

Magic Arts Counseling: The Tricks of Illusion as Intervention

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ABSTRACT

Magic arts counseling is defined as a nontraditional, experiential curriculum utilized for promoting student growth. Applicable research and the history of using magic with students provide the rationale for its employment in educational programming. In an effort to systematically explore its benefits several educational factors and key elements of magic arts counseling are defined. The current study examined the use of a 6-week magic arts small group counseling module with pre-adolescent boys. The study compared measures of self-esteem and subsequent behavioral outcome measures for students receiving the magic arts sessions described. The investigation indicated positive gains on a variety of measures and highlighted the utility of a magic arts module. Limitations of the investigation and directions for future research are considered.

MAGIC ARTS COUNSELING: THE TRICKS OF ILLUSION AS INTERVENTION

Magic arts counseling is a student-centered, experiential-based educational approach that utilizes the art of illusion in

the context of an empowering and empathic professional educator-student relationship with the fundamental goal of student growth. Magic arts counseling can be used along with a traditional academic curriculum and can encompass a variety of techniques and instructional strategies. When employed by the school counselor or teacher, the utilization of illusion and tricks may offer a unique and unequalled potential for both academic and personal/social development in a variety of classroom settings or programs.

HISTORY AND RESEARCH

The use of magic in various helping professions dates as far back as 1900, with a wide range of theoretical and case-specific arguments highlighting the benefits of its use. Empirical, systematic research investigating the specific use of magic arts in a classroom or school setting is much more limited.

Project Magic is a non-profit organization designed to give the gift of magic to people with various physical, psychological, and social disabilities (Kaufman, 2002). According to David Copperfield's Project Magic Handbook: Patients involved with this fun and stimulating activity experience

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enhanced motivation. As a person with a disability learns the mechanics of a magic illusion, they are motivated to increase physical dexterity, functional skills and communication. Additionally, the learning of a magical illusion can aid in the improvement of problem-solving, the ability to work with numbers, and other cognitive skills.

Most people with disabilities have come to believe that they are less capable than a non-disabled person. Therefore, the ability to perform simple magic allows them to do something that others cannot. Performing magic involves knowing something that the audience does not know –the secret. The performer can work “miracles.” This baffles the spectator and creates within the performer a sense of accomplishment, pride and self-fulfillment. (Kaufman, p. 5)

Porter (2002) described his study with 6th grade students over a 6 week period. The results were mixed, but Porter asserted that the use of magic with this population resulted in an increase in the students’ sense of mastery, enhanced comfort level in social situations, and improved confidence in the performance of adaptive and functional tasks.

Spruill and Poidevant (1993) used magic activities to build the interest of elementary and middle school students in small group counseling and classroom guidance activities. They detailed specific magic activities and guidelines for using magic with children. According

to Bowman (1986) magic illusions can be used in a variety of ways:

Counselors perform levitation by raising children’s self-concepts. They help some students transform their behaviors, attitudes and perceptions. They even help children make some fears and erroneous beliefs vanish while making new awarenesses and self-confidence appear. (Bowman, p.130)

Magic Arts in Practice: The Rationale

First of all, counselors must promote the benefits of a magic arts curriculum to administrators. Without clear advocacy for its counseling benefits, magic arts in the classroom may be mistakenly perceived as a hobby versus a decisive medium for nontraditional experiential education with the potential to impact student growth. Educators would be wise to distinguish their use of magic as an art form used to highlight and reinforce cognitive/social lessons as opposed to implementing black magic or voodoo. It would be sensible for counselors to know their school community before using magic arts with students. Providing administrators with a clear rationale for its utility, highlighting its unique ability to reach students and stressing the empirical support discussed will help to put administrators at ease and, ideally, collaborate in the effort.

Educational Factors and Elements of Magic Arts

The following are the theorized educational factors and key elements of utilizing magic arts for the purpose of student growth. The factors and

elements are not mutually exclusive and may be useful in a variety of classroom settings or guidance programs. The descriptions that follow provide ideas that may help promote magic arts activities in the schools or classroom.

Rapport building.

Magic arts may be an easy way for the educator to connect to the student to deliver a particular lesson whether academic or social/developmental. Magic illusions are a good way to take the “edge” off when educators must initially get to know the student and may help faculty appear more playful and approachable (Gilroy, 1998). Magic arts activities are highly engaging and tend to get the attention of children quickly.

Empowering the child and self-esteem.

After using an illusion in the classroom, an educator may choose to teach the students the trick. Not only is the educator teaching them a new skill that they can repeat for peers or adults, but also allowing them in on a “secret” and allowing them some leverage, or power or control, that may be very helpful for some students. The performer can potentially do something the audience member(s) cannot; therefore, helping to promote self-esteem and self-confidence.

Instilling hope.

Instilling hope may transpire when the most difficult situations can sometimes seem to work out in the context of your illusion. The illusion may help to symbolize optimism, the possibilities of change, or turning negatives into positives. The magic arts counselor may incorporate what Purkey and Schmidt (1990, as cited in Spruill & Poidevant,

1993) referred to as the plus factor. The plus factor is the notion that even the most difficult situations can be made to seem easy. This conceptualization may be particularly helpful for students who felt inadequate or have depressive symptoms.

The illusion as a metaphor.

Using the trick as a metaphor for a specific lesson may promote heightened teachable moments by promoting social/emotional development and health/wellness in children (Gilroy, 1998). For example, magic illusions that “break out” or “escape” can represent overcoming obstacles and achieving goals. According to Spruill and Poidevant (1993) the use of magic objects and actions can metaphorically represent information that is not easily accessible to children and can bring to the surface heretofore unspoken thoughts and feelings.

Reframing.

This concept allows one to look at things from another perspective and teaches the skill of reframing in the context of the magic illusion. The educator may assign students a week of trying to figure out a particular trick, then process what it was like to have to “think outside the box” and apply this skill to their own challenges. This concept may teach students how to problem solve.

Interpersonal skills.

The educator can model appropriate social skills when performing. This educational factor allows students to practice or perform an illusion with peers or adults in order to exercise appropriate interactions, practice giving and receiving feedback, and practice presentation or

assertiveness skills versus aggression. This may be an effective way for students who like excessive attention to receive it appropriately. In addition, the concept of illusion may also be used to talk about perspective and how two individuals may perceive the same situation differently.

Group cohesion.

Magic illusions may be an effective ice breaker for new classes or small counseling groups. The educator may perform an illusion in which teamwork is necessary in order for the effect to work. Students also may be given particular roles prescriptive to the particular dynamics of the classroom.

Assessment tool.

Magic arts can be used in conjunction with established techniques and testing to help gauge or assess for certain learning disabilities. Monitoring the response to certain magic illusions may be effective in highlighting depressive symptoms, hyperactivity or attention challenges, and frustration tolerance/anxiety concerns (Gilroy, 1998). For example, a student struggling with hyperactivity or poor impulse control may insist on the illusion being revealed or may shout out their theory about the secret to the educator's illusion.

Academic learning.

Many illusions may help students practice cognitive skills, such as following complex directions, sequencing, memory, conceptualization and problem solving. Furthermore, illusions tend to involve colors, numbers, alphabet/reading or mathematics.

Trust building.

Using illusions may allow students to process how it feels to be tricked or how it feels to trick someone else. It may provide an opportunity to discuss good secrets versus bad secrets. In a counseling relationship, the counselor may gain leverage with the child by revealing the illusion in an effort to encourage the student to be open about potentially guarded or sensitive information.

Recognition of boundaries and personal rights/safety.

Magic arts may help students practice the demonstration of appropriate boundaries by setting clear rules and guidelines during illusions and related activities. Students may have to process their impulsivity mishaps and acknowledge the concept of the magician's personal space as well as their own. The idea of asking permission before performing a trick on someone can be used to highlight benefits of this element.

Applying lessons to remove barriers to learning.

Specific issues may be addressed such as reinforcing lessons about the dangers of drugs and alcohol or the "misdirection" of advertising companies by using magic arts activities (Gilroy, 1998). The activities may prove useful for students struggling with issues of grief or loss by processing loss in terms of where something goes when it disappears.

METHOD

Instrument

The Rosenberg Self-Esteem Scale (RSE, Rosenberg, 1989) consists of 10 items intended to measure a continuum of self-worth statements ranging from those endorsed by those with low self-esteem to those that are endorsed only by persons with high self-esteem.

Extensive reliability (internal consistency and test-retest) and validity (convergent and discriminant) information is available for the Rosenberg Self-Esteem Scale (Blascovich & Tomaka, 1991).

Setting

The setting is an intensive-level experiential residential psychiatric hospital for severely emotionally disturbed youth 6 to 18 years of age. While a nontraditional academic setting, it is a Southern Association of Colleges and Schools (SACS) accredited school in the state of Georgia consisting of approximately 120 students. Approximately 45% of the population is Caucasian, 45% African American, and 10% are Latino, Native American, Asian, or mixed. Admission to the school program requires the diagnosis of at least one Axis I diagnosis and each student is prescribed psychotropic medication(s). The entire student population is classified as special education.

Participants

Within the setting described, a population of 9 pre-adolescent boys was utilized for the study. Diagnoses of students comprised in the study included: Depressive Disorder Not Otherwise Specified, Oppositional Defiant Disorder (ODD), Conduct Disorder, Intermittent Explosive Disorder, Attention Deficit

Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD), Bipolar Disorder, Post-Traumatic Stress Disorder (PTSD), and Schizoaffective Disorder. Common psychosocial stressors included a history of physical and/or sexual abuse, poor family functioning and/or termination of parental rights, legal issues, and substance abuse.

Procedure

Students were randomly assigned to counseling groups within the pre-adolescent male program. Of the four small groups, two received the 6-week magic arts intervention. Data collection was not used in the control groups because it was facilitated by a different counselor that was not able to be involved in the study.

The 9 students utilized were divided into two groups of 5 and 4 respectively. Each group met 6 times; once a week for one-hour sessions. Although 9 students began the intervention, only 6 students were able to provide both pre and post test data due to students graduating the program midway through data collection. Of these 6 students, 5 were Caucasian, and 1 was African American. A pre-post test assessment was used to evaluate the effectiveness of the program for the participating students. The sessions were delivered in the participating counselor's office using the counselor's typical format of an initial student "check-in" about their current level of functioning, followed by the intervention, and concluding with a discussion about their participation in terms of the behavior modification system. While many of the sessions incorporated a variety of the key elements discussed, such as *trust building, reframing, and group cohesion*,

the variable isolated and intended for measure was empowering the child and self-esteem.

Each group took the RSE (Rosenberg, 1989) before and after the magic arts small group counseling module. The measure of self-esteem was chosen as a construct that could be clearly measured and that would directly relate to the key element of *empowering the child and self-esteem*. By testing this one variable, the contribution of the magic arts intervention and its impact on subsequent behaviors can be assessed. Participants recorded their level of agreement next to each item, corresponding with whether they strongly agreed, agreed, disagreed, or strongly disagreed. Students with difficulty reading had staff nearby to assist in completing the ten statement scale. While 9 students took the initial assessment, only 6 students participated in the module to completion, with 3 students in each group. Student dropout was exclusively related to students' graduation from the pre-adolescent program. Both groups received the same intervention week to week. For the purposes of data collection and analysis, the 6 students' data was aggregated and analyzed as one group.

In addition to the RSE, student's behavioral progress was tracked by direct care staff or classroom assistants using direct observation recording. Staff documented behavioral observations every 8 hours on student flow sheets. Staff recorded the number of interpersonal boundary violations and behavioral time outs. According to program policy, staff records a boundary violation after each time a student has clear difficulty keeping limbs to themselves, engages in horseplay, or

brings up information about other students without permission or in an inappropriate context. Staff records that students received a time out when students did not follow directions to the degree that time and/or space was needed to reflect on the potential safety concern of the behavior. These measures were chosen as two clear measurable indicators of students' behaviors in the school milieu. Student totals for each behavioral indicator were collected at the beginning of *Session 1* and again at the end of *Session 6*.

Session 1.

Students received the RSE to measure their self-esteem prior to intended intervention. Students completed the 10-item scale, rating their level of agreement with statements provided. After completion of the pre-test, students were introduced to the concept of magic arts and discussed the concept of illusion. Posters were used to discuss magic arts guidelines and safety. Rules were outlined such as asking permission before performing a magic illusion. This provided an opportunity to talk about how some people do not like to be tricked. An initial illusion was demonstrated called the *shrinking dime* trick. This particular illusion was revealed in order to promote discussion about how illusions work, introduce the concept of misdirection, demonstrate "patter" or narrative and have students theorize and think critically about the problem prior to the disclosure of the secret. Students were asked to talk about how they could apply this problem solving concept to challenges of their own.

Session 2.

The demonstration and practice of illusions began with easier, simpler illusions to help students feel as successful as possible. The counselor shared a variety of illusions, including an easy rope trick called the *angry knot* that allowed for a discussion about coping skills. They were taught an easy rubber band illusion called the *jumping rubber band*. Further illusions included a variety of mental magic activities, including the *magic color cube*, and *birthday prediction magic*. After the illusions were revealed, students were given time to practice on their peers or the counselor and rejoin for practice sessions in front of the group. The idea of being a good audience, having appropriate boundaries and practicing good interpersonal skills was discussed.

Session 3.

Students were given their own magic wands and encouraged to have a creative magic phrase for effective misdirection. Wands were kept in the counseling office until the final magic arts session. Students were shown important magic props such as the magic hat and cape that could be used for future performances. Students were then shown a make-your-own magic illusion in which a pretend monster appears out of an ordinary cereal box called *cereal surprise*. Students were provided construction paper and cereal boxes and were able to craft their own illusion by the end of the session.

Session 4.

During this session, the counselor first performed then taught performance illusions such as the *haunted hanky* and the *magic coloring book*. These illusions

are moderately challenging and require the student to be able to follow several steps. These illusions focused on interpersonal skills and how to engage the audience. Students learned how to handle disappointments when illusions did not work or how to recover after an audience member spoils the illusion. Again, students were given time to rehearse and practice the illusion of their choice for their peers in the small group.

Session 5.

Students reviewed types of magic and famous magicians from the past and present, including Harry Houdini and David Blaine. Students put previous illusions into various categories such as mentalism, street and stage magic. The counselor demonstrated three stage illusions, including the *zombie spoon*, the *mummy*, and the *magic levitation box*. Again, students were given time to explore the illusion, often having to work together by using their peers as assistants.

Session 6.

The final session was billed as performance day. Students briefly reviewed each illusion listed on a dry erase board with the counselor. Students chose which illusion they wanted to practice for the session before giving the rest of the group a final performance. If students chose to they could wear the provided hat and cape and could enlist the powers of their magic wand. Students took turns performing illusions for the group and receiving positive feedback from their audience. At the conclusion of the group students were given the post-test RSE to complete. The counselor also

provided a small bag of rubber bands and ropes for students to keep with their teachers in the classroom to use during free time if they chose to practice some of their illusions.

RESULTS

The results of the RSE pre-test indicated a wide range of responses among the 6 students. Items were investigated independently for student response. In general, the students seemed to highlight responses that would make them appear favorable or seem higher functioning. For each item, the mean response fell on the agreement scale consistent with the direction that would suggest at least a moderate amount of self-esteem.

The RSE post-test results indicate gains in self-esteem when compared to the initial assessment. Students improved on 8 of the 10 scale items. Improvement occurred when the level of agreement scale moved in the numeric direction consistent with higher self-esteem. The statement, "On the whole, I am satisfied with myself," produced a change in mean response from 1.5 to 1.17. With this statement, endorsing a score of 1 indicated strong agreement, 2 indicated agreement, 3 indicated disagreement, and 4 indicated strong disagreement. There was a mean change in response of .33 in the direction that indicated students were more satisfied with themselves after the intervention. There were identical gains and positive changes with the statements "I feel I do not have much to be proud of," and "I feel that I'm a person of worth." The response with the largest improvement in measure of self-esteem was "All in all, I am inclined to think I am a failure." The initial student response of 2.83 increased to

3.5 upon post-test, a mean change of .67 in the direction of increased disagreement with the statement. Gains consistent with improved self-esteem were also recognized for the following statements, "I feel I have a number of good qualities", "I certainly feel useless at times", "I wish I could have more respect for myself", and "I take a positive attitude toward myself." There seemed to be no difference in the aggregate mean for the statement, "I am able to do things as well as most other people." For the statement, "At times I think I am no good at all," students disagreed with a mean of 3.0 and scored a 2.5 at the end of the module. These means indicate a .5 decrease towards agreement with the negative statement.

The tracked behavior progress measures indicated large positive gains on every measure. Behavior measures at the beginning of the magic arts small group showed 120 total boundary violations for the 6 students, a mean of 20 violations per student. In addition, students' misbehaviors and safety required a total of 82 time-outs, a mean of 13.67 per student. During the final week of the intervention only 42 total boundary violations were recorded, with a mean of 7 per student, and only 31 time outs, with a mean of 5.17 per student. These totals indicate a 65% decrease in interpersonal boundary violations and a 62% decrease in the requirement of staff intervening with behavioral interventions.

DISCUSSION

The magic arts small group counseling experience appeared to successfully employ several educational factors and promote key elements critical for

personal/social development and related student growth. The history and research related to the use of magic with students supported the implementation of an exclusively magic-oriented module. While numerous factors or elements were conceptualized, previous research and anecdotal support seemed to consistently highlight the benefits of magic arts with students' self-esteem and self-confidence.

Despite several limitations of the research, the overall outcome of the investigation suggests a clear benefit of using magic arts with students. Results may have been influenced by the fact that students' completed the scale among peers within a group. Although students were told they would not be sharing their responses, sheer proximity to their peers may have influenced their endorsements. Despite this potential "faking good" phenomenon, the pre-test still provided a seemingly valid baseline to compare post-test results.

The results for the statement "At times I think I am no good at all," indicated a regression in the students. One explanation may be the potential confusion endorsing items with negative language. Students may have confused their response to the statement by responding in agreement versus disagreement.

Further limitations are the countless variables that cannot be controlled for, most significantly, the rest of the students' treatment over the course of the 6 week period. Many extraneous variables cannot be ignored, such as students' family involvement, ongoing education, medication adjustments, individual counseling and classroom guidance. These results seem to indicate a clear improvement amongst

these particular students at this particular stage in their growth process. Another obvious limitation is the small sample size and its ability to generalize to larger populations. These results do provide the foundation for further research, the inclusion of a control comparison, and the rationale for more sophisticated analysis.

A first step in future research may be to crystallize the anticipated benefits of the intervention. A magic arts curriculum or module has the potential to incorporate such a variety of lessons and enhancing qualities it is easy to lose site of the intended goal. Future research may investigate the possibility of developing a core curriculum or clearly defined module that can be delivered consistently and reliably by professional educators in order to further validate its effectiveness. The nontraditional, experiential-based growth opportunities magic arts afford can indeed work its magic if delivered by empathic professional educators dedicated to delivering innovative and empirically founded services.

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