Give any group of 6-year-old children a set of coloured pens and a few sheets of paper and watch their eagerness to use them. However, in remote areas of Kashmir, where many children have never even seen a marker pen, the opportunity to “spoil” a clean sheet of paper with bright colours would be seized even more gleefully. What would be the reaction of children given this opportunity in the areas devastated by the earthquake of 2005?

Art forms and the purposes they can serve have evolved along with mankind. What art means to people nowadays is entirely different from its significance in prehistoric times. Beautiful carvings, etchings, and sculptures were not merely decorative; they had a mythological basis and were believed to provide protection from the forces of nature. Primitive people depicted prey being struck down by weapons and believed that these symbols of good luck would affect their success in hunting—a form of positive visualisation. The importance of the paintings lay in their functional purpose of aiding the hunters, not in the skill of the painter or the beauty of the work.

The contribution of Islamic civilisation to art is mainly in architecture and calligraphy, because Muslim theologians have argued that paintings of the human figure usurp the creative function of the Creator. However, there is no specific mention of this matter in the holy Quran. The message is avoidance of idolatry.

Art therapy is part of the play therapy long used for children with mental-health problems. This approach arose from the process of exploring the unconscious mind, which has emphasised the importance of dreams and art therapy. Though differences exist in the interpretation of dreams and paintings, the focus has helped to develop art as a means of communication in education and in diagnosis and treatment of mental disorders.

On Oct 8, 2005, an earthquake of magnitude 7.6 on the Richter scale struck Kashmir and parts of Pakistan’s North West Frontier Province. Nearly 3.3 million people were affected. The disaster struck in the morning, when women were at home, children in school, and men out working in the fields. The major casualties were, therefore, women and young children. According to official statistics, more than 100 000 people were killed and 75 000 injured, of whom between 10 000 and 15 000 were left disabled.

Mental-health workers in the state and private sectors organised teams for the disaster zone, but they were inadequate to deal with the problem. Most of the groups that managed to reach the site decided to train local people in basic counselling skills.

The Pakistan Association for Mental Health assembled a team. A manual was prepared that included techniques on active listening, grief counselling, and problem solving. The section for children included brief instructions about
their physical and nutritional requirements, and the need for closeness to family. In developing countries, especially in south Asia, art therapy is almost non-existent. The artwork generally used in psychiatric clinics and hospitals is part of occupational therapy, and the aim is simply to keep the patient occupied. Therefore the manual specifically mentioned play and art therapy to help the children express their feelings and emotions. No training or instruction was given on interpretation of the children’s drawings and paintings.

Within a month, 350 professionals and lay volunteers were trained in Karachi, Islamabad, Abbottabad, Mansehra, Balakot, Muzaffarabad, and Peshawar. We shared our experience with other mental-health professionals. The 14 psychiatrists with whom we interacted were treating the mentally ill, though one had to devote most of her time to physically ill women and children. Five psychologists were providing counselling and training volunteers in basic counselling skills.

One of the non-governmental organisations looking after children was confronting problems in regular teaching classes. To experiment, they started sports (football, cricket) and later provided facilities for drawing, singing, and reciting poems. “They really enjoyed drawing. The programme’s positive response was written on their faces.”

A psychologist not trained in art therapy used drawing for 100 children aged 8–12 years. At first, she found that the children were very guarded. They were afraid to interact or express themselves. As the activity progressed, the children began to talk to each other and also to the volunteers and staff. At the end of each session, each child was asked to speak about his or her drawings. The staff and volunteers assisted each child with the presentation and offered support via affirming feelings and eye contact, hence validating their feelings. “As the time progressed, children exhibited their resilience. However, some also needed therapeutic services. They wanted to take their drawings with them, which of course was allowed. During subsequent sessions, we found that they were sharing their drawings with family members and other children.”

Another non-governmental organisation, which is supported by a religious group, was looking after 350 children. In one location, 21 children aged 10–15 years were asked to draw whatever they felt or to write about their feelings. 11 of the 21 drew houses, and ten expressed themselves in writing. Only one drew a human figure, a duck, and a cat. In one group from Muzaffarabad, the worst-hit district, children drew destroyed houses and injured people. 19 of 23 drew, while four expressed their feelings in writing.

Psychotherapy and counselling must be differentiated from each other. Counselling is for mild disorders related to personal, social, and decision-making problems. The focus is educational and developmental concerns. By contrast, psychotherapy deals with serious disorders and personality problems. The setting is medical, and the therapy is remedial in nature.

Whereas a psychotherapist needs intensive training, a counsellor needs only basic knowledge of psychological principles and an understanding of normal and abnormal behaviour. Lay counsellors need to know the broad dos and don’ts and must have a facility for referral. But the current professional position is that the art therapist should be a qualified therapist. However, our experience shared by colleagues is that simple expression through art helps children to come to terms with their painful memories.

Artwork consists of a process and a product. The product has interpretive value and is given much importance compared with the process. Maria Petrie, a British artist and art teacher, argues for the healing and regenerative power of art. She says that, unlike the therapist, we should not probe too deeply if we want the healing power of art to take full effect. The most crucial part of training of lay counsellors in art therapy is, therefore, to ensure that the counsellor refrains from interpreting the drawings. The child is the person who should be encouraged to explain his or her drawings.

In sudden disasters, the process in art as healer needs closer attention. It includes an unthreatening environment, such as a school not a hospital, a non-interrogative approach, and a group setting. The art therapist distributes paper, coloured pencils, and writing board, gives instruction, encourages the participants during the session, listens to the description of their drawings, and provides reassurance. After several sessions, the confidence shown by the children makes the effort worthwhile.

One common finding from the practice of art therapy in our setting as well as after the Asian tsunami, hurricane Katrina, and other disasters is that it does help expression, provides a medium for communication, and might facilitate the healing of emotional scars. Both the product and process are important, but the product may be more useful where facilities exist for interpretation. The process becomes more important in resource-poor countries like Pakistan. We must keep on thinking innovatively.

Further reading