, as evidenced in comments from Reema, the educator:

I have seen how my practice as an educator is changing. It is strange for me to say this, because we as teachers are meant to facilitate play for the children but I feel as if I am letting them play more and allowing them more freedom and allow them to lead the way and point the direction in which they want to go. This is part of our practice, and I always thought I did it, only now, I am embarrassed to say, I can realise that I haven't really been present or allowing them much freedom.

As the weeks pass, witnessing children engrossed in the art making, hearing the children's stories that develop and evolve as the weeks do, helps shift educators' fears and anxieties about allowing the children to express themselves freely in a dedicated contained space.

This reflective time and these intimate discussions held in deep trust are the medium through which the effects of trauma are addressed.

This 'slowing down' period of Autumn allows the educators space to observe the children and notice the group and individual themes and behaviours. By reflecting on these observations, one can develop strategies for meeting individual children's needs. The educator's job is very great. They are expected to be there for the children in a practical way: setting up play areas, feeding, wiping noses, settling fights,

stimulating learning, managing behaviours, and more. They are physically busy, yet the role also asks for reflective practices. The way the art therapy groups are structured, as described, on a dependable frame, makes it an ideal place for educators to gain some thinking space about the children. This thinking can then sustain the educators' work throughout the week by providing insights into the children's creative and behavioural communications. Thus, assisting them to form empathetic, non-judgemental relationships with the children, rather than suppressing them with over-identification or withdrawing.

The following vignette illustrates one aspect of the space one seeks to create. With one group held in the pre-kindy room, we could feel the children's bounding excitement for the group each week. Towards the end of the series, we began to feel their deeper needs and longings, which they expressed by gathering and making requests for materials faster than we could possibly hand them out. It is this process of being aware of the children's feelings, without necessarily being able to meet their needs (other than understanding the behaviour, or what is called in professional terms 'having a space to hold them in mind'), develops a way of being present with the child. This is important, as the developing relationship between the educator and the child during the time of the group provides a healing emotional framework for the child (Moustakas, 1997). Just understanding what the behaviours of the child signify can help the child solve their inner conflict or dysfunctional thinking (Reddy, Flies-Hall, & Schaefer, 2005; Schefer, & O'Connor, 1983).

Providing a model of 'good-enough' relationships. One of the key aspects of Winnicott's concept of 'good-enough' caregiving, is the ability to absorb the child's rage; to see the whole being and to allow space for the child to express behaviours

indicating fragmentation. By running groups, forming relationships and reflecting, we are providing the educators with a model of how not to be afraid of their rage, of how, when a child behaves in a certain way, not to withdraw, not to act in a way that is intrusive, interfering; not to block the behaviours out, as this repeats the cycle of trauma. This is very complex, as the educators may be acting like this themselves, may be reacting from a place of vicarious traumatization.

Therefore, all the seasons of the model are so important—the trust building of Spring, the action of Summer, the reflection of Autumn, and the retreat of Winter. The model is quite unlike conventional education, which is designed to control and manage. Instead, the seasonal approach provides relationships in each setting with a space of patience and tolerance, where the ‘good enough’ can be created, instead of intrusion and withdrawal. The goal of ‘good-enough’ caretaking is foremost in our minds when we are planting the first seeds, in Spring—forming relationships and creating safe spaces. In **Summer** we try to the best of our abilities to model these aspects, and in Autumn we have time to reflect on these aspects, to listen, converse and share.

Winter

Winter is the season for a return to the sanctuary of home, and heart, to critically review, reflect and assess. Winter is an underground space. It is a time for reflecting and regrouping, revamping what works and what doesn’t, so that the model is continually improved. It is a time for reflecting and identifying common themes.

Reflecting on, discovering and understanding these themes has helped to improve the approach and refine the Seasonal Model. Feelings of neglect, abandonment and rejection are common, as is dealing with the pain caused by the

separation from family.

In the preschool, the way space is created for educators to reflect and share, offers a feedback loop to help facilitators and educators continually refine their skills and, ultimately, the art program, so that we can offer our best efforts to the children. As a facilitator I too have my own support in place. One of these supports is the lengthy discussions with my co-facilitator. We often spend more time talking about the group than it took to facilitate it. Another support is weekly clinical supervisions. This reflective time is essential to help me identify where on the continuum of intrusion and withdrawal (Wilson & Lindy, 1994) I may find myself and to implement the model of action and reaction (Schön, 1983) so that when I facilitate the group I am more emotionally available and present.

The endless hours chatting, thinking and reading about things relevant to the group, feeling their implications (physically and emotionally) is an important aspect of the Model, and has helped to give it its depth. It has also helped in developing this model for the children, the educators, and the facilitators. It has helped me personally to: model self-care; digest the trauma; to make sure we are practicing dadirri; and continuing to create ourselves as practitioners.

Full circle

At the conclusion of one cycle of seasons, the educators should have been afforded the opportunity to grow and become more confident. Originally, they may have had a strong tendency to behave in response to the experiences learned in childhood. Perhaps as a child they were not allowed to rage, but had to suppress their feelings, to be a 'good girl'. The Seasonal Model's 'good-enough' relationship enables

that child within, to express herself. The group supports and nurtures the educators to stay present, in the middle of the good-enough continuum, rather than withdrawn, or interfering. The group reminds us we are all part of the same universe, part of each other, the way one behaves affects the way another feels, behaviours are results of environments. This entails being present for the child, being mindful, creating a feeling space for the children.

Conclusion

This chapter has provided an overview of how the seasonal art therapy model is implemented in a preschool. Necessarily there is always variation in how groups are conducted and received, as the desired conditions of autonomy, flexibility and spontaneity required to model a 'good-enough' relationship are co-created with our participants. This involves creating safe and reflective spaces, supporting educators as they support the children, and emphasises the importance of relationships and trust. All of this is done with *dadirri* in mind, so the process can unfold in its own time, like the seasons. The subsequent chapter describes the methodology that was designed to rigorously test the aims of the study and the research questions posed.

CHAPTER 6

METHODOLOGY

Introduction

This chapter outlines the decolonising methodologies and Indigenous Research Methods employed in the present research, and discusses the qualitative research design—more specifically, the naturalistic approach that was adopted, and the methods that were utilised in applying it. The chapter also presents an overview of the methodological considerations employed to evaluate the ‘Seasonal Model’ of running art groups in a preschool with trauma-affected children, its effects on the children, their educators and also upon the researcher and facilitators. The focus is not on evaluating the benefits of the art group; rather, it is an evaluation of the usefulness of the art group intervention as a process by which positive relationships can be developed within preschools.

The second part of the chapter lays out the three components of the study that were used in the evaluation of the phases of the Seasonal Model (the Seasonal Model is explained in detail in chapters 4 and 5). The model, focused on relationships, brings children together in an art group intervention in a preschool, working hand in hand

with the educators as partners. These components are as follows: Part 1 looks at the art therapy groups that were run for the children, Part 2 at the reflective space for educators and the preschool director, and Part 3 addresses the role of the facilitators. The chapter ends with a discussion of ethical considerations and with some reflections on the process of interviewing the educators.

The aim of the research

The key aim of this research was to create and evaluate an art therapy model for working with traumatised children within a preschool setting. The development of this model involved the educators in the process of designing, participating, reflecting, and evaluating.

This was done by:

1. Partnering with the educators in participatory research that employs decolonising methodologies.
2. Sharing our skills as art therapists with educators. Whereas art therapist facilitators come and go, the children spend most of their time in the preschool with the educators. The educators are better placed to sustain something good and supportive for the children.
3. Building resilience, supporting recovery from and understanding of trauma and life transitions for the children.
4. Giving children access to a creative space that reflects their healthy potential—to offset their traumatisation.
5. Engaging in positive caring relationships so that these become the foundation in the preschools.

Decolonising methodologies

Trauma itself is an event or series of events outside of the expected realm of social norms. Traumatized people often act in unsanctioned ways that break social norms (Briere, 2005; Van de Kolk, 2014). To approach the traumatized person with an attempt to impose expectations of society on them is a kind of colonisation of the self, that risks retriggering trauma (Briere & Scott, 2006; Perry 2001, Perry et al., 2010; Van de Kolk, 2014). In 2016, 4.8% of all children enrolled in preschools in Australia self-identified as Aboriginal (2016 ABS statistics). In the schools where I have been working, over the last 10 years, this percentage is closer to 33%; the same ratio holds for the educators in these centres.

There is also a collective cultural history of colonisation in Australia, and thus there is a constellation of associated intergenerational abuse and traumas. In addition, there is the imposition of a patriarchal culture onto a community in a preschool where the work is predominantly carried out by women. This is largely unseen and un-lauded work, but it is stringently governed by external expectations of outcome-oriented documentation, which stems from patriarchal culture, that prevails in modern society (Lockard, 2007). These expectations, policies and procedures colonise the role of the educator and subjugate the attachment relationship in this way. For this study, colonisation and patriarchy are being assimilated into the one thought stream, as to give an understanding of the experiences of the educators. Therefore, we employ decolonising methodologies as a directly ameliorative response to the community in the preschool.

Decolonising Methodologies, Indigenous Research Methods (IRM, Holmes et al., 2008; Morseu-Diop, 2010; Sherwood, 2010; Smith, 1999, 2005) and Collaborative

Community Participatory Action Research (CCPAR; Greenwood & Levin, 2000; Sherwood et al., 2015) all share similar values, and all employ qualitative research methods (Denzin & Lincoln, 2005; 2011; Sarantakos, 2005; 2012). They aim to be inclusive and to bring a non-objectifying orientation: not thinking 'I am better', not coming from 'I am on top' but rather, bringing genuine respect and collaboration to the research. They cover overlapping ideas and complement each other. All three methods have informed the approach of this research, guiding the use of language and the theme of deference to the educators as experts in their preschools (Sarantakos, 2005, 2012; Sherwood, 2010).

Indigenous research focuses on collaboration, respect, willing participation, and authentic relationships within a safe space in which a person understands others better. The quality of mutual respect is at the core of the Seasonal Model. Indigenous Research Methodologies (IRM; Australian Institute of Aboriginal and Torres Strait Islander Studies, 2012; Sherwood, 2010; Smith, 1999, 2005) respects multiple truths and perspectives, which helps account for the multiplicity of relationships: researcher, director and educators; researcher and children; and researcher and co-facilitator. In this framework research is never a neutral project, and it cannot promote an objective perspective (Denzin & Lincoln, 2005, 2011; Sherwood, 2010).

Another characteristic of IRM is that it appreciates the importance of variation, variables, histories, environments, and law. Thus, it is not a one-size-fits-all approach. This has direct bearing on the Seasonal Model, which assumes the need to adapt to whoever uses it. IRM aims to establish a collaborative approach, to build the capacity of all those involved and not merely the researcher. This aim was at the heart of this research project and the great paradigm shift that has been called for, to bring about

changes in research outcomes (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2012; Sherwood, 2010).

Decolonising Methodologies, similarly, seek to create a collaborative participatory relationship. They seek to change and challenge the dominant methods of non-Aboriginal people and culture. Smith (1999) suggests that Western methods need to be decolonized through engaging 'a more critical understanding of the underlying assumptions, motivations and values that inform research practices' (p. 20). Collaborative Community Participatory Action Research (CCPAR) describes this collaborative participatory relationship where women and educators are seen, heard and respected, where they are welcomed into the liminal space of connection, a space of intuiting, and tolerating ambiguity (Smith, 1999). This approach informed everything in my research, from the choice of words to the non-authoritative way in which I have attempted to write this thesis, acknowledging all participants in this research and their contributions, all considered to be of equal value.

Action Research is a part of Collaborative Community Participatory Action Research (CCPAR), which is flexible and has many variations: collaborative enquiry, participatory research, co-generative enquiry, emancipatory or liberating research, and contextual action research (Greenwood & Levin, 2000; Masters, 1995; O'Brien, 1998; Sherwood, 2010). According to O'Brien (1998), it is learning by doing, and modifies the traditional positions of researcher and subject into joint researchers/participants.

The focus of action research is to solve the problems in a given context by the people who have experienced the problem (Greenwood & Levin, 2000). It commences with a problem to be solved, as identified by the participants, followed by the

development of an action plan. The action is then evaluated or reflected upon, to see if there is a need for further planning (Kemmis, 2006; Stringer, 1999). The role of the researcher is itself part of the research: thus, there is a need to identify and reflect upon one's values and benefits throughout the research. This cycle is iteratively continued, and this continuity of inquiry involves a tight interweaving of thinking and doing: using theoretical frameworks that allow continual learning, and reflective and collaborative action (Schön, 1991).

Action research was useful to this research in connection with what the facilitator does to model the 'good-enough' continuum, which is enlarged upon in the discussion below (also see chapter 3 for an outline of Winnicott's Good-enough (1965). Action research makes space for the facilitators to bring a warm presence and availability: checking, being attentive to all verbal and non-verbal signs, adjusting or adapting as needed. This process, aligned with Winnicott's concept of 'good-enough', guided me as an art therapist, to employ action research methods. Action research offers parallels to my own methodology, in helping to create an appropriate reflective space and in teaching educators how to be reflective practitioners in relation to the children (Schön, 1983); by creating their own theories of why children behave as they do, in an attempt to understand them and to remain empathetic and responsive (Kelly, 2015).

Qualitative research design: The naturalistic approach

According to Creswell (1994):

a qualitative study is defined as an inquiry process.... based on building a

complex, holistic picture, formed with words, reporting a detailed view of informants and conducted in a natural setting. (pp. 1-2)

Indigenous Research Methodology, together with Decolonizing Methodologies and Collaborative Community Participatory Action Research (CCPAR), informed the design of this qualitative research. This research was built on the foundation of relationships, in particular those imbued with the qualities described above that is being respectful, nonjudgmental and allowing for time to get to know one another. Qualitative research design, and more specifically the naturalistic approach (Lincoln & Guba, 2000) studies social phenomena in their natural settings, using methods involving observations, in-depth interviewing and workshop participation through facilitation (Denzin & Lincoln, 2005, 2011). This research embodied these approaches by being conducted within the naturalistic setting of the preschool, and fitting into the existing structure of the preschool. For example, it related to the educators as the experts in their domain.

Qualitative research is useful in exploring relationships because it stresses how social experience is created and given meaning (Denzin & Lincoln, 1998, 2011). It provides an interpretative and natural approach to its subject matter. Based on the analysis of the data, one can use an inductive rather than deductive approach to formulate abstractions, concepts, and theory (Morseu-Diop, 2010). Inductive reasoning is useful for this research, as it allows for the development of thinking and observations. Since only one preschool participated in this research, inductive reasoning helped in establishing an in-depth understanding of the specific group and their observations. The process produced 'thick descriptions' of data to be analysed.

My role of researcher and invited group facilitator was to enter a preschool community. One cannot help but arrive as an outsider, although with an invitation to

conduct the art groups. My role entailed the responsibility to evaluate the outcomes in terms of the children's behaviours. This stimulated sensitivity in the educators, as they felt they could be judged via the children's behaviour. My role could have become similar to a white colonial ethnographer entering an Indigenous community with differing cultural values, organisation and structure, and imposing my cultural bias. Rather, I sought to employ decolonising and participatory research methodologies, as described above, to form deeply respectful relationships within a collaborative research model.

A qualitative approach allows for rich descriptions of the individual experiences of the children and educators in the preschool, as well as their interactions with the facilitators (Greig, Taylor & MacKay, 2007). It also allowed for free exploration—creating space to uncover new information, as opposed to the constraints of proving specific hypotheses or expected outcomes (Elliott & Timulak, 2005). A qualitative approach also allows the researcher to account for the non-verbal communications occurring in the preschool room. This may include observations such as: which children sit closest to their educators, how the children drum (loud or soft; who refuses to drum), which children leave the group first, and many more behavioural and psychodynamic communications of this nature.

At the end of each session the facilitators would reflect on the process of the group and were mindful of the above interactions. This is important, because non-verbal communications play a central role in child development; both in relationships and in the ways, children seek to express their experiences of trauma. Therefore, the qualitative approach directly supported the specific research aims and design of this project. A quantitative method was considered, but not chosen as the methodology,

as it could not account for the colour, flexibility and awareness of non-verbal communication that qualitative research methods provided.

The link between the research method and the concept of good-enough

‘Good-enough’ is a concept developed by Winnicott (1965) in relation to child rearing. Through his observations as a GP, psychoanalyst and parent himself, he posited that a ‘good-enough’ mother is aware of non-verbal communication, including nuances in the music or tone of the voice, and the meaning behind actions. The good-enough mother tries something, then goes back to check if it worked. Using the information from this check they might then try something else (see chapters 3 and 7 for in-depth discussion of the ‘good-enough’ concept). Winnicott also refers to the mother as the ‘ordinary mother’ (Winnicott, 1965, p. 52). Similarly, the decolonising researcher brings sensitivity to the tone of communications, and to the meanings behind behaviours, with a capacity to be reflective, adaptive, aware, intuitive, connected and self-affirmed, this description can also be extended to the educators.

The idea of the ‘good-enough’ was at the heart of my thinking, and therefore the methodologies I chose for the Seasonal Model needed to allow ‘good enough’ to arise in relationships between the researcher and the educators, between the educators and children, and also between facilitators and children. Specifically, evaluating the art groups necessitated the need to be non-intrusive, to create a safe space and to co-create with participants, so that the efficacy of ‘good enough’ relationships in this context could be assessed, while the relationships themselves followed this pattern of trying, assessing, reflecting and trying something else. This

pattern of reflection on and evaluation of a process is not only what a good-enough mother does but also what action research does, in its continually reflective adjusting.

Winnicott (1953) is known as the man who wanted to listen to women and who encouraged mothers to listen to their babies. Similarly, this research, and the Seasonal Model seek to listen to the educators and create a space for them to listen to and see the children. This listening happens in the context of an experience of oppression, misunderstanding and from top-down prescription that is similarly experienced by mothers and educators in the continuing influence of the patriarchy on social beliefs and institutional systems (Herman, 1997). Winnicott's work partially sought to ameliorate this situation, but in his way, he also, as a man of his era (1950s-1960s) making the mistake of 'coming from above' rather than observing, and letting the mothers tell him their experiences (Stadlen, 2004). In the same way, the preschool educators can feel put down by parents on the one hand, and by the school's management on the other. The work of the art therapy facilitator in preschools, and the methodologies of the Seasonal Model, hold this core tension in mind.

Case study research design

Yin (2003 pp. 13-14) noted that a single case study is an exploratory tool; an empirical 'inquiry that investigates a contemporary phenomenon within its real-life context' (Yin, 2009). This study makes use of the case study approach, utilising in-depth semi-structured interviews, and concentrates on an interpretative approach to analysing the data (Brizuela, Stewart, Carrillo & Berger, 2000).

In this research the case study comprised a suite of 10 group sessions run in the preschool. However, the unit of analysis is the individual group session. Each group

session is seen to correspond to a different phase of the research, in terms of the Seasonal Model. The researcher was guided by the 'seasonal model' as a template for the data analysis. Each season was a new phase in the development of the research. The data comprised the interactions within the group, the reflections of the educators on the group, the researcher's own critical reflections, and a peer review.

In-depth interviews were used to generate information and direction to guide the facilitators in their work as the focus coming from the educators, and an interpretative approach was applied to the information (Brizuela, Stewart, Carrillo & Berger, 2000). Yin (1984; 2003) notes the use of case studies in a wide range of research for over 50 years. This approach allows us to look at the relationships of the children and educators, and through them to understand the context in this preschool. The relationships between the children and their educators would bring insights to a richer picture about the children and the educators and the preschool environment. This has potential to allow us to understand other preschools that have a high number of children who have experienced trauma.

Participants

The study took place in a preschool on the South Coast of NSW. The participants of the study were the director of the preschool and four educators, who collaborated with the researchers in the art therapy groups. The four educators that participated in the research volunteered to do so, based on their years of experience and availability and most importantly their willingness to participate. The children who participated in the art therapy groups were aged between 3-5 years old, and there were up to 20 children in each session.

Semi-structured interviews were held with the director of the preschool before and after the suite of ten art therapy sessions. This was done separately to the educator interviews, but was deemed useful, as the director will have a broader overview of the preschool system and thus a different perspective. Interviewing the director also allowed for feedback on the impact of the group on both educators and children. Rather than relying on merely reading materials (Lett, 2001), this qualitative research methodology provided first-hand data, on questions such as: Did the director notice any difference in the running of the preschool? In the relationships of the educators and children? Was art used differently in the preschool and did she notice differences in the relationships formed?

Before the art groups were run, in-depth, semi-structured interviews with open-ended questions were also undertaken with the participating educators (n = 4), to allow initial exploration of the research questions and in order to collect information about the educators' experiences and thoughts at the outset, prior to the research. For instance, one of the questions was: 'How do educators currently understand the cause of the children's behaviour?' (see Appendix A).

Research design

Relationships were central to the facilitation of the program, and building trust and respect was what allowed us to implement and evaluate the model. To ensure we built strong relationships, before the commencement of the group sessions, a meeting was held with the director and educators of the preschool, to introduce myself and to learn about them and the preschool. We also discussed topics such as disclosures, mandatory reporting, and support options in the case of emotional triggering. This was part of the 'affiliative' phase of group forming (as written about in chapter 3). It was

important that the facilitator be accepted into the educator's space, to work alongside their team. Time was spent to allow immersion in the preschool culture, structure and activities; rather than being a passive observer. The researcher travelled to the preschool and spent time not only in getting to know the educators, and the director, but spending time inside the classroom, helping where needed, before starting the actual art group; also chatting about the group and what it would look like.

This time was important in creating and building relationships with educators, in modelling the development of trust through predictability and continuity. This is similar to the child therapist, who builds trust with parents as the foundation for treatment of the child (Chethik, 1989; Keller, 2011). This stage took time, patience, and holding in mind that, like the children, educators have their own attachment styles and histories.

Research aims and rationale

The research comprised a case study in three separate but interrelated parts. Part 1 was an art therapy group for children, run in a room within the preschool. A particular space was agreed on beforehand with the director and educator of that room. Participants in the room at the time of the art therapy sessions were the children; the educator of that room; myself as researcher, art therapist and clinical social worker; another art therapist as co-facilitator of the group; and a social work student, who was taking pictures and videos. This approach freed the co-facilitators and the researcher to be attentive to the children and educators whilst running the groups.

Part 2 was a reflective space for discussion, for the educators who sat in on the art therapy group. There were also interviews with the director. The reflections that

took place after the groups, were held in a quiet place within the preschool, separate from the art therapy room and from the children. Although educators do not have formal clinical supervisions, these reflections have been designed for a similar purpose. This will be discussed further in the discussion in Chapter 8.

Part 3 involved the critical reflection of the facilitators on their groupwork and on the process of facilitating each session of the 10-session group program. This process happened outside of the preschool and involved the facilitators' personal reflections, which also took into account how our presence may have been felt, and what needed to be adjusted for the following session. In our conversations we also looked to link our personal experiences, in parallel with the preschool.

Part 1: Art therapy group

The art therapy group was run in a room in the preschool that had been agreed on beforehand with the director and educator. Participants in the room at the time of the art therapy sessions were: children and the educator of that room, as well as myself, as the researcher, who is an art therapist and clinical social worker, another art therapist as co-facilitator of the group and a social work student who was taking pictures and videos. This approach freed the co-facilitators and the researcher to be attentive to the children and educators whilst running the groups. The educator of that preschool room sat in on the group and was an integral part of it.

After each group, the children received a newsletter to take home to give to their parents, describing the activities of the art group (see Appendix B).

Method of implementation. The art groups were initially intended to be small, closed groups for the children, who were identified by the director and educators as those with most need for early intervention. What eventuated, once we began to

implement the group, was that the focus shifted. The way that the groups were used by the children in the preschool room contributed to our thinking more broadly about the group, as an *open secure base* (refer to chapter 3) that could be accessed by any and all of the children in the room.

All of the families of the children who participated received an invitation and an information sheet (see Appendix C), which contained an explanation of the proposed research. The information sheet outlined the research objectives and what their child's participation entailed. Confidentiality considerations were also outlined, and permission for the children to participate and for us to use the artwork without identifying the child was given by the parents. The parents were then able to choose freely to participate or not, and at any time could withdraw their child's participation from the research, at which point any data gathered from them would have been confidentially destroyed. Written consent to use any material for evaluative purposes was also obtained (see Appendix C). No one withdrew from the study. After each group, the children received a newsletter to take home to their parents so that the link to the families was maintained with a sense of transparency about the nature of the experience the children were having (see Appendix B). The art therapy group in Part 1 allowed for a thorough exploration of the relationships between the educators and the children, and how these affected the children.

Program. The art therapy program for the children was run as weekly one-hour sessions for the duration of ten weeks. The educators and the facilitators met before the group started; this gave the educators an understanding of what to expect in the session. The art therapy group took place in the children's preschool room, in an area suggested by the preschool educators. The educators also sat in on the group. To

demarcate the art therapy group time, a throw rug was spread on the floor. A small group of curious children would gather around, seeing our drum and the space marked by the rug. Sessions began with a hello song on the drum, where each child and educator's name were sung into the room, and ended with a goodbye song, to give a structure of beginning and ending to the sessions.

With this particular group of children, the educators had identified 'impulse control' as a concern, so we ritualised the process of 'waiting', contained with a kind of creative drama. We would ask the group 'who would like a BIG piece of paper to work on?' or 'a tiny one? Or a medium paper?' Then as we handed out the sheets, we would suggest that each child find themselves a place on the mat to work: a place where they could lay their page flat and access the art materials.

We then distributed art materials in reach of mini groups as they clustered on the mat: a box of pastels to share between three or four children, among other materials that we distributed at a moderated pace, so that the children had time to notice and use the materials without urgency and without becoming overwhelmed by their own impulses. This careful, considered delivery of the materials helped structure the way they were used, and also helped 'contain' the children's excitement/anxiety. All the while, the educators were able to observe the facilitators' behaviours and the children's engagement and use of the group. This became one of the subjects of our post group reflections with the educators (Part 2).

There were no guided themes for the artwork, and the children were not told what to do. This is how an open creative space was created, while still keeping it contained within a structure. The structure of the sessions gave some sense of security but did not impose on the children's inner world. Instead, the openness within the

structure invited the children to use the time to express themselves. After the children had had a chance to create with the art materials, they were asked if they would like to tell a story about their picture. If the child shared a story, we recorded their story and transcribed it (See Appendix E for an example of a story). Some of the children did not have a story to tell about their art, or did not want to share one, in which case they were asked, 'What would you call this picture?' If they had an answer we transcribed their words, and facilitators also paid attention to the process of what materials they used, what they created, and the group interpersonal dynamics. Confidentiality was ensured by keeping the data in secure password protected storage at the university (see ACU ethics approval in Appendix F).

Children's Artwork. A phenomenological approach (Betensky, 1973; Giorgi, 1997; Lett, 2001;) was used to look at and assess the artwork of the children and their themes. This means looking at the art and the process of making it as a phenomenon in itself. Watching it being made in real time, the observation is non-interpretive and takes what is shown at face value. This allows the children space to create their own meaning and is in line with the decolonising methodology: We are not the experts on the artworks, the children are. Also, we are not teachers showing them how to make artwork and hoping for a particular outcome; rather, we are holding a space for the children to develop their own expressions. The processes and behaviours of the children throughout the group were video recorded, and along with the actual results of the artwork created, were considered in the analysis.

Factors that were looked at were the children's participation, drumming and singing, facial expressions, behaviours such as getting close to an educator or facilitator, going in and out of the group, how the children sat, how they took

materials, how they used materials, how they related to other children, educators and facilitators. Also looked at were behaviours such as crying, laughing, or disruptive behaviours, and how the child treated their finished artwork. Following Malchiodi's (2011) trauma-informed practice analysis we carried out observations and included questions such as: Did the children wait for directions or instructions? Were they impulsive about materials? Did they seem calm and focused, restless and agitated, or active or withdrawn? Did they seem distracted or were they able to concentrate? Were they aware of the environment? Did this change during the sessions? Did they seem confident about their drawing or were they concerned about making mistakes? Were they working independently or were they dependent on help? How did the educator respond? Did they have problems leaving the group? Did they want to keep the artwork or leave it? (Malchiodi, 1997; 2008; 2012). The interpersonal responses between the children, the educators and the facilitators and behaviours were analysed and organised into themes.

The end products, the artworks also were photographed, (see ethics approval in Appendix C). Were the children proud of the finished product or did they devalue the drawing? Did the artwork contain unique expressive imagery or did it contain stereotypical images? What stories did they share about the artwork? Was it developmentally appropriate? What developmental stage best describes the children's drawings? Were some elements emphasized more than others? (Malchiodi, 1997, 2008, 2012).

Art making by the children in the presence of empathetically available caregivers is a concrete embodiment of the good-enough relationship and the liminal space this opens. In this context, art functions to contain anxiety and fragmented

experiences, as well as supporting the development of a meaningful narrative that helps a child make sense of their world and discover who they can be.

Part 2. Reflective space for educators

Part 2 focused on the educators working in the preschool room where the art groups were run. Before the actual running of the groups, semi-structured, open-ended interviews were held to get to know the educators and gauge their understanding of children's behaviour in relation to trauma and the art groups' potential. In these encounters, we had an opportunity to think together about the art groups. It allowed us to create a space to hear about the educators' thoughts, fears, wishes and expectations about the art groups as well as their own professional needs.

The driver for this component of the study was to give educators working with traumatised children the tools and knowledge, via lived and reflective experiences, that could make a positive difference for the children, whilst mitigating their own (the educators') stress. The educators were given a book, a notebook with blank pages, with some art materials, and were free to create an artwork too, if they chose to. The idea was to give them a creative space, the option to draw the session instead of writing about it, and to be able to connect to the children via art making if they so chose. However, most chose to write in the book. This gave a tangible space for them, a kind of embodiment of the inter-relational space that we were building between us in the interviews. We have found, particularly in working with trauma that interrupts the internal capacity to think, that physical objects that symbolise the connection and relationship help sustain the connection until the relationship can be developed and trusted by a person who has been shaken by trauma. It was agreed that the researcher would collect the books at the end of the research and give them back to the

educators after the thesis were completed. In the book, we also asked the educators to answer the following four questions:

- What did you get from today's group?
- How do you feel about today's group?
- What stood out for you today?
- Is there anything that can be implemented from today into the classroom?

Rationale. In this age group, children, rely heavily on the development of relationships of trust with specific educators, in order to enable them to self-regulate strong emotions. Helping educators understand and look at behaviour differently by providing emotional support and a reflective space may give educators improved ability for empathic connections with the children.

Course of action. After each art therapy session in which the educators participated, we spent an hour with the educators to reflect on the art therapy group session. This was in a quiet space, at the back of the preschool where it was quiet and confidential, and a safe space in which both to think about their experiences and to ask practical questions that came up from their participation in the group session. These conversations were transcribed verbatim (see consent to participate forms for educators in Appendix D).

Part of the work of the present research was to formally observe and reflect on the process of the Seasonal Model. Related questions were, how do educators engage with the art group facilitators and use their presence in the group to develop their own models about the children's behaviour? What resources or personal qualities does an educator need in order to create a relationship with the child that functions as

much as possible in the centre of the 'good-enough' continuum, in the liminal space that exists between intrusion and withdrawal? How can the facilitators develop such skills/qualities and competences as to create the ability to make a safe space in which potentially therapeutic relationships can develop?

I believed that the educator needs to be able to reflect honestly on their emotional intelligence and engagement with the children. I also assumed that they would recalibrate themselves to centre after finding themselves on either side of the continuum from intrusive-withdrawn in their relationships with one another, the director and the children.

Part 3: The facilitators

Part 3 focused on the facilitators of the art therapy groups. One of the facilitators was the researcher; the other was a close colleague who is an art therapist. With the structure of all the contributory theories in mind, our combined decades of experience in art therapy group facilitation, the deep and nourishing relationship of trust that was expressed in our co-facilitation, and our own personal therapy journeys on board, I came to this research project with an intention of distilling from it, the essence of what it is about, how our work works, and what of it we could share, so that the most distressed children could be met by the educators who would, inevitably, always have more direct time with the children than we could provide in a purely therapeutic intervention.

To that purpose, Part 3 was conducted to identify and assess the essence of our work, its effects on the children, and those elements that make for a successful art group producing 'good-enough' relationships between the children and educators.

Even in the process of writing this thesis, there was a reflective process wherein I found myself steeped in thoughts and feelings about my personal life, in relation to the themes and data collected in this research. The detours we take to deeply process these internal ruptures, I also considered to be of direct relevance to the work itself. Thus, as we process our own feelings and work, to make sense of our experiences of our own childhoods, our family histories, the feelings these children's presence provokes in us, this process in turn feeds back into the work.

For this reason, I took note of such feelings as they arose, as they can reasonably be expected to parallel feelings experienced by educators in their everyday work in a trauma-influenced environment. This had potential implications in affecting relationships within such an environment. Becoming a self-reflective practitioner is considered to be a requirement of ethical practice under the Association of Social Workers' (AASW) standards of practice. Many of the conversations between the researcher and facilitator were audio recorded, and both the researcher and co-facilitator kept a written diary. The student who took the photographs received weekly supervisions, to reflect on the sessions and process anything that may have come up for her.

Data analysis procedures

Following Braun and Clarke (2006) as a guideline for thematic analysis, we used multiple forms of data collection: audio recordings, transcripts of interviews, educators' visual diaries, and children's artworks. These data sets were analysed according to Braun & Clarke (2006, p. 87), particularly with the idea of the

characteristics of the 'good-enough' relationship in mind. There were five steps to the thematic analysis:

Step 1: Familiarisation with the data

Interview sessions and diaries were transcribed by the researcher. At the same time as transcribing, initial notes regarding potential themes were taken. Each theme was highlighted with a certain colour. Transcripts were reread for clarity, and additional themes were further noted. Facilitators also paid attention to the non-verbal communications between the educators and children, paying attention to the tone of voice, eye contact, body language and how they sat one in relation to the other. Regarding the artworks, the researcher photographed pictures and printed out the images. All images were organised according to date and the child who created it. Visual changes in the drawings between sessions were noted.

These aforementioned actions were done in accordance with Braun & Clarke's (2006) suggestion to 'transcribe (if necessary), read and re-read the data and note down initial ideas' (p. 87). Reading and re-reading the transcriptions allowed the researcher to be immersed in the data.

The remaining four steps were based on following Braun & Clarke's (2006) four steps of thematic analysis:

Step 2: Generation of initial codes

Initial codes or themes were created. These themes reflected consistent behaviours and topics that emerged. These themes were decided upon with the co-facilitator and were also reflected upon and discussed in supervision. The themes that

were identified were reflected back to the educators for their thoughts. This process helped develop sub themes to be subsumed under the major themes.

Step 3: Searching for themes

Codes were re-organised into themes.

Step 4: Reviewing themes

Themes were reviewed and refined in respect of the 'good-enough' continuum and the relationships between the educators, the children, the researcher and the co-facilitator. This was done in two phases, namely (1) to determine whether themes formed a coherent pattern with each other and (2) examine whether themes were consistent with the entire data set; additional themes were coded, if needed.

Step 5: Defining and naming themes

Descriptions of the various themes were clarified. Within each theme, sub-themes were created. Labels for each of the themes were created. Subsequently, sections of the interviews or video were highlighted and organised according to these themes. This step aligns with Yin's (2009) analysis of a case study. The themes were looked at from the point of view of the educators, children and facilitators.

Ethical considerations

An extremely important element of this project was building relationships of trust with the families and community of the preschool where this research took place. This was central to the viability of the project, and is in line with the inherent rights, including the right to self-determination, on which the guidelines for ethical research in Australian Indigenous Studies are founded (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2012). In particular, relationships were

based on respect and reciprocity in the preschool community where the research was conducted and developed. The methodology was participatory, inclusive, transparent and collaborative, in contrast to the observational-only approach favoured by western research into Aboriginal culture. This requirement of workshopping information about aims, methods, and potential outcomes was to allow the participants freedom to choose whether or not they agreed to participate and support the project. This is in line with principle nine of the ethical guidelines, which states that consultation and negotiation should achieve mutual understanding about the proposed research (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2012, p. 12).

While art therapy and play are perceived as non-threatening, there was potential for traumatising events to occur when tapping into sensory-based memories via sensory means. I watched children for signs of distress such as increased anxiety, withdrawal, or dissociation (Malchiodi, 2012) during the sessions. I also asked for feedback from educators. Similarly, I was aware of emotional triggering for educators and made myself available by telephone for support, or to refer them to other resources. We made it clear that there were therapists available to support whoever needed support during the time of the research, free of charge. This was conveyed in a letter to the educators, to pass on to the parents, and to keep for their own records (see Appendix G), even though no referral to a counsellor was needed or used (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2012; principle 11).

In addition, lengthy conversations were held with the educators and director prior to the beginning of the group, to talk about confidentiality, and to put

boundaries in place if there were a need to make a report on some matter, due to duty of care. No such reports were made during the research.

Qualitative researchers identify the need for processes to be addressed in regard to ethical issues. This research was designed according to ethical codes, with all parents and educators being told of the nature of the research and its intended uses, and with consent being received prior to the groups being run (see Appendixes). The ethical aspects of the study were approved by the university.

Assumptions and limitations

As an outsider researcher who is not Aboriginal, not Australian born, and not an educator, I had to be very aware of my limitations, of my own thinking and my 'blind spots'. As a therapist and facilitator, I had to step back, to be objective and to remember to keep a balance between the facilitation and the research components.

An important theme that emerged for me was navigating power: The research was collaborative, and the director could, for example, ask the educator to run the group in her own room. What would happen however, if the educator did not want to run the group? What if they felt forced? Skirmishes with such issues were dealt with during the relationship formation stage, in which educators gave out signs through sometimes subtle messages. For example, the comment 'that room needs you more right now' or 'we do lots of art here' was taken to signal a preference that we not do the art therapy in that room. This required very careful listening, always with the IRM and decolonizing methodologies in mind, to be responsive to polite engagement that was governed by social mores rather than the desire to communicate a direct message. In this approach, when educators were asked questions, we had to navigate

the possibility that they were simply responding with what they thought we wanted to hear. If, for example, the non-verbal communication did not correspond to the verbal message, in response we might explore their position further, through alternative scenarios, to allow them to choose outcomes that were more true to their actual position.

Conclusion

This chapter has provided an overview of the aims of the research and the methodology employed to conduct it. It has described the participants and methods used to be able to create a safe space, to investigate in a sensitive matter, each of the components of the study. The most suitable methodology was qualitative research designed in a decolonising framework. The research sought to create and evaluate a model of working in the preschool, where the educators also were involved in the development and refining of the seasonal model of art therapy, by co-facilitating an art group in the preschool room, and by reflecting with the facilitators at the end of each session. The case study format is suitable for yielding in-depth understanding.

The next chapter describes the results of the research.

CHAPTER 7

RESULTS AND ANALYSIS

Introduction

The researcher, in conjunction with her co-facilitator, conducted a thematic analysis of 10 consecutive weekly art groups, which together comprised the case study. The art groups were facilitated in a preschool on the South Coast of NSW. The aim of this research was to further develop, test and provide directions for refining the Seasonal Model (see Chapter 4) for art groups in preschools as a therapeutic tool to ameliorate the effects of trauma in Aboriginal and non-Aboriginal preschool children. Most of the children in the group had experienced trauma and/or traumatic life transitions. About a third of the children who attended the group were Aboriginal. The group was conducted as an open group, using art therapy as a modality, allowing each child to explore and express themselves in their own time and at their own pace, whilst working with the educators in that preschool, and enabling educators in turn to develop responsive practices to support highly traumatised children.

This chapter presents the central themes that emerged from the analysis of the data gathered during the research. The first part focuses on relationships and

educators, and on mapping the ways the educators moved towards tolerance of the child's disruptive behaviours and their art, to find the 'good-enough' place in the continuum of possible ways to relate with the children. The process was recursive. The model supplies a suggested sequence that reflects the researcher's method, but in truth, the dynamics observed were more complex, and did not always follow such an order.

The second part of this chapter looks more closely at the art groups and how the children used them and their relationships with the educators to share their experiences and get their needs met. Educators have learned to read the children's process as equally meaningful to the product or images that the children produce.

Winnicott's (1971) 'good-enough' (see Chapter 3) concept depicts the middle of the continuum between an intrusive relationship between parent and child at the one extreme and withdrawn and avoidant relating at the other. Lindy and Wilson (1994) map the two extremes on the continuum: from dissociation or withdrawal/isolation, to over-identification. These two poles of response are further defined by Wilson and Lindy (1994) as the countertransference continuum: Type I (avoidance, counterphobia, distancing, detachment) and Type II (overidentification, over idealization, enmeshment, excessive advocacy; Wilson & Lindy, 1994). The middle space, this liminal space, opens a possibility for the educators to experiment in their styles and approaches, to facilitate the children's learning. This tolerance of a wider range of emotional expression by the educators was observed in the groups, in terms related to the educators' growing understanding of the effects of trauma, of their own potential for vicarious traumatising, and the growth of their vicarious resilience. This chapter captures the growth that was fuelled by the post-group reflection space that

was created after each art group with the facilitators. This is followed by implications for their pre-school educators' relationships with the children in their care. The themes presented in this chapter are placed within the seasonal framework of the 10-week art group though it is acknowledged that due to the dynamic nature of the model, several of the themes apply across the seasons in the model in action. Thus the core themes of 'relationship', 'mess', 'traumatisation' and 'secure base' run through each of the seasons.

The Role of Relationships: Pre-affiliation—the beginning of relationships between the researcher, the director and educators

The researcher and her co-facilitator were invited into the school by the director. This is where the group began, in the initial developmental stage that Garland, Jones and Kolodny (1965) (also see Zastrow, 2015) have termed 'pre-affiliation' (as discussed in Chapter 3). In this pre-affiliative stage before the group comes together, one or both parties may be wary of the other and wondering whether to invest time and energy into the process. It is the contracting process or phase to develop a working partnership. In the Seasonal Model (see Chapter 4), although relationship formation begins in the season of Spring, relationships continue to evolve through the shared experiences of the group; deepening and developing through the cycles of the seasons.

The invitation of the director and later of the educators, to run a group in the preschool classroom was the first invitation into the liminal space (Myerhoff, 1989; Pack, 2017); a step filled with anticipation and trepidation. Young children who have experienced trauma, often express it in their behaviours, and in this preschool the

children's behaviours were so extreme and so unmanageable that it had precipitated a school director's invitation for us to enter the preschool community. This came in the form of a request for support around a particular child, who needed help regulating her feelings and finding a different outlet to express her needs. The director wanted the educators in her preschool to develop 'responsive practices to support these highly traumatised children as the centre caters to a high number of children with these experiences' (personal communication from director in the first meeting).

With this invitation, the researcher and co-facilitator began to co-create the art group with the educators, and through this process we began to create rapport with them. The facilitators encountered the children in the educators' care when they arrived, to run the groups. The initial phase included considering both the expectations of the organisation and director, and the needs of the educators and children.

A key step in our creation of a safe space was to pause and find time for reflection. The intention was to create an open working environment, having been given permission to do so from the director, who by accepting us into her preschool and connecting us to her staff, children and families, provided the verbal and nonverbal permission that such a relationship would be 'safe to engage' in. This partnership and collaboration provides a framework (Lang, 1978; 1998) that is crucial to the creation of safety, as it provides a structure that is akin the therapeutic frame. The therapeutic frame in psychotherapy refers to the environment and relationship that enable the client to be open and feel secure. The frame is an image that is meant to express the setting of boundaries and rules for the contractual aspects of the therapy (Lang, 1998). There was a quality of urgency and need in this pre-affiliation

stage, as can be seen from the director statement:

I have rules and regulations I need to follow, and staff I need to manage. I am not sure how long I have for staff to learn and change, have you seen what is happening in those classrooms?!

The result of this statement was that the researcher had to therapeutically contain the projective identification that impacted the relationship between the researcher and the director via this statement. Also, through this statement the director was able to make the researcher feel the tension that she and her staff experienced due to the expectations of their profession, and how different that was from the seasonal idea of allowing things to unfold in their own time. A paced approach is integral to the model. This example illustrates the tension within which the implementation of this model into the preschool began.

Given the stressful nature of some children's behaviours, the director's need to have staff who were competent working with such behaviours, and her desire for this to occur quickly, this initial stage involved the researcher-facilitators experiencing heightened anxiety. To ameliorate this anxiety, for all parties, it helped that we arrived with a contract in which spelled out the parameters of the work, including provisions for confidentiality and the respectful co-creating of the physical space that the children were to use. This pressure to support the educators to accumulate and implement the skills of more effectively working with traumatised children, was the first indication of what later would emerge clearly as the central aim of the work. Whereas the research set out to provide art therapy groups for children with trauma, what unfolded through this project was a new understanding and direction, as it was the educators who became the main focus of the research. Although the children were

presenting with 'big behaviours', it was the educators' sense of helplessness and hopelessness in the face of these behaviours, and their experience of vicarious traumatisation, that was main issue that needed addressing. This helplessness and hopelessness presented itself by educators dreading to come to work, feeling anxious at "not knowing what the children will be like", feeling guilty that they were unable to help the children more, and at times did not want to spend time with the children which led to a feeling of shame. Trauma interferes with the sense of control, trust and intimacy (McCann & Pearlman, 1992) and educators were experiencing adverse emotional effects.

Spring

Spring is the season where the relationships and connections are formed. It is the time where the contract and framework are set, the expectations are discussed, and there is a mutual tentative and respectful coming together.

Educators' Expectations in relationships. In the pre-art-group interviews, we asked the educators how they felt about coming to work, as a way of gauging their resources and the impact of the work on them. The interviews were conducted individually, but when the data were analysed, what appeared was a picture of a group of exhausted women. It was obvious that the work was taking a toll on them personally. All of the educators mentioned that it takes a long time to unwind after the day. They spoke about the many activities aimed at taking their minds off the work, such as partying and drinking. Many described disturbed sleep. For instance, Sasha said in the initial interview:

...I just, I can't sleep at night time because I'm still... for so many hours...I'm still up there racing cos I've been doing it all day at work. It's like even though I'm

not in that situation anymore, it's still really hard for me and takes me a very long time to wind down at night time. So, I just lay there and my mind's racing...

This vignette speaks of a nervous system in overdrive. Sasha has not managed to process her day until she has arrived in the quiet of night in her own home.

Each day, they return to do it again, with another layer of experiences that deeply impacts them and feeds a cycle of nights of lost sleep and unpredictable days. Sharon commented after our second session, "I come into school wondering what the children will be like today, and how they will behave".

The educators often illustrated their journey by way of remarking on what they had expected to find in the art group process, and juxtaposing this with what they had discovered in reality. Being shamed or exposed was feared as Jen said in reflection after second session:

I remember initially when you took out the art materials and the stickers came out, I remember thinking ahhh ... in my mind I was thinking how would that help you guys to interpret. How will stickers help with interpretation? It was just a question in my mind. But I thought to myself in some shape or form you guys must analyse everything

It was often re-iterated that there had been an expectation that art therapy would involve analysis and interpretation of the children's artwork, particularly in the form of the researcher having access to hidden disclosures by the children in their art. Our understanding of this fear/expectation was that it was more personally about the educators' concern that we might have a psychic ability to see into their own inner

worlds. This, in terms of the 'good-enough' continuum is like the fear of being intruded upon. Sharon said after the first session:

Are you just going to come and analyse the work? Are you like a psychic just with art? Are you going to tell us how to analyse what the children draw? Will you tell us what to ask the children after they draw?

Here the educator, Sharon is asking us what to do. It reveals her expectation of something more formulaic so that they could go into a more concrete, task focused engagement with art groups. This expectation is less collaborative than anticipatory of colonisation. The educator expected that we, as outside experts, would arrive and reveal the way to do something. We could not, as facilitators, meet this expectation within our relationship with the educators as we knew our task would be to challenge this expectation, and 'hold' the frustration that resulted. Even though we were asked for a 'script' we never responded directly to that request, but instead acknowledged the difficulty of not knowing what to do, of sitting with the uncertainty. Sitting with uncertainty is familiar ground to psychotherapy, but it is quite foreign to educators who are constantly expected to 'know', and to teach didactically. From this expert knows-best-positioning, we wished instead to model that a collaborative way of relating to shared expertise was possible, with a greater sense of mutuality and recognition of the other (Smith, 1999).

Relationships between the researcher-facilitator and the co-facilitator. The relationship between the researcher and the co-facilitator pre-dated this research project by some ten years. My work with my co-facilitator Andy, an art therapist, began with co-facilitating a mother and baby group at New South Wales, Australia.

Our long-developed way of working together has given us access to a shared way of

speaking and doing things. Our long association brought with it a depth, quality and shared language that helped to process the data, particularly the primitive data of the projective identifications of the educators and director. For example, one day in conversation, the director told me 'I feel like Andy is judging me'. The benefit of having the two of us working was to provide an opportunity for the director (in this instance) to 'split' that is what Klein (1921) suggests, to preserve the 'good' part of her relationship to the art therapy, her capacity to relate to me, while putting the 'bad'/paranoid relationship with my co-facilitator, at arm's length. The strong trust in the co-facilitation relationship allowed for reflection and an understanding of these splits. The situation also helped the facilitators preserve their emotional availability and vulnerability: essential ingredients of the good-enough relationship, and qualities we were able to share. Our connection helped make a space for the educators to feel secure enough to open up to trusting the process of making the art groups for the children and building relationships that evolved through the group sessions. This illustrates the importance of contract, agreement leading to partnership where none previously exists or has existed.

Summer: Relationships between educators and children. Relationships are paramount in helping with understanding the effects of trauma and life transitions for children, building resilience and encouraging recovery from trauma (Cyrulink, 2009; Van der Kolk, 1996; 2014). The Seasonal Model of art therapy leverages the power of the attachment relationship between the director, educators, children and facilitators. One outcome of the research is that the educators, who sat alongside the researchers in the sessions, began to communicate their own insights about the children's

behaviours in the reflective sessions afterwards, as in Kimberley's reflection after session 4:

... usually when they start drawing on themselves you say, 'don't do that' but it made me think about whether I should do that or is that the way that they are expressing themselves?

Kimberley had noticed how the children used materials as a mean to express themselves. By session 6, she joined a child, helping to pour glitter glue onto their hands as they had asked her to help them make hand prints. Previously she would have reflexively stopped the outpouring of materials, seeing it as a heralding of worse to come, thinking about what the child could do next that would become an unfolding disaster. Once she had gained insight into the functionality of the child's use of materials, she was more able to be present, to respond with less anxiety, to follow the child and support them in their curiosity and learning. Greater confidence in her use of self-allowed interaction between educator and child that was operating intuitively in the 'good-enough' position in the countertransference to trauma responses continuum described by Wilson and Lindy (1994).

The Seasonal Model aims to develop and sustain 'good-enough relationships' with the children. What Kimberley's statement above shows is the mechanism of an educator catching herself in the process of an automatic response that would potentially shut down a child's expression. Instead, Kimberley made space to think about what the child's behaviour might mean. This process made more space for the child to express them self in the presence of a witnessing educator, thereby enacting the 'good-enough' relationship by allowing the child to act in an authentic way and supporting them and seeing them.

The case of Kimberly also illustrates the way in which the experience of the group empowered Kimberley to experiment with her own approach, inspired by the facilitator's modelling of alternative ways of being with the children in the group. In this mutual learning, the educator had internalised some of the importance of the child's sense of agency in her choice making in the use of art materials and a respect of this decision making.

In a similar way another educator, Bronwyn, pondered after session 3, as she had noticed the children's behaviours around the squeezezy glitter glues:

Once again, the glitter paints were a popular choice amongst the preschool room. The children couldn't get enough ...The children were very distressed when the glitter glue ran out, which was extremely evident with Casey [Pseudonym], who began to cry/beg for more and then others followed suit.

This behaviour from several children told me that they weren't feeling happy/safe/empty and or/concerned and possibly trying to communicate their emotional needs weren't being met.

In this example, the educator is showing us how she has started to reframe the way she understands the children's behaviours as a meaningful expression from the children's internal worlds. The educators were able to make use of the art groups as a place to meet the children and just be with them. This sounds so basic but in the face of the rigidity born of witnessing trauma as well as the impinging requirements of the educational system and the practical business of everyday teaching, this simple 'being with' is rare, and difficult to achieve. Such insights can lead to breakthroughs for educators, as Kimberly revealed after session 5:

I felt excited to be exploring art with the children in a way that was child-led and open-ended. It was incredibly comforting to diminish the agendas that we so often have for children (outcomes etc.) and expectations we place on how they will achieve them. It was comforting and grounding to truly believe and trust in the children to use the materials in a way I wouldn't usually expect them to.

The trust that the educator speaks of above indicates a 'good-enough' relationship between the educator and the children in which both the educators and the children can be more alive, excited, and free to create. The freedom to be creative is in stark contrast to the numbing, deadening effect of trauma (Tracey, 2014). The curriculum asks for a child-centred approach, but in a preschool, which is holding so much trauma, the trauma really needs to be worked through and contained before play-based, child centred-ness can really come into being in the space. McCann and Pearlman (1992) posit that one of the schemas that trauma affects is the sense of trust. Therefore the 'good enough' relationship balance tolerance of mess with the need for structure, that creates a sense of security and safe physical environment.

Tolerating uncertainty and holding trauma: Liminality and liminal spaces

To work through trauma requires a tolerance for discomfort and uncertainty. Trauma itself having been such an extreme version of something unexpected and painful, that the person who has experienced trauma, either completely avoids or on the opposite extreme seeks danger. In order to be able to just sit with uncertainty in environments steeped with trauma is a skill that can be modelled in the process of critical reflection on one's actions as a practitioner (Schon, 1983). The next quote shows how sitting with this uncertainty began to lead to an opening of availability

within the educators, to tolerate the discomfort of the children's unpredictable behaviours and to see how they might meet the needs of the children. Through allowing, in the art groups, a space for children to use art materials without the structure of a pre-designated outcome, conditions were created in which anything could happen in this space. Bronwyn reflected in session 7:

I felt really good knowing that I was creating an authentic art space in which the children and educators could engage in a safe space. I know within my heart of hearts that allowing the children this space can really help them to 'let go' of some of that stress and get it off their chest. This helped me to feel a sense of accomplishment and success knowing that I am doing what I can to help build their trust and confidence in me.

This quote illustrates the whole-hearted quality that one educator brought to the process. There was urgency in her voice when she said this, as though she was trying to persuade herself to go on this journey. It needs to be acknowledged that a lot is required of the educators to adapt to such a different way of working within their classroom, a way that tips them into the liminal space between the familiar and the unknown. As Bronwyn noted after the third session, 'Initially I was worried about what may come up for me or the children whilst in this space ... I was unsure of what may arise and how I would react emotionally to these horrific events' (Kids being abused or neglected).

This trepidation expressed by Bronwyn is really part of self-expression in a liminal space; even though the art groups are not therapy sessions, ourselves as facilitators, maintained an awareness of therapeutic ends, in the service of which we sought to educate the educators that it is ok to be unsure. This contrasts with their

own training: that to teach, they must know and be the expert. We therefore discussed the concept of co-creating art with children as a mutual process of discovery. This is an example of a shift in attitude from rule bound to process oriented approach. Through the educators growing sense of self and availability, they were able to operate less in their familiar outcome focused approach and more in a process-oriented manner with the children. McCann and Pearlman (1992) value 'psychoeducational approaches as a way of providing a framework for understanding the effects of trauma' (p. 191). The training sessions as well as the reflections after the art group provided the educators with an understanding that normalised their experiences and fears, as well as those of the children's by educating about vicarious traumatisation and the common symptoms, such as the trepidation that Bronwyn originally feared. This understanding gave way to educators being more available and present for the children which in turn gave way for a space for more meaningful relationships to develop.

The children's use of the art groups to process their stories

This section will demonstrate how the children may use the art group and the space provided to process their individual narratives, and how educators, are able to 'see the children with new eyes', and by doing so, create 'good enough' relationships with the children. An example of 'seeing with new eyes' would be the educators understanding of the children's use of art materials, such as squeezing out the glitter glues or asking for more, as behaviour that are expression of an internal need, rather than 'destructive' or 'greedy behaviour'.

In the art group sessions, the children were provided with an array of materials. These were carefully considered to give children an opportunity to make a variety of choices in their art making. There were soft pastels that made a coloured dust that could be used to draw, or to smudge. There were little tubes of glitter glue that the children loved to squeeze out. These gave the children access to an experience of making a mess, while in reality this was contained, because there wasn't enough fluid to really paint the room. The containment of the materials gave the educators an opportunity to experience the children behave in a different way, which increased the educators sense of safety that in turned decreased their sense of vulnerability (McCann & Pearlman, 1992). There were the usual crayons, scissors, pencils and glue, as well as stickers that could be used to make a narrative in imagery very easily. There were rolls and rolls of tape that the children used to develop a visual language. They used the tape to draw, sometimes to repair holes or tears in their artwork and sometimes to bind things, in the presence of the educators who were learning to identify their own emotions as they connected and were able to see the children

Figure 7.1 shows an example of Amy (Pseudonym), in session 3, holding out an artwork to be seen by a relating adult. Quite aside from any representative image, or lack thereof, in the artwork itself, what is also significant to the attuned observer is the pride with which the child is sharing this precious object made by themselves. Indeed, the artwork itself is relatively blank. However, other aspects of the artwork are significant. The glitter glue that has been used to paint is transparent, and its easily unseeable nature communicates something of the child's experience of being: as if the child saw herself as transparent, unseen, unseeable. This in turns implies the

importance of a 'good enough' relationship in which the child may feel seen by an available caring adult, who may not necessarily comment on the visual representation, but be able to hold those in mind and thus constitute the providing of a space for the child to work through their stories. A meaningful relationship can be forged through simple, open-ended questions, such as 'Tell me about your picture?' However, just as it takes emotional presence to notice the child's pride, it also needs the communication of genuine interest in what the child is showing. These forms of empathy and engagement transcend any pre-existing assumptions about the artwork.



Figure 7.1 Proud Amy holding her artwork for the educator to see



Figure 7.2 Amy using the glitter glues in session number 7

Figure 7.2 shows a variation on how the glitter was used by Amy, in session 7. Again, what is greatly of interest here is Amy's process in the art group. The child would have gone to great lengths to accumulate seven different tubes. It would have taken time and effort to systematically squeeze out each tube to build a mound of glitter on her page. It is this process that speaks to the child's cry for 'more'. The glitter becomes a symbolic language around need and desire, and about and having one's needs acknowledged and met. Just as Amy's artwork has changed from the third to the seventh session, so did Sharon's reaction and understanding of it. In the third session when Amy, proudly held up her artwork to show Sharon, her educator smiled at her, and in an automatic slightly high pitch voice with a half-smile and a somewhat dazed look, muttered 'Oh that's lovely Amy!' but then she asked, 'do you want to tell me about what you made?', a question the facilitators repeatedly asked each child who showed them their artwork, and in asking that question, Sharon as if returned from a withdrawn internal place and reconnected with Amy. In terms of Wilson and Lindy's (1994) continuum, Sharon shifted from being withdrawn to the middle of the continuum. By the seven sessions, Sharon spent most of the session being engaged with the children and she exclaimed in the reflections after the group 'have you seen how Amy's artwork has changed? She used to just smudge those glitters pointlessly

but now I feel as if she has meaning to what she does'. MacCann and Pearlman's (1992) constructivist self-development theory gave the facilitators a framework to explore the reaction of the educators to the stress they were experiencing in relation to the children's behaviour, through the discussion of the art in the art group. This framework was useful as it asserts that different people have different reactions to trauma and so will experience different types of distortions, depending on which needs are prominent to them personally (McCann and Pearlman 1990). Returning to Sharon in the third session her sense of intimacy and esteem was distorted as the result of vicarious traumatisation and she was withdrawn and not available to really see the artwork or the way Amy used the materials. By the seventh session Sharon was more available and engaged with the children she worked with. Her sense of esteem has shifted, and she felt more of a value to the children through their increased capacity for empathetic engagement.



Figure 7.3 Roy dedicated to filling up the page in session 3

This Figure 7.3 can be read, on a non-representational level, as an expression of a child's effort and commitment to the self-set task of filling the page so thoroughly. On a neurological level this also shows the way children can use art making as a space to

develop skills such as concentration. For a child with trauma, who is flooded with sensory input, the capacity to channel that flood into a sanctioned and meaningful activity is in itself an opportunity for healing. For the educator to be able to see the child engaged and concentrating, as opposed to running around screaming and hitting develops a new way of relating with the child. Bronwyn, Roy's educator commented in the reflection after this session (session no 3)

Did you see Roy? It's the first time I have seen him sit and join an activity. He was so committed to filling up that page and he really enjoyed using the charcoals, I wonder if we had charcoals on the table, he would use them?

Bronwyn's observation led to a broader discussion of Roy's story and gave and created an opportunity to understand the artwork as Roy's need to fill for an emotionally absent parental void. When we arrived at the art group the following week, Bronwyn was keen to share that during the week she made art with Roy and that he did not break any furniture that week (something he has been doing). It seems that when a child is seen by an attentive, caring adult that they are more easily able to self soothe and the severity of their 'big behaviours' lessen.

Figure 7.4 (below) shows Erin (pseudonym) in session 6 trying to make sense of a fragmented home and family life. This is an example of how the stickers were used to scaffold the child's narrative and communication. Sharon, Erin's educator was very eager to reflect after the group. She shared that Erin has just moved to a new foster placement and that last week police came to their house, due to her mother's drug use.

I was sure that she was fine about it all, I mean she hasn't said anything at all about the incident this week. But look at all the police in her artwork, and the upside-down houses, and it is as if she is using the tape to try and stick her life back together! It's as if I am seeing her with new eyes. I must pay more attention to her, she's such a quiet child, you know, one of those that goes under the radar.

Sharon's ability to 'read into' the symbolic representation of the artwork has enhanced her relationship with Erin and created an opportunity for Erin to be seen and understood.



Figure 7.4 Erin (Pseudonym) making sense of her fragmented home and family life

Both Figure 7.3 and Figure 7.4 were made by children with similar life stories. Both children are in the foster care system, and both have parents that are emotionally unavailable and using drugs. The two examples provide insight into the layering of the ways that children use the art groups to process their experiences. They also provide an insight to the change of their educator's perception and understanding of the children's art and behaviours. Self-constructivist theory provided a useful theoretical

perspective to understand the needs of the educators that have been distorted, and in Sharon's case, the need of trust, esteem or intimacy, but once her stress was addressed in reflections after the art group, she was more available and able to connect empathetically with the children.

The art group as a secure base: A place to test and form the good-enough relationship

The art group sessions, together with the reflective space afterwards, heightened the educators' emotional awareness and use of self with the children. It gave them a pause and a contained space that was itself relatively undirected, where they could express themselves and notice what they were feeling. This is also what the art group aimed to offer the children. By extension, it asked the educators to also join the experience, because it asked them to track the children through the group and to notice how the children's engagement made them feel. As Bronwyn stated in session 4: 'What stood out for me is how much energy this class takes out of me. I was feeling very teary hearted this afternoon. I felt emotional and tired and cannot help but feel exhausted.'

It could be quite confronting to realise how emotional it is to be with traumatised children. The children expressed their attachment to educators in various ways, such as a child giving an educator her art. One educator, Jen, talking about a child in the art group, said in reflection after the sixth session, '... After we sang the goodbye song.... she gave me a picture that she made. Maybe that is her way of saying "thank you for spending some time with me"'.

The post-group reflective space really allowed Jen to acknowledge the receipt

of this gift from the child and thereby to recognise the importance of the role the educator is playing for that child. It can be difficult to be so important, especially to such vulnerable children. Educators also expressed mixed feelings about their role as attachment figures and caregivers, as Bronwyn recalled after the fourth session:

Yesterday they all ran up to me and I thought oh my god this is so beautiful, but within 10 minutes it was like 'eeeeeeee' and I was 'eeeeee' and trying to pick things up and then I felt frustrated. I know I get overwhelmed and overworked.

We knew we were facilitating the art group within a preschool with a high concentration of children with traumatic histories. Thus, we acknowledged that there would be many children with insecure, anxious, avoidant and disorganised attachment styles. In initial conversations with the educators they identified about six standout children whom they felt really needed extra emotional support. We discussed how the group could be constructed to make a closed group, in order to provide more structure and safety and to encourage continuous participation in the children. Practically however, where could such sessions be run? As these conversations developed, we began to wonder about inclusivity and about what would happen if, instead of a closed group in a separate location, we made an open group in the classroom; which is what we ultimately did. The open group format allowed us to discover those children who wanted to join but needed time to join and participate in the group context. It gave the children choice to attend or not, which gave them control. Herman (1997) discusses the importance of choice and control to enable a sense of safety to develop safety in survivors of trauma (refer to group work in Chapter 3). This ability to decide and to make a choice may have resulted in

encouraging children to commit to the art groups, as in Jen's reflection after the fourth session:

The children used to come and go a lot ... some come and do the drum and leave and some come and do the art. But now it seems they are coming and staying till the end. I think they know what to expect and they feel safe.

Here Jen's reading of the process is that the children needed time, structure and repetition, which the consistent presentation of the weekly sessions provided, to become familiar with the process and feel safe to join. This is the group operating as a secure base for the children. Our understanding of children's behaviour includes what the educator is picking up; I would go further in pointing out how trauma impacts a child's neurological functions, including their capacity to stay with an activity for more than a moment (refer to Chapter 2 on trauma). The ability to concentrate can be learned through focused activity that builds with time. As Kimberly added after the third session: 'So do you have any suggestions on how to get them to concentrate so deeply but when they are not doing art therapy? Just even when we are doing even general art with them?' This question led to a discussion in which the educator identified that in the art groups the facilitators and educators were present, engaged and emotionally available, whereas when she set up an art stations in the room, she gives the children materials, and even when she sits with the children, which is not always the case, her mind is racing about all the things she needs to be doing, as well as worrying about being judged for 'just sitting with the children and doing nothing'.

The open group approach allowed the children to feel their way slowly into the art group. It allowed them to control their chosen level of engagement, which is the

opposite of what often happens in their lives, and certainly at preschool where there are specified expectations very often. It is an important bridge, for a child with traumatic experiences, to feel safe by feeling that they have some control; this is what the open group aims to do. When they join because they want to, then they have more capacity to concentrate, because they have made the choice, and this contributes to a feeling of safety. Traumatizing things that happen to the children violate their sense of the sanctity of self, and choice being made available by the open group offers an opportunity to the child to re-construct their own boundaries, as choice is and offered and their attendance in the group becomes gradually to be associated with choice and personal agency to make decisions and to act in line with these.

The same principle applies to the materials that we made available. We noticed how, when there were more choices of materials available, this was containing for the children, and gave them a space in which they felt safe to process their emotions. We think this is again because of the child's sense of personal agency in choosing from what is on offer. This can be explained directly through decolonising principles (Smith, 2005). To reiterate, trauma colonises the self, whereas a secure base and a good-enough relationship scaffolds the growth of a secure self (Golding, 2017), decolonising and supporting the growth of a vibrant self. It is for this reason that the educators' capacity to be emotionally available to the children, and to offer a secure base through a 'good-enough' relationship, was integral to children's ability to form and reform their sense of themselves. This aligns with Perry et al. (2010) emphasis on child development in relation to the need for relationships to facilitate interpersonal skills such as emotional intelligence and empathy for the other.

Autumn: Transformation and vicarious traumatising—the educators' narrative

As the weeks of the group continued, the educators noted how their emotional availability and presence impacted the children. This is related to the process of the educators learning about their own internal resources and processes, beginning with identifying the impact of the work. Sharon in reflection after the fifth session said:

I think that I have noticed that the way when I am not fully present the kids are more, I mean Kiara and Sam have been acting crazy but when I am present, they haven't been fighting over me and last couple of weeks I haven't been only physically, but I have been more emotionally there as well.

The example above gave the researcher insight into what the educators themselves perceived they were gaining from the art group process. This educator is effectively saying that through the art groups she has been able to witness herself as a secure base, and the impact this emotional attachment has on the children. This is a shift. Previously, the educators were more inclined to focus on the behaviours of the children and the facilitators too, understood themselves to be there to help support the children.

Through this research we have redefined our understanding of the process of self-discovery that occurs for the educators. We still aim to co-facilitate art groups with the educators, to support the children, but we now understand that the process of self-awareness unfolds in the educators themselves. In the above quote the educator makes the link between her own emotional state and/or presence, and the children's behaviour. She is, through direct experience, making a map of the good-enough relationship and recognising herself as a secure base for the children.

Once the educators willingly acknowledged the importance of their relationships with the children, they in turn began to reflect more on the children's needs and on how the art group structure could support the good-enough relationship between themselves and the children by providing a time set aside to be with the children as opposed to having to deal with other pressing needs such as documentation, as Sharon (after the tenth session) explains, success begets an upward spiral:

The children are yearning for opportunities and time with their educators. When a predictable space like art is set up, which is child led and scaffolded by educators, they begin to build trust and the relationship blossoms. I could see a huge growth in confidence and security in a lot of the children who participated over the 10 weeks. From a child who was too afraid to ask for materials at the beginning for the group to them confidently asking for a variety of them at the end—speaks volumes.

In this comment, it is as if Sharon is recovering from vicarious traumatising through awareness and therefore has more of an available self to offer the children in her interactions in the group and beyond.

Empathy as an essential component of the good-enough relationship

When the educators began to make space to fully construct and then engage in a good-enough relationship with the children—that is, to be fully present and willing to feel their relationship with the children—they then began to speak aloud about their role in the children's lives. They shifted from being educators primarily concerned with textbook teaching or focusing on outcome-oriented learning such as literacy

preparation, and instead opened up to the possibility of being surrogate primary care-givers. This may be linked to the educator's awareness and recovery from VT. They acknowledged to one another through the sharing of an empathetic experience, that the children might be bringing more needs to them than just the need for academic learning: Jen after the sixth session describes her understanding of her expanded role as an educator:

With Tina [a child in the group] ... it tells me that because mum is out of the picture it's her way of saying somebody has got to be the mum. Is she feeling someone has to be the mum so that it is me cause no one else can be it? I think she knows and understands very well that Erin [foster mum] is not her mum. She knows Erin is there to take care of her, but she is not the mum and mum is out of the picture...

As previously mentioned, the children in this preschool have had multiple traumatising experiences. It is unsurprising that educators had shied away from sharing too much empathy with the children, but in the absence of empathy, the children's behaviour had escalated.

Bronwyn's narrative (below) is an example of how vicarious traumatisation can impact the worker's sense of self, control and efficacy in the world. It is an example of her resilience also. The reflective space, post art group, can be seen as a protective factor building hardiness in educators, to cope with the vigour of the work and to rebound from vicarious traumatisation. It is as if the educators were too dissociated to vicarious traumatisation to notice their avoidance with the children. As Bronwyn explained after session four:

Through today's group I really felt how much the children are feeling a sense of emptiness. No amount of glitter glue, physical comfort and verbal confirmation appeared to help. They consumed me. There were tears melt down and I felt lack of motivation to get group started but once we persevered, and started, the children came towards us and began to engage. They settled down. I guess from today's group I could really see how much the children were seeking and crying for help. Their behaviour was indicative of this need and it made me mindful of what must be going on for these children -empathy began to consume me and I wondered what I could do to help.

It can be painful to be emotionally available to these children but this last sentence about what the educator could do to help, indicates hope and agency in the educator. To frame her role in a narrative of purpose is an alternative way of keeping herself safe, without becoming withdrawn. This educator is showing us how she is negotiating ground on which she can survive *and* be emotionally available, in the face of the usual day to day challenges in the classroom.

Mess in Healing

In the earlier stages of this research project the educators spoke about the art groups with great trepidation about the anticipated 'mess'. We heard the educators speak of 'mess' practically, as well as mess being a metaphor for the potential to feel overwhelmed by the children's emotions, behaviour and possible disclosures. Mess also suggests loss of control, of security, of self-esteem and self-efficacy; all of which are factors in vicarious traumatising. The shift of educators' perception of 'mess'

happened around mid-way through the 10-week group session. This was conveyed by Bronwyn in her reflections after the seventh session:

Yes! That is why yesterday I let them get messy! Mess is everywhere. I let them be! I got more paint and it worked! It brought them down. It was just getting myself out of the headspace that I need to tidy the room and that if I get paint out it is going to go everywhere. Yesterday I did it. And I said yes, they needed that, and I needed to let it happen.

The above example shows an educator using the art group as a reference point to motivate herself to bring out paint for the children, despite feeling anxious in anticipation of the potential for the mess that she would then have to clean up. In saying 'It brought them down' she was referring to what the educators call 'big behaviours', where children's behaviour is described as 'up', not in the colloquial sense, meaning happy, but referring to an assessment of potentially dangerous levels of arousal, heading towards unmanageable behaviours. The educator here is letting us know that she took the risk of 'trusting the process' by putting out the art materials, and that this act helped the children to self-regulate and calm themselves in her presence.

This example also suggests increasing trust in the children's ability to self-regulate, witnessed by educators giving over their power of sharing the art materials more freely. These educators have witnessed the children in such centres, doing unpredictable things such as accessing the storeroom and emptying huge bottles of paint on the ground. Thus, the mere thought of mess is confronting, both practically and psychologically. Mess carries the memories of these un-bounded and disturbing behaviours. Considering the children's backgrounds mess has a real danger to

transgress ordinary expectations of a creative mess and to bring all the anxiety of potential boundary violation. The sense of risk felt by the educator in this vignette tells us that she entered the 'liminal space' with the children, because this was a place where she could not, with absolute certainty, predict the outcome. She was surprised and pleased by the result and went on to frame the experience, as in making meaning of it, in terms of having met the children's needs. This indicates that the educator experienced herself using her own emotions, to navigate a good-enough encounter with the children, one that she could bring to us in the form of a story on the following day.

Not only do the educators need to process their own relationships to 'mess' but they have to contain the anxieties of the parents and the system, if they are to make space for children to openly express themselves within the good-enough relationship. The following statement by Jen, after the sixth session, illustrates the complexity of making space available to children to follow their own creative processes.

Tilly makes beautiful creations but then we get criticised because she was covered from head to toe. The director was upset with me but I really didn't want to fight her to not get it on her apron, because she was so excited about what she was doing and I know the director was anxious because we do have some parents, I don't know, they don't seem to grasp the idea that kids are going to come here and they are going to either get full of sand or dirty or full of paint or texta or something. So today Tilly wanted to do art and we just let her and when the director walked in Tilly was covered in paint and so the director went 'gasp! How did this happen?' and I know there were painting

shirts, but I didn't give it to her and I did give her the paint and she was so busy and worked so hard but then I felt so bad that I said I can wash her clothes.

This example illustrates that boundary violation is a common transference response when dealing with traumatic material. Washing the child's clothes is evidence of the process of 'overidentification' which, as we have seen in previous chapters, is located at one extreme of the 'good enough' continuum (Wilson & Lindy, 1994).



Figure 7.5 Tilly's (pseudonym) drawings, where she follows her own creative process

The educators' need for trust and control has been distorted through vicarious traumatisation (McCann and Pearlman, 1992) and as can be seen by the above example, over the 10 week art group and reflections, the educators capacity to trust the children's use of materials and use of the art group space increased as their ability to let go of the need for control both around the art materials and the mess making,

which allowed the educators to interact with the children and respond to their needs. It's a process to find the balance of what we are calling the 'good-enough' relationship on a continuum of relating. It requires boundaries that keep the child safe as well as an internal space that can tolerate the unknown in order to give the child freedom to explore, create, and make their own discoveries. What the educator describes above can be considered as like an unpacking of her journey towards this balance. Even though art group looks unstructured, and looks so different from intentional teaching, the educator in the following quote worked to find links between what she knows and what the art group appeared to be, in her perception. This not only shows her integrating a new experience but also taking ownership of it by using words from her own profession. Bronwyn said in her ponderings after the fourth session that the Art group is:

... really one part of the day that I am not worried about their safety. Even though there is meltdowns... I know they are going to be safe, literally, physically, 'cause I know that they are going to be safe. So, for me it actually brings me down as well, if that makes sense, 'cause I know that they enjoy it and I am not going o my gosh. It's intentional, it makes it meaningful and purposeful and it's planned though it's open. They know what to expect. They know what is coming. I know what is coming ...

The relief that Bronwyn describes in being able to rest into the art group time, knowing that the children are physically safe, allows her more access to the good-enough relationship. She does not need to be withdrawn, and she has space to be present and witnessing, without being intrusive. This educator is describing the way

the mechanisms of the ritualised boundaries of the session support her to be emotionally present. This occurs on the emotional level even though it takes place practically through the art materials. In art group, mess is made, a multitude of materials get unpacked, but the time frame, the relationships and the meaningfulness of the process render the mess tolerable.

Rituals, structure and consistency

As we arrived towards the midway point of the 10 sessions, the educators spoke more about the way the preschool system, as an institution, impacts on them. It was as though they were working to claim their own space so that they in turn could protect that space for the children too. Jen after the sixth session said:

I feel like sometimes the structure takes over...there is the lunch trolley and when it comes into the room then, bang, we have to stop everything we are doing and you know we all got into trouble for leaving it in the corridor during the last art group ... So there are all these factors that come in and you know them. You look at that clock and you go...oh no that trolley is going to be here in a minute and those kids are still so busy.

Consistency and predictability help create security and trust, but there also needs to be room for flexibility in responding to the children's needs. This statement above shows how preschool routines can become intrusive. The art groups, with the post-group reflective space, allowed time to start to think about these mechanisms. The following week Jen took the food trolley around, via an outside passage, to the other side of the room. This made space to respect the cook's important work without disrupting the children's process. Children who were ready to eat could access the

food without everything having to come to a halt to serve the routine.

Sometimes awareness can lead to change, as in the above example, but becoming aware can be painful. In response to pain it is natural to withdraw, to avoid the pain. Sharon after the ninth session spoke candidly about her preference not to be too aware of the children's experience:

I know we are meant to be doing the art group to allow children to express themselves, and the director and I have had a conversation about this. I know that, and I know that it is a good thing for Tina to be expressing herself because she is getting things out, like she disclosed that her dad is very abusive and that she was sad because he was smacking her every day. And she is coming to school with bruises on her leg. And we made a report because she is coming with a lot of bruises. But I have a selfish voice that says, 'I know it is a good thing for them to express themselves but sometimes I'm like, 'does it have to be today?' And I know that is not fair.

The above awareness of the educator's own avoidance of being too impacted by the children's stories, only emerged towards the end of this ten-week program, after the ninth art group. The framework of decolonising methodologies (Smith, 1999) gave us a conceptual structure to make the space for the educator to arrive with this self-generated awareness, despite the director's initial pressing of urgency for change in the children. In this way, the decolonising methodologies (Smith, 1999) enabled the Seasonal Model. The group process established forged relationships of trust which supports the researchers to protect the educators so that the educators can engage with the children.

Like the seasons, slowly and subtly, many of the educators opened to the art

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group process, and this gave them more access to good-enough relationship with the children. Sasha, assisted by recursive cycles of action-reflection (Schon, 1983), after the third group session described her growth in the group:

At first it was a bit hard to get used to not knowing where the children are and how they'd use the space and all of that. Now I am finding my feet a bit more, I actually think the kids are contained and using it [the group] in a deep and useful way. I do feel as if my knowledge and understanding of what is happening for them is much deeper. I don't think I would have seen it before, so I notice things, even physically, like they can't find their own space to sit or if they are sitting on me and really crying or fighting over glue and I am making different meaning of it now ... you can definitely see they are developing their trust that this is going to happen again.

We witnessed many opportunities for educators to hone their skills in communicating and working with children, such as in the questions posed by educators below. Their reflections were often accompanied by their self-generated solutions. Sharon after the second session asked: 'So what do you want me to do? What do you think I should do in that situation when one of the children is going off?' A couple of sessions later, Sharon stated:

I guess I felt the stress and wanted to know how to feel with some children and I guess it was a sense of feeling judged. I am not always sure how to deal with them. I feel like I need to be in a hundred places at the same time and I am exhausted.

This in turn allowed Sharon to come up with a few different ways of dealing

with the children, but mostly it allowed her to be externally acknowledged and to acknowledge to herself how hard she was working, how complex her work was and how emotionally demanding it was. I know, from experience of working directly with trauma for the past twenty years, that trauma elicits feelings of helplessness and of being ineffectual. Acknowledgement helps protect from the effects of vicarious traumatisation and it feeds back a sense of agency.

The art group is like a theatre production, with all the preparation and the ritualised setting of time and place. This structure helps us run the group even when suffering the effects of vicarious traumatisation. When we show up week after week we share and model a sustainable way of working in the face of trauma. The consistency that is generated through the repetition of our engagement as group facilitators builds trust and also a shared experience through which we do get to witness and therefore acknowledge the educators in their work. Our relationship with the educators models the 'good enough' relationships by demonstrating how not to withdraw. The weekly occurrence of the art group acts like an interjection of the routine of the preschool and brings with it the creative possibility of new ways for the educators to be with the children. Ultimately, the 'good-enough' relationship has the potential for healing the child's trauma.

Winter—reflecting on the group process: The role of art: emotions, trauma and inclusion

The discussion (above) described and explained the educators' use of the art group as a way of creating and sustaining the good-enough relationship. In ordinary circumstances the good-enough relationship can be provided by the parents in the

child's home life, but this preschool was steeped in personal, historical and intergenerational trauma. Rather than arriving as experts to teach about trauma, in line with decolonising methodology (Smith, 1999) and the beginning phase of group work (Tuckman, 1965; Zastrow, 2015) we asked the educators in the first interviews about what they thought trauma to be. Sasha in the first interview put it so clearly, and many other educators said very similar things: 'Trauma is when something happens that sticks to your mind. It is something that takes away part of your brain. It takes a little chunk out of it and it's like that part is always going to be damaged.'

Trauma was not only expressed in the preschool via the children's 'big behaviours' but permeated the preschool as a whole. When we first arrived in this preschool, we observed that the art station in the classroom offered just an empty watercolor paint pallet. On another occasion, we went to look for glue and found the store cupboards of the preschool were bare. Poverty spoke through art materials, or the lack thereof. Poverty and deprivation contribute to trauma practically.

Metaphorically this lack of art materials speaks to us of emotional deprivation: how little is available with which to meet the children's needs. The art spaces of the preschool were like an embodied expression of lack. In the face of such poverty it is difficult to provide materials, because they get used up at such a pace that providing brings with it a real fear of unsustainability. One finds oneself wondering 'can I continue to provide?'

To run an art group, it is essential that art materials be available. It can be very difficult to watch so much material being brought and used up. Yet, art materials are a tool through which we can express and feel relationships. We watched the children and how they used the materials, and we thought about how it feels to provide, in the

face of such deep neediness. We also thought about what materials the children would enjoy using, to better facilitate deeper expression of the kinds of behaviours witnessed in the sessions. In this series of sessions, squeezable glitter glues became a favourite material, but we could never provide enough to satisfy the children's yearning for them. At other times it might be tape or paints that were brought in multiples, only to have find children still asking for more at the end of a session. Through the children's chorus for 'more' we could feel their longing and deprivation. This way, through the use of self and empathy we aimed to create the art group as a space that they could rely on to have their needs heard and understood.

An advantage of applying the decolonising approach (Smith, 1999) is that we are in there in the front line of the children's needs, alongside the educators, who themselves gain an opportunity to witness this at a remove, to understand the impact of the children's needs, and to think about this collaboratively in the reflections.

Over time, this way of receiving communication from the children opened up deeper insights into what the children were saying through their art and their behaviour. As Jen stated after the seventh session:

You just want to hear that everyone's picture is so happy ... it is interesting though ... If I didn't know Tami and her background, I would have found it all very confusing. I am learning to understand that each child has a story. These sessions have given me some great strategies to take away with me, like even just thinking why children might be doing what they are doing with their art ...

This understanding of the children's behaviours became generalised even outside of the art group sessions. Kimberly reflected after the third session said:

Today Sarah started mixing paints and doing handprints. I stood there, and I nearly said something but then I said to myself no, that is what they want to do. They are having fun, they were giggling and mixing up mud and used the sticks as well and I said ok ... it was quite interesting ... they could've gone the other way and put it all over themselves, but they didn't.

For educator Jen, for example, her empathy with and understanding of families expanded dramatically after the fifth session:

Little Talia's Great Grandmother, who is an absolute saint and such a beautiful person, confided in me today that Talia's mother turned up on her doorstep with Talia this morning. She [Talia's great grandmother] said [about Talia] 'She was covered in shit from head to toe and mum just brought her on my door step, mum was hysterical and screaming and just said take her!' And she [great grandma] said 'so I took her the way she was, and I cleaned her all up and I fed her, and it took her over an hour to calm her down' and I thought to myself ok. ... I find this story is really, really sad. I haven't stopped thinking about it since this morning when her great grandma confided in me.

This story, and others similar to this, helps to bridge our understanding of the relation between group and the reality of the children; it was as if the more the educators could tolerate the children's behaviours and art making in the group giving it meaning and making sense by better observing and understanding the children's' behaviours, and also glean an understanding of themes in their lives in the group, the more that they could be available for the children and their families outside the group, as Sharon made clear after the seventh session.

Wasn't it interesting today? I enjoyed just sitting and was so interested to see where they'd take it. I just sat and watched. I was watching Tami and she was just, you know, she had this look of concentration on her face and she was on a mission and there was Katy who just squeezed all the glitter paint over her arm and laid in it for a while and then just moved on...and I was noticing that she really, really gets into it and I don't know if it's because mum doesn't like her to get dirty so maybe she is restricted at home to what she does or whether one of the parents just doesn't like mess but maybe she is restricted and she uses her time here to do it. Katy is completely opposite to that though... I can see it in their art that they can be chaotic and I find it, umm, I don't always find it easy to watch, I find it easier to watch children whom are focused, and problem solving...but today I could look at her and think of her life story and I actually found myself being so interested!

This realisation of the meaningful art making for the children by the educator, allowed for children to create more and explore the materials more. It also allowed for connection between educators and children. There was an increasing tolerance, also a recognition of engagement without the previous fears of losing control of the classroom or children's use of materials, due to the educator's development of theories behind the big behaviour. Kelly (2015) also found that growing tolerance among foster carers after she ran her training program. Jen revealed after the seventh session:

Today was so different. It was really nice to get that connection with Tanya.

She doesn't have that connection with me, so when she invited me to come

over and talk about her art it was so special. And Carla was sitting next to me

today and Tami ... she's a busy creator, isn't she? She's always all over the place. She likes gathering things, sticking and drawing. She likes to do a bit of everything.

The quote shows Jen's awareness and empathy towards the children, and there was a new excitement and passion in her voice as she spoke, that portrayed real connection and caring about the children she spoke about. This renewed empathy, emotional availability and a new understanding about the children's behaviour was also seen in what Kimberly, in her reflections after the third session said:

Did you see Lewis today? He drew on himself and looked in the mirror like he was saying look at me! Look at my face! Look at my face! So, I have been talking to the other educators in the room about these sessions and we talk to the children now about the art and we try to allow the children to lead with what they are saying and now sometimes the children just come up to us and talk to us about the art and what they are making.

Kimberly went on to say after our fourth session:

Last week on Tuesday, after we had the art therapy experience, we did painting and the children they started to paint on themselves and usually we would stop them, but I told the other educator. Let it go, let them explore, and we let them go. And it was fine! They put the paint all over themselves and went to look in the mirror and once they looked, I asked if they were ready to wash it off in the sink and they wiped it off themselves! At the beginning, I found it very confronting but now I am really relaxing into it and enjoying it!

The healing is made possible by the shift of the trauma. The path to dealing

with trauma-related behaviours, challengingly for educators in preschools, leads through the undesirable ways of mess, unpredictability and chaos. When educators become interested in, understanding and accepting of the process however, it is as if the internal space that has been dormant due to trauma wakes up and things start to come alive. In the healing space that begins to emerge, the educators are able to make sense of and give meaning to behaviours, to the art making and to the relationships that evolve.

The wide variety of experiences the educators experienced within themselves, surviving the challenges of the art group and learning more about the children, encouraged them to change the art environment and practice of art at school. They did this without the facilitators initiating or suggesting this; they took the initiative and joined in, saying things like ‘when we do art things now, we try to use similar materials, as they are so enjoying it. We've added smudgy colours to our creative areas’ (Kimberly and Jen’s discussion, after sixth session).

This research in art therapy for children affected by trauma in preschools, has clearly had a significant effect on the views and practices of the educators. For example, they have come to focus more on developing empathy. They have expressed new insights about the meaning of the children’s behaviour and the challenges of being present to the children’s experiences. They have used the art groups and the reflective space to actively grapple with the limitations of their profession, and to better understand the greater world of need experienced by the children; something beyond what they had been prepared for. The following excerpt was written by Bronwyn at the end of the ten weeks. It expresses so many of the themes that arose in this research that it seems fitting to let her express them directly:

What I took from the group is that art is a tool not only to educate children, which is what I have only been using it as until now, but as a tool for them to express themselves. I am exploring art in a way that is child led, and open-ended. It is so comforting to diminish that agenda. As educators we always have an agenda and I feel that I diminished the importance of art until now. Often when I work with the kids, I have a pre-existing idea of what I want. Now I think to myself in art you can't possibly have an idea of what is going to come out. You can't. And I am aware it is a bit scary because you wonder what am I going to get today? That is the difference between teaching and art, at least art in the way we are doing it here. But at the same time, it is comforting and grounding to truly believe and trust in the children to use the materials in a way that before I didn't expect them to and that I didn't really allow them to.

So that as we come to a close in this chapter, there's a clear sense of summative clarity by the educators who have embraced the process of using art as a way of connecting to the children and creating a space in which the children can be authentic and show their selves whilst being seen by a caring and emotionally available educator, who is tolerating the unknown and has created 'good enough' relationship with the children in her care.

I was originally so scared...I asked myself can I cope? Am I going to be ok...? At first, I was unsure of what may arise and how I'll react...It is so hard to come in not knowing how I will go out. But what stood out for me is how much you can get out of children with doing so little and it is effortlessly when you are really present with the children. And I always watch how you respond, and I am

taking that lead, and now I see myself trying to do that, and when we do that we suddenly learn about the kids as individuals and then we support them and so I am now doing this as part of my framework which is something that hasn't been happening before...Oh the beauty of art!

Discussion

Due to the nature of the research design, the results build upon an existing model using evidence gathered by a variety of methods including the experience of facilitating and reflecting in a 10-week art therapy group. The 10-week session was used as a single case study (Yin, 2009), though the unit of analysis was each individual group session. The analysis evolved as data continued to be gathered, as the data of phenomena observed, themselves evolved over the ten weeks. Necessarily, with a decolonising methodology, this researcher must acknowledge the thinking that contextualised these observations, which cannot be presumed to be purely objective information.

The primary outcomes observed were: deepening understanding and empathy, both for the researchers and for the educators involved in the research. As the educators' insights developed, their understanding of the children's 'big behaviours' deepened, and this facilitated their capacity to make a space for children in which to express themselves through art, and the 'good enough' relationship with associated reduction in the 'big behaviours' concerned. From multiple perspectives, this 10-week group has demonstrated themes in group work that careful facilitation and relationship building encourages educators to develop an understanding and theory of the child's 'big behaviours'. This understanding forms their availability for engagement

with the child which in turns supports the child's use of self, expressed through art making. By the 7th session educators were sharing insights and understanding about the children, sharing vignettes of moments that were in the middle of the 'good enough' continuum and showing the facilitators pictures of art activities that they were doing themselves during the days that the art group did not take place. This was in stark difference to the educator's complaints about the children's behaviours and the sharing of their exhaustion and fear of coming to work during the beginning of the group process and reflections.

The aim of the research was to further develop, test and provide directions for refining the Seasonal Model of art groups in preschools as a therapeutic tool to ameliorate the effects of trauma in Aboriginal and non-Aboriginal preschool children by assisting educators to develop a better relationship with the children. My aims were to provide a case study which evaluate a model of working with traumatized children, to identify how working with trauma impacts educators, to give the educators a greater understanding of how to work with traumatized children. In doing the study I aimed to build an interactive, integrated model to help educators link theory with actual practice, in order to enhance their work. My main focus at the time was the actual art group and the impact it would have on the children and the educators. Though my research was initially outcome focused on the changes in the children's behaviour I realized that I needed to focus on the process by which positive relationships were developed between the child and the educator to build resilience and recovery.

McCann and Pearlman's (1992) constructivist self-development theory suggest that trauma affects the self in six psychological needs that in turn motivate behaviour. These are need for safety, trust, esteem, independence, power and intimacy. The educators experienced distortion in the above needs due to the vicarious traumatisation they experienced. For example, due to their need for safety and trust needing to be invulnerable to harm, the educators would limit the use of materials and children's freedom, as well as their own engagement with the children. Their esteem was distorted as was their need for independence and so they controlled the children's behaviour as well as the materials or their use. The educators need for intimacy and their connection with the children was also distorted. The facilitators engagement and involvement and the collaboration in the art group as well as the reflections afterwards resulted in a change in the educator's attitude to the art group and the children. The educators were able to tolerate some of the painful emotions that came with the children's behaviours without distancing themselves or overreacting (McCann and Pearlman, 1992), which situated them in the middle of the 'good enough' continuum engaging empathetically with the children. Hence there was a settling of the educators' natural defences against exposure to trauma awareness by the assisting of the educators to develop better relationships with the children and deepening of their empathy. This was associated with an expansion in their understanding of the purpose of some of the children's more extreme behaviours, thus enabling them in turn to develop responsive practices to support highly traumatised children. Such development is slow, incremental and even painful, and relies on the development of good-enough relationships between the researcher, the co-facilitator and the educators. As trauma awareness develops, more of the

children's emotions can be perceived and understood by the educators, and what the children are expressing through their behaviours can be better seen and engaged with empathetically and the behaviours themselves better dealt with.

As an art therapist, I have had many experiences of art being used by children who have experienced trauma as an effective tool of communication, and as a means to build positive narratives about their world. One important result of this research has been the theme of how educators themselves can implement such groups. The more they can understand about how the children use the art materials and how relationships deepen in the groups, the more willingness they have to test the use of art as a way of channeling and settling behaviours, even when art facilitators are not present at the preschool. Art making and the sharing about this art became the medium through which relationships could evolve and be contained. The educators pushed their own experiences of vicarious traumatisation and through the awareness of it, developed in their use of self with the children. Indirectly they understood the 'big behaviours' more conceptually by developing theories of how these behaviours came to be expressions of past experiences in home and extended family.

A shift in my original plan of having small groups dedicated to children identified as trauma-affected, to making the art groups 'open group', proved productive, for a number of reasons. Firstly, this was better adapted to the preschool's need to provide inclusive activities for all students. Secondly, we were able to observe the benefits of the open group for children who had experienced trauma, as children were able to choose whether they participate or not, and for how long giving them a sense of control. Educators from other preschool rooms, also were able to stay in the same room as art group and able to observe. Thirdly, this also enabled us to build

better relationships with the educators in their space. Fourthly, it better enabled us to adhere more closely to the goal of creating a therapeutic framework for your practice. Classically this consists of maintaining a stable and unchanging space with defined boundaries. (However, we still had no control over events such as the arrival of the food trolley in the preschool room.)

However, the nature of art therapy in a context of trauma-based behaviours is that it needs to embrace open process and unpredictable outcomes. Here, decolonizing methodologies (Smith, 1999) helped guide us to accept what unfolded in the preschools rather than cling to the frame, as it takes into consideration that there is no one size fits all and a respect for multiple truths (Sherwood, 2010). As facilitators, we were bound by the rules that governed the processes and culture of each preschool.

Children who have experienced trauma behave in unpredictable ways. If educators hold onto set expectations of behaviour outcomes and process, they are likely to continually struggle with a situation that continues to present significant challenges. If they are able to be sufficiently open to meet what is present in the children, then they can develop responses to meet the children's needs and to keep them safe. They may also develop theories to explain the children's behaviours and this process of understanding more fully how they are impacted by those same behaviours.

Conclusion

In this chapter I have discussed the major themes that emerged from the thematic analysis of the data gathered over the research project. It has focused on

relationships between educators and the children, and then those between the educators and the researcher and co-facilitator, mapping these relationships on the 'good-enough' continuum and observing how these shifted and impacted the children and their behaviours. The constructivist self-development theory gave a frame work of understanding how the self of the educators that was impacted by the engagement with the traumatic behaviour of the children. The six dimensions of constructivist self-development theory were positively ameliorated by the contact with the facilitators and the group by the educator's growth in these six areas. The themes will be discussed in more detail in Chapter 8.

CHAPTER 8

DISCUSSION

Introduction

This chapter reviews the journey of this PhD research in revisiting the theories and literature in the light of its results: the interviews, and other observations on the 10-week art therapy group. Five major themes were highlighted in the previous, results chapter. These themes were: creating safety for healing— context, structure and group process; vicarious traumatisation and empathic engagement; decolonising methodologies and Australian history; ongoing clinical supervision with a trusted professional; art as a healing tool. The discussion expands on these to explore the theory and the results with respect to implications for the practice of facilitating art therapy groups. It concludes with a discussion of implications for the Seasonal Model, as informed by the detailed planning, reflection and development in this research, allowing the unfolding of an embodied understanding of the Seasonal Model in action.

The journey of this research

The initial aim of this research was to further develop art therapy groups within the preschool to support children who have experienced trauma. Previous research shows that art making in a safe space can help process trauma and relieve some of the

stress that impacts the child's learning development (Linnell, 2010; Malchiodi, 2008; 2012). The hypothesis was that art making in a group context had the potential to bring awaken the empty internal space by bringing creativity into the child's experience, and possibly offset the effects of trauma for children in the preschool.

Therefore, at the start of this research the researcher and her co-facilitator planned to co-facilitate an art group for the children, with the educators, and to use the reflection time after the group both to hear the educators and to share our knowledge about the use of art in relation to children who have experienced trauma. We came to see the art groups as a tool through which we could develop relationships and a common language with the educators in ways suggested by Winnicott's concept of the 'good enough' that we have adapted to explain to the educators to operate within the middle of the continuum as discussed by Wilson and Lindy (1994).

Over the course of the research we discovered that educators who do not have a model for working with traumatised children are continually impacted by the children's trauma and by their behaviours. Many of the educators reported 'lack of sleeping', 'not being able to get the children out of their minds' and other tell-tale symptoms of vicarious traumatising (Lambrecht & Paterson, 2015; Pearlman and Saakvitne, 1995). Due to the nature of the work of the educators, discussed in earlier chapters, the educators were not aware that they were being affected indirectly by the children's stories or behaviours; that they were in fact suffering from vicarious traumatising. Nor were they always aware of the communicative nature of the children's behaviours and of the meanings behind them.

In art group we could reflect upon the children's behaviours. It was less shaming to talk about the children's behaviours in the art group, as opposed to talking

about the educators struggles with them on a day to day basis in the classroom. For example, by bringing attention to how a child spilled paint or stabbed at polystyrene and linking these behaviours to the child's story, this opened a way of developing trauma awareness without the confronting process of a training session about the manifold ways in which trauma can manifest. More than that, the combination of art groups in conjunction with reflections after each group, enabled the educators to link the children's behaviours not merely conceptually but also more directly and concretely with the trauma children had personally experienced. We could join the educators in looking at how the children's behaviour could represent a re-enactment of their trauma and to explore how trauma impacted that child's attachment story. The art groups provided a stage on which the educators could witness the children's behaviours. In the reflection time these behaviours were considered and integrated into an understanding that influenced their professional practice in other sessions, noticing how these same behaviours were used by the children in other situations throughout the day.

Coming to appreciate how meaningful and needful such an experience was for educators, led to the present research focusing increasingly on the central importance of supporting the educators. This focus grew to incorporate an understanding of the importance of the *process* of our engagement, of the reflection time and the broader work of the educators: of supporting educators to support the children.

Creating conditions for safety

The first major theme that emerged from the results of this research, was the importance of creating a feeling of safety, as a necessary prerequisite for healing.

Bound up in this theme is the importance of context, structure and group process in

order to create safety. The structure of the 10 week programme and the process of each group session, creating an opportunity for self-reflection akin to the liminal space offered by the art group's creation of such a space, entail due consideration of the importance of safety. As discussed in chapter three, liminal space is a term used by anthropologist Myerhoff (1982) who describes it as the holding place between the old and the new, a space of peril and promise out of which creative and often surprising new directions develop. It is the uncertainty and ambiguity of not knowing what the outcome will be that can potentially provoke anxiety. However, it is also in this liminal space that growth and healing can occur, together with new meaning making opportunities (Pack, 2017).

Throughout the 10 weeks, familiarity, a sense of community and relationships grew, allowing the educators and children to demonstrate a greater range of creative expression through interaction in art making. This finding aligns with art therapy research that shows that art, in a relational approach, has the ability to engage even those who may not communicate their experiences in a verbal way, and is conducive to the health, strength and development of the individual and the community, contributing to the maintenance of wellbeing and health (Dissanayake, 2016; Dunphy, 2015; Hass-Cohen et al., 2015; Malchiodi, 2008; Monti et al., 2005). In trauma-informed theory, art and narrative bring together the fragments of a shattered world into a more coherent whole (Malchiodi, 2008).

Context: Understanding multiple layers of trauma

Through the course of this research we have approached the story of the preschool in which the research occurred, multiple times from multiple perspectives.

However, the trauma that gripped this school at the outset of the research in particular, was so pervasive and all-encompassing that it was very difficult to come to terms with the day to day experiences of dealing with the children's behaviours. Our observation of this pattern led to our having a meeting with the director in which she shared some statistics on the group of children with whom we worked. Of the twenty children, aged three to five, in the preschool room, seventeen had been diagnosed by a third party with anything from speech impediment to developmental delay.

Literature on the neurological effects of trauma gives an understanding of the detrimental impact of trauma on the development of neural pathways in the important early years of childhood development: this can include problematic speech, impulsivity, attention deficit disorders, difficulty in school, relationship hardships and struggles with work and health issues later on in life (Perry, 2001, 2009, 2014; Van der Kolk, 1996, 2008, 2014).

Several children were living in out of home care, in temporary homes such as those of grandparents and foster carers. There were three known cases of past sexual abuse in that one group. There was active domestic violence in at least one of the homes that the educators were aware of, and Family and Community Services (FaCS) had been notified.

An important implication for art therapy groups in such settings in the importance of sensitive and appropriate handling of trauma backgrounds such as this. We had set up clear boundaries, processes and understandings regarding the reporting of disclosures, should these occur (in the upshot they didn't) during the 10-week group program. Also compounding the impact of these personal traumas to

consider in the school context, there were the devastating effects of colonisation and the ongoing transgenerational trauma of the stolen generations.

Central to consideration of the importance of context is the child's healing experience of the educators. Interviews indicated that the educators were drawn to working in preschools through a love of children and of play. They imagined themselves 'coming and playing with the children'. However, what they instead encountered was an environment in which extreme trauma was enacted by children who were unable to readily engage with them, and where they witnessed 'big behaviours', with children acting out in response to the fragmentation caused by their trauma. The constant need to manage these behaviours necessitated the creation of a setting that appeared far more institutional than nurturing. This kind of environment erodes the purely nurturing stance. The model of our working within this context is equally about supporting the educators as about healing the children.

When working with the extreme behaviours of children who have experienced trauma, it is understandable that one would want to withdraw from the children or else hide from them in busyness (Keller, 2011). On a practical level, the educators had also been conditioned to operate in a survival mode, which involved management of 'big behaviour'. Presented with the idea of running art groups, they balked at imaginings of what destruction might unfold in that time. When the researcher and her co-facilitator became aware of the extent and nature of the support that the educators needed, even to begin to approach the activity of facilitating art groups for the children, we began to understand our aims and intentions differently. The aim became to find ways to walk with the educators through their journey towards creating a workable space on their own terms: to be with the children in their care.

If these children's re-enactment of their trauma cannot be understood at an empathic level, and contextualized by the educators, then trauma replays can retraumatize both the child and vicariously traumatizes the educators, who are in the front line as professional carers of these children in the learning environment.

In order to create an environment of safety, it is imperative that facilitators understand the context of trauma as it relates to the children, the educators and the preschool as a whole, so as to be able to design and facilitate the art groups accordingly, and to support the educators to arrive at a similar level of awareness, so that they can firstly understand the reasons behind the children's challenging behaviour, and secondly understand the interplay of their own histories with such behaviour. Thirdly, once these two areas of understanding are established, our aim is to facilitate the educators to form empathic bonds with the children, whilst also taking care of their own emotional needs.

The Seasonal Model has real potential as an early intervention in identifying a history of trauma and in reducing trauma-derived behaviours and attitudes. In any case, given the prevalence of trauma histories in some preschools, it is important that educators be well armed and well supported in facing trauma-derived behavior. The more support they have, the more they will be able to contain the behaviours and support the children even if it is to have a positive caring relationship and be able to process their own vicarious traumatisation. Educators can be supported in the disclosure process and in supporting families to find the most appropriate assistance.

The concepts drawn from Winnicott's (1953) work on 'good enough' relationships appear to apply to the children's needs for healing from trauma.

Structure: Creating a liminal space for healing

Given that a sense of safety and of a safe space is essential to the effectiveness of the art groups for children, our starting point was to develop relationships with the director and educators in the preschool so that these relationships could form a containing safe space in a similar way to creating the therapeutic frame in psychotherapy (Lang, 1980; Milner, 1987; Young 1988). The preschool was deeply affected by trauma, so our approach was paced, and mindful of the sensitivities within the school. We aimed to respect existing ways of being; referring to decolonising methodologies helped enable the development of relationships in this context. This entailed taking the time to get to know the educators and children, and setting up the group structure and framework in conjunction with the educators, with regard to suitable days and times, and negotiating where in the preschool room the group would be run. At the heart of the decolonising methodologies is deep respect for and acceptance of the natural unfolding of relationships, of the individual pace that unfolds in its own time, like the seasons (Ungunmerr-Baumann, 2002).

Further, a practice of deep contemplation and awareness of the seasons allows the researcher and co-facilitator to know when to pause, to watch in ‘wonderment’ (Liebrich, 2016, p. 88), and when to be more actively involved or proactive. Seasonality, and decolonising ways of being, contribute to a sense of being present in the moment and at the same time of recognizing with a sense of ‘wonderment’ (Liebrich, 2016), instead of having rigid expectations of how things need to look, and an impatience for outcomes. In this practice of witnessing there is no judgement, just the awareness that we are all humans with different challenges, according to our backgrounds and stage of life.

The results of the research confirmed the importance of relationships of trust as the building blocks for creating a feeling of safety in the liminal space (Myerhoff, 1982; Pack, 2017). At the very beginning, when went in to set up the groups, the invitation from the director was a sign for the educators and children that we were safe to engage with. It was also an invitation to enter the liminal space, which is filled with trepidation and anticipation. This liminal space widens the educators' ability to tolerate ambivalence and the not knowing that comes from the process of engagement with the facilitators, and of creating the art. To create this sense of security, trust and respect, and a willingness to enter the unknown, it helped that the researcher and co-facilitator came into the preschool with a contract spelling out the parameters of the work: these included provisions for confidentiality and the respectful co-creating of the physical space that the children were to use.

Children who have experienced trauma directly, and educators who have experienced trauma indirectly, need a consistent, reliable frame within which to operate. This was provided via the structure of the weekly group, by the establishment of a group process and structured reflection sessions. The art group sessions had a very clear and predictable structure, which enabled the creation of a sense of a safe space. They begin with a hello song and end with a goodbye song. In the sessions themselves, the art materials provide an open, safe, non-prescribed space for the children to create and express what is alive in them, in their own way, as there was no direction from the facilitators regarding specific outcomes for the artwork; simultaneously it provides an opportunity for relationships between educators and children to grow.

In order to enhance educators' understanding of how to work with traumatised children and, in this context, understanding of the 'big behaviours' that can develop and deepen, we co-created the structure of art groups followed by allocated reflection time, to provide a safe 'container' for their responses to the children. Co-facilitation of the group began with an educator expressing interest in having an art group run in their room and collaborating with the facilitators. We then met with them and together, chose a time and a venue in which to run it. We explained how we usually run the groups and then, once the groups began, we consciously gave the educators the space and respect they needed in order to feel that they could co-facilitate and collaborate *with* us, rather than being participants only.

The post group reflections allowed space for the educators to build insight and understanding, an opportunity to suggest ideas or ways of working and being with the children, thus building a sense of ownership for the educators. In this protracted process of growth and development of the educators in their understanding of the children's behaviour and their ability to tolerate more uncertainty and mess in the children's art, we were witnesses, collaborators and partners. As discussed in the Methodology (Chapter 6), educators are not obligated to have regular supervisions, however the literature on trauma and art therapy (Hughes, 2010; Linnell, 2010; Pearlman and Saakvitne, 1995) is strong on the importance of supervision. In the Seasonal Model these post group reflections play a similar role to supervision.

Kelly (2015) discusses how psychoeducational groups with foster carers enable carers to have greater tolerance for a range of behaviours in foster children. She explains how understanding the children's behaviours can lead to a successful foster

placement. We observed similar findings with the educators: how their understanding led to tolerating and finding ways of dealing with, the children's 'big behaviours'. The idea was that the educators could use that time to think with us about what the children did in the art group, and make sense of it, with the prospect of seeing the longed-for shifts in behaviour. We know from the research literature that being witnessed, respected and understood is what enables shifts in the child survivor (Briere, 1996; Herman, 1997). The act of witnessing, indeed, is as active as the intervention needs to be, although this is counter to trauma, more a way of being than of particular doing; it incorporates a respectful, cross-cultural awareness (Morseu-Diop, 2010; Sherwood, 2010; Smith, 1999).

The reflection time was a re-iteration of the art group in that we provided an opening for the educators to explore and feel the ways in which the art group had impacted them and the children. This reflection time allowed the educators to feel safe to share feelings and experiences and gave them an opportunity to discuss meanings and vulnerabilities that they were experiencing. This increased their ability to operate more comfortably in the liminal space of ambivalence and not knowing. The reflections also, importantly, provided an opportunity for the awareness of VT, to acknowledge it and ultimately normalise it by helping educators understand that it is normal to respond to trauma inspired behaviours with feelings associated with VT. Thus, the reflections represent an opportunity for new theorising about the children, as Kelly (2015) noted in her psycho-educational groups with foster carers.

The process of establishing the group with educators. The educators, who were very captivated with the fact that the children engaged and concentrated in the art group for over an hour, and believed that the participation seemed to reduce the

severity of the children's behaviours, tried to run similar groups for the children on different days to the one that the art group was run on. The educators used to discuss these groups that they were running, in the reflection sessions. It seemed that at the beginning, the educators replicated the practical structure of the art groups in their own sessions. They laid out a mat, they used a drum and sang the hello song and provided a range of materials for the children to use. The continuing focus on the educators also led to a further development in the scope of the research: the attempt to give the educators some assistance in incorporating key principles and methods of the Seasonal Model in their own work, initially in the art groups we collaborated on, but eventually to use in their own art sessions also. The unique experiences the educators shared in the reflections helped us to better understand what we were doing in the art groups ourselves, how the fundamental structuring of these sessions enabled the creating of a dialogue in which a liminal space could open. Through this shared space, and through the partnership of collaborations between the educators and facilitators in the 10-week period, we in turn were able to think in more detail about what we were doing that enabled the children to trust and engage in the focused process of art making.

Being emotionally available is a cornerstone of psychotherapy across different modalities (Whelton, 2004), and it is also essential to creating the kind of good-enough relationship that can contribute to healing trauma (Chethik, 1989; Keller, 2011).

However, engaging deeply with the children creates the risk of empathetic engagement, which has been associated with experiencing vicarious traumatising (Pearlman and Saakvitne, 1995). Paradoxically, under constructivist self-developmental theory, such depth of immersion in the child's world and traumatic

experiences, has the potential to harm the self of the educator and her relationships, esteem, safety, world view, sense of self (McCann and Pearlman, 1992; Pearlman and Saakvitne, 1995). However, the structure of supervised art groups, where creation of the group is modelled as a collaboration between facilitators and professional therapists, can provide essential support against these dangers. Furthermore, the inbuilding of reflections and reflexivity into our practice was essential in helping both facilitators and educators to develop awareness of their own process, prejudices, and biases. This approach poses a direct challenge to the professional isolation that is one of the hallmarks of vicarious traumatisation (Pearlman and Saakvitne, 1995). It allows the self of the educator to be touched and gradually to become more open to experimentation and engagement, both with facilitators, and with the children in the group.

Group process: The importance of relationships. For the children, the art groups provide safety in solidarity. When one cried or acted out during the art group the researcher and co-facilitator understood the behaviour as a ‘voice of the group’, as if they were acting out or communicating on behalf of the entire group. Membership of the weekly art group was open and was offered in the routine of the preschool week. The repetitive structure and process of the group made it a refuge of security where children could process their emotions without the magnification that individual therapeutic work can bring. At the same time, they have a shared creative experience with their peers and an opportunity to negotiate all of the social interactions that come with this: everything is discussed, from sharing to learning from each other.

Relationships are paramount in helping with understanding the effects of trauma, and in building resilience (Cyrulink, 2009; Van der Kolk, 2015; 1996). The

seasonal model leverages the power of relationships to transform children's past history of trauma. The stronger the relationships became, the more the educators were able to contain arising ambiguity and uncertainty in the art group—for example, what the children would be making or what materials they would be using. To work through trauma requires a tolerance for discomfort and uncertainty. The person who has been traumatised has experienced something so extreme and unexpected that they either avoid or, at the other extreme, seek danger, so staying with uncertainty is a skill that needs to be relearned, even if it means providing a range of materials and just trusting the children to use them, a foreign concept to the educators who were sure that if they gave materials to the children, the children would either misuse the materials or feel over whelmed by it, and thus act out. This place of uncertainty is in contrast to the educator's professional framework, of knowing and controlling the environment to achieve certain outcomes. We used the art group and reflection process as a mutual process of discovery between the educators and the children.

As the tolerance of uncertainty grew, and the relationships deepened, the educators became more empathetic towards the children. This is a double-edged sword. On the one hand, in order to heal, the children need to be engaged in a 'good enough' relationship with an emotionally available adult who sees and cares about them (Gerhardt, 2004; Perry, 2009, 2014; Siegel, 2001; Van der Kolk, 2014), but on the other hand, the more the educator is emotionally available, present and empathic, the more they are at risk of suffering from vicarious traumatization, which can rob the educator of her sense of self and esteem (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995).

Offering a fresh perspective and hope, the context of relationships formed during the 10-week group provided a supportive space for healing, both for the educators and for the children. For the children the group provided a safe space where they could explore materials and relationships and share their stories with an engaged empathic adult. For the educators, the group provided time away from their busy routine, a place where they could meaningfully engage and be with the children in their care and (in the reflections) have a safe space where they could make sense of what they had observed, and feel their responses validated and normalized within the community of educators.

Vicarious Traumatization and Empathic Engagement

Pre-school educators who were interviewed demonstrated that they had experiences of vicarious traumatization (VT). The literature on vicarious traumatization, first defined by McCann and Pearlman (1990; discussed in chapter two part 2), gives a framework for understanding the educator's engagement or withdrawal from the traumatized children in their care. VT is caused by overidentification with the children and their distress and results in either of the two extremes on the continuum: from dissociation or withdrawal/isolation, to over-identification (Wilson & Lindy, 1994). These two poles of response are further defined by Wilson and Lindy (1994) as the countertransference continuum: Type I (avoidance, counterphobia, distancing, detachment) and Type II (overidentification, over idealization, enmeshment, excessive advocacy; Wilson & Lindy, 1994).

On this continuum, such forms of countertransference are considered to be expectable and objective reactions to the trauma story of another within a

professional setting. Wilson and Lindy (1994) also distinguish subjective responses to stories of trauma as reflecting unresolved conflicts in the receiver's life. They list four distinct modes of empathic strain associated with such responses: empathic withdrawal, empathic repression, empathic enmeshment, and empathic disequilibrium. In connection to the Seasonal Model this perspective has a potentially therapeutic effect in helping the educators to regard their responses, rather than pathological, unprofessional, or shameful, as predictable within the scope of this continuum.

Pearlman and Saakvitne (1995) suggest that listening with empathy to stories of abuse may stir a sense of powerlessness that can in turn lead to a distancing from the clients who are suffering. Keller (2011 p. 737), in her psychoanalytic model of preschool consultations found that "Too often a stated wish to protect a child by concealing truth disguises a need in adults to deny psychic pain, both their own and the child's pain." (p. 737). Trauma is caused by an event, a series or accumulation of events where the degree of suffering is beyond the human child's internal capacity to tolerate or suffer (APA, 1994). To protect themselves from the overwhelming pain of children, one response on a continuum of possible styles is for the educators to overidentify with the child or on the other hand, to withdraw or distance themselves. In doing so they are liable not to attend the children's pain that is being expressed, which will tend to perpetuate the cycle of big behaviours displayed by the children, risking traumatisation both for the children and for the educators.

A meaningful way to address VT is through clinical supervision. As discussed earlier, the reflections with the educators are akin to professional supervision and

these reflections held by the researcher, her co-facilitator and educators after the art group help create a reflective space in which the educator can remain open to their process and identify where on the continuum of overidentification and withdrawal they are. Pearlman and Saakvitne's (1995) constructivist self-development theory asserts that changes in the helping professional and, in our case the educators, occur in the five components of the self; frame of reference, self-capacities; ego resources; psychological needs and cognitive schemas; and memory and perception (See Chapter 2 for more detail).

Many educators have shared that they cannot separate their work and life, that they often lie in bed thinking about the children and the day they have had. Educators' exhaustion, frustration, or feelings of being fed up impact the self of the educator in ways suggested by constructivist self-development theory (McCann and Pearlman, 1990; Pearlman and Saakvitne, 1995). At times, the educator's own trauma and unresolved histories can be triggered or relived through experience with the children with whom they are working.

In our study, independence refers to the need to control or direct others—this could be seen in the educators trying to control outcomes with the children, offering only limited materials, giving clear instructions in what to do, or being intrusive and taking away materials, in fear that the children may misuse them. Trust or dependence on another, on the other hand, entails reliance on others to fulfil one's needs and have them met. Again, this could be seen in the educators' trust of the children to use the art space and the materials. At the beginning, the educators were very weary of the mess and of what may unfold in the process—not trusting the children—but through

the 10 sessions they came to relax and to allow the children to experiment and explore trusting them. Intimacy is the need for connection and connectedness through relationships and belonging to a community—the children need and are looking to connect with the educators; hence, the central importance of educators feeling comfortable in relating to trauma-affected children.

Symptoms may present differently in each educator, as constructivist self-development theory takes into account that responses to vicarious traumatisation are based on the reality and perception of each individual and is linked to their unique biography. Symptoms of vicarious traumatisation in the preschool by educators ranged from becoming vigilant and easily startled to a high level of anxiety. Some shared their struggle to fall asleep, of either not eating enough or overeating. Some educators obsessed about a child or thought endlessly about them at night. This was a common theme with the educators, some of whom had terrible flashbacks of the children's stories. Such intrusive thoughts or images may disrupt interactions with the children. Emotionally, feelings of being overwhelmed, anxious, unable to feel pleasure; of numbness, despair, resentment, exhaustion; of being flooded by personal memories of past traumas, make for very difficult working conditions. This can lead to a feeling of being trapped at work, whilst at the same time feeling as if there is no choice but to continue to work.

It is important to acknowledge the suffering caused by the extreme experience of vicarious traumatisation, especially when working with vulnerable clients such as children. Educators often shared a feeling of exhaustion in working with the traumatised children in the preschool. Research shows that those just beginning their role in a care profession, are more vulnerable (Pearlman and Saakvitne, 1995). At the

preschool where the research took place, for many of the educators it was their first professional experience. Many of the educators called in sick often or took stress leave; some resigned, in the course of the 10 weeks of running the art group.

Coming to understand that vicarious traumatisation could be addressed in the reflections after the art groups, was an important insight for us as facilitators. For the educators, it was often the first time they had heard this term, and they responded with the relief that comes from understanding and contextualising their symptoms. In turn, this understanding often brought with it a renewed sense of engagement with the children. The researcher and her co-facilitator experienced a parallel process with the educators, not unlike what the educators felt for the children. This feature of engaging with the educators required self-reflection to maintain balance and objectivity.

Clinical supervision: Bringing the educators to the dialogue

The importance of clinical supervision is one of the five major themes that emerged in this research; For therapists, formal clinical supervision is one way to address VT, whilst this is not the norm in education. In communication with the educators, clinical supervision was referred to as reflections. Since educators are not obliged to have supervision, nor are they familiar with the terminology, the researcher and her co-facilitator used the term reflections as ‘critical reflections’ are a part of the educator’s professional framework. The reflections are strongly connected to Schön’s (1983) idea of reflection in action and is discussed in detail in this section.

For educators to be able to reflect on their behaviours and emotions in an open way, clinical supervision within a trusted professional relationship, and on a

regular basis, is needed. Berger and Gelkopft (2011) say that to be efficient, it is best that clinical supervisions are regular, ongoing and face-to-face. The time set aside after the groups to reflect with the educators was paramount to the success of the Seasonal Model in Action and is an integral part of it. Schön's (1983) idea of reflection in action/reflection on action helped the educators, and the researcher and her co-facilitator, to look at experiences in the group and to connect them to educator's emotions, and later, back to their work with the children, in a continuous process of transformation. Schön's (1983) framework of action/reflection afforded us a path to facilitating the group in such a way that educators could be debriefed and could supervise and reflect with each other as peers engaged in collaborative partnership.

The reflective space allowed both for reflection in action and on actions where educators looked at their experiences in the groups and built new understandings that would inform the next group and their actions. It was also a space to reflect on and better understand their vicarious traumatization; this proved an important benefit in bettering their relationships with the children, which in turn seemed to contain the children whose behaviour shifted to be less volatile and violent. In a similar way to Kelly's (2015) work with foster carers, educators developed more understanding and a better articulated theory about the children's behaviour, and were more able to tolerate a wider range of behaviours, leading to a shift in the children's behaviour and being. Children communicated more with the educators and were able to engage in art making as opposed to running around in a frenzy. A conclusion I reach therefore is that a form of ongoing external supervision or a process of critical reflection, with a trusted professional who is not one of the educators, is vital to the efficient functioning of the Seasonal Model.

Further, cultural supervision from an Aboriginal who will be aware, and respectful of the child's culture, is also needed in order to understand the child, the intergenerational trauma and to help develop the capacity to respect and understanding multiple truths (Morseu-Diop, 2010; Sherwood, 2010) within the preschool environment.

With our present understanding of colonization, its impact on Aboriginal culture and the direct implications for families today, it is important to acknowledge that resultant pain and distress may be expressed in individual behaviours, but also in the form of substance abuse, family issues and violence. For this reason, cultural supervision should be incorporated into the Seasonal Model in action, for assistance with understanding and interpreting these behaviours and needs, ensuring that the Seasonal Model and group process is culturally sensitive and not imposing cultural expectations that are not appropriate (Eketone, 2012). Beyond this, it can assist further in helping facilitators and educators see the strength and beauty of the individuals, families, communities and culture through their cultural lens. Although there was an episodic cultural consultation with an Aboriginal Artist (See Chapter 1), there is a need for a more comprehensive model such as Eketone's (2012) model of cultural safety supervision, occurring in an established context of an established clinical supervisory relationship. Although not mentioned specifically in the 'Getting it Right' (AASW, 2016) it aligns with the 'Getting it Right' Project (AASW, 2016) proposal for teaching the local history of colonisation in the curriculum for the training and development of preschool educators. This will be further discussed in Chapter 9.

Decolonising methodologies and the Australian story

The Seasonal Model is uniquely Australian. It aims to address childhood traumas within the context of the Australian preschool. The approach is mindful of the history of successive oppressive government policies linked to the experiences of Colonisation: the Stolen Generations and transgenerational trauma, as they contribute to the greater context of the children's individual traumas (Atkinson, 2002). As stated earlier, preschool aged children who have experienced complex traumas can suffer from a constellation of issues that have direct implications for their development and long-term wellbeing. These personal experiences of trauma often accumulate on top of the family's historical and transgenerational experiences.

Certainly, awareness of the experiences of the Stolen Generations was present in the Aboriginal families we met in the preschool. Such awareness is paramount in contextualizing and understanding many of the 'big behaviours' demonstrated by the children. We met grandmothers who had themselves lived through having been stolen, now trying to raise their daughters' children while their daughters battled with drugs, dissociation, violent relationships and poverty. The decolonising approach is an inclusive framework that brings a non-objectifying orientation, one that does not come from top down but rather, brings a genuine respect and collaborativeness to the research (Smith 1999, 2005). This framework and way of working and seeing the world is directly relevant to the type of trauma encountered. It has direct implications both for how we work and for how we understand the work. Our group facilitation offers a decolonising approach by co-creating with the educators from beginning to end and sitting in the 'circle' as equals. We do not have a prescriptive program that specifies

processes and expected outcomes. Instead, our approach is responsive, inclusive and dynamically evolving.

Herman (1992) contextualizes the individual utterances of a people as representative of a collective political statement. This is a way of framing what is said, alleviating individual pathology and creating the bigger picture of how we understand the behaviours of the children and the educators. Trauma is pervasive, and the Seasonal Model establishes a process that is co-created between the facilitators, educators and the children, the co-creation in itself, is an antidote to the colonizing top down approach. In this endeavour the theories of decolonization (Smith, 1999; Sherwood, 2010) were the cornerstone we referred to, as trauma effectively colonizes vitality and wellbeing. The Australian Association of Social work's contribution to understanding how to work with colonised people affirms the findings that a decolonising approach is respectful and collaborative (AASW, 2016).

The 'Getting it Right' framework (Zuybrzycki et al., 2014) paves the way to engage in relationships in new ways that listen to the narratives of the other. For each party it takes a commitment to listen actively and engage empathetically for as long as it is needed, to genuinely heal the other. This patient, attentive attitude draws on the Aboriginal concept of *dadirri* (Ungunmerr-Baumann, 2002). *Dadirri* allows for the unfolding of emotions, and it is this ancient way of being, informed by contemporary literature and research, that differentiates the model from other approaches, which would superimpose information or prescribed interventions addressing behaviours symptomatic of trauma, losing sight of their unique identity, circumstances and personal history in this process.

The Seasonal Model in action has been demonstrated to build good-enough, consistent engagement and trusting relationships that can witness, contain and transform the ways in which trauma is enacted by the children and experienced by educators. Decolonising methodologies and the history of Australia are perspectives that need to be incorporated in the reflective post group discussions, and ultimately should be embedded in the educator's training and ongoing professional development. The 'Getting it Right Project' for social work education recommends this inclusion in professional training in Australia (Zubrzycki et al., 2014).

This framework for social work education has been endorsed by AASW in 2016 for social work academics in Australian universities. The AASW calls for the university curriculum to focus more closely on the history of colonisation in Australia (AASW, 2016), and to build greater cultural responsiveness in the profession. There is a need for the educators to have a similar framework to that used in the present research, as it may support them in better understanding the context of their work. Again, the active reflections offered by the Seasonal Model enable educators to link their experiences to this bigger picture.

Art groups as a healing tool

Art supports the work with children who have experienced trauma by providing a co-created process of holding difficult emotions safely. The art groups provided a stage on which the educators could witness and digest children's behaviour, and later carry that understanding into other activities in the preschool. The safety of connected relationships makes a space where awareness of trauma and its impacts can expand, and vicarious resilience (a term implying that working with

trauma survivors can have a positive effect on clinicians; Hernandez, 2007) can develop. The role of Art in the midst of this endeavour is to further contain and channel some of the emotional energy by redirecting the children's 'big behaviours' into creativity (Malchiodi, 2012). A felt security is developed in the groups, as the art making process allows for experimentation and embraces ambiguity. Children can choose and unfold their own creative process, but the materials offered, and the structure of the group, provide boundaries that the children and educators can use to restore themselves.

Before moving on to final conclusions and recommendations I'd like to share a story of trauma which gives an example of the background context facilitators hold in mind when running the art groups. This case example is very recent, taking place a week ago, whilst in the winter phase of writing up the research. It took place in a different preschool, one located in the Greater Western Sydney region, however the educators are dealing with similar issues as the educators written about in this study.

Our reflection on this case, illustrate and integrate the themes explored in the previous chapters as well as suggesting new ethical dilemmas to navigate within the Seasonal Model.

Case Study: The elephant in the room

I was called to this preschool for a reason I hear time and time again—educators are at their wits end, traumatised and feeling completely lost as to how they can support a boy who has 'big behaviours'—in this instance an educator's nose has been broken. The boy's background story is shocking but sadly not uncommon—a mother with an ice addiction and grandparents (whose care he is in) who are verbally abusing him. He is four years old.

The Department of Family and Community Services (FACS) are involved in the preschool and have a support plan in place, however the educators are struggling with day to day functioning, and dare I say vicarious traumatisation as well, as direct response to this trauma. There is a need to collaborate around the child and a need to create a community for the educators so that they can feel the support and be able to tolerate these big behaviours.

This leads to an important point—the elephant in the room during the art groups. The unspoken reality many of these children may experience at home, require the involvement of FACS: undisclosed abuse at home, or supervised visitations with parents that are causing them distress, or are in new placements with foster carers that are not yet final. Although there were no disclosures during the 10-week art group run for this research, and although there were very clear boundaries and processes put in place for dealing with disclosures, if they were to occur, this is an important issue to raise. There are very clear regulations and procedures about making reports and the educators already have plenty of experience of dealing with FACS and other external agencies such as the foster care system, in regard to the children. However, there are no procedures given to the educators for dealing with the daily expression of disclosed and undisclosed trauma in the big behaviours of the children.

Conclusion

In summary, educators in preschool education are operating within a very specific framework, which places high demands on them to manage child behaviours, to complete documentation and to deliver the teaching curriculum. The work in

preschool is focused and intense across the profession. Preschool educators are accountable to the board, to the director and to the parents, to maintain their professional standards of practice as they form relationships with the children. It is a complicated and demanding enough role, even before a child's experience of trauma erupts. In order to teach, educators are plunged into a cycle of behavioural management with a view towards getting the children's behaviours under control as quickly as possible.

The literature on trauma and recovery is strong in support of empathetic relationships as a key protective factor that works to counterbalance trauma (Perry, 2001, 2009, 2014; Siegel, 2009; Van der Kolk, 1996, 2008, 2014). In order to form such a capacity for relationships the educators need a space set apart from all of the external professional demands, that allow their freedom to form relationships with colleagues and to attend to the children, not through the lens of developmental and curriculum-dictated lists, but to have a space in which to simply see and encounter the children and connect with them. Winnicott's (1953) good-enough relationship provides a conceptual framework for speaking about this quality of relationship.

This quality of relationship was a ready bridge between theory and practice and between the educators and ourselves, to promote understanding of what abates the behaviour and may later heal the child's trauma. In the present research the Seasonal Model presented the educators with a space and a time set apart from the pressures of the preschool system, to be with the children, to form good-enough relationships and/or to witness their unhelpful placement at the opposing ends of the good-enough continuum, bringing this awareness to the reflective spaces.

This thinking and discovery developed through talking reflectively about the art groups. These groups gave a safe platform for the discussions and thinking, with their objective focus on the art, so they could be used as a way of externalizing what needed to be said, until educators felt sufficiently comfortable to focus on the self. What has emerged out of this action research project is that the primary benefit of the Seasonal Model is the way it facilitates meaningful relationships as a process with identifiable stages of group development. The trajectory of getting to know one another can be fraught with tensions. Due to the nature of the primary trauma experienced in the children, and the vicarious traumatising of the educators, these stages of relationship development can initially confront hostile ambivalence, fear of reflection or of abandonment. The seasonal model therefore does not prescribe but is flexible in adapting from one phase to the next, recognizing that trust may be fragile.

CHAPTER 9

CONCLUSIONS, RECOMMENDATIONS AND FUTURE DIRECTIONS

Introduction

At the beginning of this research I shared a summary of my personal and professional story, which led me to develop the Seasonal Model for addressing trauma in preschools through art groups, and finally to this particular research project. Initially the aim was to give an empirical, theoretical and academic grounding to my experiential knowledge of art as a powerful healing tool for those experiencing trauma—and particularly for young children who are either completely or partially pre-verbal, either due to their developmental stage, or as a direct response to trauma. However, during the course of the research it became plainly evident that the twin, and imperative symbiotic aim, needed to be how to support the educators, in order for them to support the children in their care. This became the primary focus of the present research.

This chapter brings together a discussion of the main points arising in this research. The literature review outlined some key considerations related to primary and secondary traumatization, and the theoretical concepts upon which the Seasonal

Model was based. In this concluding chapter, a discussion of the issues that both art therapists and educators must confront, as illuminated in the major themes emerging in the results and discussion, is reviewed briefly. In order to more fully illustrate the implications of this research as a whole, I furnish some further details from the research process. Finally, the chapter considers the strengths and limitations of the present investigation and outlines some recommendations and discussion of future directions for research.

Re-capping the main points

In chapter two, a review of literature was undertaken, pertaining to the primary trauma experienced by the children on neurological, psychological, physiological, emotional and social levels. Risk factors were explored, and protective factors were summarised. The chapter sought to find evidence of the ability of art therapy groups to address the internal, empty, non-creative space (Klein, 1980) in the preschool children, caused by trauma. What emerged from this review was the importance of a secure relationship with an emotionally available adult, to create a safe space for healing.

Due to the fact parents spend much time at work, leaving children in child care for many hours, educators are positioned to be able to create secure relationships and so, potentially, to ameliorate trauma. The resilience literature (Perry, 2011; Siegel, 2012 Van der Kolk, 2014) shows that a meaningful relationship, even outside the child's immediate home, can be a protective factor. This is true for all children, but especially so if the child has experienced trauma. A supportive relationship with an engaged available adult can be paramount in opening up the child's healing journey.

This research demonstrated art to be an effective tool for bridging the consciousness chasm between a child and an engaged adult, for making such all-important relationships possible (Rubin, 2009, 2011; Malchiodi, 2005). The paradox however is that the child's healing from trauma requires the empathic engagement of the preschool educators, leaving them more prone to suffering from vicarious traumatisation (McCann & Pearlman, 1990). In order to support the educators to support the children it became evident that it was therefore necessary to look deeper into the secondary traumatisation literature, to explore the associated phenomenon of vicarious traumatization (VT). Within this research, both risk factors and protective factors for VT were identified. Of the latter, vicarious resilience (VR) predominates. The essence of VR is the need for educators to have access to knowledge of tools of self-assessment and self-care. This was done, in part through the reflections between educators and facilitators after each art group.

The literature on vicarious traumatisation and art therapy is strong on the importance of clinical supervision as a protective factor. Although clinical supervision is not applicable to educators, these regular reflections were designed in such a way as to play a similar role in supporting the educators to understand the children and their behaviour, and to widen their awareness of VT.

To the key issues of primary and secondary traumatisation noted in the literature review, were added (chapter 3) the theoretical concepts that provide a rationale for the Seasonal Model. The key concepts are Winnicott's theory of 'good enough' caregiving, combined with Wilson and Lindy's (1994) continuum from withdrawal to intrusion, and Myerhoff's (1982) concept of 'liminal space' as later

applied by Pack (2017). Also contributing was the literature on the important role of use of self, and theories of group work, which supported the importance of relationships to VT and associated protective factors.

Chapter four outlined an overview of the Seasonal Model. This model, which has evolved over some twenty years, began with past social work and art therapist practice, working with individuals and then groups by the researcher, and was later refined through engagement with the literature on primary and vicarious traumatisation, and the constructivist self-development theory (McCann & Pearlman, 1992) on which the concept of vicarious traumatisation is based. As noted above, what began as a study into the effectiveness of art as a healing tool for traumatised preschool children, expanded in focus to meeting the needs of the educators. To that end, the concept of ‘good enough’ caregiving afforded a useful frame through which to provide the educators with a practical model for meeting the children half way, whilst also addressing their own vicarious traumatisation.

Another necessary theoretical strand was that of Indigenous knowledges and Colonisation theories addressing the influence affecting Aboriginal culture in the context of Australia. This presented itself as a double-edged sword. For the long-term legacy of a history of colonisation, clearly presents risk factors both for primary traumatisation and for secondary or vicarious traumatisation. On the other hand, the deep wisdom of this culture forms the heart centre of the Seasonal Model, as encapsulated by Ungunmerr-Baumann (2002, p. 2):

We are not threatened by silence. We are completely at home in it. Our Aboriginal way has taught us to be still and wait. We do not try to hurry things up. We let them follow their natural course—like the seasons.

This beautiful passage describes the Aboriginal process of *dadirri*—deep inner listening, patience and awareness. A logical extension of *dadirri* as concept is the traditional practice of the *dadirri* circle, in which one listens both inwardly and outwardly, an intent the Seasonal Model attempts to achieve. Time is invested in relationships, space is given for things to unfold in their own time; acknowledgement is given of every individual as human, as a part of nature and susceptible to the ages and stages that unfold over time.

In the Seasonal Model, spring is the initial phase of creating rapport, forming relationships and setting up a contract to spell out the parameters of the work, and to create a sense of safety. Summer is the phase of action, the unfolding of the groups. In this phase there is the predictable structure of the sessions, of a specific day and time when the group was run. The beating of the drum at the beginning and end of the group reinforced these senses of predictability and safety. Autumn is the time for reflection, evaluation and understanding, as we have noted in reference to Schön's (1983) action in reflection model. Winter is the time for dormancy, sanctuary and recalibration. This chapter itself is consonant with the winter phase of the model, after the action of summer and the reflection of autumn: It is here that conclusions are drawn, recommendations made and future directions given.

Recognising the role of trauma in the work of educators

Educators are not trained trauma workers. However, despite their reported initial imaginings of the profession as a light, happy (maybe even naïve) space of childhood, day after day they are confronted by children whose behaviours re-enact previous traumatic experience which are challenging to deal with and inconsistent with the usual milestones of child development.

My review of the literature on trauma, as well as that on vicarious traumatization, showed the lack of awareness around the lived experiences of these educators. Since educators are not generally considered to be workers in the front line of trauma, their training doesn't adequately prepare them for what they encounter in the children and there is educational framework to support and contextualize what they are experiencing. There is no systemized support for educators as there would be for other frontline trauma workers, such as police officers or sexual abuse response teams. Rather, educators are expected to engage with children through models based on the secure base (Ainsworth, 1978) and the awareness of the impact of early attachment figures on the child's behaviours and asks educators to engage with the children at a primary emotional level. The children need that engagement. The impact on the educators of engaging and empathising with children who have experienced trauma, is that they will be both directly impacted by the children's trauma the moment as well as indirectly impacted with continued engagement consistent with the vicarious traumatisation framework. The theoretical framework grounded in constructivist self-development theory views vicarious traumatisation as being cumulative over time and if unaddressed, permanently transformative of the helping

professional's worldview, beliefs and sense of self and others (McCann & Pearlman, 1992). The review of the literature on trauma as well as that of vicarious traumatisation showed the lack of research literature around the lived experiences of these educators.

The starkness of the evidence of trauma in this preschool was startling. Although educators are trained in child protection, their role is just one part of a bigger and putatively competent system that will take care of the children when circumstances of trauma reveal themselves. But they are still faced by the realities of what happens with children in the days and weeks the child spends in the classroom. Further, where not such report has been made as yet, they may encounter murky spaces of suspected issues where children show unmanageable behaviours. At present however, educators do not have an existing model for working with traumatised children. Instead they are frequently engaged in reacting to such unmanageable behaviours and so suspended in survival mode and continually impacted by the children's trauma and behaviours.

The Seasonal Model: Facilitating the emergence of 'good enough' relationships in preschools

The Seasonal Model is two-fold; it supports both the children, in creating a space for them to do art, and the educators: through collaborative work in art groups and through support with their own art sessions with the children, as well as in the reflective space offered after each art group run by the art therapists. Both aims work hand in hand. The art group gives children a space to express themselves in the presence of an educator who can sit and be with the children, see them, and learn to

understand what they are going through, hence forming deeper, more meaningful relationships, which are vital for the child's healing from trauma. In the reflective sessions that follow, the educators, in a safe non-judgmental space, are able to reflect and think about the children, the meaning of their behaviours in the group, their use of material, and the conversations that happen within the groups. This is often the first time an educator, through this use of external facilitator comes to see the children in a different light, for example understanding the children's use of art materials, such as squeezing out the glitter glues or asking for more, as behaviour that are expression of an internal need, rather than destructive or greedy behaviour, as quoted by Bronwyn ...' the children couldn't get enough (glitter glues) ..this behaviour told me that the children are possible trying to communicate that their emotional needs weren't being met...' (Chapter 7) . Another example is the educator's awareness of their own impact on the children, and how the children react directly to these emotional states, again Bronwyn in session 4 realized how drained and exhausted she felt and could then link that to her emotional availability for the children and the children's reaction. Sharon noted after the fifth session '...I think that I have noticed that the way when I am not fully present the kids are more ... acting crazy but when I am present, they haven't been fighting'. This awareness made the educators reflect on their own engagement with the children, as well as the meaning that the behaviours were communicating, which led to a deeper understanding, a warm empathetic relationship with the children and a relationship that was 'good enough', as opposed to a withdrawn or an intrusive one that is the direct results of the educator's vicarious traumatised and lack of understanding of the children's 'big behaviours'.

A further benefit is that this is the first time that an educator is exposed to an empathetic external colleague who can both understand and support their hard work. In the second art group Nina (pseudonym) made an artwork using stickers, tape and charcoal (Figure 9.1). Jen, in the reflections after this group, felt perplexed by the idea that ‘something so messy’ can have any meaning to the child. ‘Children make lots of artwork during a day in the preschool, I don’t make much of it except that I feel for the poor parents who have to pretend to like it.’



Figure 9.1 Can something so messy have any meaning to a child? Nina's (pseudonym) artwork using stickers, tape and charcoal

However, in reflection after the 8th session Jen said:

Did you see Miki's artwork? She spent most of the hour on it! She was so engaged, wasn't she? And in her own bubble. She squeezed those glitters with such care and then stuck all those people carefully on it. And then she really concentrated making all those squiggly lines. So, so interesting, isn't it? I

wonder if she was mapping her life? You know, like going through all the different placements that she's been at....



Figure 9.2 Miki (pseudonym) 'mapping her life'; stickers with textas

The disparity between Miki's initial attitude to children's artworks, as copious and messy phenomena she neither can 'make much of' nor like, to her detailed appraisal of a later work through reference to the child's life story, is very great. This example is given here in order to more fully illustrate the implications of this research as a whole. It testifies to her growing awareness, to a newfound capacity for sensitive observation that allowed Jen to engage closely with Miki's drawing, but also the child's process in making it; for example, her concentration and excitement. This brought with it an empathetic care for Miki and her life story and provided a scaffolding for the 'good enough' relationship to take place.

The 'good enough' relationship between child and educator involves an educator being present and emotionally available, as opposed to withdrawn or

alternatively, acting intrusively. These quotes are suggestive of a development in the educator's ability to form such relationships. Early in the research, as she looked at Nina draw, she was detached and withdrawn, perhaps judgmental. She could not make sense of Nina's artwork (Figure 9.1) nor value it. By the 8th session, Jen related to Miki in an empathetic way.

Another example of the development of the 'good-enough' relationship was in the use of art materials and the educators' ability to tolerate mess. For example, among the materials we provided were a few pairs of scissors, one of them an adult size. In the first four sessions, when a child picked up the scissors the educator would tense up, and usually would take the scissors away before the child was able to use them. By the end of the 10 weeks, the educators were able to sit and observe what the child would do with the scissors or would ask the child what they wanted to do with the scissors if they were concerned; but allowing the child to use the scissors themselves instead of doing it for them. As the 'good enough' relationship developed, educators could trust the children to use the materials. The educators were less anxious, more attentive, more present with the children.

Similarly, with the use of paint, educators developed the ability to tolerate the child using as much paint as they needed. At a later stage they were also able to ascribe meaning to the behaviours of art process, as opposed to initial fears of dreading the child would just spill the paint, or 'waste it'.

This observation leads us to another observed outcome of the research: how application of the Seasonal Model also helped the educators in their work. Another example is how, in reflection sessions, they were often better able to identify their

behaviours and the origins of the behaviours. Frequently these lay in fear of one kind or another. Reflections opened a space for the educators to confront the hard nature of their work and the price they paid for being there and caring for these children. At the same-time they acquired a renewed sense of agency and commitment to the work. In subsequent sessions, educators were able to alter and more fruitfully direct their behaviours, a phenomenon that was likely observed in the research of Schön (Schön, 1983).

The art groups within the Seasonal Model contain the holding relationships in an environment that is both safe and boundaries, both for the educators with the children, and for the educators with the facilitators. The educators can simultaneously witness themselves experiencing a ‘good-enough’ relationships with the children while experiencing a similar quality of relationship with the facilitators. The educator’s relationship with us, which offered a space to think and reflect, was a protective factor buffering the negative impacts of vicarious traumatisation.

Educators are perfectly positioned to engage with trauma-affected behaviours in children by engaging in real, emotionally accessible ‘good-enough’ relationships. In order to do this, they require training about trauma, in addition to the structured times for critical reflection within a supportive professional relationship, as with the co-facilitators of the art groups. This enables them to understand how they can be instrumental in supporting children’s lives and making invaluable contributions to protect children against the aftermath of trauma and its potentially lifelong effects. At the same time, the educators need to develop an understanding of how to construct a

constellation of ways to build their own awareness of VT, to find ways of creatively transforming their experiences.

In summary then, application of the model within the preschool helps by working with both children and educators simultaneously and in tandem. It addresses the presenting symptom of trauma in the form of the children's 'big behaviours' by offering children an alternative and more constructive means of communicating what is happening for them. The act of art making is potentially transformative, as it offers a shared focus through which meaningful relationships can be formed. These child-educator relationships are instrumental in protecting against the effects of trauma. The model is embedded in the decolonising relationships of trust formed between the facilitators and the educators, and these relationships not only act as another layer of protection from vicarious traumatization, but they also support the educators to develop their practice of being emotionally available to these children; which, of necessity involves a tolerance of difficulty and ambivalence and complexity. Educators are well placed to provide surrogate primary care in which the children not an easy role, but an essential one, as the educators are placed to provide surrogate primary care in which the children can develop in the absence of such relationships at home, however, they may be ill-prepared or unconfident to take on such a role. The capacity to engage with another who is traumatized is in many respect represents an ideological leap of faith that may require living with more uncertainty than is comfortable over time.

How the Seasonal Model creates a space for healing

The Seasonal Model addresses the issue of trauma in preschools in multiple ways. It attends to the children while working with their educators; it sees the educators as central to the children's lives in their role as surrogate professional carers. Educators are well placed to provide something meaningful and effective, in terms of interrupting the trauma cycle, provided they have an understanding of vicarious traumatisation and how it impacts, and an awareness of the importance of remaining emotionally engaged and present for the children in their care. This is the challenge that preschool educators are daily faced with in the classrooms of many schools in Australia, and internationally.

The Seasonal Model is open-ended, in that it follows the staff's 'journey' and provides education about trauma and its impacts, while also being extendable into supporting educators to implement their own art groups at the preschool. As the educators discover the value of art and relationships in this context, they recover from a sense of helplessness to access their personal resources and regain balance.

The Seasonal Model is a facilitating agent of support, and a space in which to practice integrating theory into practice. During the course of this research many theories have been drawn on, to develop this way of working with trauma in support of art and group work. It has also helped me refine my own thinking about what we are doing in practice. In the process, I have broadened the aim of the model to be more a resource for the educators' professional development, as they are the professionals who are at the forefront of the work.

Through this focused engagement with the preschool we came to several conclusions about what could help sustain learning in preschools that cater to children who have experienced trauma. These are important, because effective early intervention can have a lasting positive effect on the lives of these children. The trauma literature is clear about the long term negative impacts of trauma on physical, psychological and social wellbeing. It also outlines the positive impact on adults, of having one clear and present listening relationship in which to share the story of their trauma. However, to date there has been no literature that deals with early trauma intervention within the preschool, and the role of the educators in this work. Therefore, expectations associated with the role have remained unclear and ambiguous; this only compounds the strains faced by the educator.

The Seasonal Model steps in to meet the need created by that void. Through making art it aims to help children to process their trauma before it has set up enduring patterns, creating entrenched problems for them in adulthood. Thus, timely intervention in childhood has the potential for lasting protective effect well into the child's growing years. If they can learn how to communicate their emotions about their experiences pre-verbally through art, supported in the presence of a warm caring adult, these relationships hold potential for developing further skills for life such as self-regulation, social skills and learning skills. If they can form meaningful relationships with an adult this can bridge the gap between interior and exterior experience that is created by complex emotional trauma and offer a space to support their development interpersonally.

The Seasonal Model supports the educators in creating ‘good-enough’ relationships’ both by collaborating and by modelling a similarly supportive relationship between art group facilitators and educators. This in turn aids the formation of meaningful relationships with the children and helps to combat vicarious traumatisation of the educators. It is the vision of this model that preschools require a clearly constructed framework that supports this work in a multifaceted way, predicated on an understanding of trauma, vicarious traumatisation and trauma recovery.

Recommendations for preschools

Promoting and extending awareness of trauma-related behaviours

It is imperative that there be awareness in preschools at the highest organizational level, of the context of trauma that is often re-enacted by children in preschools and, indirectly, by the educators who deal with these re-enactments. The preschool can play a part in helping to heal the children thus affected, and to support the educators; indeed, this is an important responsibility. A history of personal trauma may be suggested by the stories recounted by staff—sometimes alarming stories that leave bruises on the bodies, minds and hearts of the educators. Poor staff retention and low morale may be other key indicators of vicarious traumatisation.

It is important to understand the sense of helplessness that vicarious traumatisation can engender in those who face working with children with traumatic experiences on a daily basis. This is not, as it may at first appear, mere ineptness on the part of the staff. From that sense of helplessness, the staff may begin to blame each another for their interpersonal dynamics and conflicts. Trauma in adults is often

expressed as dissociation, in withdrawals and absence. Staff may resign or may take undue numbers of sick days as they grapple with how to sustain themselves working in such a taxing environment.

Vicarious traumatising then, is a liability to the organisation that can impact the workforce severely. Dealing with it effectively takes a long term, closely reasoned and thorough commitment to nurturing and sustaining robust, happy and healthy environments for staff.

Engaging external facilitators of art therapy groups

It isn't possible to simply up-skill educators so that they are capable of attending to traumatised children day in and day out. Witnessing trauma, as Herman (1992) suggests, will take its toll. It isn't mere skills that are required so much as it is awareness of the impact of trauma on the self (McCann & Pearlman, 1992) and the developing and sustaining of supportive relationships; this in turn requires ongoing work to self-assess and acknowledge their experience of vicarious traumatization. Educators can often feel isolated; they may lose connection to this capacity for self-monitoring. Formalised systems of external support can pre-empt such eventuality, and thereby help to deal with vicarious traumatization and promote resilience.

It is therefore recommended that preschools engage the assistance of external supervisions to give the educators insight, support and a caring relationship. In the Seasonal Model of art therapy these external supervisions were named reflections and were held weekly, after the running of the art groups. The presence of emotionally available outsiders can be restorative of the self of the educators. Collegial support can enable educators to self-monitor, to regroup and to fortify themselves to continue

to engage in connected relationships with children who have experienced trauma. It is such relationships that can carry a child through the experience of trauma, into discovering healthy, adaptive ways of being, that can then prepare them for life.

The Seasonal Model describes the requirements of these supportive networks. In their trauma-informed practice they need to be culturally sensitive, respectful and non-colonising.

Cultural context of the art therapy groups

It's important that, in addition to external supervision, educators be aware of the cultural context in which trauma may occur. The Getting It Right Report (Zuybrzycki et al., 2014) gives social workers, a framework to understand the broad Australian history of colonization, as well as local history narratives, which will be different from area to area. It is therefore recommended that educators adopt a similar framework to support them in their work, to help them understand the context in which trauma takes place, and how this context may affect and impact on the lives of the children in their care. This idea is expanded upon further in the future directions section below.

Support for educators needs to be ongoing

Each day, the children present new challenges, as they grapple to process their living experiences. They require the presence of warmly supportive and functional adults to support them, and with whom to form strong bonded relationships, so that such relationships can enable healing. This in turn requires that the educators receive ongoing support from an external outsider who can validate their experiences, provide context and offer protection from vicarious traumatisation.

The Seasonal Model at present is implemented over 10 weeks. Even in such a short time it bore fruit in the form of educators experiencing increased empathy and agency. However, my experience of preschools catering to children with trauma is that trauma comes in waves, and that ongoing support to the preschool is integral to sustaining good practice.

Better understanding and respect for the role of the educator

Educators are in the right place at the right time to make real, meaningful and lasting differences in a child's life. It is a particularly difficult job to care for 0-5-year-olds, but even more so when those children are living with the experience of trauma. The role of early childhood workers is as much about engaging at an emotional level as it is about learning and teaching. Children cannot learn unless their basic neurological functions are in place, and this requires that 'good-enough' relationships be developed.

Training in understanding the causes of disruptive behaviour

The 'big behaviours' that are encountered on a daily basis in some preschools are the ways children living with trauma express what they are going through. These maladaptive ways of engaging and behaving are a direct result of experiencing trauma. Educators need training which gives them insight and understanding into the link between these 'big behaviours' and the stories of trauma that cause them, in order to be able to empathically engage with the children.

Acknowledgement and support for vicarious traumatisation

Continual exposure to trauma potentially leads to vicarious traumatization. The paradox of care is that the more empathic the connection, the greater the risk of vicarious traumatisation. Therefore, it is imperative that there be acknowledgement of the secondary trauma educators may experience in the process of caring for traumatised children, and support for these educators. Trauma awareness is the first step to protection against the impact of vicarious traumatisation. External supervision/reflections with a compassionate and supportive professional skilled in trauma can help educators to help the children.

The need for policy development in early childhood practice

Children who are living with trauma require specialized intervention. The impacts of trauma are clear in children in primary school. If the children receive ‘good-enough’ support at the preschool stage they come ready for school, and there is less disruption and drop out. Educators need training in trauma-informed practice. Educators need a similar policy framework to the *Getting Them Right* report (AASW, 2016), which has been adopted by social workers, to support their practice in contextualizing and understanding trauma.

Future Directions for future research and for preschools

The need for longer-term research into the efficacy of the Seasonal Model

The research was implemented over a 10-week timeframe. At the end of the 10 weeks it was clear that the preschool could benefit from the ongoing support of collaborative art groups along Seasonal Model lines. This was seen in the educator’s

awareness of their vicarious traumatising and how that impacts their emotional availability for the children, and thus their tolerating and understanding of the children's 'big behaviours'. Although the Seasonal Model was developed to support educators to support children who have experienced trauma, the researcher is aware that there is real possibility that trauma could be ongoing, either in a similar form or in a new form. This awareness requires further research and development of the model. A longer-term study encompassing a series of cycles would offer a deeper understanding of the long-term benefits of supporting children affected by trauma through art groups in preschools. As the research has focused on one group in one school, the results are not generalizable to all preschools around Australia due to the case study design and exploratory nature of the research. A longer-term study might be more encompassing of the cycles that unfold in the process of supporting children to heal from trauma through Art Groups in preschools. Further testing of the model could also come from a national sample of preschool art groups, with a quantitative evaluation of processes and outcomes, to be conducted by Ministry of Education researchers. A wider evaluation or one conducted on a national or regional basis, involving a process and outcome model of evaluation would likely yield more generalizable data on which future policy and practices could be developed on a broader scale.

Research in smaller, targeted groups

This particular study arrived at an open group model, in which as many as 24 children might participate in a session. This method was arrived at through the collaboration with the educators and the decolonising method used in construction of

the group. Research into smaller, more targeted groups would have potential for yielding more focused, nuanced understandings of the particular needs of different trauma-affected client groups.

Integrating cultural supervision into targeted art therapy Interventions

Although we had initially brought in an Aboriginal artist, to supervise at the beginning of the sessions, this was only episodic consultation. Models such as Eketone's model of cultural safety supervision (2012) provide for a more comprehensive model of cultural consultation, in the context of an established clinical supervisory relationship. The lack of such a provision is a limitation of the design of the present research, and indicates a direction for future research in preschool education. It would be advantageous for cultural supervision to be integrated and sustained throughout the duration of an art therapy intervention, to guide the functioning of the Dadirri space and to ensure the facilitator's actions in that space are culturally sensitive and appropriate to the client group.

Potential for greater focus on analysing the artworks and art process

Originally the intention was to concentrate more on the mapping of the children's process through their art. The change of focus to attending to the educators' experiences, led to abandoning any systematic mapping of the art outcomes: both process and product.

There is considerable potential to this idea of looking more closely at how the children use the art making within the preschool to process trauma. This could be done using both process analysis, such as how the children use the materials and what materials they use, as well as looking at the finished outcome of the artwork. It would

be valuable to track the artworks from the first to the last sessions. Understanding the artworks may give another layer of understanding of the children's life experiences. An example can be seen in Chapter 7, Figure 7.1: Amy proudly holding up her artwork for the educator to see. This may have been a good opportunity to speculate about the meaning of the artwork, such as the links of the transparent unseen and unseeable artwork to Amy's behaviour at the preschool. Is she one of the children who go under the radar? What strategies would support the educator to support Amy?

Formalised process for disclosures

Herman (1992) suggests that safety comes before memory work; in applying the Seasonal Model one needs to be aware and take into consideration that art making may evoke memories (Malchiodi, 2008). During the spring time of the Seasonal Model there may be a confidential exchange of relevant information about the children's lives, for example in a meeting with the director, she may share her knowledge of a child's past trauma. Although there were no disclosures such as a child sharing their current abuse, that arose from the art groups in this study, a possible scenario of fresh evidence of trauma disclosed in the art groups is possible. This would result in a need for responsible reporting to the appropriate body. Currently the director along with the educator reports disclosure to Department of Family and Community Services (ACS) who then work with the family and the preschool to support and keep the child safe. The Seasonal Model would not interfere in these process and procedures but would be able to support the director and educators in the vicarious traumatisation they may experience as a result of the reporting (and disclosures). With the greater emphasis on the artworks themselves and the trauma

expressed through them, suggested in the previous section, varying degrees of disclosures by the children would appear to be inevitable. It would therefore be important for support systems for the handling of troubling disclosures to be integrated into future model design.

Conclusion

To conclude, in an ideal world parents would provide the ‘good-enough’ relationships through which children can follow normative developmental pathways. However, as experience, research, and the literature show, the ability to provide this ‘good enough’ relationship relies on those parents also having had ‘good-enough’ relationships throughout their lives. There are many sources of trauma that interrupt these relationships and then get passed from generation to generation, in the form of transgenerational trauma and vicarious traumatising.

It is more important during childhood than at any other stage of development, that positive relationships be available. The preschool educator is therefore placed in a crucial role as surrogate ‘good-enough’ relationship provider, given that many children spent the majority of their days in a childcare facility.

This is a challenging and precarious scenario, given that this responsibility faced by educators is largely unacknowledged. Therefore, they are not equipped with the skills, tools, awareness and understanding required to play this important role. At the same time, they are themselves at risk of vicarious traumatising as a result of the empathic connection the children require of them. Further, in many cases, underlying their own experience is a background of unresolved trauma and a lack of ‘good enough’ relationships in their own lives.

A model of art therapy in preschools therefore needs to create the all-important safe, nurturing relationship with the children, whilst also placing strong emphasis on attending to the needs of educators—in order that they be present for the children. Trauma often presents complex situations that must be approached with care and consideration, and with containing systems and processes.

This research has demonstrated that the Seasonal Model is a valuable model for providing ‘good enough’ relationships for children and educators, with art acting as the bridge that makes these vital relationships possible. However, dealing with trauma is not a short-term measure. Rather, it is a continuous spiral of seasons. As in nature, the winter of contemplation and regrouping eventually gives way to a new spring. As I sit in the winter phase, completing the final edits to this concluding chapter, I am called upon to support another preschool, one in the greater Sydney area, with a child who is in the foster care system and who is struggling to deal with his past traumatic experience and present emotional trauma.

Stories of traumatised children and of the system that has failed them continue to be a part of the life of this social worker and art therapist. There is ample reason to hope for tools that can better serve these children and their educators, who are also failed by a system that does not give them adequate support to navigate the potentially pivotal role they can play in the lives of these children. With these future directions for improvement, this Model has the potential to interrupt the transmissive cycle of abuse and trauma, and to provide children and educators with the safe space that is required for a human to develop, feeling safe and feeling whole.

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APPENDICES

APPENDIX A: INTERVIEW QUESTIONS

- What made you choose to become a preschool teacher?
- What expectations did you have before you started working with the art therapy group?
- How do you feel when you wake up in the morning and you realise it's a work day? Do you feel excited in the morning coming to work?
- What do you like about being an educator?
- Does this work effect you on a personal level?
- Do you take work home with you? And if so can you share more about that? What work do you do at home?
- What is your understanding of trauma?
- How do children who have experienced trauma behave differently to other children who have not experienced trauma?
- What does that look like and can you give us an example of that?
- How is art used at school? I just want to get a picture of how you think art is used in the preschool. In concrete terms, how art was used in the preschool in your room in the last week?
- If I say the words creative process, what does that mean to you?
- Discussion about the art therapy group—do children enjoy it? What are they expecting? How they think the children will react? Do you think the art therapy group is beneficial to the children you work with?

APPENDIX B: NEWSLETTERS



Dear

You've been making art in our group for 4 weeks now. You know the songs and the routine and you're really starting to get bold in your art making. We love how you are exploring the art materials and how you can use them to make art that is an expression of yourself.

In art, unexpected things can happen. We've had a few crayons snap or pages tear and we are very proud of how brave and calm you have been when these things happen.

Then you got really creative, learning how to repair your art with sticky tape. Taping has become a favourite activity.

You learned that even a mistake can be used in art to make a new and exciting creation.

Way to go!

Shiri, Andy and the Team

A NOTE FOR PARENTS

Secure in the routine of the group now the children are really getting creative. Art making requires *courage* and some *measured risk* taking because there are no rules for what you can make in art. At the start of the session the children are faced with a blank piece of paper and over the last 4 weeks they have become increasingly bold in how they use the materials provided. Sometimes they have accidentally made holes in their paper. Sometimes they have made the holes on purpose using the hole punches we have provided. Recently they have begun *repairing* the holes using tape. Now the children have branched out and discovered that they could use the tape to create the artworks. This process has provided the children with an opportunity to both *learn to live with mistakes* they make and to discover new ways of doing things through mistakes. These skills are essential to *resilience* in all areas of life—being able to sit with mistakes, repair them when possible and being able to learn creatively from mistakes too.

Shiri Hergass
Art Therapy

► MONDAY 30 NOV 15

► 4TH SESSION

IDENTITY

Building resilience

Feeling safe and
secure

Exercising agency

Developing
sense of self

See EYLF Outcome 1

ENCOURAGING
WONDER

Shiri Hergass
PhD Research Project

Institute for Positive
Psychology and
Education
Australian Catholic
University

Phone: 0411 645 324

E-mail: shiri.hergass@gmail.com



Dear

We are amazed by the stories you tell in your art. Each week you think of new ways to grow your stories. You are using the art materials to express your ideas. This helps us understand what is meaningful to you. We can see each week how you add to and change the symbols you use. We love seeing this process grow. We love seeing you learn and grow through art.

It is sad that there are just three more art groups before the end of the group. We will miss this special time together.

Shiri, Andy and the Team



A NOTE FOR PARENTS

You can see in the four pictures above, how one child has developed a symbolic language in their art. Each of the children have been developing a similar process. For some, the stickers we have provided offer a bridge to more easily make their pictures show their ideas about people, places and things. Other children have been able to use colours to represent their stories. When they are able to bring language to communicate about their art (which won't always happen) then we have a moment to share in their inner worlds, their imaginations. This process is a very important part of developing communication skills. In a few years time you will see how these early pictures are a foundation for reading and writing. They work in the same way (using symbols to represent meaning) but they allow the children to expand and grow beyond their current literacy abilities. It is so important for the children to be effective communicators and have time to develop foundation story telling skills.

**Shiri Hergass
Art Therapy**

► MONDAY 21 DEC 15

► 7TH SESSION

STORY TELLING

Communication

Representation

Meaning making

Using symbols

Pictures like text

Literacy skills

See EYLF Outcome 5

**ENCOURAGING
WONDER**

**Shiri Hergass
PhD Research Project**

Institute for Positive
Psychology and
Education
Australian Catholic
University

Phone: 0411 645 324

E-mail: shiri.hergass@gmail.com



Dear

Sometimes in art you use the art materials in new ways. Ways we never thought of before. This is called **EXPERIMENTING**. Experimenting is part of active learning. If you experiment with the art materials you may discover new and useful things you can do with them.

For example, the pastel chalks that we have, can draw lines but as you have now discovered, they can also be smudged on the page with your fingers.

You may get a little messy when you do this. Luckily the pastels are safe for kids to use and they wash off easily, so its ok to get a little messy. It can also be loads fun and a great way to express yourself.

See you next week,

Shiri, Andy and the Team

A NOTE FOR PARENTS

Art making is such an important part of early childhood and your kids have been making art in the group with such enthusiasm. This is a wonderful way for them to learn to apply themselves to activities with enthusiasm. All the materials that we provide are non-toxic and designed to allow the children to engage fully in the activity. By experimenting with the materials the children learn how to adapt what is available to use, to what they can imagine it can be used for. This activity is essential to learning problem solving skills that will be skills for life. If you could send them to preschool in practical clothes, that you don't feel too precious about, that would really help give the children freedom to explore the art materials and discover new process. The children find that kind of discovery deeply satisfying and it helps them become confident, happy learners.

**Shiri Hergass
Art Therapy**

▶ MONDAY 07 DEC 15

▶ 5TH SESSION

CREATIVE MESS

Experimenting

Exploring

Processes

Problem solving

Adapting

See EYLF Outcome 4

**ENCOURAGING
WONDER**

**Shiri Hergass
PhD Research Project**

Institute for Positive
Psychology and
Education
Australian Catholic
University

Phone: 0411 645 324
E-mail: shiri.hergass@gmail.com

PARTICIPANT INFORMATION LETTER

PROJECT TITLE: A MODEL OF ART THERAPY FOR CHILDREN WITHIN THE PRESCHOOL

RESEARCHER: SHIRI HERGASS

Dear Parent,

You are invited to participate in the research project described below.

What is the project about?

The project looks at running an art therapy group for children. Art Therapy is a unique powerful tool that allows children to explore and express themselves in their own time and way. By exploring and expressing themselves in a safe group environment an internal space is created where educational learning can occur.

Over the next ten weeks, we will be conducting art therapy sessions with the children. The project will involve documenting observations of the group, photos of their artwork and evaluations of how the group interacted with themselves and others throughout the process.

Who is undertaking the project?

This project is being conducted by Shiri Hergass and will form the basis for a PhD and an educational resource book for use in preschools. The book will also include teacher's notes which will include information for schools to conduct effective groups for children using art.

Shiri has over 18 years of experience as a clinical social worker, art therapist and a group facilitator in both the public and private sector. She has vast experience of working in preschool setting with both educators and children.

Are there any risks associated with participating in this project?

The project aims to explore how art therapy can enable creative expression and provide a therapeutic outlet for children. The whole process is non-invasive, and all photos taken will be of the children's art and not themselves, so they are not individually identified in the study. If there are painful memories triggered in the children, they will be addressed and if needed an external therapists number will be given.

What will I be asked to do?

The researchers along with a camera assistant will visit the preschool for 10 weeks running an art therapy groups with the children. Children can choose to participate in creating art.

How much time will the project take?

The project will take an hour each week for 10 weeks.

What are the benefits of the research project?

For the children the benefits would be the space to be seen, heard and for them to express whatever it is they wish to. Usually this will allow children to heal, to develop social skills and to feel more confident. The project will also provide a basis for further study and evaluations of art therapy in groups for children.

Can I withdraw from the study?

Participation in this study is completely voluntary. You are not under any obligation to participate. If you agree to participate, you can withdraw from the study at any time without adverse consequences. If you choose to withdraw all materials will be destroyed. However, once your child participates, there is a chance that their artwork may be published in the educational resource book and by then you will not be able to withdraw.

Will anyone else know the results of the project?

All results of the project will be published in a study. However, the identity of the participants is strictly confidential and photographs taken are only of the children's artworks and not of the children themselves. No one will know whose artwork it is. Nor would anyone know the name of the preschool or the area of the preschool.

Will I be able to find out the results of the project?

Yes! Upon completion of the project, the results of the project will be available for participants of the study to read and comment. In case of any published materials the participants will also be informed and see the materials beforehand.

I will also deliver a presentation of the findings from the research at the preschool for parents and teachers to attend.

Who do I contact if I have questions about the project?

Shiri Hergass is available to answer any questions or concerns and her contact details will be provided to those who wish to participate.

What if I have a complaint or any concerns?

The study has been reviewed by the Human Research Ethics Committee at Australian Catholic University (review number 2015-226HI). If you have any complaints or concerns about the conduct of the project, you may write to the Manager of the Human Research Ethics Committee care of the Office of the Deputy Vice Chancellor (Research).

Manager, Ethics
c/o Office of the Deputy Vice Chancellor (Research)
Australian Catholic University
North Sydney Campus

PO Box 968
NORTH SYDNEY, NSW 2059
Ph.: 02 9739 2519
Fax: 02 9739 2870
Email: res.ethics@acu.edu.au

Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

I want to participate! How do I sign up?

Please read through and sign this document as a sign of your consent.

Name and signature



I agree for pictures of the artwork and journal to be taken.



I do not agree for pictures of the artwork and journal to be taken.



Yours sincerely,

Shiri Hergass

PARTICIPANT INFORMATION LETTER

PROJECT TITLE: A MODEL OF ART THERAPY FOR CHILDREN WITHIN THE PRESCHOOL

RESEARCHER: SHIRI HERGASS

Dear Educator,

You are invited to participate in the research project described below.

What is the project about?

The project looks at running an art therapy group for children. Art Therapy is a unique powerful tool that allows children to explore and express themselves in their own time and way. By exploring and expressing themselves in a safe group environment an internal space is created where educational learning can occur.

Over the next ten weeks, I will be conducting art therapy sessions with the children. The project will involve documenting observations of the art therapy group, taking photos of their artwork, video recording the process of the artwork and written evaluations of how the group interacted with themselves and others throughout the process.

You, the children's educator are invited to participate in the group, and at the end of it join the Art Therapist for an hour of reflection.

Who is undertaking the project?

This project is being conducted by Shiri Hergass and will form the basis for a PhD and an educational resource book for use in preschools. The book will also include teacher's notes which will include information for schools to conduct effective groups for children using art.

Shiri Hergass has over 18 years of experience as a clinical social worker, art therapist and a group facilitator in both the public and private sector. She has vast experience of working in preschool setting with both educators and children.

Are there any risks associated with participating in this project?

The project aims to explore how art therapy can enable creative expression and provide a therapeutic outlet for children. It will enable the educator to understand how art can be used in the preschool and give strategies for working with vulnerable children. The whole process is non-invasive and all photos taken will be of the art and not of individuals. The video is used to help us process and analyse the way art is made. It is placed on a high shelf and often faces are not seen. What we look at is the art making. ie; do they smudge colours, break colours, use different medias—like different paints and sticky tape and do they work consistently or with breaks. After each session I will be looking at the video to document the participants actions in the art making for further analysis and then deleting the video. If there are painful memories triggered, they will be addressed and if needed an external therapists number will be provided.

What will I be asked to do?

The researchers along with a camera assistant will visit the preschool for 10 weeks running art therapy groups with the children and an hour of reflection with educators afterwards. The educators will receive a visual journal in which

they can record their own journey and thoughts and will be asked 3 questions at the end of the session.

1. How are you putting into practice what is implemented in the art group?
2. How are the children responding to the group?
3. Is the classroom management different; if so, how is it different?

The reflective sessions will be recorded, and pictures of the artwork and journals will be taken.

How much time will the project take?

The project will take an hour each week for 10 weeks for the art therapy group and an hour of reflective time after the art therapy group.

What are the benefits of the research project?

The benefits would give educators working with traumatised children tools and knowledge that can make a positive difference to the children, whilst mitigating their own stress. The project will also provide a basis for further study and evaluations of the use of art therapy in groups for children.

Can I withdraw from the study?

Participation in this study is completely voluntary. You are not under any obligation to participate. If you agree to participate, you can withdraw from the study at any time without adverse consequences. If you withdraw from the research before the data is published all of the material and artwork will be destroyed. However, once you participate, there is a chance that your artwork may be published in the educational resource book and by then you will not be able to withdraw.

Will anyone else know the results of the project?

All results of the project will be published in a PhD thesis as well as journal articles. However, the identity of the participants is strictly confidential, and photographs taken are only of the artworks and not of the educators themselves. No-one will know whose artwork it is. Nor would anyone know the name of the preschool or the area of the preschool. All data collected will be de-identified and locked in a secure location.

Will I be able to find out the results of the project?

Yes! Upon completion of the project, the results of the project will be available for participants of the study to read and comment. In case of any published materials the participants will also be informed and see the materials beforehand.

I will also deliver a presentation of the findings from the research at the preschool for parents and teachers to attend.

Who do I contact if I have questions about the project?

Shiri Hergass is available to answer any questions or concerns and her contact details are 0411645324 or email: shiri.hergass@gmail.com

What if I have a complaint or any concerns?

The study has been reviewed by the Human Research Ethics Committee at Australian Catholic University (review number 2015-226HI). If you have any complaints or concerns about the conduct of the project, you may write to the Manager of the Human Research Ethics Committee care of the Office of the Deputy Vice Chancellor (Research).

Manager, Ethics

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Any complaint or concern will be treated in confidence and fully investigated.
You will be informed of the outcome.

I want to participate! How do I sign up?

Please read through and sign this document as a sign of your consent.

Name and signature

I agree for pictures of the artwork and journal to be taken.

I do not agree for pictures of the artwork and journal to be taken.

I agree to participate in the group with the children

I agree for the reflections to be audiotaped.

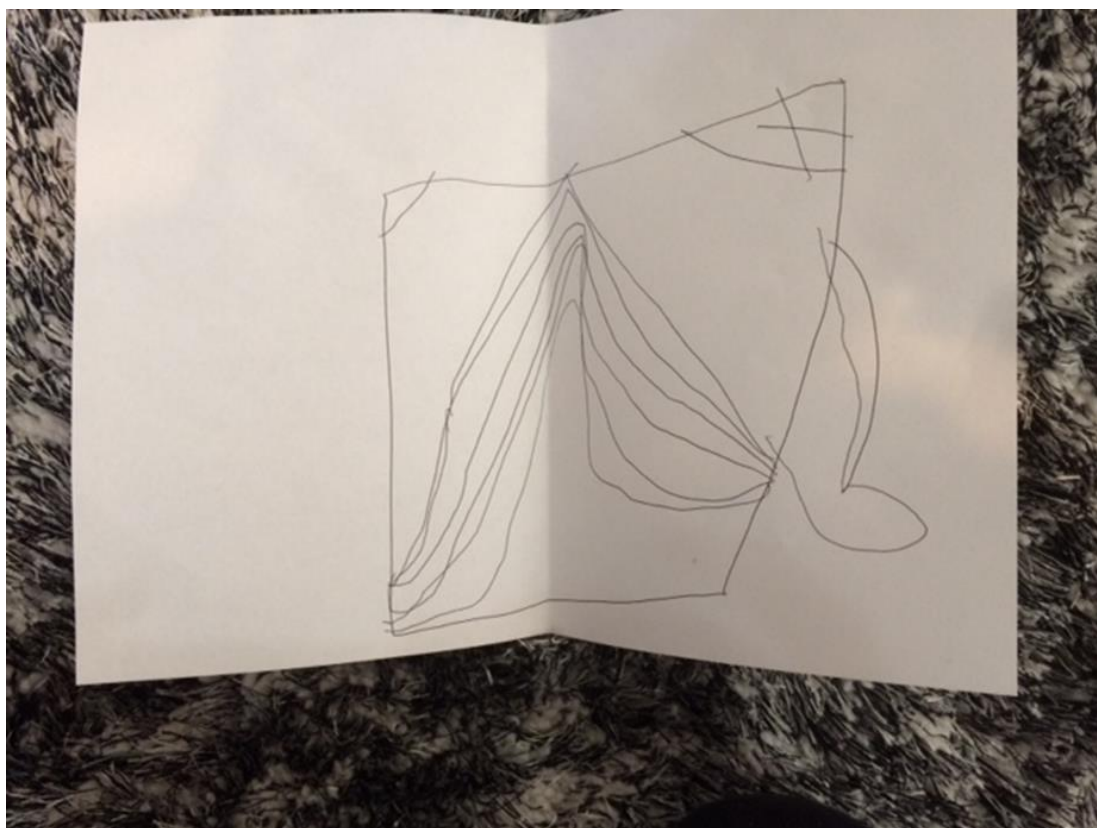


I do not agree for the reflections to be audiotaped.

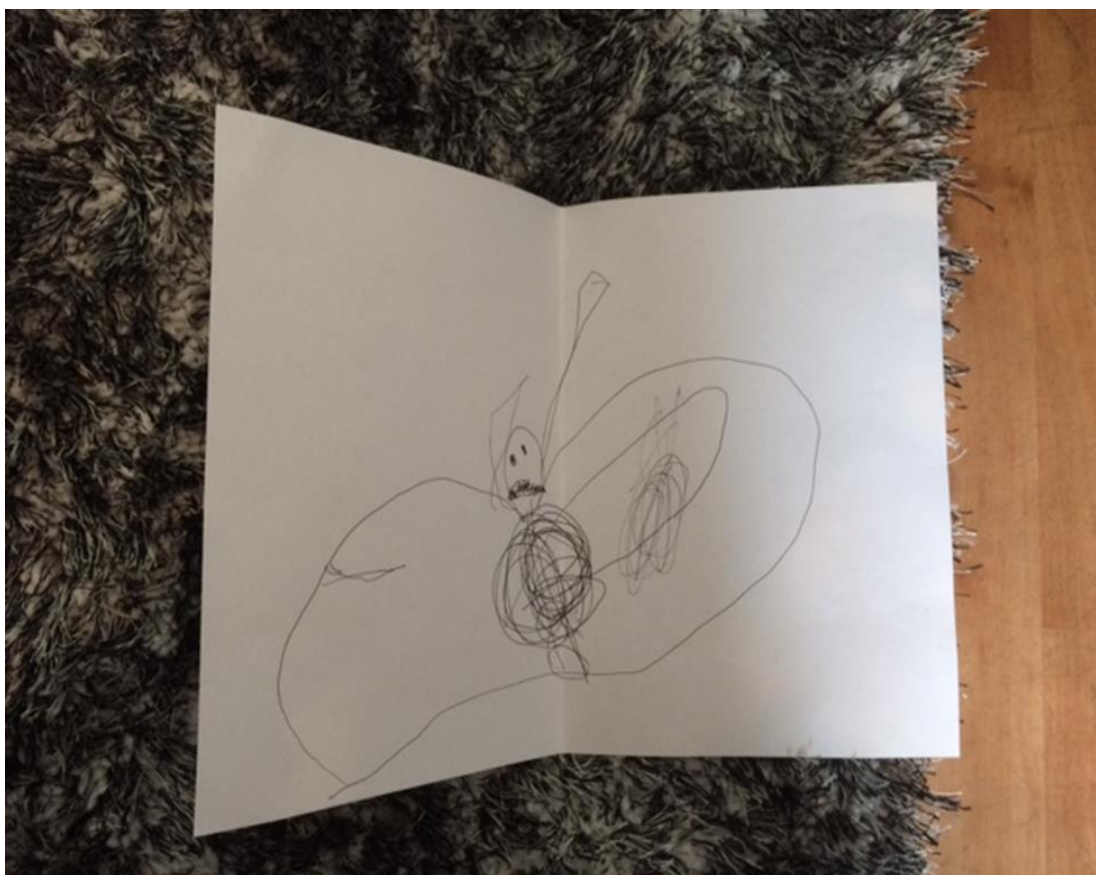
Yours sincerely,

Shiri Hergass

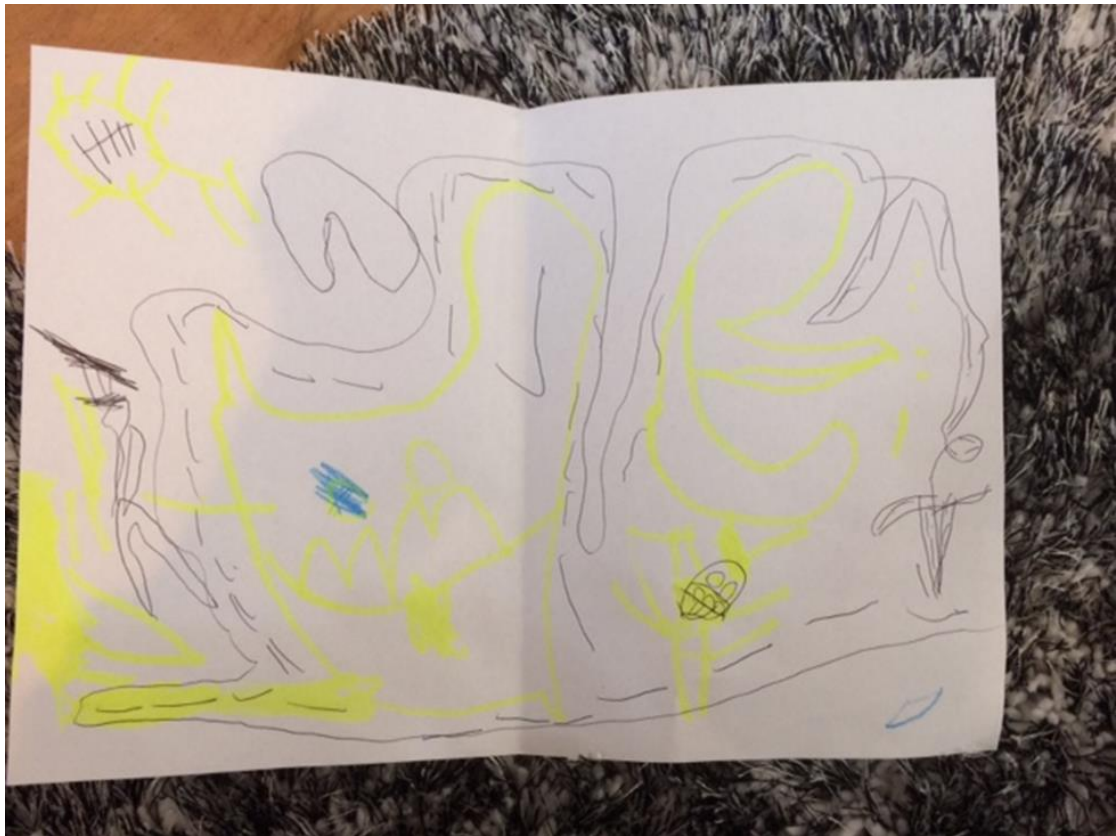
APPENDIX E: TRANSCRIBED STORIES FOR PICTURES



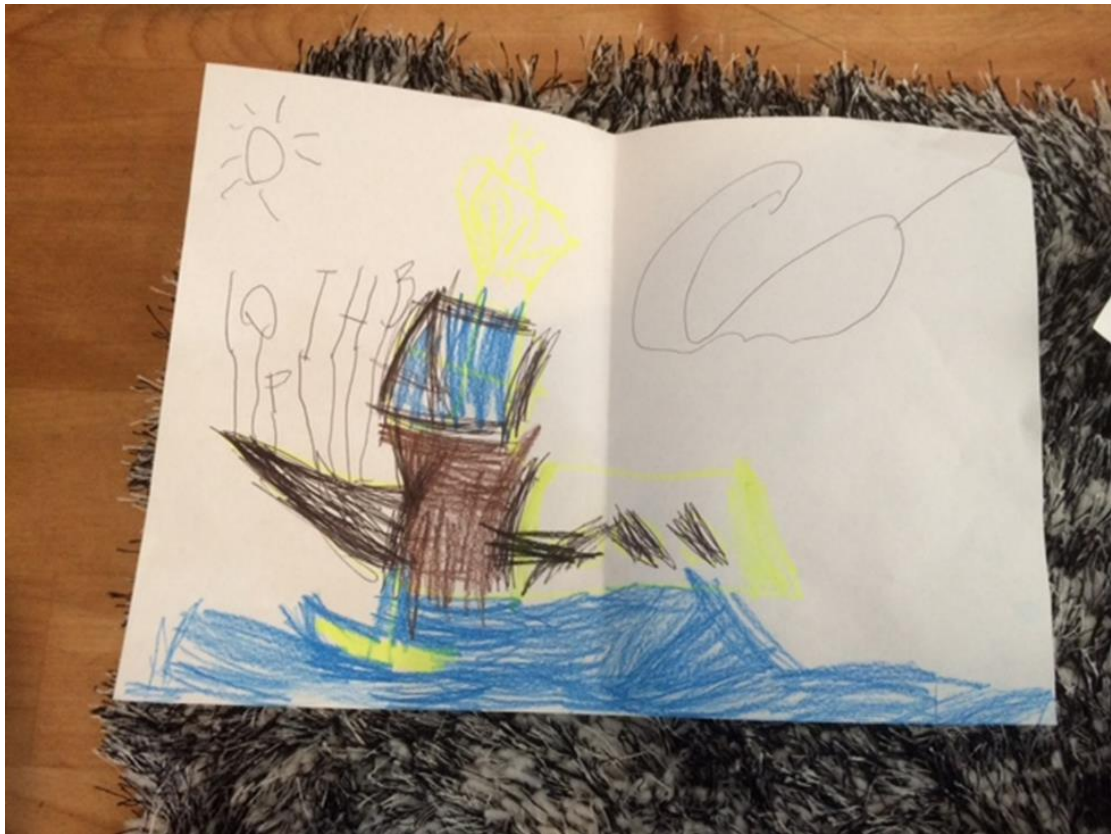
Little animal in box-little dog. Girl not a nice lady and gave the dog to a new nicer lady.



Man got trapped in a rope.



Man got hit by oil and turned into monster



Boat in ocean, shark from ocean and his hook

APPENDIX F: ETHICS APPROVAL

Dear Applicant,

Principal Investigator: Prof Janet Mooney

Co-Investigators: Dr Margaret Pack, Dr Fabri Blacklock,

Student Researcher: Shiri Hergass (HDR student)

Ethics Register Number: 2015-226HI

Project Title: A MODEL OF ART THERAPY FOR ABORIGINAL CHILDREN, WITHIN THE PRESCHOOL

Risk Level: Low Risk

Date Approved: 06/11/2015

Ethics Clearance End Date: 30/11/2016

This email is to advise that your application has been reviewed by the Australian Catholic University's Human Research Ethics Committee and confirmed as meeting the requirements of the National Statement on Ethical Conduct in Human Research.

The data collection of your project has received ethical clearance but the decision and authority to commence may be dependent on factors beyond the remit of the ethics review process and approval is subject to ratification at the next available Committee meeting. The Chief Investigator is responsible for ensuring that outstanding permission letters are obtained, interview/survey questions, if relevant, and a copy forwarded to ACU HREC before any data collection can occur. Failure to provide outstanding documents to the ACU HREC before data collection commences is in breach of the National Statement on Ethical Conduct in Human Research and the Australian Code for the Responsible Conduct of Research. Further, this approval is only valid as long as approved procedures are followed.

If your project is a Clinical Trial, you are required to register it in a publicly accessible trials registry prior to enrolment of the first participant (e.g. Australian New Zealand Clinical Trials Registry <http://www.anzctr.org.au/>) as a condition of ethics approval.

If you require a formal approval certificate, please respond via reply email and one will be issued.

Researchers who fail to submit a progress report may have their ethical clearance revoked and/or the ethical clearances of other projects suspended. When your project has been completed a progress/final report form must be submitted. The information researchers provide on the security of records, compliance with approval consent procedures and documentation and responses to special conditions is reported to the NHMRC on an annual basis. In accordance with NHMRC the ACU HREC may undertake annual audits of any projects considered to be of more than low risk.

It is the Principal Investigators/Supervisors responsibility to ensure that:

1. All serious and unexpected adverse events should be reported to the HREC with 72 hours.
2. Any changes to the protocol must be reviewed by the HREC by submitting a Modification/Change to Protocol Form prior to the research commencing or continuing.
<http://research.acu.edu.au/researcher-support/integrity-and-ethics/>
3. Progress reports are to be submitted on an annual basis.
<http://research.acu.edu.au/researcher-support/integrity-and-ethics/>
4. All research participants are to be provided with a Participant Information Letter and consent form, unless otherwise agreed by the Committee.
5. Protocols can be extended for a maximum of five (5) years after which a new application must be submitted. (The five-year limit on renewal of approvals allows the Committee to fully re-review research in an environment where legislation, guidelines and requirements are continually changing, for example, new child protection and privacy laws).

Researchers must immediately report to HREC any matter that might affect the ethical acceptability of the protocol e.g.: changes to protocols or unforeseen circumstances or adverse effects on participants.

Please do not hesitate to contact the office if you have any queries.

Kind regards,

Kylie Pashley

on behalf of ACU HREC Chair, Dr Nadia Crittenden

Ethics Officer | Research Services

Office of the Deputy Vice Chancellor (Research)

Australian Catholic University

APPENDIX G: DISCLOSURE PROCESS

Since the work involves working with trauma, we needed to include a system for child disclosures. As a social worker and a member of the Australian Association for Social Work (AASW) I am a mandatory reporter: hence if I suspected childhood abuse or neglect I would have a responsibility under AASW practice standards to make mandatory reports to the Family and Community Services (FACS). Educators also are mandatory reporters, and the preschools have their own policies and procedures concerning this. During the pre-affiliation stage we spoke about how this may work, and we developed an appropriate procedure which entailed in part that I was to inform the educator and director before reporting to FACS, should the need arise. However, as no disclosures were made during the time of the research, therefore no reports were necessary.

Being emotionally aware and available can be emotionally triggering. In acknowledgement of this risk, educators were given the names of a couple of therapists who were available to support them free of charge, in case the need arose. They were also advised that participation was voluntary, and they could opt out of the research at any time. The arrangements were similar for the children: Families were given an information letter outlining the research, details of free counselling services if required, and the choice to withdraw participation and contribution to the research. However, neither educators nor children chose to access support services; nor did either parties want to discontinue their participation in the research or to withdraw their recorded contribution during the interview.

In order to achieve the ethics clearance, the Researcher had to provide a current working with children check (number: WWC0368979E), and the Director provided a letter agreeing to the art therapy groups.