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Using Artistic Process to Provide Outlets of Communication, Understanding, and Healing to Improve the Well Being of Selected Learners

Sarah Allen

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**Using Artistic Process to Provide Outlets of Communication, Understanding, and Healing
to Improve the Well Being of Selected Learners**

Sarah Allen

**Thesis Submitted to the College of Creative Arts
at West Virginia University**

in partial fulfillment of the requirements for the degree of

**Masters of Arts in
Art Education**

**Terese Giobbia, Ph.D., Chair
Joseph Lupo, M.F.A.
Kristina Olson, M.A.**

Department of Art Education

Morgantown, WV

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Keywords: artistic process, communication, non-verbal learners, therapy: art therapy, talk therapy, music therapy, play therapy.

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ABSTRACT

Using Artistic Process to Provide Outlets of Communication, Understanding, and Healing to Improve the Well Being of Selected Learners

Sarah Allen

Public schools in America follow a carefully structured pattern tied directly to the societies and cultures from within. While this structure may create a positive and familiar learning environment for some, others who are unfamiliar with the societal and cultural norms within public school structures, may be left behind. Some learners have simple language barriers that exclude them from activities as well as others during the school day; some choose silence out of fear or embarrassment from unknown circumstances; while others are labeled as Special Education and are not able to speak to others verbally as a “normal” child would. Whether their reactions to their environments are caused by relocation from overseas, trauma, or a learning disability that has altered reality for a family or child, children find relief in expression, nonverbal communication, and even therapeutic healing through the artistic process (Elbrecht & Antcliff, 2014).

In the United States it is more common than not to have multiples languages spoken in a classroom, and the percentage of students with disabilities, or those suffering from trauma has increased drastically (Dean, Hubbell, Pitler, & Stone, 2012). Too often we simply remove the child from the general education room, or let them fall into a category of “problem” children, who are never expected to perform at the same level as the rest of the class. Instead of allowing such students to flounder, the use of artistic process or therapeutic art techniques could provide these students an outlet for communication, expression, healing, and overall well-being. Studying the effects of the artistic process through therapeutic approaches could benefit the Art Education discipline and create a cross curricular path connecting any subject where a child struggles to communicate. Artistic process could also provide a therapeutic passage in the classroom for students who are suffering from trauma to assist in the overall well-being as learners. Lastly it may provide a bridge between cultural and linguistic barriers allowing the classroom to be fully connected and culturally diverse.

Using case study methodology, this research investigated how artistic process was used to help individuals verbally communicate with instructors and peers within selected settings in rural West Virginia. This study examined the potential of using art as a form of communication; exploring the therapeutic qualities of art in elementary and middle school classrooms, and using art therapy approaches with selected students suffering from trauma, disabilities, or inability to communicate, to determine whether alternative artistic approaches would aid educators in understanding the dispositions and thought processes of individual learners.

The research questions, which framed this study included:

1. Can artistic process and art therapy approaches improve the well-being of selected learners?
 - a. What are the benefits of using art therapy approaches on non-verbal learners?
 - b. What is talk therapy, and how can it be used to non-verbal learners?
2. How is artistic process used to positively communicate with non-verbal learners?
 - a. Does artistic process make communication available for those who are unwilling or unable to communicate verbally?
3. Does artistic process stifle thinking and/or communication?
 - a. Can artistic process help non-verbal learners with metacognitive process?
 - b. Can art process support metacognitive process and thinking?

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I owe many thanks to my extraordinary parents, who have been a constant support system throughout both my artistic and educational journey. Without such strong examples to follow I would have been lost. Through their guidance I found a larger loving family at Spruce Street United Methodist Church, whose love, faith, and encouragement fueled this project when I felt too tired to carry on. Their never failing support inspired me to continue my journey by completing this thesis and preparing for a career upon graduation.

Autobiographical Sketch

This research and inquiry stemmed from the desire to give back to the community that raised me, and make it a better place for upcoming generations. I was born and raised in West Virginia, moving a total of eight times due to my father's career as a United Methodist Minister. In both elementary and middle school, if there was a visual arts program offered, it simply catered to the parents' desires, consisting mainly of holiday ornaments; however, my family history is rich with artists, and I was able to learn from their paintings and drawings, even if the style was limited. Parkersburg Catholic, the secondary school I attended, offered one required art class for everyone. As I had just moved to town and started late, I was enrolled as the only junior in a cookie cutter class filled with freshmen. It did not take long before the instructor realized my potential and accommodated her curriculum to challenge me. The following year I took the Art 2 class, in which there were no boundaries for media or content. It was in the art classroom that I felt safe to relay my feeling, interests, knowledge, and general thoughts through my artwork. Feelings of pressure and intimidation were left at the door, and I knew I wanted to continue my artistic journey in college. Upon arriving at West Virginia Wesleyan my enthusiasm was curbed by the realization that my previous experience and education in art lacked drastically compared to the others who often bragged about their AP art courses. So I started on the bottom tier and fought my way to the top, graduating with my B.A. in Religious Studies and Painting and Drawing in 2013 with plans to continue in the Theology of the Arts program at Wesley Seminary in Washington D.C.. However, unforeseen family circumstances brought me back home to West Virginia, wondering what I could do instead. Finally, in the spring of 2015, I began my journey of completing a master's

degree in Art Education and Art Therapy at West Virginia University. My experiences formed my identity not only as an artist, but also as a future teacher. I eagerly await the day students will have the chance to find comfort, healing, and expression in my classroom through traditional and alternative artistic process and approaches.

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CHAPTER ONE

Introduction

1.1 Study Topic

The United States has often been referred to as a “melting pot,” a metaphor for a “society where many different types of people blend together as one” (“Urban dictionary” 2005). While the label has morphed into new and more contemporary terms, our country has begun to value differences in culture while emphasizing the traditions that belong to diverse groups within the United States. As much as attempts are made to encourage individuals to hold onto their culture, the melting pot label no longer pertains to a variety of approaches to life, especially when it comes to the education of our children and the K-12 classroom.

With an increase of language diversity, children with disabilities, and trauma filled pasts the challenge to fit in with the flow of the English speaking American schools is intensified. Students with a primary language other than English may be completely lost. Some students with disabilities may find they cannot speak the way their peers do. Students daunted by trauma in their past and home lives may hide in the crowd, afraid to communicate, learn, or even socialize. In search of a path that provides opportunity for all of the students the educational system introduced differentiated teaching and learning (Dean, Hubbell, Pitler, & Stone, 2012). Differentiated classrooms do not necessarily cater to every student individually, but rather insure there are lessons geared toward every form of learning. Two of the most common of these are *kinetic* - the use of movement, action, or touch in learning - and *non-linguistic representations*. Non-linguistic representations are important “because they tap into students’ natural tendency for visual image

processing, which helps them construct meaning of relevant content and skills and have a better capacity to recall it later” (Dean, Hubbell, Pitler, & Stone, p.64). Implementing non-linguistic representations can be done in any classroom, but thrives in the art classroom where images, models, and visual imagery become a form of speech, whether it be from the process or the product.

This study examined the potential of using the artistic process as a means of communication among non-verbal learners, or those who do not or cannot communicate verbally. The study consisted of observations at three different sites. Site 1 included a family attending counseling for the loss of a child, seeking healing for such a traumatic event. While this family had been receiving counseling regularly, they felt they had reached a road block in the traditional form of talk therapy, the traditional treatment designed to bring about healing, adjustment, or rehabilitation through discussion with a trained professional, especially for the children. As they looked for options, I was asked to step in and initiate some art activities employing art therapy techniques during the sessions in order to boost communication and improve the well-being of family members. Site 2 was an outpatient adult unit, where patients spent a short time after attempted suicide. Patients here were from a variety of backgrounds, cultures, and social economic status. Through multiple types of therapy and art therapy activities, they bonded, expressed themselves, and began to heal. Site 3 was a K-8 school in rural West Virginia where I was able to work with students during an Art Therapy class I attended as a graduate student while at West Virginia University. Through each case study, I participated in opportunities of communication, expression, and improvement of well-being to each participant through art making activities and artistic process. The study sought to provide possible solutions to the problems of the lack of therapists and counselors currently available in our schools for those children who need such care.

Using artistic process as a form of communication or expressive outlet is an inexpensive way to integrate a small portion of therapy and provide a differentiated learning opportunity to students who are not succeeding in a general education classroom. Through the artistic process students and clients are able to find a place of calm and healing, communicate ideas that were often overlooked, and express feelings they did not even know existed. Incorporating this into multiple classrooms could be a way to help students across the curriculum improve their emotional, academic, and social well-being.

In addition, this study examined the use of the artistic process in art therapy as compared to other therapies, including talk therapy—a treatment designed to bring about healing, adjustment, or rehabilitation through discussion with a trained professional (Rubin, 2010). While the two serve the same purpose there are radical differences in the outcome of sessions when artistic process is employed as a means of communication, as often clients are not even aware they are communicating through the process until the end.

My study included a variety of participants in three settings: a family in counseling; middle school students; and adults in an out-patient unit. The data was collected from sessions and classes over two semesters, within a 10 month period. The study demonstrated how the integration of the artistic process could be beneficial to understanding the thoughts and metacognitive process of those unable to express themselves verbally as well as the over-all well-being of participants.

The research questions, which framed my study included:

1. Can artistic process and art therapy approaches improve the well-being of selected learners?
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3. Does artistic process stifle thinking and/or communication?
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 - b. Can art process support metacognitive process and thinking?

1.2 Significance/Relevance of Study

There is a currently a gap in the literature on how we communicate with non-verbal learners and whether artistic process can aid those learners who cannot or do not want to participate in verbal communication as well as a lack of qualified counselors and therapists in the K-12 school system, and more specifically in West Virginia. The study examined the potential of using artistic process as a means of communication to help non-verbal learners including those who do not or cannot communicate verbally, as well as investigate the impact of the artistic process on the overall emotional well-being of all students.

Failing to recognize the importance of catering to different learning styles, such as nonlinguistic or visual, is a disservice to the students, as it leaves them behind in both the classroom and the social group of their peers. Disregarding the artistic process as a form of communication or healing may unwittingly communicate that students who are not prone to the general verbal learning strategies have less value than other students. Some art educators may avoid using the artistic process as a personal means of communication, worrying that they are not equipped to deal with the issues that arise from such cases. They may feel it is better suited for an art therapist, or school counselor. Nevertheless, art educators provide value to these learners in the classroom and should be willing to incorporate some form of visual literacy, even if it is something as simple as an expressive journal prompt, which shows students their lives matter and are relevant to the education they are receiving. The-problem is magnified when some learners cannot communicate, and art educators are not equipped to deal with this. Although not every student will find this approach a necessary means of communication or form of healing, and many will leave it behind,

art educators should strive to develop an understanding of the students and help them appreciate such lessons by applying it to their lives. By studying the different artistic approaches and art activities used with non-verbal learners, this study may provide art educators with a new way to communicate with these learners and gain a deeper understanding of their emotional and/or psychological state when dealing with trauma or stress.

1.3 Problem Statement

In the current educational system some learners cannot communicate, and art educators must be better equipped to deal with this. The fact that learners cannot communicate in each setting should not hinder their learning environment. While learning the elements of art and principles of design are key to understanding art, art educators can provide additional opportunities of communication, expression, and understanding through their lessons. Therefore, instructors must create lessons that relate to the students, and create opportunities for them to create expression through their artwork. Visual Culture, which is made up of an abundance of art forms, can be used as an important form of visual literacy in the classroom to help non-verbal learners communicate. Visual culture is what a society surrounds itself with, what we watch on television, and the objects we use to express ourselves in daily life (Freedman, 2003). Therefore, including and keeping up with visual culture is not only essential to life, but also to education, and society. “Art educators are embracing these changes, even as we critique them, because they reveal that art is a part of students’ everyday lives and that art education is vital in the contemporary world.” (Freedman, p. 38). Each day students speak through visual culture, and this non-verbal speech can be continued in the art classroom through artistic process, showing students their thoughts and feelings are important. Unlike simply studying style, periods, techniques, artists, and other specific art

curricula, using the artistic process as an expressive outlet needs to be cultivated in classrooms to provide students with a new way of communicating, expression, and understanding. Students need to be better equipped with the necessary tools for communication and expression if these outlets for discussion, and form of cognition and engagement are not provided. As it is, we often leave students struggling as they venture into life, jobs, group work, and everyday tasks. Art educators must scaffold such an understanding of the artistic process by exploring artists and their big ideas, applying those to student's lives, and implement the art-making process into their everyday lives. In order to meet high expectations art educators must see students more than once a week, and be provided with many materials including those with kinetic qualities such as clay. Not only does this provide an opportunity to improve the overall well-being of students, but it may additionally further enrich the study of metacognition in students with special needs, finding a way to communicate and find meaning within them.

Yet the field of visual arts is among a growing list of educational opportunities that are continually underfunded and undervalued across our nation, leaving less opportunity for students with visual thinking learning styles to participate fully in school. Furthermore, the arts programs are normally the only opportunity for all students to find therapeutic qualities in their education, or even their daily lives. In the National Assessment of Education Progress Report (2017), 280 schools and 8,800 students were assessed in the visual arts. "The average responding score for students in grade 8 dropped from 150 in 2008 to 147 in 2016" (Ravipati, 2017, p.1) which may seem insignificant, but this statistic reveals where the largest deficits lie as students who attended private schools had a higher average score, by 16 points, than those in public schools. Students enrolled in the National School Lunch Program furthered this deficit by scoring an average of 22 points lower than students not eligible for the program (Ravipati). In this study the majority of

students worked within the classroom qualified for the National School Lunch Program and were the learners suffering from the most trauma. With this knowledge I was able to observe those students who were on the lower end of the economic scale as opposed to those who were on the upper end. Although nearly all students showed enjoyment in the therapeutic artistic activities those who were in the National School Lunch program not only expressed emotions and stories from their daily lives, but discussed how they found healing in such projects. Students are often unable to perform their best when they are overwhelmed with trauma, and such therapeutic lessons may help relieve such trauma, providing the opportunity for a better learning experience.

1.4 Definition of terms

- **Acculturation:** A process of cultural transformation initiated by contacts between different cultures. At a global level, acculturation takes place as societies experience the transforming impact of international cultural contact. Individuals experience acculturation when their social roles and socialization are shaped by norms and values that are largely foreign to their native culture (Merriam-Webster, n.d.).
- **Communication Apprehension:** Fear or anxiety associated with real or anticipated communication with others. Anxiety syndrome associated with either real or anticipated communication with another person or persons (McCroskey, 2001)
- **Communication Competence:** Ability to take part in effective communication, which is characterized by skills and understandings that enable communication partners to exchange messages successfully (McCroskey, 2001).
- **Kinetic:** Type of hands on, touch, or motion oriented work, projects, or therapy (Dean, Pitler, Hubbell, & Stone, 2012).

- Non-linguistic representation: Communication through pictures and images as opposed to verbal or written representation (Dean, et al., 2012).
- Nonverbal Communication: Any information that is expressed without words (Dean, et al., 2012).
- Nonverbal Learners: those we are unable to communicate with verbally. (Dean, et al., 2012).
- Metacognition: high order thinking that enables understanding and analysis of one's cognitive process, particularly when learning (Merriam-Webster, n. d.).
- Schemata: an underlying organizational pattern or structure such as a conceptual framework (Merriam-Webster, n. d.).
- Talk therapy: a treatment designed to bring about healing, adjustment, or rehabilitation through discussion with a trained professional (Merriam-Webster, n. d.).
- Visual Thinking: is a way to organize your thoughts and improve your ability to think and communicate. It's a great way to convey complex or potentially confusing information. (Merriam-Webster, n. d.).

CHAPTER TWO

Literature Review

2.1 Introduction

Research studies show the importance of art therapy approaches as a way to enhance emotional and social well-being of humans (Dean, Pitler, Hubbell & Stone, 2012; Elbrecht & Antcliff, 2014; Rubin, 2010). This study examined the potential of using artistic process as a means of communication and enhancing the overall emotional well-being of all students, including non-verbal learners or those who do not or cannot communicate verbally. This chapter begins with a brief overview of the importance of visual thinking in the educational settings, not only in the art classroom, but across curriculums. A short history of visual thinking is followed by an examination of the effect of visual thinking, non-linguistic models, and the arts on a variety of learning styles, in order to see if the artistic process will aid students of certain learning styles. Therapeutic qualities of the artistic process as a means of improving over-all emotional well-being and communication for those who otherwise may not communicate are also reviewed.

2.2 A Brief Overview of Visual Thinking in Education

Freedman (2003) challenges the traditional pedagogical ideas in the art classroom by providing new ways of teaching, learning, connecting and expressing students' lives through visual culture. She emphasizes making connections between the social media flooding students' lives and lessons in the classroom, allowing the material taught to be relevant. "Visual culture is social, political, and economic, as well as personal, and involves the connections between and among various contemporary and historical forms" (Freedman, p. 38). Freedman advocates for a shift in focus, not forcing students to only learn the skills, but allowing them to learn to express themselves through the skills and artistic process. All of these ideas combined point to an overarching theme of a change in curriculum that allows for connections between the learner and their art-making.

In “The Importance of Student Artistic Production to Teaching Visual Culture,” Freedman discusses the effects of using visual culture in the artistic process, as well as through a cross curricular connection. Freedman states that art educators have made a critical step in including visual culture in the classroom. Art educators are embracing these changes, even as we critique them, because they reveal that art is a part of students’ everyday lives and that art education is vital in the contemporary world and argues that “unless educators are able to use this visual culture that is overwhelmingly present in students’ lives they are not as successful in making the material relevant to the students’ lives, leaving them uninterested and unmotivated” (Freedman, p. 38).

The author points out that visual culture is an excellent way to teach learners that artwork can express emotions or suggest ideas, and challenges learners to try the same thing in their own work (Freedman, 2003). She continues to stress how important artistic process and production are for students to realize their potential of communicating ideas, and believes the connection to visual culture can provide students an opportunity to make a connection to prior knowledge, which can help develop skills or provide motivation. Once this connection is made, an educator can work on incorporating the artistic skills in the process, so that students can better express themselves. Freedman by no means wants to undermine the development of the students who intend to be arts professionals (Freedman, 2003). Freedman emphasizes the idea of identity being expressed through the artistic process and product. She believes learners should see “art as a social action, a form of self-expression, or a social statement or personal journey” (p. 39). With this in mind, students are able to communicate through their artwork, without the pressure to create a professional work of art, but a conceptual work of art, that can many times be related to other areas of education. Freedman argues that unless students are able to discuss these works during a

critique, the process is not complete, believing the “artistic production should illustrate student identities, skills, and critiquing abilities” (Freedman, p. 40).

Freedman’s pedagogy supports the purpose of this study while emphasizing the idea that artistic process can provide a means of communication and self-expression. While she presents a compelling argument and a thorough explanation for using the artistic process and production in the general education classroom, she does not mention the effects of using the artistic process with non-verbal learners.

If all of these effects of expression are true in the general education classroom, they would provide a means of communication that non-verbal learners often miss out on. Whether these learners are unable, or unwilling to communicate verbally, the artistic process could provide a means of communication that allows the learner to speak through pictures, colors, shapes, lines, textures, and more. A person may be able to show their identity for the first time, or express their views on an issue without having to speak through artistic process.

Although Freedman’s article supports the idea of communication and expression through artistic process, it does not provide the necessary research to help educators see how this may help non-verbal learners in their classroom. Freedman’s advocacy for participation in critiques still once again excludes non-verbal learners. The art classroom should be a place where all students feel safe to communicate, and therefore all students should be provided a similar means of communication. More research is needed to investigate the possible pros to using artistic process as a means of communication with non-verbal learners, which could be provided through this study.

2.3 Learning Styles and the Importance of the Artistic Process

Research has demonstrated the importance of different learning styles in classroom instruction. Authors Dean, Pitler, Hubbell, and Stone (2012) provide research based theories and strategies for helping students gain achievement and be successful in the classroom. Among these strategies is their chapter on nonlinguistic representation, which not only describes them, but lists strategies and examples that have been used in the classroom. The authors state non-linguistic representations are important “because they tap into students’ natural tendency for visual image processing, which helps them construct meaning of relevant content and skills and have a better capacity to recall it later” (Dean, Hubbell, Pitler & Stone, 2012, p.64).

The authors describe five strategies that help to increase student achievement, including: creating graphic organizers, making physical models or manipulatives, generating mental pictures, creating pictures, illustration/pictographs, and engaging in kinesthetic activity. A definition is listed for each strategy, and examples employing each strategy used in the classroom are also given.

Graphic organizers combine both words and symbols to represent and organize knowledge ((Dean, Hubbell, Pitler & Stone, 2012, p. 66). There are six types of graphic organizers, descriptive, time sequence, process/cause effect, episode, generalization/principle, and concept, any of which students may create, organize, summarize, and even test hypotheses. Using graphic organizers helps students connect words or ideas to images or things students already know. Making physical models or manipulatives helps students create mental images of the knowledge presented. These models are “concrete representations of academic content or concepts” (p. 68). Generating mental pictures may often be thought of as a difficult strategy, but the authors suggest teachers simply need to provide “details that enable students to incorporate sounds, smells, tastes, and visual details as part of the overall mental picture” (p. 70). The example given here is from a

lesson on poetry, where the teacher has students create a mental image by imagining everything the boy in the poem would be seeing, feeling, and smelling.

Creating pictures, illustrations, and pictographs is commonly used in classrooms, whether the students are drawing or coloring pictures that represent knowledge, or whether they are using pictographs. The authors state that “pictures and pictographs provide opportunities for students to represent their learning in a personalized manner” (Dean, Hubbell, Pitler & Stone, 2012, p. 71). The last nonlinguistic representation given is engaging in kinesthetic activities. When physical movement is associated with knowledge learners easily generate a mental image of the knowledge. For example, hand gestures can help to cue their memories (p. 73). This strategy should not be limited, but can be implemented in classrooms across the curriculum.

Their research discusses the application of these strategies to today’s learners. Students today have a plethora of tools, which can be used in the classroom, far beyond something as simple as a power point presentation. “With each passing day, it is easier to assume that our students will need communication skills far beyond the basic ability to convey ideas with the written word” (Dean, Hubbell, Pitler & Stone, 2012, p.75).

Their research stresses the importance of nonlinguistic representations and their ability to increase students’ classroom achievement, but does not supply any research from an art education setting, in which nearly all projects are nonlinguistic. The most relevant strategy to this study is creating pictures, illustrations, and pictographs, as these images are symbols or representations of words, thoughts, or subjects. Although this nonlinguistic representation is able to be used in all classrooms, it could be further developed in the art classroom. Instead of only looking at the product or images created, the educators can observe the artistic process, watching how learners create the image, seeing what connections cause the image. This would give insight into the

metacognitive process, showing how students relate words and images in their mind, whether they be spoken or written.

In extension, the importance of nonlinguistic representations for non-verbal learners could be magnified compared to the importance in the general education classroom. Many times educators struggle with how to differentiate lesson for students with disabilities, but if they were able to see how the students navigated the artistic process, they would have more insight into how the student could complete other projects. This could lead to a lighter load when differentiating lessons, a new means of communication, and new strategies to working with students with disabilities. While the literature emphasizes how important communication is through nonlinguistic representations, it does not provide any research with non-verbal learners. As examples are given from a general education classroom, further studies with art teachers could illuminate the importance of non-linguistic representations with non-verbal learners, especially in an art education setting.

Howard Gardner's book is a detailed description of theories on pedagogy and student learning (Gardner, 2011). In his most famous chapter on "Multiple Intelligences Approaches to Understanding," Gardner describes and applies three examples on uses of intelligences to enhance understanding: powerful points of entry, apt analogies, and multiples representations of the central or core ideas of the topic (Gardner, p. 186). Gardner shows that there are multiple styles of learning and intelligence, and that instructors can employ a variety of methods to achieve understanding. Gardner states, "educators need to take into account the differences among minds and, as far as possible, fashion an education that can reach the infinite variety of students" (p. 186).

As Gardner discusses the differences among minds he discusses his three theories on enhancing understanding through multiple intelligences. The first is by providing a powerful point

of entry. This is a vital step of education as it can either engage students or turn them off to a subject immediately. Gardner names seven powerful entry points to accommodate a variety of intelligences, which include narrative, numerical, logical, existential/foundational, aesthetic, hands-on, and interpersonal. He argues that while each easily lends itself to a particular subject all should be applicable across curriculum. “A varied approach greatly increases the likelihood that one will engage a range of students and that they will sign on for the longer run and move toward performances of understanding” (Gardner, 2011, p.199).

The second powerful strategy is the use of analogies and metaphors. This is important as it is the easy way to immediately relate a subject to the learners’ life. Teachers should always be ready to monitor this process, because creating metaphors can be challenging, and students can easily be led astray.

“Once a topic has been compared, and perhaps even contrasted with something the student is familiar with, their interest has been peeked, and they are ready to dive more deeply into the subject. This is a good point in which to build another step in the lesson and have students come up with their own analogies and metaphors, allowing them to make the topic more personal and engaging” (p. 201).

Gardner believes the strongest way to convey definitive features of the idea is through multiple representations, such as models. Models vary greatly depending on what subject it is being applied to, but here again it is stressed to use multiples models in any classroom, because different models will capture unique aspects of the concept. “The individual who can appreciate these individuating features and piece them together ends up with the most versatile, flexible, and desirable understanding” (p. 206). Keeping the models simple or uncluttered will help the learner focus on the important aspects of the topic to gain deeper understanding.

Gardner does his best to define how to orchestrate the three approaches into ideas, how to spread it across the curriculum, how to assess the success, and evaluate what the limitations might be or where misunderstanding may occur. Relating a topic to learners is the first step in creating an environment in which they want to learn. Dean, Hubble, Pitler, & Stone (2014) provided support for these strategies as well. Each strategy was discussed thoroughly and could easily be understood by the reader still, there seemed to be something missing. Although Gardner does provide three examples for each strategy, the examples are not taken from a classroom, and there is no research provided with actual students. This study would not be able to fill the complete gap in research, but could be a start, particularly with aesthetic entry points and multiple representations.

Aesthetic entry points are works of art, or the creation of artwork, with the educator observing the artistic process and final product. This is not only a chance for learners to connect with a topic, but for educators to assess readiness and prior knowledge on a subject, as they are enlightened to the student's cognitive process while observing. Models are an excellent source for non-verbal learners, whether they are creating models, or using them to communicate. A student may not be able to explain the solar system in words, but may be able to draw a picture, or create a literal model, illustrating their knowledge of planet color, size, placement, and relationships.

Gardner also states that each strategy will better relate certain aspects of the topic, and that individuals will better understand select strategies, rather than everyone using all of them equally. However, he does not provide the much needed research with non-verbal learners. If non-verbal learners communicate and understand better through something such as artistic process, verbal learners may struggle with aesthetic entry points. Further research on which style of learning best associates with certain strategies could provide educators with a better chance of reaching whole class understanding.

2.4 Therapeutic Effects of the Artistic Process

Elbrecht and Antcliff (2014) discuss the benefits of using clay as an Art Therapy approach, due to its' kinesthetic qualities. The authors explore how touch and movement associated with the clay trigger the limbic system, which deals with emotions and survival instincts, making it a pathway of communication for people suffering from trauma. The authors emphasize the use of clay as a medium in the art therapy field, and it's healing abilities by referring to a case study. Describe this case study.

The authors debate the idea that art therapy, specifically when using clay, provides an outlet for communication and expression of the unspeakable or unknown through the sense of touch or, haptic perception. This form of art therapy has the potential to “activate neural pathways related to tactile and kinesthetic associations” (Elbrecht & Antcliff, 2014, p. 19). In *The Role of Metaphor in Art Therapy: Theory, Method, and Experience* (2007), the author discusses countless stories of art therapy graduate student's ability to communicate through their art work (Moon). Although he does not refer to clay specifically, he refers to the process as a form of communication, whether it be working with paint, drawing with charcoal, or sculpting.

Elbrecht and Antcliff (2014) state that in many cases people are unable to express a form of trauma they have or are experiencing, and haptic perception provides a passage way to heal from that trauma activating and connecting memories. “What happened is told by the hands through present moment experience of touch in the Clay Field, rather than through cognitive recall of memories” (p.125). They stress the importance of this therapy as they describe the types and impact of trauma, whether it be from a life time of abuse, or a single incident, the human may be affected. Echoed in Moon's stories are the exploration of the hardships of working with those

suffering from trauma and providing them with an expressive outlet through art therapy. The answer is not necessarily found in the client's work or stories, but is a story to be listened too, which is often what the client needs (Moon, 2007).

Elbrecht and Antcliff (2012) also take time to explore the human brain and nervous system, explaining how the sensory activities trigger cognitive functions and conscious experiences. They break down this intensely complex system, selecting to explain the relevant portions with simple examples in the top down approach stating "the therapeutic focus on the cognitive with the intention to manage an overload of emotion, particularly fear, and the related body sensations is called the top-down approach" (Elbrecht & Antcliff, 2012, p.22). This leads to a discussion of touch and haptic perception, specifically with clay.

When people touch the clay their hands provide instant feedback to the brain. There are three types of touch that could supply this feedback: skin, balance, and depth sensibility. Skin refers to sensory perception and early life experiences and nurturing moments; balance refers to communication between hand and the left and right brain, but also recalls memories of parental balance, and depth sensibility describes the active hand, linked to the development of ego consciousness and ability to handle the world (Elbrecht & Antcliff, 2014, p. 23). These forms of touch using clay play into art therapy practices. Having clients create and recreate memories rather than trauma using clay is more important in therapy, giving clients an opportunity to experiment with what brings relief and what does not. This is because clay is believed to have a healing quality that is completed in three phases, but only the first phase of stabilization and safety, discussed in detail, is presented as the most important phase.

The authors use a case study to show how implementing clay in art therapy can be a form of healing. The study includes eleven sessions, in which the client eventually finds peace, learning

to deal with not only anxiety, but new life issues. This study shows that there is not necessarily an equation to the therapy process, but that the client will communicate what they want through clay.

Their own personal observation and experiences unveiled how clay provided a healing connection for learners and clients and suggesting that the haptic perception triggers memories. The authors argue that clay becomes a communicative strategy in therapy sessions is convincing and I have seen firsthand several learners express similar memories and experiences when working with clay. While Elbrecht and Antcliff (2014) do refer to memories that have been suppressed and not yet expressed, they do not discuss using clay with non-verbal learners.

With the three types of touch, and the three phases of healing, non-verbal learners would potentially be provided with the opportunity to express more than memories and trauma. The use of clay in classrooms may allow for non-verbal learners to recall learning experiences, connect content areas, and express new ideas through the artistic process. This artistic process may allow learners with even the most complicated disabilities to participate in the classroom. Some may play with the clay while listening to instructions, creating a kinesthetic memory, some may find it provides an opportunity to speak through their hands, literally molding what they cannot say.

In the art classroom educators may allow learners to work with clay when they are experiencing hard moments, emotions, or simply having trouble communicating. As the literature reveals, clay provides an opportunity for the child to find a calming state, access memories, and then express them. This may be one of the strongest artistic processes in making thinking visible, as it connects directly to the brain, triggering both emotions and memories.

In the book, *Introduction to Art Therapy: Sources & Resources* (2010), author Judith Rubin provides a detailed outline of what art therapy is, who it can help, where it can be used, and why it may be implemented, as well as many case study examples. Most relevant to her study, Rubin

clarifies the difference between art therapists and educators who provide therapeutic art activities, art therapy and other therapies, and lists many instances where the artistic process helps those who are non-verbal to communicate and heal.

The three sections most relevant to this study were Chapter 1 (Previews, Stories from the Art Therapy Studio); Chapter 2, (What is Art Therapy); and Chapter 8, People we Serve. The first chapter shared a variety of art therapy stories that mainly took place at the Pittsburgh Child Guidance Center and dealt with a wide array of both age and media. In each case children began the sessions with little communication, or at least little communication of a problem, but as they began drawing, modeling, or painting the artistic process began to speak for them. Rubin believed that she and the parents were better able to understand the children's thinking either while they were working, or after they had finished and were discussing the product. "With Jack's permission, I sometimes showed his folks his artwork, which often 'explained' him better than my words" (Rubin, 2010, p.13).

The second chapter compares art therapy to therapeutic art in recreational and educational settings, and to other therapies. While art therapy may include elements of education, the primary aim is therapy, and vice versa in the classroom. When referring to art in an educational setting, Rubin argues "the very best art teachers are growth-enhancing individuals, who nurture a student's feeling of competence in a broadly beneficial fashion" (Rubin, 2010, p. 28). She emphasizes the importance of separating the two: Art Therapy and therapeutic art practices, for children, whom may not initially see the difference. This line is particularly blurred when working with people with disabilities. Rubin carefully explains why the training art therapists receive is better suited to treat such individuals. In comparison to other therapies Rubin believes there is room for all and that many therapists overlap activities in their sessions, or work with each other based on what

works most efficiently with their client. “Art therapists do not own art, or its expressive qualities,” but rather offer a “highly developed expertise in the use of art as a central modality in therapy” (p. 47).

In her last section Rubin discussed the people that are served in art therapy, of which there seems to be no limit. “Art therapy is especially good for those who have no words, such as people with autism, deafness, retardation, brain damage, or dementia” (Rubin, 2010, p.167). The author believes that art may be the only communicative channel for those who cannot speak. However, art therapy is not limited to those who cannot speak, but also helps those who are resistant, whether that be children, adolescents, or adults. She explains that although the resistant client may be hesitant to use art materials at first, they quickly open up, and speak beyond words through their images.

Rubin’s book speaks to many of the issues in this study, such as using art as a form of communication, using art with those who are non-verbal, and even exploring the therapeutic qualities of art in schools. However, she does not dive into what the artistic process could explain about such learners, or what potential communication it could have for non-verbal learners in the classroom.

This study provided experiences in which Rubin’s theories about art therapy applied, and proved correct. For example, one group of participants took part in a lesson on self-expressive clay totem poles. She describes how when observing the class and teacher who implemented the lesson we found students had poured their emotions into the pieces, and were able to speak through the art piece. Students created several clay figures representing important life experiences, and stacked them in the form of a totem pole. While this had a therapeutic effect for many students, there was

a lack of expertise from an art therapist that would have been beneficial, as several of the students suffered from extreme trauma, just as Rubin mentioned.

Yet, what Rubin did not discuss, was the impact this assignment could have on non-verbal learners in the classroom. Admittedly the ideal scenario would be to provide each school with an art therapist, but unfortunately, the state and national budgets do not allow for such “luxury.” Instead including therapeutic art for non-verbal learners, and students suffering from trauma may open a door of communication for students not only in the art classroom, but across curriculums. The study of what the artistic process communicates about their ideas and the way a learner thinks, would help student and teacher relationships as well as a learners grades, self-esteem, and general communication.

2.5 Conclusion

Assimilating the research unveiled a much needed connection between school systems or students, related arts, and art therapy techniques. All students’ lives are filled with visual culture and it is the educator’s responsibility to connect that visual culture to learning experiences. There is nowhere easier to do this than the art classroom. All visual culture is ultimately art, and something that students can use to represent feelings, emotions, ideas, stories, or experiences. The students particularly prone to this type of non-verbal communication are visual and kinetic learners, or those who learn most successfully through touch or visual aids and pictures.

Not only will these students thrive, but all students benefit from a variety of learning types, as it helps them adapt to multiple environments and situations. In addition, those learners suffering from any type of trauma may find healing qualities within the artistic process, or at least a way to communicate thoughts they might normally keep to themselves. Having this insight and

communication assists educators in knowing, catering too, and connecting with their students within their learning environment.

CHAPTER THREE

Methodology

3.1 Introduction

This study examined the potential of using the artistic process as a means of communication with nonverbal learners. This chapter discusses the research methodology and design of the proposed research, which aims to unveil how artistic process may improve a person's emotional well-being by gauging the effects on communication, expression, metacognitive process, and ability to socialize with peers.

3.2 Methods

The methodology for this study consisted of multiple case studies taking place in classrooms, counseling, and therapy sessions; each analyzing the role that the artistic process can serve as a means of communication, healing, and insight into the mind. Qualitative research methodologies were implemented in this study because each approach added necessary elements to the study, such as journals, photographs, field notes, mind maps, word clouds, and reflections. Qualitative research offers a variety of settings, strategies, and methods for investigating questions about social and psychological life (Henwood, 2014). This study included three settings, with varied participants and methods as it answered social and psychological questions referring to communication, healing, and understanding. Often this type of analysis is visual, consisting of images and graphic organizers, which is the type of research collected and analyzed throughout

this study. A combination of each was used to answer the research questions, and will be discussed further in Chapter 4.

Once a form of method research was decided, it was necessary to think about who would be observed, where they would be observed, and why they would be observed. I had a unique opportunity to join a family's counseling sessions when they invited me to incorporate art activities into their sessions. The family knew I was enrolled in the Art Education/Visual Arts Therapy program at West Virginia University, and thought it may help improve their sessions. Upon discussing this further with the counselor it was learned that the family was struggling to communicate feelings or expression, and was not healing as well as they could be. This was an opportunity I could not pass up. After gaining permission I collected research from the family in two ways. First, I asked the participants to draw certain images, and then I photographed what they produced. Second, I recorded field notes of what each participant said about their work. These records express far more than the counselor had previously recorded, as they produced much more communication among the family.

After that experience, it was only natural to observe a variety of therapy sessions, some in which art was involved, and some where art therapy was the form of therapy. A treatment center in Morgantown, West Virginia was chosen for its use of multiple therapies. This allowed me to observe the advantages of art therapy, talk therapy, music therapy, and group therapy as well as their limitations.

I collected data before, during, and after each session in the form of observations, field notes, and a reflective research journal. This provided an opportunity to compare and contrast each type of therapy as well as the amount of communication and participation put forth by the client.

No photo documents or recordings were taken of this work as it would have broken multiple rules on the unit, such as using cell phones, photographing clients, or clients work.

The observational field notes serve as not only a record of events, but as a description of emotions, communication, and the general thinking of clients. In addition, the field notes served as a detailed record of the type of therapy, and how each therapy played out. Each session differed greatly from the previous meeting and noting the key aspects of change also helped reveal which sessions tended to provide more communication for clients.

A third research setting took place in a rural school in West Virginia, at a kindergarten through eighth grade school. On average the students attending this school live in low economic standards and frequently suffer from trauma. The teacher designed a project with therapeutic aspects for learners to reflect on their lives, visualizing two or three important life situations. Students wrote journals on the life events they chose, sketched how they would design them, and then actually created the representation out of clay. I was able to observe as students shared about their pieces, and I kept a journal on how the artistic process helped them speak for a time in their lives when they had no words. Photo documentation of the completed artwork is included in this study.

The compilation of field notes, observations, and photo documentation are the three research methods that make up the data collection process for this study, as well as analysis of artistic process and product.

3.3 Site

Research was conducted in a variety of settings. The first of the settings was held in a church, where the pastor met regularly for counseling with a family of four. The sessions were

held in the library of the church with a large table and comfortable chairs. Normally the minister held counseling sessions in his office, however he needed a larger space for the family, but still wanted privacy. The library is located on the third floor of the building and has no windows, just a main entry door. All participants were familiar with the setting, having had Sunday school classes, meetings, or activities in the room.

The second setting was in a center for treatment of mental health illness and addiction for adults, adolescents, and children located in Morgantown, West Virginia. The center, part of a larger hospital serves a variety of patients, not only in age as indicated above, but also in race, gender, and social economical class. The center provides outpatient, inpatient, partial hospitalization, and residential treatment services. The unit which I observed was considered outpatient, where patients were admitted anywhere from one to seven days.

While in the unit each patient had a room, which was shared with a roommate, and access to a day room, filled with games, snacks, couches, a table and chairs, and a television. Often on the wall of the day room artworks of previous and current patients was displayed. In addition to these rooms, patients could use the one stationary telephone located next to the nurse's station, were welcomed into private or group therapy sessions, and could gain the privilege of being escorted to the cafeteria for lunch, or other types of therapy settings such as music or games. Although the patients' needs were met, space within the unit was restricted, leaving little space to walk or be alone.

The third research site was an elementary and middle school in Tucker County, West Virginia. The total number of students in the school is 487, with 51% female and 49% male populations, and a 13:1 student to teacher ratio. The school has a particularly low diversity score at .01 which is less than the state average of .19. This diversity level is so low that there is not

recorded data for each ethnicity. However the school is far above the state average with the percentage of students eligible for free and reduced lunch. The state average is at 22% free and 4% reduced while this school has 46% free and 15% reduced, indicating a high number of impoverished families in the community.

The art education classroom was set up with two seating sections, each made up of four long tables placed in a square. Students sat facing each other, with a smart board and projector at the front of the room, the teacher's desk on the right side, and windows lining the left wall. In the back of the room there were shelves and drying racks full of student work, a sink, as well as two closets. One closet held a kiln and the other was used as storage for supplies and student work. Student work hung on the walls, stood on shelves, and practically covered the room. During this period of research there was no student work displayed outside of the classroom. Students were comfortable in the classroom. They came in quickly, took their seats, and when asked to gather their projects knew exactly what to do.

3.4 Participants

I chose a variety of participants in order to demonstrate that people of all ages could benefit from the use of artistic process; specifically as a means of improving emotional well-being, understanding themselves or others, or communication. Unfortunately for most people, art education, and in extension, artistic opportunities end after elementary or middle school. Young people are encouraged to be creative and express themselves through artwork, but as we age, it suddenly loses importance, leaving many adults without an artistic outlet. How astounding to think about the number of children who color, draw, or paint daily, and compare that to the number of adults who use this process.

In the past I have worked with children in the classroom, in personal art lessons, and in large group painting or crafting sessions, and I found each of these experiences enlightening. They showcased the amount of knowledge a child has, the way they process that knowledge, and it created a window into their feelings or emotional state. However, it is rare that I have worked with adults and this study provided an opportunity for me to witness the importance of the artistic process for all ages. I observed people from kindergarten to 90 years of age, all of which engaged in creative exercises.

In addition, I chose a variety of participants to examine how the artistic process provides insight into trauma, with various learning styles, and with communication and language barriers. Family counseling provided the opportunity to work with children and adults suffering from trauma. School settings allowed me to observe children who achieve through several different learning styles, and some unexpected situations of trauma, but had little diversity. The treatment center served adults of all ages, races, and socio-economical standards. Here I saw the artistic process assist with their communication when verbal communication was affected by trauma, diversity, and cultural barriers.

In the counseling sessions I provided art techniques for the family of four was Caucasian, upper class, with the adults in their low 40s and children ages 5 and 7. Both parents had Masters Degrees and were highly involved in the children's lives, schools, and extracurricular activities. Although the mother has worked before, she was a stay at home mom at the time, devoting herself to becoming a home maker. The children were involved in their school, church, and at least one sport each. As the children were well dressed, fed, and mannered, they did not receive any extra attention at school even though they had just lost a sibling. Over a period of five weeks I was able

to meet with this family, for an hour each time, as they sought to move on with their lives. These participants will be referred by numbers, 1, 2, 3, and 4.

From the sampling of observation I completed at the treatment center, the clients were mostly female; however, there were always one or two males on the floor as well, out of approximately nine patients at a time. The ages varied from 18 years old to 90 years old, with a heavy smattering in-between. For example, on the first day of my observation, there were three individuals 18-20 years old, four individuals 35-60 years old, and only one individual above 70 years old. Each instance of my observation the ages changed, as of course did the clients, but the variety always remained. In the same manner, the educational level, social background, and economic security of the patients varied greatly. Some clients were students, some were professionals, and some were living on disability, or at home with their family, looking for minimum wage employment. It would be impossible to lump the entire group into one stereotype. They were not there because they were poor, or because of their ethnicity, or because of their level of education. Each client had a life story, each needing a support system, and someone to recognize them as a human. They found this at Chestnut Ridge, starting with the support of the individualized planning team, and moving on to group therapy.

The classroom I observed consisted of a single class of seventh grade students with a slight female over male population, about 60% female and 40% male, all Caucasian, and one student with a learning disability. While the students embraced their individuality they also all came from the same town and similar social economic backgrounds. The town is small and rural, and after the local coal mine closed it left members of the community without jobs, or steady income, and often with illnesses caused from the coal mining environment. Even in such a poor economy, the

students showed few physical signs of discomfort or trauma; however, their artistic process and product spoke volumes.

3.5 Limitations

As in any study, mine had its limitations, some predicted and prepared for, while others were not apparent until they were upon me. The limitations identified ahead of time were that none of the sites were mine and I only provided the artistic process in one of them as I was merely an observer and unable to work with the clients or students directly in the other. Limitations that became apparent throughout the process included limited access to the sites, and being unable to record or photograph much of the sessions and work.

1.) Sites were not my own:

As none of the sites were my own, for example, my own classroom, or my own therapy clinic, I was limited to what the cooperating teacher and therapists had already planned, set up, and approved of doing. The counseling session in the church were the least limited as the minister allowed me access to the room ahead of time, and discussed the art activities with me, looking into every option I presented. However, as I did not yet have a certification in Art Therapy, I could not plan these sessions without him, and had to work specifically in his session and space.

In the treatment center the art therapy sessions took place in the same location as all other group therapy sessions, and was never offered as a one on one therapy. This meant I could only observe what happened in the group, and have no data on how artistic process may help make thinking visible when a learner is one on one with a therapist. Clients were also more guarded in all group sessions, and took much longer to freely express themselves than one may have in a personal session.

In the classroom space was limited, projects were not kept as organized and neatly as I would have preferred, and students were so close to their neighbors that even if they tried to share the thinking behind their projects with just the teacher, at least one other student would be listening in. during the artistic process students were constantly influenced by peers.

2.) I was not a participant:

Although it was still informative to observe the treatment center and classroom, I was not an actual participant in either the therapy or as a teacher. In the treatment center I was strictly an observer, unable to speak directly to clients, which hindered me from asking questions both during the artistic process, and other types of therapy. In the classroom I was slightly more involved, having helped the teacher develop the lesson during a class we took together, but when it came to the actual work, she was the teacher implementing, and I was mostly observing, and listening to the sharing at the end of the lesson.

Although each site had its restrictions, the overall product was satisfactory for the study. Now that these restrictions are known, it would be easy to attend to them prior to conducting a second study or set of research on this topic.

CHAPTER FOUR

4.0 Data Collection and Analysis

This study examined the potential of using the artistic process as a means of communicating to nonverbal learners—or students who do not or cannot communicate verbally. This chapter described the data that resulted from three separate sites: 1) a set of family counseling sessions over a six week period; 2) an eight week long observations of therapeutic treatment; and, 3) a separate study of a one week long project in a seventh grade classroom. The study attempted to determine whether the emotional well-being of learners could be improved through artistic process in a variety of settings. While observations were made in a variety of settings, the end goal was to fuse artistic process into educational settings with non-verbal learners as a way to promote emotional well-being among them.

This chapter was divided into three sections, one for each guiding research question. Additionally, Research Question 1 was divided into three case studies, to examine the use of multiple therapeutic approaches.

For Research Question 1, how can the artistic process improve the overall well-being of individuals, I used the data collected in the form of field notes and photographs from the counseling sessions and in the form of field notes through observation at a treatment center to show incremental changes throughout the observational period. All of these notes and photographs were typed into journal entries, and evaluated through use of mind maps and word clouds.

Observations & Field Notes

As observation is not considered a form of data until it is written, all observations were recorded as hand written field notes within a notebook, which was later typed into a digital format.

These notes were the most detailed record of events pertaining to this study. The observation allowed me to capture moments of emotions, decisions, and thought in all sites. The pressure of recording the notes in a timely manner also allowed thoughts to be recorded without being amended, leaving more for me to reflect on when analyzing the data for this study.

Artwork

Although I was unable to photograph artwork in the treatment center, I was able to photograph artwork in the classroom, as well as during the counseling sessions with the family. These photographs served as part of the data, as they enabled me to review what the artistic process meant to each student or participant while they worked. They also served as evidence demonstrating how much a person can say while using artistic process, after journaling each session I was able to create mind maps and word clouds which relayed the participants' main ideas and actions. As each word or idea was repeated, it became more prominent in the word cloud or mind map, growing larger, or having more ideas and emotions stem from it.

The following matrix charted the collection and analysis tools I used for this study.

Research Question	Collection Tools	Analysis Tools
1. Can artistic process and art therapy approaches improve the well-being of selected learners?	Observations, field notes, document review (i.e. artworks)	Word Clouds and Mind Maps
1a. What are the benefits of using art therapy approaches on non-verbal learners?	Observations, Artworks, Field Notes	Mind Maps
1b. What is talk therapy, and how can it be used to non-verbal learners?	Observations, Field Notes, and Journal Entries	Mind Map
2. How is artistic process used to positively	Artworks, Discussion, Observation, Field Notes	Word Cloud

communicate with non-verbal learners?		
2a. Does artistic process make communication available for those who are unwilling or unable to communicate verbally?	Artwork, Discussion, Field Notes	Journal entries
3. Does artistic process stifle thinking and/or communication	Observation	Journal Entries
3a. Can artistic process help non-verbal learners with metacognitive process?	Observation, Artwork, Discussion, Journal Entries.	Mind Maps
3b. Can art process support metacognitive process and thinking?	Observation, Artwork, Discussion, Journal Entries.	Mind Maps

When approached with the proposition of providing art therapy techniques to the family receiving counseling, I had little knowledge on what the issue was. From the outside perspective the family seemed nearly “picture perfect”, with the children showing no signs of trauma at church functions. However, after discussion with the minister, also the counselor, I learned that since the family had lost their infant, the parents had not been able to recover, and their constant fighting was wearing on the children, not to mention the children themselves had not had the opportunity to fully grieve the loss of their sibling. The counselor also shared that the family was struggling to share their thoughts or feelings verbally, and that he and the family thought this may help work out some things they did not know how to say.

In preparation I reviewed art therapist Hannah Kwiatkowski’s six steps in family art therapy (Kwiatkowski, 1967). I presented my plan to the counselor which was to meet with the family at least five times, once for each step. This allowed time for drawing, coloring and the discussion of all of the images created during the session. He agreed it could provide an expressive outlet and perhaps lead to healing for the family.

Upon the first meeting I talked with the family, already very comfortable with me as I worked with the children's group at the church they attended, and discussed why I would be providing these artistic techniques, how I would use them in my research, and then how the process would unfold. The six step process included six drawings. The first was a free picture, second a family portrait, third an abstract family portrait, fourth a scribble picture, fifth a family scribble picture, and lastly closing with another free picture. It was during this first meeting that Participant 2, the mother of the family, thanked me for providing this technique, mentioning that it was really for the children. However, the more I observed the more I learned it was as much for the adults as for the children.

At each of the sessions the counselor began with his usual check in, asking each participant how their week had gone, and what were the highs and lows of the week. He began sessions like this to clear any tension and remind the family they were under no pressure in this safe space. Normally he would ask the group to name any concerns for the week, however, as agreed upon, we started with an art activity. The first step in Kwiatkowski's six step process is for the family to draw a free picture. As I instructed them to draw their free picture I emphasized that this image did not need to be realistic, or show great artistic skill, it was just an expressive free drawing. Participants 1 and 4, the father and daughter (5 years old) in the family began drawing quite rapidly, while participants 2 and 3, the mother and son, were more hesitant. Participant 2 asked a few times, "So this can be any image? There's not a specific thing you want us to draw?" I answered her each time that it was a totally free picture, the content was her decision. Participant 3 (7 years old) frequently asked me if his image looked like what he was trying to portray, as if he was afraid of disappointing someone with his drawing. The family took their time drawing, about 20 minutes in total. As they were drawing the counselor and I commented on their pictures, asking

what they had drawn and why. When each of them had completed their image we took a moment to look at each individuals drawing and discuss it.

Participant 2 drew a simple fruit basket still life and said, “I did not know what to draw so I ended up doing what I thought most people do.” To which participant 1 replied, “You don’t always have to do what everyone else does.” The counselor then led a discussion on why she may have chosen that path, and why it may have felt safest to her at the moment. Participant 4 drew a series of shapes and colored them in. She informed us all that they were foods they would all eat at a family dinner soon. Participant 3 drew a religious image of Jesus revealing himself to the disciples in the Upper Room. He proceeded to tell us everything he had learned in church that week, and participant 2 said, “Why didn’t you tell us this at home?” He lowered his head and said there hadn’t been a good time yet. Participant 1’s image brought the most discussion, as he had drawn a green monster, which participants 3 and 4 described to have an “angry face.” As it turned out, the participant 1 felt the week had gone badly and was upset with nearly everyone.



Figure 1. Participant 1, Drawing 1, Free Draw.



Figure 2. Participant 2, Drawing 1, Free Draw.



Figure 3. Participant 3, Drawing 1, Free Draw.



Figure 4. Participant 4, Drawing 1, Free Draw.

The second time we met participant 2 informed me that they had not eaten dinner as a family in months, and after last week's session they decided to reinstate the tradition of eating each evening together. During this session I instructed the family to do their best in drawing a picture of their family. Participant 1 drew his image quickly, as colored in stick figures, all with smiles. Participant 2's was similar, but with little color. Participants 3 and 4 took the longest to complete this image. Participant 3 drew his mother first, with great detail and pattern in her clothes, and repeated the process with his father second, and his sister third. He was the last figure on the page, with the least amount of detail and color, practically looking unfinished. Participant 4 drew her

best version of people, circle people, and had five figures on the page. Although the sun was out, and four of the figures were smiling, the fifth one, right between herself and her brother, was frowning, and did not match any of the others in color. Her father and brother were green, and she and her mother were pink. The other figure was yellow, and when asked about it she told us “It’s my sister. She’s not happy with us anymore though, because she’s happier in heaven.” The majority of this session was spent discussing the children rather than the arguments of the parents.



Figure 5. Participant 1, Drawing 2, Family Portrait.

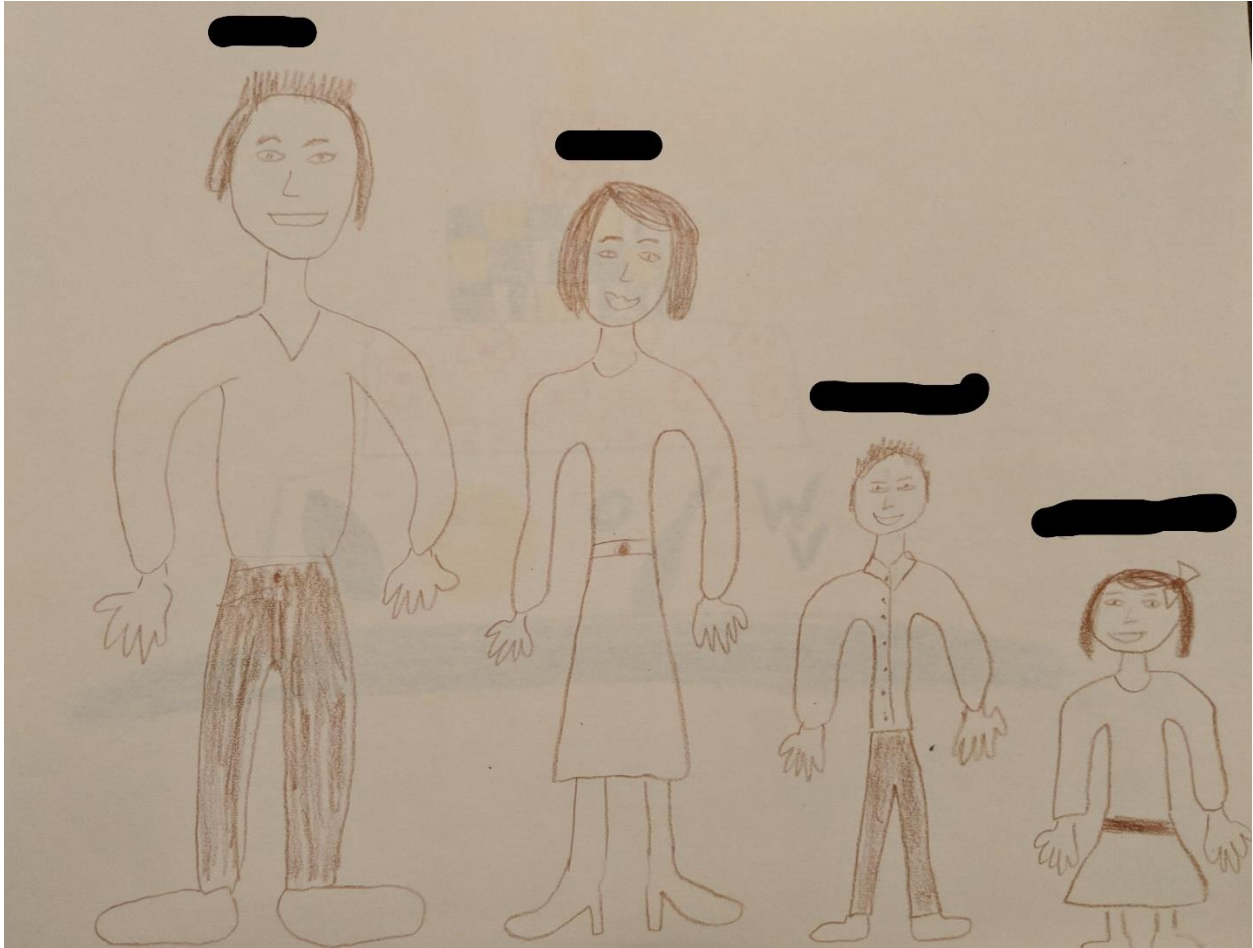


Figure 6. Participant 2, Drawing 2, Family Portrait.

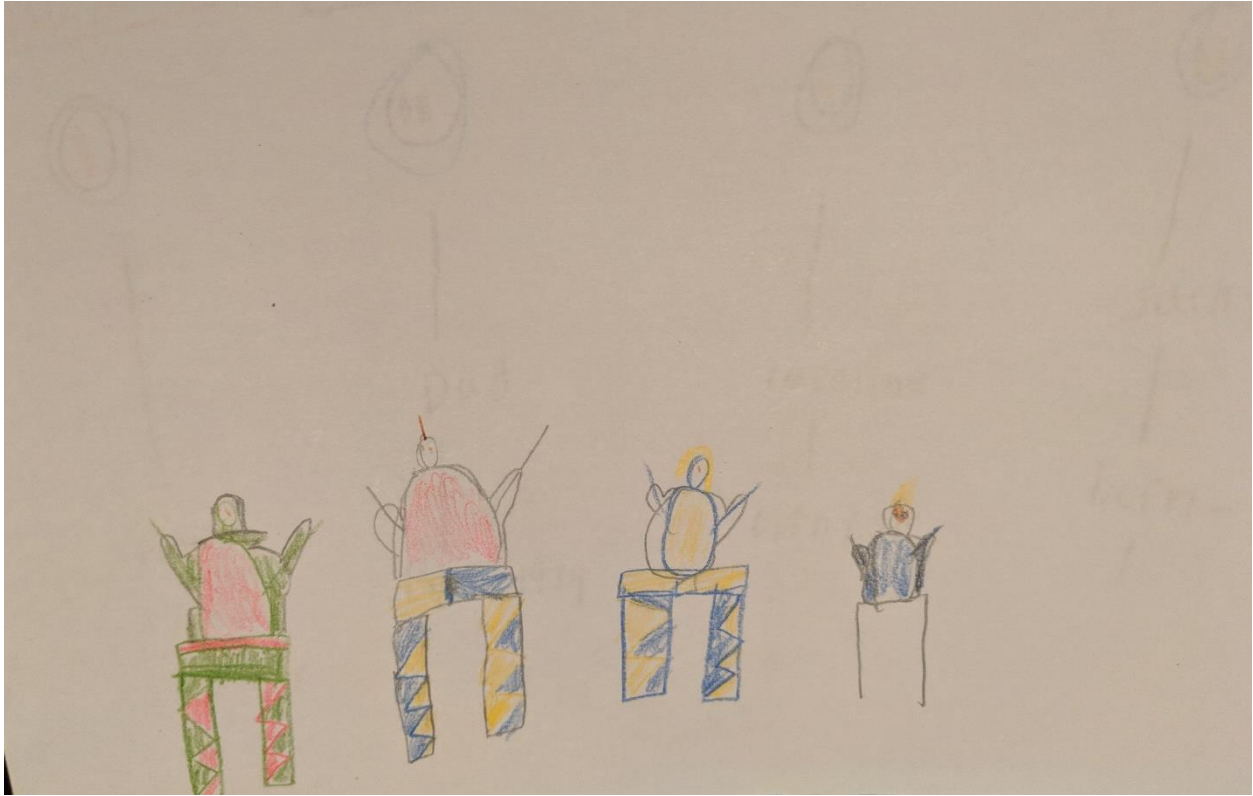


Figure 7. Participant 3, Drawing 2, Family Portrait.



Figure 8. Participant 4, Drawing 2, Family Portrait.

The third time we met I instructed the participants to draw another family portrait, but this time it had to be an abstract portrait. Participants 3 and 4 needed more of a description of what abstract meant as they did not quite understand how to draw a person without drawing a person. The end results were interesting to say the least. Participant 1 drew a large square and split it into four boxes. The top two boxes represented the parents in the family, with a solid pink box for his wife, and a blue and gold box for himself. He felt that these colors represented their personalities best. The bottom two boxes were both split into two color sections, orange and blue for his son,

and pink and purple for his daughter. He felt his daughter had a lot of the same characteristics of his wife, and his son had similar characteristics to himself. This made Participant 3 smile widely and pick up his attitude for the rest of the session.

In Participant 2's drawing of a cake each family member was represented by a layer. The largest layer, the bottom layer, was her husband, and it was decorated with sports symbols. Her own layer was covered with flowers, her sons layer a series of checkered squares, and her daughter's layer, the top, was full of wavy lines. When the counselor asked her why she chose this order she said, "Well, because Participant 1 is the husband and supports the whole family, I assist him, and the children are dependent on us."

Participant 4 looked at participant 2's drawing and asked, "Is the candle my sister?"

Participant 2 hesitated, looked at her drawing, and answered, "Yes, it could be. Do you think it is?"

"Yes" she answered.

Participant 3 drew his abstract family in the form of a timeline, in the same order as his first family portrait. He listed his mother first, father second, sister third, and himself last. Again this was not the chronological order, as his father was oldest, and he is older than his sister. The counselor also asked him why he chose this order.

Participant 3 answered vaguely, "Because my parents are the most important, then my sister and I."

Participant 4's image was all one color, her favorite color, with a stack of shapes representing each member of her family. Her parent's figures were taller than her and her brother, but they were not labeled individually.



Figure 9. Participant 1, Drawing 3, Abstract Family Portrait.



Figure 10. Participant 2, Drawing 3, Abstract Family Portrait.

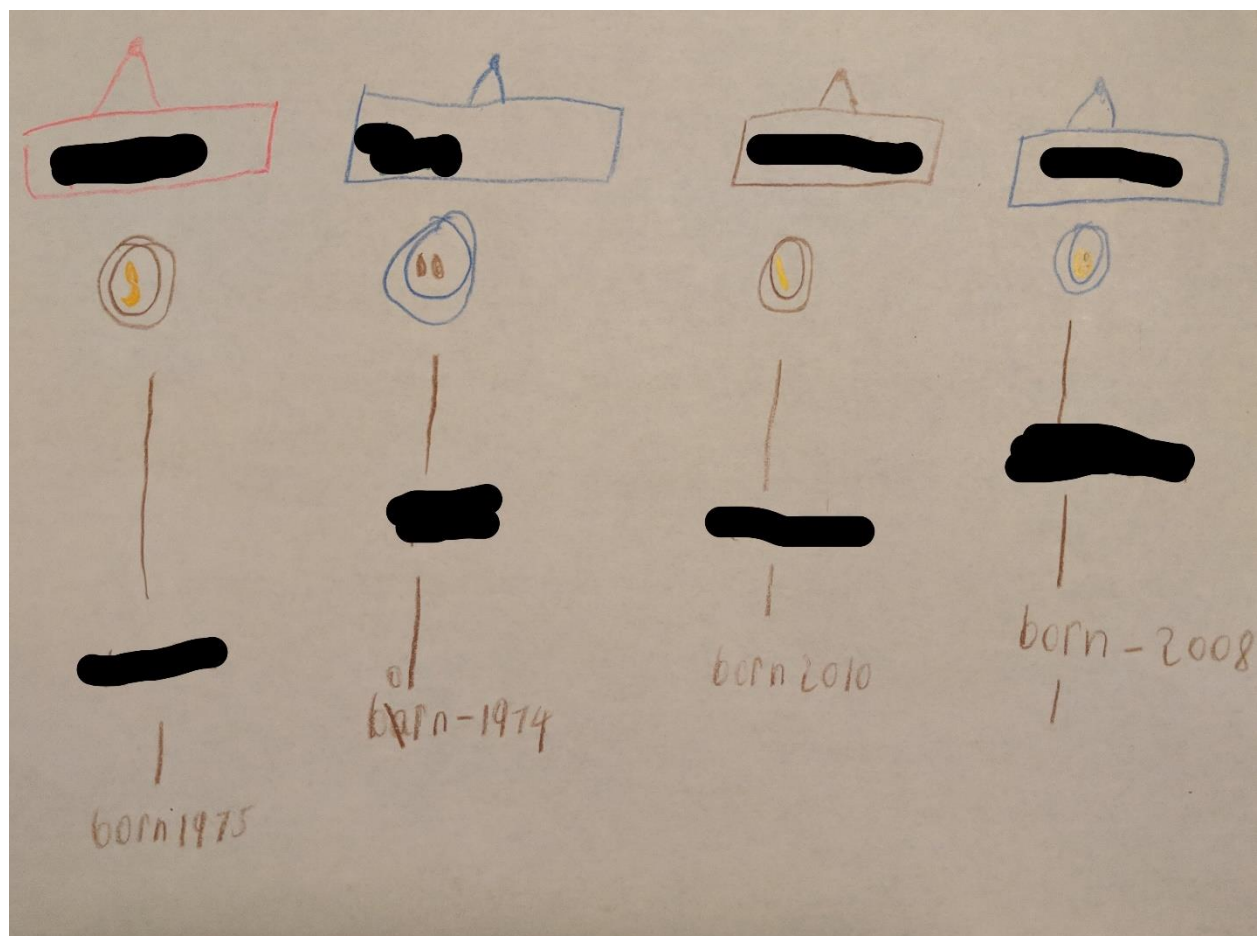


Figure 11. Participant 3, Drawing 3, Abstract Family Portrait.

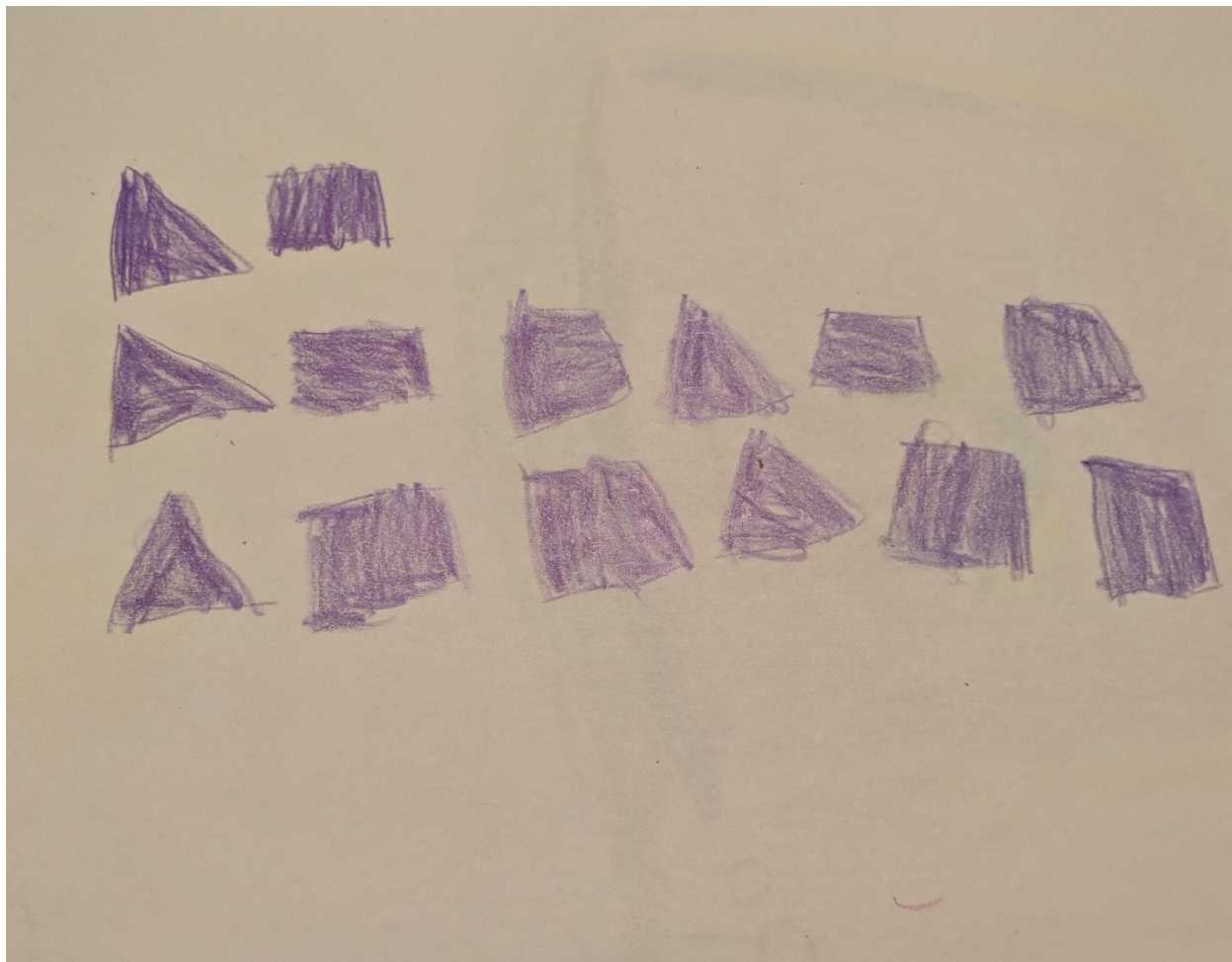


Figure 12. Participant 4, Drawing 3, Abstract Family Portrait

During the fourth meeting the family actually created two pictures. These were both scribble images, in which they scribbled on their paper for a set amount of time and then turned the lines into an image. They each completed one individually, and then created one group image. All participants except of Participant 3 filled their page with aggressive and fast scribbles. Participant 3 made about six curvy lines, slowly. When it was time to turn these scribbles into images, Participant 1 easily turned his image into something he saw, a train, Participant 4 happily drew images into the lines, but participant 2 struggled to create anything from the marks on her

page. When Participant 4 saw this she offered to assist her, and Participant 2 agreed to it. Participant 3 carefully connected his lines and colored them in, creating a series of curvy tubes.

They worked quietly during this portion of the session, but when working collaboratively they burst forth with lively discussion about what they would create and what each other's lines and marks could become. They enthusiastically agreed to draw a train factory and worked well together sharing space and materials. The counselor ended the session by discussing how well they got along during that activity and suggested more family activities during the following week.

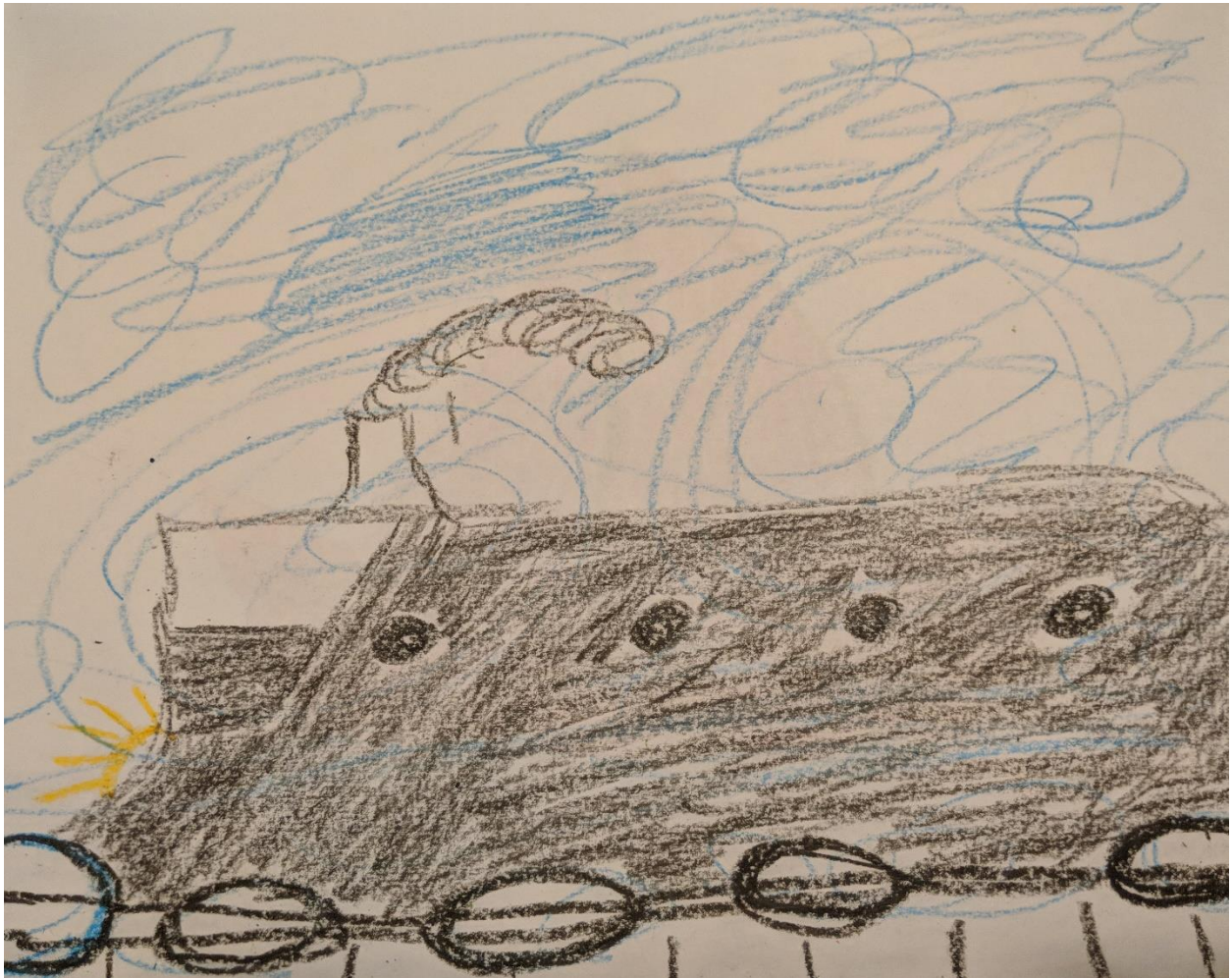


Figure 13. Participant 1, Drawing 4, Scribble Drawing.



Figure 14. Participant 2, Drawing 4, Scribble Drawing.

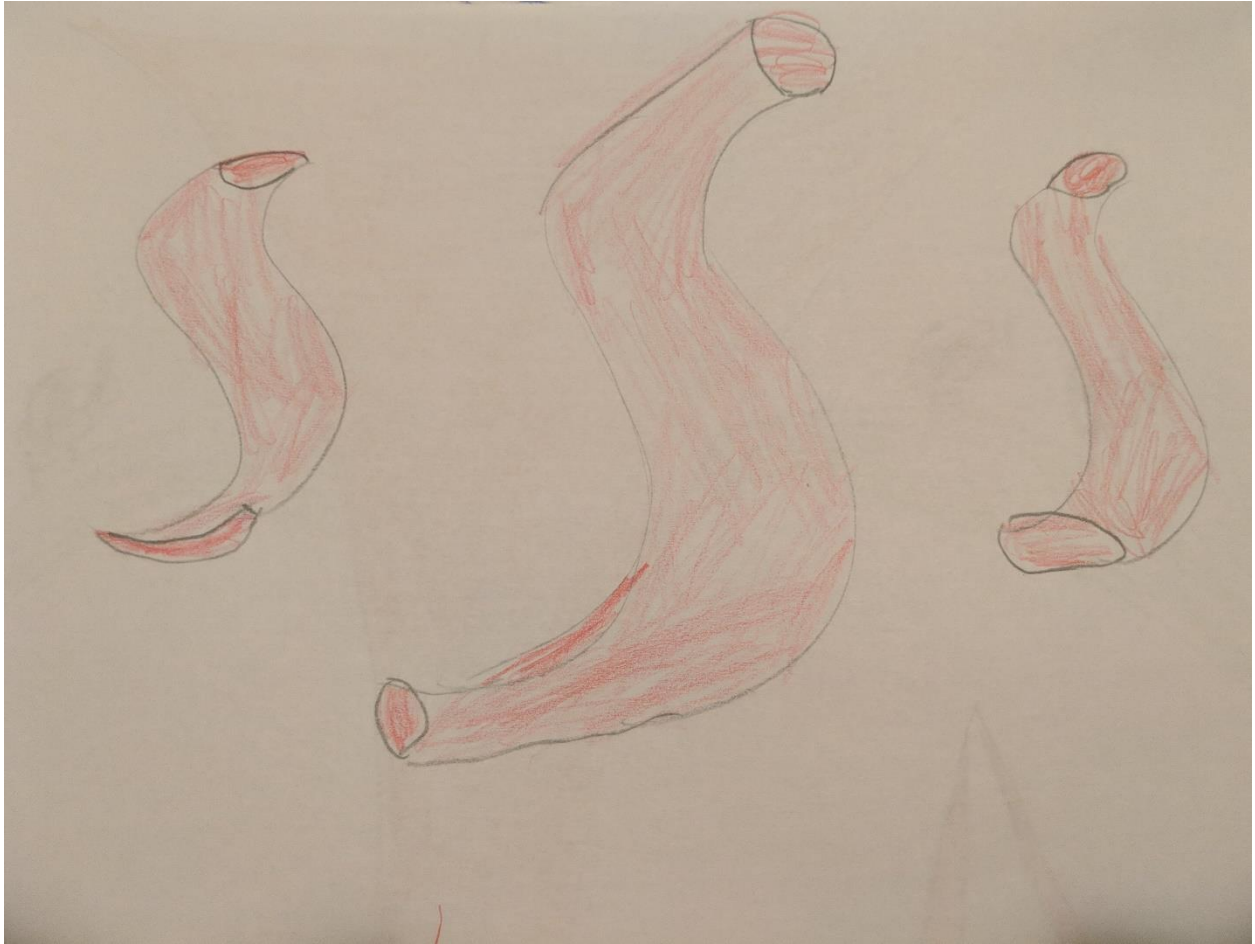


Figure 15. Participant 3, Drawing 4, Scribble Drawing.



Figure 16. Participant 4, Drawing 4, Scribble Drawing.



Figure 17. Participants 1,2,3, and 4, Collaborative Family Drawing.

In the final session the family was once again given the opportunity to free draw. This time none of them had hesitation and immediately went to work drawing and coloring on their papers, commenting on each other's work now and then. Each person seemed to actually draw freely, making positive and open scenes such as flowers, fields, or a house on a sunny day. The counselor began speaking to each participant while they were still drawing, and they began discussing things openly, which led into a productive session, with great improvement from the first one I observed. Providing the family with an opportunity to illustrate their thoughts helped them break through the

language barrier from which they were suffering. The illustrations brought insight on each of their personal issues while going through the family trauma, allowing them to sympathize and comfort one another.

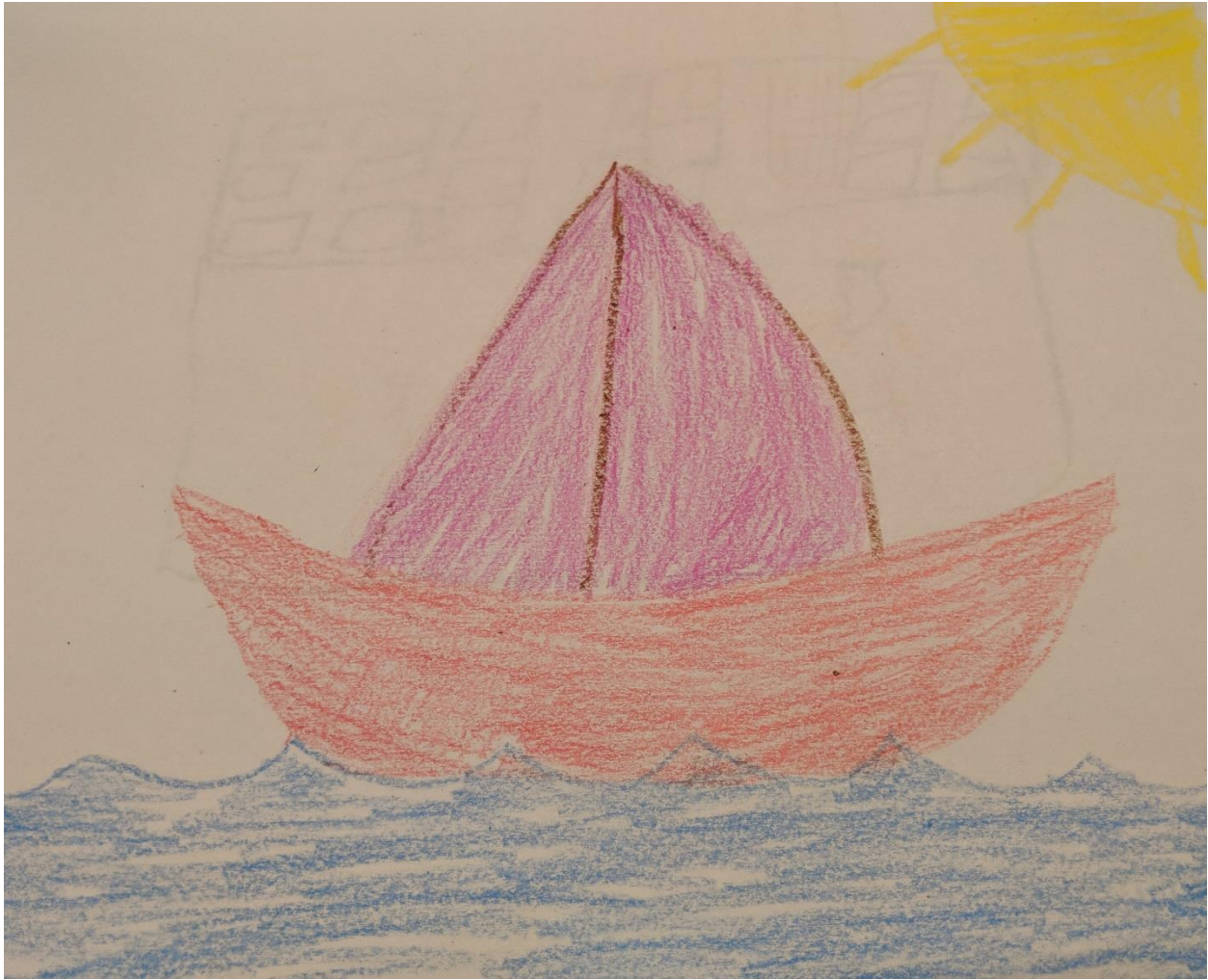


Figure 18. Participant 1, Drawing 5, Free Draw.



Figure 19. Participant 2, Drawing 5, Free Draw.

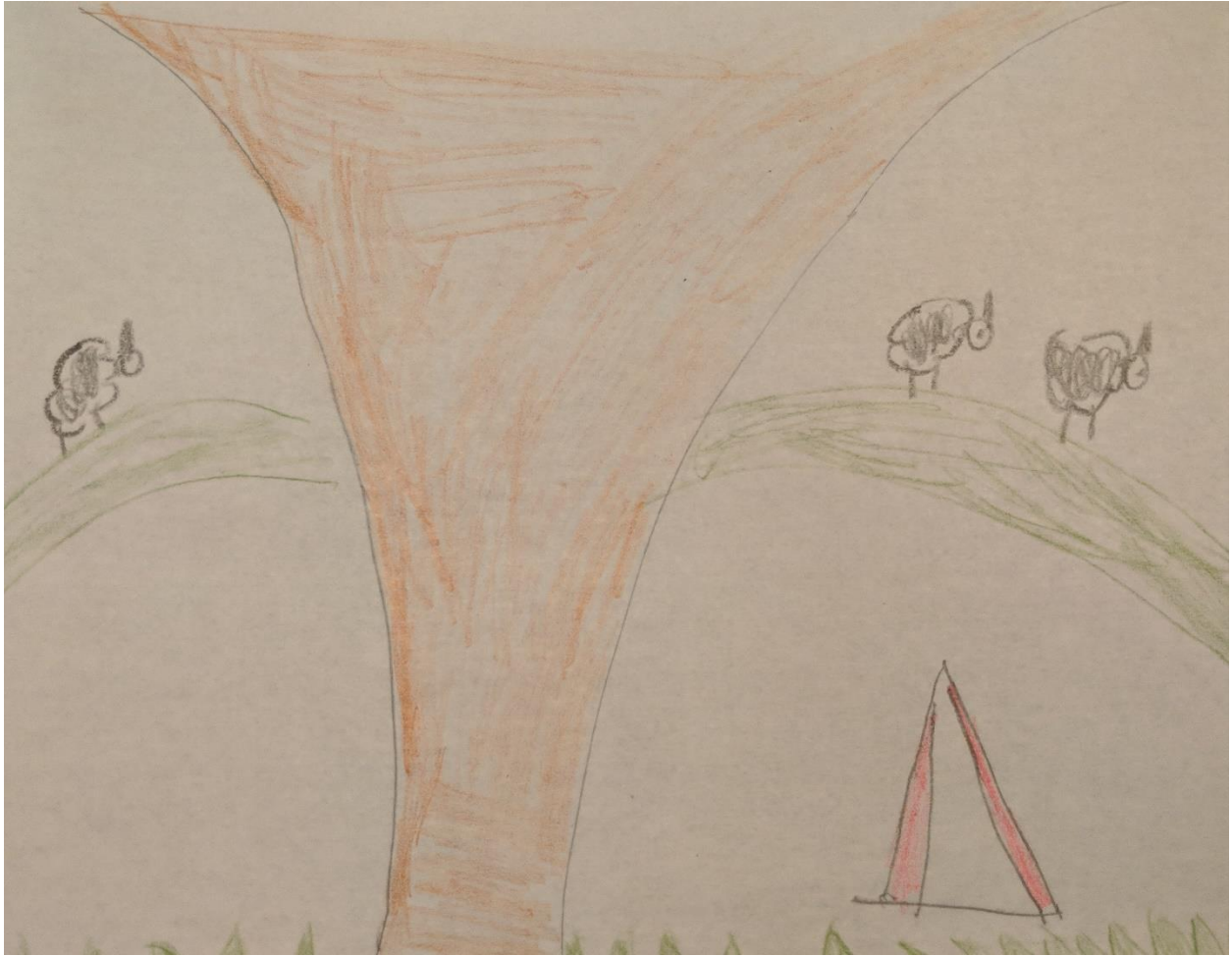


Figure 20. Participant 3, Drawing 5, Free Draw.



Figure 21. Participant 4, Drawing 5, Free Draw.

From the treatment center the field notes were recorded into a digital journal and interpreted for analysis through both mind maps and word clouds. Several forms of therapy were used here, and were able to help flesh out answers to the follow up questions such as: How can the artistic process be used to communicate with non-verbal learners? Does artistic process stifle thinking or communication? How can the artistic process make communication available for those who are unwilling or unable to communicate verbally? What are the benefits of talk therapy? What are the benefits of art therapy approaches?

Both case studies took place in the treatment center and as mentioned earlier, offered a wide variety of therapies to patients. Although this did provide at least three art therapy techniques to be discussed, it also provided the opportunity to see how the therapies, when used, intertwined, related and benefited the patient as a whole. The one day visits did not always prove particularly helpful in seeing great change in the patients, but small progression was made throughout the day as they switched from session to session. I had the liberty of observing two clients over a two week period, and witnessing the benefits the therapies had played over a longer period of time for these individuals. This section of the paper will examine how the placement of therapies, the activities, such as artistic process, and the long term stay benefited those two patients.

Patient K, a female in her 40s had come into the hospital after a severe drug overdose. She had lost her job, just completed a divorce, and was now coping with the suicide of her sister, the only family she had left. At this point Patient K believed there was no reason for her to live. She did not want to continue, and was upset that she was in a rehabilitation center. She refused to take her medications and speak to the individualized treatment planning group. Consequently, she was required to attend group therapy sessions. Near the end of her first planning session she said,

“There’s no point. If my sister can’t make it I sure as hell can’t! I don’t even wanna try” (Patient K, personal communication, March 17, 2017).

It is true that the situation seemed pretty gloomy, but her history sheet told us a few positive things as well. Patient K was enrolled in an on-line college and had only one more semester to complete her bachelor’s degree, allowing her to seek higher employment. She also had a brother-in-law attempting to reach out to her offering and asking for support. He called at least three times a day hoping that Patient K would speak to him.

Patient K slumped into her individual treatment planning session, sunk into the seat, stared at the floor and either did not hear, or completely ignored the Lead Clinician and Head Physician. Simple questions such as how she was feeling were asked first. With no response they probed a bit deeper, asking why she had been in the hospital. The therapist leaned in trying to make a connection and informed her that her brother-in-law was concerned and wished to reach her. Patient K’s posture remained the same, as though the life had left her body with her attempted suicide. Her outburst finally came as the group determined she would be staying on the unit for the next couple of days, under restricted access. Patient K was not pleased with this as she longed to escape everything, and this place seemed only to lock her in. She agreed to take her medication in exchange for reconsideration of the term of her stay.

The first therapy session Patient K attended appeared to be least beneficial of all to her. She entered the room with the same posture as the hour before and did not move once. The therapy was a traditional talk therapy, and while some other patients eventually chimed in, Patient K paid it no mind. If anything, she was given a chance to fall deeper into depression, shrinking inside herself with loneliness and negative thoughts.

The second session of the day was conducted as a play therapy group, but was limited as the group was forced to stay inside due to poor weather. The therapist went over coping mechanisms with the group, some of whom willingly participated in the discussion, asking questions and providing instances of when they needed help. The therapist chose one example, and announced that they would be acting out the situation. Patient K looked up with peeked interest. The first instance was acted out as an entire group, and Patient K quickly accepted a non-speaking part and watched as the other patients became animated and lively, helping each other with their parts and participating fully. By the time the first act was over, the therapist asked them to split into two groups, with two new situations, discussing coping mechanisms, and then acting out the situation. Patient K raised her hand. She was interacting in this new and innovative therapy. After explaining her example to the group, she took a lead role, as herself, and participated, not quite as lively as some of the others, but with definite improvement from the attitude of moments before. She did not speak during the closing discussion as the therapist unpacked how to relate this to their daily lives and routines, but she did glance at him once or twice, a clear indication that she was listening.

Patient K began the third group session much like the first two. She slumped in her chair looking at the floor. The therapist entered the room with an artist carrying bins of supplies and bouncing with each step. The therapist explained this session would be on self-esteem, and everyone would have to get up and get creative! She first asked each client make a list of positive attributes about themselves, then a list of things they would like to see themselves do, and then asked them to create a collage of themselves using the supplies and guidance of the artist. Once again Patient K looked up, and observed the situation. She cautiously took her paper, and scribbled one positive attribute about herself. She listed three things she would like to see herself do in the

future, and then moved in slowly watching the other patients riffling through magazine clippings. She started selected a few things, dark hair and facial features that matched hers, and then some personal favorites like food, books, and clothing. Her hand brushed another patients as they reached for the same image, she quickly pulled back and told them they could use it. The other patient; however, said she already had plenty and put it back. Patient K picked up the image, and began to piece together her collage beside the patient with whom she had spoken.

The project took nearly forty-five minutes. During this time they pasted down a face and surrounded it with images that either described themselves or things they wished to include in their lives. Patient K worked in silence at first, but as the others engaged in conversation around her, she started putting in a few words herself. Her collage had a happy face with a smiling mouth, positive words, and fun hobbies. As she held it up to examine it she smiled, the first positive expression of her day. As she returned to her seat the group was informed they would now pass around the collages, writing something positive about each individual in the room. This time Patient K did not hesitate but quickly picked up a pencil and passed her collage. Afterwards she hung the collage in her room, right beside her bed.

In the last therapy session of the day Patient K paid attention from the beginning. Although she spoke little, she listened and made eye contact through the entire session of talk therapy. When the last group was over and she was asked to eat dinner with another patient she nodded her head in agreement. In so doing, she began to build a bond of friendship and trust spurred on by a day of therapy.

Upon returning to observation a week later I was surprised to see Patient K in the first individual treatment planning session. Before she entered the room the group discussed her major improvement and possible discharge that weekend. Patient K had been healing each day, and

although she would need continued therapy outside of the unit, they believed she was ready to once again live a normal life. Her personal therapist agreed and then welcomed her into the room. Patient K entered with a large smile, asking how everyone was doing that day. She thanked them for their help, informing them her change in medication had been beneficial and she was able to sleep soundly through the night once again. When the Lead Clinician brought up possible discharge Patient K was overjoyed. She jumped up from her seat and exclaimed “I need to call my brother-in-law” (Patient K, personal communication, March 24, 2017).

That day’s observation of Patient K was much different. She participated fully in each therapy session: talk therapy, art therapy, and music therapy. She even encouraged others who were hesitant to participate. Before the art therapy session she leaned over to a young girl who had barely participated and said, “This one’s my favorite, you’ll like it. Promise to give it a try?” (Patient K, personal communication, March 24, 2017). The girl looked up into the friendly face of Patient K and nodded silently. In this session the group was divided into two sub groups. Each group had to relay a story in which they helped somebody, create puppets and put on a show for the other group. Patient K babbled on through the entire session listing times she had helped others and remembering all the others that had helped her. She was the leader of her group quickly taking charge, helping people out, and enthusiastically creating a puppet.

In the closing session Patient K reflected on how much she had learned throughout her stay and sincerely wished the others an equally great experience. As she prepared for discharge, I saw her carrying the self-esteem collage. She smiled at me and said “Do you remember when I made this? I’m going to hang it in my room as motivation when I’m feeling low” (Patient K, personal communication, March 24, 2017).

While talk therapy was beneficial for Patient K, the interactive and art therapies were the most influential. She had experienced a calming and comforting feeling while piecing together the collage, and recalled parts of her she had long forgotten. Her mind began to speak through the activities, recalling memories and attributes that would help her heal. She had asked the discharge planner if there was an art therapist near her that she could see. Unfortunately she was told no; however, she was directed to many websites that had art therapy techniques and activities listed for home use. If only I had more opportunity to observe her, I'm sure Patient K would bloom from continued art therapy treatment.

The second client I observed was that of Patient A, a male in his upper fifties, shunned by his family, and suffering from schizophrenia. Patient A was a high maintenance patient on the unit simply because of his disorder. His sudden breakdowns and outbursts needed immediate attention and he was often heavily medicated. Despite this, Patient A was normally in a good mood, cheerful to everyone, and overall happy to be alive. It left me baffled as to why he was there, on the suicide unit.

During his first individualized treatment planning session Patient A revealed that the only reason he had tried to commit suicide was because he feels like he is too much of a burden on his family, friends, and care takers. His schizophrenia is severe, and he does not like to impose his problems on others. He continued by informing us that this was not his first stint in a place like this, but as a boy he had been a patient at many hospitals, and any time his family could not take care of him he was left in an institution. He knew his case was sad, but faced it with a positive attitude and thoroughly enjoyed the company of others.

Patient A participated fully in every therapy session, so much so that the therapists would often say something like this, "Patient A will get the conversation rolling if all else fails". He

changed the environment and demeanor of the entire floor, putting a smile on everyone's face, even if it only lasted for a few moments. It seemed quite silly for Patient A to be in the inpatient unit, until one of his breakdowns. It was a reality check for most people on the unit, as he seemed so "normal" the rest of the time. As a matter of fact, he had no break down the first day I was there, and I questioned whether or not anything was wrong with him. He talked with each therapist, excitedly played the drums, and was so concentrated during the art activity he could have been a leader himself.

However, I noticed during the first art therapy activity he completed, there were feelings communicated that were hidden the rest of the day. The therapist had distributed paper and colored pencils and instructed each patient to illustrate a fear that they had. It could be a small or large fear, and they did not have to share it if they did not want to, but they needed to think of something. Patient A began drawing slowly at first, checking to see if others were looking, and partially shielding his paper from view. He drew carefully concentrated fully on the creative process, and utilized every minute of the group session. In the end, when patients were asked to share, he raised his hand and offered to go first.

He held up completed work, done in dark colors; blues, black, and red. It was difficult to make out a form since he had scribbled over most of the drawing at the end. As he explained, the image started to fall into place. In the background there was a house with several children, three girls and two boys, but one child was separated from the others. The boy stood alone on the right side of the house, with lightning in the sky, and red and black scribbles sporadically covering him. On the left side of the house stood the rest of the children, playing, a mother and father watching them from above in a cloud. None of the other characters looked at him, or even noticed he was there. Patient A began to cry as he informed the room that he was the child alone on the

left side of the house, he was afraid of being left alone because of his disorder. He was afraid not even his parents in heaven would care to look his way.

The therapist running the session admitted afterwards that she was shocked by the results of Patient A's work. He had never expressed such feelings in a talk therapy session, not even the one-on-ones. She reported what had happened to the Lead Clinician and suggested a longer stay for Patient A. Therefore I was not surprised to see him a second week in a row.

This day Patient A was not feeling well, and had a break down during the second session of the day. He was removed from the room as they tried to calm him down. He returned sooner than normal. Although his therapist had recommended he take more time to rest, he responded "I don't want to miss art group" (Patient A, personal communication, March 24, 2017). He was correct, art group was the next session, and although he was still slightly on edge, by the time the session was over, he was as calm and joyful as ever.

During the session patients were invited to use colored sand and work in a group to make a large mandala. Each patient chose a color and they collaboratively created a beautiful work of art that calmed and relaxed the entire unit. Afterwards they discussed the colors they had chosen as well as the symbols they had created. Patient A said he chose yellow because he wanted to be as happy as the color, and he created several beams coming from the center of the circle because he wanted to be as life giving as the sun. He was tired of other people having to take care of him, he wanted a chance to take care of others. Another patient turned to him and said "You do take care of others, you make everyone happy, every day" (Patient J, personal communication, March 24, 2017). Patient A was shocked, he had no idea the joy he regularly brought to others.

Patient A was not able to go home, because there was nobody who agreed to care for him outside of the unit. He was content to move to a home for people with disabilities, where he could continue many therapeutic activities regularly. Although Patient A communicated effectively during each session, he communicated deep private thoughts via his art work, and also felt a therapeutic healing as he worked. Through the art activities he began to know himself better, and build relationships and trust with others.

For Research Question 2, does the artistic process help non-verbal learners with the metacognitive process, I observed a single class of seventh graders using artistic process during a clay project. Most observations were recorded on pen and paper with short hand notes, and revisited and expanded in great depth later that day. This became a detailed reflective journal that also led to a mind map to assist with analysis. Additionally I spoke with the teacher for planning and recording of any work that was done while I was unable to be in the classroom observing. All data, including photo documentation was transcribed into a word document for analysis. I was able to work with three peers during this project, one a counselor, and two current art teachers, one of which completed the project in her classroom. The project was the creation of expressive clay totem poles in a seventh grade art education classroom.

In preparation for this lesson we researched the therapeutic effects of clay as well as the symbolism and importance of totem poles. From this we learned that students could use the totem poles to represent as many as two or three specific and important events in their life. The clay would be a great way to create the symbols because they could build anything they wanted, shape it, paint it, and if they messed up, would be easy to squash it and start over. In addition it had many healing and therapeutic qualities, whether it be through simple touch or the manipulation of the clay to release emotions or thoughts, allowing learners to communicate non-verbally.



Figure 22. Student Working with Clay.

Most of us were unable to be there for the actual clay making, firing, and glazing process, but received notes along the process, and observed the project in the finishing stages. The day we observed students gathered the pieces for their totem poles, and returned to their seats so that they could stack and organize their pieces to make the pole. Students were careful during this process, determining which pieces held the most importance, which pieces needed to be bigger and placed at the bottom, and if necessary which piece could be left out.



Figure 23. Totem Pole Pieces in Kiln.

Students were willing to speak to each other during the process quite readily, however, when called upon by the teacher to share, nearly all individuals remained silent. They were timid to share the projects in front of the whole class, or perhaps those who were there observing. This

abrupt change in noise level of the classroom caught my attention. While the students were using artistic process they were communicating freely, so freely they did not even necessarily realize how much they were saying, but once called upon they went dead silent. As a result, my peers and I tried to share our own feelings about the project, naming the symbols we would create and colors we would use. Students listened and continued working while we spoke, and when asked to share again, they opened up.

Whether we were speaking to the students individually, or they were presenting to the class they referred to their artwork as they spoke, holding it, pointing to it, and looking at it. Some students never looked up as they spoke, and some did not speak at all. There was one student in the classroom with a disability, and while he had trouble staying on task, or sharing the meaning of his work, the art product created spoke volumes. Each piece had been carefully crafted and placed in his totem pole with extreme attention to detail and color, and he expressed that he had thoroughly enjoyed the artistic process of the project, and most other students readily agreed. Although students may not be able to speak verbally about each symbol on their totem pole, they created the symbols, releasing those emotions and sharing their thoughts with the world. Many of the students had suffered great trauma that even adults would have trouble discussing, but they were able to speak through the art work they created, and visit their metacognitive process as they reviewed the art product and art making process.

For my third research question, how does art product support metacognitive process and thinking, I collected data from all sites I observed. Analysis was completed through revisiting all journals entries, photographs, and mind maps. In all settings the learners used artistic process to create an art product, and while artistic process helps learners communicate, when combined with art product one can almost see through the eyes of the maker.

At the treatment center patient K made a self-portrait collage which displayed her feelings the day of the therapy as well as her intentions for the future. As stated before “Her collage had a happy face with a smiling mouth, positive words, and fun hobbies. As she held it up to examine it she smiled, the first positive expression of her day.” Although patient K had not yet spoken in therapy that day, she was able to communicate through the art product in the art therapy session.

In the classroom students were at first hesitant to share about their art products, but once they began, it was clear how much they used the symbols to communicate their stories. Many of the students had experienced trauma that was difficult to discuss, so instead they created the representations through clay, choosing the symbol, shaping it, feeling the clay, pressing, molding, and painting until it was exactly what they needed to say. My classmate observed this firsthand with one student. She said the child became calm, and was comforted through the work of the therapist. I am sure the child had a journey of healing ahead of her, but this breach into her unconscious was a definite first step. According to my classmate, it was the only time she became calm and still, and focused on the moment.

During the class round table discussions I learned about healing through therapy. I witnessed this at Site 2, but was moved more by the stories told by other students in my class. One classmate relayed a story of a young child struggling through home trauma, clinging to her baby doll, and sporadically and continuously moving, unable to participate in the therapy activities. The therapist did not give up, and found a connection when the child reached out and touched her pregnant stomach. Another story concerned a group of older elementary school girls. The girls came from a lower socioeconomic background, and were lacked safe and trusting adults to speak to as they entered their teen years. The girls spoke of issues of beginning periods, and bullying from boys who attended the same school. My classmate revealed that the girls were shy at first,

unsure if they should speak about such things, but once given the option to write it down, they all requested the same topics. Once the counselor and my classmate began discussing such issues the girls opened up, sharing their stories, and finding support within their group. The girls learned that they have a place to turn and adults to trust when they need to discuss something. This may have seemed like a given, but to them it was a luxury, and an opportunity to heal from the past experiences.

The image below was one final art piece produced by a female learner who had lost her father due to suicide merely a month before, on her own birthday. There were clear symbols of the period in her life, such as the heart with the flat line and the word Dad carved above it. On top of the heart was a muscular arm, as she said she wanted to learn to be stronger for herself and her family.



Figure 24. Totem Pole 1

Other students also expressed experiences in their lives. They began the totem pole by creating a base that represented the way they felt the first day of the project, which could be represented through shape or color. Next students chose an animal they believed represented themselves, for example, a sea turtle represented motherhood, and the ability to carry many things on their shoulders. From there students created their connectors, and then major life events.



Figure 25. Totem Pole 2



Figure 26. Totem Pole 3



Figure 27. Totem Pole 4

CHAPTER FIVE

Findings

This study examined the use of artistic process as a means of communication and metacognitive processes of non-verbal learners. The findings appeared to suggest improvement in communication and understanding of non-verbal learners through artistic process and product, particularly when therapeutic aspects were included. A summary and interpretations of the findings as well as suggestions for further research are presented in this chapter.

From the research questions, the following themes emerged:

The findings appeared to suggest that non-verbal learners, those who either cannot or refuse to communicate verbally, were able to communicate through artistic process, and can find healing, as well as begin to understand their own ways of knowing and thinking. Through data and analysis, the findings appeared to suggest these approaches may provide a new means of communication when others seem ineffective. The lessons gleaned from observation included the realization that anyone can be an art therapy client or patient, and the therapist must see them as an individual, with equal importance to themselves. By providing artistic process as a means of therapeutic healing and expression to non-verbal learners, the findings resulting from the case study of individuals at the treatment center appeared to suggest improvements in the clients' moods and willingness to participate and communicate during sessions after implementing artistic process.

At the clinical settings where I observed several therapists I was able to glean new knowledge from them, as some were more willing to discuss practices and patients than others. Through reading books, writing practice case studies, and watching videos one can accumulate a great deal of theoretical knowledge on a subject. Nevertheless, these steps cannot make you an

expert on the subject. Just as I have found in teaching, reading every book and writing lesson plans day in and day out is nothing compared to the experience gained when teaching in a classroom. Applying the knowledge learned in the theoretical art therapy classes, or even watching it in practice was an eye opening experience to the field.

My research appeared to unveil a simple way to create cross curricular lessons that cater to differentiated learning and that metacognitive process may have more outlets than simply written or verbal communication. This study may influence future research about metacognitive thinking and learning styles, particularly in reference to the special education population. My study showed how there appeared to be a great difference between art therapists who had little clinical experience and those who had significant experience. I was able to witness the difference between a newly graduated therapist and a seasoned therapist, and found these difference in relating to the patients astonishing. From these observations, I learned how important it was to relate to the client or patient. The environment, the body language, and even professional dialect could affect how patients react and interact during the therapy session. If the environment is not welcoming, or if they feel confined, the patient is likely to hide feelings inside themselves, not allowing for a completely truthful conversation. This information will be extremely useful to me as a practicing art educator. I also learned when the therapist sat in a closed position, with arms and legs crossed, not necessarily facing or looking at the patient, it also has a negative effect. Just like any other human, a patient can feel a negative vibe, and assume they are not welcomed, or that they are wasting the time of the professional sitting before them. Nothing causes someone to close off more than be unwanted. Instead a therapist should sit with an open posture, facing the patient, and making eye contact often. I also learned when a therapist sounds too professional, using jargon specific to their profession without explanation, it can cause a patient to feel uneducated or

ignorant, and once again lessen the chance of communication. Instead the therapist should try to relate to the patient as much as possible, speaking in language and jargon familiar to them, and explaining anything that is questioned.

Often there is a misconception that people in such a setting are often low income, uneducated individuals who need help from professionals. The patients at the hospital ranged in social and economic status as much as a random group of people selected from a mall. Patients were college students, professionals, and minimum wage job workers as well as those who lived on welfare. No matter what their background they were all there for the same type of reason, seeking the same care, and deserving as much respect as any staff member of the hospital.

Going forward as an art educator I believe this experience will help me in the classroom as I have students with disabilities, home trauma, and problems that I am unaware of. Offering a group such as the girls support group listed above, or a time for students to come into the classroom and create artwork through a therapeutic process are two of many options. This learning experience also equipped me with new knowledge on the importance of professionally relating to students and giving them a chance to speak through their artwork. I am excited to apply this knowledge in the classroom. Adding the artistic process to the variety of learning styles available to students will provide teachers with a deeper understanding of students, their opinions, and their emotional connection to a lesson.

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WVU IRB approval of protocol 1710825858 will expire on 03/22/2019.

If any study related activities are to continue beyond the expiration date, a renewal application should be submitted no later than four (4) weeks prior to the expiration date. It is your responsibility to submit your protocol for continuing review.

Once you begin your human subjects research, the following regulations apply:

1. Unanticipated or serious adverse events and/or side effects encountered in this research study must be reported to the IRB within five (5) days using the Notify IRB action in the electronic protocol.
2. Any modifications to the study protocol or informed consent form must be reviewed and approved by the IRB prior to implementation. These modifications should be submitted as an amendment.
3. You may not use a modified informed consent form until it has been reviewed and approved by the WVU IRB. **Only consent forms with the WVU+ke watermark may be used to obtain informed consent from participants.**

The Office of Research Integrity and Compliance will be glad to provide assistance to you throughout the research process. Please feel free to contact us by phone, at 304.293.7073 or by email at IRB@mail.wvu.edu.

Sincerely,



Johnathan M. Herczyk
IRB Administrator

Protocol #: 1710825858
PWA: 00005078
KORG: 0000194

Phone: 304-293-7073
Fax: 304-293-3098
Email: IRB@mail.wvu.edu

Your child, _____, has been asked to participate in this research study, which has been explained to you and your child by Sarah Allen, B.A.. Painting and Drawing and Religious Studies. This study is being conducted by Sarah Allen, B.A. in Painting and Drawing and Religious Studies, and Dr. Terese Giobbia, MS and Ph.D. in Art Education in the Department of Art Education and Visual Arts Therapy, of the School of Art and Design, at West Virginia University. This research is being conducted to fulfill the requirements for a Master's Degree in Art Education and Art Therapy in the Department of Art Education at West Virginia University, under the supervision of Dr. Terese Giobbia.

Purpose(s) of the Study

The reason for this study is to explore the possibilities of using the artistic process, which is any form of artwork, as a way to communicate feelings, and find healing when people are upset or experiencing trauma. Artwork recorded will either help support or contradict this research.

Description of Procedures

During this study I will ask you and your child to draw five images of your family, you will have about 20 minutes to draw each image, and then some time, approximately 10 minutes to talk about the images with each other. I may record any of the discussion in my field notes for research purposes. Some images will be completely abstract, while others may be more realistic or meaningful. The last image drawn will be a collaborative family drawing. I will sometimes ask you or your child why you drew something, and may record your answer in a journal for research purposes.

The study will be performed at Spruce St. UMC. Approximately 4 subjects are expected to participate in this study.

Risks and Discomforts

There are no known or expected risks to your child from participating in this study, except for the mild frustration associated with visualizing or answering the questions.

Alternatives

Your child does not have to participate in this study.

Benefits

Your child may not receive any direct benefit from this study. The knowledge gained from this study may eventually benefit others.

Financial Considerations

No payments will be made for participating in the study.

Confidentiality

Any information about your child that is obtained as a result of their participation in this research will be kept as confidential as legally possible.

Your child's research records, just like hospital records, may be subpoenaed by court order or may be inspected by the study sponsor or federal regulatory authorities without your additional consent.

In any publications that result from this research, neither your child's name nor any information from which your child might be identified will be published without your consent.

Voluntary Participation

Refusal to participate or withdrawal will not affect your child's future care, [or your employee status at West Virginia University] and will involve no penalty to you.

Signatures

Upon signing this consent, you will receive a copy.

I willing consent to allow my child to participate in this research.

Signature of Parent or Guardian

Printed Name

Date

Time

Signature of Investigator or Co-Investigator

Printed Name

Date

Time
