12-2008

Art Therapy with an Adolescent: A Case Study

Cynthia S. Crawford
University of Tennessee - Knoxville

To the Graduate Council:

I am submitting herewith a dissertation written by Cynthia S. Crawford entitled "Art Therapy with an Adolescent: A Case Study." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Education.

Marianne Woodside, Major Professor

We have read this dissertation and recommend its acceptance:

Jeannine Studer, Joel F. Diambra, Jacob J. Levy

Accepted for the Council:

Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

To the Graduate Council:

I am submitting herewith a dissertation or thesis written by Cynthia S. Crawford entitled "Art Therapy with an Adolescent: A Case Study." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Education.

Marianne Woodside, Major Professor

We have read this dissertation
And recommend its acceptance:

Jeannine Studer

_____

Joel F. Diambra

_____

Jacob J. Levy

_____

Accepted for the Council:

Carolyn R. Hodges,
Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

ART THERAPY WITH AN ADOLESCENT: A CASE STUDY

A Dissertation

Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Cynthia S. Crawford

August, 2008

Dedication

I dedicate this dissertation to my two sons, Seth and Benjamin, who have inspired my life. Although I have learned much throughout my academic career, you have taught me the greatest lessons of life. May your lives be filled with happiness.

Abstract

Due to the paucity of formal research in the use of art therapy with adolescent populations, the purported effectiveness of art as an assessment instrument in screening for emotional disturbance, and the widespread application of art and other expressive modalities with children, the purpose of this single subject qualitative case study was to describe the experience of an adolescent, diagnosed with a mood disorder, either singly or in combination with other psychiatric disorders, and enrolled full-time in a residential treatment center, while participating in weekly person-centered art therapy sessions. The participant for this study was a 16-year old adolescent female, diagnosed with mild mental retardation and bi-polar disorder. Qualitative data, obtained from typed transcripts of 11 audio-recorded, weekly art therapy sessions, pre- and post-intervention interviews with treatment center staff, and pre- and post-intervention observational data, were analyzed using the constant comparative method. Following data analysis, I integrated and interpreted the findings through the theoretical framework of David Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory of adolescent cognitive development. My findings indicated that, to a degree, the participant's experience paralleled expectations based upon Elkind's proposed characteristics of adolescent development. The participant was described as receptive to the art therapy intervention, but resistant during times in which verbal communication was employed over the nonverbal, expressive channels of art therapy. Overall, findings from this study provided support for existing literature in the use of art therapy with adolescents. The discussion included implications for counseling and plans for future research in expressive therapy.

Table of Contents

List of Figures

CHAPTER ONE

Introduction

Chapter Introduction

Adolescence, a time of rapid growth and change, is also a challenging and sometimes turbulent transition in life span development. Papalia, Olds, and Feldman (2004) defined adolescence as a developmental transition between childhood and adulthood, a social construction lacking clear lines of demarcation, with onset typically at puberty and extending to the point of emotional and cognitive maturity. Diamond and Hopson (1998) identified the ages 12, 15, and 18.5 as three points during adolescence at which there is often a peak in brain maturation. According to Owens (2002), brain development during this period includes increases in cortical weight, synaptic connections, and myelination, allowing a higher level of cognitive functioning than during early childhood.

The rapid physiological and psychological growth during adolescent development frequently coincides with argumentativeness and conflict between adolescents and authority figures, such as parents, an outcome Owens (2002) considered a healthy part of the differentiation process between the developing self and parent. McKenry and Price (2005) suggested that families often seek therapy during times of any developmental transition due to the degree of psychosocial change and stress precipitated thereby, with the adolescent stage ranking high as a difficult time for parents as well as children. Whether encountering normative or non-normative life experiences during this

developmental period, adolescents may personally benefit from counseling; yet, they often present resistance to traditional psychotherapy techniques (Kahn, 1999; Riley, 1978, 1999, 2001).

The counseling process is fraught with resistance, defined as "antitherapeutic behavior" demonstrated by the client, and considered a normal part of the change process (Young, 1998, p. 250). Corey (1996) defined resistance as "any idea, attitude, feeling, or action that fosters the status quo and gets in the way of change" (p. 119) and contended that, although taxing, resistance may serve as a defense mechanism that should be respected as an avenue for further understanding the client. Resistance is typically high during adolescence, yielding traditional counseling approaches less effective with this age group (Riley, 1978, 1999, 2001). Riley indicated that parents and teachers frequently refer adolescents to counseling, and adolescents, in turn, often do their best at resisting by demonstrating non-compliant or overly compliant behaviors, normal for their developmental level, yet often counterproductive to verbal counseling intervention. Riley supported therapist acceptance of resistance, but recommended an expressive modality such as art as the primary communicative channel over verbal intervention.

Art therapy is a psychoeducational therapeutic intervention that focuses on art media as the primary expressive and communicative channels (Shostak, 1985). Art evolved as an intervention due to its non-threatening nature, lack of verbal demands, and reported efficacy as an outlet for cognitive and emotional expression (Riley, 1999). A form of expressive therapy employing media other than verbal language, art therapy allows children and adolescents to express thoughts and emotions without putting them

into words (Gladding, 2005; Papalia, Olds, & Feldman, 2004). Riley described art as providing communicative qualities when verbal responses to questions may be avoided and supported art therapy as an intervention with adolescent populations to stimulate creativity, provide a sense of control for the client, and decrease resistance frequently encountered with traditional talk therapies. The purpose of this study is to describe the experience of an adolescent participating in person-centered art therapy through the constructs of Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory of adolescent cognitive development.

David Elkind, a professor in child development at Tufts University in Medford, Massachusetts, is a long time scholar and advocate for the welfare of children and adolescents. The author of popular works such as *All Grown Up and No Place to Go: Teenagers in Crisis* (1998) and *The Hurried Child: Growing Up Too Fast Too Soon* (2001), Elkind has expressed concern for the narrowing focus on the developmental needs of minor populations during the past century, in contrast to an expanding emphasis on adult interests and opportunities. Having spent years in scholarly research and publication on child and adolescent cognitive development from a social science perspective, much of his work focuses on the theoretical underpinnings of normal developmental stages as well as the social repercussions of inadequate social and emotional nurturance, resulting in behavioral difficulties of emotionally troubled youth.

Adolescent cognitive development, based on the work of Elkind (1978, 1984, 1989,1998, 1999, 2001), serves as the theoretical framework through which I will analyze data in this study. Elkind supported earlier theorists' (Piaget, 1952, 1962; Erikson, 1968)

contentions that adolescent thinking is qualitatively different from the concrete characterization of childhood and is motivated by a need to establish identity. Piaget suggested adolescent thinking, developing during the formal operational period, transcends that of earlier developmental stages by an ability to perform abstract multidimensional reasoning, hypothesize and predict outcomes, and plan for the future through enhanced information processing and problem solving capacities. Erikson posited the major life task of adolescence is the search for identity, a clear and stable sense of who one is in society. Identity, according to Erikson, is created by the individual and develops from a gradual evolutionary process of questioning one's belief system, career identity, and gender and sexual orientation. Successful resolution of this life task, Erikson suggested, yields an integrated image of the self and represents the hallmark of adolescence.

Papalia, Olds, and Feldman (2004) supported Erikson's (1968) theory, suggesting the developmental goals of emotional maturity during adolescence are accomplished by a clarification of personal identity, development of a system of values, independence from parents, and the ability to form significant and lasting relationships. These authors equated cognitive maturity, a similar goal of adolescence, to the capacity for abstract thought, as previously described in the work of Piaget (1952, 1962). Owens (2002) suggested the capability for abstract thinking is evidenced by increased introspection, self-consciousness, and intellectualization. Papalia et al., as well as Owens, agreed with the variant nature of adolescent development, with completion never occurring for some individuals. Additional examples of adolescent thinking include social perspective taking,

abstract problem solving ability, abstract reasoning regarding entities such as love, justice, and truth, and the ability to plan for the future (Weiten & Lloyd, 2003). In spite of obvious increases in cognitive complexity, Elkind (1978, 1984, 1989, 1998, 1999, 2001) suggested the adolescent's thinking continues to be somewhat immature and distorted and proposed six descriptive characteristics of adolescent thought:

1. *Idealism and criticism.* Adolescents tend to focus on an ideal world and criticize society's imperfections, for which they hold adults responsible. Elkind (1984, 1998) exemplified the hypothetical, abstract thinking of adolescents in their tendency to advocate for an image of how the world should be, while criticizing present reality.
2. *Argumentativeness.* Adolescents' newly acquired abstract reasoning abilities allow them to mesh facts and logic to support their own points of view, an act that often results in disagreements with authority figures (Elkind, 1984, 1998; Owens, 2002). Topics range from everyday mundane matters to philosophical concerns such as values, religion, and politics. Elkind considered parent/adolescent conflict over matters of freedom versus control as an illustration of adolescents' attempts to differentiate themselves from parents in the development of autonomy. Owens concluded that such conflict may provide opportunities for adolescents to practice and build skills in assertive problem solving in real world situations outside the home environment.
3. *Indecisiveness*. Although adolescents are rapidly acquiring abilities in multidimensional thinking and planning, they frequently lack in experience in

choosing among alternatives, considering the potential and probable outcomes of each, and thus seem frustrated and indecisive (Elkind, 1984, 1998; Papalia, Olds, & Feldman, 2004).

4. *Apparent hypocrisy.* Although adolescents advocate for the ideal, they frequently lack willingness to make sacrifices to live up to such standards. Elkind (1998) considered such idealism to be the result of intellectual immaturity and an inability to distinguish between expressing one's perceptions of an ideal world or ideal family and working to transform the new found conceptualization into reality.
5. *Self-consciousness*. Elkind (1998) used the term, "imaginary audience" (p. 40) to describe the adolescent experience of feeling that one is the center of attention, constantly observed and evaluated by others. According to Elkind, early adolescents are often preoccupied with appearance, dress, and behavior, leading to excessive self-consciousness, self-criticism, or self-admiration. He explained this increased egocentrism and excessive sensitivity in regard to the self as due to an emphasis on the overwhelming physical and cognitive changes occurring during adolescent growth. Although adolescents are increasingly introspective, their ability to differentiate between their own thoughts and those of others remains to some extent underdeveloped.
6. *Specialness and invulnerability.* Elkind (1998) suggested adolescents tend to believe they are so special and unique that others are unable to understand their thoughts, feelings, or experiences, a condition he referred to as "personal

fable" (p. 44). Ego-centrism to such a degree would also explain feelings of omnipotence, resulting in risk-taking behavior and failure to comply with societal rules typical of some adolescents. According to Elkind, the personal fable results from over-differentiating one's self from others and leads to an exaggerated sense of uniqueness, self-importance, and invulnerability. Owens (2002) suggested that states such as imaginary audience and personal fable dissipate with time as the adolescent becomes increasingly other oriented.

Statement of the Problem

Adolescent resistance suggests a need for counseling interventions that fit the developmental persona of one within this transitional period, require less verbal interaction while still engaging the client in the therapeutic process, and lead the client to positive change. Kahn (1999), Natale (1996), and Riley (1999) suggested that expressive therapies represent less threatening counseling interventions for adolescent populations than traditional talk therapies. Expressive therapies use the client's creative processes to enhance self-awareness and self-expression with less verbal interaction (Robbins, 1980), examples of which include art, poetry, music, writing, and guided fantasy.

According to Riley (1999), art therapy, a form of expressive therapy, encourages creativity, which may be at a particularly high level during adolescence. Integrating art into the therapeutic process, Riley contended, allows the client a sense of control during a life stage in which many individuals struggle for independence and identity, while simultaneously retaining a degree of connectedness with parental figures. Resistance,

often encountered during traditional talk therapies, was reportedly lowered through the use of expressive, nonverbal techniques. Riley described art as providing communicative qualities when verbal responses to questions may be avoided.

The literature review supports the use of art as a treatment technique for children (Dufrene, 1994; Gil, 2006; Henley, 1998, 1999; Hrenko, 2005; Klorer, 2005; Naumburg, 2001; Raghurman, 1999; Rubin & Rubin, 1988; Sundaram, 1995) and as an assessment or diagnostic tool in screening for emotional disturbance in both children and adolescents (Earwood, Fedorko, Holzman, Montanari, & Silver, 2004; Silver, 1988a, 1988b, 1996; Silver & Ellison, 1995). Based on reports substantiating the utility of art therapy interventions with young children, in addition to the apparent effectiveness of therapist interpreted art assessments, it seems natural to inquire regarding the experience of an adolescent participating in an art therapy intervention, since it is currently in use as such and has received a degree of anecdotal support through descriptive literature (Appleton, 2001; Backos & Pagon, 1999; Baerg, 2003; Moon, 1999; Natale, 1996; Vick, 1999). From the written reports reviewed, only one formal research investigation (Pifalo, 2002) described the use of art therapy as an intervention with adolescents. Furthermore, person-centered expressive arts therapy introduced by Natalie Rogers (1993, 2001), the technique upon which the art therapy intervention in this study was based, has received even less research investigation with children and adolescent populations. Therefore, the paucity of formal research in the use and effectiveness of art therapy with adolescent populations presents a rationale for further exploration of the topic.

Purpose of the Study

The purpose of this study is to describe a person-centered art therapy intervention with an adolescent through the theoretical lens of adolescent cognitive development, as proposed by Elkind (1978, 1984, 1989, 1998, 1999, 2001) using data obtained from several sources: art therapy sessions, observations conducted in classroom and recreational settings, and interviews with the participant's teachers and staff at a residential treatment center. Natalie Rogers (1993, 2001), the daughter of Carl Rogers (1942, 1951) who founded person-centered counseling theory, initiated the Person-Centered Expressive Therapy Institute in 1984 while working with adults in workshop-type settings. She combined principles of her father's person-centered therapy with non-directed art activities in which clients expressed thoughts and emotions through artistic expression.

In order to understand the adolescent response to person-centered art therapy, similar to Natalie Rogers' (1993, 2001) person-centered expressive arts therapy but limited to the visual arts, I will describe, by means of a single subject case study research design, the experience of an adolescent participating in weekly art therapy sessions while enrolled in a residential treatment center. The case study examines components of the life history of the adolescent participant, art therapy sessions as she experienced them, comments from teachers and staff working with the participant, and observational data from classroom and recreational settings, through the lens of adolescent cognitive development theory proposed by Elkind (1978, 1984, 1989,1998, 1999, 2001) in his six descriptive characteristics of adolescent thinking. I chose art as the intervention

modality due to its non-threatening nature and lack of verbal demands. As previously explained, the developmental stage of adolescence may, by nature, present resistance to traditional talk therapies, and expressive therapies such as art have received support as an outlet for emotional, as well as cognitive expression.

Research Questions

The following research question, with six subquestions, will be addressed through the single subject case study, analyzed through the theoretical lens of adolescent cognitive development, as described earlier in this chapter: What are the thoughts, feelings, and behaviors of the participant, diagnosed with a mood disorder and enrolled in a full time residential treatment program while participating in person-centered art therapy counseling sessions, according to Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory of adolescent cognitive development?

1. How do *idealism and criticism* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions?
2. How does *argumentativeness* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions?
3. How does *indecisiveness* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions?

4. How does *apparent hypocrisy* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions?
5. How does *self-consciousness* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions?
6. How do *specialness and invulnerability* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions?

Definition of Terms

The following terms are defined as they relate to components of the art therapy study. Whenever possible, reference sources are cited for the reader's convenience.

1. Adolescent: For the purpose of this study, the term, adolescent, refers to a human being, male or female, between 13 and 17 years of age.
2. Art Therapy: A form of expressive therapy in which the client expresses thoughts and feelings through creation of art products using one or more of a variety of media.
3. Behavior: A way of acting; conduct; actions; act (Urdang & Flexner, 1973). In this study, behavior is defined as participant actions viewed by the therapist/ researcher and noted immediately after the session, actions noted in observations conducted by the university colleague, or actions reported by teacher and treatment center staff who served as interviewees.

4. Expressive Therapy: A therapeutic intervention in which the client uses creative energies to enhance self-awareness or self-expression within a treatment setting (Robbins, 1980).
5. Feeling: An emotion; a pleasant or painful mental state produced in a person in reaction to a stimulus of some kind (Urdang & Flexner, 1973). In this study, feeling is defined as expressions of emotion made by the participant during art therapy sessions; during observations conducted by the university colleague; or during a time in which the participant was in the presence of her teacher or resident counselor, who later reported the expression during interview sessions.
6. Person-Centered Expressive Arts Therapy: The integration of person-centered principles, proposed by Carl Rogers (1942, 1951), and art within a therapy setting. Natalie Rogers, daughter of Carl Rogers, introduced Person-Centered Expressive Arts Therapy and advocated art as a language of self-expression (Rogers, 2001; Sommers-Flanagan, 2007).
7. Residential Treatment Center: A facility providing academic instruction in addition to psychotherapeutic intervention to individuals meeting criteria for admission, as set by the treatment center.
8. Thought: What a person thinks; the process of thinking, mental activity; reasoning (Urdang & Flexner, 1973). In this study, thoughts are verbal expressions made by the participant during art therapy sessions or reports by interviewees about verbal expressions made by the participant.

Delimitations

The following delimitations provided structure for the current study. The study required one adolescent participant, either male or female, between the ages of 13 and 17, having full-time placement at a residential treatment center, and diagnosed with a mood disorder, either singly or in combination with other psychiatric disorders. The adolescent participant and parent/guardian provided written, informed consent prior to beginning the art therapy sessions (see Appendices C and D). After obtaining IRB approval (see Appendix A), permission from the treatment center (see Appendix B), and student as well as parent/guardian consent, I conducted weekly individual art therapy sessions with the participant for the length of stay at the treatment center (90 to 120 days, on average), an addition to the prescribed regimen of psychotherapy from therapists on staff. At various times throughout the art therapy sessions, I reminded the participant that participation was voluntary and that he/she may withdraw from the study at any time.

Limitations

There are a number of limitations to qualitative case study design. Merriam (1998) recognized that, using this research design, the researcher is limited to describing the phenomenon rather than predicting future behavior; the time taken to produce rich, thick description is labor intensive and often results in written products which may be lengthy and detailed, thus lacking in utility among practitioners in the field; and the quality of the investigation is limited to the sensitivity and integrity of the investigator, who may not have received adequate training in observation and qualitative analysis prior to implementing the research project, issues of ethical concern. These limitations were

also supported by Schloss and Smith (1999).

In addressing weaknesses of the design, Guba and Lincoln (1981) cited issues in internal validity, the degree to which the research findings reflect reality. They indicated that case studies may oversimplify or exaggerate situations, leading to erroneous conclusions on the part of the reader; readers may surmise a case study is representative of a whole entity, when in reality it reflects only a part of a much larger situation; and unethical, biased researchers may select data supporting their own hypothesis regarding the topic under investigation.

Of the works reviewed (Guba & Lincoln, 1981; Merriam, 1998; Schloss & Smith, 1999), all authors pointed to issues of reliability, the extent to which research findings may be replicated; validity, the extent to which a study addresses what it purports to address; and generalizability, the extent to which the findings of a study may be applied to other situations, as potential weaknesses of qualitative case study research.

Limitations to the present study include restricted generalizability, potential bias, and lack of purity among data sources. First, the single subject case study design, although triangulated by data sources to address the limitations discussed above, inherently focuses on the expressed thoughts, feelings, and behaviors of one participant, and thus restricts outcome generalization to larger adolescent populations. Second, the incidental and unintentional bias on the part of the researcher, staff, or participant should be considered a potential limitation to the study. Observations and analyses will be filtered through my world view, values, and perspectives, thus rendering some degree of subjectivity inherent in all qualitative research (Merriam, 1998). Informing the

participant, teacher(s), and staff of the nature and purpose of the study prior to the interview process, although necessary, increased the potential for interviewee bias. Additionally, the fact that the participant and I were actively involved in the treatment process may have inadvertently influenced the outcomes of the treatment intervention. Finally, the turnover rate of teachers and staff at the treatment center was impossible to control and may have affected the purity of post-interview data.

Significance of the Study

A review of the literature indicates psychosocial challenges are experienced during the developmental transition of adolescence and often warrant psychotherapeutic intervention at the family and individual levels. Several authors have recommended expressive therapies as appropriate counseling interventions for adolescent populations (Kahn, 1999; Natale, 1996; Riley, 1999). The literature review also supports the use of art as an assessment or diagnostic tool in screening for emotional disturbance. Although an abundance of research supports the efficacy of art therapy with young children, formal application of the technique with adolescent populations has been less frequent (Kahn, 1999).

Based on the recommendations of authors who have completed substantial work in the field of psychotherapeutic intervention with adolescents, the reported efficacy of art as a diagnostic tool in psychological assessment, and the paucity of formal research supporting the utility of art therapy as a treatment intervention with adolescent clients, I will describe, through a single subject case study design, the experience of an adolescent receiving psychotherapeutic intervention through person-centered art therapy sessions

while enrolled in a residential treatment program. This study provides information pertaining to this particular option for adolescent treatment intervention in both school and clinical settings.

Organization of the Study

Chapter One introduced the reader to the motivation behind the study and addressed the theoretical framework for data analysis, purpose, research question(s), and significance of the research. Chapter Two includes a review of the literature in terms of the following: (a) a brief discussion of the underlying premises of art therapy; (b) the use of art as a therapeutic tool; (c) specific applications of art therapy techniques with adolescents; (d) a description of person-centered expressive arts therapy, on which the art therapy intervention in this study is based; and (e) further explanation of Elkind's theory of adolescent cognitive development, the theoretical framework through which data obtained in this study will be analyzed. Chapter Three describes two studies, a pilot study, conducted one year earlier, and the present dissertation study, on which this dissertation is based. The entire database for the present dissertation study was collected at the time of the pilot study. Additionally, Chapter Three discusses the research design, procedures for data collection, and a description of the method of data analysis employed in both investigations. Results of the data analysis for the pilot study are also reported in this chapter. Chapter Four informs the reader of the results of the data analysis for the present dissertation study, specifically, meaning units, themes, and clusters identified by the researcher. Chapter Five discusses the salient issues identified from the analysis of the typed transcripts from the 11 art therapy sessions and integrates the findings from each

data source: observations, interviews, and art therapy sessions to create a succinct summary of the overall study, provides implications for counseling practitioners and counselor educators, informs the reader of plans for continued research in art therapy, and addresses the conclusion of the research findings.

CHAPTER TWO

Review of Literature

Chapter Introduction

The purpose of this chapter is to review the literature on the use of art therapy as a treatment technique for adolescents. Since formal research studies appear limited, the review includes descriptive reports as well. The chapter addresses applications of art therapy in academic settings, hospitals, or therapy offices in the United States within the past 10 years. The review includes a brief discussion of the underlying premises of art therapy, the use of art as a therapeutic tool, specific applications of art therapy techniques with adolescents, and a description of person-centered expressive arts therapy on which the art therapy intervention in this study was based. Finally, the chapter provides a discussion of Elkind's theory of adolescent cognitive development, the theoretical framework through which data obtained in this study will be analyzed. In the next section, the underlying premises of art therapy are discussed.

Underlying Premises of Art Therapy

Authors have made rather complex assertions regarding the underlying philosophical and biological relatedness of art to psychotherapy. The apparent interconnectedness of mind and body, as well as emotion and cognition, warrants consideration in supporting art therapy as a psychotherapeutic intervention.

Philosophical Perspective

Julliard and Van Den Heuvel (1999) credited Susanne Langer (1953, 1957, 1988) as having made significant contributions to the recognition of art as therapeutic from a

philosophical perspective. Langer (1957) defined philosophy as "the continual pursuit of meanings—wider, clearer, more negotiable, more articulate meanings" (p. 293). She described the art process as a series of discrete acts which together constitute a significant form that serves as a language of communication for the emotional experience, based on intuitive biological processes.

Although Langer (1953, 1957, 1988) did not use the term, "art therapy" in her published work, much of her writing supported the notion that emotion is expressed or released through the art making process. She (Langer, 1957) believed verbal or written language is by no means the only way to articulate thought; what is cognitive may extend beyond the limits of spoken language; and some parts of human experience are not open to grammatical structure. According to Langer, "the arts [music, visual arts, dance] are a language of emotion and that this language is used primarily to express the artist's intuitive knowledge of human feeling" (Julliard & Van Den Heuvel, 1999, p.113).

In essence, Langer (1957) believed artistic creation results from the cognitive act of expressing feeling onto a virtual form that symbolically represents one's experience. She suggested the physiological changes that produce emotion are transferred through the physical act of art making. This biological connectedness of cognition and emotion is dynamic and cyclical in nature, such that what is felt is revealed through artistic expression and may be recaptured again through the sensory awareness of the expression by the beholder (Julliard & Van Den Heuvel, 1999).

Langer (1957) suggested a basic concept, referred to as the act, represents either an internal or external function of a living or non-living entity and follows a typical

sequence of impulse, intensification, consummation, and conclusion. The act may be felt or unfelt by the individual, biological or psychological in origin. According to Langer, an artistic expression results from a series of act-like behaviors, both conscious and unconscious to the artist, with each completion representing a whole.

Langer (1988) described acts as capable of growth and modification when provided an environment open to implementation, inclusion of smaller acts, and subject to being energized by other acts simultaneously in progress. She suggested three concepts in relation to the dynamic condition of acts: (a) Each act constitutes a whole pattern according to the typical four-stage act sequence described earlier; (b) acts, joined together, may represent a situation which is capable of modifying individual acts; and (c) the complexity of acts serves a purpose for the organism.

Therefore, according to Julliard and Van Den Heuvel (1999), within the counselor-client relationship, client expressions (represented by spoken language or artistic creation) are considered acts. Each act represents a whole entity, whether conscious or unconscious to the client. The therapeutic alliance between counselor and client constitutes a situation composed of a number of distinct acts, each amenable to modification with a goal to implement healthier, more desirable acts for the client. Similarly, verbal or nonverbal expressions such as resistance, typically manifested within a counseling setting, are composed of a series of acts also representative of a whole, serving a purpose for the individual, and amenable to modification.

Langer (1957, 1988) contended that both physiological and psychological processes follow the typical form of the act, previously described. Therefore, from Langer's philosophical perspective, mind and body are interrelated and not functioning as separate entities. Similarly, artistic expression represents mind and body acting in unison.

Biological Perspective

From a biological viewpoint, Lusebrink (2004) described the relationship between artistic expression and brain function, based on brain imaging techniques. Technological advances in neuroimaging facilitate understanding of the activation of diverse information processing sites based on the emotional state of an individual. Lusebrink supported long held notions that visual-spatial information processing, visual imagery, and visual memory are controlled by the right hemisphere of the brain, which is more readily activated by sensory stimulation than the language dominated left hemisphere. Using representations from art therapy interventions as examples of sensory stimulation, Lusebrink (2004) contended that visual recognition of artistic features as well as spatial placement are biologically processed within the ventral and dorsal areas of the visual information processing system in the brain. According to Lusebrink, sensory stimulation through visual, tactile, or auditory channels results in activation of structural centers within the brain that control cognitive and emotional functioning, resulting in memory awareness that may be expressed within a therapeutic setting. Lusebrink provided a detailed explanation of the relationship between artistic expression and information processing in terms of visual, somatosensory, and motor functioning, as well as the

physiological integration of cerebral structures controlling cognitive and affective functioning, the stimulation of which may result in enhanced expression through the implementation of art therapy interventions.

Overall, Lusebrink (2004) concluded the following: (a) the specific functions and areas of the brain are specialized for tasks at various levels of complexity; (b) visual, motor, and memory information may be processed through alternate structural paths that may be activated through the use of various modalities of art therapy; (c) art therapy provides opportunities to target different modes of visual information processing; and (d) art therapy may provide information into the basic structural components of cognitive and emotional processing. Lusebrink suggested further investigation into the relationship between artistic expression and brain functioning through examination of formal assessment instruments that employ an art therapy focus.

Summary of Underlying Premises of Art Therapy

Langer (1953, 1957, 1988) and Lusebink (2004) supported a direct correlation between artistic expression and the process of thought, with biological constructs indicating a link between cognitive/affective processing and the specific functioning of brain structures. Langer provided support for art as a means of emotional communication through an ideological perspective, while Lusebrink referred to biological mechanisms, measured by brain imaging techniques, as demonstrative of the interconnectedness of physiological and psychological constructs. The next section examines research and descriptive studies that focus on art as a therapeutic tool.

Art as a Therapeutic Tool

Natale (1996) referred to and described two schools of thought currently existing in the field of art therapy. First, art has for years been used as an interpretative tool to lend information regarding thoughts, memories, and feelings of individuals who may be unable or unwilling to express such verbally. According to Natale, the information gleaned from analysis of a client's art representation is then used to develop a treatment plan for psychiatric symptoms. Second, and to address the purpose of this study, art is considered to be healing in and of itself and may be used as a treatment strategy for individuals with emotional or behavioral difficulties (Natale). This section explores scholarly literature in the use of art as a treatment intervention in terms of the counselor-client relationship, emotional processing, art as a tangible product, and means of self-expression.

Counselor-Client Relationship

According to Natale (1996), the establishment of trust, a primary goal in art therapy, provides a safe, secure relationship between therapist and client, and is critical to processing experiential trauma reflected in the background history of many individuals demonstrating emotional difficulties. Natale considered art applied within a trusting, therapeutic relationship to have healing power and to be instrumental in building courage to face fears, rebuilding self-esteem, and teaching problem solving skills to those who are thus troubled. Other scholars supporting the therapeutic value of art therapy include Franklin (2000), Hanes (2001), and Snyder (1997).

Emotional Processing

Franklin (2000) discussed the metaphorical healing power of art in revealing contents of the inner psyche when expressed in a completed art product. He compared art to a container for emotions too intense to be acknowledged and owned by the conscious awareness. Art, according to Franklin, provides a communication tool to reveal deeper layers of emotion onto a concrete visual representation to be received by the conscious when it is ready and able. He contended the process of identifying deep, hidden emotions, bringing them to conscious awareness, and processing their nature and intensity leads to healing.

Franklin (2000) also discussed the role of mindfulness in art therapy, with the therapeutic process providing psychological space to contemplate one's thoughts, feelings, and behaviors during the creative activity. Awareness of one's thinking, feeling, sensations, and behavior, Franklin suggested, leads to reflection and purposeful changes within the individual.

In a case example, Franklin (2000) described a 17-year old male with severe behavioral problems receiving inpatient treatment in a psychiatric unit. Following extensive treatment in art therapy, Franklin reported improved and productive behavior, ultimately resulting in enhanced self control and reduced impulsivity.

Tangible Products

Hanes (2001) suggested art therapy, through the maintenance of products created by the client, captures a lasting, visible progression of the client's therapeutic growth, and may provide continuity by bridging gains made from one session to the next. Art therapy

provides a sense of permanence, according to Hanes, a quality for consultative reference or review of content from previous sessions and is less subject to memory distortions. The creation of tangible art products during therapy allows the individual, within the safety of a therapeutic counselor-client relationship, to externalize threatening experiences, thoughts, or feelings onto a neutral medium, to review therapeutic progress during upcoming sessions, and to identify patterns and themes that may have been less evident through means of verbal disclosure alone.

Means of Self-Expression

In a 1997 article, Snyder suggested expressive arts therapy is a potential source of healing for any age group. She referred to art therapy as "a vehicle for awakening dormant creativity" (p.74) to fulfill the human need for self-expression and provide emotional stability in a stress driven world. Snyder viewed expressive arts therapy and verbal psychotherapy as two separate, but equally viable approaches to assist clients in resolving current problems and, in agreement with Natale (1996), suggested the counselor-client relationship as a primary tool to lead clients to understand the inner self and to express internal conflicts, ultimately culminating in improved emotional health.

Summary of Art as a Therapeutic Tool

According to Natale (1996), the use of art has evolved into a treatment technique for emotional disturbance. Artistic representation may provide clues to the affective status of an individual and also serve as an expressive language, thus providing a less threatening mode of communication within the counselor-client relationship. Art's therapeutic value is supported through descriptive accounts attesting to the utility of art

within a therapy setting (Franklin, 2000; Hanes, 2001; Snyder, 1997).

Specific Applications of Art Therapy Techniques with Adolescents

A variety of counseling approaches and settings are considered appropriate for the use of art therapy. In this review of the literature, I examined the use of art therapy with adolescents from the perspective of a particular theoretical approach, specific settings, and with distinct populations. Areas addressed include: (a) solution-focused brief art therapy, (b) techniques applicable in school settings, (c) responsive artmaking in which therapist and client work collaboratively, (d) group counseling, (e) physical infirmity, and (f) reaction to situational stress.

Solution-Focused Brief Art Therapy

Riley (1999) described a combined approach of art therapy with solution-focused brief therapy (SFBT) as a particularly useful treatment modality for adolescents. She suggested solution-focused brief therapy is based on a wellness model that views the client as capable of generating solutions to developmental problems. The treatment model she proposed focuses on the here and now rather than the past and reportedly may lead to positive results within only a few sessions. The approach is based on past strengths of the client, times when the problem is not happening, what the client did differently during such times, the changes that would be evident should the problem be solved, and client's goals for future success.

Riley (1999) suggested that applying an art medium within brief therapy encourages creativity, which may be at a particularly high level during adolescence. She further indicated that integrating art into the therapeutic process allows the client a sense

of control during a life stage in which many individuals struggle for independence and identity, while simultaneously retaining a degree of connectedness with parental figures. Resistance, often encountered during talk therapies, was reportedly lowered through the use of expressive, nonverbal techniques. Riley described art as providing communicative qualities when answers to questions may be avoided. She advised no interpretation on the part of the therapist; rather, the client was free to discuss or explain the art product and how it relates to individual experiences, feelings, or goals. Riley advocated taking every client statement with utmost seriousness.

The combined approach, solution-focused brief art therapy (SFBAT), was described as optimal in meeting the developmental needs of the adolescent (Riley, 1999). Adolescents are typically egocentric as they search for their individual identities, and may have difficulty in experiencing empathy as well as taking a global perspective of problem situations. Riley described the typical adolescent as often unable to perceive his/her role in a problem, considering the dilemma to be the fault of someone other than him/herself. She contended that brief therapy approaches are less confrontive to the client and, throughout the treatment process, retain focus on the solution rather than the cause of the problem.

Riley (1999) described the SFBAT process as a time-limited, positive treatment approach that provides an optimal fit for the developmental tasks of adolescence. She described the therapist and client as working collaboratively with art media of the client's choice to design a product representation of the problem, all the while creating small, sequential changes within the product to illustrate a gradual shift in the direction toward

the solution. The art product, according to Riley, provided a proper, comfortable distance between the client and problem issue, while the completed product represented the solution, a concrete symbol of success to be taken with the client at the time of termination.

In summary, Riley (1999) suggested the integration of art therapy into the solution-focused brief model is practical, time efficient, and prompts interest and creativity. She explained that SFBAT lessens resistance, provides a sense of autonomy, and is applicable with adolescent clients.

Art Therapy in School Settings

Kahn (1999) described art therapy as an intervention that may be applied by counselors in school settings to achieve similar results as other methods of brief counseling. She indicated that art therapy is applicable in a number of treatment settings and may be easily integrated into theoretical models such as person-centered, cognitive behavioral, and solution-focused. Kahn supported the use of art as a medium for self-expression and communication between client and counselor and recommended an array of media including drawing, paint, collage, and clay.

In keeping with Riley's (1999) view, Kahn (1999) described art therapy as suitable for resistant adolescent clients, who may be less cooperative during talk therapy, by providing avenues for expression through the defense lowering nature of concrete images depicted in drawings, paintings, and sculptures. According to Kahn, art therapy is suitable for clients ranging in developmental, academic, social, or emotional needs.

Since the primary purpose of Kahn's (1999) article was to promote art therapy in school settings, she included directives to initiate art therapy in a school counselor's office, recommended materials to enhance ease and effectiveness of implementation, and provided examples of integrating art therapy into the sequential steps of the counseling process. During the entry stage of counseling, Kahn stressed the importance of creating an atmosphere of acceptance through non-threatening, encouraging statements, and providing a choice of art activity. During the exploration stage, she suggested activities and directives to enhance client examination of the self and personal issues, and, during the action stage, recommended goal-directed activities.

Kahn (1999) briefly reviewed a case in which art therapy was employed with a secondary student as a follow-up intervention after rehabilitative treatment for alcohol and drug abuse. Anecdotal reports supported the effectiveness of the approach as a viable tool for work with adolescents.

Natale (1996) also presented a descriptive account of art therapy implemented in a high school setting and contended that offering art as a therapeutic tool within an academic institution is no more costly than other curricular programs. Additionally, behavior problems presented by students in academic classes were reportedly reduced following participation in art therapy.

Basically, Kahn (1999) and Natale (1996) advocated the use of art therapy in school settings, providing descriptive accounts of the nature of the approach, as well as anecdotal reports of results. Formal studies examining the application of art therapy with adolescents were lacking, the presence of which may have solidified the authors' claims

and provided further support for utilization of the approach with adolescent populations in school settings.

Responsive Artmaking

Moon (1999) described the art therapist's role as an active participant in creating art along with the client. He discussed the potential for an apparent divide to occur between the role of cognition and emotion in art therapy and attempted to integrate the two by involving the therapist and client together in expressive communication that transcends verbal exchange, a process he referred to as "responsive artmaking" (p. 78). Moon explained that therapeutically responding to the client's art product with a therapist-created product enhances the counselor-client relationship through increased empathy on the part of the therapist and creates an impetus for continued exchange between the therapist and client. He also proposed the creation of an imaginative, interpretative dialogue within the counselor-client relationship in which the therapist serves as both counselor and teacher in the art process. Moon provided several case examples to support his approach with adolescent populations.

In summary, Moon (1999) presented a descriptive narrative in which he argued the role of the art therapist as that of therapeutic facilitator, art teacher, and art participant in the treatment process. His article did not, however, include a report of formal research analysis to support the meaning or efficacy of his approach.

Group Counseling

Vick (1999) described an ongoing adolescent group in a partial hospital program that employed art therapy as a component of the treatment regimen. Initially, the author

provided a historical review of the use of prestructured art from projective, diagnostic, and therapeutic perspectives. “Prestructured” (p. 68) was defined as art elements prepared prior to the counseling session, such as pre-cut pictures, torn paper, and shapes for tracing.

The co-ed art therapy group met 5 days a week for 45 minutes each day, ranged in age from 12-18 years, and served between 2-10 students daily. Group composition indicated psychiatric diagnoses, frequently with comorbid substance abuse. The structure was described as open since patients were continuously admitted and discharged.

Providing prestructured art elements on a separate table, called the “idea buffet” (p. 70), reportedly allowed sufficient structure while simultaneously prompting client engagement. Vick (1999) explained that pre-cut pictures or words from magazines lowered the distractibility of magazine content and provided an armature around which to build an artistic expression. Other appropriate elements included photocopied images, cut and torn paper of a variety of colors, organic as well as geometric shapes from which to trace, and partial drawings to stimulate a completed creative expression.

Although Vick (1999) provided excellent descriptions of the group setting, art media preparation, and therapist interaction with the group, he did not formally investigate the art therapy process among behaviorally or emotionally impaired individuals in the group setting. Application of formal research methodology would have potentially enhanced the support for art as an effective therapy technique with adolescent populations.

Physical Infirmity

Several scholars have published descriptive reports on the use and purported effectiveness of art therapy with adolescent clients who suffer physical infirmities, either from chronic and serious illness or traumatic injury (Appleton, 2001; Baerg, 2003; Frei, 1999; Wexler, 2002). Appleton (2001) reported positive outcomes from the application of an art therapy intervention with an adolescent who suffered severe burns as the result of a work related accident. In addition to medical intervention to address the physical effects of the burn injury, psychotherapeutic treatment focused on the patient's developmental needs pertinent to the life stage of adolescence, primarily physical appearance and social identity as they related to the ongoing development of self-concept and self-esteem.

According to Appleton (2001), the act of manipulating a tangible object, whether sculpting clay, drawing, or painting, provided a feeling of control and containment following an otherwise unbearable experience such as traumatic injury. She suggested the art therapist may provide a secure environment for trauma survivors to cope with overwhelming and disturbing memories which may be severely distressing to the client and prolong the recuperation period. Art, Appleton suggested, provides a safe medium for catharsis, above and beyond that of verbalization.

Appleton (2001) advised against urging patients who have experienced traumatic injury to readily engage in artmaking or personal disclosure. She indicated that a degree of resistance may be self-protective when patients are very sick or in pain, have limited experience in art activities, or feel they lack artistic talent. In response, the author suggested the therapist educate the patient about art media, present open-ended ideas for

themes or art processes, and express support and therapeutic understanding. In spite of these challenges, Appleton, in agreement with Riley (1999), described adolescence as a period of heightened creativity and contended that art therapy techniques may serve as highly effective interventions following a traumatic experience.

Baerg (2003) recommended expressive therapy using art and poetry as treatment interventions for adolescents diagnosed with acute and chronic illnesses. In agreement with Kahn (1999), Natale (1996), and Riley (1999), she contended that traditional talk therapy models may be less effective with this population.

Baerg (2003) provided case descriptions of two adolescent patients and, in several instances, suggested the introductory statement, "Sometimes there just aren't any words…" (p. 67), followed by a period of therapeutic silence for client reflection. According to Baerg, this introduction served as a springboard to begin the art therapy process, a subtle encouragement to invite the client to begin the expression. She suggested providing a time frame of 20 minutes or so to allow the client to begin contemplating the art expression. If clients expressed difficulty, an assignment was considered in order, such as thinking about what it was like when the diagnosis was first learned, changes occurring since the diagnosis, or individual uniqueness to begin the expression.

Rather than therapist interpretation or insightful comments, Baerg (2003) suggested the client be allowed to discuss the work. Recommended statements to initiate discussion included, "That is impressive; talk about it," or "What does your work say to you?" (p. 71). Baerg suggested that work products be arranged on the floor or bed to

examine patterns or changes in expression over time. Appropriate questions to encourage client exploration included how different the drawing would have been six months earlier, how it would possibly change within a year, and with whom the client would feel comfortable sharing the work.

In describing art as a language of expression for a 16-year old adolescent female with cerebral palsy, Frei (1999) recommended adaptive modifications to art utensils and media necessary to facilitate art expression and emphasized the utility of expressive arts as an outlet for emotional expression among clients whose capabilities for verbal speech may be limited. According to Frei, the adolescent client experienced improved confidence, motor control, and concentration skills following the implementation of expressive therapies which included the art modality of painting.

Finally, Wexler (2002) advocated the healing benefits of art in promoting life skills among adolescents with disabilities in a hospital art studio setting. She explained how the art studio program engaged adolescents in painting as a means of accepting and working through the sense of loss precipitated by handicapping conditions such as spina bifida, cerebral palsy, and paralysis resulting from traumatic injury. Wexler reviewed two descriptive case examples in which adolescents participated in painting activities and reported positive gains in self-confidence, motivation, persistence, concentration, and empowerment by focusing on personal strengths and abilities rather than areas of impairment.

In summary, Appleton (2001), Baerg (2003), Frei (1999), and Wexler (2002) described art therapy as a powerful and appropriate therapeutic tool in the treatment of

adolescent patients diagnosed with serious, chronic illness or injury. They suggested the approach promotes empathic understanding, allows flexibility in treatment, and leads to gradual acceptance of a physical impairment on the part of the client. None of the authors employed a formal research design, thus substantiating the argument for further study in this area.

Reaction to Situational Stress

In describing the application of art therapy as a treatment for adolescents experiencing trauma from situational stress, a number of authors have published descriptive reports of their own work (Backos & Pagon, 1999; Hanes, 2000; Pifalo, 2002). To address the appropriateness of art therapy techniques with reactions to severe situational stress, Backos and Pagon (1999) described an art therapy group with female adolescent survivors of sexual abuse. The authors not only explained the detrimental psychological effects of the abuse upon the individuals, but also acknowledged the subtle role society plays in condoning acts such as rape through advertisements, books, and media presentations.

From a developmental perspective, Backos and Pagon (1999) explained that a traumatic sexual violation often results in an abrupt interruption in the normal stages of cognitive and emotional growth. According to the authors, the processes of individuation and self-identity are negatively affected in such a way as to halt the proper integration of emotional and personal development, thus precipitating increased anxiety, anger, self-blame, oppositional, and self-destructive behavior. The authors acknowledged the lack of understanding and acceptance afforded by society following victimization.

Backos and Pagon (1999) suggested art therapy, presented in a group format, as an appropriate treatment intervention for female survivors of sexual abuse. They described a 10- week group program that involved both parents and adolescent daughters from three families. Following pre-group interviews with all participants, parents met for 2 weeks without the daughters for purposes of mutual sharing of emotional support and expression of concerns for their children's future. Following the parental involvement, girls between 13 and 17 years of age received art therapy in a group setting for a period of 8 weeks. The authors described the importance of providing the participants with choices in the group activities as their sense of choice was disallowed during the abuse. Allowing for choice was believed to enhance self-esteem and confidence, while also generating a degree of empowerment.

Group activities implemented by Backos and Pagon (1999) included rituals such as checking in and out and lighting a candle at the beginning and end of each group. Such ritualistic activities were believed to provide a sense of security during a time of uncomfortable and often painful memories. Art activities included mandalas focusing on how group members perceive themselves in the present; collage projects depicting personal pasts, presents, and futures; and a question jar containing anonymous deposits of questions to be addressed during group discussions. Near the end of the group, the participants painted posters for public display to enhance community awareness of the seriousness of sexual abuse, the importance of recognition of abuse survivors, and the need for prevention.

Backos and Pagon (1999) described a change in the mandalas created by the girls over their 10-week group participation. Art products that initially indicted significant emotional lability gradually appeared more cohesive, serene, and hopeful. Parents as well as adolescent children reported experiencing benefit from group participation.

In another descriptive account of art therapy with a sexually abused adolescent girl, Hanes (2000) described how non-directive, bi-weekly group sessions in an inpatient setting allowed the female subject to find a sense of catharsis by creating and destroying an effigy of the perpetrator of her abuse. Following the destructive behavior, Hanes reportedly assisted the client in processing emotions as well as socially acceptable outlets for retribution.

From a similar perspective, Pifalo (2002) also described a study which employed art therapy in group settings with female survivors of sexual abuse. The author described the concreteness of art therapy as potentially providing as sense of containment and therapeutic distance from overwhelming and emotionally painful psychic material in a group format that allows support, validation, and security while participants express inner conflict, release pent-up emotion, and begin the healing process. Pifalo implied that art therapy may represent a treatment of choice for individuals who have experienced trauma.

Pifalo's (2002) group study employed a quasi-experimental research design in which 13 female participants between the ages of 8 and 17 were divided into three groups of similar ages and abilities. The groups met weekly for one and one half hours for 10 weeks. Pre- and post-assessment data were obtained using the *Briere Trauma Symptom*

Checklist for Children (Briere, 1995). Art activities using a variety of media were combined with group discussion during each meeting. Activities were designed to enhance group cohesion, trust, self-image, and empowerment. Pifalo described the goals of the study as providing outcome results with empirical evidence to support the effectiveness of art therapy, a quality lacking in the study by Backos and Pagon (1999). Reported results indicated significant improvements in anxiety, posttraumatic stress, and overt dissociation ($p < .05$) among the total group of participants across all ages. Pifalo (2002) acknowledged the small sample size and lack of a control group as limitations to the study.

In summary, Backos and Pagon (1999), and Hanes (2000) provided descriptive accounts of art therapy applied with adolescent survivors of trauma, while Pifalo (2002) reviewed the results of a quasi-experimental research design from a similar population of previously abused adolescents. While all of the authors noted improvement in self-esteem, confidence, and reduced anxiety, only Pifalo employed a formal research design, which supported the need for further investigation into the benefits of art therapy with adolescents.

Summary of Specific Applications of Art Therapy with Adolescents

Following a review of professional literature supporting the use of art therapy in specific settings such as group counseling or with distinct populations such as clients who experience chronic illness, serious injury, or reaction to situational stress, similarities among authors were noted. In general, the authors reviewed in this section concluded that art therapy: (a) enhances the counselor-client relationship (Kahn, 1999; Riley, 1999);

(b) does not involve therapist interpretation of client work (Baerg, 2003; Frei, 1999; Riley, 1999); (c) may be superior in effectiveness to verbal therapies with adolescent populations (Baerg, 2003; Kahn, 1999; Pifalo, 2002); (d) represents a developmentally appropriate therapeutic tool for adolescents experiencing a peak in creativity (Frei, 1999; Riley, 1999); (e) offers a less threatening intervention, thus frequently lowering client resistance (Appleton, 2001; Hanes, 2000; Kahn, 1999; Riley, 1999); and (f) builds empathy among therapists as well as clients (Moon, 1999).

Of the research reviewed, it was noted that most provided descriptive reports documenting the use of art as a treatment tool, with only one (Pifalo, 2002) using research methodology to explore the effectiveness of art therapy, thus supporting the need for further investigation with a more rigorous research design. The next section describes person-centered expressive arts therapy, the model upon which the art therapy intervention in this study was based.

Person-Centered Expressive Arts Therapy

Natalie Rogers (1993, 2001) is the founder of person-centered expressive arts therapy and the daughter of Carl Rogers (1942, 1951), the author of person-centered theory and therapy. In describing the essence of her approach to therapy, she stated:

> Expressive arts therapy is an integrative multi-modal therapy with the emphasis on the healing aspects of the creative process. Movement, drawing, painting, sculpting, music, writing, sound, and improvisation are used in a supportive, client-centered setting to experience and express feelings. All art that comes from an emotional depth provides a process of self-discovery and insight. We express

> inner feelings by creating outer forms. When we express these feelings in visible forms, we are using art as a language to communicate inner truths. (Rogers, 2001, p. 163)

According to Natalie Rogers (1993, 2001), a creative life-force energy may be awakened through the identification and expression of deep, hidden emotions within the client's psyche. She explained the implementation of expressive modalities in therapy as connecting with a language of emotional communication that may be more readily reached through nonverbal techniques.

In a 2007 article, Sommers-Flanagan released the contents of a 2003 telephone interview with Natalie Rogers. In the article, Natalie described how childhood influences, as well as her work during adulthood with Carl Rogers, influenced her creation of person-centered expressive arts therapy, an integration of person-centered principles such as trust in the client, the empathic counselor-client relationship, and openness to learning with the avenues of art, movement, dance, and music. Natalie Rogers also described how she applied her early work in play therapy with children to summer group workshops using other expressive modalities with adult clients. She likened the process to peeling away layers of defensiveness, grief, and pain to reach the true and genuine self. Person-centered expressive arts therapy was considered a form of healing the dysfunctionality of the client through a willingness to learn from new experiences while acknowledging and accepting the true self. In the interview article, Natalie emphasized process over product in creative expression, and stressed non-judgmental acceptance of both client and product on the part of the therapist. A description of expressive arts therapy, person-centered

therapy, the creative connection, expressive arts therapy with clients, and the integration of person-centered expressive arts therapy and this study follow.

Expressive Arts Therapy

According to Natalie Rogers (1999), "What is creative is frequently therapeutic. What is therapeutic is frequently a creative process" (p. 163). She used expressive arts to bring about emotional healing, resolve inner conflict, and revive creativity. Rogers, who is now 78 years young, distinguished expressive arts therapy, based on a rigid, medical model that analyzes art for diagnostic and assessment purposes, from person centered expressive arts therapy, based on a humanistic perspective in which non-verbal processes are used as a means of communicating inner thoughts and emotions. The humanistic approach views the individual as capable of self-direction, as well as identifying and resolving personal conflicts, within the safety of a warm, accepting therapeutic relationship.

Person-Centered Therapy

In person-centered therapy, the focus is on the client's strength and ability to direct his/her own life (Carl Rogers, 1951). The therapist, according to Rogers, listens with great depth of attention and communicates back to the client an acceptant understanding of the client's inner world. This empathic listening provides a safe psychological climate, thus paving the path for healing.

The Creative Connection

Natalie Rogers (2001) "coined the term, 'creative connection' to describe the process in which one art form stimulates and fosters creativity in another art form" (p.

169). In her work, she engaged clients in a sequence of active expression from movement to art to creative writing. She believes such transitions are useful in releasing layers of inhibitions and bringing emotions to the client's awareness to allow self-discovery and personal growth in reaching one's individual creative force. The process, according to Rogers, ultimately leads to a universal energy source from within the individual, thus enabling the client to identify emotions, explore the unconscious, gain insight into problem solving, and discover the intuitive and spiritual part of the self.

Expressive Arts Therapy with Clients

Typically introducing expressive arts therapy within the first three sessions, Natalie Rogers (2001) emphasized the voluntary nature of participation as well as the absence of a need for artistic ability. Participation was described as spontaneous, free flowing, and self-exploratory. During the expressive process, the therapist served as an "empathic witness" (p. 167) and followed the client's lead in determining when and what expressive media to suggest. The client was free to accept, refuse, or make personal suggestions in regard to specific media.

Following the expressive activity, the client, not the therapist, described the experience and the meaning derived therein. The therapist listened deeply and encouraged in-depth self-exploration on the part of the client by such questions as: " 'What was this like for you?'; 'What were you feeling as you were painting?'; 'Does this feel right for you?'; 'Am I understanding your meaning?'; 'Do you wish to explore this experience more?'; 'How would you title this?'; or 'Tell me a story using this image and beginning with 'Once upon a time…'" (Rogers, 2001, p. 167).

According to Natalie Rogers (2001), it is critical that the therapist respect the client's interpretation of the art. If the therapist should make an interpretation, she contended, the client may adopt it, and return to the therapist later for further meaning, rather than using his/her own inner abilities to find the personal meaning of the experience and expression. The therapist plays the role of companion and witness who listens with deep empathy, rather than an expert authority figure to interpret or offer advice.

Person-Centered Expressive Arts Therapy and This Study

Through my review of published literature, I found no formal studies addressing the application of person-centered expressive arts therapy with adolescent clients. In this study, although media such as music, dance, movement, and writing were not employed, the art therapy intervention was based on the basic principles of person-centered expressive arts therapy, as proposed by Natalie Rogers (1993, 2001). Sessions were for the most part non-directive, allowing the client to choose from a variety of expressive arts media such as drawing, crayon, paint, clay, and collage to reveal her thoughts and feelings throughout the art process. Artistic skill was not considered a pre-requisite to participate in person-centered art therapy since the process of expressing one's thoughts and emotions was considered superior to any generated product. The next section introduces Elkind's theory of adolescent cognitive development and describes the theoretical constructs used in this study.

Elkind's Theory of Adolescent Cognitive Development

David Elkind (1978, 1984, 1989, 1998, 1999, 2001), a long time scholar and advocate for the welfare of children and adolescents, has studied child and adolescent development extensively during the past three decades. In his 1998 edition of *All Grown Up and No Place to Go*, he described today's adolescent as "the age group who are no longer children, yet who have not yet attained full adulthood" (p. 3) and expressed concern that contemporary postmodern society often fails the adolescent by narrowing the focus on their developmental needs while expanding emphasis on adult interests. While acknowledging positive benefits to children in terms of the growing acceptance of diversity, Elkind (1999) called for attention to the needs of youth in regard to optimal development mentally, emotionally, and socially.

Disappearing Markers

Elkind (1989, 1998) discussed the awkward, clumsy journey of youth in taking on the social and physical tasks of adulthood, often in the absence of clear markers to define their readiness in terms of maturity. Markers, according to Elkind, are culturally bound external indicators, typically represented by activities that mark the young person's developmental course toward maturity. Examples include such rites of passage as formal confirmation ceremonies and informal markers such as the age one is permitted to date, drive, and work outside the home with parental permission.

Elkind (1989, 1998) contended that although maturity markers allow for higher levels of decision making, they have been gradually lowered or erased as today's children compete to wear adult fashions, engage in sexual activity at earlier ages, and take on

other adult activities prior to readiness. The disappearance of such markers, evidenced by the increasingly early transition to activities once reserved for more mature audiences, and the gradual disappearance of adult authority, according to Elkind, may result in increased stress and difficulty in integrating a sense of self and identity.

As these traditionally defined markers gradually disappear in postmodern society, and as traditional protective institutions such as school and family lose their emphasis, Elkind (1998) contended the time once provided to allow maturity for adolescence narrows, thus complicating the healthy integration of self and identity needed for adequate coping of social and emotional challenges in upcoming adulthood. Elkind emphasized the important role of families, school, and postmodern society in providing a place for the developing adolescent.

Developmental Indicators

Elkind (1989, 2001) referred to two developmental concepts, imaginary audience and personal fable, described in detail in Chapter One, as typically occurring during early adolescence. Supporting the views of early developmental theorists, Piaget (1962), who suggested sequential stages of cognitive development, and Erikson (1968), who contended that levels across lifespan development represent attempts to meet psychosocial needs, Elkind indicated that higher level cognitive processes allow the adolescent not only to mentally consider and manipulate symbolic representations of reality, but that such abstract reasoning abilities also allow the individual to reflect upon his or her own thinking, as well as the thinking of others.

Imaginary audience. According to Elkind (1998), formal operational thinking, proposed by Piaget (1962), may explain a concept he referred to as "imaginary audience" (p. 40). He suggested the rapid physiological, intellectual, and emotional growth during adolescence results not only in higher order, abstract cognitive abilities, but also directs significant attention toward one's own body, feelings, and cognitions. The magnitude of this intrapersonal focus frequently results in the illusion that one is on stage, constantly observed and evaluated by others, in other words, an imaginary audience. The imaginary audience, Elkind contended, explains the self-conscious tendencies of early adolescence.

Personal fable. Furthermore, if the adolescent were continually surveyed through the eyes of others, it would seem logical that he/she must indeed be special and unique, a condition Elkind (1998) referred to as "personal fable" (p. 44). The personal fable represents feelings of invulnerability which may, particularly among children exposed to the stress of a hurried lifestyle pre-empted by pressures from accelerated education, athletics, and social demands, lead to high-risk, dangerous behaviors, including drug abuse and sexual promiscuity.

When children cross maturity markers prior to completing normal developmental stages such as the imaginary audience and personal fable, Elkind (1998) suggested, they engage in high level decision making which may put them at risk for self-destructive, rather than self-preserving outcomes. For example, if a child begins dating prior to having completed the developmental stage of imaginary audience, characterized by a period of intense self-scrutiny accompanied by the belief that others are equally concerned with their thoughts and behaviors, decisions regarding sexual activity may be

based on the need for social approval, potentially resulting in reckless, self-destructive behavior. Similarly, according to Elkind, adolescents experiencing the imaginary audience are likely to conclude that if they are indeed "on-stage" (p. 40) and being continually evaluated by others, certainly there must be a uniqueness or special quality about themselves, resulting in a "personal fable" (p. 44), the belief that one is so special as to be invulnerable to the pitfalls that may befall others. This condition, also occurring during early adolescence, may result in haphazard, high risk behaviors such as illegal drug use, reckless driving, and criminal activity.

Elkind (1989, 1998) suggested that imaginary audience and personal fable are experienced to some extent by most adolescents during normal development and gradually dissipate by mid to late adolescence or early adulthood through continued social development and interpersonal interaction. He advocated the importance of maintaining maturity markers as protective measures for healthy decision-making among youth in a rapidly developing postmodern society.

Summary of Elkind's Theory of Adolescent Cognitive Development

Elkind (2001) suggested allowing children time to develop and mature in a nurturing environment where needs are met, thus lessening the likelihood of life-threatening decisions by youth. "Growth into personhood takes time…Feelings and emotions have their own timing and rhythm and cannot be hurried. Young teenagers may look and behave like adults, but they usually don't feel like adults" (p. 12, 140). Advocating for the needs of children as they develop physically, intellectually, socially, and emotionally by respecting the disparity in thought and emotion as compared to that of

adults, Elkind described the hurried child, typical in contemporary society, as a stressful child who has not received the time to mature and develop in a healthy fashion due to the intellectual and societal pressures to progress and transition in keeping with the rate of societal growth.

Data obtained during the course of this study will be analyzed through the lens of Elkind's theory of adolescent cognitive development. The analysis is presented in Chapter Four.

Conclusion

This literature review covered a substantial number of scholarly publications providing support for art therapy as a viable counseling technique. Descriptive narratives suggested a direct connection between artistic expression and biological, as well as psychological constructs (Langer, 1953, 1957, 1988; Lusebrink, 2004). Based on the works reviewed, it appears that art therapy has been integrated into a number of theoretical models such as behavioral, cognitive, and person-centered. Only one scholar described a formal research study related to art therapy and its use with adolescents (Pifalo, 2002); rather, most provided descriptive accounts supporting its use as a treatment intervention (Appleton, 2001; Backos & Pagon, 1999; Baerg, 2003; Moon, 1999; Vick, 1999). I have located no published research studies that use a developmental theoretical lens, such as Elkind's theory of adolescent cognitive development (Elkind, 1978, 1984, 1989, 1998, 1999, 2001), to explore the use of art therapy with adolescents. The paucity of formal research in the use of art therapy with adolescents seems to provide fertile ground for further exploration and provides a rationale for this study.

I chose an adolescent population as the focus of this study due to the emotional upheaval and developmental challenges faced during this life stage. The previous review provided support for the use of art therapy as a treatment technique to overcome some of the difficulties encountered using traditional talk therapies with adolescent clients. The contention that adolescents constitute a distinct population of clientele whose psychiatric symptoms may not be adequately addressed through verbal counseling techniques alone has been established in the literature review. The next chapter describes the methodology employed in this research study.

CHAPTER THREE

Methods

Chapter Introduction

In this chapter, I will describe two research studies that focus on the experience of an adolescent participating in art therapy sessions while enrolled in a residential treatment center: a pilot study, which was conducted in 2007 and provides the foundation for the current study, and the dissertation study, conducted in 2008, which extends the pilot study by analyzing all the data collected at the time of the pilot study, using the constant comparative method, through the theoretical lens of Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory of adolescent cognitive development. The description of the pilot study includes (a) approval from the Institutional Review Board, (b) the research question, (c) the role of the researcher, (d) the participant, (e) data collection procedures, (f) data analysis, and (g) the findings. I will also describe a second study, which is the focus of this dissertation, that extended the research of the pilot study. The description of the dissertation study includes (a) the research question, (b) rationale for the methodology, (c) type of design, (d) the role of the researcher, (e) the participant, (f) data collection procedures, (g) data analysis, and (h) the method of verification.

Study One: The Pilot Study

The purpose of the pilot study was to describe a person-centered art therapy intervention with an adolescent female through a thematic analysis of three art therapy sessions, two of which were conducted at the outset of the intervention, and one near the time of the participant's discharge from the treatment center.

Institutional Review Board Approval

The Institutional Review Board of the University of Tennessee approved the methods and procedures employed in conducting the pilot study, as well as the dissertation study, a university requirement for all proposed research (see Appendix A). Permission to conduct the study was also obtained from the administrative staff at the residential treatment center prior to collecting data (see Appendix B).

Research Question

In conducting the pilot study, I addressed one research question. Based on the results of a thematic analysis of three art therapy sessions, what is the experience, in descriptive terms, of an adolescent participating in art therapy sessions while enrolled in a residential treatment center?

Role of the Researcher

According to Merriam (1998), the primary instrument for data collection and analysis in qualitative case study research is the researcher, who is typically involved in some way within the physical setting of the subject(s) or entities being studied. Merriam contended the following attributes represent components of the researcher's role: (a) a tolerance for ambiguity, essential in the study of unstructured real life settings; (b) sensitivity to potential researcher bias since data collected and analyzed are filtered through the researcher's perception of reality; and, finally, (c) a high level of communicative skill to listen effectively to respondents, interpret non-verbal as well as verbal communication during observation and interview activities, and exercise skill in decision making to determine when a sufficient amount of data exists to terminate

collection.

According to Ghesquiere, Maes, and Vandenberghe (2004), the active role of the researcher as an instrument for data collection may be considered a potential strength within the qualitative case study approach, in contrast to a source of possible data contamination, purported by the positivistic perspective. According to these authors, meaning is constructed within a social context; therefore, the quality of the data collected is influenced by the quality of the relationship between the researcher and the participant. They emphasized the need for researcher subjectivity to be controlled and systematic in separating data collection from interpretation and evaluation, all of which should be viewed from the perspective of the research question(s). Such contentions are in keeping with the recommendations of other research scholars (Schloss & Smith, 1999; Wolcott, 1994).

As a doctoral student enrolled in a Southeastern research university, I served as the principle investigator and primary instrument for data collection in the pilot study. I initially began work at the aforementioned residential treatment center as a student intern completing a doctoral practicum experience in counselor education. Although my interest in art therapy dates to my work as an elementary school counselor several years ago, upon beginning the practicum experience at the residential treatment center, my interest in expressive therapies expanded to include the adolescent age group. Since a requirement in my doctoral program included completing a research competency in the form of a small study, a pilot study in the use of art therapy with an adolescent seemed to provide an excellent opportunity for me to pursue my own personal goals in extending art

therapy to this age group. The residential treatment center allowed me the opportunity to work with the adolescent participant for an extended period of time, collect data from multiple sources, teachers and residential treatment center staff, in addition to observational data in multiple settings, thus expanding the research possibilities to the dissertation level. Therefore, the entire database for the dissertation study was obtained while conducting the pilot study.

Pressick-Kilborn and Sainsbury (2002) stressed the importance of recognizing the potential impact of the researcher playing multiple roles in conducting research. For instance, when a classroom teacher serves simultaneously as a researcher or, in the case of the present study, the researcher who also serves as an art therapist, the experience of maintaining multiple roles inadvertently impacts the research environment in some way. Similarly, the fact that student research participants have knowledge that they are being observed, recorded, or simply selected as participants, may to some degree affect their behavior during the research project, according to Pressick-Kilborn and Sainsbury.

In both pilot and dissertation studies, knowledge of the nature of the research project may have affected the behavioral responses of the art therapy participant as well as teachers and staff who served as interviewees for the dissertation study. From a similar perspective, I performed the dual roles of therapist and researcher in both studies. In terms of the pilot study, my contextual awareness from these perspectives, in spite of my deliberate efforts to maintain objectivity, may have affected my interpretations as a participant observer within art therapy sessions, or while interpreting interviewee responses. Similarly, the fact that I served as both therapist and researcher no doubt

influenced, to some degree, my interpretation of data analyzed for the dissertation study. Therefore, in order to maintain objectivity in data interpretation for the present dissertation study, I did the following: (a) maintained conscious awareness of and intentional focus on my role as a therapist during art therapy sessions with the participant; (b) critically reflected upon my judgment while interpreting data; (c) collected data from multiple sources; and (d) obtained observational data in the participant's classroom and recreational environments through the objective eyes of a colleague who was not directly involved in the research.

Upon the recommendation of the Institutional Review Board at my university, a colleague assisted in the data collection process for the dissertation study by conducting anonymous observations of the identified participant in her academic and recreational environments prior to beginning the art therapy sessions, and again near the time of termination. In order to protect the anonymity of the adolescent participant, my colleague and I were at no time simultaneously present at the treatment center; the students were told the observer was there to gain an understanding of the daily activities at the center; and the target research participant was completely unaware that she was being observed by the colleague.

Although maintaining the role of art therapist and researcher challenged my responsibility to remain objective in collection and interpretation of data, there were some distinct advantages in working alongside the student participant. First, by serving as the therapist, I was able to experience firsthand the developing counselor-client relationship. This experience provided a window for me to perceive the emotional

expression and growth of the client that I perhaps would not have understood as fully had I been conducting this research from a distance. Also, by serving in this capacity, I was able to explore my own thoughts and emotions from the standpoint of a therapist. I was, therefore, able to reach a greater depth of understanding in the growth and experience of the participant, as well as my own reactions as a therapist.

In conducting the study, I followed the procedures outlined by the Office of Research at the university and obtained approval from the Institutional Review Board to collect data and report findings from the study (see Appendix A). I maintained ethical guidelines for conducting research as specified in the American Counseling Association Code of Ethics (2005); informed potential participants and parent/guardian(s) of the purpose of the study, how the information would be used, and their rights in regard to participation or withdrawal from the study through statements of informed consent (see Appendices C and D); and informed residential treatment center staff of the nature of the study, their rights in regard to interview participation, and how the information would be used through statements of informed consent (Appendix E). Finally, I took steps to maintain the anonymity of all persons participating in the research project through the use of a fictitious name for the primary research participant and identification of treatment center staff by occupational role only. Confidentiality in regard to participant disclosure was maintained during implementation of the art therapy intervention, but, due to the nature of the study, was revealed in the analysis and discussion of research findings.

Participant

After obtaining approval from the Institutional Review Board of the university, in addition to consent from the administrative staff at the residential treatment center, I initiated the participant selection process. Eligibility criteria included the following: an adolescent, between the ages of 13 and 17; enrolled as a full-time residential student at the treatment center; a psychiatric diagnosis of mood disorder either singly or in combination with other psychiatric disorders; and an expressed interest for participation on the part of the student. Each adolescent and parent/guardian(s) meeting eligibility criteria for participation in the research project was informed of the art therapy project at the time of student admission and provided the opportunity to be considered a candidate. Confidentiality, limitations thereof, and steps to maintain anonymity of the participant were explained in the informed consent, and again at the outset of the counseling process. At the end of a four week participant selection process, two eligible students and their parent(s) had provided written informed consent for participation. For fairness, selection was based on the first eligible participant who agreed to participate.

The first student candidate and selected participant was Susie (fictitious name), a mildly mentally handicapped 16-year-old female with a history of abandonment, neglect, and severe abuse. Susie had received Special Education services while enrolled in public school, but had experienced a number of alternative placements in more restrictive settings due to behavioral difficulties at home and school. She was placed in the residential treatment center at the discretion of her legal guardian due to the severity of her behavioral problems.

Susie was a tall adolescent, of average weight for her height, whose facial appearance and mannerisms resembled a person much older than her chronological age. Initially, she presented flat affect, made minimal eye contact with the researcher, and frequently looked down. Her demeanor was shy and withdrawn as she spoke in a quiet voice. At times, due to low volume or voice tone, I found it necessary to ask her to repeat verbalizations.

Data Collection Procedures

In order to explore the themes developed in art therapy with an adolescent client, I conducted a total of 11 weekly art therapy counseling sessions, approximately one hour in length, beginning shortly after Susie's admission and terminating at the time of her discharge from the treatment center. The qualitative case study design was selected for this investigation due to its applicability with extremely small sample sizes and its appropriateness for in-depth understanding of the research subject (Merriam, 1998).

Art therapy sessions were conducted from a person-centered perspective. Upon entering the art therapy counseling session, I greeted Susie warmly and invited her to verbally express her thoughts, feelings, and/or experiences from the past week. A variety of art materials were provided at each session for self-expression. I informed the client that she could use any or all of the materials to express her thoughts and feelings in any way she wished. Art media provided at each session included: drawing paper, colored construction paper, pencils, colored pencils, crayons, markers, water-based paints with brushes, modeling clay, play-dough (which is softer and easier to manipulate than the clay) in a variety of colors, glue sticks, liquid glue, scissors, and pipe cleaners.

While a university colleague conducted pre- and post-intervention observations, I conducted and audio-taped pre- and post-intervention interviews with treatment center staff. These procedures are described in detail later in this chapter as they relate to the dissertation study.

Data Analysis

Typed transcripts from the first two art therapy sessions and from session 10, near the end of the project intervention, were subjected to qualitative analysis for enhanced understanding, as well as for comparative purposes. In conducting the analysis, I read and re-read the typed transcripts several times. I then identified meaning units from within the transcript data that, based on my discretion, appeared to emanate from the data. Meaning units for the transcripts were defined as instances in which the participant appeared to change her focus from one thought or meaning to another (Thomas & Pollio, 2002). I then segmented the meaning units by cutting them into paper strips to facilitate the comparative process.

Following identification and segmentation, I categorized the meaning units by similarity and renamed them as themes. The themes were derived, using the constant comparative method, from the transcripts and later grouped and re-identified as clusters. Dye, Schatz, Rosenberg, and Coleman (2000) suggested the constant comparison method, initially proposed by Lincoln and Guba (1985), as an appropriate means of analyzing qualitative data. Using the constant comparative method, information is recorded, analyzed and coded for meaning, and continually compared and refined until new relationships or meanings are discovered within the data (Goetz & LeCompte, 1981;

Merriam, 1998). Once the clusters were identified, I organized the data further by preparing written summaries of the meaning units constituting each theme, as well as the themes making up each cluster. I employed this process in analyzing the data from the first two art therapy sessions and again in the analysis of the tenth session.

Findings

Since qualitative research is an interpretive endeavor (Merriam, 1998), these findings represent my understanding, as a researcher, of the experience of the participant within early and late sessions of the art therapy process. Through qualitative analysis of the segmented transcripts, using the constant comparative method, I identified several themes. They included: family life, emotions, assertiveness, personal goals, empowerment, client needs, lack of assertiveness, undeserving, and self-deficits. The themes were then compared again for similarity and regrouped as clusters. I labeled the clusters, client attributes and client deficits. Client attributes were defined as information provided by the client to describe herself, and included family life, emotions, assertiveness, personal goals, and empowerment. Client deficits represented a collection of themes indicating what appeared to be lacking from participant's recorded disclosure during therapy. The client deficits cluster included client needs, lack of assertiveness, undeserving and self-deficits.

The results supported three important concepts related to art therapy. They included using art therapy to: explore personal problems (Kahn, 1999) and developmental issues (Backos & Pagon, 1999); help clients assume responsibility and control for growth and change (Backos & Pagon, 1999; Riley, 1999); and decrease resistance in the

therapeutic process (Riley, 1999).

Within the clusters of client attributes and client deficits, the participant expressed verbally and through her art, personal issues that troubled her. Adolescents are often described as reluctant clients (Backos & Pagon, 1999; Riley, 1999), but during the first and second art therapy sessions, within the theme of emotion, the participant disclosed powerful negative emotions that included expressions of abandonment, anger, and embarrassment, focused on what others had done to her. The participant expressed positive emotions during session 10, again within the theme of emotions, stating that she "guesses" she is happy and expressing her negative emotions, sadness, anxiety, and embarrassment, focused on leaving the residential setting and saying goodbye, circumstantial rather than personal.

The participant also introduced developmental challenges common to adolescents. For example, the participant talked about social support, in terms of meaningful adult and peer relationships important to the developing adolescent (Baerg, 2003; Riley, 1999). In the first two sessions, within the themes of family life, personal goals, and client needs, she indicated, verbally and through her art, the notion of her role as a caregiver in her family, a desire to be "with my real family", a hope to marry and have children, and perceived friendships at the treatment center. In session 10, within the theme of assertiveness, she described the friends that she had at the treatment center by making a list of those she wished to bid goodbye. She also expressed anxiety about interactions with peers when she said goodbye.

One of the focuses of counseling adolescents is helping them take responsibility for or control of their own behavior (Thompson & Henderson, 2002). Proponents of art therapy suggest this is a positive outcome of the approach (Backos & Pagon, 1999; Baerg, 2003; Riley, 1999). In the first two sessions, the theme, lack of assertiveness, captured the participant's unwillingness to choose art material in session, asking for water to take medicine, or raise her hand in class. In session 10, within the theme of assertiveness, the participant independently chose art therapy materials and activities, in addition to suggesting an avenue of discussion and possible solutions. Regardless, she was still dependent upon the art therapist for some guidance and direction. Stoltenberg, McNeil, and Delworth (1998) described skill development as building sequentially over time through a stage-like process best illustrated by a continuum leading from one level to the next. In consideration of these authors' contentions, the participant's demonstrated skills in assertiveness and decision-making could be described as developing.

Embedded in the participant's increased responsibility and control of her behavior was a change in the way that she viewed herself. In sessions one and two, within the theme of self-deficits, she described herself as "crazy", not talented in drawing, "overweight", and "mean." Her self-portrait reinforced these negative images (see Figure 1). All figures and tables are located in Appendix I. Even though, in session 10, within the themes of undeserving and lack of assertiveness, she still indicated a negative view of herself, reflecting her continued perception of herself, to some degree, as helpless or lacking in ability, such was in contrast to evidence of the client's growth in other areas related to the self, within the theme of empowerment, indicating a positive caring person.

Those working with adolescents noted that, at times, talk therapy is not effective with adolescents (Kahn, 1999; Riley, 1999). The results of this study suggested that through her art, the participant was able to "talk" about salient issues, as well as "talk" about issues related to her art. In fact, in this study, the participant was willing to talk about sexual abuse in session two, expressing her emotions both verbally and through her drawing. Her strong negative emotions were congruent in both. Early powerful expressions are consistent in the literature focused on art therapy and adolescents. Baerg (2003) described sessions with adolescents living with cancer who were able to express their sadness and rage in early sessions; Riley suggested using art therapy as a form of brief therapy, indicating emotions and thoughts can be expressed fairly quickly.

Resistance during counseling was noted primarily during times in which I found it necessary to employ verbal strategies within the sessions, thus supporting the effectiveness of art therapy in lowering client resistance and eliciting information that potentially may have been concealed during traditional talk therapy. These are noted in sessions one and two, within the themes of client needs and self-deficits. In asking Susie to talk about how she would go about making friends, I tried to explore, without success, how to begin a conversation with classmates at the treatment center. The participant also could not "say" what she liked about herself. In session 10, there were fewer indications of resistance, and the participant chose her own materials and activities. She also initiated the tasks she wanted to talk about after she drew the "bridge" (see Figure 5), representing her discharge from the treatment center.

I encourage the reader to keep in mind that these findings are merely representations of reality, rather than reality itself. In this study, I served as both the counselor and the researcher, a form of investigation referred to by Pressick-Kilborn and Sainsbury (2002) as "research in your own backyard", where the researcher has more than one identity in the research process. I continually reflected and considered this dual relationship while analyzing the data. The findings generated from this study depended on my skills in art therapy as well as interpreting qualitative data. Throughout the investigation, I remained cognizant of my dual role and the importance of objectivity in interpretation. Through analysis and interpretation of the data obtained in the pilot study, I have begun to describe the experience of an adolescent client receiving art therapy in a residential treatment setting, thus laying the foundation for the dissertation study, described in the upcoming section.

Study Two: The Dissertation Study

The purpose of the current study, the dissertation, was to describe the experience of an adolescent during a person-centered art therapy intervention through the theoretical lens of adolescent cognitive development, as proposed by Elkind (1978, 1984, 1989, 1998, 1999, 2001). In order to further understand an adolescent response to person-centered art therapy, I continued to describe, by means of a single subject qualitative case study research design, the experience of an adolescent participating in weekly art therapy sessions while enrolled in a residential treatment center. I examined, through Elkind's theory of adolescent cognitive development, components of the 11 art therapy sessions as the adolescent participant experienced them, comments from teachers and staff working

with the participant, and observational data from classroom and recreational settings. I selected art therapy for this intervention due to its non-threatening nature and lack of verbal demands. As previously explained, the developmental stage of adolescence may, by nature, present resistance to traditional talk therapies, and expressive therapies such as art have received support as an outlet for emotional, as well as cognitive expression (Kahn, 1999; Natale, 1996; Riley, 1999).

Research Question

The single subject case study design addressed the following research question, with six subquestions: What are the thoughts, feelings, and behaviors of the participant, diagnosed with a mood disorder and enrolled in a full time residential treatment center, while participating in person-centered art therapy counseling sessions, according to Elkind's theory of adolescent cognitive development?

1. How do *idealism and criticism* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions?
2. How does *argumentativeness* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions?
3. How does *indecisiveness* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions?
4. How does *apparent hypocrisy* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions?

5. How does *self-consciousness* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions?
6. How do *specialness and invulnerability* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions?

Rationale for Methodology

The aforesaid research questions were appropriately addressed through a qualitative research design. Merriam (1998) described qualitative research as a method of formal inquiry that is focused on discovery, insight, and understanding, and serves as a practical investigative tool in the field of education. She suggested the researcher's philosophical orientation in interpreting reality influences the decision regarding the type of research design employed. According to Merriam, a philosophical basis of qualitative research is to understand meaning constructed through the real life experience of the participant(s), interpreted through the perceptive lens of the researcher.

Merriam (1998) suggested that, rather than deductively testing the validity or truth of a particular theory, qualitative research is inductive, building knowledge, concepts, and theory rather than testing hypotheses deduced from existing theory, a characteristic of quantitative research. Products of qualitative inquiry are usually represented through rich description rather than numerical comparison and reflect a deeper understanding of the essence of lived experience (Merriam).

Since education deals with human development and growth across the life span, and focuses on meaning in the context of the life and environment of individuals, Merriam (1998) suggested that humans may appropriately serve as instruments for data collection, as discussed earlier in this chapter. She recommended the qualitative techniques, interview, observation, and qualitative analysis as central activities in educational research, such as will be employed in the data analysis of this study. A goal of this study is to describe the meaning, represented through identification of themes, of the experience of an adolescent while participating in art therapy sessions.

Type of Design: Descriptive Case Study Design

According to Merriam (1998), "A qualitative case study is an intensive, holistic, description and analysis of a single instance, phenomenon, or social unit" (p. 21). Examples included the study of an individual or group, program or event, intervention or practice. Merriam commented, "A case study design is employed to gain an in-depth understanding of the situation and meaning for those involved. The interest is in process rather than outcomes, in context rather than a specific variable, in discovery rather than confirmation" (p. 19). Case studies, according to Merriam, may be subject to either qualitative or quantitative research design.

In qualitative case study research, the researcher describes, compares, and evaluates the complexities of human interaction, providing the reader with the impression of having been present when the data was collected (Guba & Lincoln, 1981). From a similar perspective, Ghesquiere, Maes, and Vandenberghe (2004) suggested qualitative case studies may be used to identify and describe phenomena, analyze socially

constructed meaning, and contribute to the development of theory. They suggested that interpreting qualitative data through a conceptual or theoretical framework provides structure and supports the interpretative process, a process also supported by Merriam (1998) in analysis of qualitative research.

Due to the his focus on child and adolescent populations, particularly individuals who have demonstrated difficulty in successful completion of adolescent tasks necessary for transition into adulthood, I selected Elkind's (1978, 1984, 1998, 2001) theory of adolescent cognitive development as a theoretical framework through which to interpret data collected during the study. The participant in this study experienced significant developmental delay and behavioral difficulty, presenting a risk for destructive behavior, and the potential for an unhealthy, troubled transition into adulthood.

I selected the qualitative case study design for this investigation due to its applicability with extremely small sample sizes and its appropriateness for in-depth understanding of the research subject (Merriam, 1998). Merriam contended that case studies are particularistic, focusing on a specific individual, group, program, or event; descriptive, revealing an end product that is rich in description of the case being investigated; and heuristic, enlightening the understanding of the reader in regard to the meaning of the experience under investigation. She suggested that the case study is open to all methods of data collection and analysis, and is applicable in a variety of disciplines: anthropology, history, psychology, and sociology. The end product, she commented, may be descriptive, interpretive, or evaluative.

Merriam (1998) described the case study as framed within a particular set of boundaries defined by the researcher. Boundaries specify the context of what is to be studied, the time limits, and how much data is to be collected. This study will explore the meaning of the experience of an adolescent participant in art therapy within a selected time period and will provide an in-depth description, from the perspective of the participant herself, as evidenced through direct observation, typed transcriptions of audio-taped counseling sessions, as well as the perspectives of teachers and staff counselors who worked closely with the participant during her stay at the residential treatment center.

Role of the Researcher

The researcher's role in the dissertation study is explained in the pilot study description of the role of the researcher. I served as the principle investigator and primary instrument for data collection in both studies. The role of the researcher as an instrument for collecting data is in keeping with recommendations for qualitative, case study research (Merriam, 1998; Schloss & Smith, 1999; Wolcott, 1994).

Participant

Susie, the adolescent participant described in the pilot study, also served as the research participant for the current dissertation study. Since data for the proposed study were collected at the time of the pilot study, it was appropriate that the same individual serve as the participant in both studies. The eligibility criteria and selection process are described in detail in the pilot study methodology at the beginning of this chapter.

Data Collection Procedures

In order to understand the experience of an adolescent participating in art therapy, I collected data from three sources. First, with permission from the participant and her legal guardian, I audio-taped the weekly art therapy sessions and later transformed the tapes into typed transcriptions. Second, audio-taped interviews conducted with teachers and resident staff counselors provided pre- and post-descriptions of the client's behaviors while enrolled at the residential treatment center. Again, following taping, I transformed the interview data into typed transcriptions. Observational information served as the third data source. Observations of the participant during classroom and recreational activities were obtained by a university colleague in order to maintain the anonymity of the participant while she was engaged in activities with her peers. Art therapy sessions 1, 2, and 11 were analyzed by themes for the pilot study. The entire data set described below, collected in 2007, will be used for the current dissertation study.

Art therapy sessions. Susie participated in a total of 11 weekly art therapy sessions, approximately one hour in length, beginning shortly after her admission to the treatment center and terminating at the time of her discharge. At the initial art therapy session, and midway through the research project, I reminded Susie of the voluntary nature of her participation, and that she was free to withdraw from the project at any time should she wish to do so.

Art therapy sessions were based upon the principles of person-centered expressive arts therapy, introduced by Natalie Rogers (2001). I sought to establish an egalitarian relationship of unconditional acceptance with Susie, and employed a non-directive

approach by permitting her to choose whether or not to create an art product, and, if so, what type of art to create. As Susie entered each session, I greeted her warmly and invited her to express her thoughts, feelings, and/or experiences from the past week, initially using verbal communication and then expressing her thoughts and feelings through art media of her choice. Art materials provided for self-expression are listed in the description of the pilot study.

Susie came voluntarily to each counseling session and appeared to enjoy the art media for purposes of self-expression. She refused participation on one occasion due to an emotional upset following commission of an infraction of treatment center rules.

Pre- and post- interviews. To obtain a broader understanding of Susie's behavioral and emotional presentation while she engaged in art therapy sessions at the treatment center, I conducted face-to-face interviews with her classroom teachers and resident counselors just prior to beginning the art therapy sessions, and again at the time of termination. Kvale (1996) supported the qualitative interview as a means of "obtaining qualitative descriptions of the life world of the subject with respect to interpretation of their meaning" (p. 124). Dilley (2000) likewise emphasized the importance of effective interviewing as a component of qualitative inquiry. According to Dilley, "The questions we ask should create a bridge between person and report, between content and form as well as (background) information and (personal) experience" (p. 132).

Interview questions should be structured in such a way as to lead the respondent in the direction of the larger research question (Dilley, 2000). He outlined five ongoing interviewer tasks within the interview process: (a) listening to the respondent's spoken as

well as unspoken communication; (b) comparing interviewee responses to what the interviewer already knows; (c) comparing interviewee responses to remaining questions on the protocol; (d) managing time in deciding whether to stray from questions at hand or keep to the planned interview structure; and (e) providing information to encourage reflection, clarification, or elaboration on the part of the interviewee. Dilley considered listening as the most important skill in qualitative research, advising the interviewer to "talk 20 percent of the time during the interview, and listen 80 percent" (p. 134).

In structuring time and directionality of an interview in progress, Beer (1997) explained:

> Interview questions intended to get to the heart of the way people construct and experience the world do not have just one answer….Such questions have many different answers, many possibilities, depending on who asks them and under what circumstances, the mood of the respondent, the familiarity of the subject material of the question to the respondent, and so on. (p. 122)

Therefore, it is incumbent on the interviewer to exercise discriminating judgment and careful reflection not only in designing an interview protocol, but also in guiding the interview process to glean accurate and in-depth understanding of the subject at hand (Dilley, 2000).

The interviews conducted in this study were semi-structured, based on a set of predetermined questions (see Appendix F) that allowed the interviewer flexibility in asking follow-up questions for clarification or elaboration (Griffee, 2005). The semistructured interview, according to Kvale (1996) is designed around certain themes

and questions, yet provides flexibility for altering the sequence and questioning form, thus also allowing for follow-up or elaboration on the part of the interviewee. According to Griffee, the semistructured interview is the most frequently employed interview technique in educational research.

Although Flinders (1997) supported the use of the semistructured interview in qualitative research, he also outlined some inherent weaknesses in the approach. According to Flinders, the interviewee may (a) for obvious or unknown reasons, be unable to speak freely in responding to interview questions; (b) have not yet formed an opinion in regard to the subject at hand; (c) be unable to articulate an opinion clearly; (d) lack the information needed to provide an informed response; and (e) be unwilling to share knowledge or opinion on the subject. Such limitations to qualitative interviewing potentially threaten the validity of a study. To address this dilemma, Griffee (2005) recommended triangulation of data sources, either from multiple interviews with the same respondent over time, or with multiple interviewees using duplicate questions. The triangulation process, Griffee contended, strengthens the validity of data interpretation. Triangulation procedures employed in this study will be addressed later in this chapter.

In discussing the pre- and post-interviews conducted in this study, it is necessary to describe the working environment in which the interviewees were employed as well as the physical environments in which the interviews took place. Each classroom teacher was assigned a staff resident counselor as an assistant during school hours. Resident counselors were not trained professional counselors, but served as teachers' assistants and supervisors of students. Class composition was co-ed and ranged in size from six to eight

students. The school day began at 8:00 AM and dismissed at 3:00 PM. Following class dismissal, the resident counselor accompanied the students to the residence building for relief by second shift staff. Therefore, students enrolled at the treatment center had continual adult supervision throughout the duration of their placement. Unfortunately, due to the high employee turn-over rate at the residential treatment center, the teacher at the time of counseling termination was a different person than at the beginning of the research project, as also occurred with the resident counselor for Susie's group; thus a total of four people participated in the interview process. Each of the four interviews was approximately one hour in length and was conducted in classroom or therapy office settings on the school campus (see Appendix F for a list of the interview questions).

Observational data. In order to gain an understanding of Susie's typical behavior before and after participating in the art therapy sessions, while simultaneously protecting her anonymity as a research participant, a university colleague conducted naturalistic observation, the process of observing behavior as it occurs naturally without control or manipulation (Gay, 1992), in Susie's academic and recreational settings. The colleague served as a nonparticipant observer as she positioned herself outside the observational setting to gather data before the art therapy intervention was underway, and again at the time of termination, just prior to Susie's discharge.

In collecting observational data, the university colleague used event recording, in which she tallied the frequencies of distinct behaviors as Susie demonstrated them in each observational setting. Schloss and Smith (1999) described event recording as the most useful and least time consuming of all observational techniques. Behaviors targeted

for observation in this study had discreet start and stop times and had the potential to occur over a constant duration, two required conditions for event recording (Schloss & Smith). For example, the number of times Susie raised her hand for permission to speak in the classroom or spoke to a classmate during unstructured recreational time represented behaviors with a discreet beginning and end; the behaviors could have occurred a number of times over the observational time period; and, since the observations were conducted at the same time of day and during the same settings, data obtained from pre-intervention observations were comparable to that obtained at the time of post-intervention, thus increasing the validity of the data (Schloss & Smith).

Each of the four colleague observations was conducted in the afternoon, so as not to interrupt the academic classes underway during the morning hours. Observations began in a classroom setting, then transferred to a less structured recreational setting. At the time of scheduling the observations, I provided the classroom teacher an introductory script to direct explanation for the observer's presence in the classroom. According to the script, the teacher explained to the students that a student from the university was present to learn about what happens at the treatment center. The teacher was instructed to inform the students that the observer would be with the class for a while, and would return again another day. The colleague observer was unobtrusive, remained at the back of the classroom or outside the recreational area, and did not interact with the students. A list of behaviors targeted for observation is provided in Appendix G. Again, for the protection of the research participant, I was never in the company of the colleague observer during data collection procedures at the treatment center.

Data Analysis

Qualitative analysis of the data is considered "concrete" and "case-focused", according to Weiss (1994). The analysis was "case-focused" since the interpretation of data focused directly upon the behavior (including spoken utterances) and art products made by Susie during the art therapy sessions. The analysis was considered from "the level of the concrete" since the focus remained on her behavior, as opposed to generalizations that could be drawn in regard to other populations with similar profiles.

In analyzing the typed transcripts from the audio-taped counseling sessions, I read and re-read each transcript several times, then identified, coded, and segmented meaning units from the written transcripts, according to Thomas and Pollio (2002), who defined meaning units as instances in which the participant appeared to change focus from one thought or meaning to another. Meaning units were categorized by similarity and renamed as themes. The themes were derived, using the constant comparative method, from typed transcriptions of Susie's statements during the art therapy sessions, behavioral observations made by the researcher while conducting the art therapy sessions, typed transcriptions of recorded interview data, and observational data obtained by the university colleague. Dye, Schatz, Rosenberg, and Coleman (2000) recommended the constant comparison method, initially proposed by Lincoln and Guba (1985), as an appropriate means of analyzing qualitative data. Using the constant comparative method, information was recorded, analyzed and coded for meaning, and continually compared and refined until new relationships, or meaning, were discovered within the data (Goetz & LeCompte, 1981; Merriam, 1998).

Once themes were identified, the data was further organized by preparing written summaries of the meaning units constituting each theme. The themes were grouped into clusters, based on similarity of content. After identifying clusters from session transcripts, staff interviews, and observational data, I compared each cluster with the six facets of Elkind's theory of adolescent cognitive development. Clusters were determined to either support or disconfirm each facet of Elkind's theory.

Method of Verification

Mathison (1988) discussed triangulation in the forms of multiple methods, data sources, and investigators as a means of bolstering the validity of research findings. According to Mathison, traditionally, triangulation has been based on one of two assumptions: 1) that bias, inherent in method, data source, or investigator, will be eliminated through the process of triangulation, or 2) that triangulating through the use of multiple methods, data sources, or investigators will result or converge on a single proposition about the social science phenomenon presented in the research question. In practice, however, Mathison contended, "triangulation as a strategy provides a rich and complex picture of some social phenomenon being studied, but rarely does it provide a clear path to a singular view of what is the case" (p. 15).

Instead, Mathison (1988) suggested a likelihood of one of the following outcomes: (a) data resulting from triangulation are somewhat inconsistent or ambiguous, failing to confirm any single proposition about the topic under investigation; or (b) data resulting from triangulation actually appear contradictory, supporting opposite propositions in regard to the phenomenon being studied. Mathison suggested that, in

interpreting data obtained through triangulation, the primary focus should be in making meaning of the data by filtering it through several levels: the apparent and obvious findings conveyed in the data alone, the findings in light of the immediate contextual environment, and the findings in light of a global social perspective. "I suggest that triangulation as a strategy provides evidence for the researcher to make sense of some social phenomenon, but that the triangulation strategy does not, in and of itself, do this" (Mathison, p. 15). By subjecting data to these levels of scrutiny, she suggested, the researcher is able to reach a plausible explanation for the often divergent research findings, thus leading to a more holistic understanding of social phenomena.

In regard to triangulation of data sources, the procedure employed in this study, Ghesquiere, Maes, and Vandenberghe (2004) emphasized the use of a variety of sources of information in order to describe the case under study within its natural environment. They pointed to an increased depth of understanding attainable through descriptions from diverse viewpoints, as well as the provision of structure within the analysis process, further supporting the use of triangulation in social science investigations.

In this study, trustworthiness of data was derived through the triangulation of data sources. Sources for triangulation included the transcribed audio-taped counseling sessions in art therapy, observational data obtained by the researcher's colleague in classroom and recreational environments, and interview data obtained by the researcher through face-to-face interviews with Susie's teachers and resident counselors prior to initiating the art therapy research project and at the time of termination.

Chapter Summary

Qualitative research design has been recommended as an investigative tool for complex human interactions (Guba & Lincoln, 1981; Merriam, 1998). The case study design is applicable in either qualitative or quantitative research methodology and lends itself to use with extremely small sample sizes. Therefore, in order to describe the experience of an adolescent participating in an art therapy intervention, I chose a single subject qualitative case study design for this research.

In conducting the study, I obtained permission from the designated authoritative sources and followed professional ethical guidelines designed to protect the welfare of human subjects participating in research. No foreseeable risks were involved in this study.

Following participant selection, I collected data from three sources: audio-taped art therapy sessions with the identified adolescent participant while she was enrolled in a residential treatment center; pre- and post-observations conducted by a university colleague in academic as well as recreational environments; and pre- and post-interviews conducted with classroom teachers and treatment center staff who worked closely with the participant during the art therapy intervention.

As a prelude to the dissertation study, I conducted a pilot study consisting of a thematic analysis of three art therapy sessions with the adolescent participant. Results from the pilot study were supportive of the use of art therapy with adolescent clients to address personal and developmental issues, assume responsibility and control for growth and change, and decrease resistance within the counseling process.

Using the constant comparative method, I analyzed data from the three sources described above through the theoretical framework of Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory of adolescent cognitive development. The analysis is described in detail in the upcoming chapter. Triangulation of data sources was used to support the trustworthiness of the findings of this research.

CHAPTER FOUR

Findings

Chapter Introduction

The primary focus of this chapter is the presentation of the findings from the data analysis. In this chapter, I will (a) briefly review the data collection procedures discussed in detail in Chapter Three; (b) discuss the method of qualitative analysis employed to analyze the data in this case study, the constant comparative method (Lincoln & Guba, 1985); (c) provide a detailed description of Susie, the adolescent participant for this study; (d) describe the clusters, themes, and meaning units I generated through the qualitative analysis of the 11 weekly art therapy sessions; (e) describe the key informants who provided interview data or conducted behavioral observations of the participant in classroom and recreational settings; (f) discuss the clusters and themes I derived from the qualitative analysis of the interview data; (g) report the findings of the pre- and post-intervention observational data obtained by a university colleague in classroom and recreational settings; and (h) discuss my findings of the data as viewed through Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory of adolescent cognitive development.

In discussing the findings of this case study, I will briefly describe the procedures detailed in Chapter Three. I collected qualitative data from the following sources: audio-recorded recordings of art therapy sessions I conducted with Susie, the adolescent participant, during her full-time enrollment in a residential treatment center; audio-recorded pre- and post-intervention interviews I conducted with the participant's classroom teachers and resident counselors during her placement at the treatment center;

and pre- and post-intervention observations of the adolescent participant in both academic and recreational settings, conducted anonymously by a university colleague in order to protect the identity of the research participant in peer group settings. (See Chapter Three for further information in this regard.) As the principal researcher, I transformed all audio-recorded data into typed transcriptions and destroyed the audio-tapes following transcription.

Data Collection

The primary method of data collection for this case study was the audio-recording of 11 weekly art therapy sessions with the adolescent participant. The sessions were approximately one hour in length, began shortly following Susie's admittance to the treatment facility, and terminated just prior to her discharge from the center.

The art therapy sessions were conducted from a person-centered perspective based upon the person-centered expressive arts therapy proposed by Natalie Rogers (1993, 2001). For each art therapy session, I accompanied Susie from either her classroom or residence facility to a therapy office on the campus of the residential treatment center. Upon entering the counseling setting, I encouraged her to express her thoughts, feelings, and/or experiences from the past week, verbally, through art production, or a combination of both. A variety of art materials were provided at each session for self-expression. I informed Susie that she could use any or all of the materials to express her thoughts and feelings in any way she wished. (See Chapter Three for a complete list of the art materials.)

Throughout each art therapy session, Susie was provided the opportunity to take an active role in directing the therapy. I provided unconditional positive regard, served as a source of validation and support, and monitored her safety as she processed memories and emotions from past experiences, and as she was encouraged to set goals for her future. Susie expressed her thoughts and emotions both verbally and non-verbally through her art as she made contact with her inner self (Rogers, 1993, 2001).

With Susie's and her guardian's signed permission (see Appendices C and D), I audio-taped each art therapy session in its entirety. Following completion of the art therapy intervention, I typed transcriptions of each audio-taped session using a standard transcribing recorder.

Prior to beginning the art therapy sessions, I conducted individual interviews with Susie's classroom teacher and a resident counselor. A resident counselor is a staff member who assists the classroom teacher and works closely with the students during and after school hours. After conducting the pre-intervention interviews, I typed transcriptions of each interview and destroyed the audio-tapes. Just prior to Susie's discharge from the treatment center, I again interviewed, separately, Susie's classroom teacher and two resident counselors who had worked with the participant during her final weeks at the treatment center. I again typed transcriptions of the audio-recorded post-intervention interviews and destroyed the audio-tapes. The teachers participating in pre- and post-interventions were different individuals as a result of the unexpected resignation of the teacher who participated in the pre-intervention interview. In regard to the resident counselors who participated in pre- and post-intervention interviews, one resident

counselor participated in both the pre- and post-interviews. A second resident counselor participated only in the post-intervention interview. Each of the interviews took place in a quiet, private setting free from distractions and interruptions, as determined by the interviewees.

Following the directives of the Institutional Review Board, pre- and post-intervention observational data was obtained by a university colleague, rather than myself, to protect the anonymity of the research participant. Observational and interview data were considered supportive data, to enhance the trustworthiness of the findings and internal validity of the study.

Data Analysis

As described in Chapter Three, data obtained during the course of this study were subjected to qualitative analysis procedures considered appropriate within the field of qualitative research. After transcribing the audio-recorded art therapy sessions and interview data, I made paper copies of all data in order to create an archival file for further review (Weiss, 1994). I then read and reread the transcripts several times, marking the beginning and ending of meaning units, instances in which the subject's thoughts or wording seemed to shift from one subject to another (Thomas & Pollio, 2002). I gave each meaning unit a general name, then segmented and cut them apart. I arranged the meaning units by similarity of content and assigned each a theme name. Through further analysis, themes were re-grouped by similarities into clusters, with the entire process referred to as the constant comparative method (Lincoln & Guba, 1985).

Once I had organized the data into themes and clusters, I prepared written summaries of each theme. It should be noted that I identified nine themes from the art therapy sessions, with some themes present in more than one session. For the sake of organization, I filed the raw data in folders, with cluster, theme, and meaning units labeled on the outside of each. Sessions represented within each theme folder were recorded on the outside of the folder.

I then printed a paper copy of the research question, including the six sub-questions pertaining to Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory of adolescent cognitive development and stapled one copy inside the front cover of each theme folder. Then, after reviewing again the segmented raw data and rereading the theme summaries, I compared each theme with each of the six sub-questions from Elkind's theory. I considered whether, and in what way, each theme related to the content of one or more of Elkind's six characteristics, with some characteristics supported more than others. I then created brief summary statements describing how the theme supported or failed to support Elkind's theory.

I also employed the constant comparative method in analyzing the pre- and post-interview data provided by Susie's classroom teachers and resident counselors. Once themes and clusters were identified and summarized, I compared these data with the findings from the individual art therapy sessions to verify support or lack thereof in terms of the overall meaning reflected within the art therapy sessions.

In analyzing the observational data, I considered the narrative notes taken by the observer in addition to the frequency of targeted behaviors. According to Baker (2000),

qualitative observation by collecting comments and impressions may be used to verify the observations of others or acquire narrative information about student behavior. The observational data obtained by the university colleague was used to verify my interpretations of Susie's behavior and remarks during art therapy sessions. Salvia and Ysseldyke (1991) stressed that behaviors targeted for observation should be relevant to the situation at hand. I chose the behaviors targeted for observation (see Appendix G) based upon their relevancy to Susie's learning. Although a frequency count was obtained, its purpose was to support the descriptive narrative rather than for statistical analysis. Salvia and Ysseldyke suggested that behaviors targeted for observation include social behaviors to be reinforced and focus on academic skills such as attention to task or performance of particular skills. These recommendations were considered in choosing target behaviors for the observation. In analyzing the observational data, I compared the frequency count of each targeted behavior with comments noted by the observer in describing Susie's behaviors during the observations.

Description of Susie

The description of Susie is based on two primary sources of information: an intake interview I conducted with the adolescent participant during her initial art therapy session and information obtained from Susie's residential treatment center record. The record included medical reports, educational history, test scores, and anecdotal data that provided descriptive accounts of Susie's early childhood experiences and present family structure.

At the time of the art therapy intervention, Susie was 16 years old. She had received, from a licensed psychologist, diagnoses of Bi-Polar Disorder and Mild Mental Retardation. Her biological mother, based on information from Susie's record, had a history of mental illness as well as intellectual handicap, and abandoned Susie and her sisters at a very young age. Information from the intake interview with Susie indicated she and the two siblings were left in the custody of the biological father.

According to Susie, her biological father began sexually abusing her when she was about 6 years old. Although Susie did not indicate whether her siblings were also victims of sexual abuse, she did state that there were multiple incidences, perpetrated not only by her biological father, but also by an adult male who was acquainted with the family. Answers to admitting questions completed by the participant at the time of her enrollment indicated she was sexually active. Susie never discussed any recent sexual activity during the art therapy intervention and may have confused "sexually active" with the condition of having been sexually active at one time in her life.

At the time of Susie's placement in the residential treatment center, her biological father was incarcerated. Susie had been placed in several group homes during the years that followed her father's incarceration, and was currently residing in an adoptive family, headed by a 75-year old matriarch she referred to as "Mamaw". The adoptive family included Susie's younger sisters, a 5-year old boy who was referred to as a nephew even though he appeared to be biologically unrelated to Susie. Susie referred to an older brother, an adult at the time, who appeared to be related to the adoptive mother. Finally, near the end of the treatment intervention, Susie alluded to another adult male she

referred to as “Papaw” who also resided within the adoptive family unit. She later explained that Papaw was really an uncle. His actual role and position in the family remain unclear.

Based on Susie’s record at the treatment center, she had received Special Education services throughout her academic history. It was unclear when the diagnosis of Mental Retardation was made. Susie did, however, have a history of academic underachievement, in addition to severe behavioral difficulties in both home and school environments. In an attempt to address her severe and volatile outbursts toward teachers and others with whom she came into contact when angered or emotionally upset, she had been transferred from the public school setting to a more structured and restrictive alternative school. Full-time placement in a residential treatment center facility was recommended following the apparent ineffectiveness of prior, less restrictive interventions.

The remainder of this chapter describes the clusters, themes, and meaning units derived from the qualitative analysis of the typed transcriptions of the audio-taped art therapy sessions. Findings from the analyses of pre- and post-interview and observational data are also discussed. Descriptions of the themes derived from the art therapy sessions are followed by a discussion of the support or lack thereof provided by interview and observational data, as well as a discussion of the analysis through the lens of Elkind’s (1978, 1984, 1989, 1998, 1999, 2001) theory of adolescent cognitive development.

Art Therapy Sessions

From the qualitative analysis of the art therapy session transcripts, I identified the following themes: family life, emotions, goals, assertiveness, awareness, empowerment, client needs, lack of assertiveness, resistance, and self-deficits. Each theme represented a number of meaning units. Meaning units were compared and grouped into themes, and themes were compared and grouped by similarities to create two overarching clusters based on similarity of content. The clusters were labeled client attributes and client deficits. The following narrative provides a review of the client attributes and client deficits clusters and themes.

Cluster I: Client Attributes

Client attributes were defined as information provided by the client to describe herself. Themes in this cluster included family life, emotions, goals, assertiveness, awareness, and empowerment.

Family life. The family life theme, revealed primarily in sessions 1 and 2, consisted of the following meaning units: present family structure, family leisure activities, and power struggles within the home. As discussed earlier in this chapter, Susie lived in a blended family headed by an adoptive parent she referred to as "Mamaw". Although Mamaw is a title typically applied to a grandparent, the adoptive female head of the household appeared to serve a parental role. Susie reported two biological sisters, a step-sister (all sisters younger than herself), a 5 year old nephew, biologically unrelated, and a 45 year old adopted brother. She described leisure activities at home consisting of watching television and outdoor play with her sisters. Power struggles within the family

were alluded to in the following excerpt:

Susie: "My Mamaw. She's the boss. But sometimes my sisters try to be the boss."

Therapist: "All of them, or just one?"

Susie: "All of them." (coughs)

Therapist: "And you, sometimes you want to be the boss?"

Susie: "It's hard not to be the boss at my age."

Susie also indicated that, at times, Mamaw needed her help in "handling the younger girls", providing further information as to the client's role as co-caregiver within the family system.

Emotions. Susie revealed a number of emotions throughout the art therapy sessions, providing a degree of insight into her present emotional health. Meaning units included: feelings of anger, victimization, worry, anxiety, embarrassment, dislike, loss, happiness, sadness. During session 2, she expressed feelings of anger and victimization at the abandonment by her mother, subsequent sexual abuse by her biological father, and later abuse by an adult friend of the family; worry and anxiety about a possible pregnancy following the abuse, and embarrassment in communicating these events to her therapists. The following excerpts vividly revealed her emotional reaction to the trauma experienced during early life:

Susie: "My mom ran off with another guy….She ran off and left me and my sisters when we were little. She left us right after she had ____, my little sister, My dad took care of me….When I was about 5 or 6, that's when it happened. You don't know what I'm talking about, do you? …I was sexually abused by him. It was thundering one night, and

I didn't know what he was going to do. I thought he was going to protect me. But instead (long silence) he didn't. And, it's a good thing I was that little, because if I wasn't then I could be pregnant." Following the disclosure regarding her early abuse, the client stated she still worries about being pregnant, yet denied any recent sexual contact.

Later in session 2, the therapist encouraged Susie to express her feelings through her drawings:

Therapist: "Could you please make a drawing to show exactly how you felt when that happened to you." (Figure 1 shows Susie's illustration of anger, with mouth open and teeth showing, eyes slanted to the right. Susie spontaneously drew a happy face underneath and explained, "This is how I want to feel.")

Similar to many adolescents, Susie also expressed feelings of dislike toward her present adoptive mother's rigid parenting style. As time neared for her discharge from the treatment center, during session 10, she expressed feelings of happiness that she would be soon returning home, but sadness and loss at the thought of leaving treatment center staff and fellow students to whom she had developed a feeling of closeness.

Goals. During session 1, Susie expressed several goals during her therapy, including obtaining a driver's license, "… to be back home with my real family; and to go to Georgia and get married." Susie's dream of having children was also considered a life goal:

Susie: "I was the first one that was born. The first baby I want to be a daughter and the second baby a son."

Therapist: "So you do want children someday?"

Susie: “Like in my 20’s…cause I’m not gonna get married until I’m like 21 year old or something like that. Yeah, I want to get married in Georgia (pensive) close to the ocean, and have three bridesmaids.”

Assertiveness. As Susie progressed through the art therapy sessions, her speech and behavior became much more assertive. While my observations during sessions 1 and 2 suggested a timid, withdrawn girl who spoke in a whisper and demonstrated significant difficulty in making basic decisions, by session 3, Susie independently chose clay as the art modality for the session. She readily expressed likes and dislikes and independently evaluated her art products by identifying the emotions depicted therein. She worked with the clay throughout the duration of session 3.

Additional instances of assertive behavior included assigning meaning to her art products: “It’s supposed to be a sad face,” and expressing likes and dislikes. In manipulating the clay, Susie spontaneously asserted that she liked basketball more than baseball.

Susie spent most of session 4 creating magazine collages. As she worked, she remarked:

“This is a lot of happy pictures…except for this one. Hm. That one doesn’t look too happy….I guess I’ll use that one with the boy. He doesn’t look too happy. [looks at another picture] I don’t really like it. Don’t’ want to use it, I’m writing a letter to _____ (classmate)….She doesn’t look too happy.”

Therapist: “You found one that really doesn’t look happy.”

Susie: “That’s sort of like me.”

Therapist: “Sort of the way you’re feeling…”

Susie: “Yeah.”

Later during session 4, Susie assertively expressed her wishes or dreams through the magazine cut-outs:

Susie: “I wish this was my house.”

Therapist: “That’s the house you would like to live in.”

Susie: “Get some housekeepers to do all the cleaning, I might have a waterfall in the back yard or an in-ground pool.”

While completing the collage activity, Susie reflected on her past abuse, and her dreams of a caring husband, all the while deciding how to categorize the picture:

Susie: “I like these pictures, though, of the father and the daughter. That’s how I want my husband to be. Just play with the daughter instead of abusing her.”

Therapist: “So what you want your husband to do is be a loving father and not an abusive father.” Susie then revealed her emotion by saying, “This one goes in the sad file.”

Session 9 marked Susie’s return from a home visit over the Easter weekend. She informed me that she had returned to the position of “royal”, the highest level on the school-wide behavior plan. Her voice was noticeably stronger and clearer. She talked of her plans to color her hair and stated that she could not wait for her next home visit. She remarked that she was proud to be a royal and announced that she was wearing jewelry and make-up, privileges reserved only for students with the highest behavioral rating. Susie assertively expressed herself almost with no prompting. She revealed plans for her adoptive mother to bring additional jewelry and make-up to the treatment center, and

described how she could safely store these items in a plastic baggie to be locked in her file.

In addition to increased assertiveness in expressing her wishes, wants, and plans, Susie also demonstrated increased assertiveness in expressing her emotions. During session 9, she appeared genuinely elated until she spoke of her new glasses. Although she stated over and over, "I like them," her facial expressions told a different story. Following her remark that she had wanted metal instead of the less expensive plastic frames, I took a chance and mentioned a previous session when we had discussed the reality that things do not always go as planned. At this point, Susie took responsibility for her decision by saying, "Well, I picked these out, so it was my fault for picking them out." She then added one more, "I like them."

So even with mixed emotions, Susie seemed adamant during session 9 that she would indeed like her new glasses. When I suggested she express her feelings using art, she momentarily appeared indecisive, then suddenly decided on the art activity and color: a pink heart cut free-hand from construction paper. After completion, Susie critically evaluated the heart and stated that it was backwards from the way she wanted. She then changed her mind and decided to make a butterfly. Such assertive, planned, and deliberate decisions marked a sharp contrast from her behavior at the outset of the art therapy intervention.

Expressing dissatisfaction with the pink butterfly, Susie remarked, "I should have made the body yellow." However, as further evidence that her assertive expression, both cognitive and emotional, continued to represent a developing skill, Susie briefly

regressed by complaining, “I don’t know who to give it to.” However, within a matter of seconds, she independently selected a treatment center staff member as the recipient of the pink butterfly. She decisively converted the art product into a butterfly card and addressed it to the staff member. Although she asked for help in spelling the staff member’s name, she ultimately produced an acceptable spelling without my assistance.

Session 11 was Susie’s last session. She seemed more ready to accept and discuss her mixed emotions of happiness at being allowed to go home while also feeling sad about leaving her newly acquired friendships at the treatment center. When asked how she had changed during her placement at the treatment center, Susie responded, “My attitude, my anger, and my smart mouth.” She alluded to physical conflicts with the adoptive mother, but insisted that she had no memories of arguments with teachers prior to being enrolled in the treatment center. I processed with Susie some behavioral steps to take when she felt angry at family members. Susie voluntarily suggested that she would take 5 minutes to cool down and separate herself from the situation. She also suggested walking around her house three times as there appeared to be no other place she was allowed to take a walk.

Susie and I established a verbal contract that she would speak with her classroom teacher and principal regarding her return to school, either immediately following her arrival home, or, since there were less than 3 weeks left of school, to resume in the fall. Susie appeared very reluctant to return to her high school, an issue to be discussed with her outpatient therapist following discharge. As a final art activity, Susie created what she called a “happy” collage, drawing her self-portrait in the center surrounded by magazine

cut-outs of her choice.

Awareness. A new theme emerged in session 3: awareness. Meaning units for awareness included statements by the client revealing her awareness of bodily sensations, cognitions and emotions, and environmental stimuli. By session 3, Susie began to speak of her shaking extremities, the pronounced veins in her hands, physical aches, and popping joints. While her trembling hands and enlarged veins may have represented a physical reaction to her medication, I received no information as to the origin of her physical pain and popping joints. It should be noted that Susie expressed complaints of joint pain frequently and across a number of sessions. Since the treatment center physician was not on campus during Susie's scheduled art therapy sessions, I informed her treatment center therapist of her symptoms and requested the information be referred to the physician. As sessions progressed, Susie more freely expressed her thoughts and feelings, at times as a response to my query, but increasingly on her own. Finally, as an indicator of her awareness of environmental stimuli, Susie remarked in session 3 that she might encounter germs from kissing a freshly formed clay sculpture, verbally noted sounds coming from the hallway that prompted her concern that others may be listening, and expressed an awareness of the changing texture and malleability of the clay as she continued to manipulate it.

Empowerment. Expressions of empowerment permeated session 3. "I can" statements reflected her skills in manipulating the clay, throwing and catching, and problem solving by carrying four soft drinks in her arms. An independent trip to the soda machine served as a reinforcer for achieving the status of royal. Susie apparently decided

to purchase more than one drink.

At one point, Susie spontaneously sang a song, stating that she remembered the words. On several occasions during session 3, she expressed concern for the property or well-being of others, apologizing for allowing the clay ball to hit the therapist and exercising care in preventing the ball from damaging property in the therapy office. Susie's automatic response in assuming responsibility for her actions in order to protect the well-being of others reflected a developing sense of empowerment.

Counseling strategies inherent in the person-centered art therapy approach encourage empowerment. Clients are to a great extent placed in charge of the therapy process by being told they may choose any art modality and may use the art in almost any way they wish. In other words, the client is encouraged to lead the session through his/her decisions and behaviors (Landreth, 2002).

As her therapy progressed, Susie reflected feelings of empowerment in a variety of ways. For instance, in session 4, Susie stated she was feeling "weird". When asked what "weird" means, she replied, "I don't know, but I could look it up in the dictionary." Also during this session, she dropped a magazine cut-out which promptly slid out of reach underneath a desk in the therapy office. Susie persisted in trying to reach the clipping with her foot until she finally retrieved it. As she continued constructing the magazine collage during session 4, Susie remarked, "I might start scrap-booking", again showing feelings of self-confidence and empowerment. During session 5, she worked for several seconds in removing the lid from a container of play-dough, stating she did not think she could do it. Following my reflection of her statement, she retorted, "Yeah, but

I'll try. I'm going to fight til I get victory." I noticed Susie making "I can" statements several times during sessions 6 and 7. Again, she persisted in opening art containers until she successfully opened them. In describing a classroom activity during session 10 in which students were to choose words to represent themselves, Susie chose the words, "caring, awesome, and smiles". Such represented a sharp contrast to the timid, withdrawn client at the beginning of therapy who considered herself as ugly, mean, and overweight.

Summary of the Client Attributes Cluster

The qualitative analysis of typed transcripts from the 11 art therapy sessions conducted with Susie revealed two clusters, the first labeled client attributes. The client attributes cluster included information provided by the client during art therapy sessions in which she described herself. This cluster encompassed the following themes: family life, emotions, goals, assertiveness, awareness, and empowerment. Aside from the theme, family life, which remained fairly stable and unchanging, the remaining themes seemed fluid and progressive, representing the transition from minimal to a more full and complete representation. For example, themes such as emotion, assertiveness, and empowerment appeared to expand over the course of therapy as Susie demonstrated a minimal expression of these qualities at the outset of her therapy, all the while increasing representation over time.

Cluster II: Client Deficits

The second cluster, client deficits, included a collection of themes indicating what appeared to be lacking, or preventing Susie from progressing during therapy. The themes were client needs, lack of assertiveness, resistance, and self-deficits.

Client needs. During art therapy sessions 1 and 2, Susie indirectly implied a need for social support. Transcripts from these sessions revealed her perceived friendships at the treatment center as consisting primarily of staff rather than peers, as was demonstrated in the following passage from session 1:

Therapist: "Do you have a best friend?"

Susie: "I've got plenty now."

Therapist: "Tell me about some of your friends here at _____".

(Susie talks only of staff members.) "They don't make fun of me..."

The need for social support was again demonstrated in session 2:

Therapist: "If you could be friends with any student here, who would you choose to be your friend?"

Susie: "Probably _____ or _____..."

Therapist: "What would you do if you would like to start a conversation with those two girls? It could be at different times. What would you say?"

Susie: "Uh, I don't know."

Susie also indicated needs for approval, affection, nurture, and attention in responding to a question designed to elicit an understanding of her potential to self-harm, from session 2, as follows:

Therapist: "Have you ever tried to hurt yourself?"

Susie: "Not that I know of."

Therapist: "Have you ever thought about hurting yourself?"

Susie: "Well, I hit my head on the bed one time."

Therapist: “On purpose or by accident?”

Susie: “I was just playin’ just to see what one of the staff would do. I would go bang and ‘ou’ and bang/’ou’, band/’ou’, over and over again.”

Therapist: “…Well, why were you doing that?”

Susie: “Just tryin’ to get attention. I like to get attention from the staff. Ms. _____ made a growly sound at me yesterday, and I made one back at her. I like the staff to give me hugs. Yeah, it feels good. I guess I don’t get too much attention.”

Lack of Assertiveness. During the second art therapy session, although Susie was shown a variety of art media with which to work, she made only two paper and pencil drawings (see Figures 1 and 2). When offered the opportunity to continue, she only smiled sheepishly and said she did not know what other items she would like to use. Susie also demonstrated a lack of assertiveness in asking for what she needs. Examples included her report that she had not asked the doctor for more water in taking her medicine (a need she had discussed with the researcher) and her expressed difficulty in raising her hand to ask for help in the classroom, as is demonstrated in the following excerpt:

Susie: “I need some tutoring in some of my classes”.

Therapist: “…Well, if you needed extra help, how would you get it? Who would you tell?”

Susie: “I would ask Ms. _____, but I’m too bashful to ask for help in front of the boys. I mean (thinking) it’s just hard to raise my hand in front of the boys. I sit beside one and in front of one.”

Therapist: "…Tell me what makes it hard with the boys being there."

Susie: "It's just so embarrassing. I don't know about the other girls, but me, I think it's embarrassing."

Therapist: "So, if there were a classroom full of girls, you could probably raise your hand and ask a question if you needed to?"

Susie: "Yeah, I used to be in a class with all girls in middle school and that was easier…"

Suzie expressed additional examples of lack of assertiveness, such as in session 4, in which she remarked, "I just can't say my words today," and, in session 5:

Susie: "Yeah, cause I can't write the poem."

Therapist: "Is that your decision for today?"

Susie: "I hate wasting paper, but I can't do it….How do I do it?"

Therapist: "You can tear it out any way you want to."

During session 7, Susie demonstrated a lack of assertiveness in her report of an inability to express her dislike for soup beans to her adoptive mother:

Therapist: "Oh, my goodness, so she wouldn't let you fix them so they would taste any better."

Susie: "Probably. I don't know if she would or not."

Therapist: "I'm hoping that if someone or something is happening that you don't like that you can look into that person's eyes and you can say very calmly, 'I do not want to do this' or 'I do not want to eat this.' You have the right to say how you feel. What do you think?"

Susie: "I don't know." (Susie's eyes are dropping as she seems very sleepy).

Therapist: “Do we need to stop our session.”

Susie: “I don’t know.”

Instances such as the above demonstrate the fluidity in Susie’s growth. She intermingled periods of assertive growth with lapses in assertiveness. Such behavior is typical of a developing skill (Stoltenberg, McNeil, & Delworth, 1998).

Resistance. During session 6, Susie began by saying she felt weird, but would attempt no plausible explanation other than she had gone walking with a female staff member earlier. In approaching the art materials, she demonstrated a lack of self-confidence by frequently saying, “I don’t know” or “I can’t.” When probed, Susie quickly stated she was happy in spite of facial expressions that said otherwise. Sensing there were deeper issues, I temporarily assumed a more direct and structured role. Susie responded by changing the subject or quickly changing her mind in selecting a different art modality, behaviors I interpreted as resistance. In her resistance, I also noticed her developing skills in assertiveness as she skillfully dodged the questions or directives I posed.

After several questions, she allowed me into her inner world, but just for a moment. She began by describing herself as clumsy and ugly, characteristics of a self-image assigned to the self-deficits theme. At this point, seeking to avoid further resistance, but unsure of the best direction to take, I focused only on reflecting the content or feeling of her words, letting go of the art. Susie shared with me her fear and worry that her adolescent body was not developing as it should. Our discussion continued for a couple of minutes, then was quickly diverted as she began a drawing which she

labeled, “This is me being happy” (see Figure 3). Following her completion of the drawing, Susie admitted for the first time during session 6 that her picture represented how she wanted to feel about herself and not how she really felt at that time. When asked to show in her art how she was really feeling, she refused. The session came to a close with my client assuring me she was happy, perhaps her attempt to please me by saying what she thought was expected, my interpretation of her behavior during this instance.

Self-deficits. From time to time, as indicated in the previous section, Susie’s verbalizations suggested deficits in self-image and self-esteem. During session 1, she referred to herself as “crazy” upon forgetting the tree in a picture, and then said, “I’m not good at drawing.” During the same session, the average sized girl described herself as “overweight” and “mean”, and, when asked to tell some things she liked *about herself*, Susie only described things she or her sisters liked to do. When redirected to what she liked about herself, she was silent. Susie referred to herself as “weird” in sessions 3 and 4. During session 5, she again stated, “I’m not good at drawing,” although I had emphasized to Susie that it was not necessary for her to be good at drawing to participate in art therapy. While she stated she did not know how she felt or what she was thinking during session 7, I did not detect the self-deficits theme again until session 10, when Susie stated that, at the time of her discharge from the treatment center, “they will be saying nice things about me, but they don’t really know me,” indicating thoughts and feelings of self-deprecation which had previously appeared to be declining.

Summary of the Client Deficits Cluster

The client deficits cluster included themes representative of qualities lacking in Susie's life, or obstacles to reaching therapeutic growth. This cluster encompassed the following themes: client needs, lack of assertiveness, resistance, and self-deficits. During sessions 1 and 2, Susie's disclosures indicated significant self-deficits, represented by Susie's negative descriptions of herself, as well as a need for social support. Interestingly, this need was not expressed by the client who insisted she now had plenty of friends at the treatment center. Through verbal counselor exploration, it became clear that Susie's "friends" consisted only of adult staff members while she herself was unable to explain how she would go about initiating conversations or cultivating friendships with individuals her own age. Other needs such as attention, affection, approval, and nurturance were, too, implied indirectly in Susie's conversation.

Lack of assertiveness, another theme in the client deficits cluster, appeared sporadically throughout the 11-week intervention, a condition I interpreted as representing Susie's gradual growth toward more assertive behavior. I detected client resistance particularly during times in which I chose a more direct, structured and verbal approach rather than relying on the expressive modality as a channel for communication. I think it noteworthy that resistance, although apparently serving as an impasse to client growth, may have also had therapeutic value in protecting the client's emotional well-being until she was ready to divulge more and progress further in recognizing her true

self (Corey, 1996; Rogers, 1942, 1951).

Descriptions of Key Informants

In an attempt to strengthen the internal validity (Guba & Lincoln, 1981) of this study, I conducted pre- and post-intervention interviews with people who worked closely with Susie: her classroom teachers and resident counselors. Susie's teacher at the time of the pre-intervention interview was a Caucasian female in her mid-40's. By the time of the post-intervention interview, 11 weeks later, this teacher had resigned her position and was replaced by a Caucasian male in his mid-30's. Both teachers were licensed by the State of Tennessee and had teaching experience in other settings prior to their employment at the residential treatment center.

The resident counselors served as assistants to the teacher as well as staff supervisors for the students during and after school hours. The resident counselor who participated in the pre-intervention interview was a Caucasian female in her early 20's. She also participated in the post-intervention interview, but due to her recent transfer to a different group, a second resident counselor, a Caucasian male, also provided information for the post-intervention interview. A copy of the staff informed consent statement and a list of the staff interview questions are located in Appendices E and F.

To further triangulate the research findings by data source, observational data were obtained by a university colleague prior to beginning the art therapy intervention and again near the time of termination, just prior to Susie's discharge. The university colleague was a Caucasian female in her mid-30's and a first year doctoral student in counselor education at the University of Tennessee. She and I were acquaintances, but in

an effort to protect Susie's anonymity while being observed in the midst of her peers, we were never simultaneously on the campus of the residential treatment center. A copy of the list of behaviors targeted for observations is provided in Appendix G.

Interview Findings

Qualitative analysis of pre- and post-interview data, using the constant comparative method, yielded the following themes: sociability, behavior, affect/emotion, background, academic performance, goals, diagnoses, and primary needs. These themes were grouped by similarity into two primary clusters: intrinsic factors and extrinsic factors. The intrinsic factors cluster signified factors that were somewhat innate to the participant and included sociability, behavior, affect/emotion, and background. The extrinsic factors cluster connoted factors that were extrinsically imposed upon the client by individuals within her environment: academic performance, goals (indirectly imposed by staff), diagnoses, and primary needs (according to teachers and staff). The following narrative describes the relationship between the identified themes from the interviews and the findings from the art therapy session transcripts.

Pre-Intervention Interview: Teacher

The pre-intervention interview with Susie's classroom teacher reflected themes of behavior, affect/emotion, academic performance, goals, background, diagnoses, and primary needs. She described Susie as communicating minimally, speaking at the level of a whisper, and performing fine and gross motor abilities significantly slower than the other students her age. According to the teacher, Susie followed classroom rules and was respectful to those in positions of authority. In spite of the teacher's assessment of her

classroom behavior, she reported Susie's goals as "to stop getting X's" on her behavioral chart. The teacher indicated additional goals of making friends and turning in assignments on time. Although "to stop getting X's" appeared to represent an expressed goal of the adolescent participant, it was unclear if making friends and turning in assignments may have represented goals of the teacher as much as the participant.

Susie's affect was also described as "flat" by the teacher at the time of pre-intervention: "You can't tell whether she's sad. She's so flat. Soooo flat. She's so bottled in." The teacher also reported that, at the time of the interview, Susie was unable to identify her emotions.

Academically, she was described as reading at a grade level of 2.5. The teacher stated Susie did not know her multiplication tables and required help with basic spelling. Her most recent assessment results indicated her intellectual functioning to be within the Mildly Retarded range. The teacher stated that Susie showed almost no self-confidence, as evidenced by the following excerpt:

"She attempts not to be able to do anything. I can't figure out if she really can't do it or if she doesn't want to. I think she does not ask for help because she doesn't want anyone to know."

The teacher spoke at length about Susie's traumatic and abusive experiences in early childhood. She presented questions as to my opinion regarding her diagnosis of Mild Mental Retardation. I considered Susie's present psychiatric diagnoses to be directly related to her genetic endowment (her mother also had a history of mental illness, as well as intellectual handicap, in keeping with Susie's present diagnoses of Bi-Polar Disorder

and Mild Mental Retardation), disruption in attachment at an early age due to the maternal abandonment, and history of abuse, all of which may have contributed to her present impairment in intellectual functioning.

When asked regarding her impressions of Susie's primary needs, the teacher responded that Susie needed to grow socially, make friends, become more assertive in asking for help with her assignments, and increase the volume of her speech. The teacher's descriptions of Susie and responses to interview questions were in keeping with observational data obtained by the university colleague, my own observations during the art therapy sessions, and my interpretations of the findings from the qualitative analysis of the art therapy session transcripts.

Post-Intervention Interview: Teacher

The teacher participating in the post-intervention interview had been Susie's classroom teacher for over two weeks prior to her discharge. A substitute teacher assumed the teaching role from the time of the first teacher's resignation until the beginning of the second teacher's term. The substitute was not interviewed. The teacher who participated in the post-intervention interview provided information that appeared to reflect the following themes: behavior, academic performance, affect/ emotion, sociability, and primary needs.

The post-intervention teacher described Susie, at the time of her discharge from the treatment center, as compliant, able to follow directions, a hard worker, gives up easily when frustrated, and non-aggressive. He estimated her reading level at this time to approximate second grade, math level to approximate third grade, and estimated rate of

compliance with teacher and staff requests as 95%.

In contrast to the pre-intervention teacher interview in which the teacher indicated a near absence of any emotional expression, the teacher at the post-intervention interview alluded to times in which Susie appeared happy and voluntarily shared news of an upcoming home visit or session with her therapist. The teacher also described times when Susie cried or appeared visibly upset, particularly near the time of her discharge as Susie grieved the upcoming goodbyes to students and staff at the treatment center. I considered such expressions of feeling to represent signs of growth in an adolescent who initially appeared emotionless and withdrawn.

From a behavioral and social perspective, the teacher stated that Susie, on one or two occasions, had raised her hand to volunteer answers to questions. He indicated that, near the time of her discharge, Susie would voluntarily speak to him during unstructured activities, as evidenced in the following excerpt:

Therapist: "Did she ever call out to you in the hallway or, when she was outside doing recreation, did she ever say anything spontaneous to you when you had not addressed her?"

Teacher: "Yeah, several times; when she was very excited about leaving or when she was excited about taking walks with Miss _____. Or when she was going to see her therapist or someone else; something that would make her very happy she would tell me about it or mention it. Um, it wasn't like she would spontaneously address me as one of the group, but if we were walking together or if we were in a situation, sometimes she would volunteer that kind of information, like 'Guess what-- I'm leaving to…' or 'Do you

know what I'm going to do today?'"

The teacher was unaware of any friendships developed by Susie within his class of 9-10 students, but stated the other students seemed supportive of her. Besides continual work on her academic skills, her teacher suggested primary needs in assertiveness and confidence as indicated below:

Teacher: "I think she could benefit from learning how to be more aggressive with speaking her part when something was troubling her or when she feels like she knows an answer to something. I would see it in her eyes sometimes, that there was a problem, and she would know the answer. I wish she would come out of her shell more and she could be more comfortable about speaking in front of the group."

These statements supported increases in assertiveness, communication, social interaction, and emotional expression over the time of her treatment, in keeping with the findings from the analysis of the art therapy transcripts and observational data.

Summary of Teacher Interviews

Comparison of pre- and post-teacher interviews indicated both teachers expressed themes in behavior, affect/emotion, academic performance, and reported increased assertiveness and social development as primary needs. As expected, teacher statements reflecting Susie's affect or emotional expression indicated a significant change, from minimal expression at the beginning of the intervention to an increased amount of expressed feeling by the time of her termination.

Pre-Intervention Interview: Resident Counselor

The resident counselor who participated in the pre-intervention interview

provided information that corresponded to the themes of behavior, affect/emotion, academic performance, and primary needs. This respondent described Susie's typical behavior as "holding back," and not asking for help when she did not understand. The staff member indicated that Susie was compliant with verbal directives as well as written rules, and could often be persuaded to participate in activities, even after initially insisting that she did not want to or could not do it.

Interestingly, the resident counselor estimated Susie's rate of compliance with teacher/staff requests at 95%, similar to estimates made by the teacher and a second resident counselor during the post-interview. The resident counselor participating in the pre-intervention interview, similar to other interview respondents, suggested Susie's hesitancy and lack of effort may be due to potential embarrassment and concern over what others may think of her lack of abilities. Near the end of the interview, the resident counselor stated, "I think her biggest thing is just opening up. She does good at following the rules; she does good at doing her work IF she can do it; if she can't do it, she will NOT ask for help; she just really needs encouragement. I would say to be brought out of her shell."

When asked about her primary needs at the time, the interviewee indicated social development to be her biggest deficit, stating Susie failed to initiate social interaction with other students. Again, the information provided by this informant was considered commensurate with observational data as well as findings from the qualitative analysis of the art therapy sessions.

Post-Intervention Interviews: Resident counselors.

Two resident counselors participated in post-intervention interviews. Resident Counselor # 1 was the same staff respondent as participated in the pre-intervention interview. Resident Counselor # 2 had been recently assigned to Susie's group. A qualitative analysis of the responses provided by the two resident counselors supported the following themes: behavior, sociability, affect/emotion, and primary needs.

In regard to the theme of behavior, Resident Counselor # 1 described Susie as a compliant student who participated minimally in sports, but noted some participation in basketball. In terms of sociability, she stated Susie's social skills had improved since the beginning of her stay at the treatment center and described her as opening up more. She also reported a change in Susie's emotional well-being, describing her as smiling, and "seeming to feel happier." Regardless of the improvement, however, Resident Counselor #1 cited social development as Susie's primary need at the time of her discharge.

From the perspective of the behavior theme, Resident Counselor # 2 stated Susie, "held back a lot…A lot of times, she'd just sit there and didn't ask for help." This staff member indicated Susie's lack of participation to be a major problem in the classroom as well as recreational activities. Interestingly, Resident Counselor # 2 also estimated her rate of compliance with classroom rules and teacher directives as 95%. From the sociability theme, he described Susie as having few friends, and seldom initiating conversation. His statement appeared to contradict the report of Resident Counselor # 1, who indicated improvement in sociability. It should be noted that Resident Counselor # 2 had only worked with Susie for approximately 2 weeks, while Resident Counselor # 1

had worked with her periodically over the time of her placement at the treatment center. In regard to his perception of Susie's primary needs, Resident Counselor # 2 stated, "Help her open up; encourage her to join groups." He cited problem solving as an additional area for further development. According to Resident Counselor # 2, Susie "just didn't try to figure things out; gave up real early. She wouldn't ask for help with her school work. It seemed like she was afraid of what people might think about her."

Summary of Resident Counselor Interviews

A comparison of themes generated from the qualitative analysis of pre- and post-interview data provided by staff resident counselors at the residential treatment center indicated both resident counselors acknowledged themes in behavior, affect/emotion, and primary needs. Resident counselors participating in both interviews indicated social development as a primary need at the time of Susie's discharge from the treatment center.

Summary of Overall Interview Analysis

Qualitative analysis of the pre- and post-interview data resulted in the identification of two overriding clusters: intrinsic factors representing qualities innate to the client and extrinsic factors which were indicative of entities imposed upon the client by individuals from within her environment. Intrinsic factors included the following themes: sociability, behavior, affect/emotion, and background. The extrinsic factors cluster included themes labeled academic performance, goals (imposed by staff), diagnoses, and primary needs (based on the report of teachers and staff). Following my analysis of all transcripts from audio-taped interviews, I noted the following themes as common among teachers and resident counselors, pre-intervention, as well as post-

intervention: behavior, affect/emotion, and primary needs focused upon increased assertiveness and social development.

Observational Findings

In this section, I will describe an analysis of classroom observational data and recreational observational data. Observational data were collected prior to beginning the 11-week art therapy intervention and again near the time of Susie's discharge and were used for descriptive purposes, rather than for statistical comparison.

Pre-Intervention Classroom Observation

My analysis of the classroom observational data collected prior to implementation of the art therapy intervention indicated Susie made eye contact with her teacher a total of seven times, was compliant with teacher initiated requests, responded when called upon, and completed her written assignments during the time interval she was observed. Susie remained in the classroom during the observation, did not leave her seat even when offered a restroom break, did not interact with other classmates, and received no "X's", marks indicating inappropriate behavior according to the school wide behavior plan. During this observation, seven students were present in the classroom, with two adult staff.

Post-Intervention Classroom Observation

Analysis of the observational data obtained following the 11-week art therapy intervention, near the date of Susie's discharge from the treatment center, indicated she made eye contact with her teacher only three times, less than half as often as during the pre-intervention observation taken earlier. Based on statements Susie made during the art

therapy sessions that she felt embarrassed to raise her hand in front of boys, I found her decrease in eye contact to possibly represent a link to her uncomfortable emotions in the presence of a male teacher, such as she had during the post-observation, as compared to the female teacher present at the pre-intervention observation. It should be noted, however, that the post-intervention classroom observation was of shorter duration than the initial pre-intervention observation and may have accounted for Susie's decreased eye contact.

In regard to other behaviors observed at this time, the university colleague reported that Susie was compliant with teacher initiated requests, responded when called upon, and completed her written assignments as in the pre-intervention observation. Again, she did not interact with other students, but did leave her seat on two occasions with teacher permission. She received no recorded infractions ("X's") on her behavior chart. There were eight students present during this observation with two adult staff.

Pre-Intervention Recreational Observation

The pre-intervention recreational observation was conducted during a less-structured art activity. The university colleague reported that Susie complied with teacher/staff requests and followed instructions to complete the assigned art activity. The observer reported no threatening or offensive comments by Susie. A total of six students were presented during this observation, with two adult staff present.

Post-Intervention Recreational Observation

The post-intervention recreational observation was conducted during a less structured library time. Susie was compliant with staff requests with one exception when

she was observed looking about the room instead of reading. The university colleague reported Susie was much more sociable during this observation, interacted with other students, and greeted individuals who passed by the open library area. Again, she made no inappropriate comments or threatening remarks during this observation in which eight students and two adult staff were present.

A Summary of My Analysis of Observational Data

Following my analysis of pre- and post-intervention observational data, four observations seemed to stand out among all the settings observed: (a) Susie was compliant with teacher requests, (b) responded when called upon, (c) completed assignments, and (d) demonstrated no active behavioral difficulties. The observer noted Susie often appeared "off-task" as she looked out the door (a passive form of behavioral misconduct), and completed her assignments very slowly. Active behavioral difficulties such as speaking without permission, abusive or profane language, or inappropriate physical contact were not indicated in any of the observations. Overall, observational data from the classroom setting appeared to support Susie's tendencies toward social withdrawal, lack of assertiveness in asking for help, low volume in speaking, and slowness in motoric functioning.

Pre- and post-observations of recreational activities were conducted during less structured art and library activities. The observer noted more smiles, increased eye contact, and increased social interaction in the post-recreational observation than that recorded prior to the art therapy intervention. Such may have reflected the benefits of her treatment program in the residential center, the art therapy intervention, or simply a

product of time as Susie became increasingly relaxed in the institutional setting. Determining the source of Susie's improved emotionality and sociability was not the purpose of this case study. Rather, a description of her experience was based on the client's own disclosures and behaviors, observational data, and reports from interviewees.

Art Therapy Sessions Viewed through Elkind's Theory

To address the following research question, composed of six subquestions, information gleaned from the qualitative analysis of the art therapy session transcripts, transcripts of interview data, and observational data was viewed through the theoretical lens of Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory of adolescent cognitive development. Elkind's theory has been described in detail in Chapters One, Two, and Three.

Research Question

The single subject case study design will address the following research question, with six subquestions: What are the thoughts, feelings, and behaviors of the participant, diagnosed with a mood disorder and enrolled in a full time residential treatment center, while participating in person-centered art therapy counseling sessions, according to Elkind's theory of adolescent cognitive development?

(a) How do *idealism* and *criticism* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions? As previously discussed in Chapter One, adolescents tend to focus on an ideal world and criticize society's imperfections, for which they hold adults responsible. Throughout her art therapy sessions, Susie periodically demonstrated characteristics typical of most normal

adolescents by idealistically dreaming of her future goals of marriage and family, while also criticizing the parenting of her adoptive mother. The description of her three wishes: to be back with her "real" family, go to Georgia, and get married, presented during session 1, suggested a degree of idealism as she thought about the future. Susie did not indicate if she held critical views of family, marriage, and weddings in terms of the reality of familial conflict, marital discord, and the financial constraints of weddings. Such may or may not have been beyond her cognitive abilities. Themes from the art therapy session transcripts that are applicable to this subquestion included family life and goals from sessions 1 and 2.

In interviewing Susie's teacher at pre-intervention, the discussion focused on Susie's family background, represented by the theme, background, which included her relationship with her adoptive mother, and her history of past abuse. Although the teacher at no time described Susie as thinking idealistically in terms of her family background, she did remark that, from the theme of goals, Susie's initial self-constructed goal was "not to get X's", suggesting that she may have viewed herself in an idealistic manner, expecting perfection from herself in terms of behavior. No themes appeared to relate to this subquestion from the observational data.

(b) How does *argumentativeness* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions? As discussed in Chapter One, adolescents' newly acquired abstract reasoning abilities allow them to mesh facts and logic to support their own points of view, an act that often results in disagreements with authority figures. Such newly acquired skills, according to Elkind

(1984, 1998) frequently result in argumentativeness with persons in positions of authority, notably parents. Information obtained during art therapy sessions, from the themes, family life (sessions 1 and 2) and emotions (session 11) as well as from Susie's background record, suggested volatile and aggressive reactions to her adoptive mother, in addition to teachers in Special Education settings prior to her placement at the treatment center. Susie alluded to heated and sometimes physical arguments with her adoptive mother, as is indicated in the following excerpt: "I cussed her out and slammed the door in her face. I ain't [angry] no more. I don't remember what it was, but we was arguing about something. I'd probably get ready to hit her." As discussed earlier, Susie's placement in a residential treatment center represented a means of last resort to address her severe behavioral difficulties.

Susie demonstrated the theme, resistance, in sessions 6, 7, 8, and 11 by gently arguing that she was fine or happy, when her nonverbal expressions connoted different emotions. At one point during session 6, she admitted her art product (see Figure 3) did not accurately convey her emotions, but then refused to express her true emotions in another way. I considered such behaviors to be a subtle way of arguing with me in a setting in which her behavior was under the control of positive and negative reinforcement through the school wide behavior plan. Themes from the interview and observational data did not appear related to this subquestion.

(c) How does *indecisiveness* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions? With their newly acquired, higher level cognitive abilities, it may seem reasonable that adolescents would

also possess advanced skills in decision making. Elkind, however, contended that adolescents are often quite immature in decision making skills. Throughout all the art therapy sessions, Susie was intermittently indecisive in expressing emotions, selecting art media, and deciding how to use the art media once selected, a theme labeled lack of assertiveness. Her typical response of "I don't know" in sessions 8 and 9 may have represented a comfortable and familiar escape from the responsibility of making a decision or may have reflected her impaired cognitive processing. This remains to be investigated.

Analysis of the interview data revealed indecisiveness, represented by the themes behavior and primary needs. Susie's teachers and resident counselors described her behavior as "withdrawn" and "holding back", and all acknowledged "increased assertiveness" as a primary need. Findings from the observational data did not appear related to this subquestion.

(d) How does *apparent hypocrisy* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions? Although adolescents advocate for the ideal, they frequently lack willingness to make sacrifices to live up to such standards. Elkind (1998) considered such idealism to be the result of intellectual immaturity and an inability to distinguish between expressing one's perceptions of an ideal world or ideal family and working to transform the new found conceptualization into reality. Although the typical adolescent often demonstrates apparent hypocrisy by unconsciously failing to assume responsibility for the ideals

advocated (animal rights, free speech), Susie appeared to demonstrate apparent hypocrisy in her frequent unassertive or limited abilities. At times, particularly during sessions 5 and 8, included in the theme lack of assertiveness, she responded, “I can’t”, “I don’t know”, or “I don’t know nothing” when asked to make very basic decisions. In session 5, in terms of reading and math, Susie insisted she could not read a particular poem, but then read it with minimal assistance. Similarly, after stating she did not know the answer to a basic addition problem, she verbally provided the correct answer. Susie’s tendency to withdraw and refrain from expressing her opinions or understanding may represent a form of behavior learned from an early environment of abuse, a condition called “learned helplessness” (Seligman, 1974, 1992).

During the pre-intervention teacher interview, under the theme of academic performance, Susie’s teacher stated, “I can’t figure out if she really can’t do it or if she doesn’t want to.” This statement provided some support to my interpretation of her verbalization, “I can’t” during art therapy sessions as a less than accurate portrayal of Susie’s abilities to express her knowledge, emotions, or thoughts. Unfortunately, information provided by the second classroom teacher at the time of post-intervention interview, provided no further information as to increases in Susie’s abilities. This teacher continued to report her reading skills as approximately 2.5 grade level, with math skills only slightly higher, approaching the 3.0 grade level.

Themes derived from the analysis of observational data indicated that Susie complied with teacher initiated requests, responded when called upon, completed her assignments, and presented no active behavioral difficulties. These factors also provided

a degree of support that she may have presented apparent hypocrisy in being helpless.

(e) How does *self-consciousness* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions? In Chapter One, I discussed Elkind's (1998) coined term, "imaginary audience" (p.40) to describe the adolescent experience of feeling that one is the center of attention, constantly observed and evaluated by others. Such feelings, according to Elkind, often lead to excessive self-consciousness and may occur as a result of the rapid physical and cognitive growth during this developmental stage. Elkind contended that the increased focus on the self, characteristic of adolescence, may result in a decreased ability to distinguish between one's own thoughts and those of others. As such, the adolescent becomes increasingly preoccupied with his/her own appearance, dress, and behavior, he/she is susceptible to a delusion that others are also just as focused on him/her, thus resulting in feelings of excessive self-consciousness.

Self-consciousness may be related to Susie's expressed deficits in self-image, as evidenced in the self-deficits theme, depicted in sessions 1 through 7. During session 1, she referred to herself as overweight, weird during session 4, and ugly and clumsy during session 6. Also, during session 3, under the theme of awareness, Susie expressed awareness of sounds coming from the hallway. Her remarks suggested self-consciousness that she might be overheard while in the art therapy sessions. At times, it was necessary that I check the hallway to make sure no one was outside the door or within hearing distance.

Susie may also have demonstrated self-consciousness in regard to her limited abilities. It was interesting that, during the pre-intervention interviews, teachers and resident counselor, interviewed separately, both attributed feelings of embarrassment, under the theme, affect/emotion, to Susie's tendency toward lack of assertiveness in asking for help. If this were true, self-consciousness and the concept of imaginary audience, purported to be a defining characteristic of adolescence, are revealed in Susie's non-responsive and non-assertive behavior. Information obtained from the analysis of the pre- and post-observational data did not appear related to this subquestion.

(f) How do *specialness* and *invulnerability* relate to the thoughts, feelings, and behaviors of the participant while engaging in person-centered art therapy sessions? Elkind (1998) suggested adolescents tend to believe they are so special and unique that others are unable to understand their thoughts, feelings, or experiences, a condition he referred to as "personal fable" (p.44). He suggested the personal fable results from over-differentiating one's self from others and leads to an exaggerated sense of uniqueness, self-importance, and invulnerability. Susie did not perceive herself as physically invulnerable, as indicated by her frequent references during sessions 5, 6, and 7 to physical sensations in terms of popping knees, pain in her hip joint, and difficulty in righting herself from a squatting position, all indicated under the theme of awareness. Although she received regular medical evaluation from the treatment center physician, I was unaware of any diagnosis in this regard. Neither did Susie see herself as invulnerable to pregnancy. In spite of the sexual abuse, which reportedly occurred years earlier, Susie stated during sessions 1 and 2 that she often worried about being pregnant. Her

pregnancy concerns were included under the theme of emotion.

Information obtained from analysis of the pre-intervention teacher interview data indicated that Susie may have perceived herself as special and invulnerable in regard to her ability to maintain a perfect, "no more X's" behavior rating while enrolled in the residential treatment center. From a different perspective than the adolescent who believes no one has experienced pain or love to the same extent as themselves, Susie seemed to believe she alone should demonstrate perfect behavior, above that of her peers.

Additionally, information obtained from the qualitative analysis of pre- and post-observational data indicated that, aside from the passive "off-task" misconduct of looking about the room, out the window, or out the door, Susie demonstrated exemplary behavior. She did not incur infractions in the behavior rating plan during any observation, and no inappropriate behaviors were noted. Such would provide a degree of support to the contention that she may have perceived herself as special in her ability to be the perfectly behaved student, regardless of admitting information, contained in her treatment center record, that indicated a history of violent and uncontrollable behavior.

Chapter Summary

Chapter Four discussed the findings generated by the qualitative analysis of data obtained during the course of this case study. A brief review of data collection and analysis procedures was provided, followed by a biographical sketch of Susie, the adolescent participant.

A detailed description of the clusters, themes, and meaning units derived from the qualitative analysis was provided to reveal to the reader Susie's experience and progress

during the art therapy intervention. Data obtained from pre- and post-interviews with treatment center staff, as well as pre- and post-observational data, were used to enhance the trustworthiness of the findings from the analysis of the art therapy session transcripts. Finally, findings derived from the analysis of the art therapy session transcripts, interview transcripts, and observational data were compared with the six characteristics proposed by David Elkind, purportedly inherent in adolescent cognitive development, to provide a deeper understanding of Susie's thoughts, feelings, and behaviors while participating in a person-centered art therapy intervention.

CHAPTER FIVE

Discussion

Chapter Introduction

In this study, David Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory of adolescent cognitive development served as a way to organize and examine the data collected during the 11-week art therapy intervention conducted with Susie, the 16-year old participant and full time student at the residential treatment center. This theory framed the current case study, and provided a lens through which to view the participant, having the psychiatric diagnoses, Bi-Polar Disorder and Mild Mental Retardation, in terms of stages or characteristics Elkind believed to be present universally as a normal part of adolescent development.

As discussed in Chapters Three and Four, data collected for this case study were derived from three primary sources: transcripts of audio-taped art therapy sessions with the adolescent participant, transcripts from audio-taped interviews with teachers and staff employed at the treatment center who worked closely with Susie while she participated in the art therapy intervention, and observational data obtained by a university colleague as Susie participated in structured academic and less structured recreational activities at the treatment center. This chapter integrates the findings from each of these data sources and the research literature to bring about a clearer understanding of Susie's thoughts, feelings, and behaviors as she participated in the art therapy intervention.

Organization of the Chapter

This chapter includes (a) a discussion of salient findings that appeared most relevant from the themes generated by the qualitative analysis of the transcripts of audio-taped art therapy sessions and integrated with other data sources; (b) a brief discussion of the most prominent themes derived from the analysis of transcripts of interviews with treatment center teachers and staff and integrated with other data sources; (c) a discussion of the relationship between these findings and the theory of adolescent cognitive development proposed by David Elkind (1978, 1984, 1989, 1998, 1999, 2001); (d) a brief discussion of how the findings from this case study apply to Susie; (e) implications for school counseling, mental health counseling, and counselor education; and (f) my plans for future research. I will summarize my findings in each of these sections and discuss my conclusions based on the results of this case study.

Salient Findings from Art Therapy Sessions

In integrating the data from the art therapy sessions, there were three salient findings that appeared relevant for understanding the research question in this case study: What are the thoughts, feelings, and behaviors of the participant, diagnosed with a mood disorder and enrolled in a full time residential treatment center, while participating in person-centered art therapy counseling sessions, according to Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory of adolescent cognitive development? The three findings were: (a) the presence of the theme, lack of assertiveness, across all sessions; (b) the absence or gaps in the themes of family life, goals, needs, self-deficits, assertiveness, resistance, and awareness across all sessions; and (c) the development of the theme of resistance mid-

way through the sessions (see Table 1). The following discussion looks at these three findings and suggests possible rationales based upon research focusing on child and adolescent development, human development and behavior, and Elkind's theory of adolescent cognitive development.

Lack of Assertiveness

As noted in Chapter Four, there was an indication that Susie was building assertiveness as she progressed through the art therapy intervention. Her verbal statements and behaviors revealed increased assertiveness as she acted more readily on her own volition in deciding what art materials to use and how to use them, became more cognizant of her feelings, was more assertive in social interaction, and began requesting help with academic tasks in the classroom setting. However, in spite of her apparent progress, a lack of assertiveness was a continual theme across all sessions (see Table 1). To explore this assertiveness/lack of assertiveness dichotomy, a definition of terms is helpful.

Zuercher (1983) defined assertiveness as "…a fresh approach to interaction where persons own their own behavior and language and have the freedom to choose behavior within the responsibility of their rights and the rights of others." (p. 96) From a similar perspective, Alberti and Emmons (1970, 1974, 1978, 1982, 1986) defined assertiveness as "…behavior which enables a person to act in his own best interest, to stand up for himself without undue anxiety, to express his honest feelings comfortably, or to exercise his own rights without denying the rights of others." (p. 2)

According to the definitions of assertiveness by Zuercher (1983) and Alberti and Emmons (1970, 1974, 1978, 1982, 1986), Susie was assertive when, during art therapy sessions, based on reports of interviewees, or as noted in observational data, she spoke or acted in such a way as to make decisions for herself or express her emotions, likes/dislikes/ or wishes/wants, while respecting the rights of others within her environment. For example, during her final art therapy session, while constructing a magazine collage, Susie made the following assertive remarks: "…I really like this (magazine picture)….That's the one I want….There. One down and one more to go (referring to magazine pictures)….I think I'd like to do the magazine pictures again….Happy that I'm going home for good….Not just a home pass."

A lack of assertiveness was defined by Alberti and Emmons (1970, 1974, 1978, 1982, 1986) as passivity. According to these authors, assertiveness exists on a continuum from passivity to aggressiveness, with assertive behavior, the act of asserting one's own rights while respecting the rights of others, is in the middle of the continuum. Fensterheim and Baer (1975) suggested that individuals demonstrating a lack of assertiveness may be somewhat unaware of their lack of expression and may not recognize this as a problem. The absence of expression of needs or feelings is possibly motivated by the fear of losing the approval of others and often results in a decrease in self-esteem and personal control (Zuercher, 1983).

Based on the above descriptions of lack of assertiveness or passivity, Susie demonstrated a lack of assertiveness when, during art therapy sessions, as reported by interviewees, or as noted in observational data, she demonstrated inability or hesitance in

making personal decisions or asking for what she needed; or demonstrated behavior or made verbal statements that conveyed a sense of helplessness or lack of confidence. For example, during session 9, in responding to my question as to how she would like to express her feelings, Susie replied: "I don't know….I'm not quite for sure….I guess I'll…I might draw something….I might be interested in painting something…."

How was assertiveness or lack of assertiveness represented in other data collected in this study? During the collection of interview data from teachers and treatment center staff, each interviewee was asked the following question: What do you see as Susie's primary needs or issues at this time? (See Appendix F.) Information obtained from typed transcripts of the interview data indicated that all respondents reported assertiveness in social development as a primary need in both pre- and post-intervention interviews. For instance, the teacher at the pre-intervention interview indicated making friends and raising her hand when she did not understand were primary needs for Susie. The teacher at the post-intervention interview stated he hoped Susie would be "more aggressive in her speech", speak up when she knew the answer in class, and "come out of her shell."

Additionally, observational data obtained by the university colleague also supported Susie's lack of assertiveness in participating in class discussion or raising her hand to ask for help, particularly during pre-intervention observations. Although information from the post-intervention interview and observational data continued to support some degree of a lack of assertiveness on Susie's part, particularly in academic settings, interview respondents, as well as the university colleague observer, noted gains in assertive expression of emotion as well as social interaction.

Information obtained from Susie's treatment center record indicated a history of aggressive and volatile behavior. In the assertiveness literature, aggressiveness is part of the behavioral continuum. Passivity represents the lowest point on the continuum, while aggressiveness is at the highest point (Alberti & Emmons, 1970, 1974, 1978, 1982, 1986). The evidence I gathered indicated that aggressiveness and volatile behavior were not demonstrated during Susie's enrollment at the residential treatment center. In fact, all individuals working with the participant, including myself, noted her timid, withdrawn behavior and lack of assertiveness as predominant behavioral characteristics. This would seem to contradict the reason for Susie's admittance, a lack of behavioral control.

There are two issues of interest that emerged from the data. First, how could the themes, lack of assertiveness and assertiveness co-exist within the data set that reflected several perspectives of Susie's behavior? One possible explanation was posited by Stoltenberg, McNeil, and Delworth (1998) in relation to acquiring skills pre-requisite to counselor development. They suggested that inconsistency is common during development of a new skill as the individual transitions through a behavior change. In some sense, Susie's inconsistency represents the awkward, clumsy journey that youth take as they work on the social and physical tasks of adulthood of which Elkind spoke (1998).

I considered Susie's continued passivity in responding to questions or solving problems to represent familiar and safe behaviors, while she practiced more challenging skills in asking for what she wanted. For example, within session 7, in creating a "Go Vols" poster (see Figure 4), Susie remarked that she was unsure if she had spelled "Vols"

correctly. Although she demonstrated a degree of assertiveness in requesting help with the spelling, I refrained from correcting her spelling in order to keep her attention focused upon the expression and not the quality of her work. When asked if there could be more than one way to spell "Vols", she responded unassertively, "I don't know. Probably."

She then indicated that she needed to move to the other side of the easel, but, instead of acting on her expressed need, she remained motionless. When asked what she would need to do to get to the other side of the easel, she replied, "I guess…I don't know." Although the office space was small, this represented a basic problem Susie should have been able to solve even with her impaired intellectual abilities. Interestingly, upon completion of the poster, I asked Susie what the "Go Vols" sign meant to her, she immediately and confidently responded, "It means I cheer for them when they win…and that's it." Seconds later, she assertively stated, "I'm done" and asked for the glass of water to rinse her paintbrush. From these contradictory behaviors occurring during the same session, I surmised that completing the poster, a task she had earlier indicated would result in a gift for her teacher, represented a challenging activity for Susie. She may have resumed a more comfortable and familiar behavior, unassertiveness, while concentrating on the task at hand. When the task was finished, though, Susie was able to practice her growing skills in assertiveness, providing confident answers to my questions and independently initiating tasks in cleaning up after the art activity.

As a second plausible explanation, Weiten, Lloyd, Dunn, and Hammer (2009) suggested that a lack of assertiveness is more common among females than males and represents a necessary social skill in individualistic cultures. The authors explained that

western, individualistic societies socialize females to be more submissive than males, expecting girls to "be nice." In considering Susie's life experience, there was some indication that, as an adolescent child, she was expected to submit to individuals in positions of authority; for example, obeying her adoptive mother almost unconditionally was expected, as discussed earlier. Additionally, in contemplating the traumatic abuse and neglect of her early childhood, I considered Susie's withdrawn behavior as an early survival skill and a factor influencing her current behavior. Studies have shown a correlation between children who have experienced abuse and neglect and withdrawn, as well as aggressive, behaviors (Anthonysamy & Zimmer-Gembeck, 2007; Prino & Peyrot, 1994). Regardless of the source of her passive and yielding behavior, such represented a sharp contrast to goals set by the teachers and staff at the residential treatment center that she think independently, make decisions, assert her rights while respecting the rights of others, and express her thoughts and feelings during daily activities.

The second question that is interesting to consider is why Susie's behavior prior to residential treatment center placement was so volatile, while her behavior in the residential setting was passive? Background information from her treatment center record indicated Susie had a history of verbal and physical assault toward her adoptive mother and alternative school teacher, thus leading to the decision to admit her into the residential center for treatment. Yet, during her initial art therapy session, just days following her admittance, Susie presented as a quiet, withdrawn, and extremely passive girl who rarely spoke, made minimal eye contact, and complied with all my requests in completing the intake interview. (See Appendix H.)

Cobb (1992) discussed typical as well as atypical adolescent development. Acknowledging adolescence as a period of significant, and sometimes overwhelming stress, she suggested that adolescents who experience extreme stress may lack the coping skills to deal with the demands of their environment. Such adolescents, according to Cobb, may resort to destructive behavior such as was demonstrated by Susie prior to her placement at the residential treatment center. Susie's history of maternal abandonment, neglect, sexual abuse, instability in home placement with frequent transitions, in addition to the normative stressors of adolescence, would have represented an environment of extreme emotional stress that may have resulted in aggressive and volatile behavior as was reported at the time of her admittance. Susie's subsequent removal from her home and school environment to the treatment center would have understandably precipitated secondary feelings of loss and abandonment in the adolescent client. This, combined with a history of severe abuse, according to Cobb, could result in withdrawn and detached behavior such as was demonstrated in the treatment center setting.

Self-consciousness or "imaginary audience", Elkind's (1978, 1984, 1989, 1998, 1999, 2001) concept discussed in Chapter One, may also explain Susie's quiet and disengaged behavior. Elkind explained that adolescents typically experience a cognitive distortion that they are continually surveyed by others, thus resulting in feelings of self-consciousness. During her initial art therapy session, Susie remarked that she felt "embarrassed" that the treatment center staff knew about her history of sexual abuse. Also, statements from interview respondents during pre- and post-intervention interviews indicated they believed Susie's withdrawn behavior may have resulted from

embarrassment in regard to her limited abilities.

Additionally, Susie's placement in the residential treatment center setting marked a sharp transition from her home environment, thus adding to the "newness" of the experience, and potentially resulting in hypervigilance during the early weeks of her treatment which may have mimicked withdrawn and detached behavior. The treatment center record indicated no previous placements in residential institutional settings. The fact that Susie was in a new and unfamiliar environment in which she lacked confidence, expressed embarrassment at the staff's knowledge of her childhood trauma, and may have experienced some degree of embarrassment and shame in regard to her intellectual handicap, were factors that may have potentially contributed to her behavior.

Absences or Gaps in Themes

While the theme of lack of assertiveness was demonstrated across all sessions, gaps were noted among the following themes: family life, goals, needs, self-deficits, assertiveness, resistance, and awareness. I have considered why my analysis of the data may have indicated the absence of some themes in various sessions and the presence in others and will present some possible explanations.

Family life. The family life theme was present during sessions 1,2,3,7,8,and 11. During sessions 1 and 2, Susie responded to questions from an intake interview (see Appendix H) which contained a number of questions pertaining to her family. She voluntarily discussed her family during session 3, when she spoke of wearing make-up and asserted that her adoptive mother would never allow her younger sisters, ages 11 and 12 to wear make-up. Susie made no further mention of her family until session 7 as she

prepared for a weekend home pass. During this session, she alluded to previous conflicts with "Mamaw", her adoptive mother. She described Mamaw as a controlling and rigid woman who prepared certain foods and expected her to eat them with no questions asked. It was as though, in spite of her excitement to be leaving the treatment center for the weekend, in some ways she dreaded going home.

During session 8, following the weekend home pass, Susie described a difficult interaction with Mamaw over Easter weekend, as is evidenced in the following excerpt in which she related a bitter conflict following an overnight visit with a cousin:

> On Sunday, we were supposed to meet my Mamaw at the church, but we didn't get there on time. Mamaw was really mad about it and said I would not be going back to my uncle's next time. She don't want me missing church services and stuff. It was that really early church service Easter morning. I don't think it was my fault. I was ready to go, but not everybody. Mamaw doesn't like my cousin or her mother, so she doesn't care if I don't go back.

It would seem that Elkind's (1978, 1984, 1989, 1998, 1999, 2001) concept of *argumentativeness* as a normal part of adolescent development was not allowed in Susie's family, at least according to Susie. She described her adoptive mother as a parent who allowed no compromise. Elkind explained argumentativeness during adolescence as the result of higher level cognitive abilities that allow the developing child to integrate logic with pre-existing facts to present an argument for his/her idea or contention. Owens (2002) considered typical adolescent argumentative behavior as a healthy part of the differentiation between the developing self and the parent.

Susie discussed her family life again during session 11, the final session, as she prepared for discharge from the treatment center. During this session, she and I role-played hypothetical scenarios in which she had the opportunity to think of and practice problem solving strategies for future conflicts with her grandmother or others. Susie voluntarily suggested a brief time out to regain her emotional control during such occasions. Susie's recognition that she would have to deal with family conflict once she returned home is an expected outcome of art therapy. Both Kahn (1999) and Riley (1999) indicated that during the art therapy process, clients are able to identify problems or obstacles in their lives, express their emotions in relation to the identified target problem, and work with the counselor to resolve problems of a social nature.

Together Susie and I were able to normalize the conflict that she would experience in order that she could better handle future problems in a constructive way. This approach to conflict relates to Elkind's (1978, 1984, 1989, 1998, 1999, 2001) imaginary audience as well since she felt that her adoptive mother was very critical of her and making continual evaluations of her behavior. Helping Susie either deal with the "realities" of conflict or those seen through the "imaginary audience lens" provided her with a less volatile and more measured response.

Goals. Susie discussed her goals during the first five therapy sessions and again during her final art therapy session. In reviewing the original transcripts, it appeared that session 5 preceded Susie's initial home pass. Her reference to goals during prior sessions was, at times, initiated by my prompting, and occasionally inserted independently by Susie. If her account of a rigid family life were accurate, it seemed reasonable that, while

away from the treatment center on a home pass, she may have been indirectly discouraged from thinking independently and planning for the future. Such may explain the abrupt drop in voluntary goal setting. As part of the counseling termination process, during session 11, I asked Susie to consider her goals after leaving the treatment center. Many authors consider goal setting and planning for one's adulthood to be a normal part of adolescent development (Cobb, 1992; Papalia, Olds, & Feldman, 2004; Owens, 2002; Weiten & Lloyd, 2003; Weiten, Lloyd, Dunn, & Hammer, 2009). Susie's goals at the time of termination included positive changes in her relationship with her adoptive mother upon her return home, improved anger control, making the most of her return to high school, and speaking with her teacher and principal regarding her return to public school.

I would like to note that, considering both Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory and gaps in the theme of goal setting, indecisiveness, a characteristic of adolescence discussed in detail in Chapter One, did not seem to apply to Susie, at least at the time the data was collected. I considered it unlikely that Susie's abrupt refrain from focusing on goals was related to typical adolescent indecisiveness. From the beginning of the art therapy intervention through session 5, Susie seemed to have no difficulty in relating her goals for the future: a driver's license, a wedding at the coast, and children. Again, during session 11, at the time of counseling termination, she was able to decide her goals upon leaving the treatment center: improved anger control, a better relationship with her adoptive mother, and resuming public school.

Instead of indecisiveness, a component of Elkind's theory, I considered Susie's gaps in the theme of goal setting from sessions 6-10 to reflect the clash between values expressed in her home environment in which she was expected to completely comply with the directives of her adoptive mother and the values reflected in her treatment center program which included assertiveness, independent thinking and problem solving, and setting goals for the future.

Client Needs. Susie indicated areas of need, such as social support, nurturance, and attention during sessions 1 and 2. In regard to social support, Papalia, Olds, and Feldman (2004) indicated forming healthy relationships is a critical component of normal adolescent development. Based on information obtained from Susie's treatment center record, as well as art therapy session transcripts, there remains some question as to whether she had friends prior to her treatment center placement. She initially demonstrated an absence of the social skills needed to cultivate friendships, as discussed in Chapter Three, but appeared to be developing friendship relationships by the time of her termination from the residential counseling center, based on teacher and staff reports of her assertive and spontaneous greeting behavior in acknowledging other students and staff at the center in passing.

I believe Susie's history of maternal abandonment and subsequent abuse, discussed at length in Chapter Four, indicated a lack of nurturance and attention during her early development. According to Calam, Horne, Glasgow, and Cox (1998), children who face trauma from events such as sexual abuse are at higher risk for the development of psychological disturbance later in life. Unfortunately, if Susie's description of her

current home life were accurate, there exists doubt as to how nurturing her life has been since the trauma. It seemed that much of life, for Susie, had been a negative, self-defeating experience, thus substantiating her continued needs for social support, nurturance, and attention (Harter, 2003).

Susie's need for social support in the form of friendships seems directly related to the theme of self-deficits, discussed in the next section. Friends serve as a source of modeling and affirmation and are positively correlated with the development of self-esteem (Harter, 2003). Harter considered friends and peers to provide a greater impact on the developing self-esteem of adolescents than parents, who play a more influential role during the early years. Susie's deficits in parental nurturance during early childhood appeared to affect her self-image and self-esteem as she matured.

Self-deficits. From a positive perspective, gaps in the self-deficits theme, evidenced in sessions 8, 9, and 11, indicated improvement in self-image and increased self-esteem. I interpreted these gaps as possible outcomes of Susie's therapeutic intervention at the treatment center, whether as a result of art therapy or her regularly scheduled therapy with treatment center therapists. It is interesting that these gaps were noted during later art therapy sessions, possibly connoting a degree of positive change in how she perceived herself. Increases in self-esteem were among the reported outcomes from art therapy (Backos & Pagon, 1999; Hanes, 2000; Natale, 1996; Pifalo, 2002; Riley, 1999; Snyder, 1997), as well as increased assertiveness (Alberti & Emmons, 1970, 1974, 1978, 1982, 1986; Bloom, Coburn, & Pearlman, 1976; Fernsterheim & Baer, 1975; Lange & Jakubowski, 1976; Weiten, Lloyd, Dunn, & Hammer, 2009), to be discussed in

the next section.

Assertiveness. Gaps in the theme, assertiveness, appeared during sessions 1 and 2. As discussed in Chapter Four and earlier in this chapter, at the outset of the art therapy intervention, Susie's behavior reflected an absence of assertiveness, a skill she would acquire throughout the duration of her stay at the treatment center. It is, therefore, reasonable that the theme of assertiveness would be missing during the first two art therapy sessions as she was only beginning her therapy.

According to Elkind (1978, 1984, 1989, 1998, 1999, 2001), argumentativeness is typical of adolescence and may serve a positive function in building skills in assertiveness. Susie's history of volatile and destructive behavior indicated an extreme form of aggression, as described by Alberti and Emmons (1970, 1974, 1978, 1982, 1986) in which one may distort the typical assertive response, become out of control, disregard the rights of others, and threaten physical safety. Susie may potentially have interpreted her admittance to the residential treatment center as a form of punishment since it occurred as a consequence of her repeated unacceptable behaviors. According to Kazdin (2001), the purpose of punishment is to extinguish a target behavior, the apparent effect of the treatment center placement on Susie's outbursts of aggression. Susie's lack of assertiveness was most prominent during the initial art therapy sessions and has been discussed during Chapters Three, Four, and earlier in this chapter.

Resistance. Susie did not demonstrate the theme, resistance, until session 6 in the art therapy intervention. I defined her resistant behavior as times in which she appeared to deviate from the subject at hand to some apparently unrelated topic, or times when she

verbally expressed an emotion, such as happiness, although her nonverbal language appeared to contradict the emotion expressed. Gaps in the resistance theme were noted in sessions 9 and 10. So, a question arises, if Susie began demonstrating resistant behavior during session 6, but presented no signs of resistance during sessions 9 and 10, what other themes did she demonstrate during sessions 9 and 10, and is there an explanation for the apparent interruption in resistance during these sessions?

During session 9, Susie demonstrated the themes of emotion, lack of assertiveness, assertiveness, and awareness. Session 9 marked her return from a home pass. Susie informed me that she had returned to the highest position on the school-wide behavior plan, "royal". Her voice was noticeably stronger and clearer. She talked of her plans to color her hair, and stated that could not wait for her next home pass. She remarked that she was proud to be a royal and expressed her thoughts with little prompting. Noticeable changes included Susie's increased assertiveness in terms of wishes, wants, and plans, as well as her increased emotional expression. She demonstrated a lack of assertiveness in deciding how to use the art materials, initially cutting a pink heart freehand, but, disappointed with her product, she converted the heart into a pink butterfly which she decided to present as a gift to one of the staff members. Susie demonstrated the theme, awareness, by expressing an awareness of a popping sensation in her knee and hip, physical symptoms she mentioned periodically throughout the art therapy intervention.

During session 10, Susie demonstrated the themes of emotion, lack of assertiveness, assertiveness, empowerment, and self. She again demonstrated a lack of

assertiveness in deciding how to use the art to express her thoughts and presented a mixture of happy and sad emotions as the time of her expected discharge grew nearer. When prompted, she appeared to easily assert her anxieties about the upcoming "good-byes", as well as her need to discuss the conflicts she had experienced with her adoptive mother prior to her treatment center placement. At the beginning of session 10, Susie demonstrated the theme, empowerment, by using the words, "caring", "awesome", and "smiles" to describe herself, but, later in the session, she revealed a deflated self-image by saying, "People are gonna be saying nice, positive things about me, and they don't really know me."

Gaps in resistance during these two sessions are perhaps best explained by Susie's knowledge of the upcoming termination. According to Young (1998), informing clients of an upcoming termination several weeks beforehand helps the client to prepare for the transition and also may lead to further disclosure as the client realizes the need to deal with unfinished business before the counseling intervention is terminated. I initially informed Susie of our final session at the end of session 8; therefore, increased participation and disclosure during sessions 9 and 10 would be in keeping with Young's suggestions.

During session 11, her final art therapy session, Susie frequently demonstrated resistance by changing the subject, seeming to evade discussion regarding her present feelings about leaving the treatment center. During an earlier session, Susie had expressed concern that she might cry during the final session and that she would find a public display of emotion embarrassing. According to Ward (1984), clients may tend to

avoid or deny feelings of loss, grief, or abandonment regarding the termination process. Regardless, they should be encouraged to explore such feelings or issues in order to attain a successful completion of the counseling experience. In spite of her resistance, Susie and I spent time during the final session in discussing her fear of saying "good-bye."

Awareness. Susie demonstrated gaps in the theme, awareness, during sessions 1 and 2. Awareness, in Susie's other sessions, referred to times in which Susie expressed verbally an awareness of herself, her thinking, physical symptoms, potential actions of others within her environment, and environmental stimuli such as sights, smells, and sounds. Based on my behavioral observations during the first two art therapy sessions, in addition to information provided by Susie during the intake interview, Susie seemed withdrawn and detached. She seemed to ignore me as her art therapist, stimuli from within her environment, and, if she were aware of her own physical sensations, she made no mention of it. Susie's lack of awareness during these two sessions was somewhat expected, based on her degree of emotional disturbance and the short duration of her stay at the treatment center.

Increased introspection has been noted as a defining characteristic of adolescence (Elkind, 1978, 1984, 1989, 1998, 1999, 2001; Owens, 2002; Papalia, Olds, & Feldman, 2004; Weiten, Lloyd, Dunn, & Hammer, 2009). Over the duration of the art therapy sessions, Susie demonstrated an increased awareness of herself, her environment, and her perception of what others might think, as is evidenced in the following excerpt near the time of her discharge from the treatment center:

Therapist: "Tell me what the sadness is about."

Susie: “Don’t want to leave. It’s a safe place. It’s too hard to say good-bye to everybody.”

Therapist: “It’s too hard to say good-bye to everybody.”

Susie: “People will be saying nice things about me and they don’t really know me.”

Therapist: “So you’re feeling like these positive and nice things they would say to you--you don’t want them to say?”

Susie: “Well, I do, but it’s kind of sad.”

Therapist: “So, it would be OK for them to say those things?”

Susie: “I don’t know if you’ll be back before I go.”

Therapist: “I really don’t know at this point whether I will or not, but you wanted me to know that you’ve made a lot of friends. Good-byes are hard.”

Susie: “Hm-hm. I’m probably gonna say all good positive things before I leave.”

Therapist: “You’re probably going to say all good positive things before you leave. And that’s what you want?”

Susie: “I wish, but I don’t want to cry.”

The previous excerpt revealed Susie’s awareness of her present and anticipated thoughts and emotions, how she believed she will feel at the time of the discharge, and what she expected people may say to her at the time of her departure from the treatment center. It seems that some of her concern for a public display of emotion may be an outcome of self-consciousness, or “imaginary audience”, a component of Elkind’s (1978, 1984, 1989, 1998, 1999, 2001) theory of adolescent cognitive development, discussed at length in previous chapters.

From her statements, it appeared that Susie feared potential embarrassment should she cry in front of others at the time she leaves. Her statement, "people will be saying nice things about me, and they don't really know me" may have indicated an awareness of how her behavior had changed since her admittance to the center and also that, in spite of her behavior, this less volatile behavior may not really be her. She may have experienced feelings of guilt, dread, and anxiety at the upcoming transition back to her adoptive home and demonstrated an awareness of such emotions at this point in time, a condition completely absent during the initial two sessions.

The Development of Resistance

Susie demonstrated the theme of resistance in sessions 6,7, 8, and 11. In analyzing the typed transcripts from the art therapy sessions, I acknowledged Susie's resistant behavior as from one of two conditions: times in which she appeared to change the subject to topics completely unrelated to the conversation and times, in which I noted from my personal observations during art therapy sessions, that she verbally expressed an emotion such as happiness when her body language appeared incongruent with her stated emotion.

As discussed in Chapter One, resistance is particularly high during adolescence (Kahn, 1999; Riley, 1999). Since the developmental stage of adolescence represents a process of individuation, clarification of identity, and separation from caregivers in order to grow toward autonomous adulthood (Owens, 2002; Papalia, Olds, & Feldman, 2004; Weiten, Lloyd, Dunn, & Hammer, 2009), it seems reasonable that individuals in this stage of the life span are often less compliant with demands from sources of authority:

societal laws and rules, dictates from parents or caregivers, and institutional policies. In keeping with Elkind's proposed characteristics of normal adolescent development, argumentativeness becomes the norm for most young people, from which Susie was not exempt, as evidenced in reports from her pre-treatment center behavior, discussed in Chapter Four and earlier in this chapter.

If adolescents are by nature argumentative, it stands to reason that, in counseling settings, particularly when the adolescent is not self-referred, a degree of resistance to counseling intervention is to be expected (Kahn, 1999). Young (1998), who described resistance as any behavior that is anti-therapeutic and counterproductive in meeting counseling goals, also described resistance as an important part of the process of therapeutic growth that should be accepted by the counselor as a type of protective defense mechanism for the client until he/she reaches a point to which exposure to painful thoughts, feelings, and memories may be tolerated by the psyche.

According to Young (1998), a number of client behaviors may be indicative of resistance, including the following: silence, responses such as "I don't know," statements expressing improvement in order forego behavior change, and statements inserted by the client that appear irrelevant to the discussion at hand. Table 1, depicting art therapy sessions and themes, appears to suggest that Susie demonstrated no resistant behaviors until session 6. However, as discussed earlier in this chapter, Susie demonstrated the theme, lack of assertiveness, in each of the 11 art therapy sessions, identified by responses such as "I don't know", expressions of apparent indecisiveness, hesitancy in responding, and statements indicative of a lack of confidence or a sense of helplessness.

It is possible that I have underreported Susie's expressed resistance by acknowledging the theme, lack of assertiveness, in these instances. Such represents my interpretation of the data. I have attempted to be objective and unbiased in interpretation, but am unable to ascertain the degree to which my interpretation may have deviated from the reality of Susie's actual experience.

Summary of Discussion of Salient Findings from Art Therapy Sessions

This section provided a discussion of the findings I considered salient to the nature of the case study: the experience of Susie, an adolescent diagnosed with a mood disorder and enrolled full-time in a residential treatment center while participating in person-centered art therapy sessions. I discussed the following findings as relevant in interpreting Susie's art therapy experience: the presence of the theme, lack of assertiveness, across all sessions, gaps among certain themes across all sessions, and the development of resistance midway through the art therapy sessions.

In discussing the theme, lack of assertiveness, which prevailed across all art therapy sessions, I provided definitions of assertiveness by several authors and then defined assertiveness and a lack thereof as they pertained to Susie, the adolescent client. Susie's apparent lack of assertiveness across all art therapy sessions was attributed to one of two factors: (a) the fact that she was in the process of building skills in assertiveness throughout the intervention, a condition considered typical in transitioning to a new skill; and (b) results of a cultural socialization of females in Western individualistic societies in which females are expected to be less assertive than males. A second question related to Susie's withdrawn, unassertive behavior while her behavior prior to admittance to the

residential treatment center was considered overtly aggressive and volatile. While Susie's reported volatile and uncontrolled behavior prior to her admittance was attributed to a possible lack of coping skills to deal with the extreme stress precipitated by her history of trauma and instability, combined with the demands of adolescence, her timid, withdrawn behavior was attributed to feelings of self-consciousness and embarrassment that she was being observed by treatment center staff who knew of her prior history as well as her limited abilities.

Absences or gaps in themes across sessions were noted among the following themes: family life, goals, needs, self-deficits, assertiveness, resistance, and awareness. Each of these themes was discussed in relation to Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory of adolescent cognitive development, principles from psychological theory, or principles from the art therapy literature reviewed in preparation for this case study.

Finally, I discussed Susie's apparent development of counseling resistance midway through the art therapy intervention, defined resistance according to the counseling literature, and also defined resistance as I identified it in Susie's behavior during counseling sessions. I also acknowledged the possibility that resistance may be underrepresented due to times in which Susie's indecisive behavior, often characteristic of resistance, was attributed to the theme, lack of assertiveness.

Interview Data

As previously discussed, pre- and post-intervention interviews were conducted with Susie's classroom teachers and resident counselors at the treatment center. Copies of

the staff informed consent statement and the interview questions are located in Appendices E and F. Table 2 provides a graphic representation of the identified themes, as well as the respondents who provided information during the interview process.

Upon reflection, one theme, primary needs, conveyed a common response by all interviewees and appeared related to other themes from the interview data. At some point during each interview, the interviewee was asked the question: What do you see as Susie's primary needs or issues at this time? (see Appendix F, question 4) Although interviewee responses varied, assertiveness in social development was described as a primary need among all respondents. The following discussion describes the nature of the interviewee responses, as they are related to primary needs.

Primary Needs

During the pre-intervention teacher interview, when questioned about Susie's primary needs, the teacher asked if I would be conducting other activities with Susie other than art therapy. She then stated, "I was just thinking if you were doing other things, you could work on her friendship goal. It says to make friends; not just staff. Her goal from--I don't know if it was from the internist or from Mr. __ ___ (therapist) was to interact. You know, she'll talk to me sometimes. Well, she'll talk to me and then she, at the beginning, she would never raise her hand. She would just sit there. She's learned to raise her hand. It's progress…" From this respondent's statements, it seemed assertively asking for help and cultivating friendships with same age peers represented primary needs for Susie at the outset of the art therapy intervention.

The pre-intervention resident counselor responded to the question pertaining to Susie's primary issues or needs as, "…help her to open up, I think. She needs encouragement mainly. She just really needs encouragement. I would say, to be brought out of her shell. I think like I said her biggest thing is just opening up. She does good at following the rules; she does good at doing her work IF she can do it; if she can't do it, she will NOT ask for help." Again, statements made by Susie's resident counselor at the outset of her therapy implied a direct need for increased assertiveness in social development.

The post-intervention teacher, who had instructed Susie for just over two weeks, answered the question in the following way:

> I think she could benefit from learning how to be more aggressive with her speaking her part when something was troubling her or when she feels like she needs an answer to something. I would see it in her eyes sometimes that there was a problem, and she would know the answer. I wish she would come out of her shell more; and she could be more comfortable about speaking out in front of the group.

Finally, at the time of her discharge from the treatment center, the second post-intervention resident counselor responded as follows: "Definitely social development. I hope she will continue to get some help with that. Help her open up; encourage her to join groups." This respondent added problem solving as a second primary need: "Well, problem solving. She just didn't try to figure things out. Gave up real easy. She wouldn't ask for help with her school work."

All of the interview respondents, who were interviewed separately, were consistent in their description of Susie's primary needs both before and after the art therapy intervention. Upon reflection, it seems the primary needs theme was related to three other themes identified in the interview data: affect/emotion, sociability, and behavior. It is interesting to note that these three themes were not only related to the theme of primary needs, but also provided additional information to support Susie's need for assertiveness in social development, as is discussed in the following three sections.

Affect/Emotions

Several authors agree that adolescence is a time of emotional upheaval (Cobb, 1992; Elkind, 1978, 1984, 1989, 1998, 1999, 2001; Owens, 2002; Papalia, Olds, & Feldman, 2004; Weiten, Lloyd, Dunn, & Hammer, 2009). Table 1 illustrates that Susie presented the theme of emotion across all art therapy sessions, in addition to a lack of assertiveness, previously discussed. During sessions 1 and 2, while she appeared withdrawn and spoke minimally, Susie revealed emotions through her drawings (see Figure 1) as well as through her nonverbal language. During each of these sessions, Susie frequently looked down and made minimal eye contact as she and I interacted within the therapy setting. As sessions progressed, her emotional expression became more pronounced, as indicated in the following excerpt from the final art therapy session:

Therapist: "…I'm wondering what these pictures mean to you."

Susie: "That makes me happy; that makes me kind of sad; that reminds me of where I used to be; that probably makes me sad: the way she's looking."

Therapist: "The barn; the picture of the barn reminds you of where you used to be."

Susie: “Yeah, in foster care.”

Therapist: “In foster care. A sad time. And this one shows—you said this was a picture of a girl and her dog and you said she looks pretty sad. (later in the session) You’re hoping for a welcome home party. How will you feel about a welcome home party?”

Susie: “Surprised. I wasn’t expecting it.”

Therapist: “And, how will you feel if there’s not a welcome home party?”

Susie: “I won’t be disappointed. I’d still be happy.”

The emotion center of the brain is located within the amygdala, a central structure underneath the cerebral cortex and a primitive structure believed to be present in early pre-human life, long before the development of neurological structures governing cognitive thought (LeDoux, 1996). According to LeDoux, in learning new behavior, an emotional association may precede cognitive understanding. Therefore, in teaching or therapy, building an emotional response to a stimulus may enhance the assimilation of a desired skill within a student or client. Susie expressed her emotions during the art therapy sessions nonverbally, through use of the art media, and verbally, as she conversed with me.

It was interesting to note responses from both Resident Counselor # 1 as well as the teacher who participated in the post-intervention interview. Both described Susie’s improvement in emotionality, stating she “seemed happier,” but expressed sadness near the time of her discharge, in contrast to her flat affect described in the pre-intervention interview data. From LeDoux’s (1996) suggestions in regard to the sequencing of emotion and cognition, it would seem plausible that Susie’s assertiveness in expressing

emotion may guide her in asserting her needs and wishes, from a cognitive perspective, her reported primary need, according to the interview respondents.

Observational data likewise supported Susie's increased emotionality. A written note provided by the university colleague following her post-intervention observation in the recreational, less structured, setting stated, "lots more smiles and acknowledging other people; more eye contact than last observation; seemed engaged; interacted with both students and staff."

Sociability

Information from the analysis of the interview data revealed the theme of sociability as a significant concern reported by teachers and resident counselors alike. Of the five respondents interviewed, all expressed concern for Susie's underdeveloped social skills as she transitioned from the residential setting to a public school environment. During the pre-intervention teacher interview, the teacher alluded to "making friends" as a goal assigned to Susie by treatment center staff. This teacher also remarked that Susie needed to improve her social skills in terms of voice volume, clarity of speech, and eye contact. Susie, on the other hand, never mentioned any components of sociability as a personal goal. During the initial intake interview, when asked if she had friends, she replied, "I've got plenty now." Further exploration revealed Susie's friends consisted primarily of treatment center staff. When asked how she would go about beginning a friendship with some of her classmates, Susie was unresponsive, further supporting her underdeveloped social skills.

Social development represents a critical component in the life of an adolescent (Cobb, 1992). Cobb stressed the important function of friendship in building self-esteem, trust, and social competence. While acknowledging the negative effects of peer pressure, she suggested positive relationships with same age peers may lead to healthy individuation and autonomy, necessary skills of adolescence.

Elkind (2007) called for the return of unstructured play in educational settings as a vital pre-curser to learning in areas including social development. Although Elkind's work focused primarily on children and adolescents as a generic population, Cobb (1992) cited underdeveloped social skills as a prominent characteristic among adolescents with learning problems. According to Cobb, students with learning problems are much more likely to experience difficulty in positive social interaction, making friends, and handling social conflicts. Because of their intellectual impairment, they are less likely to perceive subtle social cues in conversation, pick up on rule changes in a game, or interpret and respond to the emotional expressions of others with whom they may interact. Susie's history of abuse, in addition to her intellectual impairment, possibly resulted in an overall delay in the development of her social skills.

Observational data supported Susie's difficulties in sociability. Pre- and post-intervention classroom observational data indicted Susie had no interaction with her classmates. Furthermore, during the pre-intervention observation, she only interacted with other students a total of two times over both observational settings: classroom and recreational. This interaction consisted of two students asking for paper while Susie passed out the paper as instructed by her teacher. In each instance, she replied, "Yes,"

and handed the students their paper. While her social interaction was considered minimal during these three settings: pre-classroom, pre-recreational, and post-classroom, improvements were noted in the post-recreational observation. During this observation, the university colleague noted that Susie verbally complimented a teacher on her appearance, smiled and spoke to three fellow students, spontaneously greeted someone who passed by the doorway. In spite of her improvements, however, all treatment center staff interviewed indicated increased assertiveness in social development as a primary need.

Behavior

Susie's observable behavior served as a map for identification of her primary needs during her placement at the treatment center. During art therapy sessions 1 and 2, although Susie was shown a variety of art media with which to work, she made only two drawings to illustrate her feelings (see Figures 1 and 2), then smiled sheepishly and said she did not know what other items she would like to use. By session 7, Susie had become more assertive in deciding which art media to use and in expressing her emotions. During this session, she reported that she had apologized to her adoptive mother and sister the past weekend while on a home pass. When asked if she could express the reason for the apology and how she felt afterwards, however, Susie responded, "I don't know." Finally, during session 11, Susie again expressed a lack of assertiveness in asking for help when needed when she mentioned a pain in her ankle, but admitted she had not reported the problem to the treatment center physician.

In discussions earlier in this chapter, quotations from the pre- and post-teacher

interviews supported behaviors indicative of Susie's need for continued growth in assertive responding, as well as initiating social interaction with others. Although the teacher participating in the post-intervention interview acknowledged improved social skills, he readily noted her shyness, lack of responding to teacher initiated questions, and stated she had only raised her hand one or two times during the two weeks he had worked with her, a skill the pre-intervention teacher had considered as "progress" since Susie did not raise her hand at all at the time of her admittance. From the reports of these two respondents, a need for more assertive social behavior was implied.

Cobb (1992) recommended assertiveness training programs to assist adolescents in social, decision-making, and problem-solving skills. Such programs included practice in identifying hypothetical situations for which assertive responding would be appropriate, comparing passive, assertive, and aggressive responses, modeling, role-playing, positive practice in assertive responding, and monitoring one's assertive communication over a period of time (Weiten, Lloyd, Dunn, & Hammer, 2009). From the information provided to me by Susie's treatment center therapist and classroom teacher at the time of her discharge, it seemed she would be returned to a Special Education placement in a public school setting while obtaining outpatient psychotherapy. Although Susie's behaviors during her treatment center placement appeared to warrant assertiveness training, I have no knowledge if this training was integrated into her Individualized Educational Program at the time of her discharge from the treatment center.

Observational data supported a number of behaviors directly related to Susie's reported need for increased assertiveness in social development. They included: eye contact, interaction with fellow classmates, and responses to teacher directed questions. At the time of her discharge from the treatment center, the university colleague observer reported Susie made eye contact with her teacher only three times, demonstrated no social interaction with classmates during the classroom observation, interacted with her peers a total of eight times during the less structured recreational observation, and responded to teacher directed questions only two times.

Susie's skills in assertiveness appeared to be developing, as discussed in Chapter Four and earlier in this chapter. Nevertheless, my own observations during Susie's art therapy sessions, interview data provided by teachers and resident counselors who worked closely with the adolescent client, and information supplied by the university colleague in both classroom and recreational settings appeared to support Susie's primary need of increased assertiveness in social developmental.

Summary of Discussion of Interview Data

In interpreting the most salient findings from my analysis of the pre- and post-interview data, obtained from teachers and treatment center staff, I noted a common response by all interviewees in describing Susie's primary need at this time as assertiveness in social development. This need was substantiated by a discussion of the following relevant themes: affect/emotion, sociability, and behavior. Each theme was discussed in relation to Susie's primary need for assertiveness in social development, based on Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory of cognitive

development, accepted principles of psychological theory, or principles from art therapy literature reviewed in preparation for this case study.

Elkind's Theory of Adolescent Cognitive Development

In Chapter Four, I interpreted data obtained from the art therapy session transcripts through the theoretical lens of Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory of adolescent cognitive development. My interpretation focused upon the view of Susie's behavior during the art therapy sessions through the six-component research question: What are the thoughts, feelings, and behaviors of the participant, diagnosed with a mood disorder and enrolled in a full time residential treatment center while participating in person-centered art therapy counseling sessions, according to Elkind's theory of adolescent cognitive development? This question was subdivided into six sub-questions, each addressing a separate component of Elkind's theory.

Although Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory has been described in detail throughout this dissertation, for the benefit of the reader, I will provide a brief review of the six characteristics, proposed by Elkind, that represent normative cognitive distortions experienced during the developmental stage of adolescence.

1. *Idealism and criticism.* Adolescents tend to focus on an ideal world and criticize society's imperfections, for which they hold adults responsible. Elkind (1984, 1998) exemplified the hypothetical, abstract thinking of adolescents in their tendency to advocate for an image of how the world should be, while criticizing present reality.

2. *Argumentativeness.* Adolescents' newly acquired abstract reasoning abilities allow them to mesh facts and logic to support their own points of view, an act that often results in disagreements with authority figures (Elkind, 1984, 1998). Topics range from everyday mundane matters to philosophical concerns such as values, religion, and politics. Elkind considered parent/adolescent conflict over matters of freedom versus control as an illustration of adolescents' attempts to differentiate themselves from parents in the development of autonomy.
3. *Indecisiveness*. Although adolescents are rapidly acquiring abilities in multidimensional thinking and planning, they frequently lack in experience in choosing among alternatives, considering the potential and probable outcomes of each, and thus seem frustrated and indecisive (Elkind, 1984, 1998).
4. *Apparent hypocrisy.* Although adolescents advocate for the ideal, they frequently lack willingness to make sacrifices to live up to such standards. Elkind (1998) considered such idealism to be the result of intellectual immaturity and an inability to distinguish between expressing one's perceptions of an ideal world or ideal family and working to transform the new found conceptualization into reality.
5. *Self-consciousness*. Elkind (1998) used the term, "imaginary audience" (p. 40) to describe the adolescent experience of feeling that one is the center of attention, constantly observed and evaluated by others. According to Elkind, early adolescents are often preoccupied with appearance, dress, and behavior,

leading to excessive self-consciousness, self-criticism, or self-admiration. He explained this increased egocentrism and excessive sensitivity in regard to the self as due to an emphasis on the overwhelming physical and cognitive changes occurring during adolescent growth. Although adolescents are increasingly introspective, their ability to differentiate between their own thoughts and those of others remains to some extent underdeveloped.

6. *Specialness and invulnerability.* Elkind (1998) suggested adolescents tend to believe they are so special and unique that others are unable to understand their thoughts, feelings, or experiences, a condition he referred to as "personal fable" (p. 44). Ego-centrism to such a degree would also explain feelings of omnipotence, resulting in risk-taking behavior and failure to comply with societal rules typical of some adolescents. According to Elkind, the personal fable results from over-differentiating one's self from others and leads to an exaggerated sense of uniqueness, self-importance, and invulnerability.

From my interpretation of the data obtained from art therapy sessions, pre- and post-interviews with teachers and staff, and pre- and post-intervention observations, I found the following characteristics from Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory directly related to the description of Susie's experience: argumentativeness; indecisiveness; and self-consciousness. Idealism and criticism, apparent hypocrisy, and specialness and invulnerability appeared indirectly related, and were, therefore, considered less significant in describing Susie's experience as she participated in the art therapy intervention. In this section, I will discuss how three of Elkind's (1978, 1984,

1989, 1998, 1999, 2001) concepts appear helpful in describing Susie's thoughts, feelings, and behaviors as she participated in the person-centered art therapy sessions.

Argumentativeness

Elkind (1978, 1984, 1989, 1998, 1999, 2001) considered argumentativeness in the form of verbal disagreements or debate as typical among adolescents and suggested such may provide positive benefits in preparing the young person for autonomy and independence from caregivers. Adolescents' ability to consider multiple possibilities within a situation, and test one idea against another, allows them the ability to argue for or against an issue in which they may or may not actually believe (Cobb, 1992). Susie's argumentativeness apparently exceeded the level of verbal disagreement or debate both in scope and intensity. Information from her treatment center record, as well as information provided during art therapy sessions, indicated that, when angered or frustrated, Susie demonstrated violent and destructive rages that included screaming, shouting profanities, and attacking by hitting, kicking, or throwing objects at the individual who happened to be the target of her frustration. The record indicated she had verbally and physically assaulted both her adoptive mother and alternative school teacher, thus threatening the safety of those in her immediate environment.

Apparently, Susie's previous placement at an alternative school was considered insufficient in meeting her behavioral needs for safety; therefore in order to provide a greater degree of structure and behavioral control in her life, a residential treatment center was determined a more appropriate placement. Although she did not present as an aggressive, volatile student while enrolled in the treatment center, Susie admitted to

serious confrontations with her adoptive mother prior to her placement. While participating in art therapy sessions during her treatment center placement, she frequently released expressions of her deep seated anger in her art products.

In considering Susie's behavioral difficulties, her early childhood history of abandonment, neglect, and severe abuse, occurring when she was as young as six years of age, should be considered influential in her adolescent behavior (Johnson, 1989). The reader may recall that Susie's biological mother, her primary attachment figure, abandoned her children before she was six years old. Susie stated during therapy that she had not seen her mother since the time of abandonment. Susie was, therefore, left in the custody of her biological father who neglected her needs and sexually abused her on a number of occasions. Based on Susie's disclosures during therapy, she was also victimized sexually by an adult male acquaintance of the family.

The abuse reportedly continued over the course of several years before intervention by public authorities. At this time, Susie and her siblings were removed from the care of the biological father, who has since been incarcerated. Susie was placed in a number of foster and group homes during the years prior to her eventual placement in the residential treatment center for severe behavioral difficulties in the form of verbal and physical assault toward individuals in positions of authority. I have no information as to whether Susie received psychotherapeutic intervention following her early traumatic experiences.

According to Johnson (1989), children who experience trauma frequently demonstrate maladaptive behavior during their adolescence in the form of acting out.

Johnson suggested adolescence often intensifies reaction to crises that may seem to affect younger children less severely. He cited three reasons for this increased intensity in behavioral reaction during adolescent years: (a) the reasoning abilities of adolescents are more similar to that of adults, while young children, due to their less developed cognitive abilities, may appear less effected at the time of the trauma; (b) adolescents experience intense developmental changes physically, mentally, and emotionally, separate and apart from the experience of trauma, thus increasing the intensity of stress; and (c) adolescents have often lived through more prior traumas than have younger children and, therefore, may have pre-existing vulnerabilities toward maladaptive behavior. Susie's reported volatile outbursts during times of anger or frustration were described as toward authority figures, analogous, based on my interpretation, to the adults who perpetrated her abuse, and may have reflected pent-up anger that seemed to surge to the surface at times when Susie's coping skills were challenged.

Indecisiveness

Elkind (1978, 1984, 1989, 1998, 1999, 2001) suggested that, although adolescents have developed the cognitive abilities to manipulate different sets of information simultaneously, due to their immaturity and lack of experience, they often appear indecisive in everyday situations. Through qualitative analysis techniques, the theme, lack of assertiveness, was identified during every art therapy session throughout Susie's treatment intervention. Susie's difficulties in decision making and in asking for help when needed constituted meaning units for the lack of assertiveness theme. Although, as previously discussed in this chapter, Susie demonstrated gradual progress toward

increased assertiveness in her behavior, she also continued to be somewhat indecisive in regard to (a) what art materials to use; (b) how to use the materials to express her thoughts and emotions; and (c) in responding to verbally presented questions from teachers, staff, and myself as the art therapist.

While recognizing the possibility that Susie's demonstrated indecisiveness may have represented a form of resistance to counseling intervention (Young, 1998), as discussed earlier in this chapter, I have also interpreted her passivity in making decisions as a form of learned helplessness (Seligman, 1974, 1992) based on her past experience of abuse. Seligman coined the term, learned helplessness, following experimentation with animals who received electric shock with no opportunity for escape. Later, when provided the opportunity to learn a response that would permit them to escape the shock, the animals appeared to give up and passively accept the punishing stimulus.

Susie's abuse occurred when she was too young to attempt escape from the actions of a mistakenly trusted adult who easily overpowered her physically and mentally. As a survival skill in an environment in which she had no apparent means of escape, I believe, based on Seligman's (1974, 1992) model, she may have learned to give up, respond "I don't know," or give no response at all during situations beyond her coping abilities, thus achieving a degree of negative reinforcement by avoiding further pain through passive withdrawal. Since learned behaviors frequently generalize to situations other than those in which they were initially reinforced (Kazdin, 2001), it seems reasonable that Susie's behaviors of passive indecision, demonstrated in the treatment center setting, may have originated during early childhood as a survival

mechanism and generalized to other settings when she felt challenged or had limited coping abilities.

Thus, Susie's indecisive behavior during art therapy sessions, as well as during academic settings and reported by teacher and staff, may reflect, to some degree, indecisiveness characteristic of adolescent development as proposed by Elkind (1978, 1984, 1989, 1998, 1999, 2001). However, other plausible explanations for her indecision include resistance to counseling intervention (Young, 1998) and a learned survival mechanism similar to Seligman's (1974, 1992) learned helplessness model, described above.

Self-Consciousness

Up until this point, self-consciousness has been used to refer to the self-deficits theme, incorporating Susie's low self-esteem, poor self-image, awareness of external stimuli (such as faint noises within her environment), and lack of assertiveness in asking for help with academic assignments. In addition to these well deserving characteristics in describing Susie's self-consciousness, I would like to add a dimension hitherto not discussed in detail: her physical appearance.

Susie was a tall, 16-year old, adolescent girl, approximately 5 feet, 10 inches in height. I would estimate her weight at approximately 175 pounds. Although she presented as a large child, she was in no way obese. In spite of her large body, Susie's breasts were somewhat underdeveloped, based on a physician's report within her treatment center medical record. With a very plain face, short curly brown hair, and dark rimmed glasses, had I met Susie in a hallway of the treatment center prior to our introduction, I would

have thought she was at least 30 years old and likely the parent of one of the students. During the pre-intervention teacher interview, Susie's teacher remarked that she initially thought this student was a boy. Susie referred to herself as ugly and overweight.

During a developmental stage in which Susie sought to establish her identity, her remarks during class, in addition to behaviors connoting self-consciousness, suggested BID, body image dissatisfaction (Levine & Smolak, 2002). These authors suggested that between 40%-70% of adolescent girls are dissatisfied with their bodies, a condition that may be include emotional distress, obsessing over appearance, poor self-esteem, depression, and maladaptive eating habits. Susie's psychiatric diagnosis of Bi-Polar Disorder supported her emotional disturbance; remarks during art therapy sessions indicated concerns over her physical appearance; her lack of assertiveness, in addition to remarks such as "I don't know nothing" supported a low self-esteem; and statements during art therapy sessions indicated Susie believed that she needed to diet. Overall, Susie's BID and low-self esteem appeared to contribute to her self-consciousness, a characteristic trait of normal adolescence, according to Elkind (1974, 1984, 1989, 1998, 1999, 2001), but also a characteristic taken to the extreme by many adolescent females such as Susie. Hopefully, Susie's self-image will be addressed by school counselors as she re-enters the public school setting or by her outpatient therapist, as she has since discharged from the residential treatment center.

Summary of the Discussion of Elkind's Theory of Adolescent Cognitive Development

In discussing the characteristics from Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory of adolescent cognitive development as they directly related to the

description of Susie's experience in person-centered art therapy, I initially provided the reader with a brief review of the six characteristics that, according to Elkind, represent normative cognitive distortions experienced during the developmental stage of adolescence. Although Susie's experience appeared related to all six characteristics either directly or indirectly, I chose to discuss the characteristics that seemed directly related to her experience as she participated in art therapy sessions: argumentativeness, indecisiveness, and self-consciousness.

Applicability for Susie

Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory of adolescent development pertains to cognitive development as it occurs among individuals with average intellectual functioning whose needs have been met in a safe and nurturing environment. Based on her psychiatric diagnosis of Mild Mental Retardation, formal assessment results, her demonstrated academic performance in the classroom setting, behavioral observations reported by teachers and staff during pre- and post-intervention interviews, as well as my own observations during art therapy sessions, Susie's cognitive abilities were below that considered average for her age. Additionally, Susie's traumatic experience early in her development, in the form of abandonment by a primary attachment figure, neglect, and abuse, even if she had average intellectual functioning at the time of her birth, may have potentially precipitated a detrimental effect on her cognitive functioning (Aiken, 1987).

Through my analysis of the data obtained in this study, I have identified and discussed instances in which Susie demonstrated the characteristic behaviors purported

by Elkind (1974, 1984, 1989, 1998, 1999, 2001) to be typical of adolescence. I have also noted in this chapter and in Chapter Four, areas in which Susie only indirectly presented these characteristics. Thus, in light of Susie's limitations, I considered Elkind's theory a guide, rather than a precise rubric, in describing her behaviors. Susie's unique personality and cognitive abilities should take precedence in interpreting her experience in the art therapy situation.

Summary of the Discussion of Applicability for Susie

The above section addressed very briefly my contention that, based on assessment information provided at the time I worked with Susie, diagnostic information provided in her medical record, and observational data, she did indeed present impaired cognitive functioning at the time of the art therapy intervention. I also noted that, based on my readings from Elkind's (1978, 1984, 1989, 1998, 1999, 2001) theory, his work appears based on adolescents with average intellectual functioning. Therefore, some caution should be exercised in applying Elkind's theory as a framework to interpret Susie's experience.

Implications for Counseling

This study described the experience of an adolescent client receiving art therapy in a residential treatment setting. Due to the nature of the research design, I am unable to attest to the effectiveness or lack thereof in regard to the influence Susie's participation in art therapy may have had on her apparent progress while enrolled in the residential treatment center. In reflecting upon the nature of the study, several points are important to reiterate. First, the findings of this study may provide support for the utility of art therapy,

but due to the single subject case study design, the results may not be generalized to any other population (Merriam, 1998). Second, qualitative research is an interpretive endeavor. The discussion of the findings from this case study represented my understanding of the experience of an adolescent participant within the art therapy process. The findings are merely representations of reality, based upon my interpretations, rather than reality itself. Third, in this study, I served as both the counselor and researcher, a type of investigation referred to by Pressick-Kilborn and Sainsbury (2002) as "research in your own backyard," where the researcher has more than one identity in the research process. During analysis and interpretation of findings from this case study, I continually reflected and considered this dual relationship while analyzing the data. I used multiple data sources and created a concrete data base from which to base my findings. The data generated from the study depended on my skills in art therapy as well as my skills in interpreting data. Throughout the investigation, I remained cognizant of matters of trustworthiness in this regard.

As discussed in Chapter One, there are several limitations to this case study. They include: (a) my limitation as a researcher to merely describe Susie's experience in art therapy rather than predict any future behavior; (b) the length of this written work may decrease the likelihood that practitioners will have the time to read and apply knowledge gained from this study to their own practice; (c) the quality of the findings from this case study are dependent upon my own training, sensitivity, and integrity in reporting; and (d) issues of internal validity, reliability, and generalizability, inherent in qualitative single subject case study design.

Regardless of the limitations inherent in single subject qualitative case study design, the findings of this study provide some support for the use of art therapy in a variety of settings. In the following three sections, I will discuss the implications from the findings in this study which support the utility of art therapy in school counseling, mental health counseling, and counselor education settings.

School Counseling

School counselors perform a critical role in students' learning at the elementary, middle, and high school levels. They serve as both educators and trained counselors who, as advocates for the well-being of the student, work to remove potential barriers to academic achievement. Through didactic instruction in large group classroom guidance, consultation with teachers and parents on behalf of the students, provision of individual and small group counseling programs, and advisement for educational and career planning, counselors provide continual support to students throughout their educational career.

According to Gysbers and Henderson (2000), a comprehensive guidance program in school counseling should consist of the following components: responsive services, guidance curriculum, individual planning, and systems support. They suggested that 30% to 40% of the school counselor's time be devoted to the responsive services component. This component includes crisis counseling, individual and small group counseling, diagnostic and remediation activities, and consultation and referral. In providing responsive services, the school counselor is able to identify and remediate student concerns that may impede academic development, determine when outside referral for

psychotherapeutic intervention may be in order, and when the student may be best served by counseling services offered in the school. Although this case study described the experience of an adolescent over a period of 11 weeks, perhaps a greater time requirement than most school counseling programs would allow, all activities employed with Susie are applicable in school counseling settings.

In meeting the guidelines for a comprehensive guidance program, Ray (2004) implemented the rosebush fantasy, an expressive arts activity with a group of elementary children. The students participated in an imagery exercise in which they imagined themselves as a rosebush, then spontaneously drew the contents of their imagination. In so doing, students projected their worldviews onto a visual stimulus. Questions designed to access inner thoughts and feelings were presented following the drawing activity. Although Ray applied this activity with elementary age children, the questions may be modified for use with all ages.

Communication through drawing is easily applied in the school counseling setting. Materials are inexpensive and readily available in most schools. Susie chose drawing as a means of communication for much of her art therapy work. Examples include her initial self-portrait (see Figure 1), her drawing of how she wanted feel (see Figure 3), and the drawing of the bridge activity in which Susie illustrated herself at the time of her admittance to the treatment center at one end of the bridge and how she felt at the time of her discharge at the other end (see Figure 5).

Kahn (1999) described a combination of art therapy and more traditional forms of counseling implemented by a school counselor with an adolescent boy following his

suspension from school and subsequent rehabilitation for substance abuse. With a general goal of understanding the role of alcohol in affecting his academic performance and social interactions with friends and family, art activities included drawing activities to represent the meaning of alcohol in his life, as well as an illustrating and processing an incident that occurred while he was drinking; magazine cut-outs to represent how the client saw himself and how others see him; and the use of art media to represent a time in which the client felt confident and secure when not using alcohol. Kahn stated the school counselor met with the student a total of seven times and that the intervention was believed successful in assisting the client in his transition to school following rehabilitation. The author noted a perceived reduction in resistance and client denial by the school counselor.

Susie completed drawing and magazine cut-out art activities during her art therapy intervention. I identified her resistance to counseling intervention primarily during times when I considered it necessary to employ verbal counseling strategies in processing her thoughts and feelings. I cannot be certain how her behavior may have been different had the art media not been employed as an outlet for her expression. Her receptivity to the approach, however, was encouraging for use with adolescents.

Snyder (1997) considered expressive art therapy to be a potential source of healing for any age group. She referred to art therapy as "a vehicle for awakening dormant creativity" (p.74) to lend inner stability in a stress-driven world. Snyder suggested the counselor-client relationship as the primary tool in leading clients to understand the inner self and express internal conflicts to fulfill the human need for self-

expression. She viewed art therapy and verbal psychotherapy as two different approaches to assist clients in resolving current problems through identification and expression of one's inner world.

The counselor-client relationship was a continual focus in Susie's therapy. As discussed earlier in this chapter, Susie's life experience included extreme stress atypical of that experienced by most adolescents. In addition to her cognitive limitations, environmental and familial stress, combined with the normative stress of adolescence, may have precipitated emotional responses beyond that for which she had the ability to cope. The calm, consistent, and accepting counselor-client relationship allowed Susie to express her thoughts and feelings as she became ready and able to do so.

Franklin (2000) compared art to a container for emotions too intense to be acknowledged and owned by the conscious awareness. Susie's art products provided a container for painful emotions related to her abandonment by her biological mother, sexual abuse by her biological father, and parental neglect that perhaps would have remained undisclosed with traditional talk therapy alone.

Mental Health Counseling

Art therapy has been used extensively in outpatient mental health counseling centers as well as inpatient hospital settings. Following Susie's discharge from the residential treatment center, she was referred for follow-up outpatient treatment with a professional counselor. The findings from this case study provide support for other descriptive accounts of art therapy in mental health counseling settings.

Hanes (2000) provided a descriptive account of art therapy with a sexually abused

adolescent girl. He described how non-directive, bi-weekly group sessions in an inpatient setting allowed the girl to find a sense of catharsis by creating and destroying an effigy of the perpetrator of her abuse. Following the destructive behavior, Hanes spent time with her to process emotions as well as socially acceptable outlets for retribution. Similarly, Susie drew a representation of her anger toward the perpetrators of her abuse, and later processed her feelings verbally in a counseling session (see Figure 1).

Implementing an art therapy intervention within a non-directive verbal format, Harnden, Rosales, and Greenfield (2004) provided a descriptive vignette of the treatment of a suicidal adolescent female diagnosed with depression and post-traumatic stress disorder using art therapy interventions in an outpatient setting. They reported three primary themes evidenced by the client during her treatment: despair and mistrust, anger, and finally an increase in self-esteem. Susie expressed anger in several of her art therapy sessions, with a low self-esteem noted at the outset of therapy. However, based on statements made by Susie during the last two art therapy sessions, in addition to reports from her classroom teacher and staff at the post-intervention interview, an increase in self-esteem was supported.

Frei (1999) reported the use of art as a language of expression for a 16-year old adolescent female with cerebral palsy. The author described how, as part of a recreational program, adaptive modifications were made to art utensils and media necessary to facilitate art expression and emphasized the utility of expressive arts as an outlet for emotional expression, particularly among clients whose capabilities for verbal speech may be limited. Susie demonstrated receptivity to the art therapy process as a channel of

communication in spite of her cognitive limitations.

Counselor Education

Susie's receptivity as an adolescent client suggested the viability of art and other expressive therapies as treatment tools which newly trained professionals may find useful in professional counseling practice. In this section, I will describe how expressive therapy techniques may be applied in counseling supervision as well as the integration of expressive therapy into the counselor education curriculum by means of a graduate level course.

Newsome, Henderson, and Veach (2005) recommended expressive arts in group and individual supervision of counselor trainees. They suggested that supervisee participation in expressive activities increases self-awareness and builds group cohesion during the challenging tasks of counseling internship. Art exercises such as sketching images of how one sees the self as a counselor at different points in development throughout the internship process, similar to Susie's depiction of herself at the beginning and end of her placement at the residential treatment center through the bridge analogy (see Figure 5), allow counselors to experientially participate in activities they may eventually use to help their clients.

From a more didactic perspective, Ziff and Beamish (2004) described a content/experiential graduate level course in which expressive counseling techniques were incorporated into the counselor education curriculum. Throughout the academic term, the graduate students were provided contextual information and participated in hands-on activities using a variety of expressive modalities: art, music, movement and

dance, drama, literature, and storytelling. Students learned about the history of the arts in counseling, how to integrate expressive modalities into the counseling process, and ethical and professional considerations.

As a counselor educator, I see expressive therapies such as person-centered art therapy, applied in this case study, as valuable tools in either school or mental health counseling programs. The case study of Susie, the focus of this dissertation, in an abbreviated format, could be incorporated into a class such as that described by Ziff and Beamish (2004). Role-playing activities in which students practice person-centered art therapy in dyads, followed by processing of the experience, may provide them with an opportunity to explore personal issues, give them first hand experience with one of the expressive therapies, and teach them about an expressive intervention they might use in their own counseling practice.

Summary of the Discussion of Implications for Counseling

In suggesting implications for counseling practice or counselor education, I first reviewed the limitations of the current case study, acknowledged the potential for my own bias in interpretation, and indicated steps I took to enhance the trustworthiness of my data. Based upon information gleaned from my review of the art therapy literature over the past 10 years, in addition to information obtained through my work with Susie, I suggested ways in which art therapy may be an effective counseling strategy in both school counseling and mental health counseling settings. I also suggested the value of incorporating a didactic, graduate level course in expressive therapy into the master's level counseling curriculum, as well as supervision of counseling interns.

Plans for Future Research

Due to the paucity of formal research in the use of art therapy with adolescent populations, discussed in Chapter Two, continued investigation into the use of this and other expressive therapies appears warranted. Qualitative, as well as quantitative, research studies may bring about increased understanding of the nature and potential effectiveness of counseling approaches that tap the creative processes as a channel of communication, in addition to verbal, language related skills.

In considering future directions, I have considered several alternatives. They include continued qualitative study using the present data base, a quantitative study conducted within a public school setting, and a mixed methods study. I will describe each alternative in the following three sections.

Qualitative Study Using the Present Data Base

A second qualitative study may be conducted in which two independent researchers subject the present data to a second analysis, using the constant comparison method as was applied in the original analysis. The data would be analyzed independently, using the constant comparative method as was employed during the original study. In order to enhance interrater reliability, the analyzers would be presented with sample data sets initially. Following analysis of the "sample data", I would compare the results from each to check for possible errors in understanding the constant comparative process. Following the analysis of the original data by the two independent analyzers, a third independent researcher would interpret each of the two sets of results, again through Elkind's theory. Findings from the three analyses (the two independent

researchers' plus my own) could then be compared for a more pure interpretation, which should also enhance the validity of the initial study.

A third qualitative study under consideration involves my interpretation of the present results through different theoretical orientations. I am presently considering Albert Bandura's (1977, 1986) theory of self-efficacy, as well as B.F. Skinner's (1953) behavioral theory. Bandura's cognitive behavioral approach, coupled with Skinner's operant conditioning principles, would make an interesting comparison and could potentially clarify the nature of Susie's learning. I have suspected much of her passive, withdrawn behavior to result from her early trauma. Perhaps further research through these models, frequently applied to learning principles, would enhance my understanding of effective strategies to bring about positive change in adolescents with a history of traumatic experience.

Quantitative Study in a Public School Setting

From a quantitative perspective, I am considering a study in which master's level counseling interns, who have taken a graduate level course in expressive therapy, will work with one student in a public school setting over the course of their internship experience, using exclusively expressive therapy. Students participating in the expressive therapy project would be at the same grade level, matched according to race, gender and socio-economic level, and demonstrate the similar presenting behavioral difficulties. Pre- and post-intervention data would be obtained via formal observations in classroom and recreational settings, in addition to behavior rating scales completed by classroom teachers, parents, and the students themselves. The purpose of the study would be to

measure the degree of behavior change following regular weekly sessions in expressive therapy. Permission to conduct the project would be obtained well in advance by the institutional review board of my university, the school system, and the school administrator. Consent would also be obtained from parents and student prior to collecting any data. If successful, this study could be replicated several times using students of different gender, racial, and socio-economic composition, as well as different grade levels.

Mixed Methods

A mixed methods study is under consideration, quite similar to the original study that served as the focus of this dissertation with the exception of obtaining pre- and post-intervention behavior scale ratings from classroom teachers, resident counselors, and the student. Although interview participants in the present study reported a degree of improvement in Susie's emotional expression and social interaction, I think it would be interesting to compare behavior scale ratings with frequency counts from pre- and post-observations, with targeted behaviors for the observations based on the behaviors measured by the rating scale. The purpose of this study would be to obtain and analyze qualitative data from art therapy sessions in order to ascertain meaning from the art therapy experience, but also to compare quantitatively the perceptions of teachers and staff with that of the student in regard to behavior change over the course of treatment, as well as with the data obtained during the direct observations.

Conclusion

This single subject qualitative case study described the thoughts, feelings, and behaviors of an adolescent female, diagnosed with a mood disorder in addition to other psychiatric disorders, and enrolled as a full-time student at a residential treatment center. Analysis and interpretation of data from typed transcripts of audio-taped art therapy sessions, typed transcripts of audio-taped interviews with classroom teachers and treatment center staff, and observational data obtained by a university colleague who conducted observations of the participant in structured classroom and less structured recreational settings provided me with three primary conclusions: (a) the adolescent participant appeared receptive to the art therapy intervention; (b) findings from this case study provided support to the art therapy literature I reviewed in preparing for this study; and (c) findings from this case study led me to generate ideas in regard to further research in the utility of expressive therapies with adolescent populations.

REFERENCES

Aiken, L. R. (1987). *Assessment of intellectual functioning*. Boston, MA: Allyn & Bacon, Inc.

Alberti, R. E., & Emmons, M. L. (1970). *Your perfect right*. San Luis Obispo, CA: Impact Publishers.

Alberti, R. E., & Emmons, M. L. (1974). *Your perfect right*. (2nd ed.). San Luis Obispo, CA: Impact Publishers.

Alberti, R. E., & Emmons, M. L. (1978). *Your perfect right.* (3rd ed.). San Luis Obispo, CA: Impact Publishers.

Alberti, R. E., & Emmons, M. L. (1982). Your perfect right. (4th ed.). San Luis Obispo, CA: Impact Publishers.

Alberti, R. E., & Emmons, M. L. (1986). Your perfect right. (5th ed.). San Luis Obispo, CA: Impact Publishers.

American Counseling Association (ACA). (2005). *ACA code of ethics.* Alexandria, VA: Author.

Anthonysamy, A., & Zimmer-Gembeck, M. J. (2007). Peer status and behaviors of maltreated children and their classmates in the early years of school. *Child Abuse and Neglect, 31,* 971-991.

Appleton, V. (2001). Avenues of hope: Art therapy and the resolution of trauma. *Art Therapy: Journal of the American Art Therapy Association, 18,* 6-13.

Backos, A., & Pagon, B. (1999). Finding a voice: Art therapy with female adolescent sexual abuse survivors. *Art Therapy: Journal of the American Art Therapy Association, 16,* 126-132.

Baerg, S. (2003). Sometimes there just aren't any words: Using expressive therapy with adolescents living with cancer. *Canadian Journal of Counseling, 37,* 65-74.

Baker, S. B. (2000). *School counseling for the 21st century.* Upper Saddle River, NJ: Prentice-Hall, Inc.

Bandura, A. (1977). *Social learning theory.* Englewood Cliffs, NJ: Prentice-Hall.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive perspective.* Englewood Cliffs, NJ: Prentice-Hall.

Beer, D. W. (1997). "There's a certain slant of light": The experience of discovery in qualitative interviewing. *The Occupational Therapy Journal of Research, 17,* 110-129.

Bloom, L. A., Coburn, K., & Pearlman, J. (1976). *The new assertive woman.* New York: Dell.

Briere, J. (1995). *Trauma symptom inventory professional manual.* Odessa, FL: Psychological Assessment Resources.

Calam, R., Horne, L., Glasgow, D., & Cox, A. (1998). Psychological disturbance and child sexual abuse: A follow-up study. *Child Abuse and Neglect, 22,* 901-913.

Cobb, N. J. (1992). *Adolescence: Continuity, change, and diversity.* Mountain View, CA: Mayfield Publishing Co.

Corey, G. (1996). *Theory and practice of counseling and psychotherapy* (5th ed.). Pacific Grove, CA: Brooks/Cole Publishers.

Diamond, M. D., & Hopson, J. (1998). *Magic trees of the mind.* New York: Plume/Penguin.

Dilley, P. (2000). Conducting successful interviews: Tips for intrepid research. *Theory into Practice, 39,* 131-137.

Dufrene, P. (1994). Art therapy and the sexually abused child. *Art Education, 47,* 6-11.

Dye, J. F., Schatz, I. M., Rosenberg, B. A., & Coleman, S. T. (2000). Constant comparison method: A kaleidoscope of data. *The Qualitative Report, 4,* 25-34.

Earwood, C., Fedorko, M., Holzman, E., Montanari, L., & Silver, R. (2004). Screening for aggression using the draw a story assessment. *Art Therapy: Journal of the American Art Therapy Association, 21,* 156-162.

Elkind, D. (1978). Understanding the young adolescent. *Adolescence, 13,* 127-134.

Elkind, D. (1984). *All grown up and no place to go.* Reading, MA: Addison-Wesley.

Elkind, D. (1989). What happens when markers of maturity disappear? *The Education Digest, 54,* 34-36.

Elkind, D. (1998). *All grown up and no place to go: Teenagers in crisis.* Reading, MA: Addison-Wesley.

Elkind, D. (1999). The social determination of childhood and adolescence. *Education Week, 18,* 48-50.

Elkind, D. (2001). *The hurried child: Growing up too fast, too soon* (3rd ed.). Cambridge, MA: Perseus.

Elkind, D. (2007). *The power of play.: How spontaneous, imaginative activities lead to happier, healthier children.* Cambridge, MA: Da Capo Press.

Erikson, E. (1968). *Identity: Youth in adolescence and crisis.* New York: W.W. Norton.

Fensterheim, H., & Baer, J. (1975). *Don't say yes when you want to say no: How assertiveness training can change your life.* New York: David McKay.

Flinders, D. J. (1997). Review of the book InterViews: An introduction to qualitative research interviewing. *Evaluation and Program Planning, 20,* 287-288.

Franklin, M. (2000). Art practice/ psychotherapy practice/ contemplative practice: Sitting on the dove's tail. *Guidance and Counseling, 15,* 18-23.

Frei, C. E. (1999). Outlets for expression. *The Exceptional Parent, 29,* 54-57.

Gay, L. R. (1992). *Educational research: Competencies for analysis and application.* New York: Macmillan Publishing Co.

Ghesquiere, P., Maes, B., & Vandenberghe, R. (2004). The usefulness of qualitative case studies in research on special needs education. *International Journal of Disability, Development, and Education, 51,* 171-184.

Gil, E. (2006). *Helping abused and traumatized children: Integrating directive and nondirective approaches.* New York: Guilford Press.

Gladding, S. (2005). *Counseling as an art: The creative arts in counseling* (3rd ed.). Alexandria, VA: American Counseling Association.

Goetz, L., & LeCompte, M. (1984). *Ethnography and qualitative design in educational research.* London: Academic Press.

Griffee, D. T. (2005). Research tips: Interview data collection. *Journal of Developmental Education, 28,* 36-37.

Guba, E. G., & Lincoln, Y. S. (1981). *Effective evaluation.* San Francisco: Jossey-Bass.

Gysbers, N., & Henderson, P. (2000). *Developing and managing your school guidance program* (3rd ed.). Alexandria, VA: American Counseling Association.

Hanes, M. J. (2000). Catharsis in art therapy: A case study of a sexually abused adolescent. *American Journal of Art Therapy, 38,* 70-75.

Hanes, M. J. (2001). Retrospective review in art therapy: creating a visual record of the therapeutic process. *American Journal of Art Therapy, 40,* 149-160.

Harnden, B., Rosales, A. B., & Greenfield, B. (2004). Outpatient art therapy with a suicidal adolescent female. *The Arts in Psychotherapy, 31,* 165-180.

Harter, S. (2003). The development of self-representations during childhood and adolescence. In M. R. Leary & J. P. Tangney (Eds.), *Handbook of self and identity.* New York: Guilford.

Henley, D. R. (1998). Art therapy in a socialization program for children with attention deficit hyperactivity disorder. *American Journal of Art Therapy, 37,* 2-12.

Henley, D. R. (1999). Facilitating socialization within a therapeutic camp setting for children with attention deficits utilizing the expressive therapies. *American Journal of Art Therapy, 38,* 40-50.

Hrenko, K. D. (2005). Remembering camp dreamcatcher: Art therapy with children whose lives have been touched by HIV/AIDS. *Art Therapy: Journal of the American Art Therapy Association, 22,* 39-43.

Johnson, K. (1989). *Trauma in the lives of children.* Alameda, CA: Hunter House.

Julliard, K., & Van Den Heuvel, G. (1999). Susanne K. Langer and the foundations of art therapy. *Art Therapy: Journal of the American Art Therapy Association, 16,* 112-120.

Kahn, B. (1999). Art therapy with adolescents: Making it work for school counselors. *Professional School Counseling, 2,* 291-299.

Kazdin, A. E. (2001). *Behavior modification in applied settings* (6th ed.). Belmont, CA: Wadsworth / Thomson Learning.

Klorer, P. G. (2005). Expressive therapy with severely maltreated children: Neuroscience contributions. *Art Therapy: Journal of the American Art Therapy Association, 22,* 213-220.

Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage Publications.

Landreth, G. (2002). *Play therapy: The art of the relationship* (2nd ed.). Muncie, IN: Accelerated Development.

Lange, A. J., & Jakubowski, P. (1976). *Responsible assertive behavior: Cognitive behavioral procedures for trainers.* Champaign, IL: Research Press.

Langer, S. K. (1953). *Feeling and form: A theory of art.* New York: Charles Scribner's Sons.

Langer, S. K. (1957). *Philosophy in a new key: A study in the symbolism of reason, rite, and art.* Cambridge, MA: Harvard University Press.

Langer, S. K. (1988). *Mind: An essay on human feeling* (abridged by Gary Van Den Heuvel). Baltimore: The Johns Hopkins University Press.

LeDoux, J. E. (1996). *The emotional brain.* New York: Simon & Schuster.

Levine, M. P., & Smolak, L. (2002). Body image development in adolescence. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 74-82). New York: Guilford Press.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Newbury Park: CA: Sage.

Lusebrink, V. (2004). Art therapy and the brain: An attempt to understand the underlying processes of art expression in therapy. *Art Therapy: Journal of the American Art Therapy Association, 21,* 125-135.

Mathison, S. (1988). Why triangulate? *Educational Researcher, 17,* 13-17.

McKenry, P. C., & Price, S. J. (2005). *Families and change: Coping with Stressful events and transitions.* Thousand Oaks, CA: Sage Publications, Inc.

Merriam, S. (1998). *Qualitative research and case study applications in education.* San Francisco, CA: Jossey-Bass.

Moon, B. L. (1999). The tears make me paint: The role of responsive artmaking in adolescent art therapy. *Art Therapy: Journal of the American Art Therapy Association, 16,* 78-82.

Naumburg, M. (2001). Spontaneous art in education and psychotherapy. *American Journal of Art Therapy, 40,* 46-64.

Natale, J. (1996). Art as healer. *The Executive Educator, 18,* 12-16.

Newsome, D. W., Henderson, D. A., & Veach, L. J. (2005). Using expressive arts in group supervision to enhance awareness and foster cohesion. *Journal of Humanistic Counseling,Education, & Development, 44,* 145-157.

Owens, K. (2002). *Child and adolescent development: An integrated approach*. Belmont, CA: Wadsworth/Thomson Learning.

Papalia, D. E., Olds, S. W., & Feldman, R. D. (2004). *Human development* (9th ed.). New York, NY: McGraw-Hill Companies, Inc.

Piaget, J. (1952). *The origins of intelligence in children*. New York: International Universities Press. (Original work published 1936).

Piaget, J. (1962). *The language and thought of the child.* (M. Gabain, Trans.). Cleveland, OH: Meridian. (Original work published 1923).

Pifalo, T. (2002). Pulling out the thorns: Art therapy with sexually abused children and adolescents. *Art Therapy: Journal of the American Art Therapy Association, 19,* 12-22.

Pressick-Kilborn, K., & Sainsbury, E. (2002). *Research in your own backyard: Recognizing assumptions and redefining identities*. Paper presented in the Motivation and Cognition SIG symposium: Motivation, learning, participation (WAT02533), at the Annual Conference of the Australian Association for Research in Education, Brisbane, Australia. Retrieved July 16, 2007 from the Google Scholar database.

Prino, C. T., & Peyrot, M. (1994). The effect of child physical abuse and neglect on aggressive, withdrawn, and prosocial behavior. *Child Abuse & Neglect, 18,* 871-884.

Raghurman, R. S. (1999). Battling separation anxiety. *American Journal of Art Therapy, 37,* 120-126.

Ray, D., Perkins, S. R., & Oden, K. (2004). Rosebush fantasy technique with elementary school students. *Professional School Counseling, 7,* 277-282.

Riley, S. (1978). *Techniques of adolescent art therapy*. Paper presented at the 1978 American Art Therapy Association Annual Conference, Los Angeles, CA. Disabilities and Gifted Education (EC121388). US: Maryland. (ERIC Document No. ED177816).

Riley, S. (1999). Brief therapy: An adolescent invention. *Art Therapy: Journal of the American Art Association, 16,* 83-86.

Riley, S. (2001). Art therapy with adolescents. *The Western Journal of Medicine, 175,* 54-61.

Robbins, A. (1980). *Expressive therapy.* New York: Human Science Press.

Rogers, C. (1942). *Counseling and psychotherapy.* Boston: Houghton Mifflin.

Rogers, C. (1951). *Client-centered therapy.* Boston: Houghton Mifflin.

Rogers, N. (1993). *The creative connection: Expressive arts as healing.* Palo Alto, CA: Science and Behavior Books.

Rogers, N. (2001). Person-centered expressive arts therapy: A path to wholeness. In J.A. Rubin (Ed.), *Approaches to art therapy: Theory and technique* (2nd ed., pp. 163-177). New York: Brunner-Routledge.

Rubin, J. A., & Rubin, H. (1988). Words and pictures: The relationship between graphic and verbal expression of young children. *American Journal of Art Therapy, 26,* 71-82.

Salvia, J., & Ysseldyke, J. (1991). *Assessment* (5th ed.). Boston, MA: Houghton Mifflin.

Schloss, P. J., & Smith, M. A. (1999). *Conducting research.* Upper Saddle River, NJ: Prentice-Hall, Inc.

Seligman, M. E. P. (1974). Depression and learned helplessness. In R. J. Friedman & M. M. Katz (Eds.), *The psychology of depression: Contemporary theory and research.* New York: Wiley.

Seligman, M. E. P. (1992). *Helplessness: On depression, development, and death.* New York: Freeman.

Shostak, B. (1985). Art therapy in schools: A position paper of the American Art Therapy Association. *Art Therapy: Journal of the American Art Therapy Association, 14,* 19-21.

Silver, R. A. (1988a). Screening children and adolescents for depression through *Draw a Story. American Journal of Art Therapy, 26,* 119-124.

Silver, R. A. (1988b). *Draw a Story: Screening for depression.* Sarasota, FL: Ablin Press Distributors.

Silver, R. A. (1996). Sex differences in the solitary and assault fantasies of delinquent and non-delinquent adolescents. *Adolescence, 31,* 543-552.

Silver, R. A., & Ellison, J. A. (1995). Identifying and assessing self-images in drawings by delinquent adolescents. *The Arts in Psychotherapy, 22,* 339-352.

Skinner, B. F. (1953). *Science and human behavior.* New York: Free Press.

Snyder, B. A. (1997). Expressive art therapy techniques: Healing the soul through creativity. *Journal of Humanistic Education and Development, 36,* 74-83.

Sommers-Flanagan, J. (2007). The development and evolution of person-centered expressive art therapy: A conversation with Natalie Rogers. *Journal of Counseling and Development, 85,* 120-125.

Stoltenberg, C. D., McNeil, B. W., & Delworth, U. (1998). *IDM: An integrated developmental model for supervising counselors and therapists.* San Francisco: Jossey-Bass.

Sundaram, R. (1995). Art therapy with a hospitalized child. *American Journal of Art Therapy, 34,* 2-8.

Thomas, S. P., & Pollio, H. R. (2002). *Listening to patients: A phenomenological approach to nursing research and practice.* New York: Springer.

Thompson, C. L., & Henderson, D. A. (2002). *Counseling children* (7th ed.). Pacific Grove, CA: Brooks / Cole / Cenage.

Urdang, L., & Flexner, S. B. (Eds.). (1973). *The Random House college dictionary.* New York: Random House.

Vick, R. (1999). Utilizing prestructured art elements in brief group art therapy with adolescents. *Art Therapy: Journal of the American Art Therapy Association, 16,* 68-77.

Ward, D. E. (1984). Termination of individual counseling: Concepts and strategies. *Journal of Counseling and Development, 63,* 21-25.

Weiss, R. S. (1994). *Learning from strangers: The art and method of qualitative interview studies.* New York: The Free Press.

Weiten, W., & Lloyd, M. A. (2003). *Psychology applied to modern life: Adjustment in the 21st century* (7th ed.). Toronto, Ontario: Thomson Learning.

Weiten, W., Lloyd, M. A., Dunn, D. S., & Hammer, E. Y. (2009). *Psychology applied to modern life.* Belmont, CA: Wadsworth Cengage Learning.

Wexler, A. (2002). Painting their way out: Profiles of adolescent art practice at the Harlem Hospital Horizon Art Studio. *Studies in Art Education: A Journal of Issues and Research,*

43, 339-353.

Wolcott, H. F. (1994). *Transforming qualitative data: Description, analysis, and interpretation.* Thousand Oaks, CA: Sage Publications, Inc.

Young, M. E. (1998). *Learning the art of helping: Building blocks and techniques.* Upper Saddle River, NJ: Prentice-Hall, Inc.

Ziff, K. K., & Beamish, P. M. (2004). Teaching a course on the arts and counseling: Experiential learning in counselor education. *Counselor Education & Supervision, 44,* 147-159.

Zuercher, N. T. (1983). Assertiveness through semantics. *The Personnel and Guidance Journal, 62,* 95-99.

APPENDICES

APPENDIX A

IRB Approval for Form B

THE UNIVERSITY of TENNESSEE
Institutional Review Board
Office of Research
1534 White Avenue
Knoxville, TN 37996-1529
Phone: (865) 974-3466
Fax: (865) 974-7400

DATE: December 4, 2006

IRB #: 7142 B
TITLE: A Case Study of the Utility of Art Therapy With Troubled Adolescents

Crawford, Cynthia
Educational Psychology and Counseling
1701 Scenic Valley Lane
Knoxville, TN 37922

Woodside, Marianne
Educational Psychology and Counseling
447 Claxton Complex
Campus

The points of clarification you submitted to this office for the above-captioned project have been reviewed and satisfactorily addressed the issues raised by the IRB, thus your research project has been approved.

Approval is for a period ending one year from the date of this letter. Please make timely submission of renewal or prompt notification of project termination (see item #3 below).

Responsibilities of the investigator during the conduct of this project include the following:

1. To obtain prior approval from the Committee before instituting any changes in the project.
2. To retain signed consent forms from subjects for at least three years following completion of the project.
3. To submit a Form D to report changes in the project or to report termination at 12-month or less intervals.

The Committee wishes you every success in your research endeavor. This office will send you a renewal notice on the anniversary of your approval date.

Sincerely,

Brenda Lawson
Compliances

APPENDIX B

Agency Letter of Permission for Research

Camelot Schools
believe - trust - achieve

To Whom It May Concern:

I have read and understand the description of the proposed research study, in addition to statements of informed consent, involving the implementation of art therapy in individual counseling session with adolescent students at Camelot Schools, projected to begin January, 2007. As Clinical Director, I grant permission for Cynthia Crawford, doctoral student in Counselor Education at the University of Tennessee, to implement the study at Camelot Schools.

Best regards,

Lisa Yeary, LMFT

Lisa Yeary, LMFT
Clinical Director

Camelot Schools Kingston Campus and Residential Treatment Center
183 Fiddler's Lane - Kingston, TN 37763 - P: 865.376.2296 - 800.896.4754 - F: 865.376.1850

APPENDIX C

STUDENT INFORMED ASSENT STATEMENT

Art Therapy with an Adolescent: A Case Study

INTRODUCTION

Your parent/guardian has given permission for you to participate in a research study involving art therapy in individual counseling sessions. The purpose of the study is to see if art therapy is an effective treatment for adolescents. Student selection is based on parent/guardian permission, in addition to your interest, willingness, and ability to understand the purpose of the study, based on a first come first served basis.

INFORMATION ABOUT THE PARTICIPANT'S INVOLVEMENT IN THE STUDY

If you are willing, you may be selected to participate in weekly counseling sessions in art therapy with a doctoral student researcher. First, you will participate in an interview with the doctoral student researcher to obtain background information which will help you and the researcher work well together. Then, the art therapy sessions will include activities in artistic expression to 1) identify your self-concept at the time you begin the project; 2) process past experiences you believe have significantly impacted your life; 3) identify short/long term goals; 4) process steps to complete your goals; and 5) identify again your self-image at the end of the study.

In order to see how well the art therapy sessions are working, I will interview the clinical program director, classroom teacher(s), resident counseling staff, and on-site therapists about your progress. One of my colleagues will observe your classes and program sessions before and after the art therapy sessions.

If you are selected to participate in the study, you will spend 45-50 minutes each week with the doctoral student researcher, in addition to your regularly scheduled counseling sessions with staff therapists. The counseling sessions will be audio taped for analysis of content and erased immediately following typed transcription.

RISKS

Participation in this study is not likely to put you at any greater risk than you are already encountering in other therapies. In fact, because art therapy is less threatening and requires less talking, the sessions may actually provide a safer environment for processing past experiences than typical talk therapies.

Initials _____

BENEFITS

If you are selected, you may benefit by participating more often in classroom activities, feeling more successful during sports or other recreational activities, and interacting with other students in a way that leads to less conflict. Based on information from other research studies, art therapy may help you express your feelings, increase your coping skills, solve problems, and set long/short term goals.

CONFIDENTIALITY

All information obtained in this study will be coded with initials and kept stored securely in a locked file cabinet, accessible only by the doctoral student researcher and faculty advisor. Your name will never be revealed in oral or written reports, presentations, or publications.

EMERGENCY MEDICAL TREATMENT

In the unlikely event that you are physically injured while participating in an art therapy counseling session, you will receive medical attention according to the policies and procedures of Camelot Schools.

CONTACT INFORMATION

If you have questions about the study or the procedures, you may contact the doctoral student researcher at 865-850-9880, or her university advisor, Dr. Marianne Woodside, at 865-974-4207. If you have questions about your rights as a participant, please contact the Officer of Research Compliance at 865-974-3466.

PARTICIPATION

Your participation in this study is voluntary; you may refuse to participate without penalty. If you decide to participate, you may withdraw from the study at any time with no negative consequences.

I have read (or have had read to me) the above information. I have received a copy of this form and give my assent (I agree) to participate in this study. I understand that I am agreeing to

- Be interviewed by the doctoral student researcher
- Participate in art therapy counseling sessions
- Let my teachers and other staff members tell the doctoral student researcher how I am doing
- Be observed in class and in other activity sessions

_____	_____
Student Signature	Date
_____	_____
Signature of Doctoral Student Researcher	Date

APPENDIX D

PARENT INFORMED CONSENT STATEMENT

Art Therapy with an Adolescent: A Case Study

INTRODUCTION

Your son or daughter is eligible to participate in a research study involving the use of art therapy in individual counseling sessions. The purpose of the study is to see if art therapy is an effective treatment for adolescents with psychiatric disorders. Student selection will be based on parent consent, student interest and willingness to participate, and the student's ability to understand the purpose of the study, on a first come first serve basis.

INFORMATION ABOUT PARTICIPANTS' INVOLVEMENT IN THE STUDY

If you give your consent and if your son or daughter agrees to participate, he or she may be selected to participate in weekly counseling sessions in art therapy with a doctoral student researcher. In addition to an intake interview to obtain student background information, sessions will include various activities in artistic expression to 1) identify self-concept at the time the student begins the project; 2) process past experiences the student believes have significantly impacted his/her life; 3) identify short/long term goals; 4) process steps to complete the student goals; and 5) re-evaluate student self-image at the conclusion of the study.

In order to see how well the art therapy sessions are working, as part of the study, I will interview the clinical program director, classroom teacher(s), resident counseling staff, and on-site therapists about your son or daughter's progress. One of my colleagues will observe your son or daughter in class and/or in recreational programs before and after the art therapy sessions.

The use of art therapy in counseling is well documented in professional literature, and is not considered experimental. Numerous studies support its effectiveness with young children, and several studies also support the effectiveness of art therapy with adolescents and adult populations.

The selected student participant will spend 45-50 minutes each week with the doctoral student researcher, in addition to his/her regularly scheduled counseling sessions with staff therapists. Counseling sessions will be audio-taped for analysis of content and erased immediately following typed transcription.

Initials _____

RISKS

Participation in this study is not likely to put your son or daughter at any greater risk than he or she is already encountering in other therapies. In fact, because art therapy is less threatening and requires less talking, the sessions may actually be a safer environment for processing past experiences.

All standard precautions will be taken before ending each counseling session to monitor your son's or daughter's safety and the well-being of other students with whom he or she may interact between counseling sessions. In order to minimize the occurrence of emotional distress due to painful memories, time will be allotted for processing of feelings with the counselor. Additionally, the student participant will have access to his/her assigned staff therapist on a daily basis.

BENEFITS

If you give your consent and your son or daughter agrees to participate in the study, he or she may benefit by positive outcomes within his or her academic, recreational, and daily life environments. Based on findings from current research regarding the potential effectiveness of art therapy techniques, participation is projected to provide therapeutic benefit to the student through expression of feelings, increased coping skills and ability to problem solve, and goal settings skills.

CONFIDENTIALITY

All information gathered in the course of the study will be kept confidential. Data will be stored securely in a locked file cabinet, accessible only by the doctoral student researcher and faculty advisor. No reference will be made in oral or written reports, presentations, or publications to link the identity of the student participant to the study.

EMERGENCY MEDICAL TREATMENT

In the unlikely event that physical injury is suffered while participating in an art therapy counseling session, the student will receive medical attention according to the policies and procedures of Camelot Schools.

CONTACT INFORMATION

If you have questions about the study or the procedures, you may contact the doctoral student researcher at 865-850-9880, or her university advisor, Dr. Marianne Woodside, at 865-974-4207. If you have questions about your rights as a participant, please contact the Officer of Research Compliance at 865-974-3466.

Initials _____

PARTICIPATION

Participation in this study is voluntary; your son or daughter may decline to participate without penalty. If a student agrees to participate, he or she may withdraw from the study at anytime with no negative consequences.

I have read (or have had read to me) the above information. I have received a copy of this form and give permission for my child to participate in this study. I understand that I am giving consent for

- My son or daughter to be interviewed by the doctoral student researcher
- My son or daughter to participate in the art therapy counseling sessions
- Teachers and other staff members to give information about my son or daughter to the doctoral student researcher
- My son or daughter to be observed in class and other activity settings before and after the art therapy sessions

_____ _____

Parent Signature Date

_____ _____

Doctoral Student Researcher Signature Date

APPENDIX E

INFORMED CONSENT STATEMENT: STAFF

Art Therapy with an Adolescent: A Case Study

INTRODUCTION

You are invited to participate in a research study involving the use of art therapy in individual counseling sessions. The purpose of the study is to examine the potential impact of art therapy as a treatment for adolescents with psychiatric disorders. The case study approach will address the degree to which art therapy techniques may improve academic participation, rule compliance, and social interaction of student residents.

INFORMATION REGARDING STAFF INVOLVEMENT IN THE STUDY

A student in your class or group has agreed to participate in the aforementioned study. In order to obtain information pertaining to the student's behavior in academic and recreational activities, it is necessary to conduct observations in classroom and recreational settings. Your class (or group) will be observed by a graduate student colleague of the doctoral student researcher on two separate days prior to beginning the study and on two separate days following study completion. Please know that the observer will be as unobtrusive as possible during observations, and all observation notes will be restricted to the student participating in the research.

You will also be interviewed by the doctoral student researcher for approximately 30 minutes prior to the student's initial participation in the study and following completion of the art therapy project. The interviews will be audio recorded, transcribed for analysis of content, and erased immediately following transcription. Please note that information obtained through observations or interviews will pertain solely to the behavior of the student participant. The identity of all staff members associated with the student participant will be kept strictly confidential.

RISKS

There are no anticipated risks to staff participation in the research study.

BENEFITS

The student who participates in the study may benefit by positive outcomes within his/her academic, recreational, and daily life environments. Based on findings from current research regarding the potential effectiveness of art therapy techniques, participation is projected to provide therapeutic benefit to the student through expression of feelings, increased coping skills and ability to problem solve, and goal settings skills.

CONFIDENTIALITY

All information gathered in the course of the study, including identifying information of students or staff, will be kept confidential. Data will be stored securely in a locked file cabinet, accessible only by the doctoral student researcher and faculty advisor. No reference will be made in oral or written reports, presentations, or publications to link the identity of the student participant or any staff member to the study.

CONTACT INFORMATION

If you have questions about the study or the procedures, you may contact the doctoral student researcher at 865-850-9880, or her university advisor, Dr. Marianne Woodside, at 865-974-4207. If you have questions about your rights as a participant, please contact the Officer of Research Compliance at 865-974-3466.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at anytime.

I have read (or received orally) the above information. I have received a copy of this form and consent to participate in this study.

_____ _____

Staff Signature Date

_____ _____

Investigator's Signature Date

APPENDIX F

Interview Questions
Staff

I want to ask you some questions that will help me better understand the programs at ……. and how (student's name) is performing in your class (or adjusting to his/her residential placement).

1) How long have you served as a teacher (or resident counselor) at ……. Schools?
2) Tell me about your daily schedule.
3) When compared with other students the same age and grade level who have been at ……. for relatively the same period of time, how does (student's name) compare in terms of:
    - Participation?
    - Compliance with requests?
    - Compliance with written & posted rules?
    - Social skills?
4) What do you see as (student's name)'s primary needs or issues at this time?
5) Tell me about some of the areas in which (student's name) could improve?
6) May I obtain a copy of (student's name)'s behavior rating for this week?
7) What would you like for me to know about this student?

APPENDIX G

Behaviors Targeted for Observation (Classroom Setting)

Verbal comments with teacher permission

Spontaneous verbal comments without permission

Compliance with teacher instruction

Number of teacher reminders to attend to task

Eye contact with teacher

Interaction with classmate during instruction

Out of seat with teacher or staff permission

Out of seat without teacher or staff permission

Number of student responses to teacher directed questions: correct or incorrect

Number of times student responds correctly to teacher directed question

Number of written assignments completed during observation

Number of inappropriate verbal remarks (name-calling, swearing, etc.)

Number of "marks" against the student by teacher or staff during observation

Number of times student left the classroom

Total number of students present during observation

Total number of staff present during observation

Description of environmental setting

Observation time interval

Behaviors Targeted for Observation
(Recreational Setting)

Number of times student is compliant with staff requests (describe in detail)

Number of socially acceptable verbal remarks to peers (list)

Number of times student is non-compliant with staff directions or requests (describe)

Number of times student complies with the rules of the activity (describe)

Number of threatening gestures toward peers or staff (describe)

Number of offensive physical contacts with peers or staff

Describe the nature of the physical contact

Describe in detail the nature and rules of the activity

Total number of students present during observation

Total number of staff present during observation

Description of recreational setting, including emotional climate

Observation time interval

Date of observation

APPENDIX H

Intake Interview

Student _____ Age _____ Grade _____

Do you know what counseling is?

Have you been in counseling before?

If so, what was the experience like?

Tell me about yourself.

What are some things you like?

What do you like most about yourself?

What would you like to change about yourself?

What do you like to do when you get home?

FAMILY

Who lives at your house?

Who is the boss at your house?

What does your family enjoy doing together?

Do you have any pets?

What would you change about your family?

How would you like things to be different?

SCHOOL

How do you do in school?

What do you like best and least about school?

What would you change about school?

Intake Interview

(page 2)

FRIENDS

Do you have friends at school?

Do you have different friends when you are at home?

What are some favorite things you like to do with your friends?

Do you have a best friend?

CLOSING

If you had three wishes, what would they be?

On a scale of 1 to 10…

Is there anything you want to talk about that we have not discussed?

Is there anything you would like to ask me?

APPENDIX I

Figures and Tables

Figure 1

The adolescent participant illustrated her anger at the perpetrators of her abuse, then spontaneously drew her self-portrait expressing happiness and stated, "This is how I want to feel." (Figure is smaller than actual size.)

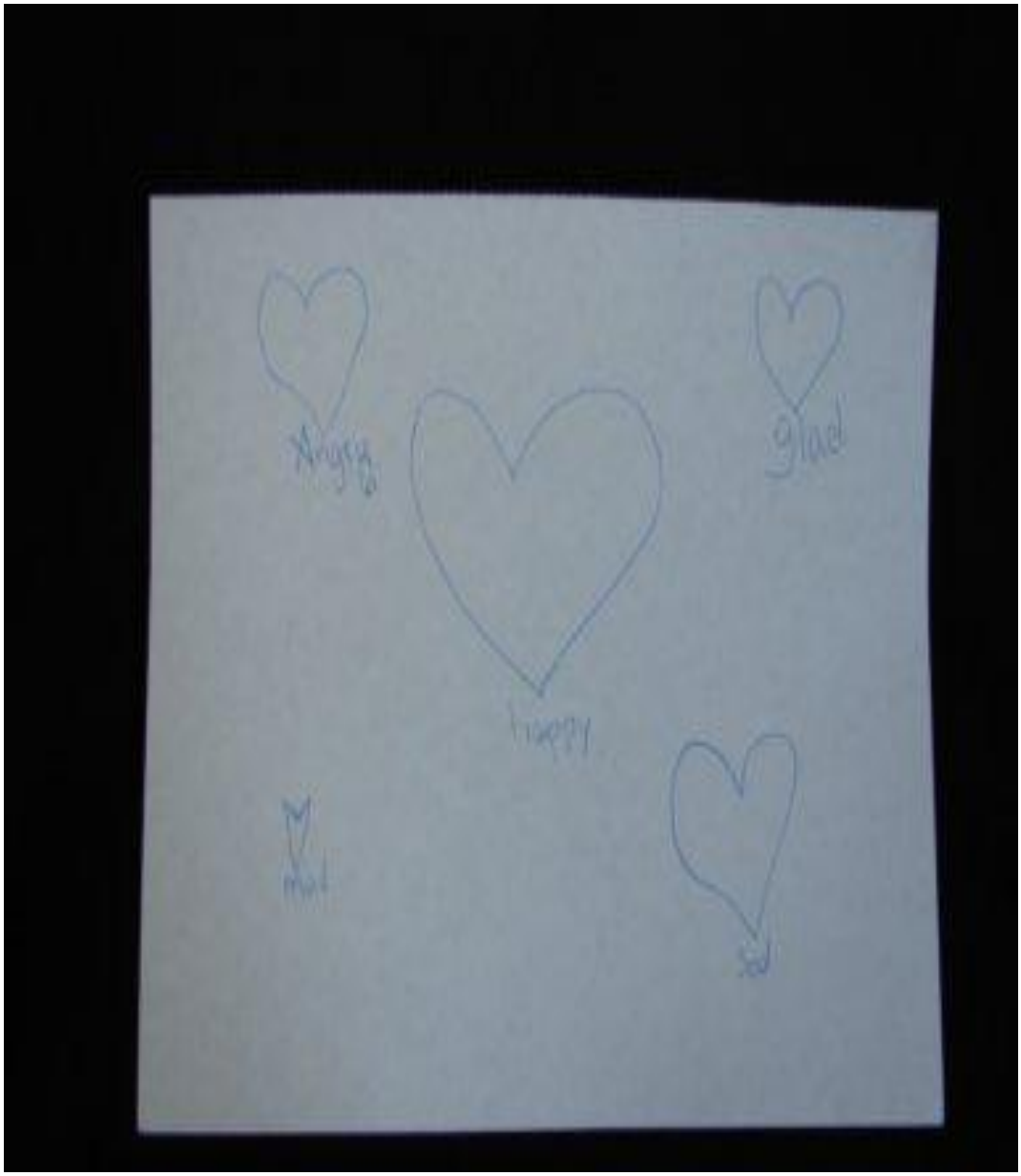

Figure 2

Susie illustrated her emotions as a series of hearts, varying in size and shape.

(Figure is smaller than actual size.)

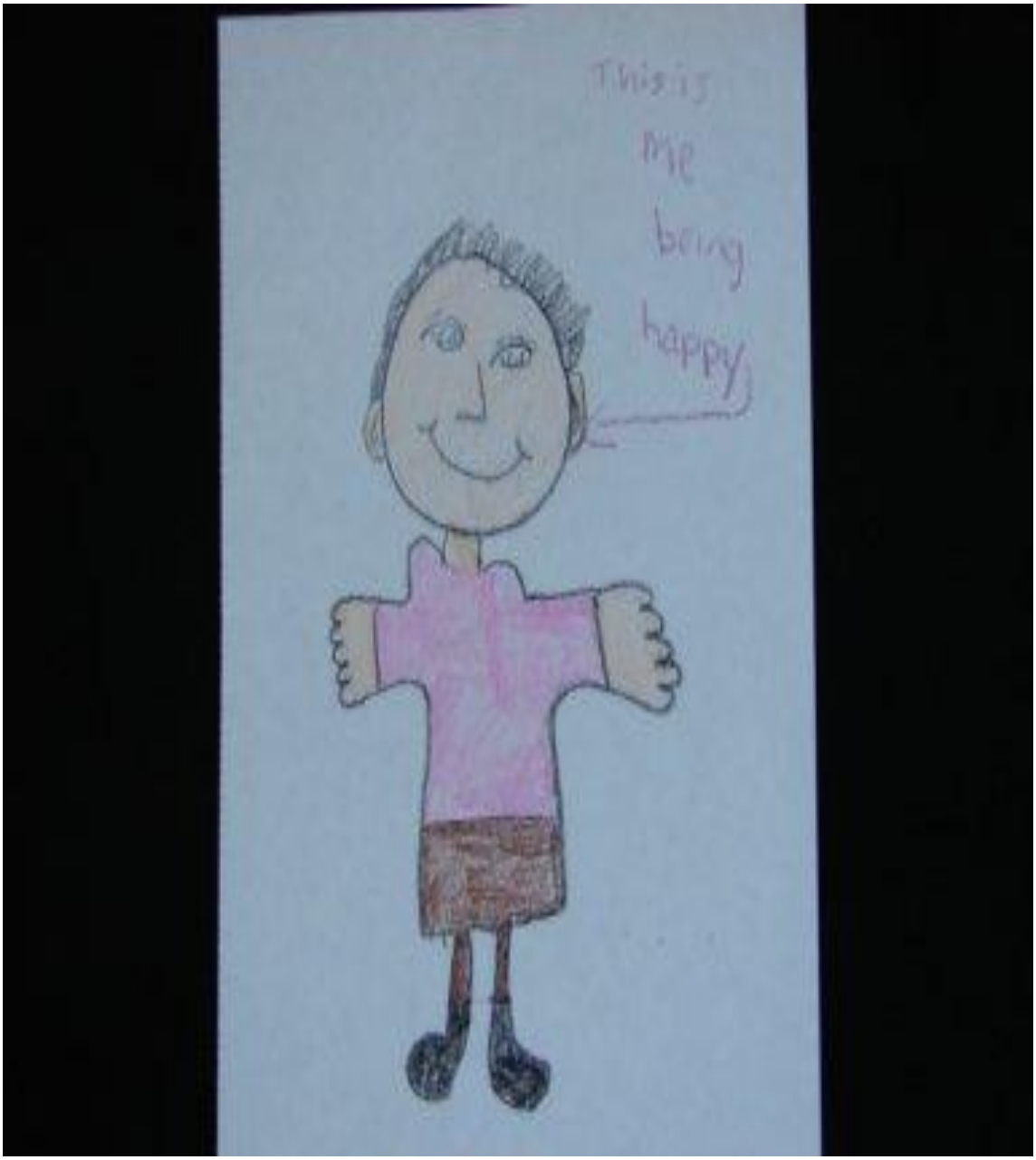

Figure 3

The participant illustrated how she wanted to feel about herself. (Figure is smaller than actual size.)

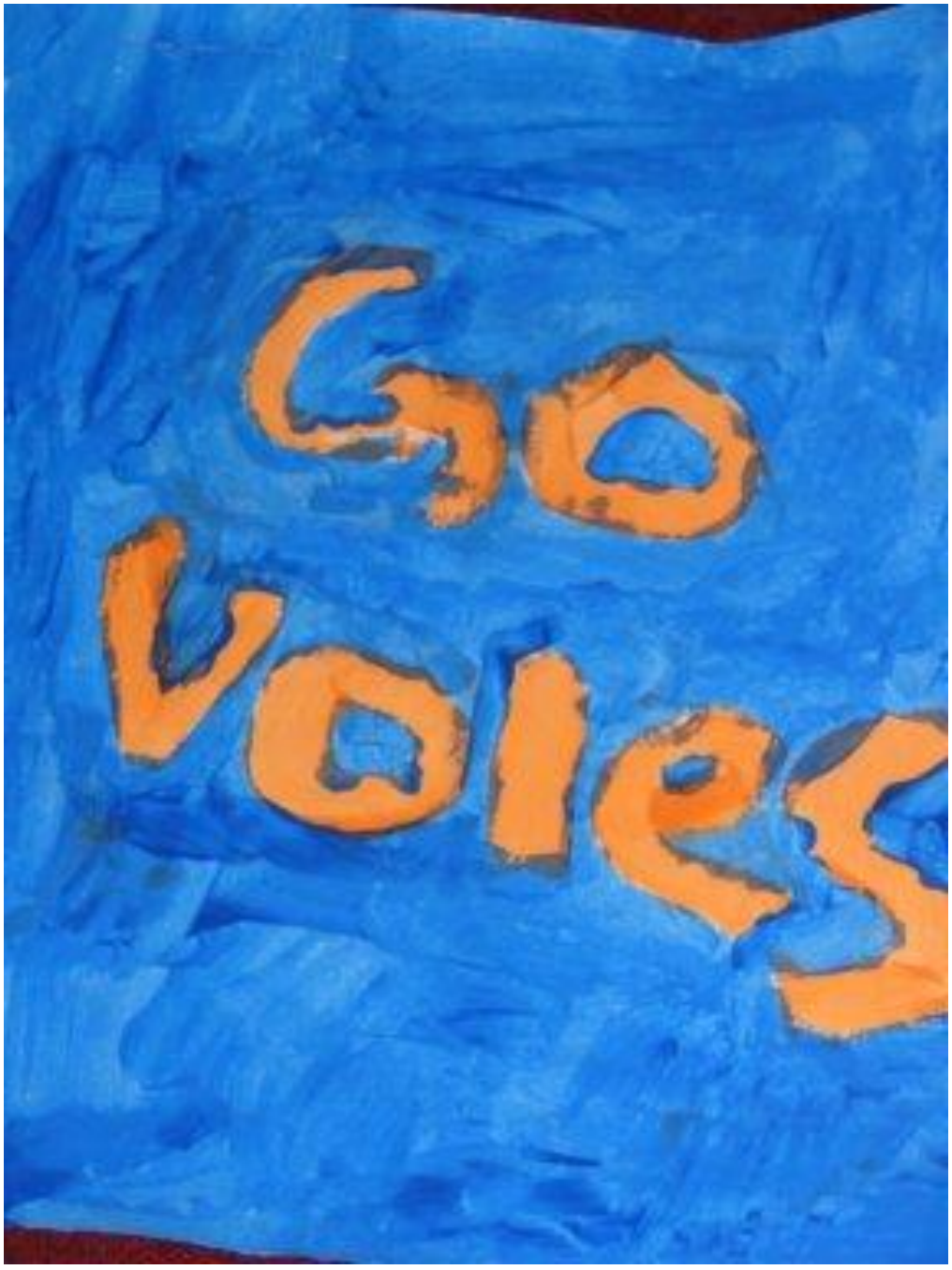

Figure 4

Susie spent most of session 7 creating the "Go Vols" poster as a gift for her teacher. (Figure is smaller than actual size.)

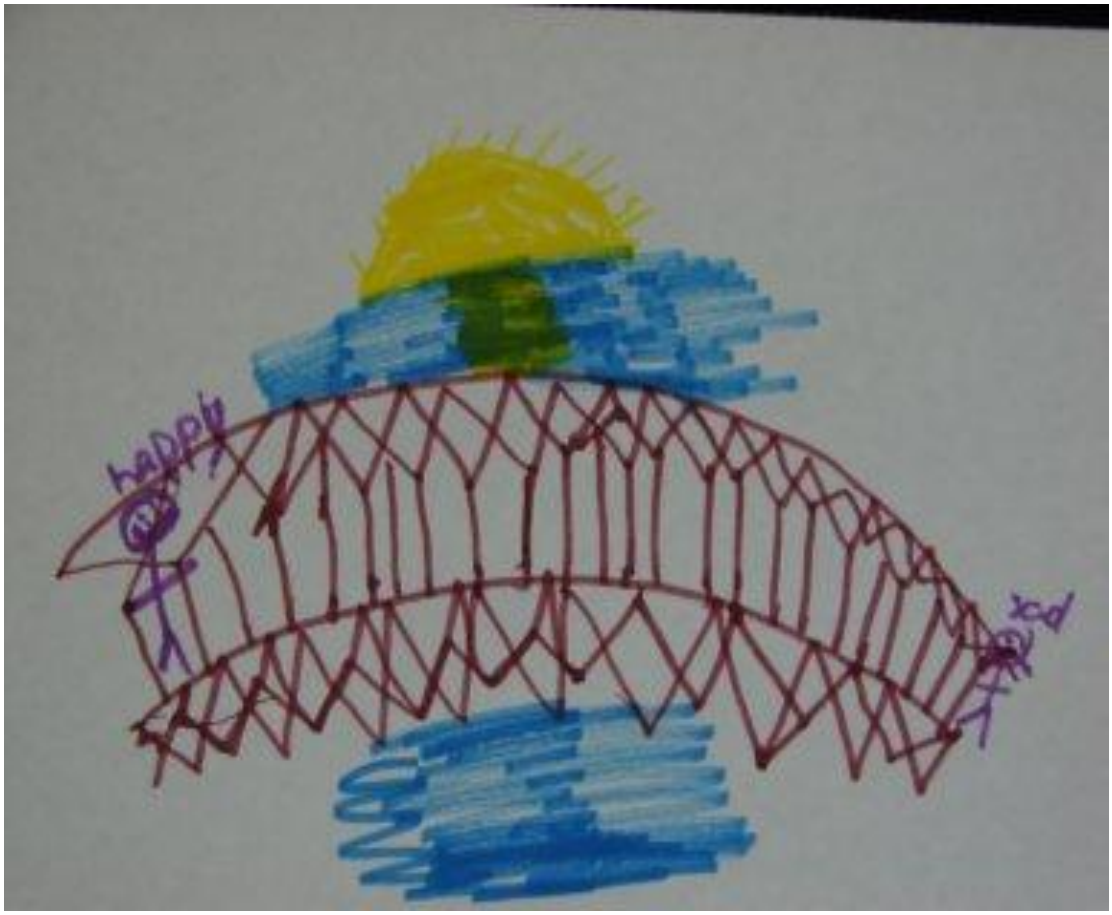

Figure 5

The bridge illustrated the participant's feelings at the time of her admittance to the treatment center (left) and at the time of her discharge (right).

Table 1

Art Therapy Sessions

This table indicates the themes identified following the qualitative analysis of the 11 art therapy session transcripts. “X” indicates the presence of each theme within each numbered session.

Theme	1	2	3	4	5	6	7	8	9	10	11
Family Life	X	X	X				X	X			X
Emotions	X	X	X	X	X	X	X	X	X	X	X
Goals	X	X	X	X	X						X
Needs	X	X			X						
Lack of Assertiveness	X	X	X	X	X	X	X	X	X	X	X
Empowerment			X	X	X	X	X	X		X	X
Self-Deficits	X	X	X	X	X	X	X			X	
Assertiveness			X	X	X	X	X	X	X	X	X
Resistance						X	X	X			X
Awareness			X	X	X	X	X	X	X	X	X

Table 2

Interview Data

This table provides a cross-reference of themes identified following the qualitative analysis of pre- and post-intervention interviews and the respondent who expressed each theme. The classroom teachers (T) and resident counselors (RC) served as respondents. "X" indicates the presence of a theme within the interview.

Themes	Pre-T	Post-T	Pre-RC	Post-RC1	Post-RC2
Background	X	X			
Affect/Emo.	X	X	X	X	
Sociability	X	X	X	X	X
Behavior	X	X	X		X
Acad. Per.	X	X			
Goals	X	X			
Diagnoses	X				
Primary Needs	X	X	X	X	X

VITA

Cynthia Searcy Crawford was born in Atlanta, Georgia July 27, 1957. She attended David Lipscomb University in Nashville, Tennessee and completed a BA in psychology in 1978. Following several years as a parent and teacher, she chose to continue her education, earning an MS in school psychology at the University of Tennessee, Chattanooga in 1994, and an EdS in guidance and counseling at the University of West Georgia in 2003. Cynthia completed a PhD in counselor education at the University of Tennessee, Knoxville in 2008.