

THEORETICAL EXPLORATION OF ART THERAPY AND EDUCATION FOR AUTISTIC CHILDREN

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Abstract

This paper aims to explore art therapy methods that are able to become one of the complementary media to improve the communication skills of children with autism; explain concretely the contribution of art flexibility as a complementary media in communication therapy for autistic children; and explain the integration of the principles of therapy. These three topics will be explored using a number of theories about art therapy that have developed, as a research beginning on the development of methods of art therapy and art education for autistic children. The approach in this study uses the method of content analysis of the phenomenon of art therapy, which is implemented as a perspective to see the phenomenon of art education for autism in Yogyakarta, Indonesia in 2019. This study begins with a study of the development and patterns of art therapy which has been going on in Indonesia. Afterwards, the current foothold of art therapy will be known, and able to explain the reasons related to the development of art therapy in Indonesia. The results showed that the models of art therapy and art education for autistic children in Indonesia did not include the development of art therapy, learning methods through play, and did not understand the empathy space as a learning space for autistic children. Art exploration has good potential to be developed as a method of therapy and education for autistic children. That is because, art has the flexibility and natural nature of children, namely playing and making a sense of comfort, so that autistic children feel in one frequency with the teacher so that the educational and therapeutic process runs smoothly and optimally. The emergence of the concept of 3B (being, becoming, and belonging) in the space of empathy, increasingly claims that art cannot be separated in the world of learning in autistic children.

Keywords: art education, art therapy, autistic children, theoretical exploration

Introduction

Autism has become one of the most common childhood disorders today, reaching all of life in the world. Autism is currently widely discussed, but not balanced with public knowledge about the term autism, so that identification of autism is often too late. The delay in identification has the potential to cause a prolonged effect of autism. The impact of late identification can interfere with children's social development, communication, and mindset.

Autism is in the spectrum of disorders called Autism Spectrum Disorder (ASD). This category of disorder is classified through the Diagnostic and Statistics Manual (DSM) under the Pervasive Developmental Disorder label, which includes a diagnosis of autism, Asperger's syndrome, and Pervasive Developmental Disorder not Otherwise Specified (PDD-NOS) (American Psychiatric Association, 2013). Together, they represent categories of disorders characterized by rigidity of thinking, lack of emotional influence, and interference in sensory processing (Jaarsma & Welin, 2012). DSM-5TM defines autism disorder as a disorder or abnormality in social interaction and communication, as well as limited activities and interests (American Psychiatric Association, 2013). Therefore, communication is a major disturbance in autism, which makes it isolated from the environment and seems to have its own world.

Autism was almost simultaneously mentioned in 1940 by Leo Kanner in the United States and Hans Asperger in Austria. Both use the word "autism" to describe the condition with a label that was first used by psychiatrist Eugen Bleuler in 1911 to describe aspects of schizophrenia (Frasier-Robinson & Graham, 2015). This refers to the reduction of relations to people and the outside world in an extreme way that excludes the surrounding environment except oneself. This reduction or isolation can be described as withdrawal from social life into the self, according to the words 'autistic' and 'autism' which are derived from the word autos (Greek) meaning "self". The World Health Organization (WHO) on its official website states that 1: 160 children in the world experience autism disorders (accessed on 3 July 2018), which in the early 2000s had a prevalence of around 1: 1000 births, and research in 2008 showed an increase of 1.68: 1000 births, a fact that shows that people with autism is increasing from year to year, therefore, to answer parents' concerns about autism disorders, research is continuing to look for methods of healing autism (Bower, 2011).

Jim Sinclair in 1993 said that a person cannot release autism from his person, and instead the environment must accept the individual's autistic personality (Baron-Cohen, 1989). This is supported by the term neurodiversity by Judy Singer who said that atypical neurological development is a natural variation of the human gene. Thus, neurodiversity is associated with the term autism which is a 'disorder', and promotes the idea that individuals with autism disorders cannot be cured because they are not a disease, and do not need medication. On the other hand, although autism is believed to be incurable, researchers see an opportunity to improve the nervous system in autism (Richler, 2013). In addition, researchers continue to develop methods to improve the quality of life of people with autism. Related research continues to be carried out, ranging from the use of drugs and vitamins, as well as therapeutic models such as Applied Behavior Analysis

(ABA), Developmental, Individual Differences, Relationship-Based Approach (DIR), occupational therapy, sensory-integration therapy, speech therapy, art therapy, and The Picture Exchange Communication System (PECS) (Frasier-Robinson & Graham, 2015; Richler, 2013; Whitehouse, 2013).

The healing action or commonly referred to as therapy is often done at the therapy site. "The rank is the same as being climbed, the village head is the same as being descended". The parable would be similar to what happened in Indonesia in seeing the phenomenon of autism. Institutions that offer therapy services for children with autism are increasing in line with the increasing number of people with autism in Indonesia. Basically, the place of therapy is a space or space to deal with autistic children, and most of the space is a closed room (Beaudet, 2012). The space paradigm that has developed so far makes everything termed 'space' must have a dividing wall. However, the question arises "what about public space, public pedagogy, and other spaces that are interpreted more broadly?". Each individual is free to determine their own space. If the topic is a place of therapy, then the therapist and children with autism are free to determine their own space. As long as they have the same intention, it can be said that they are in the same room. Space can be in every place, whether in the field, forest, schoolyard, patient's home, even a place of worship (Hamil, 2016; Peters, 2017). From the arguments above, the idea emerged to redesign the therapy room for autistic children. The setting of the therapy room encourages to facilitate the process of experiencing multisensory experiences that combine senses in response to the therapeutic process so that the output and outcome of art therapy are achieved. In the therapy room, art emerged as a method. Art that has flexibility can enter into synchronization between therapists-children with autism-therapy rooms (Bayu Tejo Sampurno & Anggun Camelia, 2020).

Art as a psychotherapy for children has been discussed by Gross and Haynes who introduced the application of art therapy to children in the Handbook of Art Therapy (C. A. Malchiodi, 2003). For children in general, artistic expression has become a natural language that children have and can be a valuable asset in expressing trauma, sadness, or other traumatic events. Children, both with autism or not, have difficulty in expressing the problems or disorders they experience, and art is one of the media for children to communicate non-verbally.

Based on the explanation above, this research wants to explore important points that can be considered as methods and models of art therapy for autistic children in Indonesia, taking into account the interrelationships between therapeutic concepts and art. The purpose of this study is to help improve the communication skills of children with autism which are carried out through the process of painting. The therapeutic process is carried out in the therapy room where a mutual and mutual relationship exists between the therapist-child autism-media therapist-the surrounding environment. When children play in the therapy room, basically children with autism - who are still in the category of 'children', make art like other children in general, namely as 'nature' children (Lowenfeld & Brittain, 1982). That is because art has aspects that are very close to the world of children, namely aspects of play in which there is a pleasant nature.

Literature Review

The literature review is carried out systematically about the study of art therapy practices in journals, books, academic research in the electronic search. Electronic searches were conducted with temporal restrictions in 1990-2018. The databases used as sources are Google, ProQuest, JSTOR, Springer Link, SAGE Journal, and Taylor Francis Online. The search term used consists of a combination of: art, therapy, autism, then after that it is applied again with additional keywords children, methods, effects, and results. The points to consider in full-text screening are (1) Children with autism with a maximum age of 15 years who are the primary subjects of research; (2) Identification of limitations including high functioning autism and gifted; (3) Art therapeutic interventions with the aim of improving children's skills, communication skills and social interaction; and (4) Art as a medium of expression of autistic children who are described in relation to changes in behavior, communication, and social interaction.

Research on the topic of art therapy is largely dominated by the role of art to help overcome problems in the fields of health and psychology. Melinda J. Emery with her research entitled "Art Therapy as an Intervention for Autism", describes and explores in detail how the development of autistic children with images that fit the child development scheme. The study also sought to explore methods for dealing with voice control in children with autism, who often scream when communicating verbally (Emery, 2004). This study analyzes the shape and color symbols conveyed by autistic children through their paintings and relates them to the improvement in the visual communication of autistic children. This research is limited to visual communication, without trying to see the implications of art therapy for the ability of children with autism to communicate verbally.

Carl E. Stafstorm, Janice Haviena, Anthony J. Krezinski with the title "Art Therapy Focus Groups for Children and Adolescents with Epilepsy" trying to see the effects of art therapy conducted on 16 research respondents who suffer from epilepsy. Research shows the ability of the development of creativity represented in the picture is below the aged standard of artistic development. Childhood Attitude Toward Illness Scale which is used as a measuring tool is used repeatedly but does not show a difference between pre-test and post-test scores (Stafstorm, Haviena, & Krezinski, 2012). However, all parents of respondents rated positively about the cognitive benefits of participating in art therapy.

Research on art therapy that makes it a tool in improving language skills of autistic children is carried out by Chung-Hsin Chiang, Wei-Tsuen Soong, Tzu-Ling Lin, and Sally J. Rogers with the title "Nonverbal Communication Skills in Young Children with Autism". In addition, similar research was also conducted by Annete Marjorie Miller-Jones with the title "The Effect of Music Therapy upon Language Acquisition for Children on the Autism Spectrum Aged 3-8 years". The results show increased speech, progress towards special educational goals, emotional well-being, expressive communication at home and community, and improvement in social skills. The language skills of children before and after participating in music therapy sessions range from nonverbal situations to singing songs, from using gestures to talking three to four words, from using language

without pragmatics to make friends, and from saying one to two words phrases to regulate their emotions (Chiang, Soong, Lin, & Rogers, 2008; Miller-Jones, 2017). Art therapy research in the family was conducted by Beth Nemesh entitled "Family-based Music Therapy: Family Therapists' Perspectives" which explained the benefits of collaborative action between music and family therapy. Furthermore, this therapeutic model is able to combine family-based music therapy interventions in family therapy practices and family-based education (Nemesh, 2016). The dominant difference with the research conducted is in the chosen field of art, where Miller-Jones and Beth Nemesh use music.

Amy Morrison with her research entitled "Understanding Children's Preferences in Art Making: Implications for Art Therapy", explains the three findings of art therapy, namely first, knowing how children's experiences in producing various forms of artwork. Second, what abilities are improved when the child works in art, Third, what tendencies make the child do the process of creating art. The results show that children prefer open and unstructured art experiences that encourage creativity and expression (Morrison, 2013). The findings show that children prefer if given the freedom to choose subjects and materials when creating art. Contributions to the preferences of children's art-making include the experience of art at home with various materials as well as the experiences they experienced with encouragement from family members. Sarah Hamil with research entitled "The Art Museum as a Therapeutic Space" explores the quality of various perspectives of art therapy practices in the context of museum-based art therapy. Museum-based art therapy is defined as an art therapy that has a partnership with the museum as part of a strategic effort for clients to engage in community activities. The results of this study indicate that the museum setting provides an important role for art therapy in the context of society, and is able to provide an understanding of organizational relationships that are difficult to understand for individuals who experience disturbances (Hamil, 2016). This research is used by researchers to be an initial reference, about the design of 'space empathy' as a therapy room for children with autism.

Furthermore, research is also conducted by looking at the time spent in art therapy. Kelly Kotowski with her research entitled "The Calling Canvas, Weaving Together Words and Images: A Narrative Inquiry into the Creative Voice of Students with Autism Participating in A Creative Lunchtime Program", provides a perspective on researchers about the importance of setting time and place on the success of the process art therapy. The results showed that the main symptoms that emerged when communicative exploration during the lunch session was ongoing were about space, creative expression, socialization, time management, and trust (Kotowski, 2013). This research provides a holistic understanding of the benefits of art-based teaching from the perspective of students. The findings of this study are a beginning in the development of communication therapy models for children with autism in school.

Kyle Hunter and Deborah Barnbaum try to describe the aesthetic value produced by the work of autistic children from John Dewey's theory of art and aesthetic experiences. The title of the research conducted by Kyle Hunter and Deborah Barnbaum is "Pragmatic Aesthetics and the Autistic Artist". The study,

entitled "Drawing Connections with Autism" by Kayla Mane Flanigan, contains a study of paintings of children with autism that are used as a media to identify emotions felt by children with autism (Dewey, 1980; Flanigan, 2011; Hunter & Barnbaum, 2012).

Research on art therapy is also carried out in the assessment process to find out the existence of art in the educational process as one of the therapeutic actions. Research conducted by Ji Sun Yoon with the title "Therapeutic Art Intervention in Elementary Art Class" is one of them. This research begins with a literature review of art therapy and art education so that it can put objectivity well. This research shows that there is art therapy in the education process. This study confirms that art teachers without a broad background in art therapy should not try to interpret the mental state of their students through the artwork they produce. Art teachers must pay attention to signs that might indicate an alarming problem and negotiate with the school authorities (Yoon, 2014).

Research on the relationship between art and the improvement of children's abilities appears in several studies found. Alvina Wong and Woro Kurnianingrum with the title "Application of Art Therapy to Improve Self-Esteem Middle Age Childhood" explain the application of art therapy to increase the self-esteem of middle childhood children who are still less effective in some previous studies (Wong & Kurnianingrum, 2018). The purpose of this study is to apply art therapy as an effort to increase self-esteem in middle childhood children in the community. Furthermore, research by applying the method of art therapy was also carried out by Andy Saputra, Sandi Kartasasmita, and Untung Subroto with the title "Application of Art Therapy to Reduce Symptoms of Depression in Prisoners". This research tries to prove the role of art therapy in helping to reduce depression in prisoners who have been imprisoned for the first time and are serving prison sentences of more than five years (Saputra, Kartasasmita, & Subroto, 2018). Based on the results of the comparison of the post-test with the PHQ-9 pre-test to measure depressive symptoms, in general, the participants had reduced symptoms of depression. But the biggest change was found in participants with moderate levels of depression than participants with mild levels of depression. This shows that art therapy is useful in reducing symptoms of depression in prisoners who were first sentenced and with sentences of more than five years.

The trend of art therapy research in Indonesia is only limited to the application of the art therapy model and does not touch the exposure of the exploration of art therapy methods or to the interdisciplinary study between therapy, art, and other fields. The studies in Indonesia (Joseph, Satiadarma, & Koesma, 2018; Kusumawardhani, Kurnianingrum, & Soetikno, 2018; Magdalena & Natalia, 2018; Wijaya & Tirta, 2018), are almost the same as the research described in the previous paragraph, which only applies art therapy to improve the ability of individuals or groups. The research mentioned above does not try to explore the interdisciplinarity of several disciplines.

Of all the literature reviews outlined above, none of them gave rise to an art therapy ecosystem with a focus on expressive art therapy carried out in a therapeutic setting and discourse related to the artistic value of autistic children

paintings. In addition, the literature review above shows that art therapy still does not have a strong footing because it is still in negotiations between the disciplines of health, psychology, and the arts. Art is not one of the important and fundamental fields for children's education so that although many have proven that art is able to be one of the healing media, it still does not show the urgency of art which is able to make important contributions to other disciplines. This, both directly and indirectly, makes the position of art underestimated in scientific discourse. By carrying out various studies that have been done before, then the benefit of the literature review for this research is to map the position of research among similar studies. Thus the originality of research can be maintained and can be justified.

Method

The approach in this study uses the method of content analysis of the phenomenon of art therapy (Creswell, 2010; Leavy, 2017; Somekh, 2006; Tashakkori & Creswell, 2008) for autistic children with the classification of Asperger's Syndrome in Yogyakarta. Data was taken in Yogyakarta, Indonesia, with autistic Asperger Syndrome children aged 10 years. The data was taken in 2019, by collecting the results of interviews that were extracted into descriptive explanations, so that important models were found in the administration of art therapy. Autism cannot be completely cured, so treatments and interventions that are commonly termed as therapy become important for individuals with autism disorders. Basically, therapy aims to reduce behavioral problems that interfere and improve abilities in certain areas such as communication, cognition, and independence. Therapeutic actions used include ABA (Applied Behavior Analysis), sensory integration (SI), psychotherapy, play therapy, and creative arts therapies. On the basis of the variety of therapeutic actions for children with autism, researchers used an interdisciplinary approach to conduct therapy for children with autism, in which this study tried to focus on the disciplines of the arts and health, taking into account other sciences (Dobinson & Dunworth, 2019; Moran, 2002; Remley, 2017). The approach was chosen because (1) this study wanted to bring up the art therapy ecosystem and the artistic value it contains, and (2) researchers believe that to deal with complex disorders in children with autism, complex approaches are also needed. The expressive art therapy approach uses the thoughts of Cathy Malchiodi, which is integrated with the educational approach in the therapy process (C. Malchiodi, 2007; C. A. Malchiodi, 2003). The educational approach is used to provide a negotiation between approaches in learning and art therapy (Ki Hadjar Dewantara, 2004). In addition, by considering an educational approach, this research also takes up space management in learning, which will be developed in accordance with one of the objectives of this research, which is to create a space or setting of art therapy (M. B. T. Sampurno, 2019).

Findings and Discussion

In the process of art therapy, there is a creative process displayed by the child, both consciously and unconsciously. The creative process is a key point that can

be the next assessment in the therapy process. In addition, the key point when the creative process is also an aesthetic show because it shows the element of beauty that is at the same time able to become a model of the art therapy ecosystem. From the creative process in which therapeutic actions are carried out, artistic paintings will be produced. If we say art, the representation of objects for children with autism is not the same as a normal child. Representation starts with the objectification process (Dewey, 1980; Goldie & Scellekens, 2007; Graham, 1997; Hall, 2002). Objectification is an imaging sense of what is seen by children with autism, where children with autism only choose one that has attention, so there will be aesthetics of the symbol chosen (T. Sampurno, 2015).

The objectification process comes into conceptual awareness, which in the context of education will generate psychological energy. In the process, children will be given input of understanding and knowledge in interpreting objects, and it will provide self-confidence and increase morality consciously from one's own personality (Wahana, 2018). Furthermore, to the process of imagination in which there is a symbolization in the mind of an autistic child, there is pictorial thinking. Pictorial thinking experienced by children with autism has a unique subjectivity compared to normal children in general (T. Sampurno, 2015). The occurrence of the process from objectification to expression will help autistic children get out of their inclusive circles to be exclusive so that other people are able to understand the will of the autistic child and communicate through his paintings. In addition, the resulting painting has its own aesthetic value, because there is metacognition and metanarrative of symbols in it. This research also tries to see the identity and artistic expression of the creative process and painting of autistic children as a therapeutic complexity to improve the communication skills of autistic children.

The first result is a therapeutic methods with an approach used is the health approach with the expressive art therapy sub-category. This approach is a slice of the arts and health. In it there is also a setting where the therapy, which is the scope of the integrated arts, health, education, and sensory fields. The therapeutic approach in this study begins with argument which illustrates that autistic children have complex disorders, which are triggered by communication problems, thus affecting the nervous system to motor coordination (Hobson, 1986; Smagorinsky, 2016). This argument supports the researcher to choose the focus of expressive art therapy from art therapy as a therapeutic approach used in this study. Expressive art therapy combines psychology and creative processes to promote growth and emotional healing. This multimodality art approach to psychotherapy uses the innate functions of various art forms as a therapeutic tool to help correct individual disorders. Expressive art therapy was chosen because it is believed to be able to integrate interdisciplinarity in making art therapy models that have an impact through cognitive, sensory, interaction, and kinesthetic experiences.

Expressive therapies add a unique dimension to psychotherapy and counseling because they have several specific characteristics not always found in strictly verbal therapies, including, but not limited to, (1) self-expression, (2) active participation, (3) imagination, and (4) mind-body connections (C. Malchiodi, 2007). Researchers with autistic children will express themselves not only with a verbal approach as an art act during the therapy process. Art will

stimulate the development of ideas, self-expression, imagination, motor skills, structured orientation, sense of responsibility, spatial intelligence, form recognition, self-experience with the surrounding space, and eye contact (Kellman, 2010; Remley, 2017). Tactile and visual experiences during the art therapy process are intended to provide stimulus to behavioral changes and their integration with cognitive, sensory, kinesthetic, behavioral, and communication experiences of autistic children.

Art therapy is different from teaching art or educating art. Art therapists use clinical interventions to strengthen and expand art activities for children with special needs by focusing on therapeutic goals. The position and role of the art creation process take precedence over the products produced in art therapy. Art therapists do not focus on techniques in art or provide aesthetic knowledge to children. Through an understanding of children's behaviors and psychological attributes, the design of art therapeutic actions is made to improve children's abilities, both in cognition, affection, and psychomotor (Suparjoh, Shahbodin, & Mohd, 2020). In this regard, art therapists work with people with autism to enhance collaboration, interaction with the environment, as well as body awareness and coordination. The purpose of art therapy is to bring up symbols in art, which function as tools to process and activate hidden thoughts and feelings. Furthermore, the arts enhance the ability to think abstractly, and communication both verbal and non-verbal for children with autism. Art therapy uses a variety of materials and modalities that can help autistic students to organize, process, and coordinate their experiences that are too much or that are not stimulated.

Gross and Haynes in the *Handbook of Art Therapy*, revealed several reasons for the expression of art can be used in child therapy, namely (1) art can reduce anxiety and help children feel more comfortable with the therapist, because the role of a therapist is more accurately described as an 'intermediary', not as a 'healer' who mediates between the patient and the memory stored in the child as a patient, then brings the two together so that a method or method can be determined so that the memory stored in the patient's mind can be revealed, it is intended to be able to decide on further action as a healing step with the right media; (2) the art of improving memory (memory); (3) the art of training children in storytelling (narration) because basically art (in this discussion is drawing) is used as a way to open up, to help children construct trauma narratively while helping them remember traumatic events; and (4) art can encourage children to tell more clearly when compared with verbal telling (Minturn, 2004; T. Sampurno, 2015; Schweizer et al., 2009).

Sigmund Freud's theories about the id, ego, and superego are used to see the extent of the therapy carried out. In his theory, Sigmund Freud sees psychoanalysis as a therapeutic medium because there are terms of reframing and re-exposing which also exist in the process of creating art (Adolph & Berger, 2015; Jessica N Lester & Paulus, 2012; Liu & Luton, 2011). Reframing is a way of thinking to look for creative alternatives to see a problem from more than one point of view, from various perspectives, so that the problem does not become a burden. Re-exposure is opening or dismantling, by bringing their experiences back into awareness so that they can guide them more regularly because

reopening trauma experiences to victims is a major component in the process of trauma intervention (T. Sampurno, 2015). Memory, whether traumatic or not, is always carried in everyday life. Therefore there is a need for placement so that this memory is placed in the right place. The purpose of the overall disclosure is to make fragments of traumatic events that have been experienced, separating from their influence on daily behavior that may not be in accordance with the experience that is being passed at this time. This becomes important for children with autism, because negative memory has the opportunity to close or limit its potential, and its simplest form is: difficulty communicating.

Furthermore, the discussion leads to the function of art for children, namely as a medium for feelings, communication, play, and understanding. The function of art therapy is to help children to get out of the problems they are experiencing, and find out the right methods for recovery of children's problems. In other words, works of art created only as a moderation between therapist and child.

Memories and their experiences, in particular, have been reported to emerge through touch, imagery, or carefully guided body movements (Whitehouse, 2013; Willis, 2007). When the process of transferring from the mind into the form of a painting, the child's mind is controlled by the subconscious and traumatic problems or conditions experienced by children are expressed in symbols that are representations of what they want, see, and think about, and from these symbols can be detected events traumatic experienced by children. When working with children and their artistic expression, the thing that the therapist needs to pay attention to is to enter the child's world, see with the child's vision and perception, so that the therapist is able to truly understand what the child represents in his painting.

Art for autistic children is also able to unleash the potential possessed by children. An autistic child, as is known as a 'child with special needs', must have special potential as well, but may not yet be seen about his potential. Not all autistic children have low intelligence abilities, as many as 20% of autistic children have IQs above 70 (Stahmer, Schreibman, & Powell, 2016; Zwaigenbaum, 2011). This indirectly causes autistic children to have a variety of potentials, one of which is in the arts. In its need for art, art is a child's need to communicate, speak, and think very comprehensively. At the time of art, all thoughts and feelings of children will be active, even the child's mind will be mixed with children's feelings. The mind that is processed in such a way will become an idea that is expressed in works of art. Most autistic children who live in a repetitive world, and make the child seem to live like a robot, without innovation, and without imagination. Art which is the work of the right brain gradually educates children with autism to imagine, communicate, with pouring in the form of art. Artworks that are the result of processing ideas and ideas 'force' children to think creatively, play with their memories which ultimately all the elements are poured into the artwork.

The essence of art is placed on one's intuition and feelings. Ki Hadjar Dewantara in "Ki Hadjar Dewantara's Part I: Pendidikan" also says about art which is all human actions arising from living feelings and is beautiful, so that it can move the soul of human feelings (Ki Hadjar Dewantara, 2004; Lowenfeld &

Brittain, 1982; Maria Zulfiati, Suyanto, & Pamadhi, 2019). Autistic children are given education about memory processing which always refers to the experience as the main element in expressing their ideas and ideas.

Beauty can be known through experience and is formed by experience by imagining something (Kattsoff, 2004). Experience in art is categorized into two types, namely: artistic experience (the act of production) and aesthetic experience (perception and enjoyment). Artistic experience is an art experience that occurs in the process of creating art (Graham, 1997; Soemardjo, 2000). When an autistic child paints, the brain activates and stores all of its artistic experiences. For children with autism, it is a process of developing personal abilities that are very good, because they can use long-term memories they have. This experience is felt by children with autism when doing artistic activities called creative processes. In the creative process, all thoughts and feelings of children will be active, so that it can be interpreted all the senses owned by children will be active and finally poured into the form of art. Artwork produced by children with autism may not be many who know the intent and purpose, but if examined carefully the meaning of the work can not be analyzed instantly (T. Sampurno, 2015).

The thing that needs to be emphasized is when creating art, children with autism are not obstructed by various definitions or conceptions about the ideas and ideas to be conveyed. In contrast to today's 'modern' children who seem rigid and afraid to try new things because they are too focused on the definition and conception of an object (Goldie & Scellekens, 2007). Indirectly, spontaneity possessed by autistic children in creating work can produce extraordinary works because of the potential for a lot of pouring in the form of new symbols in the work.

Specifically, the three dominant disorders in the behavior of autistic children are (a) interference with symbolic visualization, (b) communication and language, and (c) social interaction (Jessica Nina Lester, Muskett, & Reilly, 2017; Magnusen, 2006; Martin, 2009). Autistic children have never been able to develop the use of language or visual symbolization games. Autistic children tend to do repetitive actions when given instructions relating to visual symbolization. The myth that is often heard is "children diagnosed with autism are unable to play or engage in fun activities with others", not completely and not always right. Autistic children can be involved in games, even though their play is limited and different from children in general.

Autistic children can learn to play with special interventions. Therefore, the use of therapy on the basis of the play is very helpful for children with autism as well as play activities for children in general (Mittledorf, Hendricks, & Landreth, 2001). This game helps children to see parents, therapists, teachers, or caregivers as facilitators of good or fun things; especially teachers who teach classes for children with special needs tend to have higher pressure than teachers in general (Widyawati & Felicia, 2017), it will provide comfort, reduce the pressure in understanding the material, both for the teacher and all students because the material is given by playing with imagination creativity. When a child can see people as good people, they are more likely to want to be involved and seek attention from others, making children reduce the 'autistic' they have. In playing

children will lead the game and they are allowed and encouraged to follow their own autonomy. Play can be partial but can teach social integration and awareness of others, especially in group-based games (Mittledorf et al., 2001).

The symbolic play reflects representational abilities that are manifested in interactions with objects and reflects the process of representation in social interactions. Both of these behaviors collaborate in the coordination of children's minds in the use of visual symbolization which can be used as a medium of communication, also to bridge between the thoughts of what is experienced and felt by children with autism, in the form of visual representation. Basically, most autistic children are able to play symbolically, but only with initial training and/or stimulatory assistance (Sigman & Mundy, 1987; Voyat, 1982). The lack of symbolic games is also a significant communication problem in general because there is a strong relationship between symbolic games and language development. In this regard, art is a medium for playing symbols that children are not aware of in the process of expressing their emotions.

In the process of art therapy, there are four things that according to Malchiodi are the link between art and psychotherapy, namely transference which is a projection of children's feelings that are not realized to the researchers represented through art and actions during the therapeutic process, spontaneous expression of the child, imagination, and space and transitional objects as a means that is able to bridge the subjective and objective reality of children in representing the attachment and relationship between themselves and their experiences concretely through art (C. Malchiodi, 2007; C. A. Malchiodi, 2003; Sherratt & Peter, 1999).

Another thing that is not less important is the space settings. Therapeutic process settings are carried out in spaces that are termed 'empathy spaces' (Macintyre, 2010). In the space of empathy, the writer borrows the term 'triangle relationship', which describes the relationship between the child, therapist, and art form. The three-axis of the triangle refers to the dynamics between the client, therapist and art form. The art therapy approach by painting places a greater or lesser emphasis on each axis. The art form itself will provide important information as a guide to the initial assessment of the location of the disorder in children, and identify the extent of the success of the art therapy process.

Empathy space provides space for autistic children to communicate in a specific way. Persons with autism often close communication to regulate hypersensitivity and stimulate feelings. In the therapy room, the ability to explain material with movement and other media is needed to connect the task with the goal. When working with people with autism, it is important to think about the sensory aspects of art material. This is necessary, because on several occasions autistic children have difficulty with visual processing and perception, also when pouring it on paper. Art in the space of empathy presents challenges for autistic children to perform movements or acts of art as a therapeutic process. Therefore, competence and empathy of the therapist are needed. Competence and soul empathy need to go hand in hand, to determine the next therapeutic action will be given to people with autism (Pellachini, 2012; Singh, 2016).

A therapist with competence and a good spirit of empathy will be able to provide challenges to people with autism in demonstrating the behavior, actions,

and motor movements that are connected with those around them. When an autistic child performs art, in fact, all of his senses are active. Internal and external memory, artistic and aesthetic experience, processing and casting ideas, conveying ideas through symbols of shapes and colors, to non-verbal communication using movements. The multisensory activation will increase the concentration of autistic children, as Kellman argues that with attention focused on motor movements which are the pouring of memory, will be able to increase the concentration of individuals (Kellman, 2010; M. B. T. Sampurno, 2019). Furthermore, when individuals focus on the object in front of him, then the body will automatically provide a stimulus to change anxiety into comfort.

The continuing role of therapist, autistic child, art media and all those who support it, has an important influence on the art therapeutic process. To the base, the relationship in the space of empathy, a perspective on Merleau-Ponty's embodiment is used. Embodiment assumes that a living body is the center of human development, including the development of consciousness, mind, and cultural practices such as art (De Jaegher & Di Paolo, 2007; Merleau-Ponty, 1962). The ecological approach involves the interaction of the body and the environment or the incorporation of organisms-the environment, both of which can change. Embodiment sees bodily actions and movements as the basis of perception and center of human consciousness. The body through its actions forms confidence in self and self-efficacy that are important for children's health and artistic and aesthetic experiences.

Conclusion

Integration that occurs in the space of empathy gives rise to and raises the concept of 3B (being, becoming, and belonging) as a therapist method in performing art therapy carried out in the empathy space. Being is a concept where the child feels 'there'. In this concept, the therapist will take a personal approach that has implications for increasing children's confidence. Becoming is a concept when a therapist participates in art activities together with an autistic child in the empathy room. It aims to provide a sense of equality to children with autism. Belonging, the concept of following the child's thinking without leaving therapeutic controls.

The results of the therapeutic process in the empathy room have naturalistic properties, which means it is possible to increase or decrease according to determinants such as the characteristics or specificity of the child, the physical and mental health conditions of the child when performing art therapy, abilities, tendencies, and learning preferences of each child during the art therapy process, and involvement with the child's family.

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