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ABSTRACT

There is a high demand in Canada for effective interventions for youth in residential care. These youth often come into care with a variety of issues and experiences in which they have sustained physical, psychological, or emotional injuries. They also come with multiple diagnoses of learning disabilities, ADHD, Conduct Disorder, Post Traumatic Stress Disorder, Attachment Disorder and developmental disabilities. Effective interventions are necessary so that these youth can gain the emotional regulation skills required to express themselves in a creative and socially appropriate manner, as opposed to becoming destructive and acting out their hurt and frustrations through offending and violent behaviours. This thesis asks the question *how does short-term art therapy assess and improve appropriate emotional expression and emotional identification?* The research methodology uses a phenomenological approach and thematic analysis of a single, in-depth, retrospective case study of short-term art therapy. This thesis discusses appropriate and realistic goals of short-term art therapy with this population of adolescents. Despite having several mental health challenges and a history of abuse, the client demonstrated the ability to form an appropriate attachment, to sublimate, and to spontaneously create. Through artistic expression, he also demonstrated an increase in emotional identification and appropriate emotional expression. The limitations of short-term therapy are discussed as well as the indications for child and youth mental health care services to provide longer-term therapy and to make art therapy services more accessible to this population.

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THE INTERNAL COMPASS

“We can not fool ourselves for long about what we are to do. Somewhere deep down in us is stored the secret, and when we are digging in the wrong place, we know it. The secret wants to be discovered and will not let us go in peace a way that is not ours.” – Elizabeth O’Connor, The Eighth Day of Creation

The financial climate of most social services agencies in Canada is one of fiscal constraints and reduced government funding. At the same time there are growing needs to provide short-term, effective treatment services. During my experience with providing art therapy services to some child care agencies in South Western Ontario, a residential treatment agency and a police victims response program, the standard approved time-frame for treatment was 10-12 sessions. Short-term services are very different from long-term psychodynamic treatment. As an Art therapist it is important to research the effectiveness of such an approach, to establish what can be ethically accomplished, and what goals are attainable and reasonable.

I have witnessed some success with the high-risk youth I have worked with. One of my core beliefs is that, like a compass trying to find its true north, everyone intuitively orientates him- or herself towards health and wants to feel better. This is the motivation I see in my clients. No matter how maladaptive their behaviours happen to be functioning in the world, there are reasons for these behaviours. I believe they exist in service of survival. The behaviour can be seen as the needle of the compass that points towards emotional and mental survival. In participating in short-term art therapy these youth have been able to experience a reparative relationship that gives them direct empathy statements, reflective mirroring, and a corrective experience of a caring, and a trusting relationship against a background of multiple traumas.

These young people need effective treatment approaches that are sensitive to how the brain processes traumatic events and the possibilities for reparation through sensory-based art interventions. The non-verbal nature of art therapy appears to be a less threatening approach to some adolescents as compared to verbal therapy. Part of the 'deal' I propose to clients is that they can say as little or as much about their art as they choose. This puts them in control of their communication and the issue of an adult forcing them to talk is taken out of the situation entirely. Permission is also given to the client to create art of his or her own choosing if the art directive provided is not the direction the client needs to go in that day. This enables the client to follow his or her own internal compass and create spontaneous art that may allow expression of his or her most pressing needs. For these reasons, art therapy can be especially useful for clients who have difficulties expressing themselves, have learning disabilities, or have low self-esteem that tends to make them withdraw or act-out. These youth need treatment approaches that can address their most important concerns in an efficient manner so that they can quickly get back to their business of being an adolescent.

Resiliency building is of a primary concern for this population. An Art Therapist who is intimately and empathetically attuned to a client's emotional needs can help him or her to build resilience. Art therapists can also be an important part of a team of caring health professionals.

One of the key findings to emerge from resiliency research to date is the fundamental importance of positive, supportive interpersonal relationships and environments. The presence of at least one caring, supportive adult - whether parent, teacher, relative or friend - is one the strongest protective factors identified in the research (<http://www.embracethefuture.org.au/resiliency/>).

This research paper will explore the benefits of self-growth through the art therapy process in the life of a seventeen-year-old young man with multiple DSM diagnosis, a history of abuse, involvement with the youth justice system and multiple residential placements. Particularly, it will show the increased development of emotional expression, emotional identification and self-worth through art making.

Chapter 1 reviews the relevant literature related to general issues and themes and some of the diagnoses given to adolescents. Definitions of art therapy and phenomenological theory as it relates to art therapy are given. Also included are explanations of spontaneous art, sublimation, brief art therapy, the client-centered approach, the development of children's art and finally art therapy and neuroscience. Literature that addresses art therapy with adolescents, and what issues typically present in art therapy in adolescence are explored. The work of art therapists with young offenders and youth in residential treatment are also discussed.

Chapter 2 defines qualitative research and the phenomenological approach to research. The research design is explained further. It is a retrospective case study that is examined using a thematic analysis. The limitations of this approach are outlined.

Chapter 3 provides an explanation of the research protocol, the research sample and how the data was collected.

Chapter 4 will present the case study including images of the artwork.

Chapter 5 discusses the findings in the case study. The significance of the findings will be related to the information about adolescence and art therapy theory in chapter one.

In Chapter 6 I will conclude and summarize the thesis with the limitations and implications for further research. I will also reflect on the impact that this research may have on the fields of art therapy, residential treatment facilities, and the youth justice system.

CHAPTER 1: ADOLESCENCE AND ART THERAPY

1.1 Theories of Adolescence

a) Themes

Many theorists have proposed theories of adolescence. It is necessary to have an understanding of early and contemporary theories. These will aid the therapist in considering what stage of development the adolescent is currently working at and what is influencing the adolescent's thoughts, feelings and behaviours. Only the theories relevant to this thesis will be discussed here.

Donald Winnicott began his medical career in pediatrics. He went on to study child psychoanalysis after World War I. He was especially influential in the field of object-relations theory. Of particular interest for this thesis are his theories of the true and false self and the transitional object. Adolescents are engaged in the process of forming their own identity through relating with others. Friendships, career choices, and romantic relationships all involve listening to one's own feelings and charting a course that the adolescent feels is congruent with who he or she is, and wants out of life. The period of adolescence may be viewed as a quest for the True Self. Adolescents may discover they have been complying with parental demands throughout their childhood in part or wholly to the detriment of their own needs.

i) The True and False Self

For Winnicott (1960), the *True Self* is a sense of being congruent within one's own mind and body. A person who is connected to his/her True Self experiences feelings that are spontaneous and genuine. This experience of congruence is what allows people to be authentic,

to be close with others, and to be creative. “Only the true self can be creative and only the true self can feel real. Whereas the True Self feels real, the existence of a False Self results in a feeling unreal or a sense of futility” (Winnicott, 1960. p. 148).

The False Self is a result of not good enough mothering by which the early environment did not meet the needs of the infant. Therefore, the infant’s primary caregiver was unable and failed to help the infant develop the self-regulation skills necessary to calm and regulate himself.

Winnicott (1960, as cited in Davis & Wallbridge, 1981, p. 51) surmises the False Self is created when the not good enough mother fails or is unable to recognize and react appropriately to the needs of the infant. Instead she places her own needs first and the infant recognizes that he must meet her need before she will meet his. The compliance of the infant is the first stage of the False Self. The False Self goes on to create false relationships. The infant internalizes his caregiver and becomes like her. The False Self allows the infant to survive his environment through complying with its demands. It does this by hiding the True Self.

ii) Transitional phenomena

Transitional phenomena are an important part in relationship building and making special. Transitional phenomena occur when the infant begins to merge not-me objects into their individual way of being and playing. The transitional object often takes form as a soft blanket, a soother, a cherished toy or doll. It is this first possession that becomes special to the child. Winnicott called this the “first ‘not-me’ possession” and it was understood that this was the beginning of relating and playing. (Davis & Wallbridge. 1981. p. 59) “So the theoretical place of the transitional object is the area of illusion; it is neither “me” nor “not-me. (Davis & Wallbridge. 1981. p. 60) According to Winnicott (1971) transitional objects function by

connecting the space between internal and external control. Transition objects operate as a tangible reminder of a person, feeling, or experience when there is separation. The use of a transitional object shows that an attachment relationship has been formed with the real person, feeling, or experience that the child wants to hold onto. Gifts can be also seen in this illusionary light. The purpose of a gift is to give something of your self to another person as a form of relating and making a special connection.

iii) Object relations

William Ronald Dodds Fairbairn (1899-1964) was a British physician and psychoanalyst. From 1927 to 1935 he lectured at Edinburgh University in psychology, his special subject being adolescence. He held a post at the Clinic for Children and Juveniles where he worked with delinquent and sexually abused children and youth. (Nolan. 2012) His main contribution to psychoanalysis was that children are not pleasure seeking but object seeking and that the libido is adhesive. This means that the child bonds to his or her parents in whatever way the parent relates or interacts. This form of interaction creates patterns of lifelong connections to others.

He was struck by the intensity of their attachment and loyalty to abusive parents; the lack of pleasure and gratification did not at all weaken the bonds. Rather, these children came to seek pain as a form of connection, the preferred form of connection, to others (Mitchell & Black 1995. p. 115).

Later, as the child matures he or she seeks out connections that resonate with their childhood experiences. Mitchell & Black (1995) describe the concept of “chemistry” in human romance and relationships in connection with these early-bonding experiences. They explain that others aren’t desirable because of the pleasure they give but because they resonate with early

attachment patterns of interaction that were established in childhood that formed the basic templates of love.

This theory illustrates the importance in understanding the adaptive or maladaptive formations of friendships and romantic relationship patterns, and the repetition of parenting practices. These patterns can also help child and youth workers and therapists better understand the children and families they work with.

iv) Psychosocial Development

Erik Erikson, a German psychoanalyst was a student of Anna Freud. He created eight stages of psychosocial development. Only the first six will be discussed, as they apply to this thesis. He theorized that at each stage of biological and social development every individual must resolve an essential psychological challenge. Erikson intended these stages to be seen, not in a step-by-step or pyramid fashion but as issues and tensions that get reworked throughout the process of maturation as they continually reference back to each other.

Basic trust vs. Basic mistrust: Erikson theorized that during infancy the major psychological task is to establish a basic sense of trust. When an infant has been fed, comforted, kept warm and safe and emotionally responded to in a good enough manner he or she will likely develop an attitude of trust in his or her caregivers in the world and in herself or himself. This brings about an attitude of hopefulness and is the beginnings of secure attachments. Many things can happen to disrupt this process. A caregiver who is overwhelmed with his or her own stresses such as physical or mental illness, poverty, or domestic violence may fail to instill trusting feelings in the infant. Parents also may have to work and lack social supports; therefore, the

child may be left unsupervised and lack the attention needed to develop a sense of security and trust. (Olfman. 2006. pp. 34-35)

Autonomy vs. Shame and Doubt: When a child is a toddler, between the ages of 18 months and 3 years, the child develops more autonomy and the opportunity to explore his or her will. A child at this stage learns he or she has a greater capacity to be independent and also greater awareness of his or her dependence on others. A caregiver must be encouraging of the child's growing autonomy and independence to feed themselves, choose a toy or climb a hill. At the same time the caregiver must limit the child's will in order to keep him or her safe and teach pro-social skills such as; sharing, no hitting or biting, and eating their food instead of playing with it. Parents who are overly protective, punitive, or at the other extreme, do not protect their child or do not set healthy limits may engender feelings of self-doubt and shame in their child.

Initiative vs. guilt: During preschool years, between ages 3 and 5 years old a child's major task is play and imagination. Children play at mimicking their role models and asserting power and control over their environment. A child's imaginary play and creative expression form an attitude of an ability to creatively shape his or her world. This initiative is rewarded when parents support and encourage healthy exploration and prohibit destructive or violent play. Embarrassment and guilt are the results when a child's self-initiative is discouraged. (Olfman. 2006. pp. 37-38)

Industry vs. inferiority: When most children begin school at age 6-11 years old they are developing in many ways. Their intelligence, physical coordination and social skills advance at a fast rate. Children's needs for relating with their peers and other adults and for being actively engaged in their social world are very important. A child feels a sense of accomplishment and

pride when they can contribute to their family and community in a positive way. Children must be provided with opportunities for industrious activities that build a sense of competence.

(Olfman. 2006. pp. 38-39)

Identity vs. role confusion: The main task of adolescence is to form a sense of identity. All of the psychological milestones and existential needs that have been worked on up until this point go into identity formation. When all goes well; *hopefulness* is embraced in the form of *trust* in one's self, the world, and the adolescent's belief system. *Autonomy* functions in the will to find a personally meaningful path in life. When caregivers supported *initiative* for imaginary and creative play, this exploring evolves into testing out roles that the adolescent will eventually commit to. The adolescent then must apply discipline and hard work to his or her chosen goals. If parents and the community remain supportive and emotionally available, the adolescent's strivings for self-actualization will be satisfied. (Olfman. 2006. p. 39)

Intimacy vs. isolation: Young adults, ages 19-40 years old, who are able to form a strong sense of self are more able to form loving, respectful and intimate relationships. If an identity has not been formed the young person may experience sadness, loneliness, and isolation.

v) Adolescent maturation and the second individuation process

To further the theory on the period of adolescence, Peter Blos, in his book, *On Adolescence* (1962) surmised that adolescents ideally mature in seven major areas. These are not necessarily in the order presented here.

- 1) The adolescent moves from concrete to abstract thinking.
- 2) Judgment and logical thinking are developed.
- 3) Social skills, empathy, altruistic and sexualized feelings become stable.

- 4) Self-image has become firm enough to withstand criticism and stress.
 - 5) A sense of individual identity incorporates successfully a variety of internal and external roles.
 - 6) Comfort with a changed body image frees the youth from obsessing about appearances.
 - 7) A sense of self strong enough to continue to mature with reduced outside assurance.
- (Riley. 1999. p. 31)

Blos (1967) also proposed to view adolescence as the second process of individuation: the first of the individuation processes being complete near the end of the third year. He claimed that: Both periods have in common the vulnerable task of personality organization. Both periods also have the urgency for changes in psychic structure, with the goal being; the thrust towards maturity. Finally, both periods - should they fail – may result in a specific abnormal development (psychopathology) that includes the features of failed individuation. These changes in personality establish consistency of self-esteem and mood that are less dependent on external sources or, at best, dependent on the external sources of one's own choosing.

vi) Internal working model

John Bowlby (1907-1990) was a major contributor to theories of attachment in psychoanalysis. Bowlby (1973) (as cited in Schore, 1994) theorized the first attachment relationships begin at approximately 12 months of age. Mental representations of early interactions with caregivers, such as their characteristics and how the parents make the infant feel are internally constructed. This is what is referred to as an *internal working model*. (Schore. 1994. p. 179) Main, Kaplan and Cassidy (1987) state that the internal working model is a

construction of feelings and thoughts. Kobak and Sceery (1988) add that this construction forms the basis of coping strategies and affect regulation. Schore cites Settlege's et al. (1988) conclusion that the infant internalizes the mother's ability to self-regulate in the first year of life. (Schore. 1994. p. 179) Some adolescents may have an internal working model that lacks affect regulation due to a disruption in their attachment to their mothers/ caregivers. This can result in feelings of not feeling good enough, abandonment, and anxiety about relationships.

vii) Mirroring

Kohut (1971) (cited in Banai, Erez and Mikulincer, Mario and Shaver, Phillip R. (2005) argued that children need caregivers who reflect back to them and engender feelings of acceptance and value. Children need to feel admired for their own qualities as well as their accomplishments. (Banai et al. 2005. p. 227) This forms the foundation of a sense of self that is acceptable and lovable with all its successes and failures. When a child feels as though his or her caregivers do not demonstrate love apart from the child's accomplishments the child will base his or her self-esteem on accomplishments rather than the child's own intrinsic worth as a person. This can develop into the formation of Winnicott's false-self construct, as was referenced earlier.

b) Issues

Adolescents have developmental challenges they strive to resolve so they may graduate into adulthood. For the purposes of discussing adolescent issues, I will first discuss adolescents in general and then those adolescents who have been abused and/or have mental health issues.

i) Adolescents

Hill (1993) and Straus (1994) suggest that most adolescents feel happy, strong, and self-confident, and do not have serious conflicts with their parents. Offer and Sabshin (1984) report

only 20% have problems with social and personal areas and Hill (1993) estimates only one in five families experience frequent disputes (Gil. 1996. p. 6). Janus et al. (1997) proposed only 20% of non-patient adolescents report turmoil severe enough for them to run away from home (Gil. 1996. p. 6).

There are several normal “problems” in dealing with adolescents. Schrodt and Fitzgerald (1987) outline that adolescents may distort time, have an over-invested sense of loyalty to their peers, mistrust adults, be extremely self-conscious, and at times suspend logic. They may also lack motivation for change, lack persistence, and have difficulty verbalizing their emotions. (Gil. 1996. p. 8)

In Winnicott’s (1968) view even when development at the time of puberty goes ahead without major crises, one may need to deal with problems of management because growing up means taking the parent’s place. The unconscious fantasy that accompanies puberty and adolescence *is the death of someone...* in the process of maturing, adolescents learn how to take on a more adult role. This is difficult for parents and guardians. It is also “difficult for the individual adolescents themselves who come with shyness to the murder and triumph that belong to maturation at this crucial stage.” (Davis & Wallbridge. 1981. p. 81)

ii) Adolescents who have been abused and/or have mental health issues

Adolescents who have been abused and have mental health issues have all the challenges of other adolescents *in addition* to those issues that are caused by abuse. An example of the current situation in Canada is reflected in the statistics of children and youth who report abuse. Karen Beattie (2005) wrote that: “In 2003, children and youth under the age of 18 represented 21% of Canada’s population and accounted for 25% of all victims of physical and sexual assaults

reported to police” (Beattie. 2005. p. 68).

Physical assaults out numbered sexual assaults by 3 to 1. This statement should be understood within the broader context of reported and unreported crimes against children and youth. Beattie (2005) notes that youth aged 15-to-17 years old are the least likely to report their victimization to police. “Results from the Victimization surveys, such as the General Social Survey on Victimization (GSS) (1999) indicate that 18% of all victimizations against youth were reported to police” (Beattie. 2005. p. 69). Therefore, we can assume that the rate of abuse against children and youth is higher than reported.

Effective treatments are necessary as abused adolescents develop other complex problems as a result of the abuse. Finkelhor (1995) states that common symptoms of abused adolescents include depression, self-injurious behaviour, running away, and substance abuse. (Gil. 1996. p. 24)

Those who experience mental health issues may have difficulties that significantly impair their functioning in their school, home, peer and familial relationships.

Approximately one in five children and youth in Ontario has a mental health challenge... about 70 per cent of mental health challenges have their onset in childhood and adolescence...The most common mental health issues for children and youth are: anxiety, Attention-Deficit/Hyperactivity Disorder (AD/HD) - also known as Attention Deficit Disorder (ADD), depression, mood disorders, schizophrenia, eating disorders (<http://www.children.gov.on.ca/htdocs/English/topics/specialneeds/mentalhealth/index.aspx>).

Malmquist (1978) is one of the pioneers in the study of adolescent behaviours related to character problems and criminal violence. His proposals will sound familiar to those who work

with abused adolescents. He states that those who are predisposed toward character problems and depression have unresolved conflicts from earlier periods. These individuals have:

- 1) Difficulties expressing attachments and dependency needs.
- 2) Low frustration tolerance when environmental sources are not meeting adolescent demands.
- 3) Difficulties in mastering the anxieties attendant upon the separation-individuation processes.
- 4) Conflict involving striving for autonomy.
- 5) An imbalance between expression and control of aggression or sexuality.
- 6) Developmental arrest, fixations, and conflicts, which relate to differentiating gender identity. (Riley. p. 119).

Malmquist adds that, a large reason for acting out and delinquent behaviours is to relieve the pain caused by depression and low self-esteem. Through these acts they demonstrate their anger and even negative consequences are preferred rather than experiencing the pain of depression. Parry-Jones (1989) outlines depressive symptoms that he calls 'masked depression'. Such symptoms "take the form of restless boredom, poor school performance, somatic symptoms, fatigue, and actions such as reckless driving, promiscuity, drug and alcohol use" (Riley, p.119). Malmquist proposes that "it appears that depression and conduct disorder may occur concomitantly and antisocial behaviour precedes a high proportion of teen suicide." (Riley. p.119)

The issues youth have when there has been trauma and violence is of primary concern for treatment providers and for society. Even when youth who have been exposed to domestic

violence, physical and/ or sexual abuse state adamantly that they do not want to repeat what has been done to them, during their times of frustration they often revert back to their early experiences of modeled behaviour and emotional coping through violence. It is well known that effective treatment of children and youth is necessary to break the cycle of abuse.

Researchers at Yale University (Jenson, 1988) indicate that some 30 percent of individuals who were abused as children transmit the cycle of abusive behaviour from one generation to the next. This 30 percent rate of transmission is certainly worthy of concern; it is six times the rate found in the general population. (Malchiodi. 1990. p. 19)

Some of the issues adolescents have are brought on as a result of their stressful environments of episodic or chronic abuse. Some of these issues result in a diagnosis of mental illness. A definition of these and other terms in this thesis are in the following section.

c) Explanation of DSM-IV and definition of terms

For the purpose of this thesis the term young people/person and adolescent will refer to anyone between 13 and 18 years old. “In Ontario, child and youth mental health services are provided primarily to children and youth from birth to 18 years of age under the authority of the *Child and Family Services Act (CFSA)*” (Ministry of Children and Youth Services. 2006. pp. 5).

The following are some basic descriptions of the issues and mental health diagnosis that will be presented in the case study (Chapter 4) and are important to understand, as many of these are challenges that many young people face in the child and youth mental health system.

“Although research on the prevalence of mental health disorders in Canadian children and youth is limited, studies suggest that 15 to 21 per cent of children and youth are affected by mental

health disorders that cause some significant symptoms or impairment...” (Ministry of Children and Youth Services. 2006. pp. 2)

i) Domestic violence or "Spousal abuse"

Refers to the violence or maltreatment that either a woman or a man may experience at the hands of a romantic partner.

ii) Physical abuse

Physical abuse may be one or more repeated incidents. It includes physically injuring someone, or putting him or her at risk of being injured. This may include beating, hitting, shaking, pushing, choking, biting, burning, kicking, or assaulting with a weapon.

iii) Sexual abuse and exploitation

Includes all types of sexual assault, sexual harassment or sexual maltreatment. Forcing someone to participate in unwanted, unsafe or humiliating sexual activity, or using tactics to try to put down, control or limit their sexuality or reproductive choices is sexual abuse.

iv) Sexual Harassment

Sexual harassment is unwanted or unwelcome sexual behaviour, actions or words. Sexual harassment may include: making rude comments or gestures to cause embarrassment or other behaviours, actions or words that would most likely offend or humiliate. These could be related to a person's gender, sexuality or body parts; and repeated even after the person has been told to stop.

v) Attention Deficit Hyperactivity Disorder (ADHD)

Attention deficit hyperactivity disorder is characterized by problems with attention, hyperactivity, and impulsiveness that develop in childhood and persevere, in some cases into

adulthood. Attention Deficit Disorder often presents itself as selective attention. While a youth with ADHD may have difficulty focusing on a task he or she has limited interest in, more often than not he or she will be able to sustain attention for an extended period of time in the areas of interest.

vi) Conduct Disorder

A child may be diagnosed with Conduct disorder when he or she seriously misbehaves with aggressive or nonaggressive behaviors against people, animals or property that may be characterized as extremely argumentative, destructive, intimidating, physically aggressive, deceitful, noncompliant, or dishonest. Stealing, intentional injury, and forced sexual activity may be included.

vii) Post Traumatic Stress Disorder

PTSD is a type of anxiety disorder. It can be the result of having seen or experienced a distressing event that involved the threat of injury or death.

viii) Attachment Disorder

Children or youth with attachment disorders have difficulty feeling connected or forming secure relationships to others and managing their emotions. Attachment disorders are the result of negative experiences in the early caregiver relationship. If a child feels repeatedly abandoned, isolated, powerless, or uncared for - for whatever reason - they will learn that they can't depend on others and the world is a dangerous and frightening place. This results in a lack of trust and self-worth, a fear of getting close to anyone, anger, and a need to be in control. A child with an attachment disorder feels unsafe and alone.

ix) Intellectual Disability

Intellectual disability includes intellectual deficits, mental retardation, and deficits too mild to qualify as mental retardation, various specific conditions (such as specific learning disabilities), and acquired brain injuries or neurodegenerative diseases like dementia.

Intellectual disabilities may appear at any age and cannot be fixed or resolved with pharmaceuticals or surgery. In some cases the individual may not be able to move beyond their current level of functioning. Specific learning disabilities include Dyslexia and Dyspraxia.

x) Learning disabilities

Learning disabilities refer to a number of disorders, which may affect the acquisition, organization, retention, understanding, or use of verbal or nonverbal information. These disorders affect learning in individuals who otherwise demonstrate at least average intelligence.

A specific learning disability cannot be cured or fixed with pharmaceuticals or surgery.

Nonetheless, an individual with a learning disability may learn in an unconventional way.

Therefore, individuals may need to experiment with different learning strategies that work best for them. As such, learning disabilities are distinct from global intellectual deficiency. Learning disabilities result from impairments in one or more processes related to perceiving, thinking, remembering or learning. These include, but are not limited to: language processing; phonological processing; visual spatial processing; processing speed; memory and attention; and executive functions (e.g. planning and decision-making). *Adopted by the Learning Disabilities Association of Canada January 30, 2002*

Association of Canada January 30, 2002

xi) Tourettes Syndrome

Tourettes Syndrome is a neurological disorder characterized by tics: involuntary, rapid, sudden movements or vocalizations that occur repeatedly in the same way. The cause has not been established and as yet there is no cure. (<http://www.tourette.ca/learn.php>)

xii) Congenital defect

A congenital defect is a problem that is present at birth.

xiii) Self-esteem

Having good self-esteem means liking oneself and having self-respect.

Having given some brief definitions of the issues that will present themselves in Chapter 4, Riley's (1999) sentiments put diagnoses in their place as far as relating to the client as a person in therapy. She states;

Contemporary therapies use an approach that takes the client into full awareness of the process. An open dialogue co-creates a therapeutic relationship that is appealing, particularly to adolescents, and energizes their participation. This cannot be accomplished if the client is seen as 'sick' or a walking DSM IV diagnosis. (Riley. p. 242)

1.2 Art Therapy Theory

a) Define Art Therapy

i) Art Therapy

Art therapy combines visual art and psychotherapy in a creative and self-reflective way using the art in order to gain a deeper understanding of oneself and others. Many thoughts and feelings can be contained in a single image. Images can also hold multiple meanings that are

often difficult to express with words. Art therapy can increase coping skills, enhance cognitive function, resolve inner conflicts, and integrate life experiences that have been previously cut off from awareness or personal acceptance.

ii) The role of the Art Therapist:

The role of the art therapist is to facilitate an environment where the individual can navigate their own course of self-motivated intrapersonal learning, thus strengthening their internal locus of control and motivation, in addition to addressing the needs presented by the client. The art therapist does not offer interpretation, per se, but guides the client through asking questions related to the art object or dialogue, that lead the client to realizing and integrating aspects of the self formerly unknown, unseen or forgotten. There are many different ways to facilitate this process. A phenomenological approach will be emphasized for the purpose of this thesis (see section 1.2, b) i and iv for further explanation).

iii) Conjoint art activities

Conjoint art activities are done with the client and the therapist. These activities can build rapport, ease anxiety, provide a model for the client, and create a metaphor that 'we are working together'. Conjoint art can also break down some measure of hierarchy between the therapist and client, create a shared experience of pleasure and enjoyment, and can enhance awareness about non-verbal communication.

b) Phenomenological theory as it relates to art therapy

i) The Phenomenological approach.

“Phenomenology is a philosophical method aimed at getting at the truth – it aims to achieve clarity of insight and thought while including the subject. It makes a distinction between appearance and essence” (Carpendale. 2009. p. 32). In phenomenological research, it is the participants’ perceptions, feelings, and lived experiences that are most important and are the goal of study. (Introduction to Applied Thematic Analysis. p. 13) As a method applied to art therapy, the artwork and the process of creating the art is the phenomenon to be discovered. In addition, the dialogue of the client in session is also the phenomenon. Other aspects of the phenomenon are the art therapy studio, other group members, and the therapist’s dialogue. (Carpendale. 2009. pp. 32 - 33) There are 5 key concepts of phenomenology that can be applied to art therapy. These concepts are: description, reduction, essence, intentionality, and world. (Carpendale, 2009. p. 33)

Description - refers to describing the phenomenon, not giving an explanation or interpretation.

The intent is to give a clear description of the client, the therapist and the art. Betensky refers to the *pre-intentional* description of, for example, the art. The art is a record of the client’s experience of stress and the reason he or she has sought treatment. (Rubin. 2001. p. 122)

Reduction – also referred to as bracketing out (of assumptions), is the process of recognizing and putting aside one’s assumptions about the client. This may be information from the referral source, the diagnosis, theoretical principles that seem applicable, different professionals’ interpretations of the problem as well as the client’s own assumptions.

Intentionality - When one is intent on what one is looking at, the object of attention begins to

exist more than before. It becomes important. It takes on meaning to explore. The intention here is to explore the existential meaning of life for the individual.

Essence – is the core nature of the phenomenon, without which it would not be what it is (Van Manen, 1990).

World - refers to how the person exists in his or her own personal history/culture, how he or she is in the community, and/or how his or her behaviour functions with others.

ii) Benefits of the phenomenological approach

Braun & Clarke (2006) believe that one of the greatest strengths of qualitative research is the ability to ask questions that are meaningful to participants and to also hear the participants' responses in their own words that reflect their way of thinking.

It is the attitude of the phenomenologist... to cultivate openness to interpretation and a restraint against certainty. The ability to perceive and describe with openness and wonder, the ability to describe without explaining, judging or making assumptions, the ability to look with intention and to consider everything in context and relationship, and to intuitively distill the essence are all important therapeutic qualities. (Carpendale, 2009. p. 39)

According to Betensky, it is also the act of *seeing* that is one of art therapy's most significant gifts to psychotherapy and to phenomenology. It does this in two ways: The first is, that the art produced in art therapy is a direct experience. The second is, the client then sees the art in the present tense. It is at this point that the therapist can assist the client in seeing all that is in the art. (Rubin. 2001)

iii) Limitations of a Phenomenological approach.

Some limitations or weaknesses of the phenomenological approach are that it focuses only on human experience. It may interpret too far beyond what is in the data and it is not necessarily systematic. (Introduction to Applied Thematic Analysis)

iv) The Art Therapist's Role

The role of the Art therapist is to facilitate a process of healthy growth and expanding self-realization through art making. This is done by looking at the art and the clients' way of being in the world through a phenomenological lens. "They aim at helping the client-art maker's to see the essence of their dilemma by making connections to self discovered [[sic] self- discoveries] in their art expressions" (Betensky. 1995. p. 23). The process is focused on the art expression, the art maker/client and the unprejudiced Description. "...all these lend a mode of objectivity, trust, and a safe and warm relationship. Thus the phenomenological approach and method shield both art therapist and client from the vicissitudes of transference-countertransference" (Betensky. 1995. p. 23).

c) Spontaneous art

Part of the agreement that is made with clients is that the therapist will bring in art directives or activities that the client may find useful to address or explore the reason why they came into therapy. Some clients need more structure and guidance especially at the beginning of therapy. Directives are also useful when specific work needs to be done within brief therapy. However, the option is given to engage in spontaneous art, of their own choosing, if they feel that the directive the art therapist has given does not meet their needs that day. Clients are

encouraged to follow their intuition and find the right course of action and artistic expression that suits his or her most predominant needs.

Margaret Naumburg (1973) was one of the pioneers that wrote of “free” or spontaneous art expression used in a clinical setting. She writes:

“ A recreative and cathartic experience can take place when a group shares a dramatic or musical event as audience. But a deeper therapeutic response is obtainable when any of the arts is used actively by a patient as a means of releasing his own unconscious conflicts in some form of individual and original expression.” (Naumburg. 1973. p. 136)

The benefits to spontaneous art are that it allows the client to be in control of their therapeutic process and how deeply they are ready to work.

According to Carpendale (2009) spontaneous art allows the client to choose what to create, what materials to use, and what issues to address. This is an empowering process and is a client-centered approach. An art therapist, who uses a spontaneous approach, maintains the belief that the unconscious is at work in the creative process and that the clients’ issues will be discovered regardless of what is created. This approach demands more spontaneity, trust and belief in the art therapy process from the therapist. The therapist also must believe that the work of healing is the responsibility of the client. (Carpendale. 2009. p. 80)

Spontaneous art allows for individuals to grow and develop a creative strong sense of self in an atmosphere of unconditional acceptance and positive regard. Developing creativity and fostering creative ability builds a sense of self as creator and an attitude to life as a creative challenge. (Carpendale. 2012-2013. p. 31)

i) Spontaneous repetitive play

Play can point to the health or disruption that a child is experiencing. In a short paper for parents, called “ Why Children Play” Winnicott (1942) outlined some functions play serves for the child. These are: aggression, anxiety, self-experiencing, friendship and integration. Play can involve the acting out of aggressive and destructive feelings. A good environment would be able to tolerate the child’s destructive feelings if the feelings are expressed in more or less appropriate manner. (Abram. 2007. pp. 249-250)

The mastering of anxiety is the second aspect of playing Winnicott mentions: The danger of too much anxiety can give rise to “compulsive play, or to repetitive play, or to an exaggerated seeking for the pleasures that belong to play; and if anxiety is too great, play breaks down into pure exploitation of sensual gratification” (Abram. 2007. p. 251).

Of Self-experiencing Winnicott said: “Play is the continuous evidence of creativity, which means aliveness.” (Winnicott. Why Children Play. 1942. p. 144 In Abram, p. 251) “Creativity, aliveness and the sense of feeling real are the hallmarks of the healthy individual.” (Abram. 2007. p. 252) Of Playing and the Unconscious: Winnicott saw playing as the “gateway to the unconscious” (Abram. 2007. p. 252)

The play of an adolescent who regresses into repetitive play that is developmentally characteristic of a younger child may be going back to the time when the trauma occurred or returning to a time when he or she felt safe. This may indicate to the therapist the approximate age of the child when he or she experienced the abuse.

Winnicott saw the preoccupied playing of children as an extension of the use of transitional phenomena, belonging also to the potential space between the individual self and the

environment. (Winnicott, 1981. p. 61) The following are some of the special qualities of playing to which Winnicott attached importance:

1. Preoccupation distinguishes the playing of children. The content of the play is less of a concern of the feature of preoccupation than is the withdrawal or flow-state that is similar to the concentration of older children and adults.
2. In playing, the child takes control over his or her play objects and they become filled with dream meaning and feeling.
3. The development of play starts with “transitional phenomena to playing, and from playing to shared playing, and from this to cultural experiences.”
4. Playing requires trust in the environment and the ability to be alone in the company of someone.
5. Playing involves a body-mind experience. The body manipulates objects and play is directed at areas of emotional interest that also are connected with certain types of bodily sensations. However when there is too much stimulation playing is not possible. “We leave out something vital if we do not remember that the child is not happy when complicated by bodily excitements with their physical climaxes”.
6. Playing is fundamentally pleasurable.
7. Playing comes to an end when the act is no longer desirable, or can not be absorbed into the child’s experiences.
8. Playing is naturally dramatic and unpredictable because of “the interplay in the child’s mind of that which is subjective and that which is objectively perceived”

9. “Children make friends and enemies during play, while they do not easily make friends apart from play” (Winnicott, 1981. p. 62)

An adolescent may regress into the play of a younger child to unconsciously redo some aspect of the past. In this way the adolescent is doing the work of healing. To have this work/ play witnessed by the therapist, in the potential space between them, is a transitional phenomenon. To be responded to empathetically is part of the redoing and healing.

Creativity, within the context of human relationships, permits one’s inner imaginative world to become congruent with the outside, so that each person can shape his destiny. The ability to actually be the artist of one’s social world is contingent on having successfully met the developmental challenges of one’s past. (Rubin. 2001. p. 62)

d) Sublimation

Edith Kramer, an artist, art educator and pioneer in the field of art therapy worked with traumatized children in school and residential treatment programs. She realized those children’s art expressions were a form of sublimation, an act of converting impulses and emotions into images (Malchiodi, 1998. p. 13). Kramer states,

“We saw that the harmony of art is attained through the integration and balance of tensions, never through simple elimination of dissonance. It mirrors a complex balance of inner forces. In psychoanalytic terms this harmony is identified with the process of sublimation.” (Kramer. 1971. p. 67)

This essentially means that energy that may manifest itself in destructive ways can be alternatively directed into creative expression, athletics, intellectual pursuits and so on. We often see this when someone is upset and they direct their energy into one of these areas such as

painting or going for a run.

Kramer (1971) goes on to write that sublimation is one of the most efficient ways to constructively deal with aggressive urges. The potentially destructive power of this energy can be directed away from its original source and displaced onto achievement that is meaningful to the individual and has the potential to be socially productive. (Kramer. 1971)

e) Brief art therapy

The focus in brief therapy depends on the clients' needs. However, some of the primary goals include: Assessment of their ability to express emotions, identify emotions, and express emotions in an appropriate way. The issue(s) of why the client has come to therapy must be clarified as well as establishing some realistic goals. Other goals would be: developing a trusting therapeutic relationship and creating feelings of safety and stabilization, normalizing experiences by teaching psychoeducational material, and enhancing coping skills. The idea is not to engage in deep processing of the trauma, as the client may not be able to work through this material within the limited time frame. Stalker et al., (1999), states that: "Brief therapy is a well-suited treatment modality for the at-risk, adolescent because it emphasizes briefness, clearly defined goals, and the use of interventions." (Degges-White, S., Davis, N. 2011. p. 34).

Shirley Riley has used art therapy in a short-term, solution-focused way, particularly focusing on male adolescents.

Riley states that brief, time-limited therapy is not the right approach for everyone.

Hospital, residential, and day treatment settings can use the solution-focused philosophy (deShazer, 1985; O'Hanlon and Weiner-Davis, 1988; Cade and O'Hanlon, 1993), and narrative therapies (White and Epston, 1990), in addition to their psycho/social and

educational programs, but the time frame will differ depending on the needs of the client and the structure of the facility. Even in these settings for the more seriously disturbed person, there is pressure to help the client as rapidly as possible. (Riley. 1999. p. 240)

f) Client-centered approach

This approach is similar to the person-centered approach developed by Carl Rogers based on empathetic listening, acceptance and the capacity to be honest, open and congruent with the client (Silverstone. 1997. pp. 2-3). An integral part of this approach is the belief that “the person has the capacity to know best” (p. 2), “which empowers the person and helps make them more self-directed” (p. 3). “Person-centered therapy postulates that people (a) are inherently trustworthy (b) have a vast potential for self-understanding, and (c) have a self-directed capacity to resolve their difficulties if they have a genuine accepting, and empathetic environment” (Degges-White, S., Davis, N. Luke. 1997. p. 157). “Sixty years of research has supported the effectiveness of person-centered therapy” (Cain, 2002). “More specifically, Watson (2002) reviewed this extant research and concluded that not only is empathy the strongest predictor of client progress, but that there has not been a single study that also has correlated empathy with a negative outcome” (Luke. 1997. In Degges-White, S., Davis, N. p. 159).

Natalie Rogers, daughter of Carl Rogers, was the first person to integrate person-centered therapy with the expressive arts. In 1984, Natalie Rogers founded the Person-Centered Expressive Therapy Institute in Sonoma, California. Malchiodi (2005) states that although talk is the main mode of communication in person-centered therapy, nonverbal modalities such as music, movement, drawing, painting, poetry, meditation, and imagery can all become potential

modes for communication within the expressive arts (Degges-White & Davis. 2011).

deCarvalho (1999) and Rogers (1993) postulate art therapy and person/client-centered therapy both prioritize creative expression in the process of self-awareness and understanding, as well as facilitates client healing and growth (Degges-White & Davis. 2011).

According to Malchiodi (2005), McNiff (2004) and Rogers (1993) many other shared goals have been identified, including the following:

- The importance of creating a safe, nurturing, and nonjudgmental environment.
- The clinician's responsibility to be an empathic, open, honest, congruent, and deep listener, who conveys acceptance and understanding.
- A trust in the client's innate capacity to reach toward his or her full potential.
- A belief that client's self-awareness, understanding and insight can be achieved by delving deeper into one's thoughts, emotions, and experiences.
- Recognition that the process holds the transformative potential, not the product.
- Self-awareness can be facilitated through action, and thus as an action, creative expression can in turn expand a client's way of being.
- Empathy provides clients an opportunity to empower themselves and discover their unique identity and potential. (Degges-White & Davis. 2011. p. 159)

g) Development of Children's art

Viktor Lowenfeld's (1957) work is most influential on the practice of Developmental Art Therapy. He outlines six stages of artistic development that:

appear to be universal to children throughout the world and are commonalities of image making that are part of every normal child's ability to communicate through art...As with

developmental skills and cognitive abilities, artistic expression is a sequential process.

However, like motor development and cognition, there may be some overlap in age range and drawing skills and most children fluctuate between stages. (Malchiodi. et all, 2003. p. 95)

Malchiodi (1998) also points out that the characteristics and developmental aspects of drawing made by children with learning disabilities can be quite variable. (Malchiodi. 1998. p. 99).

The following paraphrase is based on the work of Lowenfeld et al. (Adapted from Malchiodi (1998) in the Handbook of Art Therapy p. 97.)

Developmental Stages:

Stage 1: The Scribbling Stage, 18 months – 3 years

During this stage the child makes his or her first marks on paper. There is little control over the motions made and the line quality varies greatly. As motor skills improve, scribbles begin to include repeated motions in horizontal or longitudinal lines, circular shapes and assorted dots, marks, and other forms. There is not much conscious use of colour during this stage; drawing is enjoyed for the kinesthetic experience it provides. Children have limited attention span and not much narration in their art product.

Stage 2: Basic Forms, 3-4 years

Children are still scribbling at this age but may also name and invent stories about them. At this stage, the connection between one's marks on paper and the world around him or her occurs. Children want to talk about their drawings. They may identify a scribble as "mommy" only to identify it later as something else. Other configurations emerge at this time, including

mandalas, circular shapes, designs or patterns and combinations of basic forms and shapes such as triangles, circles, crosses, squares and rectangles. These are some of the precursors of human figures and other objects that are milestone of the next stage.

Stage 3: Human forms and beginning schema, 4-6 years

The major milestone at this stage is the emergence of rudimentary human figures. There is still a subjective use of colour, although some children may begin to associate colour in their drawings to the environment (e.g., leaves are green). However, there is no conscious approach to composition. Children may place objects throughout a page without concern for ground line or relationships to size. A figure may float freely across the page, at the top or at the sides and some things may appear upside down because children are not concerned with the direction or the relationship of an object.

Stage 4: Development of a visual schema, 6-9 years

Children rapidly progress in their artistic abilities during this stage. The most significant progression is the development of visual symbols or schema for human figures, animals, houses, trees and other objects from the environment. Many of these symbols are fairly standard, such as a particular way to depict a head with a circle, hairstyles, arms, and legs; or the depiction of a tree with a brown trunk and green top; or even the placement of a yellow sun in the upper corner of the page; and a house with a triangular-pitched roof. Colour is used objectively and sometimes rigidly. There is the development of a baseline (a ground line upon which objects sit) and often a skyline (a blue line across the top of the drawing to indicate the sky). Children also draw see-through or x-ray pictures (such as cut-away images of a house, in which one can see everything) and they attempt the beginning of perspective drawing by placing more distant

objects higher on the page. It is normal at this age to use variations in size to emphasize importance; for example children may depict themselves as bigger than the house or tree in the same drawing, if they wish to emphasize the figure. Or, a child depicting a person throwing a ball may draw a much longer arm than usual.

Stage 5: Realism, 9-12 years

At this stage, children become interested in depicting what they perceive to be realistic elements in their drawings. Also, children try their hand at depth and perspective in their artwork; they no longer draw a simple baseline rather, they draw the ground meeting the sky to create a sense of depth in their piece. Another significant development is that they have more accurate depiction of colour in nature (e.g., leaves can be many different colours rather than just one shade of green), and the human figure is more detailed and differentiated in gender characteristics (e.g., more details in hair, clothing, and build). At this stage children are more literal because they want to achieve a “photographic effect” in their renditions. They may also make drawings of cartoon or comic strip characters in order to imitate an adult-like quality in their pictures. At this stage children have increasing technical abilities and enjoy exploring new materials and can work on more detailed, complicated art expressions.

Stage 6: Adolescence or The period of decision, 12 years and onward

Many children (and adults) never reach this stage of artistic development because they may discontinue drawing or making art at around the age of 10 or 11 due to other interests. However, by age 13, children who have continued to make art or have art training will be able to use perspective more accurately and effectively in their drawings; they will include greater detail

in their work, and have an increased mastery of materials; they will be more attentive to colour and design; finally, they will even be able to create abstract images.

Artistic development is shaped by many factors including emotional, cognitive, social, and physical growth, progression and regression in drawing style may be the result of one or many of these influences. Children who are under a great (*[sic]* deal) of emotional stress because of trauma, loss, or crisis in their lives will often show fluctuations in developmental aspects of their drawings...the content and style of children's art expressions, provide some important information on children's abilities to deal with stressful situations or emotional disturbances. (Malchiodi. 1998. p. 108)

h) Art Therapy and Neuroscience

Recent developments in neuroscience are now drawing scientific attention to and proving what art therapists have intrinsically known for years; the mind-body connection of therapeutic treatment is crucial for healing. That is, it is in 'the doing' and 'experiencing' that a person is able to move, connect, and change, the perceptions of trauma in the brain and body. In this case, art is the medium that facilitates the re-working of trauma in the brain and body.

Achterberg et al (1994), Hass-Cohen (2003), Kaplan (2000) and Lusebrink (2004) recognized art therapy facilitates the expression of mind-body connectivity through the remediation of acute and chronic stress (Hass-Cohen and Carr. 2008).

Most mind-body approaches are intrapersonally orientated. They focus on the remediation of stress and restoring a sympathetic-parasympathetic balance by teaching clients experiential practices. Art therapy differs in that it includes expressive and relational foci. At the same time that art therapists assist clients in reducing the effects of

stressors, they also encourage self-expression and promote a sense of intra/interpersonal connectivity through the therapeutic relationship. The advantages are that clients gain more support for generalizing in the outside world what they have experienced in session. (Hass-Cohen and Carr. 2008. p. 26)

One of the therapist's tasks is to assess at what developmental stage the initial disruption/trauma took place. This impact can be seen through the art when the art materials (e.g. watery paint) cause a client to regress to a developmental level that is younger than his or her current level of artistic and emotional functioning. (This regression can be seen in the following case study). If this regression becomes a repetitive way of working in the art, the therapist recognizes the pattern and this is viewed as an unconscious way of redoing and reworking the client's initial disruption, in the art. The occurrence presented in the artwork might target a time when something significant occurred, perhaps an unresolved disruption, an unconscious developmental conflict, or some sort of trauma, abuse or neglect. An art therapist can gain clues pointing to when the disruption occurred based on the developmental stages of the art (Discussed in 1.2, g). Other clues distinguishing the nature of the disruption are based on the client's behavioural and emotional response reports from caregivers as well as the behavioural use of the art materials in session. In her work with children from Nazi Germany, Kramer (1993) observed in the children's artwork their responses to stress. She saw regression; repetition that told of unresolved conflict; identification with the aggressor in children who identified with Hitler, withdrawal into frozen rigidity, and the capacity for creative expression surviving under difficulties. To speak of this in terms of neuroscience, Bruce Perry (2002) describes the effect on the parts of the brain that mediate language, social skills, and attachment when a child is

neglected. Due to the child having less opportunity to relate to others, hearing fewer words and receiving less love and physical affection the brain does not receive enough patterned, repetitive activity to develop normally. Perry (2002), Smith & Fong (2004) state the consequence is a neglect-related set of deficits. The deficit will be in the domains where the neglect occurred (Perry. 2002. p. 37).

Art therapy accesses the sensory part of the brain - the brainstem - where the trauma first originated. Through the repetition of positive sensory experiences and a secure empathetic therapeutic relationship the therapist gradually facilitates the process of putting words to the feelings. This process allows the client to begin to heal both his mind and his body. Perry (2002) speaks to why this process is so important when he states:

“Due to the orchestrating and communicating rules of the brainstem’s stress response neural systems, any efforts to treat symptoms related to higher parts of the brain without first regulating the brainstem will be inefficient or unsuccessful” (Perry. 2002. p. 37).

“All the best cognitive-behavioural, insight-orientated, or even affect-based interventions will fail if the brainstem is poorly regulated” (Perry. 2002. p. 39).

Baumeister and Vohn (2004) state that the ability to regulate emotions comes from the connections between subcortical, limbic and cortical brain activity. Hass-Cohen and Carr (2008) propose that art therapy practices are one of a kind in that they provide an opportunity for expression of emotions and the practicing of emotional regulation. Colors and textures easily stimulate affective memories that are stored in the limbic system. At the same time purposeful art-making provides a here and now opportunity to express, understand and integrate emotional reactions.” (Hass-Cohen and Carr. 2008. p. 31)

Perry (2002) stresses, repetition is fundamental to changing the brain's patterns of operating. For this reason, long-term treatment is indicated with children and youth who have been abused and/or neglected. He determines that children who have been neglected can change. However, the process is long, and it requires patience and an understanding of development. It is often true that these children age but do not pass through the regular developmental stages at the same pace as their peers. Therapy must therefore, be developmentally appropriate, but not completely age-appropriate. This is a major challenge, as these children get older. (Perry. 2002. p. 37)

It is the plasticity of the brain that allows the brain to change through repetition. McEwen and Lasley (2002) define brain plasticity as the ability of the brain to strengthen, renew and, to a certain degree, rewire to compensate for developmental, learning and traumatic brain deficits (Hass-Cohen and Carr. 2008). Kandel (1998) and May and Gaser (2006) state although it was once thought that brain plasticity was limited to early development there is now a growing body of evidence that it is an experience-dependent adult phenomenon (Hass-Cohen and Carr. 2008). May and Gaser (2006) report an encouraging finding of magnetic resonance-based measurements; that is, the discovery of the brain's ability to alter its shape within weeks, reflecting its structural adaptation to physical and mental activity (Hass-Cohen and Carr. 2008). "Perhaps the repeated practices involved in making art and consistently communicating with others through art forms may have similar, positive effects" (Hass-Cohen and Carr. 2008. p. 30).

i) Attachment

Ahlander (2002) and Perry (1996) point out that the focus of intervention should be preventing and treating severe child abuse and neglect, both of which can result in lack of brain

stimulation that can result in death of the neurons (Hass-Cohen & Carr. 2008. p. 29). Perry (1997) explains that the neurobiological consequences of childhood physical, emotional and cognitive abuse and neglect often contributes to lasting internal feelings of fear that can lead to committing violent acts against others later in life and/or to becoming victims of violence. (Hass-Cohen & Carr. p. 29)

Neurophysiology helps to explain the brain process that takes place during art therapy. Goleman (1996) explains a set of connected structures in the limbic centre of the brain that work together to develop social and emotional intelligence. This is located in the right hemisphere. Located in the forebrain, the amygdala, is essential for emotional response and emotional memory, and it also responds to threats or impulses. It is speculated that anger may first spark in the amygdala. Gerhardt (2004) speculates that more developed forms of anger, such as sadness, shame and guilt are stored in the orbitofrontal area. Important in both learning and memory as well as regulation of emotions, and linking words to feelings is a structure of the subcortex called the hippocampus. (Liebmann. 2008. p. 90)

ii) Trauma

Art therapy may help the two hemispheres of the brain to communicate. Not being able to communicate emotional experiences is often the reason for angry behaviour. Schore (1994) explains that, in the left-brain, lack of development and trauma in the limbic area can block information between the two hemispheres. This prevents emotional experience being expressed in language. It is this process that stalls in post-traumatic stress disorder (PTSD). Art therapy first addresses this by using creative process to stimulate the right hemisphere of the brain. Second, the process of therapy then facilitates connections to language and long-term memory in

the left hemisphere. Art therapy participants are then able to identify feelings and express them appropriately. (Liebmann 2008. p. 90)

1.3 Art Therapy and Adolescence

a) Issues of adolescence

Many of the presenting problems with which these adolescents enter therapy are crisis-orientated. Depression, self-harming, suicidal ideation, truancy from school, abuse, aggression, legal issues or family and /or social difficulties are a few examples of the adolescent crises that can provoke the need for therapy. A therapist's duty is to attend to the adolescent's immediate complaints primarily, while keeping in mind other factors that may be influencing the client's life, such as unconscious material, object relations, or family dynamics that may be playing a part in the current crisis. (Riley. 1999. p. 240)

Cathy Malchiodi (1990) outlines some common themes she observed in, *Breaking the Silence. Art Therapy with Children from Violent Homes*. These are: need for nurturance, generalized anxiety and fear, withdrawal/depression, aggression, regression, low self esteem, and post-traumatic stress disorder. (Malchiodi. 1990. pp. 24-48)

Bruce Moon cites six recurrent features in adolescent art therapy: "identity, confusion, risk-taking, suicidality, self-loathing, intense anger, fear of abandonment" (Moon. 1998. p.153).

b) Offenders

While reviewing the literature of other Art therapists such as Marian Liebmann I was encouraged to find many common experiences of working with this at-risk population. While on the one hand they are difficult to understand, due to their (at times) aggressive and anti-social

behaviour, at other times they can be open, vulnerable and able to interact in a very genuine and real way. Liebmann (1994) reasserts what I have found and hoped for myself: That individual work is most effective because on their own offenders drop their 'tough act' and they feel safe to show emotion within the limits of confidentiality. Showing fear within young offender institutions can make an inmate a target. By giving the young person a place to express his or her feelings, there is an opportunity to reduce the hurt and pain that is beneath the angry behaviour. This can result in decreasing the offending behaviour. (Liebmann. 1994. p. 90)

During her first year at the Toronto Art Therapy Institute Carol Burpee interned at the community-based Day Treatment Programme at Dellcrest Youth Services in Toronto, Ontario. A Youth Court Judge enrolls male youth who are around sixteen years old. These adolescents live in the residential settings and attend the on-site school during their stay. Nearing the end of her time there, Burpee proposed a group of youth create a mural with the intention of creating a bridge to allow for the separation and closure of her leaving the agency. Her other goal was to provide an opportunity for the teens to work positively together with their peers and adult supervisors. She also wanted them to be role models for other youth. Finally, she hoped that this activity would increase self-esteem. The mural was a success with 5 out of 7 youth participating. Many individual benefits were experienced among the youth involved. The boys took pride in their work and received much praise from their peers and the staff. This activity opened opportunities for dialogue between the artists and the staff. Also, because of his participation in the mural one youth who was especially talented in art received an "independent art study" credit, toured an art school and then decided he would like to pursue art education beyond high school.

Burpee (1993) experienced art therapy as a crucial element in programmes such as these. On a short-term basis, it is difficult for young offenders to make significant changes to their situations. Minimally, art therapy can offer them a safe and supporting place where they can express themselves. This may be an entirely new experience for them. (Burpee. 1993. p.14)

Hannah Godfrey is another art therapist who has worked with adolescent and adult offenders who are on probation in the community. She provided art psychotherapy services, alongside a multidisciplinary team that also provided drug treatment, housing, and employment advice, restorative justice, education and mentoring to troubled teens. Her role was to help those clients who found verbal expression difficult and who thought they would benefit from another form of self-expression. Many of Godfrey's descriptions in Chapter 6 of *Art Therapy and Anger* edited by Marian Liebmann are familiar to those who work with young offenders. In particular Godfrey (2008) cites Rycroft (1995) when she writes about offending as a form of acting out. Godfrey writes: "The individual engages in activities which could be substitute for recalling and re-experiencing past events." Godfrey (2008) states this often occurs when clients cannot, for whatever reason, put words to their experiences. The acting out is motivated by a desire to have their pain acknowledged and understood by others and a desire to comprehend the past. In many cases there is an accumulation of issues, on top of trauma there may be issues such as homelessness and drug or alcohol misuse. Other reasons for offending may be an attempt to control external objects as a rejection against their feelings of powerlessness (Godfrey. 2008). Rycroft (1995) proposes that acting out is a 'replacement of thought by action'. This is an accurate explanation for "angry, destructive and violent offenses being a replacement or sublimation of thoughts about past trauma, conflict and abuse" (Liebmann. 2008. p. 105).

Rycroft explains the urge as being “...too intense to be dischargeable in words” (Rycroft. 1995. p.2), therefore, supporting art-making is a valuable kind of self-expression.” (Liebmann. 2008. p. 105)

c) Residential treatment

Pittman (2008) cites Zulueta (1996) who points out that violent offenses often come from trauma, loss, neglect or abuse. They are frequently the product of acting out feelings of anger that inhibit the individual’s ability to sustain fulfilling relationships. Zulueta (1993) theorizes that to protect against loss of love many youth split-off feelings. This is important in understanding human violence. (Liebmann. 2008. p. 98) Pittam (2008) describes that, during childhood, emotional neglect prevents the growth of empathy and restricts social skills. Neurophysiology research explains emotional attachment is a fundamental part of brain development. Art therapy helps to put right this process. (Liebmann. 2008. p. 87)

As Goldeman states (1996) drawing itself is therapeutic. It can be the start of mastering one’s trauma and, ‘Even the most deeply planted habits of the heart learned in childhood can be reshaped. Emotional learning is life-long.’ (Liebmann. 2008. p. 90)

1.4 Chapter Summary

This chapter began with an overview of some theories of adolescence. Next came a discussion of the themes of this stage of development, including both the general issues of adolescence and the issues of adolescents who have been abused or have mental health issues. An explanation of some DSM-IV diagnoses and definition of terms followed. Art therapy theory was then discussed. Specifically discussed were concepts such as phenomenological theory as it

relates to art therapy, spontaneous art, sublimation, brief art therapy, the client-centered approach, the development of children's art and art therapy and neuroscience. Finally, there is a review of some of the work that has been done by other art therapists with adolescents, young offenders and youth living in residential treatment. This overview of theories shows the challenges faced by troubled adolescents and how art therapy can be an effective treatment approach. Chapter 2 will describe the methodology used to explore the research question.

CHAPTER 2: METHODOLOGY

2.1 Qualitative Research

To begin, it is important to understand qualitative research. Qualitative researchers observe phenomenon in the world. In order to make sense of and interpret what qualitative researchers do, Denzin and Lincoln state that: ‘They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self.’ Art Therapists create and study representations/conversations/recordings in art and art processes in order to meaningfully understand the world around them and the world within themselves. For an art therapist, then, it is important to add that research may take the form of case studies, historical and archival research, social research and art based research. (Gilroy. 2006. p. 93)

Denzin and Lincoln go on to say:

At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them. (Introduction to Applied Thematic Analysis. 2005. p. 3)

There is much strength to the qualitative research method. It fits well with the retrospective single-case analysis that will be presented in chapter five. Qualitative research allows for a more in-depth, exploratory, and open-ended understanding of the client’s life experiences. It also provides an honest assessment of the art therapy process as well as the feelings that cause the troubling behaviour of the client. Qualitative research is ‘useful for

describing complex phenomena, and it can describe in rich detail phenomena as they are situated and embedded in local contexts (Strengths and Weaknesses of Qualitative Research).

One limitation of qualitative research is that it allows for subjectivity, (Kapitan. 2010. p. 16) however, the bracketing out of assumptions in the phenomenological process serves to name research bias and its effects. A limitation more relevant to this study is that the study group may not represent the larger population and therefore it is difficult to make quantitative predictions; that is, the benefits of one intervention with a client may not be the identical benefits experienced by another client.

2.2 Research Approach

In this thesis the methodology used will be a retrospective case study (Schaverien. 1993) described phenomenologically (Van Manen. 1990.). It is analyzed with a selecting approach to thematic analysis (Van Manen. 1990).

The art therapy approach used was a short-term, brief model of therapy, as well as a client-centered approach. The client was encouraged to speak about his art and the therapist used phenomenological inquiries, with the purpose of drawing out the client's awareness of the metaphorical and symbolic meanings within his stories and artwork. The client was always given the choice to say as much or as little about his artwork as he wished. Both directives and spontaneous art were used as treatment modalities.

The phenomenological approach distills the essence of the client's experience, as part of the process is the phenomenological description which focus is on the observed data. In this way phenomenology also helps to discover the answer to the thesis question: How does short-term art therapy assess and improve appropriate emotional expression and emotional identification?

“Phenomenology aims at gaining a deeper understanding of the nature or meaning of our everyday experiences. Phenomenology asks, ‘What is this or that kind of experience like?’ It differs from almost every other science in that it attempts to gain insightful descriptions of the way we experience the world pre-reflectively...” (Van Manen. 1990. p. 9)

Van Manen (1990) identifies three approaches to thematic analysis: wholistic, selective, and detailed. The selective, also called *the highlighting approach* will be used to select key phrases from the text. The key phrases are the themes of the therapeutic work.

2.3 Research Design

a) A Retrospective Case Study

A retrospective case study is a method of qualitative research that simply means to look at a case that occurred in the past. “Case studies and some art historical methods can be linked as they explore developmental processes over time and require detailed documentation and investigation of making and meaning” (Gilroy. 2006. p. 93).

Four criteria were established for selecting this case to be included in this study. They were: 1) Brief art therapy, 2) assessing emotional development, 3) enhancing emotional expression, and 4) enhancing emotional identification. This case study provides a retrospective profile of an adolescent male service user and examines the value of what can be achieved through ten sessions of art therapy. “Case study research that draws on visual methods enhances its validity because artworks triangulate with texts of various kinds. Triangulation refers to the use of data from different sources, gathered through different methods” (Gilroy. 2006. p. 100). A better understanding of this population through individual stories and multiple case studies

could assist art therapists with designing appropriate intervention programs for high-risk youth. Gilroy states, “Case studies describing work with people from the same population, with similar problems and using the same clinical approach contribute to the cumulative evidence base of the discipline and form the bedrock of all forms of clinical research” (Gilroy. 2006. p. 100).

b) The limitations of a retrospective case study analyzed thematically

Gilroy (2006) points out that the validity of all case-study research is internal, that is what is true only to that particular case or client. Therefore the findings cannot be generalized to other populations and settings. Due to the individualized results case studies lack external validity.

Similarly, Braun & Clarke (2006) state that, “any theoretical framework carries with it a number of assumptions about the nature of the data, what they represent in terms of “the world”, “reality”, and so forth. A good thematic analysis will make this transparent” (Braun & Clarke. 2006. pp. 77-101).

2.4 Chapter Summary

This chapter outlined qualitative research as it applies to the research question. The research approach, methodology and design are described. A definition of a retrospective case study is provided, along with the benefits and limitations of this approach. Chapter 3 will discuss the steps that were involved in the research.

CHAPTER 3: RESEARCH PROTOCOL

3.1 Research Protocol

a) Collecting the Research Sample:

The participant was recruited through an Art Therapy pilot project that was conducted within a residential treatment facility setting. These youth are high-risk young offenders who typically have experienced multiple traumas. Many of these teens have also been involved with the Youth Criminal Justice System and they usually have at least one DSM diagnosis. Primary workers filled out a referral form that detailed what the youth's issues and strengths were and why they felt they would be a good fit for art therapy.

There were no exclusions for the purposes of the pilot project. The only criterion was that the youth had to be a resident of the facility and be open to participating in art therapy and not participating in art therapy with another outside service provider. The client (whose case will be described in this paper) was a seventeen-year-old male and was a participant in the pilot project. Sessions were conducted at the residential treatment facility and a local childcare agency.

- i) A proposal was submitted to the Program Director of the residential treatment facility.
- ii) Referrals were made by the Primary Child and Youth workers.
- iii) Both the participant and his legal guardians signed consents. (Appendix A)
- iv) Intake information was collected from the files at the treatment facility, as well as from conversations with Primary workers, Program Managers and Social workers.

- v) Limits of confidentiality were reviewed with the participant. To protect the identity of the client in this study his name has been changed as well as any identifiable features. Locations and the agencies involved are not named or described.
- vi) A request for ethical review from the Research Ethics Committee for research involving a human subject was completed in concordance with the standards of the Kutenai Art Therapy Institute. This was done after the treatment had concluded and it was decided that a retrospective case study would be done on this client.

b) Collecting the Data:

The process of collecting the data must be repeatable and ethical. The following is the list of steps involved in the process.

- i) The sessions were conducted once a week for 60 minutes in length. There was a total of 10 sessions.
- ii) The first two sessions at the residential treatment facility were held in the resident's dining room. The room was large, approximately 15 feet x 15 feet. Two long tables that stretched end to end down the length of the room provided ample space to spread the variety of paints, markers, pencil crayons, different sized and coloured papers, graphite drawing pencils, cloth, pipe cleaners among other supplies. Two windows at the end of the room provided some natural light with the florescent ceiling lights providing the rest. The room was sparse with light cream coloured walls. There were no pictures or decorations. This room was also often used as a 'cool-down' room for youth who became highly aggressive and destructive when agitated. One reason for the lack of decoration was to limit objects that may become victim to the youth's

- destructive impulses. The third session at the child-care agency was conducted in the playroom. This room proved to be too small for us as the tables and chairs were meant for small children and the client was seventeen and approximately 6 feet tall and 200 pounds. A more appropriate room was found and the rest of the sessions were held in a much larger room, approximately 30 feet x 20 feet with a couple round tables, a white board, a sink, small fridge, and countertop, some cupboards for storage and a flip chart. There were no windows and florescent ceiling lights provided the light.
- iii) The intern used a client-centered approach, which allowed the client choice in art making, in choosing art materials, and to say as much or as little as he chose about his art. The client also had the right to pass on a suggested activity if he thought that it was not the direction he needed to go in that day. This ability to choose allowed for the client permission to follow his internal compass and create spontaneous art that could allow for a more authentic expression.
- iv) At the end of each session notes were taken, recording any significant comments the client made about his day, how he was feeling, his art making process and his art. Descriptions of his affect, body language, use and choice of art materials were also recorded.
- v) The artwork images were photographed on a digital camera and then copied onto the researchers' computer.

3.2 Analysis of the Findings

Once the data in the case notes, the art and the therapist personal/supervision notes was collected it was restructured using a phenomenological approach and analyzed thematically.

- i) Once the data had been collected, pre-reflective phenomenological descriptions of the sessions, the artwork and the therapist's supervision notes were all used to help interpret and write the case study.
- ii) The phenomenological descriptions of the data from the sessions and the artwork were gone over with a selecting approach to thematic analysis. The goal of thematic analysis is to discover recurring themes in the data by repetitively reviewing it.
- iii) To accomplish this in a systematic way a chart was created for each session, based on the goals for treatment, with the three categories of: Artwork and Metaphor, Expression of Emotion and Appropriate Expression. The data was then sorted into these categories.
- iv) From the three categories, four major themes and several sub themes were identified. These themes were then highlighted and analyzed further to synthesize the results. These findings are identified and discussed in Chapter five.

3.3 Ethical considerations

This study involved a human subject. Therefore consideration was given to ensure that the research was conducted in an ethical and respectful way of the individual's rights, freedoms and dignity. All files and artwork were kept in a locked cabinet. Only the researcher and the researcher's supervisor had access to these files to ensure confidentiality. The participant and his

legal guardian had agreed he would participate in ten therapy sessions but he was informed that he could withdraw at anytime, if he wished.

3.4 Limitations of the research

One research limitation was that not all the artwork made in session was photographed and analyzed. Missing photographs were the red mask from session two, the pipe cleaner magnifying glass and bingo dauber and marker prints from the last session. Also, when the researcher initially recorded the session notes it was not for the purpose of doing research. This may limit some of the findings because more detailed notes that often accompany research may have resulted in more data.

3.5 Chapter Summary

This chapter outlined the steps for recreating the research, as well as the limitations and the ethical considerations involved. The next chapter presents the data in the format of a phenomenological review of a case study.

CHAPTER 4: THE CASE STUDY

This case study examines fifteen works of art ranging over ten sessions. I have chosen this sample of artwork to illustrate the repetition of themes, the issues and presenting problems. For the purpose of this case study I will refer to the client as Barnard. The name Barnard means “brave bear”. I have chosen this name because it’s meaning illustrates a specific, powerful piece of art and storytelling that reflects this young man’s journey of self-exploration.

4.1 A Phenomenological Approach to Case Study

a) Description

Barnard was a seventeen-year-old Caucasian youth with blonde hair and fair skin. He stood approximately 6 feet tall and weighed about 200 pounds. He presented as timid and shy. He appeared to hide behind his long black trench coat and his dyed black hair with his blonde roots growing out. The black paint on his fingernails was chipping off half way down to his cuticles and he stood with his shoulders slightly curved inward toward his chest and downward toward the ground. His gaze diverted to the side after a brief moment of eye contact upon greeting hello. His eyes would glance back at me again, quickly, but only for a moment before he looked at the floor or at the or at the empty space between a distant wall and where we were standing.

b) Context/ Setting

Barnard’s sessions first began at the residential treatment facility where he was living at the time. Barnard was actually referred for treatment in March but due to being AWOL (absent without leave), treatment did not start until May. He attended two sessions, and, during his

second session he announced that it would be his last as he was moving onto another group home. Due to my involvement with the agency that Barnard was under the care of, arrangements were made to continue meeting with him for another eight sessions.

c) Reduction, Bracketing out

The underlying reasons for his referral were: a history of abuse with his father, which he had not spoken to anyone about, his difficult relationship with his mother and his aggressive and intimidating behaviours toward people in general.

Barnard had been diagnosed with attention deficit hyperactivity disorder (ADHD), conduct disorder, post traumatic stress disorder (PTSD), attachment disorder, learning and intellectual disabilities and Tourettes syndrome.

Barnard also had significant legal issues that involved assault with a weapon, possession of a weapon without a license, car theft, and failure to comply with his recognizance and probation.

d) Being in the World

Barnard's Tourettes manifests itself as clicking noises. Barnard also had a congenital defect that resulted in facial abnormalities as well as damage from physical abuse that resulted in complications from a broken jaw he received as a result of his fathers' physical abuse. During the course of our sessions, he was scheduled to undergo surgery in which he anticipated that his jaw would have to be wired shut.

Barnard engaged in self-destructive behaviours and had a history of two suicide attempts. Approximately a year before his art therapy sessions began, while he was at the group home, he

put a belt around his neck and pulled it tight. Staff discovered him in his room when they heard gagging noises and they quickly intervened, cutting the belt loose. It was Barnard's mother, who decided to place Barnard in a group home when he tried to cut his throat three or four years prior to the last described suicide attempt.

Family History: Barnard's experience of the world was that his parents moved to Canada when he was about two or three years old. His father was physically abusive. Barnard's father was deported after he held Barnard and his mother, at gunpoint when Barnard was twelve. Prior to this incident there been an investigation of allegations that Barnard was a victim of sexual abuse. Barnard was exposed to inappropriate sexual content as a child (pornography and his mother also reported that Barnard's father has masturbated in front of Barnard). There was also the suspicion of other possible sexual abuse. After his father was deported his mother and Barnard lived on their own. She had few friends or family living her city. She reported that she felt embarrassed around her friends because Barnard often made weird sounds and false allegations against his mother when her friends were around. Barnard was placed in care due to inadequate supervision, inconsistent parenting, poor mother-child relations, and the difficulty his mother experienced in managing Barnard's acting out and intimidating behaviours. His mother stated that Barnard had pushed her but he denied this. He had experienced a number out of home and school placements.

Barnard had been known to have disruptive classroom and schoolyard behaviour, low achievement, problems with teacher relations and truancy. He had few or no positive social acquaintances and friends. He used marijuana occasionally and smokes cigarettes. He was not involved in any organized sports or recreational activities. He could be physically aggressive

and had been reported to have an inflated self-esteem and lack of remorse.

This writer never experienced Barnard exhibit these behaviours, his demeanor was pleasant, playful and pro-social in the therapy room. For a period of time Barnard was considered to be a high risk and high needs client by the child care agency and the group homes where he lived due to his history of running away and physical aggression.

During a period of time at home Barnard used huge amounts of food and was not attending school on Friday's. He was once suspended from high school for swearing at the vice principal. At the time of Barnard's discharge from one of the children's treatment centers Barnard's mother said that she did not wish to speak or see him because she felt that Barnard had betrayed her by stealing from her. Barnard felt like his mother had abandoned him. Her contact with him had been sporadic through the years. After the discharge from the children's treatment center Barnard did stay with his mother. Their relationship continued to be strained and on one occasion Barnard took a knife and repeatedly pretended to stab himself saying, later, that he had done this because he wanted his mother to say, "I love you".

During the therapy sessions he presented as open, pleasant and talkative. Barnard appeared to be a person who enjoyed drawing and he had creative potential but was hesitant at times to let himself this fully express his creativity. He was seen as a person who was playful and hopeful. He seemed to want to relate as well as to be appreciated and valued for his sense of humor and his caring nature. He seemed to earnestly want to find happiness in meaningful relationships. He was reported, by staff, to be a person who had a good sense of humour, who worked well with staff and who possessed a good attitude. Barnard enjoyed video games and going to the beach. He is also described as intelligent and empathetic.

Although this writer had read his file containing his multiple diagnosis and criminal charges a point was made to forget these things and not relate to them but to him, as a person.

e) Intentionally

i) The client's Intention:

Barnard was referred to art therapy because the group home was concerned about him drawing violent imagery. Barnard also enjoyed drawing, in general, and it was viewed by his group home staff and this writer that his ability to sublimate his feelings through drawing was a strength. Barnard expressed an interest in learning more about himself and his motivations for doing things that were troubling him. Upon meeting and discussing our numerous goals in combination with our limited time together it was collaboratively decided that Barnard's eight sessions at the child-care agency would focus on the identification of emotions and the appropriate expression of emotions. Working towards these goals would aid Barnard in areas of his life in which he was having difficulty expressing himself appropriately, including his interactions with his teachers, his mother, his group home workers, and, finally, his peers.

Barnard was on time if not early for every session. He was concerned that he would be late and was very respectful and conscientious in this regard. He checked-in with the therapist to ensure he was on time and that she had not been put out by waiting for him. During the course of therapy Barnard was open to trying new things, new materials, and new ways of working with art and with a therapist.

ii) The art therapist's Intention:

It was the art therapist's intention to be accepting of whatever was brought forth in therapy. In other words, to maintain an attitude of unconditional positive regard for Barnard and

what he said and to not judge him regardless of what was revealed in our sessions.

Other intentions were:

- To nurture the client's ability to create, to symbolize, to use metaphor and to work with and increase his style and comfort with creative and emotional expression.
- To facilitate through phenomenological inquiry the client's ability to verbalize and identify his emotions.
- To create a space where these emotions could be expressed in an appropriate manner as opposed to acting out in anti-social ways.

iii) Treatment Plan

The treatment plan involved presenting Barnard with art activities that would first provide a baseline of his ability to identify his emotions. Then, directives and spontaneous art would address his individual needs for self-expression, emotional identification and appropriate expression of his emotions both in art and in behaviours outside of his artistic expressions.

f) Essence - art work - the therapy

i) Session # 1 & 2 at group home

Barnard used his first session to begin to tell about himself. He came in and sat down. After the consents had been explained and signed Barnard began to draw. While he drew he listed significant details in his history. In a 'grocery-list' fashion without much affect he told this writer that his father had broken his nose at age four and he had to have a steel plate surgically implanted into his nose along with plastic surgery. Barnard stated he had tried to kill himself. He stated that he had done this when this mother had sent him to the group home but he had not thought of it since. He told of firing his psychiatrist because Barnard felt he was unprofessional

and expressed his aggressive fantasy to send his psychiatrist to war to be killed. Barnard also helped the art therapy intern complete a genogram during the intake process.

For his first work of art he drew a cartoon man, highly armed with lethal weapons and large feet in boots with thick rugged soles. The character's uniform has shoulder epaulettes and a long flowing cape attached at the shoulders. Two weapons are strapped to his legs, another hanging from his belt. He is holding two different high-powered guns, one in each hand. The character's head is the smallest feature in proportion to the rest of his body, his gaze is looking straight ahead, and the corners of his mouth are turned upward. He appears to be prepared for dangerous situations – ready to attack or defend. There is no ground line or background. While drawing Barnard stated he was a perfectionist and did a lot of erasing and redrawing.



Figure 1: Human Figure Drawing: The Superhero

He also made what he identified was a “pixie”, out of soft pipe cleaners. The body and wings or arms were made from light pink pipe cleaner that was twisted around the other pipe cleaners that connect the head and legs. The legs are black. The neck and head are white with a bit of black pipe cleaner showing at the tip of the head. He stated, when he was younger, he used to make things out of pipe cleaners a lot. He gave the pixie as a gift to the intern at the end of session and offered to help clean up.



Figure 2: Pipe Cleaner 'Pixie'

| Art and Metaphor | Expression of Emotion | Appropriate Expression |
|------------------------------------|---|---|
| Metaphor of “superhero powers” | Desire for power and control, need for protection, need to protect. | Drawing of a strong capable male with extraordinary powers |
| Weapons to defend | Fear, hurt | - Story telling of personal history of being attacked. - Sublimating through drawing |
| Weapons to attack | Aggression | - Story telling of personal history of being attacked. - Sublimating through drawing |
| Erasing and redrawing of superhero | Anxiety | Creative expression, drawing |
| Erasing and redrawing superhero | Feeling not good enough, wishing to be perfect Fears of abandonment And rejection | Storytelling - His mother sending him to the group home because of his behaviour. Stating he is a “perfectionist”* |
| Gift giving of a soft “pixie”* | Desire to connect | - Creative expression, storytelling of memories from an earlier time, regression in art making |

The second session was also Barnard’s last, until further arrangements were made with his social worker, as he was moving onto another group home. Initially, he wanted to create a cloth vest with lots of pockets to hide things in. Due to time constraints Barnard decided to create a mask from red stretchy cloth. (No image available). This piece had significant meaning as Barnard was scheduled to have surgery on his jaw in the upcoming weeks. The process involved the intern making measurements of Barnard’s face and head, which was thought to be significant and voiced to Barnard because this mimicked some preparations that had taken place for

Barnard's surgery. This opened up discussion about some anxiety Barnard was feeling about the unknowns of his surgery, the stitching, his face changing, and peer responses. He worked at a fast pace, quickly grabbing the items he needed and began to sew large rudimentary stitches that bunched the cloth in some spots but held it together. He asked for help with the stitching. He would not get another chance to work on it if it was not completed within the session. The mask appeared to be very meaningful to Barnard. He completed it that session, tried it on and showed his peers after his session was done. Both the mask and the cartoon drawing elicited talk and associations to superhero's and Barnard's fantasized desire to be a superhero and to have superhero powers.

| Art and Metaphor | Expression of Emotion | Appropriate Expression |
|-------------------------------------|---|---|
| A mask used to hide | Fear of how he will look after surgery/ hiding from disapproval | Creativity, play, sublimation |
| A mask used to protect | Anxiety of unknowns about surgery | Creativity, play, quote: "his face changing", sublimation |
| Stitching the cloth | Emotional preparedness | Enacting surgery/ play, sublimation |
| Measuring his face to size the mask | Control, emotional preparedness | Enactment/ play |
| Asking for help | Building connections | Building a relationship of trust & openness about his anxiety and fears |
| Sewing and measuring | Desire for support and comforting | Asking for help with these tasks |

ii) Session # 3 at the child care agency

Upon greeting again after the last session at his previous group home, Barnard politely shook the intern's hand in the entranceway. He blushed at the intern's direct gaze, the excitement in her voice, the squeeze of her handshake, her other hand cupping over his so that his hand was

being held inside both of the intern's. Barnard and the intern had not seen each other in 6 months. All the while, he had been on her mind *as she* made arrangements with her supervisor, other social workers and gone through many channels to arrange another eight sessions of therapy.

Some reconnecting was done in the waiting room before session. He cheerfully showed the intern the new braces on his teeth and his new jaw line as his surgery was the major event that was happening in his life the last time he had seen her. He walked gently behind the intern to the room. Being careful to be respectful and insisting the intern enter into the therapy room first. His quick glances from the intern back to this new environment and then back to the intern again told her he expected that she would instruct or guide him through what was to come next. Upon arrival to the room Barnard emptied the contents of his jean pockets onto the table, sharing what he had inside. He had a lighter, a bus pass, a MP3 player, cough drops, a pizza coupon and a condom. There was some talk about the contents of his pocket. Barnard said his mother had given him the MP3 player and he carried this gift from her with him. He offered the intern the pizza coupon – this was an offer of a gift for the intern.

With the exposure of the lighter, the intern felt as though Barnard was testing her as in her previous role of working at his last group home a lighter would have been an item of contraband. The intern acknowledged the condom and inquired if sex and relationships was a topic that Barnard wanted to look into. Barnard identified that his girlfriend was a very important person to him.

The formalities of starting therapy again involved signing consents. A “Rules of Engagement” contract was also created along with some rudimentary goals. The Rules of

Engagement were: 1) to get to session on time, or call ahead, and get out on time. 2) To get some adult tables and chairs. 3) To respect personal boundaries. 4) Respect what each other would or would not like to share. 5) To have fun. 6) To do art! Barnard wrote out his personal goals in light blue pencil crayon. These included; girlfriend, court, school.

| Art and Metaphor | Expression of Emotion | Appropriate Expression |
|--|--|---|
| Emptying out of his pockets onto the table | A desire to share, to show and tell | Showing what his interests and concerns are to the intern |
| MP3 player | Gift & Connection with his mother | Transitional object |
| Offering of pizza coupon to therapist | Gift giving & Desire to connect | Symbolic expression of giving good things. He had good things to give that could make others happy. |
| Presentation of condom on table | Wanting to be recognized as a sexual being | Asking for help to better communicate with his girlfriend |
| Presentation of a lighter on the table | I'm smoking. I'm doing something I know you don't approve of. I'm rebelling/individuating. | Being honest about his smoking. |
| Girlfriend, court, school | A desire to be helped | Writing down goals for himself. |

iii) Session # 4

The goal of this session was to introduce working with art to express and identify feelings. The techniques/ activities that were used were a Feeling Lines warm-up activity (adapted from Mala Betensky 1995. p. 31- 43) and a Colour/Emotion/Symbol chart. Barnard was sitting in the waiting room and had arrived on time but was concerned he was late. He came into the therapy room and told about giving a boy at school a black eye because he had called Barnard's girlfriend a "chicken head" and said that they would have crack babies. The other boy had also made some references to 'ice', which is slang for crystal methamphetamine. The boy threw the

first punch and got suspended. Barnard didn't get in trouble because he was defending himself.

As a warm up, the intern and Barnard conjointly drew lines representing feelings words that both took turns suggesting. Barnard's were the following: Embarrassed is the brown open shape just left of the center of the page. Barnard started drawing the line at the bottom of the connected circle. This line turns into a straight line, curving around at the top into a mushroom-cap shape that sits on top of two parallel linear lines. Hopeful, drawn in grey is a straight linear symbol with a capital 'T' forming the center, two diagonal lines attach at the bottom of the 'T' to form an arrow-like line pointing down and on either ends of the top horizontal line, two other diagonal lines extend outward, also resembling directional movement. Five red vertical lines or bars represent Guilty. Thankful is a purple tulip-shape open at the top. A red heart is Love. A purple frown line represents Sad. Bored is the green horizontal wavering line at the top right. Hopeful is the blue cursive-looking 'b' although Barnard stated he had made an 'R'. The intern's feeling lines were: joyful – yellow, angry – dark black jagged line, frustrated – black jagged and swirls, shy – light brown dot in lower right corner, excited – orange, happy – red spiral.



Figure 3: Feeling Lines:

An activity adapted from Mala Betensky (1995, p. 31-43)

| Art and Metaphor | Expression of Emotion | Appropriate Expression |
|--|---|---|
| Conjoint Feeling Lines | Desire to have a model, desire to connect | Shared paper, art materials, space, shared experience of expression |
| Feeling Lines | Many emotions | Symbolic expression, creativity |
| Brown open shape just left of the center of the page | Embarrassed | Symbolic expression, creativity |
| Grey is a straight linear symbol | Hopeful | Symbolic expression, creativity |
| Five red vertical lines | Guilty | Symbolic expression, creativity |
| Five red vertical lines or bars | Thankful | Symbolic expression, creativity |
| Red heart | Love | Symbolic expression, creativity |
| Purple frown line | Sad | Symbolic expression, creativity |
| Green horizontal wavy line | Bored | Symbolic expression, creativity |
| Blue cursive-looking 'b' | Hopeful | Symbolic expression, creativity |

The second activity was an Emotion/Colour/Symbol Chart. Barnard was asked to choose a colour that represented the emotions that were listed down the left side of the page. Then draw a symbol for each emotion and finally to think about when someone would feel that emotion and write about it in the far right column. Barnard, not confident in his writing asked the intern to help him write some of the sentences. His associations and reasons as to why someone would feel these emotions were the following: Happy was represented by a round, fully coloured in yellow face. Happy is “when something good happens”. An empty blue drop represents sad. Sad is “when a pet dies”. A fully coloured in bright red heart represents love. Love is “when love is shown”. Hate is represented by a black linear outline drawing of a face with horns protruding from its head. Its eyes are slanted inward with a small mouth that slants up to the right. Hate is “when they have been treated unfairly”. A light blue linear drawing of a hand giving the middle finger represents angry. Angry is “when sum1 crosses the line”. It is interesting to note that the light blue colour Barnard used for sad and angry is almost identical. A group of purple trees stand together with one tree standing by itself represents lonely. Barnard identified someone would feel this way “in a new school where they don’t know anyone. Eating lunch alone”. Scared is: “When you are being chased by a man with a gun”. Scared is represented by a round brown face with pointy ears, the eyes ‘x’-ed out, jagged teeth protruding from under the top lip and a pointy nose. All the faces have round heads. The pointy ears of ‘scared’ and the horns of ‘hate’ appear to have a similar visual effect. The intern reflected that Barnard had been around a man who had a gun – his father and how scary that must have been. Barnard side stepped the comment by saying he had also been around hunting guns. Although it seemed that Barnard didn’t want to discuss the first experience with a gun, he did acknowledge

it. Confused is “when someone is being mean to them and they don’t know why”. Confused is symbolized by the familiar question mark. The colour Barnard associated with confused was light green. Thankful represented by a smaller grey hand that appears closed on top of another grey hand that appears open. “Thankful is when sum1 gives you sumthing”. Bored is “when they have nothing to do and no one to talk to”. It is represented by cream coloured stripes. Hopeful is: “I hope to get a motorcycle”. Hopeful is associated with the colour orange.

| EMOTION | COLOUR | SYMBOL | When would someone feel this way. |
|----------|-----------|---|--|
| Happy | Yellow |  | When something good happens. |
| Sad | Blue |  | When a pet dies. |
| Love | Red |  | When love is shown. |
| Hate | Black |  | When they have been treated unfairly. |
| Angry | Blue |  | When sumi crosses the line. |
| Lonely | Purple |  | In a new school where they don't know anybody. Eating lunch alone. |
| Scared | Brown |  | When you are being chased by a man with a gun. |
| Confused | Green |  | When someone is being mean to them and they don't know why. |
| Thankful | Dark Blue |  | When sumi gives you something. |
| Bored | Yellow |  | When they have nothing to do or no one to talk to. |
| Hopeful | Orange |  | I hope to get a motorcycle. |

Figure 4: Colour/Emotion/Symbol Chart

| Art and Metaphor | Expression of Emotion | Appropriate Expression |
|--|--|--|
| Emotion/colour/symbol chart Yellow happy face | Happy is dependent on external sources | Symbolism, verbalization |
| Blue drop – possibly a tear drop | Sad | Symbolism, verbalization Association to a pet dying |
| Red heart | Love is dependent/evident by visible actions | Symbolism, verbalization. He needs to be shown love |
| Face with horns, eyes slanting inward, small slanted mouth | Hate | Symbolism, verbalization Being treated unfairly |
| Light blue linear drawing of a hand giving the middle finger | Angry | Symbolism, verbalization When someone crosses a boundary |
| A group of trees standing together. One tree standing alone. | Lonely | Symbolism, verbalization. In a new school were you don't know anyone. Eating lunch alone |
| Brown face with jagged teeth, 'x'-ed out eyes, pointed ears | Scared | Symbolism, verbalization Being chased by a his father with a gun |
| Green question mark | Confused | Symbolism, verbalization. Not understanding why his father and other people would be mean to him |
| A smaller grey closed hand on top of a larger grey open hand | Thankful | Symbolism, verbalization When someone gives you something |
| Cream strips | Bored | Symbolism, verbalization Nothing to do and no one to talk to |
| Orange motor bike | Hopeful | Symbolism, verbalization A hope to get a motorcycle |

iv) Session # 5

The goals for this session were to work on becoming more self-reflective and self-aware by using story telling as a way to tell about the self. Barnard came into session today saying he had a “tired-busy day” as he had had three other meetings today with Social Workers and other clinicians. Barnard seemed eager to please. He accepted the juice and tea offered and then stated it was the intern’s turn to have some tea as well.

There was a brief verbal check-in of the homework that was assigned last week, which was to try to notice what feeling or feelings he experienced the most that week. Barnard shared that he was angry for not being believed by his group home that he didn’t steal something and he was angry because he had gotten into the fight with a boy at school.



Figure 5: Feeling Lines:

An activity adapted from Mala Betensky (1995, p.31-43)

The warm-up exercise was to draw how his day was using Feeling Lines. Barnard used pencil crayons, oil pastel, bingo dauber, marker and scented markers. The red heart was his girlfriend. He had gotten to spend time with her that day. He gave her blue eyes, done with a bingo dauber. The mouth of the heart was Barnard's with sharp, vampire-like teeth. The brown spiral/swirl coming from the top left of the 'heart-head' reminded Barnard that he had plugged the toilet at school and made the janitor mad. He didn't have an association to the purple line coming from the bottom of the heart. The yellow face was a teacher that told him to 'shut up and sit down'. This teacher also didn't believe him that his work was done. The stitched up mouth represents "shut-up". The black triangle with top lines crossing over each other and continuing out the peak represents math. Barnard said he likes math and had fun today playing a game that involved chocolate bars.

Barnard spoke of a favorite TV program called "Room Rummage" where a girl can rummage through three boys' rooms and then picked the boy she'd like to date – not having met or seen them before and then they look through her room.

Going back to a piece of art from last week's session (Figure 6), Barnard reminisced about the "killer bee" he drew and reflected that he "wouldn't be a bee, because bees hurt people."



Figure 6: Killer Bee

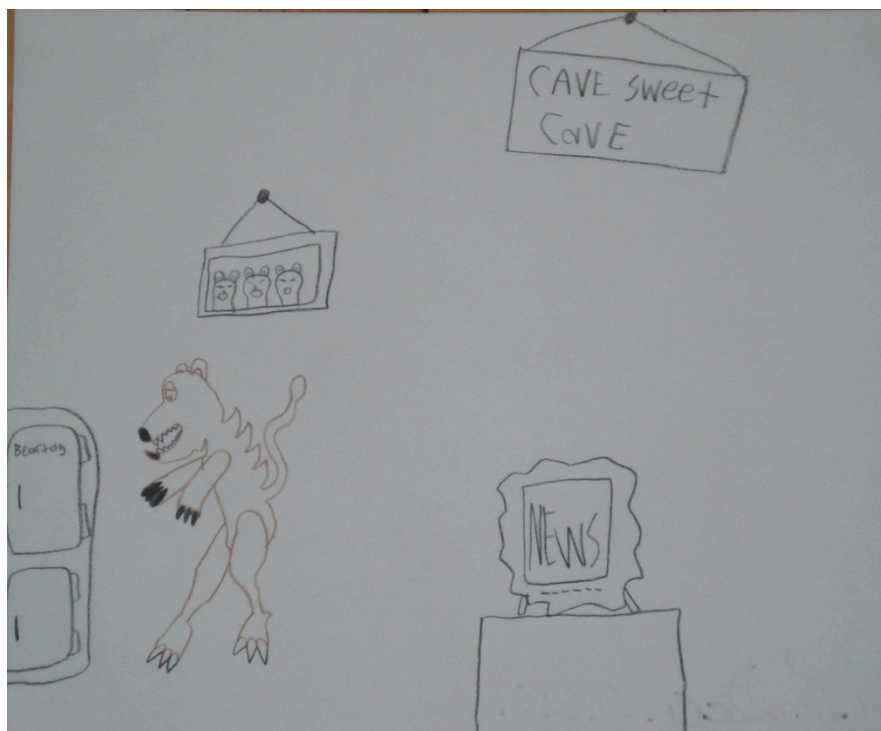


Figure 7: Self as Animal Directive

(From Monica Carpendale. 2009. p. 176)

Next, Barnard was given the directive to draw himself as an animal. He chose to create a 'bear-a-dile'. The bear-a-dile has brown fur to keep warm. He lives in an underwater cave and can breath underwater. However, he is just as comfortable on land as he is in the water. He is a good swimmer. He eats salmon, and swordfish, and the seaweed is his salad. On land he eats berries. His tail and spikes on his back are that of a crocodile. The bear-a-dile has the claws and teeth of a crocodile. They are used to eat fish and ducks. They were also to defend his family against other bear-a-diles that may want to do a 'B&E' (break and enter) to steal his treasure that he had gotten from sunken ships. The teeth and claws were also to defend against humans. There is a picture on the wall of the family. It depicts a family of three, a mother, father and a child. This is also Barnard's family constellation. Showing his humor Barnard included a "Beartag" label on the fridge as a spoof on "Maytag". The fridge is where he keeps his fish and ice tea. (Barnard was drinking hot tea at the time) Rock-o-vision was the news on the television. It was telling about how the salmon may have gone extinct. Barnard stated this was "bad news for Bear-a-diles but they have lots of other things to eat, although fish are their favorite". Barnard's story extended beyond the drawing as he started to tell of the Bear-a-dile's secret cave that he hid his treasure in.

Barnard's story continues. "The Bear-a-dile has a secret cave within his cave that you have to turn three starfish to get into. Only he and the bear-a-diles close to him know how to get into this secret spot that holds his treasures." Barnard was asked to extend his drawing by drawing the treasure (Figure # 8). He stated that he only drew the treasure that he would be willing to give up, not his saved treasure.



Figure 8: Treasures in the Secret Cave

Barnard drew a crown, gold and silver coins, a trident, bars of gold, a silver cross with a chain on it – that he clarified was not a necklace, and another large silver cross. These things he can spend or trade to get things he needs. It is interesting that Barnard chose to not show his most valuable treasure but just the treasure he was willing to give up, at the time.

At the end of session Barnard *also mentioned that he knew it was National Day of Remembrance and Action on Violence Against Women.*

His homework for this week was the same as last weeks: To recognize/ be aware of feelings throughout the week and see which feelings he felt the most.

| Art and Metaphor | Expression of Emotion | Appropriate Expression |
|---|--|--|
| Heart representing girlfriend and spending time with girlfriend | Love | Symbolism |
| Brown swirl | Embarrassment/shame of plugging the toilet at school | Symbolism |
| Mouth stitched closed | A wish for the teacher to shut up | Symbolism |
| Stitching teachers mouth shut and 'X'ing out his eyes | Anger | Symbolism, verbalization |
| Rummage Room T.V. show | Desire to have a sexual relationship with a girl | Story telling |
| Bear-a-dile | Multi-layered emotions | Symbolism, metaphor, story telling, creativity |
| - Fur | Desire to keep warm, protection from the cold. | Symbolism, metaphor, story telling, creativity |
| - Teeth & claws | Desire to defend himself against people who would hurt him or his family. -Defend against violence and loss -Desire to provide for and nurture himself | Symbolism, metaphor, story telling, creativity |
| - "Is comfortable on land and in water" | Comfortable adapting to different environments | Symbolism, metaphor, story telling, creativity |
| Rock-o-vision News | Loss, disappointment, sadness. His environment can't provide him with his most desired piece of nurturance. | Symbolism, metaphor, story telling, creativity |
| "Cave Sweet Cave" | Desire for home | Symbolism, metaphor, story telling, creativity |
| The "Beartag" fridge | Desire for nurturance | Symbolism, metaphor, story telling, creativity |
| Family portrait | Desire to have connectedness with family | Metaphor, story telling, creativity |

| | | |
|---|---|--------------------------------------|
| Treasures | The feeling that he has 'good things/ treasures' that he can give others. Also treasures he can keep for himself. - Feelings of value and self-worth | Symbolism, creativity, story telling |
| Telling the intern how to access his secret cave by turning the three starfish. | Feeling safe. Acknowledging the trusting therapeutic relationship | Metaphor, story telling, creativity |

v) Session #6

Session six happened to be just before Christmas break. Barnard arrived before the intern and appeared eager to come into the room. This session his fingernails were painted black and his Tourettes noises were more frequent, which he said happens when he is nervous. He discussed his family's Christmas tradition of celebrating Christmas Eve by eating a fish dinner. The goals for this session were to address concerns and feelings about Christmas. The art was done together this week with platercine. The directive proposed by the intern was to create gifts he possesses, things he had gotten or learned from other Christmases and things hoped for. Barnard created a platercine Christmas tree with gifts. His Christmas tree had a sturdy yellow base with greenery that had a pronounced point. Purple and red tinsel wrapped around the tree and there was an orange star on top. Barnard played with the tree by holding it to his lips. It became a horn that made noise, then a pipe to which Barnard stated 'was inappropriate'.



Figure 9: Christmas Gifts

Barnard made a ‘fast’ car for himself. The intern made an ear that represented a good listener, and a red heart made from a pipe cleaner that stuck into a plastercine cube base that Barnard said represented caring. The intern also made a talking mouth that symbolized Barnard’s ability to talk about how he feels. In response to the gift of a necklace that Barnard spoke about giving his mother for Christmas the intern made a light bulb with pipe cleaner to represent thoughtfulness. This was attached to the top of a white plastercine cube rolled in sparkles. It had hands coming out of the cube to represent generosity in giving. Barnard said the decorations represented things he had gotten or learned from other Christmases and the star represented, ‘things hoped for’. He did not elaborate any further on what these things were. His

interaction style was playful and the plastercine took on many forms throughout his play. His orange and purple car turned into a sword with the car becoming the handle and some black plastercine becoming the blade. This turned into a gun, then a drill, a needle injector which he play injecting into his vein on the inside of his elbow. The needle became a tazor that he played at zapping himself with. The tazor then transformed into a tube which he cut an 'X' in the top of and stuck a paint brush in, then a hotdog bun which he laid the paint brush into and offered to the intern saying, "do you want a hot dog?" Barnard then began hitting and rolling out the lump of multi-coloured plastercine on the table repeatedly with the paintbrush, stopping once in a while to see how the colours had blended together and saying 'cool'. It began to seem that the hitting action was more about the aggressive act of hitting than creating. The action also seemed to increase his anxiety. The intern found a box to contain the Christmas tree and gifts. Barnard put the objects in the box. He also laid in the mixed plastercine that he had formed into a tube and the session ended with the containment of the art in the box.

During the creation of his art Barnard spoke about his doctor telling him he had the worst bronchitis his doctor had ever seen. He also spoke about his friends daring him to live on the streets for one night, like a homeless person. Barnard said he used to make fun of homeless people but that night he had slept in a cardboard box and it was scary. He stated that he doesn't make fun of homeless people anymore. In response to the questions, "if he had any concerns about Christmas", and "did he want to leave anything here" (meaning, did he want to leave any feelings in the therapy room) he replied, "I'm fine". He repeated this two or three times. He then added that he wasn't "worried about his dad now." He was when he "was younger, but not now" that he's "a big tough guy".

| Art and Metaphor | Expression of Emotion | Appropriate Expression |
|--|---|--|
| Pipe, smoking | - Desire to play at using drugs - referencing drug paraphernalia - Desire to soothe/self regulate through drug use | Self-regulation, recognizing play as “inappropriate” is presence of the intern |
| Heart – “represented caring” | Desire to be caring, to be cared for | Verbalization, identification of feelings through projection onto art image |
| Star - represented “things hoped for” | Hope | Symbolism, creativity |
| Christmas tree with gifts – represented “gifts he possesses” | Interns positive mirroring Barnard’s thoughtfulness, generosity, caring, ability to be a good listener, ability to talk about feelings | Symbolism, metaphor, creativity |
| A fast car | Desire to go to or get away from somewhere/someone/something- fast. A wish. | Symbolism, creativity, play |
| Horn | A desire to be heard. To draw attention by making noise. | Symbolism, creativity, play |
| Sword, a gun, a drill, a needle, a tazor – tools or weapons that insert Metaphor: Tools or weapons that are used to defend or attack by insertion of something dangerous | Anxiety of defending/ attacking. The desire to defend or protect himself. The desire to attack. Traumatic repetitive play – with weapons or tools that insert | Symbolism, metaphor, creativity, play |
| A tube with an ‘X’ in the top, a paint brush stuck in the tube, a hotdog bun with a paint brush as the hot dog | Repetitive play – with tools that insert | Symbolism, creativity, play |
| Hitting the lump of plastercine | Aggression, anxiety | Play |

| | | |
|--|--|---|
| Plastercine colours blending together | Anxiety regarding mixed feelings | Play |
| Story about homelessness | Scared about being homeless and unsafe | Storytelling |
| Story about his feelings at Christmas time and his father. | Anxiety when he was younger of memories about his father being violent at Christmas time | Verbalizing, identifying emotions from the past and present |

vi) Session # 7

This session took place just after Christmas. Barnard presented again with Tourettes noises and was polite and pleasant. He still had his bronchitis. For his check-in piece (Figure 10) he started with charcoal in the upper corners of a white paper and also made directional markings that moved from left to right across the paper. He smudged some of these directional markings in the lower half of the page. Over top of the charcoal Barnard took watercolour pencil crayons and holding them together in one hand applied them to the page and drew straight and curved lines in the middle, lower portion of the composition. There is a colour wheel in the right upper quadrant of the page also done in watercolour pencil crayon. In the two upper corners he drew in marker what he said were “vortex’s” that were “spinning from center, outwards”. He stated there are “lots of colours, lots of feelings”.



Figure 10: Check-in: Lots of Colours. Lots of Feelings.

For his second piece (Figure 11) he chose to use watercolour pencil crayon shavings and the red, blue, purple and green bingo daubers. He shaved the pencil crayons onto the page and dissolved them with a wet brush, moving the mixture of colour around the page. Over top of this he covered the white paper with bingo dauber dots. The page, not being very thick, gave way and tore in a couple spots with the more aggressive use of trying to sweep the blue bingo dauber across the page. While he worked he whistled the theme song from the Pink Panther. He stated “lots of colours with prizes underneath”. He asked the intern if she would pick a colour on the page which one would she pick? The intern picked a large red dot. Barnard stated the prizes were candy and a car. This brought up associations of carnival games and clowns. Barnard stated he was scared of clowns when he was younger. He quoted a line from an Adam Sandler movie, saying, “I’m going to kill that clown, that clown is going to die”.

Barnard put his picture in the microwave for a bit to attempt to dry it. It started to burn a bit, and left a light brown spot in the lower right corner.

He mentioned then his mother's boyfriend saying he liked him enough to be polite. Throughout the session Barnard moved around the room a lot. He again appeared anxious. He put up his own art on the wall for viewing and processing. He moved back and forth to the light switch to test out a glow-in-the-dark picture he had also made in this session and took home (no image available). Barnard also checked in with his plastercine from last week. He took it out of the box and played with it briefly before returning it again.



Figure 11: Bingo Dauber carnival game

| Art and Metaphor | Expression of Emotion | Appropriate Expression |
|--|---|------------------------------------|
| “vortex’s”, “spinning from center, outwards” | “Lots of feelings” | Metaphor, creativity |
| Mixing watercolour colours | Mixed feelings, ambivalence | Metaphor, creativity |
| Bingo dauber dots “lots of colours with prizes underneath”/candy and a car | Lots of sensations/ emotions: good and bad surprises | Metaphor, creativity, associations |
| Clowns | Surprise, fear, anxiety, | Symbolism, metaphor |
| Burning in the microwave | Aggression, attacking, death | Play |
| Checking in on the plastercine tube in container | A desire to affirm the existence of the feelings that are associated with the object. | Play |
| Glow-in-the-dark art, turning lights on and off | Anxiety of being in the dark. Desire to have the comfort of light in the dark. | Play, creativity |

vii) Session # 8

At the start of session Barnard took off his hat to reveal a new haircut. The black hair dye that had been growing out of his blonde hair had been cut off. Barnard came into the room and wanted to help set up the materials. Barnard’s check in piece is a “blob” with wings, or an alien”. The blob has a shadow underneath it. The Intern engaged Barnard in making the facial expression that the “blob” was making and asked him how the expression made him feel. Both Barnard and the intern made their eyebrows slant inward, and formed their mouths into a small circle. Barnard made spooky “wooo” sounds like a ghost.

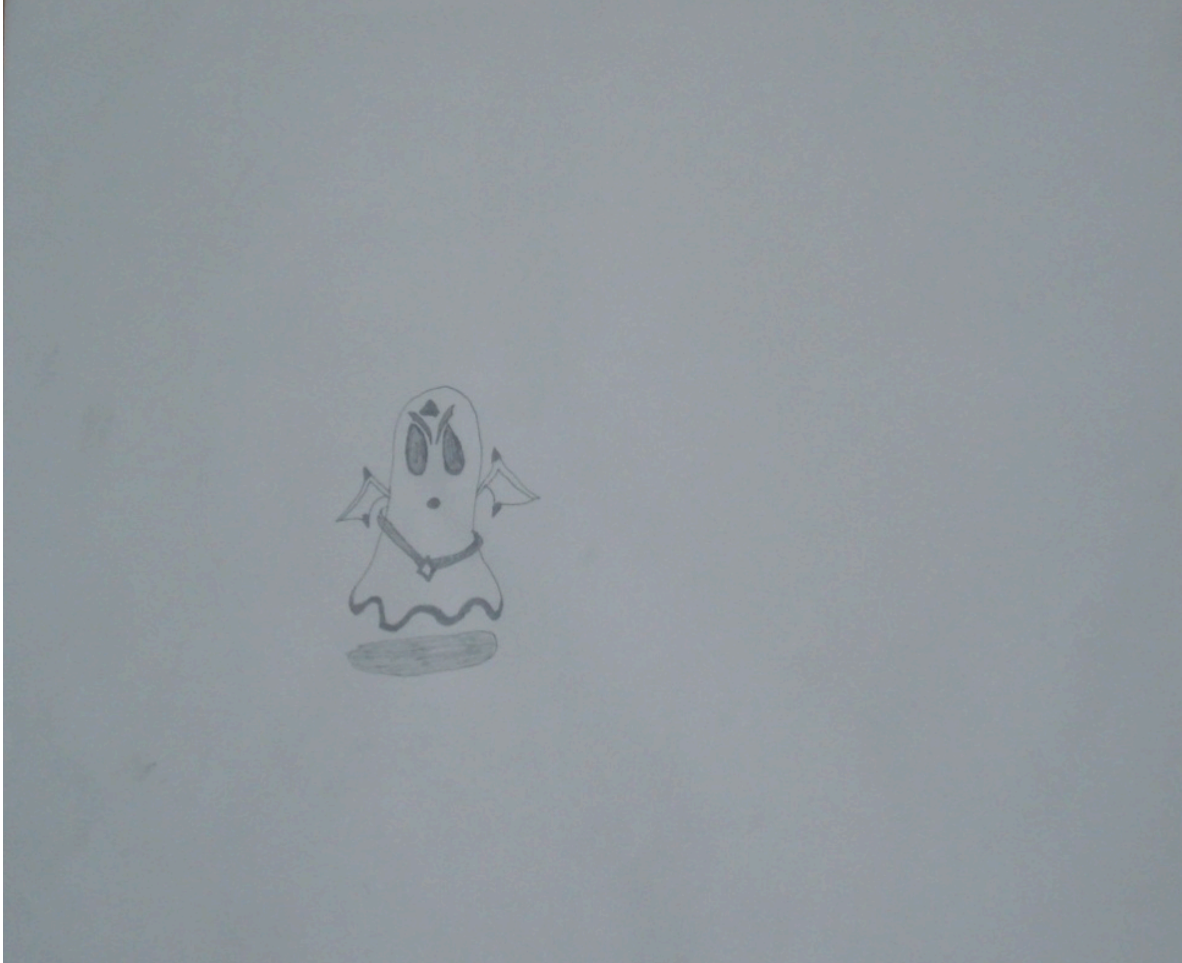


Figure 12: Blob/ Alien/ Ghost

He reflected that the look on the blobs face might be angry. The intern stated that to her the image looked like a ghost and the sounds Barnard was making sounded scary. Is this a scary ghost?” Barnard’s response was “yes”. It is wearing a belt with a diamond-shape in front, a triangle on the forehead, large eyes and wings with ‘claws’ or ‘spikes’ on the top and bottom. There is a shadow under the blob/ghost/alien indicating a ground line. The rest of the page is white.



Figure 13: Happy Face Mixed Media

The second piece was a collage picture of a happy face with half of the face in shadow. A dark brown circle surrounds it. Surrounding it is a colourful circle divided into $\frac{1}{4}$ arcs of blue, green, purple, and orange. Red lines with brown balls on the ends divide the four arc's as well as the yellow circle or band that contains diagonal lines that move to the right and enclose the image. The red lines divide the quadrants 'like' the compass' orientation to north, south, east and west, or a medicine wheel, or mandala (this is the intern's description). Barnard told of spending a night in jail for doing a break and enter with a friend. The story was that a friend had been house sitting, and he had asked Barnard and another friend to cover for him for a couple hours. They did and later they were charged with stealing jewelry.

| Art and Metaphor | Expression of Emotion | Appropriate Expression |
|-------------------------|------------------------------|-------------------------------|
| Blob/ghost | Anger, fear | Metaphor, creativity |
| Happy face collage | Happy | Symbolization, Creativity |
| Directional lines | Emotional movement | Metaphor |

viii) Session # 9

This session was preparing Barnard for termination. The art directive was to draw a self-map of internal and external resources he felt he had as well as a self-symbol. Barnard drew two boxes as his self-symbols. (Figure 14) They each have one red question mark on their faces. Barnard stated, “It is a mystery what is inside”. The box that is central on the page contains the most colours. He said he used these colours; black, red, blue and orange because they make him happy. The colours are applied heavily, primarily to the central box. This box also has an ‘X’ with a circle in the middle of it, on the face, facing the viewer. The ‘X’ is drawn in black and red. On the other box under the red question mark there is a thin black spiral that starts in the middle of the question mark and moves outward, eventually being cut off by the frame of the box. The tops of both boxes have four dots. One box has four black dots, ‘like’ a dice. The other has four blue dots with the red question mark in between them. The delicately coloured-in pink heart represents caring, but it is visibly hurt; a small ‘x’ with three red drops falling from it represents “hurt feelings”. A book with the word ‘Education’ is written along its spine. Barnard said this represented “smart”. The large dark black music note represents music because as Barnard said, “music tames the beast”. Smoking helps Barnard to relax. The cigarette is lit with a red ember and smoke coming from the tip. The stick figure of a woman represented Barnard’s

mother. This image is a faint black outline that contains no colour or detail. She is missing the facial features of eyes, ears, mouth, and nose. There is also no hair or hands. Barnard said she “is a positive in his life”. The graffiti names represent friends. “Friends are like family”. He talked about friends being supportive and having fun. The laughing yellow face represents his sense of humor, and the muscular flexing arm is his strength.

Predominance of colour saturation and boldness first draws the eye into the center of the page, to the black, red, orange and blue box, Barnard’s self-symbol. Due to the severity of the colour black, the eye then travels to the other most dominant image on the page; the black music note. Then back to the box on the left and around to the objects that contain the most colour; the heart, the laughing face, the cigarette, the strong arm. The outlined drawings contain less visual impact or dominance and seem to fade to the background. Barnard’s self symbols are central on the page. Surrounding them in a circular fashion are his internal and external resources. There are eight of them. On the periphery of the page are his friends. Barnard did not speak of the three pointed crowns above some of his friends’ graffiti-styled written names. This is a well-known gang symbol and it is very possible Barnard, along with some of his friends are members.

While the intern was describing her piece (not shown here) Barnard twisted a pipe cleaner and made a spyglass / magnify glass or key, which he took home that day. (No image available)



Figure 14 : Self symbols with internal and external resources

(Adapted from a social atom drawing introduced by Leigh Files at an Art Therapy conference in Vancouver in the late 1980's) (Carpendale. 2009. p.153)

| Art and Metaphor | Expression of Emotion | Appropriate Expression |
|--|--|--|
| Two boxes with question marks | A desire to communicate there was more to the “mystery” of himself, inside | Metaphor, symbolic expression, creativity, verbalization |
| Colours on boxes | Happy | Symbolic expression, creativity, verbalization |
| Heart | “Represented caring and hurt feelings”, love and loss | Symbolic expression, metaphor, creativity, verbalization |
| The book says education and represents “smart” | Pride in accomplishment and acquired knowledge | Symbolic expression, creativity, verbalization |
| Music note, taming the beast | Self-regulation. A way to relax, soothe and calm the anxious, angry, wild beast. | Symbolic expression, creativity, verbalization |
| Smoking | Self-regulation, soothing | Symbolic expression |
| The stick figure of a woman, paucity of image | Attachment, love and loss | Symbolic expression, creativity, verbalization |
| Graffiti names represent friends. | Connection, attachments, positive and negative affiliations | Symbolic expression, creativity, verbalization |
| 3 pointed crown, gang symbol | Desire to belong, form a new family of friends | Symbolic expression, creativity |
| The laughing face, sense of humor | Desire to be connect, desire to give pleasure, to be seen as witty | Symbolic expression, creativity, verbalization |
| Strong arm | Pride in strength | Symbolic expression, creativity, verbalization |
| Spyglass / magnify glass or key | The desire to discover, to see, to find, to open up | Metaphor, creativity |
| Twisting pipe cleaner | Anxiety and self regulation with soft object | Symbolic expression, creativity, play |

ix) Session # 10

The last session is the gallery review (Carpendale 2009. p.117). Before the client arrives all the artwork is displayed on the walls in the order it was created, from beginning till end. It is meant as a celebration and honoring of the work and the person that Barnard is.

Barnard arrived and told the intern that before session he had been watching Cheech and Chong. Cheech and Chong were a comedy duo whose movies were based on the hippie and free love era, and especially drug culture movements, most notably their love for cannabis. (http://en.wikipedia.org/wiki/Cheech_%26_Chong.) He joked about movie scenes and simultaneously made high-pitched repetitive whining noises. The intern playfully inquired as to what sounds these were. Barnard responded by making the sounds again. The intern wondered out loud saying they sounded like a sad or hurt puppy. Barnard's anxiety appeared to ease and he began describing the movie scenes. These involved: beating a young boy taking piano lessons, drug use, and locking a man in a trunk. Barnard's face was a bit flush as he giggled and said the scenes were funny but also scary. During his check-in piece Barnard sang, "It's beginning to look a lot like Christmas," and said that Christmas and the time in therapy went too fast. He also stated, "Lots of donuts" and identified it as a quote from Marg Simpson from the TV show, The Simpsons. Also, during the check-in, Barnard said he had lots of feelings today; happy, sad, scared, and angry. His spontaneous art this session was done with bingo daubers and marker. He made these into prints by placing one sheet of paper on top of another. Allowing the fluid ink to absorb into the first page and then transfer through to the next to make a duplicate. As the review of his art began he said he didn't remember the cartoon man (Figure 1) from his other group home, done in session one, although he did remember the mask. The artwork that stuck

out the most to Barnard was the pieces that he described as festive, happy and colourful. His favorite was the collage happy face. Of this piece he said it meant to him, “someone who is always happy with you”, which was his girlfriend. This was the most meaningful piece for Barnard. He moved around the room freely examining his art. As in a previous session he went to the light switch and flicked the lights on and off for a bit. The intern and Barnard took down Barnard’s art from the walls and put it in his art folder.

The intern talked about endings as sometimes feeling sad but remembering that sometimes one thing must end so that we may move onto the next new exciting thing. During this talk Barnard was making whining sounds, like he had made at the beginning of session. The intern acknowledged that it was o.k. to be sad and that sad puppies need comforting too. The intern gave Barnard a gift of her art that illustrated her hopes, wishes and thank-you’s, along with a card. An image of the picture and the note is below. Barnard held his art folder in one hand and extended his other to the intern. Barnard and the intern had a long snug handshake with a warm smile and a long gaze and then said goodbye.

| Art and Metaphor | Expression of Emotion | Appropriate Expression |
|---|---|--|
| Whining noises of a sad/hurt puppy | Grief, loss | Play, metaphor |
| Cheech and Chong movie, drugs, violence | Pleasure and fear | Verbalization |
| Song: It's beginning to look a lot like Christmas | Regret, loss, sadness | Singing, creativity |
| Marg Simpson quote: "Lots of donuts" | Happy, nurturance | Metaphor, creativity, play |
| Comments made while doing art | Happy, sad, scared, and angry | Verbalization |
| Bingo daubers and marker prints | Desire to have more than one of, or to duplicate an experience, to transfer a feeling from one to another | Symbolic expression, creativity |
| Festive, happy and colourful art | The desire to celebrate and be happy. A positive experience of ending a relationship. | Metaphor, verbalization |
| Collage happy face | Desire to be unconditionally loved and seen in a positive way. | Symbolic expression, verbalization, creativity |
| Hand shake and gaze | A desire to connect, to show appreciation, to be respectful, to say goodbye | Symbolic expression, verbalization |



Figure 15: Symbolic Gift (Carpendale. 2009. p. 116)

“Barnard, My wishes and hopes for you.

I drew this landscape with you in mind. It has trees that stay green year round. They provide shelter and food for the animals that live among them. They remind me of Christmas – the time we spent together creating art. There is a stream in the landscape. It provides food and nourishes the land, helping it grow. Three birds fly overhead on a journey. These trees have snow on their branches and there are flowers in the field. This landscape is both summer and winter at the same time.

So these are my wishes for you. Whatever season it is I wish you growth and an environment that can shelter and feed you. I hope that you create wonderful landscapes for yourself whether these landscapes are relationships, living spaces or dreams for your future. I hope you use your creativeness to create great things for yourself and those around you. I am

confident in your ability to do just that!

Thank you for sharing with me your wonderful caring spirit. It was truly my pleasure to be in the presence of your creative energy each week and I will remember this time fondly. All the best.”

4.2 Chapter Summary

This chapter looked at a single, in-depth retrospective case study of a seventeen-year-old male youth. The set up of the chapter illustrates the phenomenological model that was used in processing the data. A description of the client came first, followed by a description of the context/ setting. The Reduction/ Bracketing out of past diagnosis and other people’s reports of the client’s behaviour came next. How Barnard experienced the World and his Intentionally for attending therapy followed. The World with regards to his family history is described. The descriptions of his artwork and therapy fill out the Essence of his experience in therapy.

Chapter 5 will relate the theories from the first three chapters to the results presented here in a discussion highlighting the goals, themes, benefits and limitations.

CHAPTER 5: DISCUSSION OF FINDINGS

As demonstrated in the case study there were many benefits of short-term art therapy for Barnard. The goals set at the onset of therapy were accomplished. These were: 1) To assess emotional development, 2) to increase emotional identification, 3) and to increase appropriate emotional expression. It was hoped that meeting these goals would help Barnard be more successful in his relationships with his girlfriend, family, teachers, peers and other professional adults. In addition Barnard's issues that he came into therapy with were also addressed.

5.1 Evidence of Art Therapy for Assessment of Emotional Development

The initial assessment was conducted in the first three sessions. The predominant issues Barnard presented with were: 1) anxiety about feeling not good enough, fear, the need for protection/need to protect, and aggression and 2) attachment, with sub themes of desire to connect, desire to be seen and responded to as being in the stage of forming an identity, and desire for support.

Barnard demonstrated he was currently working on the appropriate developmental tasks of finding his own identity. The condom, the mask, the lighter all spoke of this stage of development by inferring, 'I am a sexual being and am currently discovering that aspect of myself. It is becoming more of my identity.' 'What will my identity/mask look like to the world/ how will I look after my surgery?' and 'Will I be a smoker?'

Erikson (1950) theorized the task of adolescence was to discover an identity apart from the family, to find a career or role in society and to find a love interest that reflects the self. This ideological process is an in between stage between childhood and adulthood. For many youth it involves retreating from responsibilities, which Erikson called a "moratorium". Role confusion

and upheaval are the result of a lack of success in this stage.

Barnard's drawing of the superhero was developmentally appropriate according to Lowenfeld's Stages of Artistic Development. This drawing indicates Barnard is working at Stage V: Dawning Realism. Although children at this stage are 9 to 12 years old, it is still considered to be developmentally appropriate for adolescents because many adults do not advance beyond this artistic level. The reasons for this are that people develop interests in other areas, due to a lack of technical skill they may have feelings of discouragement, and, or they may lack exposure to art and art training past that time. (Malchiodi. 1998. p. 97) The fantasies attached to a superhero of wanting power and control, the need to protect and to be protected, reference back to Erikson's Initiative vs. Guilt Stage (3 to 5 years), when children need to begin asserting control and power over the environment. We know from Barnard's history this is the period in which his father broke Barnard's nose. In Erikson's stage, it is essential for parents to promote discovery and assist children to make appropriate choices. Parents who are discouraging or indifferent may cause children to feel embarrassed and to become overly dependent upon others for help. It is interesting that following the drawing of the Superhero is the creation of the pixie. This piece demonstrates a regression to an earlier developmental period. In Erikson's Industry vs. Inferiority stage children are 6 - 11 years old. They are industrious and make many things. Parents who praise their efforts develop a feeling of competence in their skills. Those who receive little or no encouragement will doubt their abilities to be successful and develop feelings of inferiority as they compare themselves with their peers. The pixie was also given as a gift to the intern and therefore was used as a transitional object. This speaks to the desire to connect, which is characteristic of Erikson's

Trust vs. Mistrust Stage. It is of interest that Barnard's art reflects the stages in which he had major disruptions and trauma in his life. Rubin (2005) quotes Kramer and speaks of the need of the client to go back to a time where they felt safe in childhood and how this is evident in regressed art. "The experience of safe but permissible regression may be an essential learning for the constricted child. 'When it frees the individual from crippling inhibitions, temporary regression to crudely aggressive art may be an emotional victory'" (Kramer. 1971. p. 161). In another sense, 'temporary regression is a necessary phase in every creative act', particularly in terms of gaining access to unconscious and preconscious processes.'" (Kramer. 1971. p. 14) Through regression a client can build up enough positive experiences, when they are responded to empathetically, to be able to trust an adult again.

This is why the assessment of issues and developmental level in the first few sessions is so important and useful in determining where the client is at and navigating the course of treatment.

5.2 Increase in Emotional Expression

a) Increase in emotional expression

The major themes in Barnard's work were; anxiety, attachment, hurt and self-regulation.

Within each major theme there were sub themes. These were:

- 1) Anxiety:
 - a. Feeling not good enough,
 - b. Fear,
 - c. Need for protection/need to protect,
 - d. Aggression, and

- e. Identity creation
- 2) Attachment:
- a. Love,
 - b. Desire to connect,
 - c. Loss,
 - d. Desire for support
- 3) Hurt:
- a. Anger,
 - b. Sadness,
 - c. Disappointment,
 - d. Embarrassment/ humiliation,
 - e. Rejection,
- 4) Self-regulation:
- a. Confidence,
 - b. Proud,
 - c. Coping techniques,
 - d. Self-correction,
 - e. Desire to understand himself (desire for self-insight),
 - f. Desire to confirm his existence,
 - g. Pleasure,
 - h. Happiness, and
 - i. Hope.

Barnard expressed many emotions over the 10 sessions. This is the power of art: pictures contain multiple meanings and can have many layers. As we have seen within a single image, such as the superhero from session one, so much is being communicated, within a condensed form and time through art. This was not possible for Barnard to express in words, as it was unconscious. Jacobi (1942) defines active imagination as a creation of internal images. The client is encouraged to develop a growing awareness of the workings of his or her unconscious and to gradually bring them into harmony with their conscious life. This is also the goal of art therapy. (Schaverien. 1992. p. 81)

b) Spontaneous art

Barnard demonstrated his ability to be spontaneous in his art creations. He often followed his intuition and his initiative was encouraged. His artistic expression showed progression and regression in drawing style. As was discussed in 1.2 g) Stage 6: Adolescence or The Period of Decision, this could be the result of many factors. Spontaneous art did allow for the freedom to create in an age appropriate or regressed style. In allowing and accepting this way of working there was evidence of some reparative work being done of Erikson's Stage 3, Initiation vs. Guilt. As Barnard felt empowered to explore the art materials and express himself spontaneously he received encouragement, emotional support, and empathy. May (1953) proposes that, "the more conscious of our being we are, the more spontaneous and creative we will be, and the more capable we will be of choosing our plans and reaching our goals."

This, together with the therapists' witnessing in a non-judgmental way and showing delight and acceptance in mirroring Barnard's positive creative gestures facilitated the process of the client gaining access to and expressing his true self. Trust, another key element in the

therapeutic relationship and its ability to hold and contain, can allow the client to feel safe to further explore aspects of the true self.

5.3 Art Therapy's Ability to Increase Emotional Identification

Barnard was able to verbally and symbolically express many emotions during art therapy. His displeasure with his teacher who told him to “shut-up”, and his identification in Session 10 of the many emotions he felt that day are examples. The phenomenological processing of the art helped him make the connections between his use of colour, metaphor and symbols and what personal meanings they had for him. Using art as a way to decrease and contain anxiety also enabled Barnard to speak about his feelings. It is sometimes difficult for adolescents to make eye contact while speaking for an extended period with an adult about subject matter. The art can be the focus of discussion thereby creating the apex of a triangle between the client and therapist. (Schaverien. 1992. p. 37)

5.4 Art Therapy for appropriate expression of emotion through art making

As evidenced in the charts that categorize the thematic analysis in the case study sublimation, creative expression, metaphor, symbolic expression, story telling, play and verbalization were the appropriate expressions of emotion that were used throughout the 10 sessions. Barnard was able to utilize these in a highly effective and personally meaningful way.

May (1953) writes about art as being an adaptational tool that can be used to increase awareness of a person's functional or dysfunctional behaviour according to the situation they find themselves in. Art serves as practice to cope with frustration, to problem solve and to tolerate ambivalence. Art reinforces cognitive tolerance to maintain a state of not knowing in order for the process to work itself out and for an important problem to surface. “Art is the

exposure to the tensions and problems of a false world so that man may endure exposing himself to the tensions and problems of the real world” (May, 1953).

One of his most embodied pieces used story telling as an evocative way to symbolize and use metaphor to communicate his experience. In the Bear-o-dile image Barnard drew a family portrait and narrated the Bear-o-dile’s fear, disappointment and sadness of his favorite source of nourishment being lost. He also told of the Bear-o-dile’s resilience because there were other sources of nurturance, he had found, that would sustain him. Barnard associated his use of many colours to many emotions.

5.5 Art Therapy for addressing DSM-IV diagnosis

Barnard’s core issues and themes emerge continually through the course of therapy. As discussed in the previous section these themes are expressed appropriately in the forms of sublimation, creative expression, metaphor, symbolic expression, story telling, play and verbalization. As discussed previously in art therapy and neuroscience (1.2 (h)), the sensory processes involved in art therapy make it an appropriate and sensitive modality for addressing Barnard’s diagnosis. Specific evidence from the case study will now be discussed with regard to how art therapy was able to address each diagnosis/issue. Any one issue could be explored at length however I will focus on the predominant issues that presented themselves.

a) Domestic violence, Physical abuse, Sexual abuse

As this writer looked more intently at the art and made comparisons for the purpose of analysis more realizations came forward than had originally been noticed. One of these realizations came when a comparison was done of the Colour/ Symbol/Emotion chart (Figure 4)

and a check-in drawing (Figure 5). Two faces had similar characteristics; these were the scared face in Figure 4 and the yellow face representing the teacher in Figure 5. The similar characteristics are the 'x'-ed out eyes and pointed ears and nose. It is interesting that while the scared face could be somewhat of a self-portrait as it was Barnard who was scared of the man with the gun, this same face appears again in the teacher's portrait. Is Barnard unconsciously picking up that it is the teacher that is scared, frustrated and angry at Barnard's behaviour and acting out against Barnard? Is the image multi-layered as the teacher's yelling also scared Barnard? These reflections may relate to Barnard's early mirroring experiences. One can see from these two portraits a glimpse into what may be part of Barnard's internal working model and his difficulty to self regulate: He is feeling scared and unable to regulate or soothe himself so he acts out in inappropriate aggressive ways to defend himself against perceived attacks. His aggressive behaviours may cause others to be scared. Consequently they may lash out in frustration and anger. Other people's reactions serve to confirm Barnard's internal belief that the world is unsafe and other people cannot be trusted to help him feel safe. This is the cycle that often continues on for children and youth who express themselves through acting-out.

Other evidence that Barnard was working on past abuse issues came at the end of session 5 after Barnard created the narrative of the Bear-a-dile he mentioned that it was the *National Day of Remembrance and Action on Violence Against Women*. Barnard spoke of caring about his girlfriend and although he had drawn a "killer bee" in the previous session he reflected that he "wouldn't be a bee, because bees hurt people". The duality in this symbol represents Barnard's conflict; that he realizes his actions do hurt the people he cares about but he really doesn't want to be this way. This is significant in terms of Barnard developing identity and insight regarding

his own trauma. It also indicates his moral and ethical development and indicates his desire to not perpetuate the family dynamics. At the time of therapy he demonstrated that he was willing to explore feelings and behaviours associated with domestic violence and abuse. Barnard had never spoken to anyone regarding the reports of his fathers' inappropriate sexual transgressions towards him. It was noted in the analysis of his art in session 4 and particularly in session 6 that the themes of anxiety, embarrassment, hurt, and aggression appeared together with phallic-like imagery. Barnard did not identify this pattern although it appeared to be indicated. As stated, it would not have been beneficial to begin to process this as the restrictions of short-term therapy would not have allowed enough time to adequately work through these feelings. Instead, the focus was containment and emotional safety. This speaks to the unconscious processes working in the art. Barnard was not yet ready to consciously realize these connections, although the evidence suggests he was working at processing them at some level.

b) Attention Deficit Hyperactivity Disorder

As mentioned earlier, a youth with ADHD may have trouble focusing on a task that he or she has limited interest in, but will be able to maintain attention in an area of interest. In an environment tailored to his specific needs and a therapist who was intimately attuned to his needs Barnard was able to focus on art for each hour-long session. Art proved to be a useful modality for Barnard, as there was no evidence of lack of focus or hyperactivity. He was able to immerse himself and appeared to be working in a state, that artist's call, "flow". This appeared to be a benefit of art therapy for Barnard.

c) Conduct disorder

Although Barnard came to therapy with this label and reports from his group home workers of aggressive, belligerent and uncooperative behaviours, Barnard exhibited none of these behaviours in session. In the superhero drawing (Figure 1) Barnard depicted himself as armed and ready. However, in the therapy room there was simply no need for this behaviour to be manifested.

d) Post traumatic stress disorder

Although short-term therapy did not allow enough time to deeply process his traumatic experiences. Barnard did show evidence of being ready and starting to engage in the process of expressing his feelings of anxiety surrounding his past abuse. Art therapy can help with this process.

e) Attachment disorder -

Barnard demonstrated on many occasions the desire and ability to connect in a healthy and secure way through his use of transitional objects and conjoined play and art making. He successfully co-created a therapeutic working relationship with the intern that demonstrated trust, playfulness, spontaneity, respect and appreciation. His enthusiasm for attending each session, arriving early and offering to help set up and clean up, and the amount of enjoyment he displayed in creating art each week were proof of Barnard practicing positive social skills and building a healthy relationship. Knowing that the intern would willingly assist when needed, Barnard occasionally asked for help. In this way he was using the intern much like a secure base in which he could come back to when needed and then feel free to go out and explore and create.

The amount of spontaneous expression, associations and themes in each piece indicated Barnard's feeling of emotional safety, in an environment and relationship free of judgment. This allowed him to experience genuine mirroring and express his true self.

i) Transitional objects:

Barnard's gifts to the intern served as transitional objects. The art also acted as a transitional object during the course of therapy when important pieces were taken home directly after session and at termination when Barnard chose to keep all his art. Barnard associated feelings to his art pieces and these feelings held in tact upon reflection on the art.

ii) Conjoint art

The use of conjoint art served to strengthen Barnard's desire to connect and share experiences. Modeling of appropriate emotional expression, identification and self-regulation was also achieved during these activities. In *Affect Regulation and the Origin of the Self*, Allen Schore (1994) cites the work of Trevarthen (1990) and Trad (1986) on how a positive affective relationship and stable attachment bonds between an infant and mother are vitally important for adequate brain growth/ neurobiological development in the infant. Schore writes, "These events may represent the dialectical psychoneurobiological imprinting process by which the mother critically influences the permanent "hard-wiring" of brain regions in human infancy" (Schore. 1994. p. 104). Kohut (1971, 1977) describes this in developmental psychoanalytic terms; it is the dual give-and-take exchanges of the infants' internalized image of the caregiver that develops the child's self regulatory capacities which preserve the child's state of equilibrium. (Schore. 1994. p. 104) Mahler et al., (1975) saw these rejuvenating interactions assisting in the

construction of new psychobiological mechanism within the infant. (Schoore. 1994. p. 104) In conjoint art therapy activities there is the potential to re-do or re-enforce the brain structures that support and encourage healthy attachment.

Further evidence of Barnard's desire and success in achieving meaningful attachments was the expressed feelings of sadness, celebration and connectedness demonstrated in the last session when he expressed that he valued his art, that therapy had gone by too fast and when he warmly shook hands with the intern and sustained an extended warm gaze. During the course of therapy Barnard experienced high levels of responsiveness and attentiveness to his needs and creative desires. This was a positive experience of an ending of a relationship for Barnard as well as the intern.

f) Learning disabilities

Addressing Barnard's learning disability was not the focus of treatment. His file did not give the specific details as to which learning and intellectual disability he had or how that influenced his feelings or behaviour. Perhaps some evidence of this was when he requested help writing sentences on the Colour/Symbol/ Emotion chart. Nevertheless, art therapy is a suitable modality to work with learning disabilities. It allows therapy to unfold at a pace that is comfortable for the individual who may have limited verbal communication to address their issues without the pressure for verbal exchange. The individual approach also allows for flexible and novel techniques to be used.

g) Self-esteem

Barnard demonstrated his feelings of self-worth through his art. This was evident in his ability to spontaneously create art with positive themes of self-regulation; hope, happiness, coping, adaptability, pride and self worth. Figure 8 represents some of Barnard's treasures. This is evidence of his feelings of self-worth. One of Barnard's favorite art pieces was the collage piece of a yellow happy face that he surrounded with designs (Figure 13). Cathy Malchiodi (1998), observes what drawings have to say about positive qualities such as resilience and adaptability in children when she writes:

Many children who have been abused or come from violent homes, despite their experiences, display and describe positive aspects in their drawings, ones that emphasize their abilities to cope effectively with trauma and to find meaning and hope in the world around them" (p. 157).

5.6 Chapter Summary

This Chapter reviewed how art therapy met its goals of assessing emotional development, increasing emotional expression, and identification and facilitating appropriate expression of emotion. It also discussed how art therapy addressed DSM-IV diagnosis and other mental health issues.

CHAPTER 6: CONCLUSION

6.1 Summary

The question that this thesis sought to answer through research was, “how does short-term art therapy assess emotional development, increase emotional expression and emotional identification and increase appropriate expression through art making with a seventeen year old male adolescent who has multiple DSM diagnosis, a history of abuse and is involved with youth criminal justice?” The first chapter outlined some theories and developmental challenges of adolescents and adolescents who have been abused. It also gave an overview of art therapy theory, phenomenological theory, spontaneous art, sublimation, brief art therapy, and the client-centered approach, the development of children’s art, and art therapy and neuroscience. The work of Art therapist with youth in young offender facilities and residential treatment agencies was also discussed.

Chapter 2 defined qualitative research and the phenomenological approach to research. Because the thesis research question is open-ended and seeks to describe the benefits, not predict them, a thematic analysis was applied within a phenomenological framework.

Chapter 3 provided an explanation of the research protocol and outlined the research process used to accumulate the data and analyze the results.

Chapter 4 gives a description of a single retrospective case study of a male youth.

Short-term art therapy proved to be a benefit to this youth as discussed in Chapter 4. His case demonstrates the benefits and his working through the first stages of therapy, which are; assessment, emotional expression and identification. Other results that were verified by the

research were: connection through emotional support, evidence of self-worth and self-regulation, and the readiness of the client to engage in processing trauma.

This research has demonstrated the benefits of using short-term art therapy with youth.

The goals of therapy were met in addition to the other benefits listed above.

6.2 Limitations

The limits of this study were many. Due to a single retrospective case study being used, the results demonstrated by this client may not be the same for all male youth in this population. One researcher collected and analyzed the data. This is a limitation due to the length of time this process takes and bias of the researcher to look for health in the client and his artwork. The fact that it was short-term therapy limits the potential results that could have been more substantial as the client demonstrated his readiness and ability to work on a deeper level that time did not allow for. A different approach to analyzing the data may have also produced alternative results. For example the symbolism of the art was not psychoanalyzed. This study demonstrated many benefits for this client participating in art therapy. However, this does not take into account benefits that this client may have received concurrently from other people in his life such as the team of mental health professionals, including his social worker, child and youth workers, his probation officer, teachers, family and friends which may have contributed to the growth described here.

6.3 Recommendations

For the male youth in this study it is recommended that he continue with art therapy on a long-term basis. This will provide him the opportunity to process feelings surrounding his past abuse, to understand that it wasn't his fault, to work on verbally communicating his feelings and

needs to the important people in his life, and to further explore the links between his thoughts, feelings and behaviours. It is recommended that the agencies who are responsible for the care of youth who have a history of abuse, multiple diagnosis and who are ready to engage in the therapeutic process and able to build a relationship, be given the chance to do long-term therapy that is sensitive to the way the brain processes trauma and can access it through sensory and symbolic means.

A weakness of short-term therapy in this case was that it was not able to address the early disruptions Barnard experienced with regards to the impacts of domestic violence, physical and sexual trauma. One wonders what benefits Barnard may have experienced with longer-term treatment. Could he have moved beyond the initial stage of therapy? How might these benefits have changed or decreased his acting out behaviours? The mandate of the agencies was to work in brief therapy. Herein lies the limit to what can be accomplished, it cannot get to the core. As a member of society I wonder what impact more treatment would have had on future offending behaviours and incarcerations. How many tax dollars could be saved by therapeutic intervention vs. jail time? This client demonstrated he was ready to work; he was motivated, opening up, and expressing, he had built a trusting therapeutic relationship but was not given the chance and his process was cut short.

For people who want to repeat this study, a cautionary note that brief therapy may bring up deep emotions that are connected to a history of trauma. This can be a difficult position for a therapist to be in, knowing that there is not time to responsibly open these areas up and simultaneously seeing that the client is ready to do so. The therapist must stay very focused on the goals of the short-term therapy. Short-term therapy has the possibility of leaving the client

wanting more; unsatisfied with the little they have been allotted. On the other hand, some clients may appreciate a distinct beginning and ending, they may feel the time frame is manageable and will not overwhelm them. Adolescent clients may feel relieved that they are able to “go in” and work on a little, then “come out” and take a break.

There is still much work to do in regards to how we can provide more preventive treatments for young children who are identified to be at-risk. So that these children will not grow up and feel the need to act out their hurt and anger against their community. Funding must be secured in order for art therapists to work in more young offender and residential treatment facilities. As we have learned from the art therapists who have done this work, there is much potential for healing the wounds that are the cause of acting out behaviour. The brain research is now backing up what art therapists intuitively know; that creating art brings about the ability to process and reflect on events at a different and deeper level and then after that, the chance to articulate in words becomes possible. Lowenfeld and Brittain (1947) suggest "having the opportunity to express oneself in creative activity provides some means of reacting to the social environment in ways that are acceptable to that society... [They go on to say].... those who find they cannot create, who have found no satisfaction in building or producing, may react in negative ways. Unable to contribute in a positive manner, they destroy or deface what others have built." (p. 382).

6.4 Benefits

As this research shows the benefits of short-term art therapy with this client, it also contributes to the body of evidence that exists on this population of ‘at-risk’ or ‘at-promise’ youth. Hopefully this research will inform funders of child and youth mental health agencies of

the need for longer-term therapy and an approach that enables the processing of trauma at the symbolic and sensory level first and then facilitates the process of verbalizing the trauma.

There is a growing body of evidence about what works in mental health practice, however there are gaps between what is known to improve mental health and service delivery practices. Improving dissemination of this knowledge, and putting it into practice, will benefit children, youth, their families/caregivers and service providers.” (Ministry of Children and Youth Services. 2006. p.3)

The acting out behaviours of these youth results in a great financial, mental, and emotional burden on society, not to mention the physical damage that is done to property and other people when acts of violence are committed. There are many facilities that service children and youth that could be positively affected by reducing costs and services if art therapy was accessible to their clients. Such services are probation, young offender facilities, residential treatment, community programs, alternative schools and the secure adult facilities that end up servicing many of these youth as they age out of the young offender system.

At this time, I do not have a broad sample of clients in order to be able conduct a large-scale quantitative study. However, over time, from gathering many case studies with this population that have similar themes I hope to conduct cross case comparisons and analysis and therefore contribute to the understanding of art therapy with young offenders and best practices.

Ontario’s Policy Framework for Child and Youth Mental Health states that there needs to be a: Greater focus on “health promotion, illness prevention and earlier identification:” At this time the concentration has been on intervention and treatment. As a result, services that support the best mental health conditions, prevent mental illness, and recognize issues earlier are not the

focus. In the short term, optimizing these services may necessitate extra funds, however, this may result in a decreased “need for more intensive, costly services/supports, reduce the duration and severity of mental illness, and improve the life trajectory of children and youth.” (Ministry of Children and Youth Services. 2006. p.3)

Society, and more notably the youth themselves, desperately need these youth to develop the skills needed to overcome their less than ideal environments, realize their full potential and become productive and enlightened members. The methodology in this study is repeatable and may assist other Art therapists in recreating similar results.

The title of this thesis is *The Internal Compass*. A quick Google search brought up this definition of the internal compass: "The hypothesized mechanism that allows organisms to orient themselves so as to proceed in the proper direction during long-distance movements such as migration." (Klappenbach)

This metaphor illustrates my belief that if given the chance and the right set of circumstances, all humans have the internal intuitive knowledge to orientate themselves towards health and healing. It *is* a journey and for some the journey will be longer than for others. This is my wish: For all to travel in good mental health.

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APPENDIX A: CONSENT FORM

Sarah Leyes
B.A., B.Ed, Art Therapist

Release Form - Minors

Date: _____

I, _____ (parent/guardian), agree that _____ (client), participate in Art Therapy.

1. I give permission for his/her art to be shown to professionals for supervision and educational purposes.
2. I understand that at all times his/her identity will be kept anonymous.
3. () Optional: I understand that as part of ongoing monitoring of professional standards the Art Therapist may wish to videotape a session and that this tape will be erased after it is viewed by the supervisor and the Art Therapist.
4. () Optional: I also give permission for the artwork and pertinent comments and case material to be used for educational case study presentations and publications. This could include in-service staff presentations, conferences, courses, articles and books. This permission is given with the understanding that his/her identity will be disguised to prevent public disclosure.

Limits of Confidentiality

I understand that all information will be kept confidential unless

- There is a threat of bodily harm to self or others
- There is indication of child abuse
- The information is requested by subpoena for court purposes

Signed _____ (Parent/Guardian)

Signed _____ (Client)