The art therapy encounter: an investigation of the experience of art therapy in a high school setting in Australia

Joanne Kelly
Southern Cross University
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Joanne Kelly

Registered Art Therapist (ANZATA)
Masters in Mental Health (Art Therapy) (University of Queensland, Australia)
Postgraduate Certificate in Health Promotion (University of Nottingham, UK)
Bachelor of Education (Hons) (University of Nottingham, UK)
Diploma in Art and Design (Grimsby School of Art, UK)

School of Education
Southern Cross University

A thesis submitted in fulfilment of the requirements for the award of the degree of Doctor of Philosophy

March 2015
Thesis Declaration

I certify that the work presented in this thesis is, to the best of my knowledge and belief, original, except as acknowledged in the text, and that the material has not been submitted, either in whole or in part, for a degree at this or any other university.

I acknowledge that I have read and understood the University’s rules, requirements, procedures and policy relating to my higher degree research award and to my thesis. I certify that I have complied with the rules, requirements, procedures and policy of the University (as they may be from time to time).

Name:

Signature:

Date:
Abstract

Art therapy is a relatively new professional practice in Australia. Its use with young people who need support for social, emotional and mental health issues has not previously been explored in an Australian high school setting. This investigation gives expression to the voices of 10 young people who during their high school years participated in art therapy. The investigation also documents insights obtained from 13 professional art therapists who work extensively with young people in schools, and it provides a systematic account of the author’s own process of discovery of the potential of art therapy during the course of the investigation.

The investigation draws upon a humanistic perspective that sees creativity as an inherent drive that can be fostered in young people to support their social, emotional and mental wellbeing. The inquiry also draws upon constructs relating to human psychosocial development. The methodological approach of Naturalistic Inquiry (Lincoln & Guba, 1985) is utilised to develop an understanding of the experience of art therapy for the 10 young people. In addition to participating in interviews, the young people reflected on the artwork they had created in art therapy at school. The art therapists also provided interview data, and they produced response art to express their reflections, as did the author to express and process her feelings and thoughts on practice as the investigation progressed.

Three important insights emerge from the investigation. First, it is evident that the young people valued above all else the trusting relationship they developed with their art therapist. Second, they found that it was through the use of metaphor and symbolism in their artwork that they were able to articulate and then explore their emotions. Third, tacit communication processes during art therapy sessions were seen by them and by the art therapists, as being extremely important in creating an appropriate environment for expressing and reviewing intensely personal feelings.

Art therapy provides a viable alternative to more verbally-based approaches to the provision of emotional support for young people in school. It provides adolescents with a social environment within which they can feel safe and free to express emotions that they do not, or are unable to, express verbally. The importance of tacit communication is highlighted as a significant component in art therapy for young people in schools.
Acknowledgements

While undertaking this PhD journey, I am indebted to many people who have supported me along the way.

I have learnt much under the supervision of Associate Professor Sharon Parry and Dr Susan Joyce. I am particularly indebted to Professor Martin Hayden who offered his guidance towards the end and learnt a lot about art therapy on the way.

My thanks go to the participants in my study. They are the 13 professional art therapists who generously gave their time and artwork in interviews and in follow-up queries. I would not have been able to do this without them. It has also been an enormous privilege to work with the 10 young people who also gave their time and commitment and whose voices would otherwise not be heard. Good luck in your futures.

My thanks also go to the Catholic Schools Office of the Lismore Diocese who supported my research and to the principal and staff of the school that the young people attended. I have also appreciated the financial support from both Southern Cross University and the Australian Government Australian Postgraduate Award.

I am indebted and extremely grateful to my friends who have listened to my woes and enquired of my progress. They have celebrated with me on being published and commiserated when another draft had to be written. In particular, I wish to thank my friend Nici Burger, who embarked on her PhD on the same day as I did and who has been a support throughout. Also, my other dear friend, Lavinia Kernke, whose wise counsel initially, gave me the belief I could do this task. I would also like to thank Oscar Tamsen, dear friend and supporter and informal editor. Thanks also to David Smith who proofread the thesis.

Finally, thanks to my family spread around the globe and particularly my deceased parents. To my Mother, who always wanted a Dr in the family and my Father who would have made an Irish joke of it and laughed.
Dedication

This work is dedicated to my parents

Michael Kelly (1930–2000) and Anne Josephine Kelly (1936–2005)

and to my children, Ruth and Scott.
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<tr>
<td>AATA</td>
<td>American Art Therapy Association</td>
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<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<tr>
<td>AHMAC</td>
<td>Australian Health Minister’s Advisory Council</td>
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<tr>
<td>ANATA</td>
<td>Australian National Art Therapy Association</td>
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<td>ANZATA</td>
<td>Australian and New Zealand Arts Therapy Association</td>
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<tr>
<td>ANZSCO</td>
<td>Australian and New Zealand Standard Classification of Occupations</td>
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<td>APA</td>
<td>American Psychological Association</td>
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<td>ASCA</td>
<td>American Schools Counseling Association</td>
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<td>ASPA</td>
<td>Australian Secondary Principles’ Association</td>
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<tr>
<td>ATCB</td>
<td>Art Therapy Credentials Board</td>
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<td>BAAT</td>
<td>British Association of Art Therapists</td>
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<tr>
<td>MCEECDYA</td>
<td>Ministerial Council on Education, Early Childhood Development and Youth Affairs</td>
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<tr>
<td>NHS</td>
<td>National Health Service</td>
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<tr>
<td>NUT</td>
<td>National Union of Teachers</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
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Preface

From Practitioner to Researcher

Three reasons spurred me to undertake this PhD investigation. One was my interest in the notion that art therapy offers something different to other, verbally-based therapies because of the creative and experiential process of ‘making’ art. The second reason was that, as a practitioner, I periodically experienced anxiety in working with a young person in the space that we had created together. Working in the unknown with uncertainty, I relied intuitively and tacitly on a sense of what needed to be done or not done. As a result, I often felt I was not doing anything constructive at all. I wanted to find out more about art therapy’s experiential processes. The third reason related more to professional considerations. After qualifying as an art therapist, I was employed as a casual counsellor (but paid as a casual teacher) in public high schools. I had not previously followed the usual route of specialist postgraduate psychology training for school counsellors. Education Department policy restricting access to confidential files to certain appropriately qualified staff meant I was placed in the ethically questionable position of having my clinical notes (including artwork) being filed and subsequently made inaccessible when later seeing the same student. This experience led me to reflect on the question of professional identity and the position of art therapists in relation to professional recognition, particularly in schools.

My choice of ethnography as a research methodology is not surprising. My career leading towards becoming an art therapist has followed an unconventional path that involved living and working in many different countries and cultures. At the age of eighteen years, I went to live on an Indian tea plantation in the foothills of the Himalayas. India had a profound effect on me. I questioned most of my values and beliefs and my experiences resulted in a lifelong interest in other cultures and perspectives. In the 1980s, I lived in both Papua New Guinea and Bangladesh for several years and these two cultures also impacted upon me. I eventually went to art college and then studied to become a teacher with art as my specialism. In schools, I was drawn to students who struggled academically and socially.

My first professional contact with art therapy was while observing an art therapist working in a public hospital inpatient psychiatric ward in the United Kingdom. Linking the medical with the artistic intrigued me. The opportunity to consider art therapy training presented
itself in late 2005 after the death of my mother. I applied for and gained acceptance into
the University of Queensland’s new Masters in Mental Health (Art Therapy) program.

My personal notion of creativity reflects in how I choose to live. Choosing to live
creatively means opening up to the possibilities life has to offer. It means accepting risk
and making decisions, often through a tacit sense of knowing and by trusting in oneself.
My identity as a creative person and as an artist has been part of how I have seen myself
for as long as I can remember. My professional identity as an art therapist has evolved and
developed over the course of training, in addition to a range of life experiences.

My decision to undertake an intensive investigation of art therapy in the context of
education reflects my passion about how a belief in one’s own creative capacities can be a
powerful internal resource to assist healing and to develop personal growth, as well as in
adding to quality of life and overall health and wellbeing. My research is not about
whether art therapy works. My principal interest is to seek out and give voice to the
experiences of others who engage in this intriguing activity called art therapy. In doing so,
I hope to provide a deeper understanding of the experiential process and to establish if my
original notion that there is something uniquely special about art therapy is correct.

In Australia, there remains a lack of understanding about what art therapy is, not only from
the community-at-large, but also from health professionals and educators. Reducing this
lack of understanding has been an aim in undertaking this research investigation. Although
at heart a practitioner, this investigation has taught me to look at my professional practice
as a reflective and thoughtful researcher. By documenting the perspectives through this
ethnographic approach, I hope this investigation has contributed in some small way to the
growing knowledge base that is art therapy.
Conference Presentations & Other Publications by Author

Presentations

2010
The 5th International Conference on Interdisciplinary Social Sciences, 2-5 August 2010, University of Cambridge, United Kingdom. Presentation topic: What is art therapy and how do we know it works? An Australian perspective on the need for more research.

2011
2011 ANZATA Symposium. Arts therapy in Western Australia, Creative Expression Centre for Arts Therapy (CECAT), Graylands Campus, Perth, Western Australia, 14 May 2011. Presentation topic: Interventions in the art therapy encounter. Or is art therapy magic?

Rivers to Recovery; Creative Responses to Trauma. The Queensland 21st ANZATA Conference, 11-13 November 2011, Mater Hospital, Brisbane QLD, Australia. Presentation topic: Interventions in the school art therapy encounter.

2012

2013

Kinship ties of creativity: past, present and future. 23rd ANZATA Conference, 19-20 October 2013, University of Western Sydney, Parramatta, Australia. Presentation topic: What makes us different and why is it important?

2015
Publications


Chapter 1

Introduction

Art therapy is a profession that traces its origins back to the 1940s in Europe and North America (Borowsky-Junge, 2010; Hogan, 2001; Vick, 2003; Waller, 1991, 2013), where it is currently adopted in schools to provide support for young people with social, emotional and mental health issues. The profession in these continents attracts government accreditation and enjoys considerable success in school settings. In Australia, art therapy is an emerging profession that is not well understood either in health or education disciplines, and art therapy occupies only a marginal place in school systems. A key concern is the paucity of empirical research in Australia into the nature of, and outcomes from, art therapy among young people in schools. Increasing the research base will better inform art therapy’s theoretical foundations and application. The present inquiry was prompted by this concern. It sought to provide an in-depth understanding of the experience of art therapy for young people in high school, also drawing on the experience of art therapists, including this researcher, in providing support for these young people. No previous inquiry of this nature has been undertaken in Australia. In this first chapter, art therapy in schools is introduced as an area for inquiry and a conceptual lens for art therapy as a professional practice is identified. A methodology for the inquiry is then outlined and the chapter concludes with an overview of the organisation of the thesis.

Art Therapy in Schools as an Area for Inquiry

Art therapy as a professional field of practice involves the use of both art and healing. It uses visual art media such as paint, paper, clay, collage and found materials, as a primary mode of communication — through which healing and personal transformation can occur. It employs art making as a means for personal expression and for the externalisation of thoughts and feelings. Clients develop a relationship with the art therapist and with the art itself within a safe environment and this becomes an avenue for increased self-awareness and the greater likelihood of achieving positive change, increased self-awareness and therapeutic outcomes.

The use of art making for the purposes of healing dates well back in human history, but art therapy as a professional practice is a more recent development. Art therapy began in the
1940s when, synchronously but independently, the profession emerged and developed in both Europe and North America (for a detailed history, see for example, Borowsky-Junge, 2010; Hogan, 2001; Vick 2003; Waller, 1991, 2013). In Europe, and more specifically, in the United Kingdom, Hill, an artist, pioneered art therapy as a professional practice through his use of art as a means of facilitating recovery from trauma in victims from the Second World War. Meanwhile, in the United States, Naumburg, an educator, and Kramer, an artist, each following separate and distinctive philosophical viewpoints, also pioneered the use of art as a form of therapy (Borowsky-Junge, 2010; Hogan, 2001; Kaplan, 2005b; Malchiodi, 2003c; Waller, 1991; Westwood, 2010). Since then, there has been a steady stream of practitioner–researchers who have contributed to the profession’s conceptual base, and there have been key leaders who have guided the emergence of the profession at critical moments in its development. Research about art therapy practice has, however, been problematic (Gilroy, 1992, 2009, p. 27; Kapitan, 2010, p. xxii; McNiff, 1998, p. 33). Importantly, the kind of research that arises naturally from the qualitative, descriptive and the more phenomenological ways in which art therapists work has not fitted neatly with the prevailing doctrines of positivist science and measurement. According to Dunphy, Mullane and Jacobson (2013, p. 13), the dearth of research in Australia can be attributed to the lack of a research culture, inconclusive studies and a lack of clarity about what constitutes arts therapy.

The profession currently stands at a tipping point in Australia. Given the opportunity, it could make a significant contribution to the promotion of the social and emotional wellbeing of young people in schools. To do this, however, it needs to be adopted by school systems across the country, which means that it must first be properly understood by educationalists and have a strong evidence base. At present, school counsellors trained in psychology are the main providers of social, emotional and psychological support for young people in Australian schools. There are not enough of them, as evidenced by the Australian Guidance and Counselling Association’s (AGCA) (2008, 2013) student-to-counsellor ratios. Additionally, Wallace, Holloway, Woods, Malloy and Rose (2011, p. 60) assert that a great many counsellors report that too much of their time is devoted to conducting psychological assessment rather than to providing prevention, early intervention or even health promotion programs (see also Graham, 2011b).

School counsellors perform their role in a setting in which the extent of social, emotional and psychological distress being experienced by young people appears to be increasing. The most recent survey data are for 2007 when the Australian Bureau of Statistics (ABS)
estimated that 22.8% of males and 30.1% of females aged 16–24 years were experiencing mental health problems (ABS, 2007). Another survey conducted by the Australian Institute of Health and Wellbeing (AIHW, 2007) reported an even higher incidence of mental health problems among young people aged 15–25 years. The National Mental Health Commission (Lourey, Plumb & Mills, 2013, p. 4) recommended that early intervention strategies need to be adopted with regard to mental health, and stigma needs to be reduced. The report also emphasised the value of the lived experience and of individuals contributing towards area of policy development (Lourey, Plumb & Mills, 2013, p. 5). If better understood and appreciated, art therapy could make a significant and positive contribution across the school systems in Australia. Indeed, it could prove to be more attractive than psychological counselling to young people as a therapeutic modality because it does not rely solely upon verbal communication skills, and because it is possibly less stigmatising on account of young people being able to participate in it individually or in small groups as a normal part of a school wellbeing support program.

This investigation utilised a practitioner–researcher model. McNiff (1998, p. 63) likened practitioner research to teacher–researchers who conduct research that is embedded in their practice rather than conducted by outside specialist researchers. Consistent with the style of practitioner research that characterises much of the early research base of the profession (Junge & Linesch, 1992; Kapitan, 2010, p. 102; McNiff, 1998, p. 104), this investigation addressed the question of how art therapy is experienced by young people in a school setting and by the art therapists (including the researcher), who seek to provide them with support. It is, therefore, concerned with how art therapy is practised within a specific population, and through this elucidation it sought to contribute to knowledge about the nature of the profession and its potential.

Art therapy involves creative, experiential and relational processes. Documenting these processes can provide a potent basis for understanding the impact of art therapy on the lives of individuals. According to Deaver (2011) and McNiff (1998), there is much scope for investigating the processes involved in art therapy as well as the characteristics of the art therapy relationship. Of particular interest as a topic for research is the way in which the therapeutic relationship combines with the creative process in impacting on a sense of personal wellbeing for art therapy clients. The therapeutic relationship or alliance, in psychotherapy, has been well researched in adult populations (see for example, Horvath, 1994, 2001a, 2001b; Horvath, Gaston, & Luborsky, 1995; Kazdin & Whitley, 2006), but there is a general lack of empirical research data about the nature of the therapeutic
relationship in the context of working with young people (Campbell & Simmonds, 2011). For these reasons therefore, art therapy in schools is an important area for inquiry.

How young people view themselves can impact not only on their learning but can influence their future potential. During high school in particular, developmental challenges including motivation to learn, issues of identity and how to live a purposeful life can have long-term impacts. Investigations of young people’s experiences can contribute towards greater understanding of their lives and is immensely valuable, particularly with minority groups as Faircloth’s (2012) research demonstrated. In addition, Larnell, Boston and Bragelman (2014) showed that identity threats such as stigma generates measurable negative consequences for learning. Listening to their art therapy experiences is the best way to document both the ways in which young people can learn about themselves and the world through art therapy, and the strategies they build to contribute to their life-long wellbeing and resilience.

**Conceptual Perspectives for the Inquiry**

Various conceptual perspectives provide a context for the present inquiry. Practitioner research seeks to describe and illuminate the experiences of participants in a real world setting and so can be viewed as being reality oriented. This kind of research raises questions about what and whose reality? Although the real world exists and facts and theories have been developed in order to explain some forms of “empirically based ‘positive knowledge’” (Patton, 2002, p. 92), what individuals know is also derived directly from their experiences and interpretations of the world. It is with these experiences that this investigation was concerned with. Thus, from an ontological perspective, the investigation can be viewed as post-positivist because reality can be viewed from multiple perspectives. In this investigation, the researcher and the participants interacted with one other and simultaneously shaped the inquiry as an interpreted reality. This investigation can be said to be value laden (Lincoln & Guba, 1985, p. 37) as it implies respect for multiple viewpoints from which an interpreted reality is constructed. Given this perspective, questions of objectivity arise that have practical implications for implementing the research and these will be considered further in the chapter. The investigation was embedded within an educational and therapeutic milieu in which participants’ realities are shaped by their social and cultural experiences (Patton, 2002, p. 96). Therefore an ethnographic approach to data collection and analysis methods was adopted in order to
describe as fully and richly as possible the experience of art therapy within this educational context.

Three theoretical frames of reference are the pillars of the investigation. Important among these is humanism, specifically as applied by C. Rogers (1902–1987) to the field of psychotherapy. Humanism provides a rich, dynamic perspective on life. It espouses an ethical and moral notion of the value and agency of human beings, and it asserts an inherent belief in the capacity of individuals to reach their true potential. Classical humanistic thinkers, including Socrates, Plato and Sophocles, explored themes of self-responsibility, choice, morality and truth. Contemporary humanism although more varied in focus, retains a deep concern for the dignity and worth of human beings. Rogers (1957, 1961) pioneered the application of humanism to the field of psychotherapy by proposing that under certain conditions during psychotherapy clients had the capacity to develop and seek fulfilment for themselves. These conditions included: an emotional connection that is subjectively experienced between the client and therapist; a need for the therapist to show genuineness and congruence in the relationship with the client; and a capacity of the therapist to convey empathy for the client. Rogers (2007, p. 244) argued that when clients subjectively experienced empathy and unconditional positive regard by a therapist during therapy, change was more likely to occur and the client was more likely to grow and develop as desired. Rogers saw the integration of subjective and objective ways of knowing as being fundamental to his client-centred approach.

Art therapy easily lends itself to the approach advanced by Rogers in relation to psychotherapy. Its focus is, first and foremost, based on a positive regard for the needs of the individual. Its success depends upon there being an empathic understanding of these needs, accompanied by an inherent belief that the client is motivated by and has a capability for achieving personal growth and development. From a humanist perspective, then, young people who engage in art therapy are seen as being provided with an opportunity for self-learning through participation in a creative, experiential encounter.

Given the nature of art therapy, particularly its emphasis on the reasons why individuals attend therapy, the more existential aspects of humanism, as developed by May (1969), May and Yalom (2005), Yalom (1980, 2008) and various others (including Moon, 1995; Moustakas, 1961, 1990, 1994; Spinelli, 1994, 2007) are relevant. Existential concepts, and particularly those in relation to therapy, arose from the work of thinkers and philosophers such as Kierkegaard (1813–1855), Nietzsche (1844–1900) and Jaspers (1883–1969) as well
as writers such as Sartre (1905–1980) and Arendt (1906–1975). Although the ideas of these writers and thinkers ranged across diverse themes, the major tenets of existentialism according to Garvey and Stangroom (2012, p. 296), are the denial of the existence of a higher divine being, that individuals are alone in the world, and they are responsible for their own actions. Modern existential humanist psychotherapy has been influenced by these themes, and according to these contemporary theorists, individuals seek help because of the practical concerns of human existence — love, hope, despair and anxiety. May and Yalom (2005), for example, argue that it is existential fear arising from the realisation of one’s own mortality and the consequent need to find purpose that results in individuals seeking therapy. These anxieties are deeply personal and subjective; they affect personal growth and the ways in which people perceive themselves. They are, for many people, often difficult to articulate verbally, but they can be expressed creatively and in non-verbal ways. Humanists argue that creativity is an innate primary drive (Garai, 2001, p. 152), and that symbolic expression is one of the defining aspects of being human. Thus, creative expression can be one way in which individuals can engage in their own personal growth, identity and self-actualisation as creative expression involves accessing and exploring internal and external ways of knowing.

Humanism converges with another conceptual perspective that is foundational to the present inquiry: the creative impulse. From a humanist perspective, researchers and art therapists have shown that creativity is an innately human characteristic, intrinsic to all human beings (Arons & Richards, 2001; Garai, 2001). Although no single consistent definition of creativity exists throughout history (Sawyer, 2012, p. 7), creativity can be viewed as a way in which individuals interact with their environment (Csikszentmihalyi, 1996). When individuals are being creative they enlarge their awareness by bringing something new into their being (Csikszentmihalyi, 1996; May, 1953). From a humanistic perspective, the expression of creativity may occur in a myriad of ways and is a sign of individual uniqueness (Garai, 2001). In a sense, creativity can be seen as a particular way of operating in the world. Creativity involves an open mind-set, self-awareness and a capacity to perceive the world and its challenges as opportunities. In this broad definition, creativity is a positive resource for living. The concept of creativity is, contemporarily, a contested domain with recent research being devoted to it, due to its political commodification (see for example, Robinson, 2015; Harris, 2014; Sawyer, 2012, pps. 249-263). According to Garai (2001, p. 153), creativity is also an activity that occurs in the present moment, and it can involve a heightened state of awareness in which the conscious
and sub-conscious are mutually engaged. Hass-Cohen (2008) documented research into neurological functioning in which particular brain processes are activated and strengthened during involvement in creative activities. These processes can assist with adaptive psychosocial functioning by interfacing with relational attachment (Findlay, Lathan, & Hass-Cohen, 2008). Art therapists exploit this knowledge by creating an environment and a therapeutic relationship in which the inherent individual capacity for creativity is drawn upon to encourage positive change.

Given the school-based context of the present inquiry, another relevant conceptual frame of reference concerns human psychosocial development because the young people who engaged in art therapy and who volunteered to participate were experiencing the transition from adolescence to adulthood. Erikson (1963, 1980) has argued that human development occurs through the interaction between the individual and society during the process of engaging with developmental tasks that are essential as part of the human life cycle. A developmental perspective is highly relevant to any investigation relating to the engagement of young people in art therapy, given that the focus of art therapy is the attainment of social and emotional wellbeing. Erikson (1980) conceptualised that each developmental task over the lifespan involved dynamic tension between particular opposing forces pertinent to the developmental stage every individual experiences. His psychosocial theory of development recognised the impact of the cultural and social environment in which individuals are embedded. However, Erikson further argued that despite the influence of culture and society, there were universal tasks that each individual needed to achieve for healthy development. A psychosocial perspective acknowledges the complexity of human nature as being dynamic throughout life (see for example, Burton, Westen, & Kowalski, 2009, p. 525), including the notion of struggle as individuals grow. In this sense, a psychosocial perspective is congruent with a humanist view. One of the major tasks of young people during adolescence is the emergence and consolidation of a stable sense of identity that Erikson (1968, p. 15) viewed as a “moratorium” or a transitional period between childhood and adulthood. During this time, creative experimentation of identity takes place as young people ‘try on’ different personas.

These three conceptual underpinnings for the investigation of humanism, creativity and psychosocial development have, at their heart, deep concerns for the human being whose existence is always in relation to others. Humanism, creativity and the development of individuals can be seen in a holistic way. Each human being develops uniquely and
creatively, by combining their subjective experiences and their relationships with the external and social world as they interpret and forge their identities.

**Matters for Investigation**

The various conceptual perspectives employed by this investigation provided a basis for the generation of a range of questions regarding art therapy with young people. From a humanist perspective, for example, important questions arose concerning the nature of the therapeutic relationship between art therapists and young people who are clients. What is the extent to which the conditions identified by Rogers as being necessary for a successful therapeutic relationship are being met in the relationship between art therapists and young people in school? How do the art therapist and the young people perceive the therapeutic relationship and the experiential process? If one of the purposes of a client-centred approach is for the therapist to attempt to understand the experiences of another person, how does that occur in art therapy and does the young person concerned feel understood? Can art therapy help young people with anxieties concerning their lives, particularly in matters of great change and transition that can be seen in existential terms? From a creativity perspective, does the art creating experience help young people to express their feelings and how does the therapist encourage this? Art therapists are familiar with expressing themselves through visual art media, but how do the young people perceive the invitation to create? Is creativity an inherent tool that young people can access and utilise for themselves? If so, what is their experience of engaging in its processes? Even though art therapists hold a variety of theoretical frameworks, they presumably value the creative process, including such qualities in themselves and in others because it is their primary mode of facilitating change; but how do they encourage creativity in young people via the conduit of art? From the perspective of psychosocial development, important questions included: to what extent does experiencing art therapy assist with such existential and developmental tasks? Finally, how indeed, can the experience of creating art actually help young people with identity formation and their personal growth? To provide an anchor for these questions, one central question and two further questions were proposed for this enquiry.

**Insights of the Young People**

The central question is: *what is the nature of the experience of art therapy for young people in school?* Recipients of therapeutic interventions have important rights (United Nations, 2013), and they may have opinions about what concerns them, including the
services they use. As recipients of art therapy within a school setting, young people have feelings and perspectives that can enlarge our understanding of what is distinctive and impactful about the nature of art therapy. In light of the conceptual framework underpinning this inquiry, of particular interest was how the young people may perceive art therapy’s benefits. As a post-positivist inquiry, while the investigation was not directly concerned with behavioural outcomes, nevertheless, what the young people perceived as beneficial may shed light on positive change processes. Of particular interest was those qualities associated with forms of tacit communication, especially how engaging in a creative, experiential process may positively help growth and the development and consolidation of identity.

To date, the experiences of art therapy as experienced by students in mainstream high schools have not been comprehensively recorded in the Australian research literature. There are of course, serious ethical challenges in trying to do so. The United Nations (UN) Convention on the Human Rights of the Child (United Nations, 1989, 2013) properly extends protection to young people in the areas of education, health and wellbeing. It was, therefore, necessary to grapple with the challenges of collecting relevant data in an ethical and respectful way in order to shed light on how young people in schools experience art therapy.

The young people who volunteered for this investigation were drawn from a mainstream, independent religious high school in a regional area of New South Wales in Australia. The school is co-educational with approximately 550 pupils from Year 7 to Year 12 with a range of socio-economic, academic and ethnic backgrounds. The area lacks mental health services; a fly-in-fly-out paediatric psychiatrist provides some psychiatric support locally. Chapter 6 details further information on each of the young people.

**Insights of the Art Therapists**

Two further questions were asked in order to triangulate and supplement the voices of the young people. The first concerns the nature of the experience of art therapy for young people with social and emotional concerns, including mental health issues, from the point of view of the art therapists providing them with professional support. Specifically, the second question was: *what are the experiences of art therapists who work with young people?* This question does not appear to have been addressed in any previous investigation with art therapists who work with young people. It is an important question because art therapists often work without peer support and in ways that may not be well
understood by colleagues whose therapeutic approach is more verbally oriented. What is distinctive about the role played by art therapists is that they facilitate the creation of visual artwork through which emotions can be expressed and reflected upon by their clients.

The art therapists were drawn from four Australian states and territories: Victoria, New South Wales, Queensland and the Northern Territory. Due to the lack of numbers of art therapists employed in school, they did not all work in a school setting but all worked primarily with children and young people. Chapter 6 details further information on each of the art therapists.

**Insights of the Researcher**

The third question was included in order to support the two earlier questions. It is more personal, in the sense that it concerns the nature of the experience of art therapy from the point of view of the author who, unusually in a school setting, is a practising art therapist (but called a counsellor). When engaging in art therapy with young people in school, the researcher becomes intimately involved in an experiential process with her clients. As a therapist, there is a professional requirement to be observant and reflective in her practice. Reflection often occurs after art therapy sessions as well as in professional supervision and, more often than not, involves creating art pieces in order to process and better understand her client’s perspectives. As a practitioner–researcher, a similar process occurs. From a researcher stance, systematic observation, reflection and reflexivity on the processes of practice and research are recorded. Despite declared bias, there is immense value in triangulating the researcher’s perspective as a practitioner in order to gain a deep understanding from an insider and emic perspective. What is revealed may then be transferable broadly to researchers, practitioners and perhaps indirectly to young people. Thus the third question was: what is the experience of art therapy for the researcher-as-participant working in a school setting with young people?

Emic research, that is, research based on the systematic and comprehensive analysis of personal experience is not new to anthropological research (see for example, Kuppens, Tuerlinckx, Russell, & Barrett, 2012). As explained by Pike (1967, p. 38-39), it addresses the researcher’s personal engagement with a phenomenon. In this instance, the researcher’s interaction and participation within the research process is through the contribution of response art (Fish, 2012, p. 138; McNiff, 1998, p. 182) which is widely understood in art therapy to serve several functions, including expression of empathy towards clients as described by Moon (1999, p. 79). According to Moon (1999) and Wadeson (2003)
response art can be a creative way for art therapists to respond to their professional work in order to gain deeper insights into practice. Kapitan (2010, p. 180) argues that art-based inquiry including the use of response art can give form to “ineffable experience” and can open up new and creative ways to understand phenomena. In the present investigation, the researcher’s response art created as part of usual professional practice provided the emic perspective that supplements the experiences of the other participants. An artistic emic contribution offers another means by which a subjective, intuitive and empathic understanding of phenomena may be expressed in ways other than cognitively and verbally. The inclusion of an emic perspective in this investigation can help to illuminate the young person’s understanding of their reality which they have expressed through artistic and metaphorical means (Riley, 2001, 2005). The research design aims, therefore, to provide an outward lens on the process, practice and cultural milieu of art therapy, as well as an inward lens on affective and interpersonal processes. The creation of response art can provide a way of reflecting upon practice and it can also provide a way of being reflexive about practice in a stance that is characteristic of ethnography (Patton, 2002).

**Methodology**

The investigation involved using a naturalistic paradigm to inquire into a small number of young peoples’ experiences of art therapy in high school, and those art therapists (including the researcher) who work specifically with young people. It is constructivist in that it intentionally privileges the voices of the young people as recipients of art therapy in school precisely because their voices have not been heard to date. Interviews and art-based methods of data collection are utilised. The art-based methods included young people reflecting on their previously created artworks, and response art arising from the art therapists. Data are analysed inductively, that is, meaning is constructed by the researcher, which is literally, grounded in the data. Concepts emerge through a process of synthesis of all the data as analysis develops. Trustworthiness as an element of this methodology was integral in its design. This ensured a realistic and credible representation of meaning of the experiences of young people that arose from the range of data collected. This methodology can be seen as useful because it investigates a particular subjective phenomenon of a particular culture as naturalistically as possible.

As the investigation concerned how individuals understood the experience of art therapy in the school setting, a methodology that values the subjective experience of these individuals was warranted. In addition, the investigation sought to interpret the descriptions of the
participants, giving them voice by reporting key themes in the reported issues, claims and concerns participants made in relation to their experiences. The methodology which meets this requirement and is suitably interpretivist, and which also takes into account the natural setting in which the phenomena occur, is Naturalistic Inquiry (Lincoln & Guba, 1985). Ethnographic methods are appropriate for the investigation, because, according to McNiff (1998, p. 170), “the process of research should correspond as closely as possible to the experience of therapy”. C. Rogers (2007, p. 240) emphasised the importance of the quality of the relationship between therapist and client as a major enabler of constructive therapeutic change. Similarly, in engaging in research within a naturalistic paradigm, the relationship between the researcher and research participants is of immense importance due to the need to build a trustful, candid relationship. The tenets of Rogerian humanism (C. Rogers, 1946, 1957, 1959) therefore, are highly congruent with this aim. Finally, Naturalistic Inquiry has as its data collection and analysis methods, trustworthiness techniques to ensure the rigour of the findings, which is fundamental to the research being transferable and reliable. Chapter 6 explains these methods and techniques in detail.

The investigation was qualitative in nature, and constructivist in its methodological approach in a setting that combines educational and therapeutic elements. Constructivism may be seen as an approach to learning (see, for example, Marton, Hounsell, & Entwistle, 2005) that assumes individuals develop their understanding of the world through their subjective experiences. Knowledge acquisition and learning are embedded within highly contextual, complex subjective and experiential circumstances. According to Bandura (1977, p. 11), young people are learning about themselves within a social and external world that heavily influences how they subjectively perceive and know about their own reality. Furthermore, an individual’s perspective on the world arises from their experiences and, importantly, how they are interpreted, as Spinelli (1995, p. 295) attests. External events can be seen to have lesser or greater impact depending upon an individual’s interpretation of them. Interpretation is also relevant from a therapeutic perspective because problems often occur when an individual’s internal ‘construction’ of the world and his or her interpretation of external experiences are incongruent with each other. It is often at this point that individuals seek support in the form of therapy. One of the aims of therapy can be to assist the client to reconstruct or reframe their experiences. In art therapy, this aim can be directly achieved through engaging in creative, experiential processes (see for example, McNiff, 2004, p. 98 and Riley, 2005, p. 245).
The methodology for the investigation needed to accommodate multiple perspectives. In a person-centred and humanistic framework, the quality of the relationship that is built during art therapy is essential. In Naturalistic Inquiry (Lincoln & Guba, 1985) the quality of the relationship between the researcher and participant, while a different one, is also essential. In both, there exists an imbalance of power that needs to be reduced in order for the exploration and opportunities for co-constructing and re-interpreting new frames of understanding. Naturalistic Inquiry is suitable for conducting research with young people because it is essentially an emancipatory methodology. It potentially empowers individuals through active participation in the research process, enabling participants to learn more about the phenomena under scrutiny. Further, it gives expression to the perceptions and experiences of minority groups, such as school students who are largely unheard in society. Naturalistic Inquiry’s effectiveness depends, therefore, on building trusting safe relationships between researcher and participants. At both the theoretical and practical levels, Naturalistic Inquiry, as described by Lincoln and Guba (1985), provides a wholly appropriate methodology to investigating individuals’ experiences of art therapy.

The investigation was transdisciplinary (Leavy, 2011) in nature. Art therapy can be seen as a hybrid profession (for an explication, see Westwood & Linnell, 2011, p. 1). It straddles the worlds of art and therapy, and the worlds of words and pictures, and draws upon several disciplinary fields. As a relatively new profession art therapy can be said to be still evolving its key domains of theory and practice, including its research methodologies. It is aptly suited to adopting emergent transdisciplinary research practices precisely because of its hybrid nature. McNiff (1998) and others (Borowsky-Junge, 1993; Gilroy, 2009; Hogan & Pink, 2010; Kapitan, 2010; Pink, Hogan, & Bird, 2011) argued that research encompassing a range of methods including those that are art based could provide more comprehensive ways of capturing human experiences and reflect more closely the ways art therapists work in practice. In the design of this investigation, there were three overlapping, interactive phases with each informing the other in a cyclical, recursive process. The first phase therefore, included collecting response art from the researcher as part of usual art therapy practice. A series of interviews using Spradley’s (1979, p. 86) “grand tour” framework, together with response art are collected from the art therapists. These data shape the design of the third phase: a series of interviews with the young participants enquiring of their experiences of art therapy and reflecting upon their artwork (they had previously created during art therapy intervention) as part of the interview process.
Art therapy is an experiential, creative process. There is much scope for researching these processes particularly with young people and especially in schools. Although much of contemporary research with young people is based on their emancipatory and participatory involvement (Carter & Ford, 2013; Moran-Ellis, 2010), Carter and Ford (2013) observed that there is less research that addresses art-based research as a means by which the young person can interpret their own experiences and which can be used as part of the data set. Further research that focuses upon the experiences and reflections of young people in therapy is, therefore, warranted. Deaver (2011, p. 25) and McNiff (1998, p. 185) observed that there is much potential for conducting art therapy research on the experiential processes involved in art therapy as well as characteristics of the therapeutic relationship. There is also limited research dealing specifically with art therapists who work with young people, including how they work; the nature of the relationship formed; how they convey understanding; and how they facilitate self-growth.

Researching and elaborating how the experiential phenomenon of creative art making can be therapeutic offers particular challenges. Although phenomena central to the art therapy intervention have been explored through art-based research (McNiff, 1998), historically, the dichotomy between the sciences and the arts means that artistic inquiry generally has been given scant attention. McNiff argued, “all of the arts participate in the intelligence of the creative imagination which is a vast frontier for discovery” (McNiff, 1998, p. 17). Art-based research, particularly if it includes participatory involvement, can offer creative ways for art therapists to define and adopt their own research paradigms (Borowsky-Junge, 1993). As Mather (2013) and Sawyer (2012) noted, the function and benefits of researching creative processes such as art making, are still evolving. Research that includes forms of art can be one way to increase understanding of artistic ways of knowing and can complement other forms of research (Gilroy, 2009; Martin & Booth, 2006; McNiff, 1998). As Martin and Booth (Martin & Booth, 2006, p. vii) explained “creative people who are also scholars can weave and layer, juxtapose and co-present their insights and skills as artists, together with their knowledge and reasoning as scholars”.

Scope of the Investigation

While this investigation was situated within the culture of an Australia contemporary high school, and concerned the cultural practice of art therapy itself, it was not a comparative investigation between art education and art therapy such as that conducted and comment upon by Anderson and Packard (1976) and Packard and Anderson (1976). Rather, as art
therapy is officially not accepted in educational departments in Australia, this investigation attempted to address a phenomenon given scant attention in the practice, research and literature to date. It is, therefore, limited in the ways in which it can be informed by the research conducted by others within this particular context. However, the investigation did draw upon the works of McNiff (1998, 2004), Moon (2004), Karkou (2008, 2010) and Shore (2013) to inform it practically and theoretically. The research sought to explore, in depth, the experiences of ten young people and thirteen art therapists, seeking to provide thick, rich descriptions for transferability to researchers, art therapists and, directly or indirectly, young people. As with any other post-positivist investigation, the sampling was purposive and was not intended to provide a basis for generalisations to a larger population. The art therapists who participated all worked with young people and were not limited to working in school settings. As a result, they practised in many diverse ways. Arguably, the wide range of working contexts and diversity of framework held by the art therapists could be seen as a limitation because of the variation in practice and contexts. However, selecting art therapists whose clients were young people in a variety of settings was a pragmatic decision in order to enable sufficient data to be collected as very few trained art therapists work in schools. None of the five art therapists, including the researcher, who did work in schools, were officially called art therapists.

Certain ethical considerations limited the scope and design of the investigation. The original intention was to invite younger children to participate. Due to ethical concerns described in Chapter 6, young people who were 18 years and who had left school eventually participated. Nine of the ten students for example, were ex-art therapy clients of the researcher and, potentially, this was another limitation of the research. One student was an ex-student of one of the art therapists interviewed who worked in a high school setting. Again, the selection of these students was necessarily pragmatic, for logistical, geographical and practical reasons. As an insider conducting this research, there was potential for personal bias to affect the interpretation of data. Naturalistic Inquiry (Lincoln & Guba 1985) uses a range of trustworthiness criteria and these were rigidly adhered to throughout the whole research process and these are discussed in greater detail in Chapter 6.

Organisation of the Thesis

This chapter has sought to introduce the investigation, addressing particularly the research problem and its setting, the research questions, the conceptual framework, the
methodological approach and the scope of the investigation. Chapter 2 presents an overview of the literature relating to the professional practice of art therapy, with particular emphasis on how art therapy has been utilised in school settings. Chapters 3, 4 and 5 focus respectively on the conceptual frameworks used in the investigation: humanism, creativity and psychosocial developmental theory. Chapter 6 explains the methodology adopted for the investigation; it provides a detailed account of how the data were collected and the procedures for trustworthiness that were incorporated into the design methodology. Chapters 7, 8, 9 and 10 report the findings of the investigation, addressing, respectively, four important themes to emerge from the data collected. These are: the therapeutic relationship; young people’s identity concerns; professional identity of the art therapists and tacit communication. Chapter 11 concludes the thesis. It reviews the main findings and presents a discussion of their implications for future research directions and potentially for policy and practice.
CHAPTER 2

Art Therapy and its Place in Schools

This chapter addresses the literature on the art therapy profession, with particular focus on the historical development of the profession in the United Kingdom, the United States and Australia — though in the case of Australia, the profession has had a relatively recent history, and the influences on its development have derived mainly, but not exclusively, from the United Kingdom and the United States. The chapter also addresses the literature on the impact of art therapy in schools, but this literature is challenging to review comprehensively because of its diversity, taking in as it does fields that include health, education and the law (Gilroy, 2009, p. 139).

About Art Therapy

Art therapy as an area of professional practice is variously defined. Indeed, Waller (1991) argued that it means different things to different people, but Jones (2005, p. 26) suggested that there is a common denominator in that art therapy has a dual emphasis on creativity and on therapy. Two authoritative descriptions of the profession are those provided respectively by the British Association of Art Therapy (BAAT), and the American Art Therapy Association (AATA) respectively. The BAAT described art therapy as follows:

Art Therapy is a form of psychotherapy that uses art media as its primary mode of communication. Clients who are referred to an art therapist need not have previous experience or skill in art; the art therapist is not primarily concerned with making an aesthetic or diagnostic assessment of the client’s image. The overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment.

The relationship between the therapist and the client is of central importance, but art therapy differs from other psychological therapies in that it is a three way process between the client, the therapist and the image or artefact. Thus it offers the opportunity for expression and communication and can be particularly helpful to people who find it hard to express their thoughts and feelings verbally. (BAAT, 2014c)

The AATA described art therapy as follows:

Art therapy is a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings,
reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem. A goal in art therapy is to improve or restore a client’s functioning and his or her sense of personal well-being. Art therapy practice requires knowledge of visual art (drawing, painting, sculpture, and other art forms) and the creative process, as well as of human development, psychological, and counseling theories and techniques. (AATA, 2014)

There is much in common between the two descriptions. Each attaches importance to the use of a creative process within a therapeutic relationship directed towards healing. In each, the focus is on artwork as a basis for the expression of feelings and the discovery of personal meaning. Each also recognises the validity of verbal as well as non-verbal forms of communication (Ballou, 1995). In both definitions the creative and experiential process is fundamental and the relationship between the therapist, the client and the artwork within a therapeutic setting is seen as being central. Both definitions are consistent with Waller’s (1991, p. 12) view that art therapy is a means of communicating innermost feelings, based on the provision of a range of art materials, a special environment and a therapist whose approach is not to instruct.

However, there are also some differences. The BAAT description tends to place more emphasis on the psychodynamic character of professional practice within the field with change seen as being brought about through the use of art within a therapeutic relationship. In contrast, the AATA description tends to attach importance to a psychological perspective, with the formulation of a treatment being tightly linked to assessment and diagnosis. In brief, the BAAT description is more concerned with art making in the context of personal expression, whereas the AATA description is more concerned with art making in a psychological context. Both descriptions recognise, however, the importance of working with subconscious processes, although in the BAAT description the client’s conscious understanding may not be the main focus of therapy. By comparison, in the AATA description the client’s conscious understanding is clearly the focus of therapy.

The differences between the two descriptions reflect particular characteristics of the profession’s emergence within the European and North American settings. In Europe, the role of art making as a form of therapy was recognised by Freud (1856–1939) and Jung (1875–1961). Freud’s theory of the mind (Strachey, 2001; Wollheim, 1991, p. 42-64) had a significant influence on the early development of the profession because it proposed links between creative expression and the subconscious. Freud saw drives and motives as manifesting themselves in subconscious conflicts that could produce physiological changes
and pathology (Burton et al., 2009, p. 417). These ideas infused an avid interest at the time in the psychological meaning of artwork as art became progressively more inward looking and subjective. Jung’s (1875–1961) interest in art drew attention to the increasingly important notion of the “common bond that humanity has through the visual language of art and its role in the communication of universal concepts” (Malchiodi, 1998, p. 23). It may be ambitious to claim that Jung was the first art therapist (Hogan, 2001; Hogan & Coulter, 2014), but there is no doubt that his pioneering, humanistic theories significantly influenced the development of a conceptual understanding of the nature of art therapy as a helping profession. His interest in and writing about dreams, archetypes, symbolism and the notion of the collective unconscious drew widespread interest from artists and writers in the early 20th century.

Art therapy’s place in the medical arena began to evolve in continental Europe around the turn of the 20th century, particularly as a consequence of the emergence of psychoanalysis and the new field of psychiatry. Psychiatrists became increasingly interested in interpreting patient psychopathology, as expressed in artworks. Paul-Max Simon, for example, who is referred to as the “father of art and psychiatry” (Malchiodi, 1998, p. 25), is credited with influencing the diagnostic use of artwork, based on the view that the symptoms of mental illness may well be reflected in the content of the imagery. Other psychiatrists, such as Prinzhorn (1995), who collected and published patients’ artworks across Europe, were less interested in individual psychopathology and more interested in inherent creative processes and the individual’s urge to self-express as an important means of communication (Malchiodi, 1998).

In the United Kingdom the early development of art therapy as a profession was influenced by the writings of Read (1893–1968), an educator, who in the early 20th century, documented the importance of creative processes to learning and communication, and Hill (1895–1977), an artist, who influenced the development of a strand of art therapy emerging from medical roots associated with rehabilitation after the trauma of war (Hill, 1945). Another pioneer was Segal (1942). More recent significant champions for the profession in the United Kingdom include Lydiatt (1971), Adamson (1984), and Simon (1992, 1997) (for a more detailed history, see the work of Hogan, 2001; Kaplan, 2005a; Waller, 1991; Westwood, 2010).

The development of an art therapy profession in the United Kingdom was given a significant boost by the establishment of a National Health Service (NHS), created shortly
after the Second World War. The NHS provided a supportive framework within which art therapists were able to play a distinctive role. Adamson, who worked with Hill, was the first professional artist to be appointed within the NHS. In 1946, he had introduced art therapy at Netherene Hospital in Surrey, under the guidance of Cunningham Dax, a psychiatrist, who later moved to work in Australia. Art studios soon began to be established within hospital settings and psychiatry’s interest in the field grew because of a more general focus on psychodynamic theories relating to mental health. Open therapeutic communities in non-clinical settings were established. An example was Withymead in Exeter under the management of Irene and Gilbert Champernowne who both greatly advanced the concept of art therapy. The Withymead community adopted Jungian philosophy and sought to give expression to both socialist and humanist principles. Withymead became a place where creating art was seen as a way of self-healing.

The parallel growth of occupational therapy as a profession in the United Kingdom also contributed to the emergence of art therapy. Important in this context was Lydiatt (1971), who worked in hospitals and taught art in schools. A contemporary of Hill and of the Champernownes, Lydiatt held strong views based on Jungian concepts about the inherent spirituality of individuals (Hogan, 2001, p. 107). Her influence across both health and education played a formative role in the spread of art therapy at that time.

Through other channels, the intersection of art therapy in education was also developing. The seminal works of Winnicott (1965), Lowenfeld and Brittain (1987) pointed to the importance of creativity for the healthy functioning of young children. Creativity was considered to be directly relevant to the social, emotional and developmental needs of young people.

The BAAT, established in 1964, was the first professional art therapy association in the world. It helped to develop professional standards and it also became an important forum for advocacy on behalf of the growing art therapy profession. The BAAT was initially affiliated with the National Union of Teachers (NUT), which meant that it had no capacity to represent art therapists working in the health service. A strategic decision taken by the BAAT in the mid-1970s to become aligned with the NHS meant that from then on art therapy as a profession developed within the framework of the health services. However, the number of art therapists employed in schools dropped significantly (Karkou, 2010).

Formal recognition of art therapy as a health profession within the NHS was achieved in 1981 (Case & Dalley, 2002). Sixteen years later, in 1997, the BAAT achieved further
success by having the profession registered with the Council for Professions Supplementary to Medicine, a public instrumentality capable of determining art therapists’ pay scales and employment conditions (Westwood, 2010). As of 2014, the Health Care Professions Council is responsible for the registration of approximately 3,446 art therapists (including other arts therapies) under the umbrella of ‘allied health professionals’ (Health Care Professions Council, 2014). According to Karkou (2010), the profession now enjoys considerable legitimacy in the areas of health and education, which has enabled it to engage much more fully with the field of education.

In the United States, Kramer (1916–2014), an artist, and Naumburg (1890–1983), an educator, were important to the early development of art therapy as a field of practice. They had migrated from Europe in the early part of the 20th century and had a deep understanding of the benefits of creative art processes in healing. Both were strongly influenced by psychoanalytic theory, but each advanced a pioneering and distinctive conceptual understanding of the nature of art therapy as an area of practice. Kramer viewed the art in art therapy as being a means of making the unconscious conscious, whereas Naumburg (1947) emphasised art as therapy, seeing it as a primary modality rather than as an adjunct to any other form of therapy. Other key figures in the early development of the profession in the United States included Ulman (1961), Kwiatkowska (1978) and Cane (1989) (for a more detailed history see the works of Borowsky-Junge, 2010; Rubin, 1999; Vick, 2003; and Westwood, 2010).

The medical and the educational settings within which art therapy developed in the United States were similar to those in the United Kingdom during the period from the 1940s onwards. There were, however, some distinctive developments. Naumburg viewed the creation of art as “symbolic speech” (Naumburg, 1955 p. 435) originating from subconscious elements and able to be understood by the art’s creator. She saw the artwork as a means of diagnosis and therapy (Rubin, 1999), with insight and verbalisation as important aspects of the process. Kramer’s perspective as an artist was different. She saw artwork as providing a way of sublimating conflicting emotions and impulses through the creative process, that is, she saw the process of making art as being the source of therapy. In the early years, these two perspectives gave rise to tensions in art therapy theory in the United States. Rubin (2001) suggested that the tensions were largely resolved by the end of the 20th century, although Westwood (2010), and Hogan and Coulter (2014), have not entirely agreed.
Art therapy’s historic involvement with education in the United States has also had a long history. The cross-fertilisation of theoretical influences and the movement of ideas in the context of the dislocation caused by world wars meant that the special relevance of art to young people’s social, emotional and psychological health became more widely recognised. As art therapy developed in Europe, it also developed simultaneously in the United States. Naumburg’s sister Florence Cane, an art teacher with psychoanalytic training, founded the Walden School in 1914 and was heavily influenced by various child-centred educationalists including John Dewey and Maria Montessori (Rubin, 2009). Cane’s pioneering work on the creative capacities of young people contributed significantly to progressive education and humanistic thinking which flourished in the 1960s. The emphasis on the individual developmental needs of the child and the importance of imagination, play and experiential learning informed the educational landscape.

The formation of the AATA in 1969 (Westwood, 2010) marked the development of a national identity in the United States for art therapy professionals. Training programs were started and, in 1961 Ulman established the first professional art therapy journal (Vick, 2003). Westwood (2010) and others (Borowsky-Junge, 2010; Hogan & Coulter, 2014; Malchiodi, 1998) have shown that art therapy’s strong theoretical links in the United States with psychiatry and psychology inevitably influenced the assessment, diagnostic and treatment aspects of the profession.

Currently, the Art Therapy Credentials Board regulates the accreditation and certification of art therapists in the United States. The processes for professional accreditation and certification in the United States are more complex and diverse than those in the United Kingdom (Hogan & Coulter, 2014), principally because of the need for art therapy practitioners in the United States to comply with a private health care system that requires diagnosis in order for service fees to be paid. As a consequence, art therapy practitioners need to have required knowledge of the assessment and diagnosis of mental health disorders. In addition, there is widespread variation across different states in terms of their specific accreditation and certification requirements.

In both the United Kingdom and the United States, there is an ongoing debate about professional identity. According to Gilroy (2009, p. 2) and Huet (2008, p. 15) art therapists perceive mental health care differently from the mainstream mental health paradigm. Gilroy (2009), Saunders and Saunders (2000) also observe ambivalence has existed among
many art therapists towards conducting research, particularly outcomes based research and
this affects professional legitimacy. In an emerging and diverse profession such as art
therapy, the empirical evidence base is comparatively small compared with other
established therapeutic professions this has an impact on professional identity.

Issues of professional identity and the definition of art therapy are alive in Australia. In
2011, the main art therapy professional association in Australia, the Australian and New
Zealand Art Therapy Association (ANZATA) changed its name to include other arts
modalities. This was to more closely reflect the diversity of approaches as arts therapy
develops in the Asia Pacific region. ANZATA defines the field of arts therapy as:

> Arts therapy or arts psychotherapy uses creative modalities, including visual art-making,
drama, and dance/movement within a therapeutic relationship to improve and inform
physical, mental and emotional well-being…

All arts therapies are traditionally based on psychoanalytic or psychodynamic principles,
and most arts therapists utilise varied evidence based theoretical frameworks in their
work. These traditions include depth analytic, humanistic, behavioural, systemic, and
integrative approaches. Arts psychotherapy can be employed both as a therapeutic and
diagnostic tool. Arts therapy can be practiced with individuals as well as groups. It differs
from traditional art-making or performance in that the emphasis is on the process of
creating and meaning-making, rather than on the end product. The therapist and client/s
develop a dynamic interpersonal relationship, with clear boundaries and goals (ANZATA,
2015).

Similarly with the BAAT and AATA definitions, with the ANZATA definition,
importance is attached to creative processes within a healing relationship. As this
investigation is solely concerned with art therapy, this review is limited to art therapy
rather than the arts.

**Art Therapy in Schools**

Western educationalists have long advocated the importance of the creative arts to the
overall healthy development of young people, including in terms of their social and
emotional wellbeing (see for example, Chutroo, 2007; Ewing, 2010; Greenhalgh, 1994;
in both Europe and North America have been vocal in arguing the psychological value of
an engagement with the visual arts. (Hogan, 2001; Karkou, 2010; Loesl, 2010; Rubin,
2009). Art therapists, Case and Dalley (2008), have also provided a comprehensive
developmental perspective of art therapy including its presence in primary and high schools. A strong humanist strand has woven itself through art therapy’s professional history as shown by its commitment to the creative process and to human development, particularly as influenced by its roots in art education. Art therapy has incorporated many other theories besides humanism, but as this review has shown, many founding art therapists were either artists or art teachers. The influence of humanistic, developmental and child-centred theories remains a strong enduring thread in contemporary art therapy.

In the United Kingdom, Karkou (2010) has drawn attention to the need to distinguish between arts education and art therapy, noting differences between the two in terms of intention, content, psychological priority and format. Over time, a clear separation between the two is said to have developed (Karkou & Glasman, 2004; Karkou & Sanderson, 2006). According to Karkou (2010), this separation is now being reconsidered in the United Kingdom (see for example, projects such as the Place2Be, 2013), as is also happening in the United States (Loesl, 2010; Randwick & Dermer, 2013). The prevailing view is that inclusive educational policies are required in order to cater for a diverse range of special needs, including the social, emotional and mental health needs of young people (see for example, Department for Education, 2013). In the United States, Kramer (1971) and Rubin (1984) have shown how art therapy can be effectively incorporated in schools with young people experiencing a broad range of emotional and learning problems.

The United Kingdom

As documented earlier in this chapter, art therapy in the United Kingdom has strong historic roots in education. Ideological differences between education and the medical profession are reflected in the fact that most art therapists in school settings are informed by humanistic ideas rather than by psychoanalytic or psychodynamic ideas. Karkou (2010), though, reported that art therapy falls well behind other expressive therapies, including music therapy and dance therapy, in terms of its representation in United Kingdom schools. As noted earlier, in the mid-1970s, the BAAT (2014b) aligned itself with the NHS, with a consequence of a drop-off in the number of art therapists employed in schools.

Political issues have always had a special bearing on the nature of art therapists’ involvement in schools in the United Kingdom. As Karkou (2010) observed, the national curriculum introduced in the 1990s reduced to an extent the prominence that had been
given to child-centred education. It also restricted levels of freedom and creativity for students and teachers (Swift, 2009, p. 1) in favour of a more prescriptive curriculum approach and an excessive focus on testing, as Conway (2010) has attested.

Education remains the setting where the social and emotional and mental wellbeing of young people can impact considerably on their learning outcomes. The argument for the inclusion of art therapy in schools is strong. Various contributors to the literature, including Karkou (2010) and Gersch and Gonclaves (2006), have argued the importance of art therapy in schools, given its focus on a wide range of social, emotional and mental issues which are routinely identified as impacting upon academic learning. Coulter (2014a, p. 124) observed that enough evidence exists to show that art therapy can offer academic improvement and can assist with brain plasticity. Nevertheless, most art therapists in the United Kingdom still work within the health sector (BAAT, 2014a; Karkou, 2010) rather than in education. Although recent government policies take into account the importance of students’ overall wellbeing as it relates to educational outcomes (see for example, Department for Education, 2008, 2013; Gutman & Vorhaus, 2012; Humphrey, Lendrum, & Wigelsworth, 2010; Statham & Chase, 2010), funding cuts affecting services such as art therapy add to the problem of low numbers of art therapists in schools. Consequently, even in the United Kingdom where art therapy is well established, there are significant challenges for art therapists who work in schools and seek to show evidence of its benefits.

Art therapists working in educational settings need to operate in a different way to those working in health. The importance of the therapeutic relationship and of an awareness of young people’s developmental needs means that art therapists need to possess a definite set of skills in order to individualise their work with young people. Intervention also needs to be in close co-operation with other key educational professionals. Karkou (2010) argued that supporting young people’s emotional and social needs should overlap with facilitating learning outcomes. Gilroy (2009, p. 148) agreed, observing that art therapists working in education require “a degree of structure and sometimes ‘direction’ [which] are needed to contain and channel behaviour into making art, this being the means through which children and adolescents can learn to manage their experiences and behaviour”. Art therapists working in schools need, therefore, to have a thorough understanding of the socio-cultural priorities of their schools, as well as of developmental and learning theories.

The empirical literature on art therapy in the United Kingdom is overwhelmingly qualitative. According to Gilroy (2009, p. 93-95) this reflects art therapy’s experiential
nature and historic practitioner traditions. Art therapy practitioners understand that creating art can be “a way of knowing what it is we actually believe” (Allen, 1995, p. 3). McNiff (2004, p. 290) argued such a way of knowing is tacitly understood by many people, not just qualified art therapists. Polanyi’s (1983) seminal work on tacit knowledge argued that individuals know more than they can tell. He further argued that all knowledge involves tacit components or “inarticulate intelligence” (Polanyi, 1974, p. 70). As art therapists invariably work with practice-based concepts these can be difficult to express in theoretical terms (Prior, 2011). Gilroy (2012, p. 12) observed that art therapists have “an enormous amount of tacit knowledge”, but the challenge is to capture and communicate this type of knowledge as valid evidence. Gilroy (2012, p.19) argued that research and writing are political activities and art therapists need to engage in both; they need to draw on inductive research methods and they can use their tacit and creative knowledge as forms of evidence that are congruent with practice. McLeod (2010, p. 247-248) asserted that different ways of researching privileges some voices over others, and that how therapy is represented is political. In educational settings, Karkou (2010) showed that, despite art therapy’s long history in both mainstream and special schools, there still remains relatively little published research about art therapy in schools. She argued the lack of published literature has implications for both practice and educational policy. To add to the complexity, evaluating the effectiveness of art therapy in terms of learning outcomes in schools is difficult. Gilroy (2009, p. 139) noted that the evidence base for art therapy with children and young people is further complicated by terminology used in healthcare, which is inappropriate for schools and social services. According to Fox and Hawton (2004, p. 15), terminology confusion with different data collected across disciplines may be one explanation why there are gaps in the literature that exist when working psychotherapeutically with young people.

In spite of these challenges, there is a rich body of descriptive literature supporting the theory and practice of art therapy with young people in a range of settings (Gilroy, 2009). Karkou’s (2008) nationwide survey of the extent of art therapy in education found that, of the 299 respondents in the survey, only about 17% had a working relationship with schools and only about 7% considered schools as their main working environment. Not surprisingly therefore, there are few research studies in the United Kingdom specifically documenting art therapy in schools. C. Case (1995, 2000, 2003, 2006) has, however, documented several case studies covering the therapeutic function of imagery for containing aggressive and destructive impulses in primary age children who have been
exposed to domestic violence. She also recorded aspects of the therapeutic relationship and how adolescents approach art therapy after a periodic break. C. Case (2000) argued that adolescents can begin to find a way to articulate their feelings and begin to make sense of their experience through their imagery. Case and Meyerowitz-Katz (Case, 2003, 2006; Meyerowitz-Katz, 2003) provided further examples of case studies exploring the beneficial use of art materials in supporting therapeutic change with very young children.

There are several qualitative studies with young people with special needs and disability that indicate the benefits of art therapy to individuals. For example, Evans’s (1998) qualitative research with autism in special schools indicated that art therapy assisted in the development of communication skills. Similarly, Tipple’s (2003) case study in a disability educational setting for young people with neuro-developmental disorders showed that art therapy can contribute towards a multi-disciplinary assessment for diagnosis. Tipple’s research used a framework drawn from art history to conceptualise the therapist–client relationship and the artwork. As with most research regarding art therapy in the United Kingdom, the benefits of these studies lie in the deep qualitative exploration of individual subjectivities and meaning drawn from single case studies or small cohort groups, rather than in quantifying cognitive or behavioural outcomes.

The “hierarchy of evidence” (Gilroy, 2009, p. 15) in health and which has influenced education, according to Karkou (2010), nevertheless privileges some research methodologies over others. Gilroy argued that art therapy’s rich, descriptive and qualitative evidence base does not fit the orthodox framework of evidence-based practice. Karkou further noted that, as art therapy emphasises subjective experiences and internal change, the effectiveness of art therapy shown in quantifiable behavioural change is challenging. In addition, Gilroy (2009) argued that young people’s problems may be defined in different ways according to who is researching and what is being researched. She adds that the developmental factors and the episodic nature of some problems associated with young people also complicate assessing the effectiveness of generic therapies. Efficacy is not only an issue with art therapy. Kadzin (2000) for example, asserted that within psychotherapy more generally, there is little evidence for the measurable effectiveness of psychodynamic therapy; that the most effective forms of therapy that can be quantified are behavioural and cognitive interventions, as Fonagy (2002) has described. Gilroy (2009, p. 149) observed that the difficulty of measuring art therapy’s efficacy through large scale, randomised control trials may be one reason why it continues to be “undervalued” by a wider audience.
The evidence that does exist shows that art therapy can function in schools and has significant benefits, but those benefits are not necessarily easily measurable or attributable to art therapy, particularly when collaborative research is conducted with other professionals. Gilroy (2009, p. 40) strongly argued that it is art therapy’s “difference” that makes it helpful for individuals, particularly those who find difficulty in engaging in mainstream services. Welsby’s (1998) single case study illustrated the importance of keeping young people out of the psychiatric system and engaged in school, while at the same time, providing therapeutic support that is accessible and acceptable to the young person. Although Welsby showed the benefits of art therapy in school retention, the benefits cannot be quantified. Overall, currently, there is insufficient empirical research to enable confident assertions about art therapy’s efficacy. Evidence of effective practice can be researched and documented in many different ways, including through collaborative and art-based methods that align with art therapy practice. Karkou (2010) and others (Welsby, 1998; Gonclaves, 2004; Gilroy, 2009) all argued that combining research methodologies and conducting collaborative research within schools, can help shift the balance for developing art therapy possibilities within contexts such as schools.

Some art therapists in the United Kingdom are conducting research that utilises methodologies that are congruent with the creative and experiential processes they employ in their professional practice. Such research can be seen in the recent Targeted Mental Health in Schools initiative (Department for Education, 2011) that used longitudinal and randomised control trials with both quantitative and qualitative methods to evaluate interventions to support young people with emotional difficulties in schools. West and Stone (2011) have also documented the successful quantitative and qualitative outcomes evaluated within four different primary schools involved in a collaborative project that used art therapy. Although a relatively small sample participated (28 pupils), the pre and post measures of emotional wellbeing of the participants in group and individual art therapy, as well as descriptive case studies, showed that all the young people benefitted from the art therapy intervention.

The literature signals a need to conduct research in schools that is embedded in the core practice of art therapy and that involves collaboration and the participation of others. An example can be seen in Cocker’s (2014) pilot study in a special school with primary students with emotional difficulties. With the full support and co-operation of the teaching staff, the students were given the opportunity of having ten minutes in the art therapy studio and to use the space when they needed to calm themselves by making art. The
success of the pilot study was partially due to staff support, which enabled the students to leave the classroom and work in an art studio environment where they could safely express and contain their emotions and calm themselves down before returning to class.

The United States

Much of the documented literature on the benefits of art therapy for young people in educational settings in the United States (see, for example, Malchiodi, 1997; Phillips, 2003; Riley, 2003) is based on the formulation of treatment plans to meet educational goals that are often associated with diagnosis and testing. The empirical literature reflects the emphasis in the United States of a more psychological paradigm compared with the United Kingdom. Art therapy has always had strong roots in education as important pioneers in the field, such as Cane (1989), Kellogg (1969), Lowenfeld and Brittain (1987) and Uhlin (1972), recognised the value of art to young people’s healthy development. Similarly, educational policies introduced in the United States after the Second World War provided a comprehensive curricula in which art education was seen to be essential. These policies were influential in linking between art education to health and wellbeing. In addition, as Vick (2003) documented, the new developmental theories of the 19th and 20th centuries with their emphases on children’s early experiences placed fostering creativity as central to the healthy development of young people.

A grass roots link between art therapy and education has consequently continued into the 21st century (see for example AATA, 2011), but importantly, its presence in schools has been achieved mainly through the consequences of conducting outcomes-based research that is quantitative in nature (Gilroy, 2009). Loesl (2010) observed that although art teachers may have an understanding of traumatic experiences expressed in artistic form, the goals of therapist and educators are different. She observed that in recent years, economic constraints mean that few districts in the United States now employ art therapists in schools and that art therapy support services are often contracted out to consultants. As one of the first art therapists to be employed in the Milwaukee public school system, Loesl has argued that there are challenges for art therapists in schools where the role boundary may be blurred between art education and teaching. She identified budget cuts that impact not only on art therapists being employed in schools but also on arts curricula. Loesl strongly argued that art therapy is a “necessary part of any school district’s plan for student success” (Loesl, 2010, p. 55). Albert (2010) further noted that art therapy could be integrated more closely within art education, thereby making art therapy more acceptable.
within the school system. She asserted that strategies from both disciplines of therapy and education presented in the form of experiential processes and structured scaffolding can support and empower students, as they can be an effective pedagogy.

The greater number of quantitative and outcome studies in art therapy in schools in the United States reflects the profession’s cultural and historic links with psychology. Bush (1997), for example, has documented the educational context in which art therapy services were first introduced in American schools with therapeutic interventions based on diagnostic screening within a behavioural model. More recently, the mapping by Isis and colleagues (Isis, Bush, Siegel, & Ventura, 2010) of art therapy involvement at Dade County public schools in Miami has shown that diagnostic assessment forms a significant part of clinical practice within their clinical art therapy department. Slayton, D’Archer and Kaplan’s (2010) updated review of the efficacy of art therapy has shown that there is a small amount of quantifiable data to show its effectiveness across a range of clinical and non-clinical populations. Their review was limited to art therapy as a specific intervention but acknowledged that several other studies combined other modalities, which reduced their dataset. Nevertheless, they observed the increase in outcome studies being conducted indicates the cumulative evidence for art therapy’s effectiveness.

Art therapy conducted in schools can potentially provide a wider social and emotional support than purely addressing diagnosed special needs or the improvement in educational outcomes as Loesl (2010) and others have pointed out. Malchiodi (1997) and Riley (2005) both argued that many young people often do not have the verbal capacity to identify their emotions or to articulate crises, and so activities such as art therapy are highly appropriate for all young people, not only those with identified and diagnosed problems. Practitioner–researcher Riley (2005) also asserted that the multi-layered aspect of art therapy could assist young people by reducing anxiety, increasing memory retrieval and helping them to organise their narratives or stories. In effect, art therapy can empower agency in young people by assisting self-learning and growth. The benefits to young people of using imagination and working with metaphors and symbolism rather than by using cognitive thinking can be immense. Riley (2005) further argued that by means of using more experiential processes, young people can learn more about themselves and thereby develop a positive self-identity and sense of autonomy which are the major tasks of adolescence (Blos, 1966; Liebmann, 2003, p. 99).
In schools, where learning outcomes are prioritised, of great value is research that quantifies either behavioural change or improvement in academic areas or social interactions with others, and which can clearly show benefits of art therapy to education. Studies documenting outcomes, while important, tend to undervalue a more phenomenological perspective. The considerable quantitative, outcomes-based literature on the benefits of art therapy in the United States (Pond, 1998; Rosal, 1993; Rosal, McCulloch-Vislisel, & Neece, 1997; Spiers, 2010) has contributed to an evidence base concerning the validity of art therapy as a therapeutic intervention. Rosal (1985) for example, conducted a small-scale randomised control trial of an art therapy intervention in a primary school that compared students’ behaviour, pre and post art therapy, cognitive behavioural therapy and with no intervention as a control. She found that behaviour improved in both intervention groups. Further collaborative research conducted by Rosal, McCulloch-Vislisel and Neece (1997) found that art therapy in school could positively change a small number of high school student’s attitudes towards home and school, but, although pre and post measurements were taken, the sample group was small. Spier’s (2010) more recent work used a ‘mixed methods’ design to investigate the benefits of art therapy for students struggling to transition to high school. Spiers found that art therapy enhanced a sense of belonging in the students and gave them increased coping skills and decreased disruptive behaviour. The inclusion of both qualitative and quantitative evaluation gave more comprehensive data, but again, the study used small numbers, hence making generalisation to a wider population problematic.

There is a body of documented research with specific populations of young people such as youth-at-risk (Sutherland, Waldman, & Collins, 2010; Wallace-DiGarbo & Hill, 2006) and the screening of aggressive youth through art therapy assessment (Earwood, Fedorko, Holzman, Montanari, & Silver, 2004). Wallace-DiGarbo and Hill’s investigation, although primarily quantitative, did have a qualitative component. Major limitations were in the lack of a control group, the significant drop out rate weakening the data and as other interventions were part of the program, whether observable changes were due to other effects. Sutherland, Waldman and Collins (2010) have informally evaluated a structured art therapy program aimed at developing self-awareness and self-management skills for youth in danger of disengaging from schools across inner-city Chicago. The investigation tracked 150 students over a year (2007–8) and found a significant improvement in school attendance and increased academic achievement. Although the program had measurable
outcomes in reduced truancy and increased graduation, whether the change arose through
the art directives, group processes or the relationship with the art therapists is less clear.

Mixed-method approaches to research can reveal the influence of emotional states upon
learning, thereby deepening empirical research through a greater understanding of
subjective experiences. Patton (2002, p. 5) and Flick (2009, p. 33) argue that mixed-
method approaches, which often combine elements of quantitative and qualitative
methods, are pragmatic choices researchers make in order to meet the purpose of their
inquiry. Similarly, McNiff (1998, p. 146) asserted that art-based approaches can be
structured within rigorous research inquiry. He further argues art therapy research can also
include both deductive and inductive methods in order to capture better the rich complexity
of art therapy. Qualitative research can add to the overall knowledge base by focusing on
particular aspects of experience but may not be able to demonstrate overtly measurable
outcomes. Phenomenological research undertaken by Nissimov-Nahum (2008) with art
therapy in schools, for example, found that although art therapy was beneficial, relatively
few art therapists reported clinically significant behavioural change, which is an important
priority in education but not the only measure of change.

Collaborative research too, may help to provide a better picture of the benefits of art
therapy in schools. Gilroy (2009, p. 140) acknowledged the benefits of art therapists
research with elementary school art teachers and school counsellors with art therapy
interventions, concluded that collaboration and flexibility between professionals were
necessary components for success — a point also made by both Karkou (2010) and

The literature (Case & Dalley, 2002; Karkou, 2010, p. 14) suggests that implementing art
therapy in schools as a support in early intervention may be harder than implementing it
with young people who have been diagnosed with disorders. Case and Dalley (2002, p. 11)
argue that the difficulty may be due resistance to the idea of conducting therapy in an
educational setting despite the link between emotional problems and learning being
established. B. Sterling (2006) showed the success of art therapists working in educational
settings in the United States and the United Kingdom with young people suffering from a
variety of disorders. She argued that a collaborative approach between educational
professionals and art therapists has the potential to extend the existing psychological
services. However, she also noted the diversity of young people’s lives, combined with the
complexity of their issues and the lack of coherent services complicates the problem of collaboration in conducting research.

There is now a clear link between young people’s wellbeing and their capacity for learning while at school. According to some researchers, schools in the United States are becoming increasingly responsible for the social and emotional wellbeing of students (New Freedom Commission on Mental Health, 2003; Kahne & Middaugh, 2008; Mitra, Serriere, & Kirshner, 2013). Recently, Randwick and Dermer (2013) have reviewed samples of art therapy programs in schools to illustrate the congruence of such programs within the School Counselor National Model (ASCA, 2012). They argue that art therapy can be highly effective in schools by providing “proactive, prescriptive, preventative and developmentally based” services in schools (Randwick & Dermer, 2013, p. 33). According to McNiff (2004, p. 276), art therapists working in education need to agree on core working practices and develop the necessary skills to enable access to schools, even though, as Randwick and Dermer (2013) showed and practitioner Loesl (2010) argued, this might be challenging.

There are not only wider institutional hurdles in order to overcome the challenges of art therapists working in school settings. First, individual states differ in credentialing requirements across the United States of America and these differences continue to be problematic and significant. Second, within the field of education, role boundaries make working in schools even more complex (Loesl, 2010). Allison (2013) observed that while art educators and art therapists have a different emphasis in their work, there is congruence, as the social and emotional needs of each student are understood to impact on learning. She argued that collaboration could provide fruitful benefits to students, educators and therapists alike.

Professionals working in schools have clear roles, some of which overlap and have different aims. In their review of the American School Counselor Association (ASCA) National Model, Randwick and Dermer (2013) have argued that art therapy programs meet the core requirements of counselling programs. They assert that art therapists have a different emphasis as they work through creative processes to access students’ inner worlds through imagery. Counsellors use language as the primary means of communication. Art teachers use similar materials to art therapists, but their focus is not on therapeutic aspects. Randwick and Dermer argue that differing priorities may complicate the implementation of art therapy as an intervention in schools but does not make it
impossible. They conclude that art therapists need a strong professional identity in order to balance their roles and navigate the education system.

**Australia**

In Australia, art therapy as an area of professional practice is relatively new. In 2006, as a result of lobbying by practitioners, the Australian and New Zealand Standard Classification of Occupations formally recognised art therapy as a professional occupation (ABS, 2011). The major influences on the profession in Australia have derived from Europe and North America (see for example, Coulter, 2006; Gilroy, 1998; Westwood, 2012), and there has been little in the way of pioneering local research in Australia regarding the ways in which art therapy should be delivered in schools.

Various authors (Campanelli & Kaplan, 1996; Coulter, 2006; Gilroy & Hanna, 1998; Westwood, 2010; Westwood & Linnell, 2011) have written about the development of the profession in Australia. To a large extent, art therapy in Australia has been viewed overwhelmingly from a health and medical perspective. Early writings about the profession appeared in the 1960s and 1970s, and the early exponents included: the artist Guy Grey-Smith (1916–1981), who painted as part of his recovery from the experience of being a prisoner of war; the psychiatrist Ainslie Meares (1910–1986), who explored alternative treatments to medication; and the medical administrator Eric Cunningham-Dax (1908–2008), who emigrated from Britain to Melbourne in 1952 to assume responsibility for organising Victoria’s psychiatric services.

Cunningham Dax’s (1998) interest in the art of the mentally ill gave rise to the opportunity for artists to be employed in hospitals. Overall, however, the extent of an interest in art therapy remained thin until the late 1980s. Coulter, an Australian-born British-trained art therapist, upon her return from Britain in the early 1980s wrote about the “art therapy desert of Australia in 1983” (Coulter, 2006, p. 8). Geographic distance, the lack of any professional associations and poor employment prospects in the profession, as well as the then miniscule number of practitioners (there were only 11 in 1989, see ANATA, 1989, p. 10), represented for her significant constraints on the development of the profession.

It was not until 1987 that the Australian National Art Therapy Association (ANATA) was established, with 11 members (Coulter, 2006; Westwood, 2010). Thereafter, a momentum for growth began to develop. During the late 1980s and the 1990s, Australians interested in art therapy travelled to the United Kingdom and the United States to investigate...
developments. On returning home, they helped develop the emerging professional field. John Henzell, for example, who travelled between Australia and the United Kingdom, was the keynote speaker at the first national conference of art therapists in Australia in 1989 (Westwood, 2010). He was subsequently involved in the development of training programs in art therapy.

Differences in the level of attachment to British and American perspectives on therapy subsequently gave rise to conflict at a local level (Coulter, 2006; Gilroy & Hanna, 1998; Hogan & Coulter, 2014; Westwood, 2010). Westwood (2010) has also documented how these differences in ideology impacted adversely on the delivery of training programs for art therapists during the 1990s. Tensions identified by Westwood (2010, p. 30) included debates on the product of the art versus the process, directive and non-directive ways of working, skills development in assessment as well as conflict over sufficient levels of qualification.

Art therapy in Australia has, however, made significant advances since Coulter’s reference to the desert of the 1980s (Coulter, 2006, p. 8). The number of art therapists has increased and training programs are now more extensively available (see for example, Westwood, 2010). There has also been an increasing appreciation by other health professionals of the role played by art therapy, for example, in the New South Wales state health department, art therapy is listed as an allied health profession (NSW Health, 2010). Yet, this appreciation does not yet extend to the education system in the form of art therapy positions in schools.

Some art therapists, such as Coulter (2006), have considered that art therapy in Australia is now an established human services profession and a specialism within the wider field of mental health therapies. While Westwood and Linnell (2011) agreed that art therapy in Australia has gained increasing significance and recognition, Westwood’s (2010) research has challenged Coulter’s assertion. Westwood’s research concluded that an ongoing lack of government recognition for the profession continues to hamper its development. It is also argued by practitioners in the field that in fact, the profession is not well established in Australia (Walsh, 2008), especially in schools.

The wider historic, cultural and social influences prevalent in Australia have meant that the concept of mental health is situated within a medical model in which cognitive and behavioural approaches are dominant (Gilroy & Hanna, 1998; Singh, Benson, Weir, Rosen, & Ash, 2010; Westwood, 2010). Art therapy remains “marginalised” (Westwood,
within this medical paradigm, and the opportunity to display its potential is limited because it is viewed as an adjunctive, rather than as a primary form of intervention. Although Westwood has noted that the few art therapy positions that do exist, are located within health and social/community sectors and there are very few positions existing in education.

Gilroy (1998) observed that as late as the 1990s, art therapy in Australia was still largely unknown, but this situation is changing. The development of mental health trends in Australia including wider community knowledge of mental health and wellbeing has raised public awareness of health issues. Eastwood (2000) has documented the incorporation of alternative therapies in general medical practice. She argued that consumer demand, competition and negative attitudes towards drug use, have meant that general practitioners are considering alternative therapies in their work. Additionally, over the latter part of the 20th century, an increasing consumer voice has meant that choice has become of particular importance for end-users of services, including those in education. There is also an increasing move towards more strengths-based approaches based on capacity and resilience building as well national mental health strategies (Meadows, Singh, & Grigg, 2010). Consequently, and according to Eisdell, Shiell and Westwood, (2007), art therapy is well placed to advance professionally in Australia.

Although formally recognised by, the lack of government recognition of art therapists, in the form of state registration and protected title in law, means that employment opportunities are restricted. As a result, the profession’s potential impact is constrained especially in schools, where art therapy officially does not exist and no therapists are employed specifically as Art Therapist because there are no employment categories that relate specifically to art therapists in schools.

The legitimacy of art therapy in the United Kingdom and the United states rests on professional registration. Schools are more readily able to employ art therapists due to these professional registration requirements. In Australia, art therapy has yet to convince the government of its effectiveness (ANZATA, 2011; ANZATA, 2014; Kelly, 2013a). In Australia, the marginalisation of art therapy and psychotherapy within the mental health system is further exacerbated by its lack of presence in schools. The few art therapists who do work in schools must also have teaching qualifications and/or psychology training, and they are employed either as teachers or as counsellors and not art therapists.
In both the United Kingdom and the United States, art therapy has an approved set of professional regulations, a clear code of conduct, a prescribed set of minimum training requirements and a maturing research culture. In Australia, art therapy as a field of professional practice has been slow to develop. The profession is not nationally registered (AHMAC, 2011) and is self-regulated for assurance of quality. The reasons for the profession’s failure to achieve national registration have not been systematically examined, but almost certainly relate to the fact that the professional practice of art therapy in Australia continues to be seen as being relatively new, as being a recent import, “brought home by followers educated elsewhere or brought in by founders from other countries” (Westwood, 2010, p. 39). An eclectic mix of influences (Hogan & Coulter, 2014) has affected the profession’s development in Australia. Contrary to the experience of the United Kingdom and the United States, art therapy has not, to date, played much of a role in schools in Australia.

The art therapy studies undertaken with children and young people within Australian schools have been in the form of small-scale studies (Ford, 2008), single case studies (Griffin, 2008) and pilot studies (Olabarrieta, 2009). Ford’s study documented her difficulty in gaining ethical approval for undertaking art therapy with a small group of 8 Year 9 at-risk students. Her investigation showed the benefits of art therapy in the culmination of a mural collaboratively created by the students displayed in the school. Griffin’s investigation involved a single case study of cross-cultural art therapy with a newly arrived Congolese refugee in a mainstream high school. Olabarrieta’s pilot study designed a small art therapy group of primary age, gifted students in order to address their emotional needs. She was particularly interested in how art therapy and the use of different art techniques used in art therapy could reduce the need for perfection and academic competitiveness identified in the children. She concluded that art therapy could provide a beneficial support to gifted children by providing them with a safe, enjoyable and non-competitive environment in which they could express themselves. These investigations have been conducted as postgraduate research projects and so are not widely disseminated in the literature.

Rosal (1985) can be credited with completing the first art therapy PhD in Australia that was concerned with schools. She conducted a small, randomised control trial of an art therapy intervention in a primary school documented earlier and which measured students’ behaviour, comparing pre and post art therapy, cognitive behavioural therapy and a
control. To date, there has been no other doctoral dissertation completed regarding art therapy in schools in Australia.

Although there have been relatively few well-developed empirical investigations of the application of art therapy in Australia, the studies that have been undertaken are generally positive in terms of identifying benefits of art therapy in schools. Shipard’s (2010, 2011) recent research with primary age children in Victoria illustrated the effectiveness of art therapy in improving academic outcomes of students at risk of disengaging at school by addressing their emotional needs and raising their self-awareness. Shipard based her collaborative research on an intervention in a Victorian school and followed one hundred and eight students over a period of three years. The targeted research was aimed at students who were identified by their teachers as having emotional problems impacting on their schooling. The art therapy intervention aimed to increase students’ self-expression, and develop their emotional and cognitive growth. Shipard used a range of indicators for the evaluation of the program including teacher and principal reports and self-reporting from the participants as well as school attendance data. The benefits included a reduction in playground conflict, and increased classroom engagement. The study is notable because of its collaborative and mixed method approach as well the documentation and tracking of the expulsion rate.

There remains a significant gap in knowledge of mental health issues particularly among young people (Jorm, Wright & Morgan, 2010). As Feneley (2013) has noted, stigma exists surrounding mental health issues generally, and there is no reason to believe that the youth population as a group has any less of a stigmatising perception of mental health than any other group. Similarly, the idea of seeking external help for their problems may reveal uncomfortable vulnerability in young people, even though they are able to identify their mental health concerns as Mission Australia’s (2013) annual national survey of young Australians showed.

The social, emotional and mental health concerns are worse in the case of minority groups (Holliday, Harrison, & McLeod, 2009), including young indigenous people (Purdie, Dudgeon, & Walker, 2010). The review undertaken by Holliday et al. (2009) considered three approaches to art interventions (developmental, psychological and meaning making) when working with young people with communication impairment. They concluded that the use of visual art provides a means by which young people with communication impairment can be given a voice and be empowered. Although this review was not
specifically on art therapy interventions, they argued that, as a human rights issue, much more research needs to be conducted on the experiences of minority groups and this point is relevant to art therapy as an alternative way of expression. Purdie and colleagues (2010), for example, asserted that schools could play a much greater part in supporting indigenous youth in their social and emotional wellbeing including their mental health through expressive activities such as art therapy. They argued the appropriateness of experiential art therapy for assisting indigenous young people with mental health issues. Linnell’s (2009) research showed the appropriateness of art therapy as an effective intervention for indigenous children in foster care. Linnell’s qualitative, collaborative narrative approach considered the intervention of art therapy with indigenous young people in relation to an emerging of “post-colonial politics and poetics of art therapy” (Linnell, 2009, p. 25). While not specifically situated in schools, her work is indirectly relevant to this investigation in that it addresses issues of pathologising distress, power, identity and how others are represented. Adermann and Campbell’s (2010) government report on anxiety and indigenous youth specifically recommended culturally appropriate interventions such as art therapy to support young indigenous people given the strong connection between indigenous culture, social identity and art.

Torkington’s (2011) small-scale explorative case study capturing the lived experience and interpreted world of the child found that there are positive benefits to establishing art therapy within schools. Qualitative, longitudinal research undertaken by Hunter and Rosevear (2011) in rural Australia revealed that previously abused young people’s involvement in a creative arts project in an after-school setting enhanced their recovery. Although their investigation was not intended to be therapeutic, nevertheless, their findings show that there were therapeutic outcomes. Hunter and Rosevear concluded that such group programs, with appropriate planning, could benefit all children, not least because of the less stigmatising and non-intrusive nature of art therapy. A review of the articles published in the Australian and New Zealand Journal of Arts Therapy between 2006–11 undertaken by Balatti and Fenner (2014, p. 22) concluded that there needs to be a more systematic approach to conducting and disseminating research as a way of improving the evidence base more broadly among allied health contexts and this is linked to capacity at the tertiary level. Balatti and Fenner have observed that greater diversification in research methods and publication is occurring in both the United Kingdom and the United States. As the art therapy profession matures in Australia, there is a slow and steady increase in the quantity of research. Westwood’s (2010, p. 183) investigation of art therapy education
in Australia identified and concluded that the ongoing development of research is vital to the status of art therapy within a university context as well as to the socio-economic development of the profession.

**Concluding Remarks**

The curative power of art and its significance has been known for millennia. As Jones (2005, p. 6) has observed, “the potential in the arts for healing are seen across cultures and across periods”. The art therapy profession has tapped into and evolved out of the fundamental capacity of humans for the two essentials of creativity and thought. This review shows that the profession has evolved as a consequence of struggles emerging from specific social, cultural and political contexts. As Stoll (2005) has noted, although the development of art therapy across the globe evolves in a predictable and similar fashion, the profession must struggle with its own identity in each social and cultural milieu.

Art therapy’s commitment to creative and subjective ways of knowing with an understanding that there are many ways to perceive the world makes its effectiveness difficult to quantify. A significant and emerging theme for most of the recent global literature on art therapy concerning young people in schools is the importance of measurable outcomes, which art therapy currently lacks on a large scale at least. As the review has shown, this is due in part to its relative recent emergence as a profession but also due to the primacy of Western positivist scientific paradigms.

Historically, art therapists have moved from a practitioner–researcher model towards more positivist ways of inquiry and back again in the search for a professional identity that is congruent with the way in which they practice. A new and more inclusive perspective on professional identity has, however, become more evident with research using art-based methods and collaboration. The recognised need for collaboration is not only between art therapists and other disciplines, but also collaboration and participation with young people themselves. Paradoxically though, in an advanced country such as Australia, there remains a gap in that art therapy is marginalised in the health arena and practically invisible in education.

Schools provide counselling support services for young people, and young people will have an opinion on these services regardless of how these services are perceived by the adults who provide them. Increasing knowledge of young people’s views and perceptions can provide a pertinent backdrop for how the young people conflate the unfamiliarity of art
therapy into something they can understand within the context of their own social
grouping. In this way, this investigation aimed towards illuminating understanding of the
process of art therapy with young people in a school setting. In order to theoretically locate
art therapy in a school context, the next three chapters explain three appropriate theoretical
frameworks used in this investigation: humanism, creativity and psychosocial
development.
CHAPTER 3

Humanism

As introduced in Chapter 1, three main theoretical traditions are relevant to this investigation due to their importance in informing theories of art therapy, education and mental health. They are humanism (C. Rogers, 1946, 1959), creativity theory (Csikszentmihalyi, 1996) and psychosocial developmental theory (Erikson, 1968). Each will be discussed separately although they are all interconnected, as was explained in Chapter 1. Over the past fifty years, art therapy, particularly as practiced in educational settings, has been heavily influenced directly and indirectly, by humanistic thought. As humanism is deeply concerned with the existence, the experience and the potential psychological growth of individuals, this conceptual underpinning, refined by an existential slant, is essential. The chapter will address humanism both as applied broadly to psychotherapy and specifically through the works of Moon (1995), Yalom (1980), May and Yalom (2005) and Spinelli (1994, 2007). The chapter introduces C. Roger’s (1957) humanism as applied to psychotherapy and explains its relevance to this investigation.

The Humanistic Tradition

As a philosophical notion humanism is pertinent to art therapy and to this investigation because, as Rubin (2001), MacLeod (2011) and various others (Herrick, 2005; Schneider, Bugental, & Pierson, 2001) have argued, it presents an optimistic and holistic perspective that is concerned with the growth and potential of individuals. Threaded through the philosophy of humanism, including humanistic psychology, are values attributed to human beings and an ethical perspective on how humans relate to each other.

The humanist tradition is also well established in the history of Western education (see for example, Curtis & Boulwood, 1962). Humanist principles can be traced back to the 19th century in the philosophy of Rousseau (1712–1788), who in The Social Contract expressed his thoughts on how individuals should accept the responsibility of their societal obligations. Rousseau was influenced by the work of John Locke (1632–1704) who argued that humans are moulded from birth by their experiences (Locke, 2007). Debates about the purpose of education in the latter part of the 19th and early 20th century were also strongly influenced by humanist philosophy, particularly by the work of John Ruskin (1819–1900),
who contended that the purpose of education was not only functional and economic but also developmental of the whole person (Curtis & Boulwood, 1962), providing the basis for free choice and self-determination. C. Rogers (1902–1987), Maslow (1908–1970), Steiner (1861–1925) and Montessori (1870–1952) provide other examples of humanist principles in the context of education. Most recently, humanism has been a source of influence on progressive and liberal education, including for example, on the importance of reaching one’s potential as a well-rounded human being. It has also impacted on the literature about morality, creativity, problem solving, the positive psychology movement and critical thinking (deBono, 2004; Robinson, 1999, 2011; Robinson & Aronica, 2013; Robinson & Azzam, 2009; Veuglers, 2011).

There are many strands of humanism, although at its philosophical core, as described by C. Rogers (1946, 1959), Maslow (1943, 1968) and May (1953), is a belief in the propensity of the dynamic and ever changing nature of individuals. There is an innate pattern of biological growth experienced by individuals, but humanists argue that they are also motivated towards psychological growth. C. Rogers (1986, p. 200) describes this propensity: ‘The person-centred approach depends on the actualizing tendency present in every living organism – the tendency to grow. This way of being trusts the constructive directional flow of the human being towards a more complex and complete development’.

The concept of an individual’s motivation to achieve psychological growth is linked to the idea of free will to make choices in life. Even within sociocultural contexts, individuals make sense of their lives through their personal construction of meaning. Jenkins (2001) argued that even in less individual and more collective societies, free will is possible, choice is multi-factorial and a nurturing environment can contribute towards an individual’s active engagement in their environment. For C. Rogers (1946, 1959), individuals inherently differentiate the phenomenological self from the environment in which they develop, grow and function. For Maslow (1943, 1968), free will was based on a hierarchy of needs, with the concept of growth seen as being a process of advancing towards self-actualisation, or of reaching one’s potential after basic needs (such as warmth and food) are met. Although Maslow’s view has been criticised as being too simplistic and as being untestable and culturally insensitive (Burton et al., 2009; Neher, 1991), the idea of striving for self-growth and reaching for potential still holds considerable influence in the contemporary literature on education and psychotherapy. Roger’s and Maslow’s views are relevant to the present investigation because the aims of art therapy are very much concerned with facilitating self-awareness in which personal change and growth can be
effected through free will. May (1953) developed Maslow’s hierarchy, and, like Frankl (1984), took an existential perspective whereby meaning, self-awareness and free will needed to be considered in the wider context of how individuals operate and their ‘way of being’ in the world.

A humanist perspective in psychotherapy asserts the overriding importance of a relational and client-centred approach. This approach values openness, congruence and empathy in the form of the therapist’s unconditional positive regard for the client. The centrality of the therapeutic relationship, conceptualised by Bordin (1979) as bond, task and goal, has been well researched (Campbell & Simmonds, 2011), especially in relation to therapeutic outcomes (see for example, Horvath, 2001a, 2001b; Hubble, Duncan, & Miller, 2002). The quality of the therapeutic relationship is thus well documented as giving rise to beneficial and successful mental health outcomes regardless of the modality the therapist may use and is, therefore, pivotal in all therapies.

Humanism also emphasises and values the importance of the inner world of the individual and the motivational drive to make meaning from experience. The inner world of the individual involves subjective aspects of an individual’s unique and creative self, their spirituality and growing consciousness. Part of the increasing awareness of individuals derives from their experiences of relationships with others within a social context (N. Rogers, 2001). According to Maslow (1968) and C. Rogers (1961), inner-world concerns are fundamental to an individual’s capacity to “self-actualise” that is, to develop. By becoming more self-aware, individuals can become more self-directed towards personal growth. According to Veuglers (2011), formal education in Western societies plays a fundamental role in an individual’s personal growth, which includes the development of self-identity. Veuglers (2011, p. 1) also argued that, although education can encapsulate different cultures and worldviews, “education from a humanist perspective focuses on developing rationality, autonomy, empowerment, creativity affections and a concern for humanity”.

Humanist philosophy can be seen as an inherently positive way of viewing individuals and human nature. Seligman and Czikszentmihalyi (2000) readily acknowledge the legacy of humanism in the positive psychology movement that emerged out of dissatisfaction with a pessimistic and deficit view of individuals in favour of a more positive and strengths-based perspective. Moon (2001), an existential art therapist, considered that humanism emphasises not only the importance of “being” in the context of experiencing the
therapeutic relationship, but also the importance of belief and conviction in the resilience and inner wisdom inherent within individuals. Buhler’s (1971) basic principles of humanistic psychology are aptly suited to understanding art therapy for young people within mainstream school settings. He asserted that individuals need to be studied holistically and developmentally and that self-realisation and meaning are important aims that contribute towards identity, one of the major tasks of adolescence. Buhler and others (Arden & Linford, 2009, p. 92; Heard, Lake & McCluskey, 2012, p. 52) also argued that balancing internal and external tensions is necessary in developing a stable and yet evolving identity. Developmentally, young people in high school are balancing their personal needs in relation to societal expectations, learning about themselves as well as at the same time developing their own unique identities. Thus, a general characteristic of young people is a hopeful one, of learning about their world, their place in it and learning about human relationships. As educationalists and theorists understand, part of learning is making sense and meaning of experiences and of trying to develop a self-concept in relation to one’s perceived world (Abes, Jones, & McEwen, 2007; Kegan, 1980).

The Notion of Self-Concept

The humanist perspectives developed by C. Rogers (1959), Maslow (1943, 1954, 1968), May (1953, 1977, 1981) and Moustakas (1961, 1990, 1994) have evolved differently in some respects. Nevertheless, these authors value the notion that individuals possess an internal frame of reference. All adhere to the importance of having a purpose in life and the need to make meaning of personal events and experiences. Consistent with Garai’s (2001) view, these traditions also emphasise the importance of a person’s creative capacity as an innate drive and one that contributes towards individual human growth and potential, including that of self-actualisation.

How individuals perceive meaning is contingent upon many internal and external factors, including personality, behaviour patterns and thoughts. C. Rogers (1961) argued that some experiences may distort a person’s personality, creating conflict and discord between their inner and outer worlds. He distinguished between the idea of self and the idea of self-concept. Individuals react on the basis of how they see the world, that is, through their subjective perception of reality and out of their “internal frames of reference” (C. Rogers, 1959, p. 213). Their internal frame of reference may emphasise and give meaning to some experiences while denying or minimising others. For example, a terse comment may be perceived as a snub by one individual, but dismissed as unimportant by another.
C. Rogers (1986) further contended that individual growth could be thwarted by internal dissonance of the self, that is, conflicting views of how individuals see themselves, as well as by societal expectations, often reinforced by others. The consequence of this dissonance and these expectations is that the authentic self becomes submerged, causing internal tension and conflict. May (1953) likewise emphasised the need for congruence between the real self and the self-concept as a basis for healthy psychological functioning. With this perspective and in therapeutic terms, clients are not seen as pathologically ill, but as struggling both to make sense of their experiences in the world, and to find congruence between their internal and external worlds. Thus, instead of the therapeutic encounter being about the therapist knowing more about the individual’s mind and what needs to be corrected, the therapeutic encounter becomes a mutually respectful, relational and creative search for meaning. Such a perspective is pertinent to the present investigation because art therapy with young people in schools is concerned with supporting their overall wellbeing through helping them to express their inner thoughts and feelings through the creative, experiential process. Humanism also assumes that there is a concept of self, albeit one that is both dynamic and changeable in relation to others.

One of the major challenges of adolescence is the consolidation of an identity and the establishment of a personally meaningful life within a wider social context. According to Erikson (1968) however, an adolescent’s search for identity and meaning often leads to crisis, challenge and struggle, particularly during the transition to adulthood and especially when life experiences are distressing or catastrophic. Identity challenges in a school setting can disrupt learning. This is particularly so in regard the engagement of minority groups in learning (see for example, Faircloth, 2012), or in the arena of achievement and the self-concept (see for example, Jansen, Scherer & Schroders, 2014), and particularly in how the self-concept links with achievement in high school (see for example, De Fraine, Van Damme & Onghena, 2007). Viewed from a humanist perspective, the therapeutic encounter provides an optimistic perspective of an individual’s capacity to find creative ways to find congruence between their inner subjective self and the external social world. Art therapy draws upon the creative inner resources of individuals, and thus, can be seen as an optimistic and positive way in which to view human beings.

**Existential Humanism**

It has been argued that humanism cannot be separated from existentialism. Bugental (1981, p. 10), for example, stated: “the truest existentialism is humanistic, and the soundest
humanism is existential. The two are not the same, but their overlap is rich.” Existential humanism is especially relevant to the present investigation. Humanism is concerned with growth, meaning and potential, however, the freedom to make choices and to be responsible for those choices, particularly in light of life’s uncertainties, can create anxiety. Spinelli (2007) argued that individuals function within a world that is relational, and that uncertainty is a part of everyday life, which he argues, can result in anxiety. Yalom (2008) asserted that at the heart of the human condition individuals must face their own mortality as well as the isolation of ultimately being alone. He also argued that individuals have the freedom to determine their own path in life, and thus there is a need to find meaning and purpose in it. These existential concerns can create anxiety for which individuals seek help. The present investigation acknowledges the importance of young people’s subjective perspective and their search for identity, meaning and purpose, and is, therefore, intrinsically linked to existential themes.

Existential humanism also concerns how individuals function in relation to each other. As May (1977) and Moon (2001) asserted, an existential framework can be conceived of as a particular attitude or way of viewing individuals, rather than viewing individuals from specific theoretical perspectives (Corsini & Wedding, 2005; Malchiodi, 2003b). Existential humanism goes beyond a simplistic medical and psychological perspective because it focuses on the importance of subjective experience in the present moment, rather than focusing on a person’s history or diagnostic labels. Labels are limiting, and, as Moon (2001) argued, may be inherently disempowering. Bugental (1981) observed that, “The existential point of view speaks of man’s condition in a fashion that transcends the dichotomy of pathology and health” (p. 17). Existential humanism is, therefore, a highly individualistic and a deeply relational way of viewing individuals. An encompassing perspective also accommodates the notion that people have choices. The idea of having a choice, even if it is only the choice of what attitude to have in particular situations may be seen as empowering. Moon (2001) argued that labels or pathology may be seen as limiting and, therefore, potentially disempowering.

As young people make the transition towards adulthood, they have increasing independence, autonomy and agency. Consequently, an existential perspective is pertinent because the sense of being ‘grown up’ and ‘free’ can create anxiety as young people begin to determine their own purpose and paths in life. The way individuals confront and deal with the anxiety of freedom represents one of the central tenets of an existential perspective and is represented by Jaspers’ (1932) notion of existenz. The idea of being free
to determine one’s path can be a fearful one. Jaspers (1935) asserted that free will and choice could create conflicting conscious and subconscious fears. His early conceptualisation of transcendence, or of taking a leap of faith as a choice and a way of confronting what he termed ‘boundary situations’, adds a spiritual, courageous and a potentially transformative dimension to the notion of humanism that Maslow’s (1971) theories later encompassed.

Boundary situations concern fundamental human themes in life. Struggles and difficulty are part of life and cannot be avoided, just as death itself is inevitable. Within a therapeutic context, all concerns or preoccupations ultimately relate to boundary situations. Jasper’s (1935) notion of boundaries for example, can be likened to Yalom’s (1985, 2000) four major human concerns that bring people to therapy: death, freedom, isolation and meaninglessness. Early conceptual work by Moustakas (1961) also identified similar themes regarding loneliness and the awareness of death that speak deeply of existential concerns. These philosophers and therapists asserted that at times of ultimate challenge individuals grapple with existential themes that go to the heart of major worries about internal experience, conflict and living a purposeful life that has meaning. It is also at these times of difficulty and crisis that individuals grow and learn (May & Yalom, 2005).

An existential perspective is appropriate for the present investigation for two reasons. First, Spinelli (1994), an existential phenomenologist, argued there is potential for abuse of power within a therapeutic relationship. This potential may be seen to relate to the present investigation in that power differentials are even greater between an adult therapist and a young client, and where there needs to be a heightened awareness of such power dynamics. He observed that the influence of behaviourism reinforced the notion of linear causality in which action and consequence could be correlated. Such a view of individuals is simplistic and limited. A more appropriate lens through which to view the complexity of an individual is one that is more haphazard. Spinelli further argued that what is important is the client’s beliefs and assumptions about causality and what is known. The nature of life is random and individuals interpret their past and present lives through a constructed reality. The therapeutic implications are that the relationship is less about determining the ‘truth’ and ameliorating the conditions of the client, because this resembles a dependent parental relationship, than one that is based on mutuality and finding meaning through clarification. Meanings emerge through co-operative exploration including that of felt experience. The therapist is still in a position of power, but as Spinelli attested it is qualitatively different because it avoids the assumption of underlying ‘truths’.
A second reason why an existentialist perspective is relevant to this investigation is because the developmental tasks and transition through adolescence logically give rise to existential anxiety. Young people on the verge of adulthood can be ambivalent and apprehensive about the responsibilities of adulthood and about making decisions about how to live a self-directed ‘good life’ (Dohmen, 2003, p. 351). In addition, young people may have already experienced boundary situations that have given rise to anxiety that may be reflected in fears. These fears may operate at a subconscious level and remain unspoken. Within the art therapy experience, however, such fears may be captured through other ways of knowing such as through artistic, non-verbal means, including tacit communication rather than being explicitly expressed in verbal and cognitively rational ways.

The experience of creating art can also be seen in existential terms. As Moon (1995, p. xiii) asserted: “all art is existential, i.e., all art has to do with the basic human experience of life as it is”. Moon (2004), McNiff (2004), Carey (2005), Dissanayake (2002), May (1976) and Gombrich (1981), all assert in different ways, the notion that artistic practices in their broadest senses express major existential and human themes — depending on: our perspective of the definition of art (Stecker, 2010), cultural meanings attributed and our emotional connectedness to it (Elkins, 2004).

Art making in all cultures is highly significant and purposeful. Betensky (1995, 2001) for example, contends that across all cultures the creation of art conveys and expresses clear existential themes. She argued that artists engage in preconscious, subconscious and conscious processes in an attempt to contemplate alternative ways of expression through the artistic and creative experience. Betensky noted that young people making art within a therapeutic relationship can reflect on and explore these existential themes. The capacity of art to reflect and transcend human, fundamental existential matters in an ethological and evolutionary sense can be seen as an “enabling mechanism”, according to Wilson (1978, p. 199). In this vein, Dissanayake (1992, 2002) viewed important aesthetic experiences such as art making as necessary to individuals, being immensely valuable and socially important, meaning-laden activities.

All young people struggle to a greater or lesser extent with their developing identities in relation to the world around them, to a greater or lesser extent as they make the transition to adulthood, regardless of their mental health status (see for example, Burton et al., 2009; Erikson, 1963, 1968). An existential humanist perspective emphasises the depth of present
experiences as they are reflected in the present, rather than dwelt upon from the past (May & Yalom, 2005; Moon, 2001). May and Yalom (2005, p. 297) showed that by viewing individuals from an existential perspective, self-awareness, meaning and insight about the self occurs in a dynamic ongoing process in which the client is always “at the center of his or her own culture”.

The importance of the ‘here and now’ to the existential humanist perspective is particularly relevant to the present investigation because of the focus of asking young people to reflect on their recent past art therapy experience and to explain in the present how they perceived it. The passage of time itself may help young people to make sense of their experiences and allow them to evaluate the benefits or otherwise of engaging in art therapy. A humanistic “open world view” (Veuglers, 2011, p. 1) perspective that stresses individual autonomy is appropriate; however, the challenge for individuals is to become both autonomous and relational. Veuglers (2001, p. 1) argued that autonomy is not individualised isolation but “an interactive process between people under social and political power relationships”. Therefore, for young people, the opportunity to participate in research by reflecting in the ‘here and now’ upon their past experiences situates them relationally, temporally and dynamically, and is both educating and empowering.

The present investigation also takes account of the social cultures in which young people find themselves, and is ethnographic in nature. According to Patton (2002), modern and applied ethnographies reflect humanistic perspectives because they are deeply interested in cultures and experiences. Contextualising these perspectives as relational is also appropriate since, broadly, all learning is relational. In addition, all mental health therapies, including art therapy, are inherently based on and concern relationships. Furthermore, the issues individuals attend therapy for are closely associated with existential concerns. Thus, the quality of relationships is intrinsically linked to humanistic concerns. It is well recognised in the related literature (Bachelor, 1991; Bambling & King, 2001; Castonguay & Beutler, 2006; Horvath, 1994; Horvath et al., 1995; Hubble et al., 2002; Joyce, Piper, & Ogrodniczuk, 2007; King, 1998) that the strength and nature of the therapeutic relationship is of central importance in promoting change and personal growth: “Building the therapeutic alliance is a creative process, a central issue of all age groups, since in its absence, there can be no therapy” (Marcus, 1988, p. 71).

In psychotherapy, the therapeutic relationship is enacted primarily through language in which a therapist and a client subtly affect and influence one another through verbal and
non-verbal, tacit means. The process has been referred to as inter-subjectivity (Gallese, 2003; Trevarthen & Aitken, 2003). Levinas (2006) asserted that all interpersonal relationships also involve an ethical dimension, a responsibility that he sees as a “care or gift” (M. Sterling, 2001, p. 351). Within the art therapy experience, the notion of inter-subjectivity extends to include art making within a therapeutic space as well as the resultant relationship created with the artefact. Braten (1998) defined three ways inter-subjectivity can be understood. First there is primary inter-subjectivity, reflected by the infant attachment to the primary caregiver (see for example, Stern, 1985; Trevarthen & Aitken, 2003). Second, there is inter-subjectivity in the form of a shared domain of reference to an object. This shared understanding has particular relevance in language development (Gillespie, 2009). Third, there is inter-subjectivity in the sense of communicating understanding to others. This latter communication involves reflectivity and interconnection. The result is common understanding that occurs through the symbolic references or representations of meanings, including imagination or fiction. The present investigation conceptualised the art therapy encounter as an inter-subjective, mutually affective process that necessarily includes creating art as a valued part of human endeavour.

**Rogerian Humanism**

C. Rogers’s (1957) central theories of how individuals grow and reach potential are, in broad terms, congruent with education. In particular, his theories encompass creativity as a life force and an important contributor towards psychological growth. The notion of creativity as a life force is addressed further in Chapter 4, which deals with the concept of creativity. Conceptually, Rogerian humanism is essentially phenomenological, in that a person’s perceptual field and experience represents that person’s ‘reality’. Consequently, individuals respond totally and subjectively to their experiences in order to strive, actualise and meet their needs and thereby, reach their potential. Rogers emphasised the importance of the quality of the relationship between therapist and client as a major force for constructive therapeutic change. The qualities he identified as necessary are: congruence, unconditional positive regard and empathy, all of which are encompassed in a non-directive attitude. The result is a particular ‘way of being’ in the therapeutic relationship with the client. Rogers’s perspective on therapy can be seen as life enhancing and “rights-based” (Bradshaw, Hoelscher, & Richardson, 2007, p. 133) because it affords respect to other human beings. A conceptual approach to psychotherapeutic practice espoused by C.
Rogers (1957, 1961, 1969) is particularly appropriate within an educational setting involving young people in a therapeutic relationship.

According to C. Rogers (1957), congruence, unconditional positive regard and empathy are all related. Congruence reflects the authenticity of the therapist and is represented by genuineness and openness towards the client. Authenticity is a hallmark of an existential humanist perspective in psychotherapy. Bugental (1981) described authenticity as:

... a central genuineness and awareness of being. Authenticity is that presence of an individual in his living in which he is fully aware of the present moment in the present situation. Authenticity is difficult to convey in words, but experientially it is readily perceived in ourselves or others. (p. 102)

Unconditional positive regard refers to the therapist’s acceptance and respect for the client as a unique human being. Empathy is the reflection of the therapist’s own attitude that is sensitive, aware and respectful towards the client. This perspective has considerable relevance for young people at school who may be experiencing social, emotional and mental health difficulties. As most young people attend school, the educational environment may be the only place that is supportive and encouraging for those students who struggle. It is recognised in the literature (Najman, 2001; Wyn, 2009) that young people who lack positive community or family connection can suffer adverse, long-term health impacts and schools can provide a way of ameliorating these. If a therapeutic service were to be available in schools, one that accepts and supports young people by meeting their self-identified needs, those young people who struggle socially and emotionally could then be more holistically supported towards achieving their educational learning outcomes.

A further important Rogerian concept that is also pertinent to the present investigation concerns the therapeutic importance of experiencing. Raskin and Rogers (2005, p. 132) argued that when experiencing occurs, individuals can “develop an attitude of openness and flexibility” as well as learn to trust their own senses and judgements, rather than relying on others. C. Rogers’s person-centred approach values the totality of sensory and phenomenological experience including creative and expressive activity (N. Rogers, 1993, 2001), as an important source of knowing.

C. Rogers’s (1957) perspective on experiencing has been heavily influential in art therapy, particularly in the context of children and young people. Axline (1964), and Landreth and Sweeney (1999), for example, adopted an experiential child-centred perspective with the
development of play therapy that uses a non-directive stance. N. Rogers (N. Rogers, 2001) further developed her father’s work. Both N. and C. Rogers’ approaches reject a diagnostic and medical perspective in favour of providing a nurturing, empathic and creative environment in which individuals can express themselves, discovering their feelings and making sense of the experiences in a non-judgemental environment. N. Rogers argued that “therapy can include joyful, lively learning on many levels: sensory, kinaesthetic, conceptual, emotional and mythic” (N. Rogers, 2001, p. 164). Such a view is filled with hope for young people in school who are struggling with their social and emotional wellbeing because it helps them to move beyond their problems, and by engaging in the experiential activity of art, they can take “constructive action in the world” (N. Rogers, 2001, p. 164). Such a perspective is particularly important when working in a mainstream school in which most students, while they may experience social and emotional problems, are not suffering from a diagnosed mental illness. Intervention in the form of art therapy in schools can be seen in this respect to be prevention and early intervention. Unfortunately though, as Wyn (2009) argued, there is a tendency to deal with the health and wellbeing problems of young people after they have arisen, rather than addressing the underlying issues before the problems are manifested.

Lastly, C. Rogers’s (1986) humanist and person-centred concepts represent a highly appropriate framework for the current investigation because medically diagnosed labels are viewed as problematic. Labels implicitly reflect the notion that the therapist is the expert and can be seen as perceiving individuals through a deficit lens. This perspective is particularly relevant in early intervention in schools where a more positive and facilitative approach can be seen as appropriate for most young people who do not have diagnosed mental health issues and for those who perceive stigma in the idea of mental illness.

Concluding Remarks

Contemporary art therapy has strong links with humanist thought, just as Western education has also had strong links with humanism. Humanism is inherently a positive and hopeful philosophical underpinning to this investigation because it is deeply concerned with both subjective experiences and relationships within a mainstream high school setting. Existential humanism was also selected as a framework because young people in high school are beginning to make pivotal choices and to take responsibility for their lives as adults. These developmental tasks can raise anxiety concerning the choices they make, and how they are to live a purposeful life. As the chapter has shown, the broad umbrella of
humanism importantly encompasses the notion that creativity is an inherent quality of human uniqueness. Individuals can foster this quality as a resource for living a meaningful life. The next chapter therefore needs to examine the concept of creativity and explore its appropriateness to art therapy as a profession and also as another essential underpinning to this investigation.
Chapter 1 introduced the notion that creativity is an innately human characteristic. Chapter 2 continued this theme with the idea that creativity is also necessary for healthy development. Chapter 3 has made the link that the concept of creativity is a life force, closely aligned with a humanist and existentialist perspective as an essential component of a healthy and fulfilling life. This chapter addresses further the concept of creativity by examining its definitions and the challenges of definition. The chapter then examines the link between creativity and the domains of multiple intelligences and resilience in order to highlight its importance to learning and adaptation, which are relevant to art therapy in schools. In this investigation, which is viewed from a humanist perspective, assumes that all individuals have an innate potential and capacity to be creative. From this perspective, creativity can assist young people multi-dimensionally in their self-learning, adaptation and problem-solving. The chapter then considers the link between creativity, art therapy and resilience. Rhodes (1961) and Isbell and Raines (2013), pointed out that the dimensions of creativity that are frequently studied are the creative person, the creative process, the environment that nurtures creativity, and the creative product. In the present investigation, all four dimensions are taken into consideration.

Art making is a form of communication. Creating art can enlarge our understanding of the world. According to Adamson (1984), art making can be a way of exploring emotions and making sense of the world. The creative process can also be healing and art therapists exploit this in their relationships with their clients. Capacchione (2001), Allen (1995), McNiff (2004) and Moon (1994, 2004) and others have all articulated art therapy’s power to heal and transform through the experiential process of creating. The created artefact, as a product of the creative process, can also be viewed as a form of “art-based language” (Shore, 2013, p. 12) and seen as communication on many levels. However, the importance of the creative process itself is undervalued generally (Timlin, 1984, p. 65), both in the field of health (Burton, 2009) and in the field of education (Baker, 2012; Maras, 2012).
Defining Creativity

Defining creativity is important in the context of the present investigation because of the fundamental role creativity is presumed to play in the therapeutic potential of art therapy. Although a diverse profession, art therapists share certain assumptions and beliefs about the importance of creativity, and they encourage and privilege its processes to a greater or lesser extent within the therapeutic encounter. Creativity is, however, according to Child (1986, p. 223), “among the most confused and misused concepts in the study of human behaviour”; and Fontana (1985, p. 134) wrote: “creativity is a familiar yet oddly elusive concept”. More recently, Kozbelt, Beghetto and Runco (2010) argued that the elusiveness of the concept and the multiplicity of perspectives are due, in part, to the subjective, experiential nature of the process and the different meanings attributed to creativity depending on the discipline using the term.

Historically, creativity has been a neglected area of research. Sawyer (2012) noted that contemporary understandings of the concept did not begin to emerge until about the middle of the 20th century, and this may explain its recent foothold in gaining a critical mass of research and literature. Sawyer (2012) also observed that the study of creativity has undergone three waves of theory building: the first focusing on exceptionally gifted and creative individuals; the second concerning cognitive processes that occur in creative activity; and the third addressing the social and cultural factors that impact upon social systems. Sawyer (2012), Hennessy and Amabile (2010), and Kaufman and Beghetto (2009), noted that theories about creativity have also been developed within separate disciplines, resulting in little connection between the evolving theories in the disciplines.

Understanding the creative process is, however, relevant to understanding the potential of art therapy. Sawyer (2010) asserted, for example, that developing a better understanding of individual creativity can help identify and realise an individual’s creative talents, can help individuals to become better problem solvers and can enable the individual to realise the importance of positive, peak experiences — that Csikszentmihalyi (2008, p. 72) termed “flow activities” — that can help positive mental health. In addition, an increased knowledge of these processes can help educators with teaching (Robinson, 1999, 2011). More broadly, a better understanding of creative processes can help societies collaboratively respond to the challenges of modern life and develop human capital (Sawyer, 2007, 2012).
Stein’s (1953) classic definition of the creative process remains highly regarded (Runco & Jaeger, 2013):

The creative work is a novel work that is accepted as tenable or useful or satisfying by a group at some point in time … By “novel” I mean that the creative product did not exist previously in precisely the same form … The extent to which a work is novel depends on the nature of the problem that is attacked, the fund of knowledge or experience that exists in the field at the time, and the characteristics of the creative individual and those of the individuals with whom he [or she] is communicating. Often in studying creativity, we tend to restrict ourselves to a study of the genius because the ‘distance’ between what he [or she] has done and what has existed before is quite marked … In speaking of creativity, therefore, it is necessary to distinguish between internal and external frames of reference. (Stein, 1953, pp. 311-312)

According to Sawyer (2012) creativity can be considered within the framework of two major traditions: an individualist tradition and a socio-cultural tradition. The individualist tradition defines creativity as “a new mental combination that is expressed in the world” (Sawyer, 2012, p. 7). This definition is associated with the first and second waves of research referred to earlier. The socio-cultural tradition defines creativity as “the generation of a product that is judged to be novel and also to be appropriate, useful or valuable by a suitably knowledgeable social group” (Sawyer, 2012, p. 8). This definition belongs to the third wave approach to creativity also referred to earlier. As the present investigation concerns young people’s subjective experiences of art therapy whilst at school, these definitions are relevant as a theoretical underpinning because assumptions are made about an individual’s creative capacity. These assumptions are also situated within social and cultural contexts. It is well understood, for example, that as individuals grow into adulthood, many lose their creative capacities (Amabile, 1983; Goleman, Kaufman, & Ray, 1992; Robinson, 2011; Robinson & Aronica, 2013). Csikszentmihalyi (1997, p. 11) argued that fostering creativity is fundamentally essential to healthy individuals and communities.

Stein’s definition is consistent with Sawyer’s (2012), in that both characterise creativity as being both an inwardly subjective process, as well as an externally expressive process. Taylor (1959) identified five dimensions of creativity: expressive, productive, inventive, innovative and emergentive. Later theorists conceptualised the difference between everyday creativity and eminent creativity within a four-model framework (see for example, Kaufmann and Beghetto, 2009). Kaufman and Beghetto’s model differentiates between creative genius and accomplishment through practice and dedication, and more
everyday creativity composed of creative skills but also personal factors, such as self-discipline and risk taking. Kaufman and Beghetto (2009, p. 3) asserted that everyday creativity is defined as “the novel and personally meaningful interpretation of experiences, actions and events”. They argued that central to this definition is the construction of personal knowledge and meaning which is dynamic, developmental and interpreted by individuals within a socio-cultural context. Csikszentmihalyi (2008, p. 214) reiterated similar views in his examination of satisfying human experiences.

Conceptualising everyday creativity as a way of constructing knowledge and meaning for individuals is relevant to the present investigation, because integral to the art therapy experience is greater understanding of oneself in the world. Boden (2004, p. 4) defined creativity as the “ability to come up with ideas and artefacts that are new, surprising and valuable” implying an open worldview. Coulter (2014b, p. 82), an art therapist, identified five psychological processes that are involved in creativity: perception, imagery, symbolisation, the transitional object (an object that symbolically replaces an attachment figure) and play. These definitions all integrally involve non-verbal and tacit communication processes. In these five processes, concepts of subjectivity, making art as a subjective activity, meaning making as part of creativity, attachment and play are all significant to the art therapy encounter.

Logically, if creativity is viewed as a broad process that is both internal and external and personally meaningful, one example of the creative process can be seen in the activity of brainstorming. Brainstorming, first described by Osborn (1963), is a spontaneous, open expression of ideas that are unrestricted by pre-defined expectations or judgements. Originally aimed at problem-solving, particularly within organisational group settings and often executed verbally, brainstorming is creative because, according to Dennis, Minas and Bhagwatwar (2013), it accesses subconscious processes that are used to generate new ideas.

The researcher created the image in Figure 1 in late 2010. It is selected here to illustrate one of several brainstorming processes that occurred over the duration of the investigation, in which spontaneity, free expression of ideas, and freedom and non-judgement were encouraged. At the time of the creation of this image, the specific area of research had not yet been defined. The brainstorming began a process from which the research questions eventually evolved. At the time the image was created, there existed no more than a vague idea about a possible topic area of interest. The significance of the image was a subsequent
realisation of the need for the different elements of a potential research project to be interconnected and integrated by being grounded in practice. The image is also important because it helped to shape and focus the research questions.

As the researcher’s questions began to emerge, a second set of images was subsequently created in response, as seen in Figure 2 and Figure 3. These images facilitated a conceptualisation of the research questions that eventually became part of the investigation.

Figure 1. Researcher’s image. Mixed media on A2 cartridge paper. Title: How I see it.
The commentary below, presented in italics, records reflections from the researcher’s visual diary:

*Each perspective has a different ‘hue’, shape and characteristic. a) The art therapist’s perspectives are mainly linked but one or two are not. The patterns reflect the diversity of the profession and the differing contexts in which art therapists work. b) The young person’s perspectives are depicted as butterflies – a common metaphor for growth. The shape is organic reflecting the dynamic nature of young people’s changing identities and social groups. c) The long strips represent the researcher-as-participant’s inner, subjective and outer, objective perspective. The following shape below [Figure 3] represents the focus of the investigation that includes all of these perspectives synergised and conceptualised as an artwork. The butterflies are in the background but are seen also in the foreground images, indicating the voices and experiences of the young people are as valued as the other participants.*
These images helped to depict in symbolic form the complexity of perspectives and the elements of the research that needed to be captured. This creative process helped to narrow the focus of inquiry. Figure 3 is, therefore, a visual representation of the nature of the present research investigation. The three layers of collage in the image symbolises the depth of the investigation, characterised by illuminating the participants’ subjective experiences. The image also symbolises the contribution to the investigation of three perspectives. The foregrounding of the butterflies symbolise the focus of the investigation as young people.

Creativity as a Domain of Intelligence

Conceptualising creativity as an essential component of human intelligence is highly relevant to the current investigation because creativity can be an alternative way to understand communication styles. According to Sawyer (2012), research studies conducted in the 1960s (see for example, Sawyer, 2012; Wallach & Kogan, 1965), and replicated in the 1970s (Kogan & Pankove, 1974), and in more recent works reviewed by Batey and Furnham (2006) have all linked creativity to the concept of intelligence. Research undertaken by Gardner (2006), Csikszentmihalyi (1994, 1996, 1988, 2008) and Carson, Peterson and Higgins (1988), each in their own way has conceptualised creativity as a specific domain of intelligence. Art therapists who work with young people privilege the creative capacity in their clients by facilitating visual, spatial, kinaesthetic and somatic ways of communicating. All these styles of communication can offer alternative ways to
convey feeling and thoughts, including the capacity to self-reflect and learn about oneself and the world. There is general agreement in the literature (Baer, 2013; Carson, Peterson, & Higgins, 2005; Gardner, 1983; Holland, 1997) that creativity is a specific domain of overall intelligence. An understanding of creativity is important to the present investigation as creative processes can be seen as an alternative form of communication, which includes being an effective form of self-learning. Such processes can be actively fostered in art therapy.

Fostering creative processes can help individuals develop and understand their own unique metaphoric and visual language, including visual thinking (Malchiodi 1998, p. 9), which is the capacity of individuals to reference their thoughts, feelings and experiences through images. Malchiodi (pp. 9-10) argued: “images are part of our earliest experiences and many of our preverbal thoughts are images”. According to Malchiodi, the visual language of artmaking is a “less familiar way of communicating and is therefore less controllable” but can be a way to access thoughts and feelings denied to language.

An underlying assumption in the present investigation is that art therapists value creativity in themselves and others. It is assumed for example, that they understand that creative processes in communication represent alternative ways of knowing and encourage different ways of self-expression and regulation. In this regard, the artwork itself is a “concrete representation of such mind-body connectivity which contributes to internal feelings of mastery and control” (Hass-Cohen & Carr, 2008, p. 21). In contrast, traditional therapeutic interventions primarily use verbal, linguistic and logical intelligences as the primary platform for communication. Pearson (2003, 2012) argued that helping clients find a range of ways to communicate other than verbal or logical not only builds and strengthens the therapeutic alliance but also better meets the therapeutic needs of young people (Pearson, 2003).

Art therapists are trained in an extended range of communication modes, particularly the creative and artistic. Therefore, conceptualising creativity by understanding its links with multiple intelligences and how its encouragement can assist young people is suitable as a theoretical underpinning for this investigation. Providing an environment that offers and facilitates alternative modes of expression, art therapists can encourage young people’s inherent creative capacity, skills and resources within themselves and thus help develop learning, self-efficacy and resilience (Kelly, 2013b).
The present investigation aimed to provide a better understanding about how art therapy can assist young people in mainstream school by inquiring about their experiences. Learning can be seen as “an enduring change in the way an organism responds based on its experience” (Burton et al., 2009, p. 213). Researchers and policy makers (ASCA, 2012; MCEEDYA, 2011) recognise that supportive learning environments are key to students’ effective learning. Moreover, student engagement in the learning process is contingent upon many diverse external and internal factors including that of intelligence. Intelligence can be defined here as:

The application of cognitive skills and knowledge to learn, solve problems and obtain ends that are valued by an individual or culture. Intelligence is multi-faceted and functional, directed at problems of adaptation. “It is also to some extent culturally shaped and culturally defined, since cultural practices support and recognise intellectual qualities that are useful in the social and ecological context.” (Burton et al., 2009, p. 336)

Contemporary notions of intelligence consist of multiple factors including creativity and personal intelligences, such as emotional intelligence, because it is formed and developed within interpersonal and attachment relationships (Gardner, 1983, p. 244). Art therapy processes involve both cognitive and affective domains. The present investigation conceptualised creativity as a domain of intelligence and is appropriate for an investigation within a school setting that involves a relational and experiential therapy such as art therapy.

The modern technologies of neuroscience are able to associate functional brain regions with art therapy activities. Art therapy appears to utilise the anterior cingulated cortex, an area of the brain that involves cognitive function and empathy (Carr 2008, p. 56), and that also mediates arousal. Hass-Cohen and Carr (2008, p. 15) argued that art therapy practices can contribute to positive brain excitation, the regulation of emotions and an enhanced sense of wellbeing. Both Cozolino (2002) and Lusebrink (2004) have examined how art therapy and psychotherapy can influence brain functioning. Lusebrink’s (2004) review of the literature on the main areas of the brain involved in art therapy concluded that the brain functions on differing levels of complexity involving simultaneously unconscious and cognitive activities. The brain also uses alternative pathways for accessing and processing information. Art therapy activities are able to activate and encourage these alternative pathways through the use of various media during therapy. According to Lusebrink (2004), the brain processes involved in art therapy are primarily visual and sensory, affecting the visual and frontal cortex, the somatosensory primary cortex and the limbic system. It is
known that art therapy provides positive neurological changes in the brain by selectively emphasising sensory, perceptual and cognitive information processing. As these are everyday neurological processes and, according to Sawyer (2012, p. 204) every human being has some capacity for creativity, encouraging and developing positive creative activities in art therapy can help learning and growth.

The processes associated with art therapy, such as encouraging creativity within a positive therapeutic relationship, involve domains of intelligence that positively contribute towards learning and change. Damasio (1999) argued that the notion of intelligence subsumes an individual’s experiential perspective, which includes cognitive capacities, memories, language and sensory capabilities. Creativity can, therefore, be developed. Neurogenesis or ‘kindling’ (Persaud, 2001, p. 507) is the notion whereby the more mental illness one experiences, the more neurological changes take place and the more vulnerable the individual becomes to further mental disorder. Hass-Cohen and Carr (2008) have documented from a neurobiological perspective, the processes involved when individuals engage in art therapy. They asserted that art therapy involves the use of visual and spatial skills, kinaesthetic and sensory skills, intrapersonal and interpersonal skills, as well as memory. Neuroscience, then, is extending Gardner’s (1983) theory of multiple intelligences by showing patterns of brain activation during certain tasks. Carr (2008, p. 58) argued that humans learnt to “concretize, understand and transform their inner experiences through art long ago”. The concept of neurogenesis and individuals’ capacity to develop creative potential relates directly to the present investigation because if young people can see and learn that they are able to find creative and individual ways to help and nurture themselves through difficult times, they are, simultaneously, empowering themselves, increasing self-understanding and learning to make sense of their worlds.

Creativity, Art Therapy and Resilience

Adaptation is one sign of healthy psychological functioning (Burton et al., 2009; Persaud, 2001), which in turn, contributes to resilience. Neuroscience can now show that right hemisphere brain pathways are associated with creativity, emotional learning and intuition (Field, 2014, p. 21); and that these can be activated through creative processes, thereby enhancing adaptive learning through “abductive reasoning” (R. E. Jung, 2014, p. 1). The concepts of brain plasticity and kindling suggest that early intervention and prevention strategies can facilitate the building of internal resilience in young people whose cognitive and language skills are not fully developed. Encouraging creative processes can extend the
ways young people communicate and express themselves. As was indicated in Chapter 1, there is extensive international literature that documents the vulnerability and problems of young people as they transition towards adulthood, including, as Ribeiro da Silva, Rijo and Salekin (2013) have attested, the importance of early intervention to promote positive mental health. Howard and Johnson (2000) asserted that the notion of resilience-building constructs a positive perspective of young people’s capabilities. Masten (2001) and others (Rak & Patterson, 1996; Smith & Prior, 1995) conceptualised resilience as the ability of individuals to recover and thrive in spite of adversity.

Resilience can be developed through engagement in an experiential and relational process such as art therapy because individuals access their own creative capacities. Positive engagement and participation can facilitate further learning, mastery and greater resilience resulting in a positive feedback loop. Pearson (2003, 2012) argued that fostering the therapeutic relationship in the context of expressive therapies can support the mental health and nurture internal resilience of young people in schools. The literature (Doidge, 2008; Persaud, 2001; Seligman, 1975) shows that building skills and mentoring strategies help to encourage effective coping mechanisms. These skills include the encouragement of creativity and imagination, which are all implicit in art therapy. Duncan, Miller and Sparks (2004) further argued that early intervention strategies may not only empower young people but may enable them to be better prepared for adverse life events.

Resilience factors are, therefore, important contributors towards overall social and emotional wellbeing and to mental health. Shore (2013, p. 66), and Werner and Smith (2001), asserted that young people with lower levels of internal resilience are more prone to psychiatric disorders as adults. Shore also argued on the basis of case studies that expression in the context of art therapy permits subjective thoughts, feelings and perceptions to be expressed non-verbally. She argued this capacity thereby contributes towards the development of the unique strengths of each individual.

The concept of resilience is complex. Altman, Briggs, Frankel, Gensler and Pantone (2002, p. 109) asserted that the concept involves an intricate interplay of constitution, environment and relational factors. The accumulation of research has suggested that resilience is a common characteristic of human ability to adapt to circumstance (Masten, 2001). Seligman and Csikszentmihalyi (2000) argued that a global set of factors contribute towards resilience. These global factors include relational connectedness, the presence of caring significant adults, the need for cognitive and self-regulation skills, and a belief in
oneself to be motivated and competent in one’s environment. By fostering creativity, art therapy can provide relational connectedness through a caring therapeutic relationship. It can also provide an alternative way to express thoughts and feelings through expressive and non-verbal means, and in a way that fosters emotional competency which can, ultimately, help functioning, and consequently, wellbeing and resilience. School engagement and a sense of belonging are considered to be protective factors in young people’s positive mental health (Maurizi, Ceballo, Epstein-Ngo & Cortina, 2013, p. 331).

**Concluding Remarks**

This chapter conceptualises creativity as an essential human drive that can be encouraged. Developing creative capacity in young people can help build their internal psychological resources and resilience to adverse life events. Fostering creativity as an alternative form to communicate emotions and thoughts, can also assist young people in adaptation, develop their emotional competency and help them learn about themselves and the world. Schools are appropriate settings for fostering creativity, and to support young people therapeutically by developing their social and emotional wellbeing including their mental health, particularly with enshrined policies of inclusivity (Australian Secondary Principals’ Association [ASPA], 2008). As creativity involves both internal and external processes, gaining a greater understanding of these processes from the perspective of young people may illuminate better the distinctive factors that make art therapy effective. While there is a growing emphasis on the concept of resilience and wellbeing among young people, Graham (2011a) argued that there remains scant research that takes into account the views of young people in order to give voice to their experiences and perceptions. This investigation contributes to the empirical knowledge base by focusing on the experiences of young people who have experienced art therapy within school and have something of value to comment. Chapter 5 addresses specifically Erikson’s (1968) psychosocial development as the final conceptual framework. Psychosocial development takes into account the developmental period of adolescence and some of the important challenges that impact upon young people during this period, including aspects of attachment and identity because these two factors play a pivotal role in therapeutic interventions such as art therapy with young people.
CHAPTER 5

Psychosocial Development

This chapter addresses psychosocial development as foundational to young people’s growth in order to understand the educative context of this investigation. A young person’s psychological development is highly influenced by his or her experiences and these are always embedded within a social milieu. In addition, the consolidation of identity within a social environment is a particular developmental task of adolescence. The chapter focuses on Erikson’s (1968) psychosocial developmental theory as it applies specifically to early attachment and to adolescence. This is because within a therapeutic relationship such as art therapy in a high school setting, attachment in the form of building a positive relationship is pivotal within the context of change and transition in young people’s lives. According to key theorists such as Erikson, and others (Arden & Linford, 2009; Burton, Westen & Kowalski, 2009) adolescence is a time in which a stable identity is consolidated; and the chapter addresses the challenges of how self-identity evolves within a social arena such as school.

Psychosocial Development

In developmental psychology, young people’s learning is normally viewed from a maturational and competency perspective. This view has its origins in Piaget’s theories (Piaget, 1970; Piaget & Inhelder, 1969) about how young people make the transition through the cognitive, moral and social stages of development. A maturational and competency perspective, according to Morrow (2011), remains dominant in the field of education. Shore (2013) argued that developmental theories provide a substantial base framework for understanding young people’s maturation within their cultural, familial and relational worlds. Fontana (1985, 1986) and Burton et al. (2009) showed that individual development comprises a complex interaction between inter-related influences. Within Western traditions, these inter-related influences, such as emotional, physical, spiritual, moral and cognitive development, are contextualised socially and culturally. These contextual influences impact on learning, particularly during critical periods. This investigation has, as its background, the setting of a mainstream high school. Consequently, art therapy with the young participants needs to be informed by developmental theory within a social and cultural context.
Two “sensitive periods” (Arden & Linford, 2009, p. 16) in human development are those during infancy and adolescence. During the early years of life, the development of human creative impulses can be conceptualised and linked with attachment. Indeed, therapeutic interventions are being increasingly conceptualised within a framework of positive attachment (see for example, Bowlby, 1988b; Shore, 2001; Findlay, Lathan & Hass-Cohen, 2008; Shore & Shore, 2008; Heard, Lake & McCluskey, 2012; Mukulincer, Shaver, & Berant, 2013). Later on, during adolescence, identity formation becomes a necessary developmental task. These two periods of psychological development are explained primarily with reference to Erikson’s psychosocial theory.

Given that the focus of the present investigation concerns young people, Erikson’s (1968) psychosocial concept of critical periods in individual development is an appropriate and widely accepted theoretical framework with which to contextualise the investigation. Erikson’s broad framework of development integrates biology, psychological experience and social culture. Identity formation is one of the major tasks of adolescence, in which young people are required to negotiate and forge their personal identity within highly influential social environments that can be challenging. Noble-Carr, Barker and McArthur (2013, p. 5) asserted that issues of identity for vulnerable young people are inter-related to meaning and purpose they attribute to their lives. Erikson understood that development occurs within cultural and social contexts that heavily influence cultural norms, including meaning and purpose. Conceptualising development within a social context is important as the investigation concerns the relationships built between young people and art therapists within a wider community of school in which art therapy is new.

Erikson proposed eight psychosocial stages, each with an associated developmental task to be achieved as part of the process of acquiring normal psychosocial development. Table 1 provides an overview of these stages and of the associated developmental tasks.

Although each of Erikson’s stages is presented chronologically, the stages represent the developmental norm age in which a specific task is mastered in order to become a social being. For the purposes of this chapter, only two periods — from 0–18 months and the adolescent years — will be examined because these have special impact on the therapeutic intervention with young people in the context of this investigation. During the first stage, the infant develops its first social relationships and the challenge for the infant is whether to perceive the world as a trusting or a hostile place. The quality of these formative attachment relationships can determine the quality of later relationships.
Table 1. Erikson’s Psychosocial Stage Model of Development

<table>
<thead>
<tr>
<th>Psychosocial Stage (approximate age)</th>
<th>Developmental Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–18 months</td>
<td>Basic trust versus mistrust</td>
</tr>
<tr>
<td>1–2 years</td>
<td>Autonomy versus shame and doubt</td>
</tr>
<tr>
<td>3–6 years</td>
<td>Initiative versus guilt</td>
</tr>
<tr>
<td>7–11 years</td>
<td>Industry versus inferiority</td>
</tr>
<tr>
<td>Teenage years (adolescence)</td>
<td>Identity versus identity confusion</td>
</tr>
<tr>
<td>20s and 30s (young adulthood)</td>
<td>Intimacy versus isolation</td>
</tr>
<tr>
<td>40s to 60s (midlife)</td>
<td>Generativity versus stagnation</td>
</tr>
<tr>
<td>60s onward</td>
<td>Integrity versus despair</td>
</tr>
</tbody>
</table>

The period of adolescence between 11 and approximately 20 years of age is characterised by the need for the young person to develop a stable yet dynamic identity. A stable identity can be seen as individuals having a sense of who they are in relation to themselves and also in relation to others. Identity confusion occurs when young people are unable to find their place in society with their occupational roles, or satisfaction with their values or within their interpersonal relationships. For example, negotiating one’s identity needs to be balanced by personal needs and values, and by cultural and social expectations. As these shift over time and contexts, individuals develop multiple identities or constructions of themselves (Abes et al., 2007). Erikson (1980) viewed culture as being highly influential in the capacity of young people to make the transition through this stage. Problems can occur with mastery of any stage and Erikson’s framework can be seen to scaffold each stage with the next. If there are difficulties with mastering earlier stages, these difficulties can be compounded. The result can be that mastery of later stages are more difficult to achieve.

Erikson’s (1968) psychosocial model of development has three important attributes. First, it is culturally sensitive. Similar stages develop across cultures, although later research and literature have suggested that culture plays an even more important role than Erikson first envisaged (Burton et al., 2009). Coll, Akerman and Cicchetti (2000) for example, showed that cultural factors are important in shaping an individual’s dynamic personality over a lifespan. Uzzill, Ponton and Ardila (2007) have also demonstrated the significance of cultural factors in determining what is learnt, how it is learnt and when it is learnt, and thus, massively influence all aspects of behaviour. In materially wealthy Western societies, for example, schooling and academic achievement are important, whereas in poorer societies, survival may mean sacrificing schooling in order to exist. Second, human nature

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and development are complex and Erikson’s model is integrated, incorporating biology, psychology and culture. His model embeds all three influences within a social context. Third, Erikson’s psychosocial theory is a broad model empirically supported by longitudinal research. Marcia and Josselson (2013) asserted that Erikson’s model of psychosocial development provides a descriptive overview of where an individual is at in their lives. They argue that, in therapeutic terms, the focus is on problems of living or of being “stuck” (Marcia & Josselson, 2013, p. 628) at a developmental stage, rather than pathology.

Shore (2013, p. 13), an art therapist, argued that Erikson also understood the importance of the role of creativity in maturational processes. She commented that the qualities inherent in the stage-related conflicts that Erikson identified, such as basic trust versus mistrust, and autonomy versus shame and doubt, are observable features within creative art processes. Congruent with Erikson’s (1963) theory, an underpinning tenet of this investigation is the “belief that individuals and society mutually stimulate each other and enhance each other’s survival … therefore, clinical work is related to the health of the culture at large” (Shore, 2013, p. 14). According to Shore, individuals, their lives and their problems, cannot be seen in isolation from their environments, and Erikson’s theory takes account of this fact.

The two periods of Erikson’s psychosocial model: the period from birth to 18 months, and the period of adolescence during which a stable identity should normally evolve, will be explored further in order to establish a clear link between the two stages and the importance of these stages to art therapy. In the first stage, infants are beginning to develop their internal working models of how relationships develop through primary attachment to the caregivers. In the second stage, which has been heavily influenced by earlier stages, young people’s identities are developed in a process that involves building on internal working models and social interaction in a cultural environment.

**Early Attachment**

It is widely accepted in that the early experiences of young people, particularly in the form of early emotional deprivation, have lifelong consequences (see for example, Birch, 2008; Bowlby, 1980; Fontana, 1985, 1986; A. N. Shore, 2003; Sullivan, 1953). Erikson (1963, 1980) conceptualised this early period for the dependent infant as the task of learning to trust. The extent to which trust of others develops is contingent upon the consistency of care the infant receives. If sufficient, the infant develops a sense of hope and openness to
the world, but if insufficient, then the infant perceives the world as being an uncertain place. Although other theorists such as Bowlby (1980), Sullivan (1953), Birch (2008) and Shore (2003) have differing perspectives on the impact of early experiences on the lives of young people, all of them stress the importance of positive, early relationships. Bowlby (1980), Sullivan (1953) and Birch (2008) have argued that attachment to the caregiver is the primary motivator of human behaviour. They assert that the bonds of affection developed through primary attachment contribute to the development of internal working models that provide the basis of all other relationships.

Early attachment relationships are fundamental to all other relationships. For infants, trust must be established for positive development to occur. Art therapy can symbolise the early attachment relationship in that trust must be established before therapeutic work and growth can occur. As trust is so fundamental to all important relationships including the therapeutic one, understanding the relational, personal, interpersonal and psychosocial worlds of individuals through the lens of attachment theory (Bowlby, 1988a; Findlay et al., 2008; Siegal, 1999; Stroufe, 2000), and through Erikson’s (1963) concept of trust versus mistrust, is highly appropriate for the present investigation.

An attachment theory lens also enlarges and deepens understanding of the importance of the art therapy environment as a place of safety in which trust is developed and where risks can be taken. The art therapy space can be viewed as a *temenos* (McNiff, 2004, p. 30) space, which literally means a separated, sacred space. It refers to the quality of the holistic, therapeutic environment created by the art therapist that can be symbolically likened to the maternal attachment in which trust and safety are paramount, as Hogan & Coulter (2014) and Learmonth & Huckvale (2008) attested. Bowlby (1980) initially provided the seminal work on the importance of evolutionary attachment of the infant to its mother. He argued that development should be viewed as multidisciplinary, synergistic and involving both biological and psychological realms. Since Bowlby (1980), understanding the importance of evolutionary attachment has advanced the links between healthy brain development, psychological growth and its influences on therapy (see for example, Kravits, 2008a; Shore, 2001). Similarly, attachment theory has been highly influential in the development of art therapy theory, as Chapter 2 has explained. Art therapy conducted within a context such as schools requires a clear understanding of the importance of early development in relation to learning as well as to adaptive and maladaptive patterns of behaviour that can alter brain neurology and function (A. N. Shore, 2001).
Recent advances in knowledge of brain processes and brain imaging technology have also enhanced understanding of the brain processes as being both dynamic and plastic (Arden & Linford, 2009; Doidge, 2008), and enabled emotional attachment in young people to be measured and tracked. The therapeutic relationship that is initiated and developed through art therapy is symbolic of the early attachment relationship through the interpersonal interaction that occurs, including that of art making. As brain processes are altered through positive attachment, according to Findlay, Lathan and Hass-Cohen (2008), the art therapy relationship that is created and built can positively affect an individual’s neurobiology and help to attain a more flexible way of interpersonally relating.

The primary attachment relationship informs the basis of an individual’s future relationships, including those that are developed within the art therapy encounter. Irwin (2001) asserts that attachment patterns and styles of relating by young people are influential in the interactive process of creating and building upon the therapeutic relationship. It is well documented in the literature (Gilligan, 2006; Neff & McGhee, 2010) that positive and supportive relationships contribute towards self-compassion and psychological resilience in individuals. Arden and Linford (2009) identified three main protective factors involved in whether children are likely to be resilient. These factors include the caregiver’s competence, the child’s own internal resources and the emotional support from family and friends. Arden and Linford further asserted that the therapist’s job is to “maximise the potential for resilience in the face of risk” (Arden & Linford, 2009, p. 12).

Positive early attachment develops trust and is instrumental in fostering creativity. While theorists have conceptualised the association between attachment and creativity differently, the link exists. Erikson, for example, conceptualised the early years as a period of trust versus mistrust, while Winnicott (1971) and Langer (1953) perceived this time as a period in which the primary relationship is seen as being significant in the development of creativity which has special relevance to this investigation. Heavily influenced by the psychoanalytic thinking of his time, Winnicott’s (1953) theory of artistic creation refers to the infant’s innate creative potential, the expansion and development of which, depends initially upon the mother’s adaptive response processes.

Attachment theories have strongly influenced the development of art therapy theory. Winnicott’s (1953) objects relations theory, for example, conceptualised how the infant mediates its separation from the mother by emotionally attaching to a third object. This
symbolic object–relational aspect of the mother–infant relationship is considered by Winnicott (1953) to be the beginnings of human creative development and is fundamentally linked to emotional attachment. Langer (1953) built on Winnicott’s theory by viewing the art object as a portrayal of the emotional life expressed through non-verbal means. Thus, “art is the creation of forms symbolic of human feeling” (Langer, 1953, p. 40).

Non-verbal expression is essential to both early attachment relationships and also within art therapy. The responsiveness of the mother referred to by Winnicott (1965) as mirroring, and which Stern (1985) sees as attunement, is exhibited in non-verbal behavioural and facial expressions. According to Wright (2009) and others (Arden & Linford, 2009; Beebe & Lachman, 2002) mirroring and attunement are essential to the infant’s developing sense of self and emotional adaptation. Longitudinal comparative studies of Romanian children (Smyke et al., 2007) have shown the benefits of engaged, consistent care. Kravits (2008a, p. 139) showed that the quality of care includes mutual engagement and “emotionally resonant attunement” is essential.

Consistent early care helps to develop trust and is congruent with Erikson’s (1963) theory in that the task for the infant is to develop trust in others and in the world. Trust is thus, positively achieved through experiencing the quality of care in which attunement and mirroring are necessary. Wright (2009) asserted the positive development of trust and of the self, and of the capacity to interpersonally relate, are inherently those tasks engaged in within the therapeutic relationship. He argued that these tasks are achieved through sensory, tacit, non-verbal and emotional communication involving mirroring and attunement. This process is directly fundamental to the relationship between the art therapist and the young person and was one focus of the investigation in this thesis.

The importance of the artwork in art therapy also links conceptually with attachment theory. Winnicott (1953) developed his notion of the ‘transitional object’. The object, such as a toy or blanket, holds symbolic meaning and emotional attachment for the infant through the object’s sensory properties and it provides a subjective and imaginatively created experience. The sensory object embodies the subjective attachment to the mother. The experience is seen as created, special and meaningful. The art therapy experience can be metaphorically likened to Winnicott’s idea of the importance of the transitional object in the form of the meaningful artwork that is created by the client.
The beginning of symbolic and metaphoric formation can also be viewed through an attachment lens. In Winnicott’s (1953) view, the adaptive mother facilitates the infant’s relationship towards the transitional object by recognising the object’s contribution towards the infant’s healthy development. According to Wright (2009), if the transitional object is created under positive conditions, its presence constitutes a way of mediating the world for the infant. In this way, the attentive mother attunes herself to meet the infant’s needs. Wright (2009) further asserted that the object is mediated by the mother and is subjectively experienced by the infant, whose feelings are transformed. Thus, in Winnicott’s (1953) view, the transitional object becomes a subjective object and the beginning of symbolic and also creative development emerges.

As the quality of early attachment and the development of trust can be seen as highly influential in creative and symbolic development, for an infant without language, this process is necessarily a pre-verbal one. Isserow (2013) noted the beginning of symbolic development is an emotional process rather than a cognitive one. Within the art therapy relationship, the therapist mediates the world for the young person by holding a metaphoric and psychological space (Robbins, 2001). The art therapist emotionally contains this physical and psychic space for the client. The client experiences this holding or containment through a trusting relationship as well as through creating imagery within a therapeutic safe space. Therefore, conceptualising emotional processes through the extent of trust and attachment, are highly appropriate for this investigation.

The present investigation is intended to shed light on how young people and art therapists perceive the art therapy relationship. When conceptualised from an attachment perspective, the investigation may help enlarge understanding of how creativity and positive attachment relationships can help bring about change in young people. When attachments are positive, a nurturing relationship helps to build self-compassion and acceptance, which according to Neff (2010) is known to contribute towards resilience in young people. Consequently, positive attachment, communicated and expressed through creative engagement, according to Fontana (1986), can provide an emotional springboard for young people’s exploration of their environment. Furthermore, research (Hass-Cohen & Carr, 2008; A. N. Shore, 2001; Shore & Shore, 2008) into early brain development as it relates to attachment has revealed that right brain processes, their links with creative processes, affect regulation and plasticity, all show that positive attachment as such exists in the art therapy relationship can influence positive brain development.
Psychosocial developmental theory (Erikson, 1963), with its links to attachment theory (Bowlby, 1988b; Stern, 2010; Winnicott, 1965) particularly the notion of trust and attunement (Wright, 2009), provides an appropriate theoretical framework for this investigation. According to Wright, development and attachment takes into account interpersonal and intrapersonal factors such as trust and the importance of non-verbal expression that are important in social and emotional learning. These traditions also encompass sensitivity to the complexity of the young person’s dynamic social and emotional development recorded through social interactions and creativity. Furthermore, as Gray-Armstrong (2013) attested, the broad umbrella of attachment theory links the disciplines of behavioural science, child development, psychology, neurology and psychoanalysis, thus representing a holistic perspective in which non-verbal and tacit communication modes are exhibited, and which are of considerable importance within the art therapy relationship.

Adolescence

Arden & Linford’s (2009) second sensitive period of development concerns adolescence, which is seen in psychosocial developmental terms as being a period of crisis in which identity evolves. Identity formation is played out, according to Erikson (1963), within social interactions. The successful establishment and achievement of a positive identity is dependent upon many factors, but, as already identified, individuals’ social and cultural environments are heavily influential (Erikson, 1968; Schlegel & Barry, 1991). Erikson (1959, p. 245) argued that successful achievement of identity occurs “when the individual has subordinated his childhood identifications to a new kind of identification achieved by absorbing sociability and in competitive apprenticeship with and among his age mates”. He further asserted that this period is a time of experimentation of the self and of constructing one’s identity. Erikson contended that this crisis period is ultimately resolved by interaction and social relationships with others who reflect back who the young person is.

Adolescence is a time of change. Alongside the physical and hormonal and other biological changes that take place during this period, cognitive (Arden & Linford, 2009) changes also take place along with psychological and emotional upheavals (Greenhalgh, 1994). In addition, adolescents are also required to navigate increasing societal responsibilities, and at the same time, develop a robust self-concept and self-identity. Most adolescents manage to transition to adulthood successfully (AIHW, 2011). Although Mussen, Conger, Kagan and Huston (1984) argued that the difficulty of this period is
exaggerated, nevertheless, adolescence remains a vulnerable and transitional time in anyone’s life. Navigating this crisis successfully by means of developing positive relationships despite adolescent vulnerability, contributes towards agency, competence and resilience, and is linked to the growth of autonomy and developing independence.

Many researchers, including Arden and Linford (2009) among others (see for example, Adams & Berzonsky, 2005; Berzonsky, 2011; Blau & Gullotta, 1996; Blos, 1966; Cicognani, 2011; Fall & Roberts, 2012; Knack, Jaquot, Jenson-Campbell, & Malcolm, 2013), provide evidence of adolescence as being a transitional and vulnerable time of turbulence and growing autonomy. The early psychoanalytic work of Blos (1966) on adolescent development has been further refined by the research of Blau and Gullotta (1996), who viewed adolescent development within a family and social context. In recognition of the rapid social changes occurring in the last decade, Adams and Berzonsky’s (Adams & Berzonsky, 2005; Berzonsky, 2011) research provides a more contemporary social-cognitive perspective on identity formation throughout adolescence. The importance of how goals and values, for instance, impact upon the formation of identity has been recently researched by Duriez, Luyckx, Soenens and Berzonsky (2012), further illustrating the importance of wider and dynamic cultural factors in identity development.

The development of identity cannot be viewed in isolation from a wider social and cultural context. Rawlins (1992, p. 59) viewed identity from a social perspective in which “adolescents achieve their self-definition communicatively in conjunction with their social networks”. Shapiro and Margolin’s (2013) recent research on adolescents’ use of social network sites and the impact of this behaviour on psychosocial development indicates that social network site use is increasingly influential in identity development, peer affiliation and directly relates to adolescents’ social connectivity and self-esteem. Modern social changes are impacting on this period for adolescents. Visser, Antheunis, & Schouten, (2013) concluded that technologies such as online social networking sites and games provide a forum for experimentation or self-competence.

In the last few decades, physiological changes as a result of better nutrition, increased years of schooling and modern technology have extended the period of adolescence, arguably increasing transitional difficulties to adulthood. Jordan-Conde, Mennecke and Townsend’s (2013) research on late adolescent identity development in relation to social network sites suggested that social networking along with longer schooling are
contributing towards lengthening this crisis period. They argued that exposure to such technology is displacing social boundaries, resulting in theatrical, performance-like behaviour. They concluded that the development of identity is being increasingly played out online, with implications for parents, counsellors and educators. Such social and cultural changes mean that specialist art therapy services within schools could provide an overlap between education and therapy. The vulnerability of adolescents, the importance of the peer group in the adolescent social context, combined with rapid social changes mean that there needs to be adequate services available to meet young people’s needs. Additionally, the services need to be both flexible and socially acceptable with young people able to voice their views on what will meet their needs.

Maturational brain development during adolescence results not only in vulnerability but also in opportunity, as there is a greater capacity for young people to become more self-aware and to conceptualise their experiences in different ways. Arden and Linford (2009), and Davidson and Begley (2012), asserted that the considerable brain development that occurs during this period contributes to a particular vulnerability that is evidenced by young people’s social and emotional vulnerability and mental health statistics in most developed countries. Neuroscience in the area of adolescence is increasing our conceptual understanding of young people’s identity narratives particularly in the area of memory, meta-cognition and divergent thinking (Fonagy & Target, 2006). As young people make the transition to adulthood, the meaning they attribute to their subjective experiences can be highly influential to their growing sense of personal identity.

Cognitive developmental theorists (Piaget, 1970; Piaget & Inhelder, 1969), argued that young people transition through a series of cognitive stages. Through the process of transition from concrete to abstract thinking, young people develop a personal construct of reality as a result of their experiences. Although later theorists have criticised Piaget for his over-emphasis on rationality, explicit knowledge, set stages of development, as well as his insufficient attention to culture, others have developed further his theories. Integrative developmental theorists such as Vygotsky (1978) and R. Case (1992) have further advanced understanding of adolescent development by including the importance of cultural and social inputs.

More recently, relational perspectives that focus on the internal, experiential and subjective worlds of individuals illustrate the complexity of need for young people during this adolescence (Stolorow & Atwood, 1992). Since the 1990s, adolescent development has
been theorised in a more positive light (Benson, Scales, Hamilton, & Semsa, 2006; Hoyt, Chase-Lansdale, McDade, & Adam, 2012; Theokas & Lerner, 2006). There is increasing recognition of the importance of resilience factors, competencies and social resources young people bring to their own development. Hoyt, Chase-Lansdale, McDade and Adam (2012) have argued, for example, that adolescents develop personal protective factors to ameliorate the uncertainty and anxiety they feel as they move towards increasing autonomy as they reach adulthood.

Successful integration of identity is a major task of adolescence. As young people move away emotionally from their families and develop autonomy, their peer group becomes increasingly important and valued (Hodges & Perry, 1999). As the adolescent peer group itself is in transition, the quality of adolescents’ social relationships affect a growing sense of oneself and identity (see for example, Adam et al., 2011). If peer influences are negative, they can form a vicious cycle for unhappy young people and this elicits further negative responses from their peers (Huntley & Owens, 2013). The cycle contributes towards a deepening negativity for the young person and increases his or her fragility of self and identity.

A psychosocial underpinning of this investigation reflects the importance to overall health of the development of a positive sense of self in relationship to others. A failure to achieve a sound sense of self and identity can result in poor school outcomes and negatively impact on mental health. According to Burton, Western and Kowalski (2009), a young person’s self-concept during adolescence becomes more “complex” (Preckel, Niepel, Schneider, & Brunner, 2013, p. 1166) as it becomes more abstract, especially in relation to academic concerns. Kahn, Zimmerman, Csikszentmihalyi and Getzels (1985) and others (Green, Arief, Liem, Martin, & Colmar, 2012; 1985; Preckel et al., 2013) argued that the failure of young people to develop a positive sense of self may also result in delinquency and disruption in later life. For young people, acculturation (Castro, 2003) and assimilation (LaFromboise, Coleman, & Gerton, 1995) to their cultural and social groups becomes a developing part of their personal identity, positively contributing towards a sense of belonging and connectedness. As the developmental task of identity formation involving separating, individuating and becoming an adult is fundamental (Caputi, Foster, & Viney, 2006). Conceptualising the self through identity development is pertinent for this investigation.
Socially Constructed Identities

Identity can be seen as a construct. The notion of identity is situated within a cultural and social context of values, beliefs and practices in which the theories pertaining to identity are debated (Breakwell, 1992). A psychological theory of identity refers to an individual’s mental model of him or herself, including that of self-concept. Individuals can be seen to have a number of identities, which combined, give a sense of who they are and contribute towards their unique overall personal identity. Personal identity includes beliefs, values, traits aspirations and life history. Turner, Reynolds, Haslam and Veenstra (2006) and others (Burke & Stets, 1998; Jetten & Postmes, 2006) have rejected a simplistic view of personal identity. Individuals are social beings and need to identify with groups, and yet, they also have a need to be seen as individuals. For young people, the balance between social needs and individual needs can create tension. Erikson recognised this tension with his particular interest in identity theory and the roles adopted by individuals. His theory of identity formation was conceptualised within a psychosocial context in recognition of the importance of the social factors in identity formation. In this investigation, the development of identity in young people can be seen as changeable and complex because of the tension and need to find a balance between social and personal identity.

Social representations theory is useful for the purposes of examining how collective meanings are established and how forms of social bonding occur. Social identity refers to the sense of belonging to a social group. Belonging to a social group helps individuals to define their sense of self in the world. As Burton et al. (2009) noted, just as it is possible to have several personal identities, it is possible to have several social identities. Social representations theory seeks to explain common understanding of ideas and concepts between groups of people. Through the social exchange of language and tacitly conveyed communication, meanings are classified that explain constructs of the world. The significance of social representation is that meanings are not fixed and finite, but rather, they are negotiated and interpreted. Hoijer (2011) argued that individuals either objectify or anchor new knowledge so that it becomes integrated, familiar and less threatening. Social representations then, can be seen as collective understandings or ‘common sense’ of societies and groups. In the words of Moscovici, social representations:

… make it possible for us to classify persons and objects, to compare and explain behaviours and to objectify them as part of our social setting. While representations are often to be located in the minds of men and women, they can just as often be found “in the world”, and as such, examined separately. (Moscovici 1988, p. 214)
The function of social representations is to enable order and mastery to exist within societies as well as to provide a set of meaningful codes for naming, labelling and classifying. Hoijer (2011) argued that social representations are not logical or coherent but rather, operate on metaphoric and emotional levels as networks of understanding that are complex, dynamic and holistic. By anchoring an unknown entity through naming or labelling it, the unknown becomes embedded within a genealogy that is already known. Naming and labelling are linked to stereotyping, and according to Pickering (2001), speak to society about inclusion and power. For example, contemporary society has generally a negative attitude towards madness as a result of attitudes, historical influences and how mental illness is publically portrayed (Jodelet, 1991).

Identity theory, including social representations theory, can provide useful underpinnings to this investigation because these theories acknowledge that personal identity is complex and constructed. They also acknowledge that young peoples’ understandings of their environments are constructed from their experiences. Art therapists have different professional experiences from which they understand and construct understanding of their worlds, which are vastly different from the young clients they support. The notion that individuals make sense of their worlds through their interactions with others, results in a commonly understood reality that is itself a construct (James & James, 2008). This investigation hopes to shed light on how young people understand their experiences of art therapy in school and to what extent their experiences help towards greater understanding of themselves. Through co-constructing these experiences with those of art therapists who work with young people, the aim of this investigation is to increase understanding of what might be effective in meeting young people’s therapeutic needs, including the consolidation of identity.

One of the major developmental tasks for young people is that of constructing their identity within a social group. Adolescent transition by its nature is a time of opportunity in which, typically, young people experiment with ideas about who they are and the beliefs they hold. Additionally, as they make the transition from childhood to adolescence, the peer group becomes immensely important. Individual identity, social representations and group processes are all intrinsically linked (Breakwell, 1993; Moscovici, 1981). For a young person, trying to fit into social groups when his or her identity is still changing can be difficult and a source of deep personal anxiety.
Concluding Remarks

This chapter has linked healthy development to the social world in order to illustrate how the impact of art therapy on young people in a school setting can influence their lives. The chapter has concentrated on two aspects of importance when viewing development from a psychosocial perspective: attachment and the development of trust, which in the early years, is essential to healthy psychological development; and the adolescent task of the consolidation of identity. Chapters 3, 4 and 5 have examined the theoretical perspectives of humanism, creativity and psychosocial development underpinning the present investigation. Each shapes the ontological perspective and operational methodology of the investigation. All are integral to the art therapy experience and link particularly to young people’s developmental state. Humanism has a holistic, positive and growth-oriented perspective, and it provides an overarching philosophical base from which the constructivist aspect of the present investigation is viewed. The theoretical contributions of existential humanism and the importance of meaning making and personal subjectivity (Burton et al., 2009, p. 444) also underpin the broad constructivist perspective of the investigation.

Humanism’s links to the concept creativity as an inherent human drive reflects the notion of selfhood as being unique. Selfhood has, in turn, theoretical links with constructs of creativity, development and conceptualisations of identity including how the self is represented in a cultural, social context. An exploration and overview of the literature on creativity has been selected because there is an assumption that art therapists understand and value creative processes. Creativity is linked to domains of multiple intelligences and can be perceived as an essential component of resilience. Humanism, developmental and creativity theories have made, and continue to make, a significant contribution to the development of theory and to the practice of art therapy, as Rubin (1999) has attested. Due to these contributions these perspectives have distinguished the professional discipline from other similar therapeutic interventions, and therefore, these perspectives have been chosen for their appropriateness and ‘fit’.

The primary focus of the investigation was on the voices and perspectives of the young people. A developmentally-framed, existential perspective can provide an understanding of the challenges young people have at this stage of their lives in finding meaning and developing personal identity in a social world. As the investigation was concerned with young people’s experiences of art therapy in schools and also concerned with art therapists
who work with young people, an understanding of developmental theory needs to be incorporated as a theoretical underpinning. Social identity and representations theory are useful for understanding how individuals come to have knowledge and construct meaning in different ways, and how social groups label knowledge.

It is important that the practice wisdom of art therapists who work with young people, is combined with the voices of young people, and that both are documented and this has yet to be achieved. It with this gap in mind, that Chapter 6 examines the methodological design adopted by this investigation and which takes into account these perspectives, as well details of the design, implementation and ethical factors pertaining to this investigation.
CHAPTER 6

Methodology

This chapter outlines the methodology for the investigation. The ethnographic approach of Naturalistic Inquiry (Lincoln & Guba, 1985) was selected because the focus of the investigation was on how each of the participants experience and perceive art therapy within a particular cultural context of the high school setting, and how the sum of these understandings provides the basis for a deeper insight into the role of art therapy in contributing to the wellbeing of young people in schools. This chapter reports on the following: the ontological perspective of the investigation, including the justification for conducting research with young people and for the use of art-based research in the design; the research design; the ethical considerations and constraints; the techniques of data collection; the critical importance of establishing trustworthiness during the process; the data analysis; and limitations pertaining to the research process.

Ontological Perspective

The investigation made use of a practitioner–researcher model, as described by McNiff (1998), as it was embedded in the context of a real-world setting. Practitioner–research operates from the premise that the experience of practice needs to be blended into research. McNiff (1998, p. 64) argued that, rather than working from a theoretical stance, learning is enhanced when ideas are connected to experiences. From this stance, therapeutic practice itself can be “re-visioned as a life-long mode of research” (McNiff, 1998, p. 63) and is literally grounded in experience.

From an epistemological viewpoint, this investigation is constructivist. A constructivist perspective assumes knowledge to be culturally and historically embedded, and so knowledge and reality are socially constructed. Patton (2002, p. 93) described this perspective as “a reality-oriented” worldview, meaning that reality is a relative and not an absolute concept. A constructivist perspective, which is embedded in a particular contextual setting, cannot be value free. The researcher has two roles in this investigation: one as the researcher conducting the research, and another as a participant providing an emic contribution to the data. An emic perspective refers to an “insider perspective” (Young, 2005, p. 152). Emic research is the study of a culture and gaining knowledge from
the perspective of one who is intrinsically part of that culture. As the participants have intimate acquaintance of the culture under study, the validation of emic research is that knowledge is gleaned from an insider’s perspective and is agreed by others from that culture. Such a perspective is valuable in this investigation because the researcher has professional experience of the culture under study and can provide useful insights into the phenomenon under investigation. The researcher’s values need to be openly declared, along with the checks and balances incorporated into the research design in order to ensure rigour is fully described. Although in inductive disciplines (Becher, 1989), objectivity does not exist in reality, there needs to be a way of reporting findings from research. These must emerge from value-laden perspectives as credibly and impartially as possible (Patton, 2002, p. 93).

Theoretically, the investigation can be said to be interpretivist, in which meaning is deduced from experience. The researcher not only describes and illuminates the nature of the art therapy experience, but also interprets and gives meaning to the data. The design process followed allows for the researcher to interpret and construct conceptual themes in order to illuminate the nature of the art therapy experience for those engaged in the art therapy encounter. In this investigation, the researcher intentionally privileged the views of young people who have participated in art therapy in a school setting in order to shed light on their experiences. Since reality and truth are socially constructed, an individual’s understanding of reality and truth is also embedded in a relational context that is not only socially constructed but reciprocal and meaningfully interpreted. The nature of the art therapy relationship is a shared one between individuals who bring their subjective experiences to it and interpret the meaning of that experience. This investigation is thus interpretive and inductive. It is ultimately intended to illuminate how meaning develops from personal experience.

The investigation employs an ethnographic approach to data collection and analysis but, in addition, requires the collection of response art. The methods and techniques used in Naturalistic Inquiry (Lincoln & Guba, 1985) are well suited to the needs of this investigation because it seeks to understand a particular culture. Individuals interacting for any length of time develop a specific way of being and pattern of behaviour that includes the tacit behaviour pertaining to that culture. According to Patton (2002), participatory ethnographic approaches such as Naturalistic Inquiry typically illuminate the values, beliefs and practices that underlie the nature of the culture under investigation.
In this instance, the culture under investigation concerns young people participating in art therapy in a school setting. Young people are not homogenous as a group. They have diverse experiences, such as Morrow (2011, p. 3) has described. Ethnographic participatory approaches allow for young people to address their lived experiences, and for others to learn about those experiences. By doing so, ethnographic approaches intentionally give voice and expression to minorities within cultures. In the present investigation, young people who experience art therapy in school are a minority within high schools, as indeed are art therapists among allied mental health professions.

An ethnographic participatory approach to illuminating experiences can be seen as emancipatory, as Fals Borda (2001, p. 34) argued. Further, a developing awareness of individual human rights (see for example United Nations International Children’s Emergency Fund [Unicef], 2010), combined with increasing consumer involvement in institutional services (see Franks, 2011, p. 15), point to the documentation of lived experience providing unique insights into experiential phenomena. From these perspectives and experiences researchers and others can learn more about a particular phenomenon under study. The methodology of Naturalistic Inquiry (Lincoln & Guba, 1985) generates thick, descriptive data from which meaning and emergent theory is grounded in individuals’ experiences of a particular culture within a particular setting. This methodology moreover is emancipatory for participants because findings are interpreted as negotiated outcomes between the researcher and the participants. In the case of the wellbeing and mental health of young people in the high school setting, this methodology is especially appropriate.

Participatory research with young people raises challenges of an ethical and practical nature. Dalli and Te One (2012, p. 231) argued that these challenges are at the forefront of concerns for researchers. They include different levels of participation and the influence of young people’s participation (Alderson, 2001, p. 140; Clavering & McLaughlin, 2010, p. 607). Other challenges include how power differentials between adults and young people are dealt with (Clarke, Boorman & Nind, 2011, p. 777), as well how young people’s voices are represented in research (Thomson, 2008, p. 4). Nevertheless, despite challenges, there is increasing awareness that young people have a right to be heard. Indeed, social justice considerations and the notion of young people having rights are evidenced by the steady application of the United Nations Convention on the Rights of the Child across many social platforms. Issues concerning the social and political status of young people, including the dynamics of power are, therefore, considerable.
Conducting participatory research with young people requires heightened awareness and sensitivity of the ethical and practical challenges. Researchers need to be acutely mindful of the potential influence they hold throughout the entire research process. In research involving young people, McCarry (2012, p. 64) argued that researchers need to be aware not only of different levels of participation but also of tokenism that may be experienced in participation. Although Wyn (2009, p. 18) has argued that there are plenty of sources of information about young people’s health, there are gaps in documenting their experiences on matters that directly concern and affect them such as health and education. In contrast, Tisdall, Davis and Gallagher (2009, p. 5) and Thomson (2008), have argued that the literature points to an increasing involvement and participation of young people in the research process and matters that concern them. Nevertheless, how and to what extent individuals are represented in research is a matter of social justice and is, therefore, political. As Bruner (1993, p. 6) observed: “writing is a political act … any act of representation of the Other is inherently political”.

In spite of the significant challenges, young people’s participation in research is not only emancipatory for them it is also valuable for all those who engage in it. Indeed, according to McLeod (2011, p. 263), participation with young people can result in a better understanding of their lives and, for this reason, is worthwhile. An ethnographic participatory approach to research which gives voice to minority perspectives, such as those of young people, makes the operating power dynamics between adults and young people more transparent. Nevertheless, realistically, Holland (2004, p. 205) noted that young people are often constrained by the influences of adult perspectives. Such constraints will often influence how young people view the world and their place in it.

As the creative process is at the heart of art therapy, the present investigation necessarily requires the involvement of artistic processes in some way in order to elicit what is subjectively felt and experienced. Creating art can be a deeply personal way of making sense of experiences, as many researchers have described (see for example, Allen, 1995; Dissanayake, 2002; Kelly, 2009; Moon, 1994, 1995). Art therapy involves developing a relationship with images within a particular context in order to help individuals make sense of their world and to empower them (see for example, Boronska, 1995; Learmonth & Huckvale, 2008). According to Lett (1998), creating art is, therefore, one way of expressing one’s subjective truth and reality. The early educationalist theorists, including Bandura (1977), Klein (1952) and Piaget (1951, 1954), understood in different ways that individuals learn experientially. In this investigation, creative, experiential processes are
captured in artwork as expressive, non-verbal ways of exploring personal experiences. Therefore, as a fundamental aspect of art therapy, creative processes are seen to be a vital aspect of experience and are incorporated into the methodological design.

The inclusion of art in the present research process is consequential for two reasons. Creating art can provide “non-linear ways of experiencing the world and of constructing knowledge” (Pink, Hogan & Bird, 2011, p. 15). First, not to capture the data set in the form of artwork would be to miss subtle, contextual and tacit aspects of an individual’s subjective reality. Furthermore, McNiff (1998) strongly argued that art making is at the core of what art therapists do and is therefore ontologically important in practice and, consequently, appropriate as a research method. Second, art therapy necessarily involves reflection upon the images created in therapy. The artwork is a personal perspective of its creator and, like its creator, is unique. According to Leavy (2009, p. 215), the created artwork involves subconscious processes and memory. As one of the research questions is to retrospectively recall the experience of art therapy, the investigation provided the young participants with the opportunity to reflect on previously created artwork. Therefore, two forms of art-based research were included in the investigation. First, the young people were invited to reflect on their artwork they had made during art therapy when they were still at school. Second, the art therapists involved created response art as part of their creative response to aspects of their professional practice. The notion of response art is further explained later in the chapter.

**Research Design**

Naturalistic Inquiry (Lincoln & Guba, 1985) is highly appropriate for investigating how those who engage in it experience the relational process of art therapy. Its methodological approach examines a phenomenon as it is lived and experienced in a particular and naturalistic setting. As its name implies, Naturalistic Inquiry allows the process of investigating the lived experience of human beings to unfold naturally and can be likened to discovery (Guba, 1978. p. 6). It typically begins with a hunch or an instinct that piques the researcher’s curiosity about a social phenomenon. The researcher then becomes progressively immersed in the world of those experiencing the phenomenon, seeking all the time to interpret what is happening in that world. It is in many respects an approach that is familiar to client-centred therapists whose starting point is nearly always the formulation of an in-depth understanding of the world as experienced by the client.
Naturalistic Inquiry (Lincoln & Guba, 1985) has some essential features of note. First, the sampling process for identifying participants is purposive; that is, participants are specifically selected on the basis of their likelihood of their being able to provide useful insights about the social phenomenon of interest to the investigation. Second, prolonged engagement with the participants and with their world is critical as the researcher attempts to document and interpret the way in which the participants understand a social phenomenon. Third, although mixed methods of data collection may be employed, it is the researcher who, having been immersed in the world of the participants, ultimately interprets and gives meaning to the data. In this regard, there is always a risk that the researcher’s personal viewpoint may become the basis for the reconstruction and interpretation of the participants combined understanding. To ensure an “ideographic fit to the situation encountered”, Lincoln & Guba (1985, p. 41) advised that strict adherence to certain trustworthiness criteria is critical. Fourth, Naturalistic Inquiry is inductive, that is, the researcher, having been immersed in the world of the participant, seeks to identify patterns and emergent themes in the data that are then negotiated with the participants through the process of member checking and prolonged engagement. Naturalistic Inquiry (Lincoln & Guba, 1985) deems objectivity to be impossible because it assumes that human beings ‘make up’ their reality by meaningfully interpreting their experiences. According to Pink (2007), in Naturalistic Inquiry, the relationship between the researcher and the participants shapes a common understanding of reality by negotiation with the participants. However, there needs to be some agreed way of understanding ‘reality’ in the world and this is most often agreed by consensus and achieved through language and culture. Fifth, the ethnographic, interviewing of participants used in Naturalistic Inquiry values and legitimises tacit knowledge, that is, the kind of knowledge that is intuitive and which very often results from cumulative experience or the repetition of certain behaviours or thought processes. It is often the kind of knowledge that is so obvious to the participants that no one specifically refers to it. Sixth, Naturalistic Inquiry may employ not only a diversity of data collection techniques, but may also require unexpected diversions from the research plan. In this way, the researcher does not pre-determine any aspect of the phenomenon under investigation. The researcher also needs to be self-aware and, while holding personal values and beliefs pertaining to the phenomena, must be reflexive and strive to maintain neutrality and openness. In many respects, Naturalistic Inquiry methodology closely parallels the humanistic principles of therapeutic practice.
Finally, in inductive research such as Naturalistic Inquiry (Lincoln & Guba, 1985), specific methods and techniques for data collection and analysis are incorporated to ensure rigour of the reported findings. As the researcher is the instrument of analysis, bias must be declared and then set aside by implementing trustworthiness criteria as an integral part of the research design. In deductive research, rigour is determined through criteria assessing the internal and external validity, reliability and objectivity through a top-down process. In inductive research such as Naturalistic Inquiry, the comparable pillars of rigour are called trustworthiness. The criteria for trustworthiness are: credibility, dependability, confirmability and transferability. In this context, trustworthiness refers to the extent to which findings can be relied upon to be rigorous and “worth paying attention to” (Lincoln & Guba, 1985, p. 290). Trustworthy methods and techniques are incorporated into the data collection and analysis implementation, reported fully later in this chapter.

This research is wholly concerned with the diversity of everyday experiences and attributed meanings. In this way, the researcher values and respects the participants’ unique and subjective worlds. Therefore, both the research and the way it is implemented through Naturalistic Inquiry (Lincoln & Guba, 1985) are inherently humanistic.

**Ethical Considerations and Constraints**

This investigation involved young people, and so a level of sensitivity to ethical considerations above and beyond that, which applies, in general to research involving human beings, was necessary. That the investigation sought to give expression to the experiences of young people was considered to be a strength, given the emphasis documented in the United Nations Convention on the Rights of the Child Article 12 (Unicef, 2010) and the Ethical Research Involving Children (ERIC, 2014) project, to the importance of heeding respectfully the views of young people on issues affecting the quality of their lives.

The intention originally was to document the experiences of young people under the age of 18 who were engaging in art therapy in high school settings in one or more high schools in Australia. This plan was proposed to the Human Research Ethics Committee at Southern Cross University but was considered to present an unacceptable level of risk for both the students and the researcher on account of the young age of the students and their likely emotional vulnerability. Subsequently, it was proposed that the investigation might focus on the experiences of young people who had experienced art therapy during high school
but who had left school and who were over the age of 18 years of age (the legal age of adulthood in Australia) at the time of being interviewed. This proposal was acceptable to the Human Research Ethics Committee. Consideration was then given to identifying possible interviewees by drawing on the researcher’s professional networks, but this approach proved fruitless because there are relatively few art therapists in Australia who work in school settings. In addition, it became evident that the authorities responsible for public secondary education would be unlikely to assist with the task of contacting former students who had participated in art therapy whilst at school. As a result of enquiries through professional networks, however, one young person (Alid), who had previously undertaken art therapy conducted by one of the researcher’s colleagues (Janine), was identified, and was included in the panel of interviewees.

The most expedient way of accessing interviewees appeared ultimately to be for the researcher to make contact with young people over the age of 18 years who had previously engaged in art therapy conducted by the researcher. These young people had already left school, but their contact details remained up to date and their willingness to contribute to the investigation was judged to be high. The researcher’s professional relationship with them while they had been in school had been positive, and so they were likely to trust the researcher in providing details about their experiences of engaging in art therapy.

While all the young participants were over 18 years of age, they were, nevertheless, considered to be emotionally vulnerable, and so extreme care had to be exercised in approaching them for an interview and in collecting interview data from them. Pleasingly, all of the former students contacted expressed an enthusiasm about being interviewed. They completed the informed consent documents required by the Southern Cross University Human Research Ethics Committee, and they showed no concern about being interviewed by their former counsellor/art therapist. In light of this historic relationship, however, special effort was required to ensure the objectivity of the interview data. Measures taken by the researcher included: clarifying role boundaries to ensure that the young people were aware of the researcher’s objectivity in recording their experiences; being very strict with member checking to ensure that the interviewees felt that their accounts provided to the researcher were accurate and complete; and being similarly strict in the documentation and subsequent verification (see Appendix H) of an audit trail. No follow-up contact was made with the interviewees beyond the point of member checking, and at no time were there any rewards or inducements offered to the interviewees – they
were offered a warm or cold drink at the time of interview, but only as a simple act of courtesy.

The ethical principles of “participant autonomy, informed consent, confidentiality, avoidance of harm and fairness” (McLeod, 2011, p. 66) that are inherent to the requirements specified in the National Ethics Application Form (NEAF) were conscientiously applied throughout the investigation. Ethical sensitivity needs also to extend to what actually occurs in the detailed processes of an investigation involving human beings. Guillemin and Gillam (2004, p. 262) refer to these as “ethics in practice”, and Charlesworth (1996, p. 7) refers to them as “micro-ethics”.

Although each young person was invited as part of the interview process to reflect on and discuss past artwork, these artworks have not been copied and are not included in the data reported for the present investigation. When engaging in art therapy, their artwork was considered to be private and confidential, and so making any copies of the artwork for the purposes of this investigation would have been unethical. The young people were, however invited, to comment on their artwork. These comments do form part of the data collected for the present investigation.

Techniques of Data Collection

This investigation was designed and operationalised using the range of Naturalistic Inquiry (Lincoln & Guba, 1985) techniques described below. These techniques underpin the ontological perspective and are interconnected with trustworthiness techniques as part of the design.

First, the participants were selected on the basis of meeting criteria likely to illuminate the phenomena under investigation, as Patton (2002, p. 236) recommended. For this investigation, the participants were thirteen art therapists who work with young people, and ten young people who had experience of art therapy in a school environment. As the researcher is currently working as a school art therapist, but is designated a counsellor, she was also a participant in the research, providing an additional emic or insider perspective.

Second, the research was conducted in a natural setting. Research intended to illuminate the meaning of phenomena cannot be separated from the context in which the phenomena take place. In this investigation, data was collected wherever possible in the workplaces of the art therapists involved. These sites included art studios, schools, or other professional
venues, such as hospitals. Because the young people had graduated from the school setting, their interviews were conducted in settings of their choice, including parks, coffee shops and malls.

Third, the involvement of the researcher as human instrument enabled responsiveness to a range of cues. In a natural setting, adaptability is essential as events cannot be predetermined, for example, flexibility was necessary in arranging interviews for the participants. Only the human instrument can make sense of the rich, thick data, being able to process the data immediately and to obtain clarification or explore responses of interest. Only the human instrument can take account of the values and beliefs of the participants within that culture. As the researcher was part of the culture under study, she was well placed to negotiate and mutually construct meaning through consensus.

Fourth, the use of inductive analysis, such as that used in qualitative research, requires sensitivity when dealing with multiple realities. In this investigation, an attitude of open-mindedness was necessary in that no a priori theory concerning the nature of the art therapy experience for young people or the professional art therapists existed. The design was emergent; the investigation initially arose from the researcher’s practitioner knowledge, experience and reading of empirical literature. Initially, in data collection, the researcher did not have a focus apart from the broad area of the experience of art therapy with young people. By collecting and analysing a range of perspectives, in total, 24 viewpoints and extensive data, the information gathered in the field and the negotiated outcomes with congruent ideographic interpretations were grounded in these viewpoints, which served to explain the phenomenon under study.

Fifth, tacit knowledge is valued in Naturalistic Inquiry. In order to legitimise and capture tacit knowledge, which is knowledge that is intuitive or felt (Lincoln & Guba, 1985, p. 40); the present investigation used mixed methods of data collection, including art-based methods. These methods were intended to draw on the values and beliefs of the participants in order to elicit and draw out both tacit as well as propositional knowledge. During the investigation, data was collected using several qualitative and ethnographic methods. They included semi-structured interviews, participant observation and art-based research methods. Two forms of art-based methods were used: reflection on already created artwork and the creation of response art. These are explained below.
Interviews and Participant Observation

Each of the interviews undertaken with the participants used a standard and consistent ethnographic interview format. The art therapists had one consistent interview format and the young people another, a slightly different, interview format. Open-ended probing questions were used, as opposed to closed or leading questions, and these were designed to develop rapport, elicit information and provide rich thick descriptions (Spradley, 1979, pp. 78-91).

The initial interviews with the art therapists used “grand tour” (Spradley, 1979, p. 86) questions detailed in Appendix A. The interviews were also designed to elicit as rich, thick a description as possible. As the researcher is a practising art therapist, the semi-structured interviews questions that were designed for the art therapists were based on practitioner knowledge and from a review of the literature pertaining to this investigation. Although the interview questions were the same for each interviewee, their opened-ended, wide-ranging nature meant that the interviewee responses could not be predetermined. The questions needed to be consistent and wide-ranging in order to provide an evocative, broad canvas of their experiences as possible. Using open, descriptive questions gave each participant the opportunity to describe in detail the culture in which they operated. The probing nature of the questions was also designed to gain in-depth knowledge of the participants’ underlying beliefs, values and concerns, for example, several art therapists commented on being misunderstood by colleagues, and another spoke about the conflict between work and life balance.

The protocols for the interviews for the young people followed the same open-ended, wide-ranging format as with the art therapists although the questions were different. The interview questions that were designed for the young people evolved directly out of the broad descriptive themes identified from the art therapists’ interviews. As with the art therapists, the young people were asked ‘grand tour’ questions to develop rapport and elicit information. The interview schedule employed with the young people is presented in Appendix B. During the data collection period, the researcher collected field notes, memos and participant observations in a research journal.

Response Art

As explained in Chapter 1, response art, as Fish (2012, p. 138) has outlined, is art that is produced and emerges as a visual, creative and non-cognitive response by the art therapist to a particular stimulus or experience. More often than not for art therapists, response art is
an activity that can take place during therapy alongside the client, or can be a post-therapy visual response to issues that arise during sessions with the client. Response art is typically used by art therapists to create empathy, to promote therapist self-care and as imagery to explore in clinical supervision as well as in clinical training. Havsteen-Franklin and Camarena Altamirano (2015) argue that response art can not only facilitate mentalisaton, but when created with clients, can also assist attunement and facilitate interpersonal interactions. It is a long-accepted, versatile practice used by art therapists. However, as Fish (2012) acknowledged, the term ‘response art’ is relatively new, with a limited volume of literature associated with it. As a visual, creative and non-cognitive response to experience, its use in the investigation was to capture aspects of subjective experience not readily able to be verbally articulated. The contribution of response art hoped to capture the more tacit, subtle and nuanced elements of the art therapy experience.

The researcher’s subjective responses in the form of response art have been included, albeit deliberately as a subsidiary aspect of the investigation. A subjective emic (Young, 2005, p. 152) perspective, that is, an insider’s perspective on the art therapy relationship, may shed light on knowledge of the particular culture of art therapy in schools. More broadly, the researcher’s subjective responses may help to illuminate aspects of the art therapy process, such as the tacit aspects of the intervention, or the tone of the relationship as identified by Moon (2009, p. 87). Response art was also employed for the duration of the investigation in order to explore the researcher’s emotional and subconscious responses to any aspect of everyday professional practice in working with young people. This data provides a visual representation of subjective emotions and preoccupations more readily expressed in creative and non-cognitive ways. This data intended to inform the findings by providing a more comprehensive insight into thoughts, feelings and beliefs about the experience of art therapy, particularly the relationship with clients. The art therapists who participated in the present investigation created response art after their initial interviews with the researcher. The response art data from these art therapists intended to inform the findings by providing creative and deeper insights into aspects of their interviews that had taken place.

In the present investigation, in order to supplement the semi-structured interviews, the young people who had previously created artwork during art therapy at school, were invited to reflect and comment on their images. All but one chose to do so. Their responses to their previously made artworks were recorded as part of the interviews. The researcher thereby intended to implement McNiff’s (1998, p. 31) recommendation that when
conducting research, that art therapist researchers “must begin to use the languages, the
way of thinking and the modes of creative transformation that constitute our collective
being”.

Establishing Trustworthiness

An important characteristic of Naturalistic Inquiry (Lincoln & Guba, 1985) concerns the
methods and techniques incorporated into the design to ensure the credibility, dependability, confirmability and transferability of the outcomes. An account of how these
techniques have been integrated into the investigation is explained in the data collection
schedule in detail.

Data Collection Schedule

There were three phases of data collection. The first phase started in January 2011 when
the researcher’s response art and own participant observation were collected and analysed.
At the same time, the researcher was reviewing the literature and developing an
understanding of the topic under study. The researcher continued to collect response art
until the end of February 2013. From July 2011 and during the second phase, data were
collected and analysed from the art therapists and this continued until October 2012. In the
final phase, which commenced in early January 2012, data were collected and analysed
from the young people. Figure 4 below, provides a schematic timeline of data collection
and analysis. The process was cyclical and recursive, but is reported here chronologically
and linearly as separate activities for reasons of convenience. Each phase is described in
detail.

<table>
<thead>
<tr>
<th>Phase 1. Response art and reflections (Researcher-as-participant)</th>
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</thead>
<tbody>
<tr>
<td>Phase 2. Interviews and response art (Art therapists)</td>
</tr>
<tr>
<td>Phase 3. Interviews &amp; reflections on art created during art therapy (young people)</td>
</tr>
</tbody>
</table>

Figure 4. Timeframe and nature of data set and collection period for all stages.
Phase 1 – Data Collection and Analysis from the Researcher-as-Participant

The first phase required the creation of a catalogue of response art and participant observation by the researcher. A visual journal and a larger portfolio were collected. As an art therapist and artist, the usual professional practice of the researcher is to visually and creatively record personal responses pertaining to practice in a visual journal as well as retaining larger artworks created during supervision. Thus, the response art collected represented normal, everyday practice. This phase continued over the two-year duration of data collection. The journal included observations of professional practice, personal reflections and smaller (A4 size) response artworks. Larger response artworks were dated and kept in an art portfolio. The creation of response imagery occurred spontaneously and was a creative rather than a cognitive response to everyday professional practice, which included issues that were raised during clinical supervision.

Each of the researcher’s response images was photographed, dated and titled and entered onto the computer. Any comments pertaining to the context of the image were entered onto the computer alongside the image as explanation or interpretation for initial thematic coding. A total of 120 images were created during the research period. The written data collected consisted of personal journal reflections, including poetry, vignettes and observations of young people who were clients. These were always anonymously documented. Also captured in the researcher’s visual journal in either visual or written forms were interpersonal interactions with the young people. These interactions included verbal and non-verbal communications, such as comments made by them, observed body language, demeanour as well as the researcher’s subjective responses to the interactions. The visual journal was a wholly subjective record of professional practice, expressed either visually or in written form. The recordings were not exclusively observations about the young people specifically involved in the investigation, but were a record to accompany feelings, perceptions, issues, claims and concerns about everyday professional practice. The response art, comments and observations documented in the visual art journal, and portfolio formed part of this data set that was analysed.

At the same time, throughout the whole research data collection and analysis period, an electronic researcher journal was also maintained. As one method of trustworthiness, the electronic researcher journal provided an audit trail of personal reflections, developing ideas and analysis.
Phase 2 – Data Collection from the Art Therapists

In order to elicit the experiences of the art therapists, the second phase involved in-depth, face-to-face, semi-structured interviews with 13 registered art therapists who work with young people. In compliance with the requirements of Southern Cross University’s Human Research Ethics Committee, a protocol for recruiting the art therapists was submitted to the Ethics Committee for approval and granted. The Ethics Committee viewed the participation of the art therapists as low-risk as they were all professionals and adults (see Appendix I). Art therapists who work with children and young people in a variety of settings were approached through the researcher’s existing professional networks or volunteered to participate in the investigation. The interviewees were all volunteers who gave their written informed consent to participate in the investigation.

Participants were recruited after an advertisement was placed in the professional association’s electronic newsletter (see Appendix G). The researcher was also approached by art therapists who indicated their interest after attending a presentation given by the researcher at a conference held in Brisbane, Queensland in October 2011 (see page xiii). Gaining the participation of the art therapists was not difficult as many of them who worked with young people were keen to be involved. As explained in Chapter 2, art therapists who work in schools are officially employed as counsellors or teachers. However, due to the paucity of art therapists who work officially in therapeutic roles in schools, it became clear that restricting participants to art therapists currently working in schools was unrealistic.

As Naturalistic Inquiry (Lincoln & Guba, 1985) allows for design flexibility, the sample needed to be widened to include art therapists who work primarily with young people rather than only those who work in schools. Additionally, this was the primary reason why the researcher’s ex-students were recruited. While not ideal, these were necessary compromises considering that art therapy is not recognised as a profession with Australian schools systems. Eventually, art therapists who work with young people rather than art therapists who work specifically in school were sought. Twenty-one art therapists initially indicated interest and were sent information letters and informed consent forms. One potential participant received the documentation and declined to participate citing distance, time constraints and lack of employer support as the reasons. Four did not respond. Sixteen art therapists signed the informed consent forms, including informed consent to use images they created as part of the interview process (Appendices D and E). Of the sixteen participants who signed the informed consent forms, thirteen participants were eventually
recruited. As data were analysed and data redundancy began to emerge, the five remaining art therapists who lived in Queensland and Victoria were not interviewed. None of the thirteen who were actively involved throughout the investigation withdrew.

As the primary purpose of including participants in any research is to do no harm, informed consent was by means of an introductory letter outlining the background and purpose of the investigation signed by the art therapists. The letter of informed consent guaranteed participant anonymity. They could also withdraw from the investigation at any time or delete any aspect of the data collected if they so wished. In addition, the letter informed them that therapeutic support was available if required. Follow-up telephone contact was made a few days later detailing the process, answering any queries and setting a time and date for each interview.

At the beginning of each interview, the investigation was again reviewed, with forms and contact details checked and verbal consent recorded. The interviews were conducted at the participants’ convenience: in workplaces or in public areas such as community halls, art studios, coffee shops or hotels. They lasted approximately an hour. Verbal consent was also given and recorded prior to each interview.

This phase of in-depth communication with the art therapists continued for a period of eighteen months. After the initial interviews, the art therapists were individually invited to complete a visual response to any aspect of the interview as another means of expression and data elicitation. They were then invited to speak about the artwork they had created and all readily chose to do so. For convenience and ease of transportation, the same art materials were used by all the art therapists and included only dry materials, such as paper, crayons and felt pens. A full list of materials can be found in Appendix C.

The interviews were digitally recorded using an MP3 recorder. To ensure consistency in transcribing and in the accuracy of the transcript, a set of transcription guidelines was established following wherever possible, the principles of Mergenthaler and Stinson (1992, pp. 129-130). The interview date and location of interviews were recorded as well as the name of the interviewee and interviewer. Initials were used for both parties throughout the transcription process to ensure confidentiality. The interview recordings were transcribed as soon as possible after the interview, usually within one or two days. In order that interviews were transcribed in a timely manner, at one point when several interviews were conducted on consecutive days, a professional transcriber employed through the university
transcribed four interviews. These transcriptions were checked for accuracy by the researcher before being emailed to participants.

The transcribed documents were first checked for accuracy by the researcher. Each transcript was then emailed to the interviewee for verification, clarification and refinement of the data, as required for the purposes of member checking (Lincoln & Guba, 1985, p. 314) and trustworthiness. Any amendments or additional data provided by the participants as a result were incorporated into the transcripts to contribute to the fairness and credibility of the investigation. The transcripts were all labelled with information about the participants and their area of professional work. As subsequent and follow-up interviews were undertaken, these were also labelled with the date and the stage of the research design. All art therapists had at least one face-to-face interview, two had further follow-up face-to-face interviews and nine responded to email questions over a period of fifteen months, thus providing another method of trustworthiness through prolonged engagement (Lincoln & Guba, 1985, p. 302) with participants.

A profile of the art therapists is documented in Table 2. They were employed in schools, community and health departments, private practice or not-for-profit organisations. Their professional backgrounds included visual and dramatic arts, education, social work, psychology and art therapy. Age, gender or length of experience of the art therapists were not considered to be important. Nevertheless, there was a range of professional experience from over twenty years experience to being newly qualified. The investigation was not directly focused on the art therapist’s therapeutic approach, but was documented only insofar as it explained what informed their practice. Several of the art therapists were overseas-trained. The sample was drawn from four states and territories in Australia. Analysis of the data gathered from the art therapists, including the emic perspective of the researcher was used to inform the set of interview questions for use with the young people who contributed the third phase of the investigation.

Original art materials were returned to the art therapists on conclusion of the research. Pseudonyms were given to the art therapists in order to protect their identities in the data. Areas of employment were general and no geographical locations are provided.
### Table 2. Profile of the Art Therapists

<table>
<thead>
<tr>
<th>Art Therapist&lt;br&gt;(pseudonym)</th>
<th>Background/first degree</th>
<th>Area of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toni</td>
<td>Teaching</td>
<td>Urban state high school</td>
</tr>
<tr>
<td>Christine</td>
<td>Art Therapy</td>
<td>Not-for-profit organisation</td>
</tr>
<tr>
<td>Mary</td>
<td>Teaching</td>
<td>Government Health Department</td>
</tr>
<tr>
<td>James</td>
<td>Teaching</td>
<td>Urban state high school</td>
</tr>
<tr>
<td>Clara</td>
<td>Teaching</td>
<td>Urban state primary school</td>
</tr>
<tr>
<td>Joan</td>
<td>Social Work</td>
<td>Community health</td>
</tr>
<tr>
<td>Patricia</td>
<td>Drama</td>
<td>Private psychiatric hospital</td>
</tr>
<tr>
<td>Deirdre</td>
<td>Art</td>
<td>Private practice</td>
</tr>
<tr>
<td>Amanda</td>
<td>Art Therapy</td>
<td>Department of Child and Families</td>
</tr>
<tr>
<td>Janine</td>
<td>Teaching</td>
<td>Urban state high school</td>
</tr>
<tr>
<td>Della</td>
<td>Psychology</td>
<td>Newly qualified, Placement in a private counselling clinic</td>
</tr>
<tr>
<td>Theresa</td>
<td>Art</td>
<td>Domestic violence</td>
</tr>
<tr>
<td>Amy</td>
<td>Dance and Art</td>
<td>Public hospital/domestic violence</td>
</tr>
</tbody>
</table>

**Notes:**
The theoretical training and areas of interest of the above art therapists are listed below in alphabetical order:

### Phase 3 – Data Collection From the Young People

The third phase of data collection involved in-depth, face-to-face, semi-structured interviews with ten young people (nine female and one male) aged over eighteen years of age. Prior to recruiting the young people, a full National Ethical Application Form (NEAF) was submitted to and approved by Southern Cross University Human Ethics Research Committee (See Appendices J and K). The ethical challenges encountered have been reported earlier in this chapter. Once Human Research Ethics Committee approval was granted, the protocols for recruiting the young people were similar to the procedures implemented for the professional art therapists.

Initially, ten participants aged over eighteen years of age who were no longer at school, who had previously been the school-based clients of the researcher were invited to participate in face-to-face interviews. One did not respond to contact after signing the informed consent form. They were all selected on the basis of convenience. As ex-clients of the researcher, they had previously sought support for their social, emotional wellbeing and mental health in the form of ‘counselling’ through their school and, as a result, had
engaged in art therapy as a therapeutic encounter with the researcher. None of them was currently a client of the researcher at the time of the investigation. The research was first verbally explained to them. When the young people indicated interest, a written invitation and an informed consent form to participate in the research was given to them to take away and complete if they so chose (Appendix F). All nine young people participated with none dropping out.

The only participant of other art therapists who could be found and was willing to participate was Alid who was also over eighteen years of age. He had previously been a client of Janine (one of the interviewed professional art therapists). Alid had attended a school interstate and volunteered to be involved in the research. When recruitment for other young people who had experienced art therapy in a school setting was sought through professional networks by the researcher, Alid had heard about the investigation from Janine, one of the art therapists in the investigation. Alid’s participation contributed to triangulation of the data as one method of trustworthiness in the design.

Although the sample was purposive, it was also pragmatic in that while it would have been preferable to recruit an equal number of males and females, practically such recruitment would have taken much more time. Additionally, in the researcher’s professional practice records at school, the number of girls seeking help for social and emotional and wellbeing problems outweigh boys by 8:1. Again, while not ideal, the participation reflected typical case sampling. Fiona was invited to participate as she represented a student who had chosen not to participate in creating art during her past art therapy sessions. The purpose of her inclusion was to document and describe her experience as an outlier in that she was an atypical participant.

Interviews took place in public spaces such as coffee shops, shopping malls or in public parks. All were scheduled at the convenience of each young person. The researcher met at the young people’s convenience because they were volunteering their time to engage in the research and so it was important to work around their timeframes. Where the participant’s artwork was available, and where the young person gave consent to do so, the artwork was discussed as part of the interview. The artworks had all been created earlier, during art therapy with the researcher, who had retained them as part of clinical records. The aim was to elicit rich, thick descriptions of their experiences. The duration of this third phase was thirteen months.
The young peoples’ artworks were discussed towards the end of the interviews but were not photographed to ensure their confidentiality. As most of the young people participants were applying to go on to further or higher education or travelling overseas on a gap year, the majority of the follow-up member checking was carried out by email and telephone. In one instance where the young person preferred, two follow-up interviews were conducted face-to-face.

An initial interview schedule for the young people was developed from the data collected and analysed from the previous art therapists’ interviews (see Appendix B). By way of example, the art therapists had all reported on the importance of the space where they conducted art therapy, as well as the symbolism and importance of the materials their clients enjoyed using. Open questions about the space and the materials were then used for the schedule for the young people. Prolonged engagement with the participants meant that as the investigation progressed and themes emerged from the data, follow up questions became more focused. For example, the interview schedule began with the researcher initially asking the young people wide-ranging open questions involving recalling their experiences of art therapy two, three or even more years previously, when they had been at school. More focused follow-up questions followed as the data were analysed and themes emerged. For example, questions were asked about privacy and silences. These initial interviews were transcribed as soon as possible after the interviews and emailed or posted back to the young people for verification, clarification and refinement by way of member checking. Amendments were then incorporated into the data.

After the initial contact and face-to-face interviews, follow-up communication and further interviews with the young people were conducted with all but two. One did not reply to contact and the other moved overseas. The follow-up questions explored in greater depth some of the comments that had been made by the young people in the previous interviews. Member checking served several purposes: it provided the opportunity to establish the veracity of the researcher’s interpretations and to correct or challenge them; it confirmed and recorded the participant’s claims; it gave the participant the opportunity to assess the overall adequacy. This was achieved by providing feedback to the participants and by requesting comment on the accuracy of the researcher’s interpretation of the data. Their comments enabled additional information to be included in the data. Table 3 below provides a profile and other information of the young people.
<table>
<thead>
<tr>
<th>Name</th>
<th>AT started</th>
<th>AT sessions</th>
<th>Referral and further information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rosie</td>
<td>16</td>
<td>2010</td>
<td>Diagnosed with depression and was on medication throughout most of the period of the art therapy encounter. Rosie readily engaged in art making.</td>
</tr>
<tr>
<td>Meredith</td>
<td>17</td>
<td>2010</td>
<td>Diagnosed with depression at the beginning of art therapy encounter. Meredith engaged in art but sessions were predominantly verbal.</td>
</tr>
<tr>
<td>Fiona</td>
<td>16</td>
<td>2010</td>
<td>Referred due to anxiety after her carer had been diagnosed with bipolar. Fiona did not engage in creating art during art therapy and, as a result, she was invited to participate in the investigation as atypical because she was the only young person who did not engage in art during her sessions.</td>
</tr>
<tr>
<td>Tess</td>
<td>16</td>
<td>2011</td>
<td>Tess was referred as she was struggling to manage conflict with her informal foster carer. She was not living at home and had seen school counsellors in the past at her previous high school. Tess readily engaged in art therapy and the sessions were dominated by her engagement in creating art.</td>
</tr>
<tr>
<td>Ciara</td>
<td>17</td>
<td>2011</td>
<td>Ciara was referred to school counselling by her mother. Ciara had been sexually assaulted. She engaged in creating art during these sessions.</td>
</tr>
<tr>
<td>Alid</td>
<td>17</td>
<td>Unknown number of sessions</td>
<td>Alid was an Afghani refugee who had been a child soldier and was suffering trauma.</td>
</tr>
<tr>
<td>Averil</td>
<td>15</td>
<td>2010</td>
<td>Averil was referred to school counselling by a staff member after problems with her peers and friendship issues. She readily engaged in art making.</td>
</tr>
<tr>
<td>Miranda</td>
<td>16</td>
<td>2010</td>
<td>Miranda was referred to school counselling by her mother after experiencing bullying and peer group issues. She readily engaged in art making.</td>
</tr>
<tr>
<td>Kim</td>
<td>16</td>
<td>2010</td>
<td>Kim had been diagnosed with depression and was referred for peer friendship problems. She readily engaged in art therapy.</td>
</tr>
<tr>
<td>Jackie</td>
<td>17</td>
<td>2011</td>
<td>Jackie was referred to school counselling by a staff member and was exhibiting anxiety associated with conflict at home and school examination pressures. She readily engaged in art therapy.</td>
</tr>
</tbody>
</table>

1 Alid was an ex-client Janine, one of the art therapists in the investigation and not the researcher’s ex-client.
Analysis of the Data

Analysis of the data occurred as it was collected, and this enabled follow-up questions to elicit more detailed information to clarify experiences reported. During January 2012 and October 2012, particularly, data were being collected and analysed from three sources concurrently in a cyclical integrated process. Software packages, first NVivo*9 and then NVivo*10 (QSR International, 2014), were employed to assist with the organisation and multiple retrieval of the data. Open and then axial coding were used in which each transcript was examined for categories of phenomena.

As the data was entered into the computer program, it was first examined in depth and open coded by categorising and comparing similarities and differences, allowing for emerging descriptive patterns. This initial process of categorisation of strings of data into broad themes, as described by Strauss (1987) and Strauss and Corbin (2008), allowed the breakdown of the voluminous data into manageable categories that were identified, labelled and grouped. Then, a process of axial coding following Strauss and Corbin (1990) was utilised, in which the relationships between categories of emerging themes were further investigated, and achieved through follow-up interviews and discussion. By this iterative process, multiple interrelationships and increasing conceptual understanding began to emerge. Participants were asked to feedback or comment as greater understanding developed. At this stage, peer debriefings as another method of trustworthiness occurred on a weekly basis. These consisted of doctoral supervisory meetings and collegial discussion in which ideas were discussed, negotiated and occasionally interpretations were challenged. Analysis was supplemented by the use of an electronic journal for developing ideas, memos and notes, providing an audit trail.

The purpose of the art therapists’ response artwork was to elicit their emotional responses to any aspect of their professional practice of working with young people. As the art therapists had been invited to discuss their artwork after their interviews, their artwork, together with their explanation of it, which had been recorded by the researcher, were analysed together. Additional observations made by the researcher were recorded as memos and were added and analysed with the art therapists’ words and images. It was important to honour the interpretations of the art therapists’ artwork rather than impose the researcher’s interpretation.
The number of response art images created by the researcher was unwieldy to handle on the computer as the file sizes were too large. Instead, every photographed image was reduced in size and printed in colour. In the case of the researcher’s response art, details such as comments and interpretation, about the imagery as well as the date and title were written on the back of each image. The response art provided triangulation of the interview data as a method of trustworthiness, being another method of data elicitation, documented across time and across data sources.

One young person and one art therapist were selected for convenience to comment on a summary of the main findings from the investigation, thereby providing an important contribution to peer debriefing and member checking, and ultimately, the rigour of the findings. An audit trail was recorded that enabled tracking of the documentation. This was in order to provide a record of the process and the development of interpretations of data that could be tracked back to the original sources. First, the research proposal gave the rationale and intentions of the investigation. Second, the designs of the ethnographic, semi-structured interview schedule were documented and ethical approvals granted. Third, the data were recorded and transcribed and included recording, transcriptions, and amendments by participants, participant observations, field notes, memos, original response art and photographs of response art. Fourth, the documentation pertaining to data-reduction and analysis through coding processes were recorded manually and electronically. Fifth, on NVivo*9 and 10 (QSR International, 2014), an electronic reflexive journal of notes was maintained, in addition to a recorded electronic log of day-to-day activities. Methodological design changes and emerging themes were documented in a research notebook and a summary of findings and interpretations that were given to a small selection of participants were recorded. The researcher’s principal and second supervisors also monitored data and processes by reviewing original sources of data. The researcher compiled an audit trail. The trail was audited and attested to by another researcher who is familiar with ethnographic research approaches (see Appendix H).

Concluding Remarks

This chapter has outlined the methodological approach of Naturalistic Inquiry employed in this investigation into the nature of the art therapy experience from the perspectives of young people, art therapists and the researcher, who was also a participant providing an insider, emic perspective. Ethnographic methods of data collection were used, including response art. The design intended for prolonged engagement over three cycles of data
collection lasting two years as well as including a trustworthiness criteria in the design implementation. Data were produced from which inductive analysis followed in order to identify emergent themes. The shortcomings to the investigation included the use of the researcher’s own ex-students and the justification has been explained why this was necessary. In hindsight, one way to address this shortcoming could have been to enlist a third, independent person to interview the young people. This could possibly have strengthened the investigation.

What follows in Chapters 7, 8 and 9 are discussions of those themes set out in order to illuminate the nature of the experience of art therapy for young people in high school and for art therapists who work with young people.

The following four findings chapters detail excerpts from the individual interviews, participant observations and response art data which are used extensively in order to privilege the voice of the young people as they shed light on how they perceived their experiences of art therapy undertaken while at school. The findings chapters provide an account of the participants’ experiences and perceptions of the therapeutic relationship, how art therapy contributes towards personal and professional identity and includes aspects of the tacit dimension of the encounter as follows:

Chapter 7: The Therapeutic Relationship – describes young people’s experiences and perceptions of the necessary qualities of the art therapy relationship and how the art therapists facilitate this.

Chapter 8: Identity – illuminates the ways in which art therapy can overtly and tacitly foster identity development in young people who seek help for their social and emotional wellbeing through art therapy.

Chapter 9: Professional Identity – illuminates how art therapists gain both personal and professional identity consolidation through their work with young people.

Chapter 10: The Tacit Dimension – illuminates how art therapists develop and enhance reciprocal relationships with their clients, and in turn, how the young people perceive this form of communication.
CHAPTER 7
The Therapeutic Relationship

This chapter examines the nature of the therapeutic relationship experienced by the young people as they engaged in art therapy. The purpose of the chapter is to shed light on dimensions of this relationship that were perceived as important particularly by the young people but also by the art therapists who were interviewed for this investigation. The chapter addresses the ways in which the art therapy relationship was initiated and developed, and what were experienced as important factors to the young people and then to the art therapists. The young people’s perceptions of the art therapy relationship are privileged and reported in depth in this chapter, supplemented by the experiences of the art therapists and an insider emic perspective of the researcher who works as an art therapist. Three substantive themes emerged as important to the participants and each will be explored in depth. The last section of the chapter describes in depth, two examples of the experiences of young people in order to explain one theme as a vital aspect that contributes towards a successful therapeutic relationship. Each of the headings is taken from the young people’s direct quotes.

Trust

Like a Friendship
One of the most striking themes to emerge from the interviews with the young people was the fundamental importance to them of trust when seeking out emotional support while they were at school. The nearest relationship to which they could compare the art therapy relationship was one of friendship. Although the experience of each of the young people was very different, they each described their sense of trust in the therapist as being the most important element of the relationship. They explained the importance of trust in relation to their express need for privacy and despite experiencing previous betrayals of trust, how they still managed to be willing to trust again. Trust is examined as fragile and elusive in light of these young people’s vulnerability. Various comments made by the art therapists echoed the young people’s views and these are also reported.
**Trust is Key**

The first element in the relationship with the young people, which needed to be established in order to develop the essential element of trust, was, unquestionably, the importance of privacy, including confidentiality. Each of the young interviewees said they were nervous about entering into a relationship when seeking emotional support. Half of them reported that they felt emotionally vulnerable and exposed in seeking professional support. Each of them said they were afraid of being judged. Commenting on trust, Ciara’s comments were representative:

*Trust was one of my biggest concerns when I was seeking out support during that particular time in my life. I would expect nothing but strict professionalism and confidentiality. When I first came to visit [the art therapist], all the issues dealing with this were explained, meaning I didn’t have to second-guess the trust.*

The imperative for privacy, including that of confidentiality, was therefore, an essential basis from which the young people could establish and build towards creating a safe relationship. Although apprehensive, Ciara was somewhat reassured in her expectation of the therapist’s ethical and professional explanation of confidentiality, perceiving that there was a professional basis on which trust could be fostered. The young people clearly expected that the art therapist could and should be trusted. Meredith further explained:

*I believe that trust is key in a therapeutic relationship ... without trust, I wouldn’t have been able to be as honest as I was and therefore, unable to get over the [personal] issues I was facing.*

Although she referred to being honest with herself as being important in dealing with her issues, she implied that she expected honesty in the therapist. Fiona was in thorough agreement: *I’m not one to typically seek out help, so when I do, I expect complete trust and faith in that person to keep my issues as my own and not to share them.*

As with Ciara, Fiona expected the art therapist to be wholly trustworthy. Miranda also commented: *Trust is another key issue as well: a quality.* However, when asked to elaborate on trust and how she knew she could detect trust, she commented: *I don’t know ... I don’t know. What is it [trust]?* Averil also expected that the art therapist should be *someone I could trust and come to talk to in confidence and know that it was confidential.*

C. Rogers (1986) identified trust as a cornerstone to all therapeutic relationships. The young people interviewed affirmed the considerable literature on the necessity of trust as
contributory to positive therapeutic outcomes (see for example, Erikson, 1980; King-West & Hass-Cohen, 2008; Moon, 1995; Shore, 2013). They implicitly knew of the key importance of trust in other relationships they had previously experienced. However, although they all talked about the importance and expectation of trust in the relationship, Miranda’s difficulty in elaborating upon the nature of trust and on how she could detect its presence suggests that whether or not she could trust the art therapist was tacitly sensed rather than cognitively determined. The evidence from Miranda implies that, in part, she was using her emotional intelligence when evaluating and making a decision to trust. The quality of trust is important to some degree in all relationships, but is fundamentally so in therapeutic relationships. As explained in Chapters 3 and 4, the capacity to trust is linked to the earliest attachment relationship. Marcia and Josselson (2013, p. 625) noted that basic trust is developed in the early years of life and is highly dependent upon significant caregivers. Its absence creates ongoing foundational difficulties, particularly during adolescence where attachment and detachment become identity issues. These young people’s comments indicate that they already possessed sophisticated skills to enable them to tacitly detect immediately the quality of the relationship, even if they found it hard to explain.

The art therapists interviewed also understood and echoed the importance of trust as the basis for a productive therapeutic outcome. They each commented upon the importance they gave to establishing trust in the relationship — which they all each reported fostering by encouraging engagement in art as a creative bridge to interpersonal connection. Janine explained: *My belief is that the art is powerful and important, but it’s the relationship in which you use the art that transforms, that makes change.* For the art therapists, creating art, therefore, is an important contributor to how trust in the art therapy relationship is initiated and established.

As an art therapist who works in a high school with student refugees, Janine knew these students did not trust adults. She described the difficulty of establishing trust with them and said that one student had told her: *I’ve seen a psychologist. It’s not going to work … I know what you are going to say, you’re going to say … “And when you feel stressed, this is how you should breath, this is how you should sit. It doesn’t work and I’m not going to do it.”* Against that background, Janine elaborated: *How can you ask someone about their life when they don’t know if you’re a spy for Immigration? I don’t hold it against psychologists, but you can see why we wouldn’t want to be using those [verbal] methods.* She further expanded on her experience of how she perceives the art therapy relationship
in her response image created after her interview. In the image shown in Figure 5, Janine depicted how creating art can help build the relationship and, by inference, help to build trust.

![Figure 5. Janine’s image. Mixed media on A3 paper. No title.](image)

Janine explained her created art image above as follows:

*From our individual places we come together in the colour, shape and the feeling ... It’s very rich, there’s a lot of intermingling and sharing. It’s in layers and it’s about the richness of that relationship. It’s having two parts of something that was one ... we’re all part of the one humanity and to find a way to connect through the art is beautiful.*

Trust is generated through connection including through the medium of art. The language is imbued with hope and optimism in the way Janine likens the process to *grass growing* and *blossoming* which implies that relational connection between them needs to be constantly nurtured. The layers she referred to can be interpreted as layers of deepening trust as the relationship develops. Janine’s artwork reflects an awareness of a particular ‘way of being’ in a relationship. Her textured image (in Figure 5) shows two torn strips of corrugated green card glued between colours linking and enveloping the card.
From an existential therapeutic perspective, Spinelli (1994) separated ‘being’ from ‘doing’. Shore (2013, p. 12) asserted that developmentally, creative processes are fundamentally forms of art-based language, the fostering of which Csikszentmihalyi (1997, p. 11) argued is essential to healthy and connected individuals and communities.

In art therapy, human connection through the activity of creating art implies the presence of mutuality and reciprocity. Janine asserted the need to have openness, sensitivity and flexibility towards her clients in order to find ways of connecting with them. Della, a newly qualified art therapist, agreed with this view saying that: *If the client doesn’t like you, if he doesn’t want to work with you, it’s the ‘end of the game’ basically.* She also held the view that an art therapist needs to achieve the active co-operation of the young person, otherwise no therapeutic work can be achieved and she confirmed that she uses creative processes to initiate and aide co-operative engagement.

James, an art therapist working in high schools, also agreed with Janine: *The central role [of the art therapist] is through the relationship. That is the most central part. If kids see that, then you’ve hooked them.* James, Della and Janine confirmed that creating art is the hook to forging trust with young people. Each of the art therapists indicated that they specifically used the art process with young people principally as a major way of initiating and establishing a relationship of trust with them. The art therapists went on to identify some different strategies they adopted. Clara, an art therapist in a primary school, used several strategies to initiate and establish trust. She used joint creative activities and group processes to create the all-important conditions for trust to grow:

*One of the guidelines I try and establish is, “You tell only your own story” and “What’s said in here, stays in here.” … I did that during the first couple of sessions, and after that they were doing it themselves. I think when they themselves reinforced the need for that, the trust started to happen.*

The establishment of trust directly through creative engagement is essential to the researcher in her own practice. The researcher’s response art data was overwhelmingly preoccupied with the qualities pertaining to the therapeutic relationship including trust and the degree to which it was achieved. The researcher created the image shown in Figure 6. It was created directly after an initial art therapy session with a student who was not an interviewee. The student had vocally expressed her reluctance to see the researcher in her role as school counsellor, claiming that she did not trust her. She was highly defensive about engaging in the session.
The researcher-as-participant’s journal entry of August 2011: I had some positive feedback from a student who was reluctant to see me, but after a review with her, she stated she finds art therapy “fun” but as a therapist, I’m really not sure how helpful this is for her.

The image is composed of torn paper shapes layered on top of each other. The significance of this image lies in the layering, which symbolises the gradual and layered building of the trust in creating the therapeutic relationship. The torn paper is also symbolic of the fragile nature of the relationship with this particular student. The uncertainty revealed in the journal entry is significant in that the student was only willing to engage because of the enjoyable nature of creating art. During the first art therapy session, she was not prepared to talk or discuss any of her personal issues. The conversation remained on a superficial level but the student was prepared to attend another session. During this second session the student, unexpectedly, trusted the art therapist enough to disclose information that led to a mandatory report being notified to social services regarding an issue of neglect. The invitation to create art appears almost tangential to the issue for which the student seeks help and this may be appealing to some young people, even if the art therapist at the time cannot see how helpful it is.

Both the young people and the art therapists indicate that trust is the cornerstone to the therapeutic relationship. Each perceived building trust differently. The need for privacy including confidentiality is paramount for the young people and the art therapists indicate they start to build trust by inviting engagement in the art process. The art therapists offer
an alternative ‘way of being’ for the young person to interact and engage with the art therapist. If the invitation to engage is accepted by the young person, they can connect in an artistic exploration. There is uncertainty but in the way the art therapists are open and flexible, the young people sense this. The choice of creating art that is offered to the young people starts to develop trust through interrelating with the art therapist while experiencing creativity in the present moment.

**It’s Scary to Trust**

The therapeutic relationship is one generated for a specific purpose in order to explore emotions beliefs and thoughts in private. The promise of professional confidentiality on the part of the therapists is, however, always a “paradox” (APA, 2014; Hudson-Allez, 2004, p. 330). To safeguard young people, in reality, confidentiality is limited. A shared concern for all the young people in the current investigation was that, in the past, their trust had been betrayed in some way and so for some, trusting others was particularly difficult. The young people were wary and attuned to a range of cues that could suggest trust might be compromised. Ciara described the consequence of her betrayal in the past:

*I have previously trusted people who perhaps I shouldn’t have … I realised if I was going to trust anyone it had to be a professional who I felt would keep confidentiality.*

Fiona echoed this concern:

*I also trust very easily, I expect this attribute to be evident in everyone, which has backfired many times, hence you can understand why I’m more picky with who I share my personal life with.*

Miranda also claimed: *There’s so many people I thought I could trust and they turned on me and I couldn’t trust them any more.*

As so many of the young people had previously had their trust breached, they implied that the art therapist had to ‘prove’ to the young person they can be trusted as Fiona’s wariness indicates. Under these conditions, trusting others, particularly someone they do not know needs to be overcome.

One third of the young people interviewed reported having previous unsatisfactory experiences with school counsellors for a range of reasons. For this group, gaining trust was especially difficult as they were suspicious and initially were not expecting to be able to trust the art therapist. Kim, another one of the young people, had previously seen a
counsellor and reported: *I felt nervous because I hate counsellors. I’m sorry but I do.* Her reason was: *They just answer questions with questions.* Yet another student, Rosie had a similar view to Kim when she explained: *The first four [school] counsellors I went to, I thought I had a good connection with them but, I guess, in some way what they did towards me, what they said to me wasn’t helping my situation and made me feel worse about myself.*

Both Kim and Rosie were emphatic that typical verbally-based therapies did not help them. Their previous experiences meant that they had assumptions about seeking help from professionals that could possibly negatively impact on building trust. Rosie explained:

*I felt like I always had to try and find something else that bugged me through the week … [just so I could] … tell her something. So before I’d go, I’d try to find out what irritated me that week to make me feel depressed or other emotions. I didn’t like that.*

Seeing a counsellor was associated with negativity but also a lack of authenticity on the part of Rosie. The combination of initial nervousness about seeking help and the emphasis on talking did not make each of the young people feel good about themselves. In contrast, they explained how creating art in the art therapy sessions made them feel. Kim said: *I felt better because we got to draw and I just felt relaxed, so it was OK.* Rosie reported: *Art therapy helped me a lot to understand my emotions a lot better … I felt more relaxed and calm.* A circumstance needs to be created in which the young people feel positive about themselves and they will be more likely to be open to the possibility of trusting others.

The comments of Rosie and Kim reflect Riley’s (2005, p. 46) observation that young people are quite wise and will be “suspicious of any form of adult-driven directive”. Riley also noted, not surprisingly, that young people will be especially guarded if they have experienced previous interventions, particularly if they have not been positive. The evidence from these young people shows the artwork helped them to feel positive about themselves, which was necessary in order for them to trust. Trust is not a given: it needs to be earned.

The previous breaches of trust in some of their other important relationships meant that, even when trust existed, it was precarious. According to Jackie:

*The trust was good but it was really fragile at the same time. If there was even a slip up [from the art therapist], I would just go back into my little shell and not trust anyone again. It is also really scary to trust someone that much.*
When asked why trusting was scary, she replied: *It’s scary because you don’t know the person you are putting this large amount of trust in and how it will affect you.* Jackie’s view represented significant obstacles for the art therapist and her comments imply just how sensitive the art therapist must be towards the young person in order to initiate, establish and maintain trust. Jackie’s representative comment shows she understands how vulnerable she allows herself to be when she trusts. The art therapist needs to be ever mindful of the fragility of trust and the vulnerability of the young person.

**You Can Just be Yourself**

Each of the young people interviewed had different and interesting ideas about what art therapists did. For example, one young person, Jackie believed that art therapy was an interpretive activity: *I wasn’t expecting it to be like it was. I was more expecting it to be – I draw things and you tell me what you see: as a fortune-teller … but it wasn’t quite like that at all. It was quite different.* On the other hand, Kim said: *I thought you were an art teacher. I thought you were in the wrong spot and I had come to see the wrong person.* Similarly, Ciara asserted: *I was a bit surprised [about art therapy]. I didn’t come in here for an art lesson.* Alid, as Janine (his art therapist) has previously commented, feared that the art therapist was a spy for the Immigration Department. Unsurprisingly, such comments reflected the young people’s confusion and confounded their expectations of art therapy. Paradoxically though, the invitation to engage in art may have contributed to the young people being open-minded to art therapy and, thus, more willing to engage in the sessions. As Ciara commented: *It is quite different to anything that I had thought counselling was about. It’s good because sometime you just can’t express what you need to say in words but it’s good being able to visualise things and take it in that way.* The willingness of the young people to engage with art therapy opened the opportunity for enabling a trusting relationship to be built. Rosie reflected upon how she perceived art therapy being different from art classes by saying:

*With some art classes you have to learn about the theory and what they [the art teachers] want you to do. In art therapy, it’s completely different. You can use whatever you want and do whatever you want. You can just be yourself.*

One half of the young people interviewed had previously sought support for their social and emotional wellbeing from school counsellors. Although some (for example, Fiona and Tess) had positive experiences, for some, (for example, Rosie, Kim and Alid) they had been expected to describe their issues, and for a range of reasons talking put them on the
spot. They also felt exposed and more vulnerable. For the young people, creating art allowed them to be themselves thereby facilitating a positive environment for trust to develop.

It became evident during the young people’s interviews that their preparedness to engage in art therapy when it was offered resulted in two important consequences. First, by being willing to engage in art therapy and open themselves to the all-important trust in an unknown relationship, these young people were being pro-active in helping themselves by permitting others to help and support them. In the words of Jackie: *It’s not that you know you can trust, you decide [emphasis] to trust.*

Assuming that the art therapy relationship is developed in a professional and ethical manner, the young person chooses to take an emotional risk to their vulnerability. In the face of their past experiences of trust being breached, it is a significant risk to take. But, in taking the risk, the young person learns that it is safe to trust others. Jackie explained further: *You get this feeling [of trust] about someone and they prove themselves in a way. It proves to me I’m valued as a person, and that’s what I wanted.*

For the risk that Jackie has taken in deciding to trust the art therapist and engage in creating art in return, she felt valued and respected. These views expressed by Jackie are highly consistent with the argument of Seligman and Czikszentmihalyi (2000) that connectedness with others and caring significant adults contributes to resilience.

Each of the art therapists interviewed for the investigation used their specialist skills as artists to encourage a two-way non-verbal, creative and expressive engagement as a way of generating a positive environment for a trusting bond to develop. At the same time, the art therapists facilitated and encouraged in each of their young clients, the freedom to express themselves differently. Toni, one of the art therapists who worked with behaviourally challenged high school students related a vignette of one of her students who was in danger of being excluded from school. As a last resort, he was offered art therapy. Toni explained: *It was really through the relationship that I was able to develop with him the trust, his openness and acceptance to try something different.*

Toni indicated in her interview that the student showed willingness from the start to engage with her in art therapy. He had been uncooperative and refused to talk, but he was open to creating art with Toni. When she engaged with him in this way, she discovered he had unresolved grief and loss issues that had never been addressed:
He mentioned being disappointed and frustrated and so angry and confused in his first artwork. Then, in his second piece [artwork] he actually had the red [colour] from the first piece carried through ... into a rainbow. The red was the first colour ... as the basis of the rainbow. It was through doing that he disclosed he was colour-blind. He said, “I’ll need your help in choosing colours because ... I can’t tell what they are in the box.” That was a real turning point in the therapy for both of us. He could see that there was a mess. I said to him, “What do you think has helped you?” he said, “Definitely coming to you each week and making the art.”

Toni’s vignette was highly metaphorical and meaningful for them both. At first, the confused artwork symbolised the student’s confused feelings. He was prepared to expose his own vulnerability and sensitivity that Toni implicitly understood as important. Making art initiated an avenue for trust to emerge. Building of trust did not stem from verbal interaction, but Toni implied that it was felt and sensed by the student. She encouraged his trust to deepen by reciprocating through being non-judgmental and respectful towards him and his artwork.

In Toni’s example, an alternative form of visual and metaphorical language emerged that both understood at a deeper level. She implied during her interview with the researcher that both the art therapist and the student implicitly understood the presence of trust between them. This was achieved by means of the student’s disclosure of his vulnerability and request for help, and her recognition of this. The art therapy encounter was deeply significant for both of them because they implicitly understood that the experience was meaningful. In this vignette Toni exemplified Dissanayake’s (2000) assertion that creating artwork with another is a route to “belonging, meaning and competence” (p. xv), which she referred to as “rhythms and modes” (p. 7). These rhythms and modes reflect feeling states and a way of interactive communication between individuals that is inherently part of human nature.

By way of another representative example, Deirdre described a vignette in which she worked in private practice with a young person with a range of diagnoses including being violent. They were working in silence with clay and Deirdre described her experience:

I picked up some clay and I usually don’t touch clay because I don’t like clay. I noticed that the clay was getting a bit stale and I picked it up to smell it and this lad who has a vocabulary of probably five words turned me and said, “Don’t eat”. I put it down, sat back... thinking “That’s new”. To me it means that he is seeing something in our
relationship as well because he didn’t want me to eat clay. I think that’s a pretty important step actually. We’ve had some significant steps with him in that I can work with him.

Later in the interview she explained that with her young person having little verbal language, she needed to communicate with him by alternative means.

**It’s What We Build Together**

About half the young people interviewed articulated the therapeutic relationship as having the qualities of a friendship. As Rosie, one of the young people explained: *We’ve become really good friends and ... really close. I can talk to her [the art therapist] about anything and she’ll help me through, no matter what.* Paradoxically, although the young person has not chosen the art therapist as a friend, a friendship is probably the closest relationship they can compare the therapeutic relationship with. Rosie further explained: *It’s just about being able to really be yourself ... I could be myself. It’s nice to be accepted and wanted.* Meredith, another young participant, described the relationship in the following way: *It’s not really a friendship, but it’s kind of like a trust, a trusting.* Fiona also commented on the importance of being valued as a person, while Ciara directly compared seeking help from the art therapist in the way she would seek help from her friends. These representative comments show the depth of need the young people felt in being valued for who they are. As the friendship and peer group overtake the family in importance during adolescence, comparing the art therapy relationship with a friendship carries considerable value.

Alid also compared his relationship to his art therapist, Janine, as a form of friendship:

*When I was working with Ms Janine it was very good for me. Before I couldn’t tell anybody what was in my heart, just in the world I trust Ms Janine, because she working same like, I don’t know how I can tell you, same like good friends, she cares about my life, she cares about my thinking good, she cares about my good future.*

With these words, Alid suggested that he and Janine had developed a different trust that had the qualities similar to a friendship. Janine cared about him, and in turn and over time, he was able to completely trust her. Alid’s words, *she working same*, meant that both he and Janine engaged in creating artwork together. During the interview with Janine, she confirmed she would often engage in creating art with her students, believing that this person-to-person connection through means of creating art strengthened the therapeutic art relationship with her young clients. The focus of their relationship was on being involved in a creative activity in which both were willing participants. Friendship and trust are thus
slowly initiated, consolidated and deepened through creating art within this form of relationship.

The art therapists universally commented on the positive benefits to the young people of engaging in creative activities. Janine explained:

*Some of them are enjoying the creative process of making marks on paper. Some of them really care about their art and they go to a lot of trouble to make something fabulous and others will just scribble and have no interest in what the end product is afterwards, anyway. So it’s all very individual.*

One of the art therapists, Christine, works with vulnerable young children. When interviewed, she commented upon the creative process as being: *A very pure example to me of just the joy of actually making something … providing a sense of mastery.*

Although, according to Robbins (2001, p. 62) creating art on its own cannot repair deficits, feelings of *joy* and *mastery* as a result of engaging in creative activities can enable learning to develop and competency to increase. The effect of competency can increase confidence and facilitate intrinsic motivation and openness to new experiences. As the young people have already articulated, feeling good helped to develop the therapeutic relationship. In turn, the positive relationship helps to deepen trust.

By interacting with care and compassion towards the young people during the therapeutic process, the art therapists modelled positive relationships. In their minds, such positive role modelling was important and highly beneficial. In her interview, Christine explained how she reflected care towards her young clients by retaining and respecting their artwork. For example:

*I worked with a little girl who I saw for about the three or four times. I had worked with her three years previously and I was able to tell her, “I’ve still got your folder of artwork you did when you were five” and now she is eight. “Oh I remember those” she said.*

The retention of the artwork showed implicit respect for the child: as the artwork is seen as a creative extension of the child herself. Christine also showed care and attention towards the child in another way. She explained during the interview that young people: *don’t often get those opportunities with an adult sitting with the child on a one-to-one basis, showing them patiently how to create something from scratch.* The focus of attention was wholly on the child and on creating a journal together during the therapeutic interaction. The
relationship takes time to develop trust; engaging in the creative process is an experience for both in the present moment; and art therapy is individualised for each young person.

By engaging in the creative process in the present moment, the distinction is implicitly made by the art therapists between ‘doing’ therapy and ‘being’ in therapy. Spinelli (1994, p. 308) perceived the former as indoctrinating and probably culture-bound. He argued that by prioritising ‘doing’ over ‘being’ therapists orientate themselves as bringers of truth and solvers of problems, rather than being with and being present for the client.

Theresa, who worked with children and young people who had experienced domestic violence, described another representative example of how engaging in creativity can promote trust. In order to foster trust, the therapist needs to work with the child’s needs in a creative way:

*I’m working with their [the child’s] needs … it’s important to be initially flexible … Also, you have to allow the trust to build … with children it takes a very long time. It doesn’t happen quickly.*

Theresa is aware of the vulnerability and lack of power that young person experience in comparison to adults; she was ‘on the young person’s side’. By prioritising the needs of the young person, she can only create the conditions conducive to trust, but it takes time.

Another art therapist who works with children and families experiencing domestic violence was Amy. After her interview, she depicted in her response image (below), how she creates trust by showing care towards her clients. Amy explained her image shown in Figure 7:

*I started with a circle and it was about the art therapy work with an individual child and how clear that seems within the walls of the room that we might work in. It’s what we build together, with me holding the space and the child learning to be in the room; the trust and the relationship that develops. I’ve put a little dragon here, the child’s dragon [shows] both his courage and strength and … like a demon sort of terror. So it sort of holds us both.*
Amy suggested that a trusting relationship with young people affected by domestic violence needs to be reciprocally built, but this is especially hard when the child perceives that some adults cannot be trusted. The therapeutic process is experienced in the moment and involves uncertainty with both the art therapist and the young person learning about each other together. Her response image reveals how interconnected and mutually interactive the relationship is. The circular shapes of the image appear to hold a nurturing space for the child who is defended from the dragon by the art therapist. Such a space is reflective of Winnicott’s (1965) holding space, which connotes a facilitative environment created by the caregiver for the infant. The creation of a safe space contributes towards healthy psychological development, including that of trust.

The image in Figure 8 is a response image from the researcher’s visual journal. The theme is concerned with the therapeutic relationship and reflects an ongoing, longstanding interest.

*These torn pieces of paper are common in my work: they are to do with relationships, closeness and separateness that develops through creativity. It is extremely important that the torn paper strips look aesthetically right and are placed in the right position on the paper.* (Researcher visual journal entry, March 2012)
Each shape represents the young person and the art therapist who are bound to each other through a form of interrelationship that includes a creative and an aesthetic dimension. These dimensions are developed through creating art, establishing of trust and by being authentic. The placing of the shapes close to each other on the page is important for aesthetic reasons and represents a metaphor for the way the relationship develops. Although there is always separateness between any two people, the art therapy relationship can develop and grow through the total therapeutic experience, including cultivating connectedness and trust through creating art. The positioning of the torn paper metaphorically reflects the degree of trust. The closer the torn pieces are to each other, the more trusting is the relationship. To the artist, the aesthetic of the image needs to be visually pleasing. To the therapist, the aesthetic is also understood to be associated with congruence and authenticity of the therapeutic experience that exists between therapist and client.

The researcher’s image is essentially about how the nature and quality of the art therapy experience is perceived. Authenticity, trust, engagement in artwork and the image itself, all become part of the overall aesthetic. An aesthetic dimension underlies the ethical, contractual, spatial and temporal elements that are often tacitly and dynamically negotiated. The aesthetic dimension includes how accurately the therapist perceives the experience of the client, which is then reflected back in empathic understanding. Art therapists’ specialist artistic and creative skills mean they can initiate communication
metaphorically with the young person through this form of engagement rather than by talking.

Judgement

All of the young people articulated their anxieties and nervousness about being judged by the therapist, their teachers and peers. They also explained how their art experiences helped to reduce their disquiet. Each of them needed to feel accepted for who they are and, in this regard, creating art helped them because they could express themselves artistically without censure. Rosie explained: *It’s pretty important not to be judged. Everyone in society wants to belong …* Meredith was also highly sensitive stating: *I don’t really like the thought of being judged.* During an art therapy session, Meredith created one significant image and commented: *When I was doing it [creating art], there were times when I thought this is good … it was a very private thing.* Jackie also commented:

*It’s very intimidating having to look an adult in the eye and tell them your experiences; it’s easier if you have art because you’re in your shell still but expressing yourself. You feel safe still. And you feel like you are not getting judged. You don’t feel like you are being judged.*

She elaborated: *I felt in control and that’s another big thing about not being judged. It was good [doing art therapy] because I got to show you and you didn’t tell me what I was feeling.* Tess also explained that *doing art, putting it down makes it actually mean something to me. It’s staying there. It’s permanent. Words can be misinterpreted.* The young people showed how defensive they were about being negatively perceived by others because of what they had previously done, or not done, or for who they were.

In explaining her attitude to judgement, and how creating art helped her to feel accepted, Rosie stated:

*It’s nice to have people accept you for who you are, and not because of your last name of wherever you come from. It’s nice for people to listen to your story and feel interested and want to know more about you instead of just jumping to conclusions and thinking, “Oh you know, she is a bad person because this has happened to her, so obviously, she’s done something wrong in life, someone’s punishing her.” So it’s nice to feel you’re accepted and wanted.*
Rosie needed to establish herself in the eyes of others as a person worthy of being valued, respected and listened to.

According to Preckel, Niepal, Schneider and Brunner (2013), failure to develop a positive sense of self is detrimental to overall wellbeing, including academic outcomes. The impact of not feeling accepted by others can damage young people’s sense of self identity and can thus impact on their mental health, resilience and life satisfaction, as also noted by Burton, Weston and Kowalski (2009).

The young people felt they could be themselves when creating artwork. They were thus more willing to divulge their concerns. Rosie said:

*When I went to an art therapist, I felt I could be myself and I could tell her [the art therapist] anything I wanted. I would know she would understand and help me and not just chuck me aside and not believe me.*

Rosie was emphatic in her comment that creating images did not negatively label her. Alid similarly commented:

*Sometimes we can’t tell people what we’re thinking but we can tell with drawing. I’m ashamed of what I did [as a child soldier], and people might say I’m a bad person but actually I’m not a bad person. I like living like other kids. Janine taught me something good, not bad, and with drawing [in art therapy] she understood the problems.*

Rosie and Alid both knew that talking could result in others misunderstanding and negatively judging them as a consequence. The fear of the opprobrium of others illustrates how influential other people’s views are in young people’s perceptions of themselves. In contrast, images, particularly ones that are private as in art therapy, have significance and power that can be understood by others only when revealed by the artist who created them. Both these interviewees suggest they are more prepared to consciously reveal aspects of themselves in a private image.

There is an existential need to marking major events in our lives as special. According to Dissanayake, the purpose of art is to “make special” (Dissanayake, 2002, p. 106), or to signify aspects of our lives that are important, such as experiences, memories and interior worlds. Making marks in the form of visual art provides a means of communication that often words cannot provide. As a pre-verbal activity, mark making is inherently an essential human activity. The freedom of young people to express themselves through their
art, and as part of the process, not be judged, results in feeling accepted and thus more positively disposed towards the art therapist.

Each of the young people involved in the investigation felt that their art therapists did not judge them in any way. The art therapists claimed that they used their artistic and therapeutic skills to deepen the trustful relationship with their young clients. In this way, a type of conspiratorial relationship is imaginatively created between the art therapist and young person. Within the privacy of the therapeutic relationship facilitated by the art therapist, young people give meaning to their artwork. Both then explore what is a newly created visual language unique to each young person with their art therapist. Riggs (2010, p. 9) refers to this as the “spaces of possibility”, meaning other perspectives and ways of seeing can be imagined.

Amanda works with children in remote areas; here she described how she worked with young clients:

*I create an artwork around a theme. This really helps children to process their own story or to tell me their story. They can do that in the third person. Sometimes, they make up a story about a friend but they’re really telling me their own story. Some are able to say, “You know, that happened to me.” If you sat them down [and talked to them], they would not be able to access their story so easily.*

The ability to introduce stories and develop metaphor as artistic and imaginative modes of alternative communication meant that the art therapist could help young person indirectly but to access their internal feeling states, as argued by Hass-Cohen and Carr (2008) and others (Allen, 1995; Capacchione, 2001; McNiff, 2004; Moon, 2004). In this way, the young person was able to process their experiences in a safe, non-verbal way.

The other art therapists who were interviewed all described adopting Amanda’s accepting, non-judgemental stance towards their young clients. Della’s comment was representative: *Art is more like a communication when they [the young people] first start art therapy sessions because they are anxious, nervous and don’t know what to do. Art therapy relaxes them.* James explained that the art is more the vehicle to help build a non-judgemental relationship. Yet another, Janine, showed how the non-judgemental and multi-dimensional role of art in art therapy helps to build trust and meet client needs:

*The art is sometimes acting as a bridge to relationship, providing a pleasurable focus while building a feeling of trust; sometimes it acts as a gift which aids in connection;*
sometimes it is a cathartic action which allows relief; sometimes it is a magic wand which allows the unspoken to emerge safely and be shared.

Janine illustrated how she perceived the complex, multi-dimensional role of the art and how it could accommodate different levels of possibility and potential meanings within the emerging relationship. At all these levels; whether it be purely for relaxation, for conscious communication or the conveyance of subconscious elements, there is no judgement of either the art or the artist who created the art. Janine’s comment showed she understands the potential of how art can be therapeutic on different levels, depending upon the needs of the young person. Her comments reflect a non-threatening and non-judgemental attitude towards her young clients. Janine’s way of being towards her young clients is inherently respectful, dignifying and humanistic in quality. Her knowledge of the creative impulse is directly used in therapy to meet her client needs. Wadeson (2001) argued that in art therapy theory, the function of art as a bridge to communication includes these same attitudes and potential functions. Van Lith (2011) Hogan (2009) and Lusebrink (2004) similarly asserted that art in therapy may be exploited along a continuum of intervention.

**Control**

I Controlled the Sessions
There was a fundamental need for each of the young people to feel they were in control of the art therapy encounter. Two examples are reported in depth. The first example describes the experiences of Rosie in her own words. The second describes the experience of Fiona.

**Rosie**
Rosie explained how creating art during art therapy sessions helped her to feel in control of her life. Young people’s acute sensitivity of being judged by others through a lack of trust and the need to be in control of their world is understandable in the context of the widespread, dynamic developmental changes occurring during this phase of their lives. The process of making the transition towards personal independence can result in uncertainty, anxiety and even depression according to Erikson (1968). The young people feel they are in control because they choose whether or not to engage in the creative activities as well as determining how and whether they verbally elaborate on their artworks.

Rosie almost always engaged in making art within the sessions and was supported consistently for more than a year. She would often arrive at the door of the counselling
room and invite herself in if another student had not arrived for an appointment. Most often, she would work undirected. Rosie’s perspective on the role of the art and the importance to her of feeling in control was distinct:

*In art therapy, you can use whatever you want and do whatever you want and no one’s going to judge you if you do something that’s not perfect. You can just be yourself.*

Rosie’s active engagement in creating art showed she was gaining a benefit of being able to be herself. This suggests that she is learning through experiencing art therapy that she can make mistakes; the art therapist is neither judging her, nor her art. In this way, she can learn to have a more positive relationship with herself. She further elaborated:

*Well doing artwork, it helps everyone in a different way, but it’s a type of therapy that for most people I guess would make them feel a lot better because they don’t have to verbally say it. They can just write or draw or do whatever they wanted to and let it all out in one piece of paper and it could mean absolutely anything you wanted …*

For Rosie, words are equated with being judged. The images she creates, cannot be judged in the same way because she is in charge of what her images mean. In the art therapy sessions, Rosie would often paint regressively and messily on large sheets of paper using her hands. She would mix colours, particularly purple, her favourite colour, ending up with a dirty brown result. She would then fold the large sheet of paper up until it was very small, and put it in the rubbish bin, whereupon the session would end. Sometimes Rosie would talk depending on her mood and she explained: *Then, if you wanted to talk about it, you could, or you could just draw another picture or … whatever you wanted to do.*

During art therapy, Rosie would gently be invited to talk about her feelings, her situation and her artwork, but there was no pressure for her to do so if she did not want to. The choice of whether to discuss her issues, gave Rosie another indicator of feeling in control. She came to use the space, the materials and the art therapist to meet her own needs. She also appeared to have a sense of what those needs were as she explained:

*You’d walk out feeling like a weight had lifted off your shoulders and you’d feel happier. It made my day just going there. Letting everything off my plate and I’d be happy for the rest of the afternoon.***

The importance to Rosie of not being judged, the benefits of not pathologising her condition through labelling and the need to feel in control over whether, when and what is
disclosed, is key to how art therapy benefitted her. During her art therapy sessions, Rosie explored her diagnosis of depression and what she felt it meant. She had originally believed that her depression meant disease and of ongoing, lifelong, debilitation and limited possibilities for her in life. She was able to find a voice through art therapy by expressing herself through her images and was able to develop a new and more positive relationship with herself. She commented on the importance of this: *you’re not just drawing for the fun, you’re drawing from something deep down inside of you and you’re just letting it out on paper and it doesn’t matter what it is; it just makes you feel better.* By these words, Rosie is perhaps expressing her innermost feelings that she is verbally unable to articulate. Rosie is suggesting that feeling in control by being given the space to explore and express herself, most importantly on her own terms. Her reflection on her images was a way of looking at a mirror of herself. Rosie described the emancipatory role the art played for her:

*I found it really helpful because I’d walk out feeling good about myself and not feeling down and I guess it gave me something to focus on and take my mind off everything. Yes, it helped me a lot.*

Rosie explains how the art therapy experience had been one of self-learning:

*I think it help a lot for the future because you learn more about yourself and how your mind and your body works. You learn about how to control your feelings and what each feeling means. So, it does help because you don’t have to think “Oh I’m depressed, I don’t know what to do anymore.” You have a background of who you are and what it’s going to do to you and how you’re going to fix yourself.*

Rosie always felt she was in the driving seat during her art therapy sessions. In her own time, she learnt about herself and her feelings and was able to adapt and to take responsibility for her own life. She further explained:

*I think the more you understand yourself, the more you realise what hurts you, what doesn’t, what you’re capable of … how much you can take and to find out the problem, find the solution and move on from that … I don’t try to fight my depression … because I know I can’t stay depressed forever … It is just more knowing who you are and about yourself. You’ve got to be able to find that resilience and to move on from whatever happened to you.*
Apart from creative activity making Rosie feel better about herself, over time the process enabled her to make sense of her life by reflecting on her images in her own time. She further elaborated:

*I could do an artwork and we’d sit there and analyse what it meant, and why I did this and why I did that, and what was I thinking about when I was doing it. I guess that helps me a lot because I had a meaning for a picture ... It was nice to have a meaning for a picture and then you know in that way, you learn to have a meaning for your picture or moments in life you can sort of analyse what went wrong ...*

In art therapy, Rosie was given the opportunity, freedom and space to create art. She accepted that opportunity and by doing so, she began to access her own inherent creativity and learn to develop her own visual and metaphoric language, which gave her a voice. The process helped her to make sense of her life and increase her self-understanding. As Rosie commented: *you didn’t try and put words in my mouth or say, ‘you can’t do this or you can’t do that because you have depression or whatever’*. Rather than feeling judged by words or labels, Rosie appeared to steer her own healing process and the artwork affirmed her because she *felt good* when she walked out.

Imagery can be perceived in a range of ways. Seth-Smith (1997) referred to four different ways of thinking about an image. She referred to the structural relationships within the image, the narrative or story that emerges, the symbolic forms which function to different degrees and the trace of infantile expression elaborated within behavioural actions or within the image itself. Seth-Smith (1997) agreed with Winnicott’s (1971, p.137) earlier view that psychotherapy “is a long term giving the patient back what the patient brings. It is a complex derivative of the face that reflects what there is to be seen”. C. Rogers (1957) and Winnicott (1971) both emphasised the importance of the quality of the therapeutic relationship based on trust. Rosie’s words strongly imply that the art is itself a symbol of being in control. She could tell her story through the images and the artwork mirrored back part of who she is by reflecting back a deeper part of her inner self that she found hard to explain. Creating images was more an acceptable way for Rosie to communicate because her images were not judgemental and nor were they able to be judged by others.

From an anthropological perspective, Dissanayake (2000) argued that one of the purposes of creating art is to make special and to signify experiences. She asserted that, although literacy has changed the way human minds work, language, science and technical mastery do not address questions of the meaning or purpose in life. In Dissanayake’s view, art is
intrinsic to life and marks ways of expressing meaning or responding or explaining subjective interests and is embedded in the world in which individuals live. Viewed from this existential perspective, making art within the context of therapy is fundamentally connected to the young people’s shaping of meaning to their experiences. Rosie shaped meaning to her life by herself. She achieved this through trusting in the relationship she had built up with the art therapist, her openness to engage in art and the meanings she attributed to her artworks. By these means she learnt more about herself. In the words of Rosie, it’s just more knowing who you are and about yourself…and to move on from whatever happened to you.

**Fiona**

Fiona was asked to be a participant in the investigation as she provided an example of an outlier or an atypical participant. She was chosen because she refused to do artwork within all of her sessions despite gentle encouragement by the art therapist, who found this perplexing. As a student, she was well known to be creative and her high school subjects involved the creative arts, but she was emphatic about not doing any art during her appointments with the art therapist. Fiona was seen for a total of five sessions over five months. She was struggling to manage her carer’s increasing instability due to mental illness; she was working part-time while caring for her younger siblings; and at the same time, studying towards her High School Certificate. Being responsible, which meant being able to cope and, by inference, being able to control her situation, was crucially important to her. Fiona explained:

*I was reluctant [to see the art therapist], because you spend so much time trying to be strong for the rest of the family … but it was good … you gave me space to go off and rant about it so it was nice.*

She also commented: *I feel like I’m burdening someone most of the time. I hate crying, it’s really not me … I was reluctant to admit that I wasn’t coping. I wanted to do it on my own.* Later, she expanded on her views in an email: *I felt I controlled the session 100%. It was almost like you weren’t there, rather just something enabling me to talk with myself and gather my thoughts.*

Fiona was clear about the importance of, and her need to be in control:

*I wanted to do it on my own … art expresses my individualism and brings a sense of power to me that I am in control of my life and the choice of happiness … though I didn’t want to*
do art with you, I would reflect on our session when doing my own. I was already so much clearer in my head when I put pen to paper, which embraced that sense of control even further.

Fiona’s refusal to do artwork was highly significant to the art therapist at the time she was seeking support for her emotional wellbeing. However, it was not an area she wanted to discuss at the time. It was only when she agreed to participate in the research and was subsequently interviewed that she revealed she had maintained a visual journal for several years. She also disclosed she had started to draw images when she had seen a previous counsellor:

*I saw a counsellor in Year 5 or 6 and I actually did a lot of drawing with him. I’ve still got all those pictures. I looked back on what he taught me at the same time when adding it all in with what you were saying and I was saying. It [seeing the art therapist] just got me going again and rebooted me. It was always such a nice feeling going out.*

Fiona explained that after the sessions she would go home and use her visual journal in which making art helped her to focus on herself. Through the art she was able to metaphorically ground and reconnect (“reboot”) with herself. She has looked back on the record of her old images and was able to see change and to know that her own circumstances would also change. Fiona’s refusal to engage in artwork during the actual art therapy sessions in school can be interpreted that at a deeper, intuitive level. Fiona’s disclosure that she maintained a visual journal shows that she gains some ongoing benefit from creating artwork and that she needs this medium as a way to express how she feels. Fiona needed to be in control of her life and needed that recognised by the person supporting her. An exploration of her emotions through creating may have compromised her, and possibly, her emotional fragility may have been revealed through an image. By interpreting Fiona’s comments in this way, she provided evidence in her interviews that her personal artwork held a deep significance for her. Fiona provided an example of an outlier (McPherson & Thorne, 2006, p. 2), confirming the capacity of creative processes to be healing and beneficial well outside formal therapeutic intervention. Fiona explained the personal importance of doing art:

*I’ve always done art and it’s quite a personal kind of thing for me. I have quite a few journals I don’t show anyone because I don’t want anyone to look at them but I think that’s just what it was, it’s just what I do. I don’t like to disclose to anyone. I get in my own zone I suppose, yes, that just the only reason I had [not to tell anyone].*
Feeling in control helped to meet Rosie and Fiona’s need for autonomy and self-agency and is seen as a component of trust because its presence contributes towards and is reflective of a reduced power differential between the young person and the art therapist. It is clear from these representative case studies that the benefits of art making extend beyond the therapeutic encounter itself. The young person has developed coping skills that can be used as a way to self-understanding and learning (Allen, 1995).

**Concluding Remarks**

Unsurprisingly, the quality of the therapeutic relationship was of utmost importance to the young people and the art therapists who participated in this investigation. For the young people the need to be able to trust the art therapist, not to be judged by them and feeling in control of the therapeutic relationship was essential to them feeling confident in seeking support. Additionally for the young people, the art therapists needed to exhibit and communicate that they could be trusted. The literature has shown that regardless of modality, the quality of the therapeutic relationship is fundamental to positive outcomes (see for example, Bambling & King, 2001; Hubble, Duncan & Miller, 2002). Uniquely, art therapists develop the relationship in different ways and by alternative means. In order initiate, build and develop trust they show clearly that they use their skills as artists as an integral part of relating to their clients. Their knowledge of media and experiential processes mean they uniquely tailor their approaches to meet individual developmental needs. By valuing and being familiar with the creative process, the art therapists’ mean that they can offer the young people a particular ‘way of being’ with them in the relationship that can be developed explicitly through non-verbal means. Openness and flexibility is an essential component of how the relationship needs to develop and the particular benefits of non-verbal engagement result in a reduced power differential between therapist and young person. As a consequence, the young people feel they are more in control of the sessions, resulting in a relationship perceived by them as a kind of friendship. Within such a trusting relationship, the young people can explore their issues and their thoughts and feelings, helping to validate themselves as unique individuals. The next chapter reviews and analyses the findings that reflect how engaging in art therapy can help develop and foster young people’s identity. Building a positive relationship with the art therapist can be influential towards building a positive sense of self. Human beings can transcend their individual differences through creating art and by sharing that experience.
CHAPTER 8

The Development of Identity

This chapter shows how art therapy can help to develop and consolidate a young person’s identity. It reveals that encouraging creative processes within a therapeutic setting can provide deeply subjective, expressive ways of assisting individual personal growth. This is achieved not only through the creative act but also by reflection on the creative product. Directly and indirectly, when engaging in art therapy while at school, as well as during the research retrospective interviews, the young people in the investigation all expressed concern over how they felt about themselves. Their concerns were particularly in relation to how they felt others perceived them; in relation to their emotions and particularly in relation to how they felt their lives had changed since undertaking art therapy. The focus in this chapter is on the development of the young people’s identities and the ways in which art therapy contributed to its consolidation, including the significance of the lasting product of the artwork as an artefact of personal meaning.

The Development of Identity

The Difficulty of Asking for Help

The age-old question: ‘Who am I?’ is played out by all young people as a major developmental task of adolescence (Erikson, 1968) that can create considerable anxiety. In this investigation, each of the young people interviewed expressed this anxiety in various ways. They each described how they felt about seeking emotional help; how difficult it was for them to seek this support; and, crucially, how others would judge them if people knew they were asking for help. At a time in their lives when they were attempting to become more independent and autonomous, the need to seek external assistance from a therapist created immense uncertainty and anxiety for them. To take the initial step to see a therapist was a most difficult experience. Meredith, one of the young people, commented that seeing an art therapist was:

_Nerve-wracking ... kind of spilling your guts out ... I got really nervous; I don’t like talking to people very much ... To begin with, I felt somewhat out of place but, after the initial awkwardness, I felt fine ... It’s more that, first, ‘having to approach’, it was hard._
Rosie also described how she felt: *I was so nervous as to what you [the previous art therapist and, later, interviewer] would think and what you would say.* Tess said: *I was a bit nervous ... I didn’t really understand it, as I’d never done it [art therapy] before. I’d never even heard of it before ... I didn’t know what I’d do and how it would all come out.*

The comments of Rosie, Meredith and Tess give expression to the nervousness, uncertainty and doubt experienced by these young people in having to seek emotional support through art therapy. These comments suggest that, at least initially, they would rather not be placed in this situation.

Put simply, none of the young people involved in the investigation knew what to expect from art therapy. They were all, however, acutely aware that they needed emotional support. In seeking out help for themselves, however, they showed courage. One young person, Fiona recognised she needed assistance (her situation was given in Chapter 7) and explained: *Initially, I was reluctant ... I didn’t have any way of putting things [in my mind] in order.*

In addition to feeling anxious about seeking help, each of these three young people expressed anxiety about how their peers or even how teachers perceived them. Meredith revealed: *I don’t like [other] people knowing I’m there [in the art therapy or counselling room].* Each of the young people described various aspects of this anxiety. Jackie’s comments illustrate:

*It’s not as private as I’d like it to be because people know who is seeing the counsellor. They’d say, “Oh you’re having a problem in your life” and stuff like that ... I couldn’t tell the teachers either because they’d immediately go and tell your parents.*

Jackie’s comments revealed her dilemma concerning other people knowing that she was vulnerable. She further explained: *I got nervous of the fact that everyone knows where the counsellor is, so I’d sneak in when people weren’t looking.* Kim also expressed her anxiety about seeking help, explaining: *I felt really nervous because I hate counsellors [school counsellors] ... they don’t really help with anything.* Kim added: *I didn’t want you [the art therapist] to run off and tell anybody else about the things that I’d said.* Ciara was reluctant for other reasons and explained: *To have everyone know your business is quite frightening.*

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2 Parental permission is always sought for counselling and art therapy for students under 16 years of age. Jackie is referring to the problem of confiding in teachers who would, in their duty of care, contact parents. In art therapy, while this would occur where there are concerns about the student’s safety, contacting parents would almost always involve the student in the process.
These comments revealed highly nuanced and conflicting emotions experienced in seeking any form of emotional support and the difficulty in accepting that adult assistance was needed. The young people interviewed desperately wanted support but they also needed the support to be kept private and confidential especially from their peers. Seligman and Csikszentmihalyi (2000, p. 8) argued that fostering strengths and capabilities in individuals could help to build resilience and self-efficacy. In addition, positive school engagement and a sense of belonging are seen by to be protective factors according to Maurizi, Ceballo, Epstein-Ngo and Cortina (2013, p. 331). In spite of their fears and anxieties, these young people were pro-active in seeking support from the school, which suggests that if the services are available, they will access them.

**Personal Development**

A common response among the young people interviewed was to react with surprise when presented with the artworks they created during therapy. They exclaimed how differently they felt now compared with how miserable they had felt when they were doing art therapy and making the artwork. Each vividly remembered their images some of which had been created during art therapy sessions more than two years previously. Kim, for example, said that her image was: *proof that these people [peers represented in her artwork] were my friends at some point in time. That is shocking to me … My picture just shows how much I really did change.*

Kim’s image was highly significant. By representing her feelings at an earlier time, her image was concrete evidence of her distress. It served to validate her ‘right’ to feel as she had at that time. Importantly, it also showed she could survive when feeling miserable and these feelings do change with the passage of time.

Similarly, Jackie explained two of her artworks: *I used colours to describe how I was feeling. I did a lot of those, didn’t I? … and this one [another image] has the timeline when I realised my issues started.* While Jackie reflected upon her past by contemplating her images during the interviews, she smiled in recognition of the link she had discovered between external events and her internal feelings. In commenting on her feelings, she explained:

*I linked the colours and drawings with my feelings. They helped to express what I was feeling … I got to tell you what I felt like; yellow for anxious, and I used charcoal when I was angry. It made it a lot easier to explain how I felt.*
Jackie identified her feelings through developing her own unique personal visual and metaphorical language. Her symbolic code of what the colours in her image meant conveyed deep significance for her. It confirmed the validity of her experience and by extension, confirmed her existence as a person. She explained the benefits of her experience as follows:

*It's been beneficial because it allowed me to figure things out in a different way than just jumbling it around in my head. I’ve got it [feelings] on paper and I can just lay it out and allow my brain to focus … so it wasn’t screaming in my head. That’s how I found it to be good.*

Jackie’s comments strongly indicate that she recognised that self-understanding could be achieved through creatively expressing one’s powerful feelings in non-verbal forms; by identifying and acknowledging them; and eventually, understanding them. Similarly, Tess reflected on one of her images carefully and explained how her artworks had helped her:

*I’m going from terrible times … going to all the things that make me happy; things I wanted to do with my Dad, my Mum and my sisters before I moved out [of home]. It wasn’t such a great relationship [with her family] but now its better.*

Tess used expressive motions with her hands when describing her images. Her animated gesticulation reflected how personally significant her artworks were to her. By reflecting on her artworks during her interview, she was able to realise and articulate that she was meeting the goals she had previously set herself during art therapy, signifying competency and, thereby, contributing towards building resilience. Her images were highly significant to her because they represented a promise of hope fulfilled. Her past experiences, expressed in her imagery, are imbued with emotion. The comparisons they have made between the past and the present have helped them to develop greater understanding of themselves and their emotions and the world. As Spinelli (1994, p. 173) observed “the remembered past reflects the current views we hold about ourselves”.

**Fostering Resilience**
In the interviews, each of the young people in the investigation were encouraged to reflect on how they had seen themselves during the time when they had engaged in art therapy, compared with how they saw themselves now. The researcher asked them if they could remember what had occurred on particular dates when they had engaged in art therapy, and what had been discussed. None could do so, but when shown their artwork, each vividly
remembered the feelings and significance of the images they had created. Miranda selected one of her artworks and said:

*This one [the self-portrait] still applies to me … I can actually remember why I did it a long time ago … I still feel stronger from it all and I’m actually feeling happy because from it all, I’ve learnt so much about myself …*

Miranda showed that she had developed a better understanding of herself. The creative process had been, for her, an important agent for self-reflection and change. Reflection on the creative product provides “fresh viewpoint and excitement’ (Riley, 2005, p. 38). Miranda’s positivity was evidenced by her explanation of her image and by her use of affective language in her comments. Miranda explained that by being given an opportunity to reflect on her own feelings at the time of creating art and then reflecting on the artwork during the interview, she experienced self-discovery and, consequently, emotional growth.

Jackie selected several of her artworks firstly commenting: *I’m a brilliant artist; I’d love to see my art. I'm going to hang that on the wall.* She selected one depicting her anxiety for which she had sought support and explained:

*In this one, I felt very stressed because that [anxiety portrayed in her image] was the whole problem… I think the picture was showing when it first happened and how it was getting worse and explaining the situation of some people who were involved. There was that other one with the colours. I did another when I was having my nightmares and I had to rip it up, I was so scared.*

She then chose another image, which she had titled: *The Future.* The image was brighter than her previously dark, artworks, which had shown threatening figures she had seen in her nightmares. Jackie commented of this last image: *I'm just walking through the forest and, yes, it's sort of symbolic of how I felt then – you can’t look behind you because there’s someone there. Yes I did use a lot of colours. You put a note on the back [of the image] of what the colours represented for me.*

Jackie’s comments show that through creating art she has been able to resolve her anxiety that had manifested itself through nightmares and problems at school. As has been observed by others (see for example, Beardslee, 1989; Neff & McGhee, 2010; Shore, 2013), the development of emotional growth contributes towards identity development, a purposeful life and building resilience. Nobe-Carr, Barker and McArthur (2013, p. 5) asserted from their participatory research that young people expressed their need to be
acknowledged, their need for hope and connection to others and participating in activities. Sawyer (2102, p. 301) argued that as creativity is associated with problem-solving, improvisation and affect, engagement in creative processes could have multi-faceted benefits. The benefits for Jackie were in confronting her anxieties and her realisation that she could overcome them.

In a similar vein, Rosie, who had been diagnosed with depression and had previously sought support from school counsellors explained:

_The first four [school] counsellors I went to ... I thought I had a good connection with them... What they said to me wasn’t helping my situation and sort of made me feel worse about myself. They put me down and tried to change who I was. One told me I couldn’t have dreams and I would never do what I wanted to._

During her initial art therapy sessions, she had identified as a ‘depressed person’ and this gave her a sense of being sick, different and, consequently, isolated from her peers. During that time, she explored through her artwork what depression meant to her and how, although it might be a part of her, it did not define her. Rosie claimed that: _When I did artwork, I was doing something about me, I felt good about it ... I’d walk out feeling good about myself._

During Rosie’s interviews, she repeatedly commented on the importance to her of _being myself_. Rosie found that she could be herself when she did artwork. She further explained: _Being with an art therapist taught me that it’s okay to tell people how I feel even though I sometimes feel embarrassed about being depressed or whatever._

The positive relationship Rosie had developed with the therapist and being able to express herself creatively have influenced how she perceived herself. She said:

_It helps a lot for the future because you learn more about yourself, how your mind and body works and you learn about how to control your feelings. It does help because you don’t have to think, “Oh I’m depressed, I don’t know what to do anymore”. You have a background of who you are and what it’s [depression] doing to you and how you’re going to fix it._

Rosie positively engaged in art therapy and this contributed towards self-learning and building resilience.
The influence of and approval from the peer group is a major preoccupation for the young people as it affects their identity and their resilience. Fiona was particularly concerned about how others perceived her. She said: *I’ve got that personality [where] a lot of people say … “you’re such a happy person.” I don’t want to show them otherwise.* Fiona knew that being seen as a positive person with a happy personality was more advantageous to her socially but she found it difficult to maintain the happy façade.

According to Howarth (2002), positive perceptions by family and peers can be a source of support as young people consolidate their developing identities. But negative perceptions can be a source of internal conflict if there is incongruence between the social representation of the self and internal representations of the self. Fiona claimed to *use the creative process for my own wellbeing.* Despite the fact that she did not engage with creating art during her sessions with the art therapist, in her interview, she disclosed that she had a longstanding strategy of using a visual journal to record her thoughts and feelings. This discovery was revealed only during the investigation. Fiona’s independent use of a journal strongly suggests that she had devised her own creative process to be an internal resource she could use as a form of self-efficacy and resilience.

Averil also explained the longer-term benefits of art therapy:

*I didn’t know what to expect from art therapy. Since I’ve been, I can now control my feelings better. If I’m really, really angry, I’m not going to let things bother me so much. Doing art therapy has made me realise I don’t have to get so angry and uptight about stuff that’s happened. I don’t let it get to me as much as I did before.*

Averil’s increased capacity to regulate her emotions seems to have been a consequence of art therapy. The creative exploration of her feelings has helped her to control them. She later stated that if she felt bad about feelings or events, she would definitely seek help. She has developed resilience in her increased capacity to control her feelings and, as importantly, to know that she can ask for assistance from others. Although there are significant barriers to help-seeking behaviour, as Rickwood, Deane Wilson and Carriochi (2005, p 18) attested, a positive experience is more likely to result in facilitating future help-seeking and ongoing healthy adaptation.

Evidence gathered in this investigation shows that engagement with young people needs to be couched in a positive, affirming, non-labelling and non-authoritarian way with a focus on capabilities and strengths rather than on perceived deficits. According to Persaud (2001,
such a positive feedback loop can help further empower individuals. Creating art during art therapy is an activity that is not constrained by positively or negatively interpreted value-laden language. Indeed, it provides the young people with a sense that they are not deficient — a factor vitally important to all them.

The Importance of Autonomy
Each of the young people expressed a strong need to make their own decisions in order to feel independent and that they were respected as individuals. This need was evident in what they expected in the interaction with the art therapist. On this point, Ciara commented in a follow up email: *I didn’t feel I needed to be in control in the sessions, I felt I needed someone to guide me.*

Averil commented that she found that being free to talk and create artwork helped her in the following way:

*Talking was good because I could just talk and say what I wanted. When I was drawing, I could draw whatever I wanted or how I felt, and use the colours to show what I was feeling. If I was in a bad place, I did dark colours or if I were happy, I’d use bright colours.*

If trust has been established, the young people felt able to express themselves freely. Ciara and Averil’s comments again illustrated how trust, being valued as a person and being seen as autonomous are inextricably linked. Nobel-Carr, Barker and McArthur (2013) affirmed from their research that what young people wanted most from support services was:

*Someone who listened and provided them with genuine caring relationships founded on respect. Although they did not say that they wanted support workers to explicitly discuss identity and meaning issues with them, they did want workers to listen and connect with them as people, and help them with the things they perceived as being at the core of their being, including their happiness, future goals and aspirations (p. 7)*

According to Erikson (1968), the development and consolidation of identity in young people is directly connected to their need to be autonomous. As young people resolve the crisis of adolescence their sense of identity becomes integrated. A coherent sense of oneself is a sign of healthy maturation. As Kroger (2004, p. 69) noted, a sound sense of identity engenders a sense of independence and autonomy.

Kim explained how engaging in art therapy provided her with a choice, giving her personal autonomy:
It [art therapy] showed me a different way. I thought you just sat there and they [school counsellors] asked you annoying questions, got into your personal life and were very invasive. When I drew [during an art therapy session] … I found volunteering stuff a lot easier. It was just better through art than it was doing everything else.

Kim found that by being given a choice of whether to talk or engage in creating art, she decided for herself what she was going to do. She had previously found counselling intrusive and felt pressurised by the emphasis on talking. In art therapy, Kim was free to draw and paint and thereby was able to express herself in a non-verbal and non-threatening way that suited her needs. Kim’s experience typified the views of half the other young people interviewed by conveying the sense that talking about and focusing on their ‘problems’ was not therapeutic, and neither did they feel valued by it.

Kim echoed the views of the other young people by claiming that paradoxically, art therapy resulted in her being more prepared to speak openly. The importance of talking about one’s problems cannot be discounted but, in art therapy, the locus of control shifts from the verbal to the non-verbal and from the therapist to the young person who has gained autonomy from the art therapy process. Rosie provided another example of this:

_Talking and doing art therapy together is a lot better than just going to a normal counsellor and talking about your emotions all the time because that is always the same thing [that happens]._

She elaborated:

_Every time I went to see her [her school counsellor], I felt like I always had to try and find something else that bugged me through the week to tell her … so I wasn’t telling the same old story … so before I’d go, I tried to find out what really irritated me that week that made me feel depressed or other such emotions. I didn’t like that._

Being expected to talk about one’s ‘problems’ all the time was counter-productive for Rosie. She felt exposed, vulnerable and negatively judged. The option of creating art allowed them to focus on the experience of creating and thus re-experiencing their feelings, not on what was ‘wrong’ with them. As Tess claimed: _I found it much easier to draw [my problems and feelings] than to talk about them … I just don’t like talking._ From this, it can be seen that talking highlighted the young people’s vulnerabilities. Creating art did not.
The Consolidating of Identity

Meaning in the Artwork
Consistent with insights reported by a number of key art therapy researchers (McNiff, 2004; Moon, 1995; Riley, 2005; Shore, 2013), the investigation revealed that each of the young people developed a unique and meaningful relationship with their artwork. During their interviews, the young people reviewed the imagery they had previously created. By reflecting on their artwork, they saw how they had emotionally matured and developed. The permanent record created during the individual therapeutic gave rise to a variety of responses. They felt the artwork represented a particularly vulnerable point in their lives with each realising how far they had positively developed. Kim said: I can see how much I’ve grown … I don’t draw any of those things any more I’m a lot more deep now and I’m pretty shocked I used to draw that way. The significance of Kim’s comment lies in the growth she has recognised in herself. The artwork revealed to Kim her personal development over time.

Averil spent several minutes in silent reflection studying intently her artwork. She then selected one piece depicting problems with her friendship groups she first sought support for. She commented: God, that’s changed a lot [pointing to her friendship group]. There’ve been a lot of changes within the last two years. When asked to say more, she described the events that had been so distressing to her:

That was in Year 10 and there was a big fight going on with those three girls … there were five of us and three were being bitchy … I don’t have anything to do with them any more … shit, that’s crazy!

Averil has realised that she has matured emotionally and is no longer influenced by the friendship group significant changes have taken place for her. Selecting another one of her artworks, she commented:

I wouldn’t think now that any of us would be where we are today. Two years ago, I could not tell that I’d be working … I was only 16 [whispers it]. That’s crazy. It’s weird how things do change.

Averil selected two meaningful images. One depicted the problems she had experienced with her peers. The other underlined the importance of her European cultural heritage and the importance to her of her extended, widespread family with whom she closely
identified. Spinelli (1994) observed that, “we manipulate the past, shape and reshape it, so that it fits who we believe ourselves to be” (p. 173). From an existential perspective, relationships with others and interpretations of the past are reconstructed in order that individuals may embrace current experience. Averil’s identification with her cultural heritage appears to show that she is choosing to shape aspects of her identity. This process of shaping and constructing her past occurred during the time she undertook art therapy. During her interviews, she appeared to consolidate this process. For example, while looking at her image she explained:

… there’s always two sides to every story and the grass is about me going back to [a European country] and the little girl in the picture is my niece, she’s over there and we are all over here … we’re always going to be there for her if she ever comes back … So it’s only a matter of time that things will work out or not, you know.

Alid also selected two images to discuss during the investigation. He described the following: I have two paintings here.

They are both of a place in Afghanistan where I went. The first one is that place when it had many people, many trees, a peaceful place. The second one is my memory of that place after six months. Now the bombs, the guns are there, the trees and people are dying. The clouds are red with the blood of the people. So many people died.

This young man’s reflection on his artwork elicited these words: Art therapy made me different. It helps … people to think about their attitude and to finish a problem … it is a good place … for relaxing, for thinking good, for making art, for letting refugees rest. Although individuals are not in control and cannot choose what happens to them, they are free to choose how to respond. From Alid’s evidence, art therapy has helped him to raise self-awareness, enabled him to think and process his experiences. The process of art therapy had changed his perception of his experiences and helped him.

Each of the young people involved in the investigation reacted in different ways when they reflected on their artwork. They all had strong responses, indicating that the relationship they had developed with their artwork was deeply personal, highly significant for them and signified important feelings about their various life experiences.

**Empowerment Through the Art Therapy Experience**

In therapy, empowerment can be seen as a process of developing knowledge, competency, goals and self-efficacy. As Cattaneo and Chapman (2010, p. 647) observed, often
empowerment is perceived iteratively within a social as well as an intrapersonal context. They argue that empowerment is linked to social participation and is relevant to social justice issues. Developing a stable and coherent sense of identity is also a gradual process as both Erikson (1968) and Shore (2013) attested. As a result, over time, self-learning, personal growth and increased emotional strength all help young people as they make their transition towards adulthood. Miranda’s comment on her selected self-portrait clearly shows empowerment in the way she felt stronger about herself:

*This one [her artwork] still applies to me ... there’s music and happiness ... I can actually remember why I did it a long time ago ... Even though I’ve had a lot of hurt over the last few months due to friends ... I still feel stronger from it all and I’m actually feeling happy because, from it all, I’ve learnt so much about myself and I’ve made better friends.*

Miranda’s comments are significant because they are, first and foremost, full of hope. They also reflect how she has understood that she has managed to achieve a new emotional strength by herself. By making better choices, Miranda has empowered herself and in the process, consolidated a more certain sense of who she is. Jackie’s comments also show a sense of feeling empowered through art therapy:

*I much prefer the art, because when I was talking it’s harder to express yourself effectively ... If you have art, you’re in your shell, but you are still expressing yourself and you don’t lose that feeling. You feel safe still. You didn’t tell me what I was feeling. You didn’t tell me how to fix it. It was up to me. I just felt better with art.*

Engaging in creating art can be a way to both express oneself and, at the same time, emotionally protect oneself. Jackie also described in another way how the experience of creating art imagery has helped empower her. She commented on one of her favourite images showing an imaginary animal she created called Effleyn from a scribble drawing:

*I really love him. He’s amazing because just from a scribble I made an animal. I made something out of a scribble and that’s what I like to think about whenever something bad happens ... I can make something good out of this now.*

Jackie’s capacity to overcome adversity gives her a strong and hopeful message. The process of engaging in art making during her earlier art therapy sessions allowed her to safely express her feelings. Feeling protected was important and the artwork emotionally protected her. The end product gave her a strategy for coping in the future and this was also empowering.
Anderson (2001, p. 255) argued “it is the intrinsically reinforcing quality of art that makes art therapy so effective with clients”. Jackie’s ability to express her feelings and still feel safe enabled her to highlight those feelings to herself. By expressing them through artwork, the process can be seen as an external validation of her inner feelings. During her interview with the researcher, Jackie pointed out that she continues to draw as a way of helping herself when she feels anxious:

Well, something I still do is draw. I plan now what to do if I feel anxious about something, I write down why I feel anxious, what’s making it happen and I can probably better fix it. I haven’t been as anxious as I was since I left school.

Tess also commented upon the empowering capacity of creating art: If I want to, I can just pick up a piece of paper, get out a crayon and just draw my emotions. These comments illustrate that they have each learnt a strategy for coping when they are feeling anxious. They thus now have coping tools for the future. Tess explained that her imagery enabled her to look at [her situation] from another perspective … I wouldn’t have thought of things like that. She further explained: I found that putting it [her emotions] down, you can actually talk about it and analyse it and then it sinks in a bit more. Tess’s words indicate that an empowering self-learning has taken place in her life. The artwork in this case provided a different perspective from which Tess can now view her situation with valuable new insights being gained. The process is positive and transformative and has changed Tess’s view of how she sees herself in the world.

Kim described the empowering benefits of art therapy:

I think it [art therapy] did help because I can see how much I’ve grown … This [referring to her image] just shows how much I really did change … I’ve a totally different perspective on life … I spent so much time on people who did not spend time on me. I couldn’t see it and now I can. It’s a miracle … I got so upset [at that time].

Reflecting on her artwork enabled Kim to realise the extent to which she had matured and no longer needed the type of friendships she had sought previously.

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3 *Dasein* is a Heideggerian notion meaning existing and of ‘being in the world’. Jaspers uses the concept in a slightly different way, in relation to how individuals deal with existential boundary issues (Loewenthal, 2011).
Finding Meaning as Part of Identity

Young people are grappling with many challenges as they develop their identities. The transition to adulthood involves forging their own sense of who they are within their social milieu. Part of developing a coherent sense of oneself involves the construction of one’s own values and beliefs, including making sense of one’s experiences. The importance of making sense of one’s experiences is, consequently, linked to the interpretations and conclusions that derive from perceived events and situations.

The experience of art therapy provides one avenue whereby it may help young people to make sense of their experiences in a non-verbal and expressive way. As an example, Tess had experienced peer group and family problems and sought emotional support from the art therapist. She had periodically engaged in art therapy over a year when she felt she needed support and became readily engaged during each session. When initially interviewed, Tess commented on her favourite image of a lighthouse: Whenever I like to think, I go to the lighthouse. That’s my favourite place. The benefits for Tess of creating art in art therapy were to be found in the meaning attributed to the artwork by means of the metaphor of the lighthouse. She explained the meaning of the shapes and colours: I went from a terrible rain cloud and a sad face to a beautiful bright sun … and my arrows show me travelling this [positive] way, not that [negative] way. The artwork articulated her preferences, her feelings and her goals through metaphoric imagery. Her words encompassed a sense of purpose and meaning that are inherently positive and affirming and, importantly, shows alternative effective means of communicating feelings.

Tess’s engagement in art therapy resulted in her developing a personal strategy for coping with life’s ups and downs. She explained: I can, if I want to, just pick up a piece of paper, get out a crayon and just draw my emotions … things I don’t like talking about, I’d probably draw. Tess was also emphatic in her comment that her artwork had meaning for her alone and no one else: Putting it down, kind of makes it actually mean something … it’s actually down there, it’s staying there … If I walked up to a person and said “What’s this?” They wouldn’t understand. Tess’s artwork reflected highly personalised, unique and meaningful aspects of herself. Artworks allow one to express meanings that are known only to the creator, and the creator has the power to decide whether or not to try to share the meanings with others. The creator always holds this power. That Tess chose to share the personal meaning of her artwork with the art therapist is a reflection of the exclusive and privileged relationship that was built up and existed during the therapeutic encounter.
Engaging in art therapy was also relaxing for the young people. The art therapy space was one in which they felt calm. Without exception, each of the young people found creating art to be relaxing. A representative example can be found with Kim: *I felt better because we got to draw and I just felt relaxed.* Later, she further expanded:

*I know now that it’s relaxing and that it helps to clear the head … it’s really, really helpful because it … calms you down and it helps you talk a bit more about issues and if then you’re drawing something, it kind of helps you solve them as well because usually you can figure out a solution on your artwork.*

Creating artwork occurs in the present moment and results in several benefits. According to Kravits (2008b, p. 126), from a neurological perspective, the combination of engaging and relaxing in the moment in the experience of art making can mitigate stress responses and can encourage a relaxation response. Kim’s comments also affirm on the importance of flow in creative activity (see for example Csikszentmihalyi, 1996; Robinson, 2011), for problem-solving, learning and mastery, as well as for relaxation (see for example, Hass-Cohen & Carr, 2008). As Halm (2009) described, relaxation is immensely beneficial as a form of self-care and nurturing. Figuring out solutions to one’s problems is also empowering.

**Identity in Relation to Others**

**Reducing Stigma and Labelling**

Stigma and labelling are significant barriers to young people seeking support for their social and emotional problems. For young people still at high school, the peer group is most important to them. The investigation revealed that these young people, were acutely sensitive to being negatively labelled by others. Jackie was emphatic about how her peers perceived going to seeking counselling:

*People who go there [counselling] are seen as attention seeking woosies, depressive emos, like you’re just labelled. Like I was labelled as attention-seeking and depressive and stuff. Some people understand why and, yes, they’re generally the people who’ve been there before themselves. Also it’s not as private as you’d like it to be because people know who’s seeing the counsellor; ‘Oh you’re having problem in your life’ and stuff like that.*

Fiona similarly commented: *I was reluctant to admit that I wasn’t coping. I wanted to do it [to manage her situation] on my own.* Fiona needed to perceive herself as being able to
cope with life. Personal identity for young adults at this developmental stage is closely connected to social and peer identity, including the need for acceptance by their peers and adults who might support them.

Ciara likewise explained why she needed to see herself positively:

*I had never had any real problems in my life before* [seeing the art therapist] and *I always thought, “Oh, people who go to counsellors … must come from broken families, they must have lots wrong with their life.”* *I didn’t think that was me.*

Ciara could not identify with people who sought professional help for their emotional problems. She also had a need not to be labelled as having something wrong with her.

Rosie exemplified the fear of being labelled by others when she first sought counselling prior to seeing an art therapist:

*At first I was really scared … I wasn’t sure she [the counsellor] wasn’t going to judge me on what I was doing, or who I was, or where I’d come from … If I did say something I wasn’t comfortable with, I changed it around so that it didn’t look as bad from her point of view. I’d say a lot of kids do that because they’re scared of what others will think of them. If you are trying to get help, you want people to, accept you for who you are and not judge you just because of your past.*

An accepting, non-judgemental stance was essential for Rosie. She has focused on the verbal interaction during her past counselling experiences. The language used plays a significant part in her feeling of being judged. Access of services by young people for mental health problems is among the lowest of the age groups in the Australian population (Burgess et al., 2009; Slade, Johnston, Browne, Andrews, & Whiteford, 2009). Jorm, Wright and Morgan (2007) and others (Chandra & Minkovitz, 2007) categorised stigma, negative feelings and resistance by young people as major barriers to help seeking. By inference, not seeking help may impact on an individual’s capacity for resilience. Being judged and labelled by others may be an important disincentive as indicated by Rosie. She further explained the stigma:

*I reckon for a lot of younger kids they’d be really intimidated … because of what people will think about them … that’s why a lot of kids like to wait until everyone’s gone into class, and then go* [to see the art therapist].
She explained that seeking help from a counsellor or art therapist in a school:

*Isn’t … very private. For a lot of kids that’s really intimidating … people think, “Oh what are they going there for?” They’ll just assume something and that’s when rumours start … and … you … lose friends or you get into arguments.*

Jackie’s views were similar: *I got nervous of the fact that everyone knows where the counsellor [an art therapist] is, so I’d sneak in when people weren’t looking …*

Rosie and Jackie’s personal beliefs exemplified the difficulty for them of seeking help amid a perception of stigma and labelling arising from their peers. In this regard, Alid felt shame:

*These are refugee problems. We can’t tell people what we’re thinking but we can tell with drawing. I’m ashamed to tell the bad things to anyone because these are so terrible. I am ashamed of what I did.*

For a variety of reasons, these representative comments universally reflect the young people’s acute sensitivity to being negatively labelled in seeking help for their social, emotional and mental health and wellbeing. This sensitivity was a significant barrier. These representative comments reported by the young people who were interviewed, resonate with claims in the literature by Rickwood, Deane, Wilson and Ciarrochi (2010) and Gulliver, Griffiths and Christensen (2010) that young people generally have a preference to be self-reliant and often feel embarrassed when seeking help. As a result, providing an intervention that can help reduce stigma may encourage young people to engage more in support services. There are three ways this can be achieved; through a relationship that is unconditionally accepting as well as being flexible and through offering artwork as a means of an attractive, alternative therapeutic intervention.

**Reciprocity as a Link to Identity**

Providing social, emotional and mental health support for young people in schools cannot be achieved without openness in engagement and reciprocity between the young person and the art therapist as the previous chapter has described. Reciprocity can be seen as a condition of give and take implying an assumption of negotiated equality. Developing openness between the young person and art therapist was achieved through negotiation in engagement in the art process and through the therapeutic relationship. Fiona, who during her art therapy sessions was adamant she did not want to create any art, focused on the quality of the relationship:
Our time together gave me a chance to take a step back on everything and organise my priorities. This was so important for me to do … it was almost like you [the art therapist] weren’t there, rather just something enabling me to talk with myself and gather my thoughts.

It was important for Fiona that the art therapist was not imposing her agenda on the experience. Fiona also made it clear that had the art therapist tried to persuade her to engage in art therapy I would have got annoyed … I would have got quite stubborn. I get quite strong-minded. There would have been other things you could have got me to try but not with art.

Jackie, however, spoke differently about the art therapy relationship and the benefit of creating art:

I got to see how I was feeling from a different perspective … instead of speaking to someone who could only listen and give advice. Drawing allowed me to see my feeling physically … I felt you were just trying to understand.

Jackie was intent on working out her problems for herself and emphasised being comfortable doing this. In both examples, the flexibility of the art therapist, although implied, is immensely important to each of these two young people.

Miranda also needed flexibility. She had problems with her peer group and this was impacting on her school attendance. Miranda’s mother referred her to the school counsellor (art therapist), and Miranda would seek out support as and when she needed it. Miranda saw the art therapist as someone who helps people going through tough situations within the school. She helps students feel better about coming to school … She elaborated by commenting: Whenever I have issues going on … and I can’t really talk to anyone about it, I usually go and see her [the art therapist], just to let it out and feel a little better and just see what she thinks and … she’ll give me strategies. Miranda engaged in both creating artwork and in vocalising her problems during art therapy. Each of the young people interviewed for this investigation took what they needed from the art therapists in terms of emotional support. Fiona insisted on talking instead of creating art. The others would rather create art, while most of them engaged in both activities. The student’s willingness to engage depends on the flexible, open stance of the art therapist and this appears to be the most important consideration. By interpreting the evidence from these young people in this way, engaging in art therapy does contribute feelings of openness and reciprocity towards
the art therapist. Openness and reciprocity then helps to reinforce personal learning, not least by validating the young person’s feelings and through creating positive conditions for self-acceptance. By these means, positive identity development is facilitated.

**The Empowerment Factor**

Art therapy can contribute towards a sense of empowerment for young people by providing them with strategies for coping. Tess told the researcher that images significant to her and which she had previously created during art therapy sessions were displayed on her wall at home as permanent reminders of her goals. During art therapy she had created an image of a bridge as a metaphor for her life:

*I can always look back on them … being able to draw them and having them to look back on. If I get upset, I can always look at them and … if I feel like I’m going backwards, I can look at my bridge and be … no, this is the way I’m going, that’s where I need to go.*

As a result of her art therapy experience, Tess has developed a reflective and personal way to empower herself. Her artwork provided a way in which she could express her emotions visually. As a result, they held significant meaning for her and “modes of knowing” (Lett, 1993, p. 14) providing an alternative way to access her experience. Essential aspects of the experiential process of engaging in art therapy are self-reflection and “intentional looking” (Morrish, 1993, p. 175). Tess could attribute personal meaning to her symbolism. In this way, she has learnt agency and capacity to self-direct her life. This provides a deeply empowering experience.

Rosie voiced the importance of the art therapist’s positive regard for Rosie and affirmation towards her. The positive relationship she now enjoyed with the art therapist, combined with engaging in creative art activities was also empowering for Rosie. She said that the art therapist:

*…just sort of went with the flow and didn’t try and put words in my mouth or say, ‘you can’t do this or you can’t do that because you have depression’ or whatever … .when I did artwork [during the art therapy sessions] … I was doing something about me … I felt good about drawing and I could understand what I was saying, even though it was in picture form … you can just be yourself.*

Rosie felt good when she created her images because she was given the freedom to be herself and accepted it. She was not being defined or limited by her problems and this was vital for her. The importance of being accepted for who they are helps young people to feel
Averil explained that doing art therapy was good because it helped me express myself … if I couldn’t say something, I could just draw and it just helped me … it was relaxing … it helped me express what I was feeling. Ciara endorsed this view by commenting that art therapy was different to anything I had thought counselling was about. It’s good because sometimes you just can’t express what you need to say in words; but it’s good just being able to visualise things and take it in that way. Engaging in creating art is proactive. Raskin and Rogers (2005) considered experiencing the process of therapy to be significant in therapeutic outcomes. At some point, the young people have made a choice to engage in making art. In the context of this investigation, the young people gained benefit from art therapy directly they chose to engage in its experiential processes. This taps into their inherent creative impulses without the limitations or interpretations of language.

Averil and Ciara believed that creating art was also a form of self-nurturing and self-care. During her interview, Averil spent several minutes looking at her old artwork. She commented on the seven images she had created previously and remarked on the changes that had taken place in her life: There’ve been a lot of changes. She selected one particular image she preferred and which she had titled, ‘It’s Only a Matter of Time’. Averil spent a long time looking at this image before talking further about it. She explained: That’s from one of my last sessions: that is what I’m still like today. This young person had recognised that, although she had changed, there were parts of her identity that had not. While reflecting on her image, Averil could recognise and identify with her enduring qualities. According to Lett (1993, pp. 51-16), “This self-in-experience is a truly phenomenological motif: the artistic objectification of aspects of the self allows the inner self to be experienced more fully, more substantially through these forms of representation”.

Concluding Remarks

The emergence of an integrated identity is one of many key tasks of adolescence, as young people make the transition towards adulthood (Burton et al., 2009; Erikson, 1968; Riley, 2001). As Erikson (1980) showed, identity also develops within a social context and maturation is a complex process involving cultural shifts and changing familial patterns. The findings in this chapter show that art therapy gave the young participants an effective way to channel their strong emotions into personal art expressions reflecting their individual social and emotional struggles. The freedom of creating art was an empowering feature that enabled them to further identify and verbalise their feelings when they chose to
do so. They recognised how art therapy helped them to emotionally grow and consolidate a sense of who they thought they were in spite of stigma and labels being significant barriers. For the nine young people who were prepared to discuss their artworks, each was able to articulate their own personal growth and identity through the meaningful relationship they had created by means of the finished product. These artworks held deep and enduring significance for each of the young interviewees as representations of their past subjective experiences.

Art therapy can assist towards the development of an integrated identity. Individual art expression is complex and cannot be simplified, but one way the young people used artwork was as a means of finding their own identity through being given the freedom of expressing themselves non-verbally. That process fostered autonomy and resilience as each held the power of the personal significance of the artwork, which was not constrained by the value-laden language. Art therapists facilitate this process by expanding opportunities to explore their values and beliefs through the experiential and creative process. Art therapists do this in a variety of ways and while they consolidate young people’s identity, they also affirm their own professional identity directly through art therapy. Chapter 9 thus examines identity from the perspective of the art therapists.
CHAPTER 9

The Art Therapists’ Perspective on Identity

This chapter addresses the issue of identity from the perspective of the professional art therapists in order to show how they utilise the therapist–client relationship and the creative process to effect therapeutic growth in their clients. As a minority voice in the arena of mental health, the art therapists recognised and understood what it was like to be an outsider. Not all the art therapists interviewed worked with adolescents and, as a result, there was less data that dealt directly with the developmental identity concerns of the young people they saw in the course of their work. Overwhelmingly, however, each of the art therapists was deeply concerned with professional identity, and this preoccupation was in relation to how they saw themselves, how others regarded them and, particularly, how this impacted on their clients. This investigation revealed two major themes: the way art therapists privilege the creative process as a way of validating their clients with a view to bringing about therapeutic change, and how these are related to broader concerns with professional identity.

Encouraging Self-Reflection Through Art

Each of the art therapists reported seeking to encourage their young clients to explore and learn about themselves and their feelings in a variety of ways through imagery. One popular approach used by four of the art therapists interviewed was to encourage self-reflection by creating and using visual journals. Patricia, Toni and Christine spoke most about this approach.

Patricia worked with young people who have been medically diagnosed as having a mental illness. She was mature and highly experienced as an actor and creative writer. In the past, she had worked in corrective services with offenders; she had also worked across the age range and had also worked for Headspace, an organisation specifically for young people. At the time of Patricia’s interview she was working part-time in a psychiatric hospital facilitating art therapy groups. Patricia reported at length on her use of an approach whereby her young clients are assisted to create their own visual journals for use during and after art therapy sessions. She explained:
Journaling is good as it can give them [the young people] a process they can continue themselves outside of our sessions. It is a process where they journal by writing and then create artwork in connection with their writing. Or the artwork can come first, followed by the writing.

She further explained:

*I suppose you could say it’s an extended version of a personal diary which a lot of young people often have for themselves during their growing up years...The art journaling gives the young people a way to build their ability to unpack and develop insight. It can also give them something to engage in when they are really struggling with unmanageable level of anxiety and depression.*

She added:

*The other aspect is that they can do it [create artwork in their journals] together with their friends … and then share with each other… I do think it can help them to work through their issues and to discover their personal strengths.*

Similarly, another of the art therapists, Toni was employed in a high school, specifically as a behaviour consultant. Her speciality was bookbinding. She also helped her young clients to create hard-backed journals for personal use to record their experiences. She explained why encouraging the use of journals appeared to be beneficial:

*They [the young people] can express on the pages whatever is going on for them [in their lives]. Once they’ve gone through that process, they can shut the book and the next time they open it, it’s a fresh page. So, it’s a new day, a fresh beginning and yet it’s all there, contained. It shows their journey across time.*

*I work in a client-centred way. They all start with a pile of paper and by the end of three to four hours they all have hand bound hard-backed fabric journals. I take them through that process and …whatever insecurities or personality issues or conflicts within members of the group have already, they are easily seen in that first session … I set them all up positively in that three to four hour block.*

The process of creating art therapy journals was one way in which young people could privately express themselves in written or artistic forms. The creative outlet provided by journaling helped young people to clarify their deepest thoughts and feelings. Journals
helped in managing stress and problem-solving issues, and as a regular activity, assisted the young people to identify their own patterns of behaviour. Journals also raised self-awareness of their innermost feelings. In effect, journals were an empowering tool that creatively captured a young person’s way of being at any particular moment. They could be reflected on later to help inner change and provided a way to further self-learning. The capacity for self-reflection through the use of personal journals meant that the young people impelled the change process.

Christine, a highly experienced art therapist who worked with children in a community not-for-profit organisation, explained why a creative activity such as creating a personal visual journal was helpful:

*It [the journal making] is the combination … of the experiential process of making it … and then having something to show for it as well. Everything is pre-bought or manufactured. We live in a very consumerist world in which a lot of kids watch too much TV and spend too much time on computers but not on practical constructive skills.*

She further explained her interpretation of the art therapy experiential process: *It [art therapy] provides another avenue for connection [between the art therapist and the client] … especially when people are stuck for how to talk about things.*

Christine identified two important aspects of art therapy. She identified that creative expression could enable human emotional connection when words fail. She also identified that a creative connection with others could validate one’s existence providing, in a concrete way, a sense of ourselves. Implicit in her comment was the notion of the art therapist trying to enter the phenomenological world of the client directly through connecting with art. According to Spinelli (1994), the specialness of the therapeutic relationship lies in the exploration of the points of contact between the therapist and client in the relational realm.

Adaptation is always essential to healthy personal development (Erikson, 1980; Kravits, 2008b). Vance and Wahlin (2008) asserted that the conscious act of recollection within a positive therapeutic environment has the ability to modify memory as well as enhancing agency and a sense of self. By encouraging young people to express themselves through the medium of creating art, the art therapists subverted language by directly accessing the sub-conscious, thereby providing clients with an alternative route for communicating with themselves and with others.
Experiencing Art for Identity Development

During their interviews, all the professional art therapists explained how they worked with their young clients. Each described how they deliberately attempted to create an emotionally safe environment. They achieved this by encouraging the young people to explore the art media provided in order to develop their unique visual and metaphoric language. In this way, the young people were encouraged to explore and make sense of their inner feelings and life experiences. The creative process helped the young people to develop a sense of self, helping to validate their unique identities.

Patricia created the response image in Figure 9 after her interview with the researcher. She detailed the ways in which she encouraged change, autonomy and growth in her clients to develop positive self-identity.

![Figure 9. Patricia's image. Water-based oil pastels on A3 paper.](image)

Patricia explained her image (in Figure 9) in this way:

[The image shows] the process of allowing ‘things’ to flow one to the other … You have to be very open to go with the flow and, at the same time, contain them [the young people] and allow them to feel safe and give them a place to explore … it’s very important to work with their potentials because they are pandered to in some ways on a certain level with their mental health. People are frightened to challenge them [the young people] and so it is a very critical balance … not trying to be too controlling but allowing things to evolve.
... it is balancing many things all at the same time. I was using a lot of skills from my background as a performer ... the same with the artwork. I tried to give them the opportunity to expand themselves artistically ... it wasn’t a dumbing down, but we still had to be very sensitive to the fact that they had mental health issues ... it was a case of balancing.

Patricia’s young clients were working towards an exhibition of their artwork. In this context, she related to them as an artist rather than as a therapist. Her way of relating to them gave the young people an opportunity to see themselves differently. Patricia’s expectations of the young clients as fellow artists helped to de-label them as being mentally ill and was, therefore, potentially empowering. The researcher found Patricia’s image professionally significant. The five interlinked circles symbolically representing Patricia and her clients reflected a lack of hierarchy between herself and the young people. Both Patricia’s image and her words reflected unconditional positive regard in action, even though there were challenges in attempting to find a balance in her relationship with them. Her way of relating to the young people was through the artwork and the commonality of art rather than by pathologising them. Both young people and adults with diagnosed mental illness are often viewed in a negative way by society. Mental illness is often isolating because many individuals are unable to operate within general codes of society, which according to McDonald (2008) contributes towards increasing society’s prejudices.

Patricia’s image and her comments on it, suggested she has facilitated an interactive, reciprocal process with her young clients. This emerged from the young people sensing her respect for them as inherently creative and worthwhile individuals with something to offer. In her group work with the young people, Patricia explained how she prepared and encouraged her young clients towards the opening of a public exhibition by means of rap music and art:

*I wanted to let the young people feel comfortable with the rap singing and paste-up art before introducing the idea of the exhibition. I was concerned that, to put pressure on them would possibly exacerbate their mental illness. I slowly introduced the idea of the exhibition ... and that their artworks could be included ... I also gradually introduced the idea that they could record their rap songs on a CD. The young people could perform their songs at the exhibition opening ... I prepared them for my expectations of them as artists who were capable of exhibiting their work.*
By looking beyond the limitations of their diagnosis, Patricia used her training, her artistic knowledge as well as her performance skills as a way of delicately balancing how she related to her young clients. She scaffolded different goals as she worked with them. There was congruence and authenticity in her interaction and how she understood the young people as capable, fellow artists. Her sensitivity was evidenced by her awareness of the way she balanced her relationship with them in order to create a particular way of being towards them. Similarly, Toni commented on how she used art to explore and problem-solve: *I often use art as a way of depicting what the problems were and what the possible solutions could be.* John was another art therapist who worked in a high school as a behaviour support teacher. His approach was client-centred and he argued that creating art offered the opportunity to be in control: *they will get the insights, I don’t need to judge them or direct them or anything like that, especially with youth.*

Each of the art therapists flexibly exploited their artistic knowledge and skills in order to meet the young people’s individual needs. Often, this would mean they would also engage with each student in joint art making during their art therapy sessions. An example of this was to be found in Toni’s story. She explained that one of her high school students had challenged her to create her own artwork as well in the interests of equity:

*The student said, “If I’ve got to do this, you’ve got to do this too’. So we would always be working on artwork together … We both did the bridge drawing [an art therapy directive] and we put where we thought we were on the journey. It was in one of our last sessions that he turned around, crossed his arms and said, “Okay, well now that you’ve asked me about my journey across the bridge and what it all this means, so what I’d like you to tell me is where are you on the bridge and what does all this mean to you?”*

Toni’s openness, authenticity and positive regard towards her student gave him an important implicit message that she valued and respected him, and took him seriously. By these means, Toni deliberately fostered the creative capacity that she saw in her young client. She explained that her effectiveness was in *giving him that space and also a place of knowledge, a place of power, to engage him and allow him to work with me as well, I think was really empowering for him.* Toni’s flexibility and her way of relating to her client encouraged him to engage in the creative process. The fostering of his own inherent creativity gave the student an opportunity to ‘re-construct’ himself, thereby facilitating adaptation as well as the possibility of developing a more positive self-identity. According to Howarth (2002, p. 157) “just as a child learns to differentiate between different
geometric shapes by trying to post them through differently shaped holes, we can picture individuals trying to find an appropriate social niche for themselves”. Toni was able to facilitate a more appropriate social niche than the label of bully and troublemaker, which the school had previously given the young person. She achieved this by using both the relationship she had built with him and with the conduit of art.

The relationship established by Toni with the student was developed by means of the art and it helped to empower the young person by giving him a more positive belief in himself. She explained that the student’s perception about himself, his life and everything about him changed. The consequence of this change in self-perception rippled out into more positive relationships by the student outside the therapeutic one, thereby providing him with valuable life skills. Toni recalled that this young student’s parents contacted her and said: Doing art therapy was a godsend, they’ve got their boy back … He’s happy to go to school and is getting into a work program. He really wanted to become a plumber. As it can be seen from this evidence, greater positive relational supports and connections within a young person’s immediate environment can contribute towards positive identity, growing autonomy, resilience and improved coping (see for example, Hoyt et al., 2012; Hudson & Pulla, 2013; Kelly, 2013b). Toni’s approach with her young high school students was empathic, relational, individualised and wholly centred on each young person’s needs and, importantly, this was communicated through art.

**Encouraging Empowerment Through Art**

Each of the art therapists interviewed by the researcher comprehensively understood the need of their young people to feel empowered. The art therapists deliberately reduced the power differential that exists between the therapist and client by encouraging engagement with art making in order to build a sense of empowerment in their young clients. In addition, the art therapists gained a deep satisfaction and professional validation of themselves by engaging with young people in this way.

The art therapists were all well aware of the need at all times to foster a particular quality of relationship capable of empowering their clients. James worked with high school students. His official role at school was a teacher and yet he saw himself as a therapist in the school in which he worked. He observed: the students never saw me as a teacher. His view on empowerment was: It’s all about empowering and not controlling. If you allow them [the young people] to guide the process, then you are empowering them … I gave
them a different experience than they would have had in a classroom. His said he saw his role as one of unobtrusive support. James explained that art therapists needed to: Allow the process to flow and be embraced by the client. They will get the insights, I don’t need to judge or direct them ... especially with young people. James summed up his view of how art therapy empowered young people by saying: I think what they [the young people] want out of a therapeutic relationship is self-acceptance and validation. They're getting that from the art therapist but they’re also getting it from their own artwork. James reiterated that the experiential process in art therapy helped to validate individuals: As we actually make art [by the actual process of creating visual art], we are moving our bodies; we are responding to the materials and getting that sensory feedback. By doing so, young people in art therapy sessions received validation of who they are. James continued to assert that such validation was empowering.

During their individual interviews, each of the art therapists dealt with the importance of the experiential process in art therapy as a way to empower their clients. Mary created the response image in Figure 10. She was originally an art teacher, and is an experienced art therapist working with young people whose parents have a mental illness. Figure 10 depicts the art therapy experiential process as she perceived it as a fundamental element of empowerment. Her image depicted the triangular relationship of the client as a blue colour, the art as a gold colour and the therapist as a red colour.

Figure 10. Mary’s image. Water-based oil pastel on A3 paper.
In Mary’s own words:

*The blue circle is the client. The artwork, is the gold … the magic. The art therapist is the red. The art therapist helps to make the triangular relationship. There is another triangle where they all interact. Then there is the media … you’ve got to have good [quality] and knowledge of the media. Where they interact is where there is a murky colour; that’s about the ‘tricky bits’. You need a [theoretical] framework to help deal with the tricky bits, depending on what they are. You use different ways of working with different people … It can be hard work. The water they are floating in [as depicted above in a bowl] is a kind of unconscious floating memory … the bowl is the container … the holding environment is the framework. Without this, everything would spill out and you would end up in a terrible mess.*

In creating the image above, Mary used the basis of her psychoanalytic background in arguing the case that training and theoretical framework are necessary in order provide an optimum, therapeutic and empowering experience. By these means, including her understanding and managing of the murky colour and the tricky bits, reciprocity is encouraged between the client, the therapist and the artwork. In this creative image, Mary has shown that each relationship is unique; each individual brings something different to it every time. In the art therapy relationship, it is vital to have all three elements of client, therapist and artwork within a particular setting. The emerging reciprocity and interaction between these three relationships within the setting opens the door to the possibility of personal change and empowerment.

Art therapist Janine, commented in a similar vein and was emphatic about the importance of individualising art therapy to the needs of each young person: *I don’t think you can manualise this work [art therapy] … It is very much about the relationship that is created and very much what you see before you and about experiencing it at that moment in time.* Her words reflect a clear understanding of the uniqueness of each of the young people she works with and the need for reciprocity as way to empower young people. These views represent a deeply humanistic perspective on an individual’s value as a person and show the importance of experiencing the present moment exemplifying C. Rogers’s (1980) humanistic perspective.
The Importance of Identity for the Art Therapist

As reported earlier in Chapters 1 and 2, there are constraints on art therapists in Australia that impact on their recognition and, therefore, on their identity (Kelly, 2013a). Each of the art therapists made strong claims about the importance of their professional identity as perceived by their community. They also held dear the knowledge that their professional identity as art therapists significantly influenced their interactions with their young clients. All the art therapists reported that they also felt that they gained personal and professional satisfaction from the satisfying relationships they build with young people. An example of this can be found in the post-interview response artwork created by art therapist Joan who worked with children with developmental concerns (shown in Figure 11).

Figure 11. Joan’s image. Mixed media on A3 paper. No title.

Joan explained her image in the following way:

We forget to look at the strength and fantastic abilities and beauty within these children. If we can look at them and let them see that, I think we can help them on that squiggly road to achieve … I know it’s not a straight journey and not something that will change overnight, but I have hopes for them … I like to think that I make a positive impact on these kids and their families … We need to see that beauty because it is there.
Joan has an inherently optimistic perspective of her young clients’ individual potentials. Her image showed flowing lines symbolically reflecting the dynamism and flexibility in how she related to her young clients. Rubin (2001) argued that flexibility in how art therapists’ work is necessary both pragmatically and in order to ultimately meet the needs of the client. Joan understood this, and her capacity to meet her clients’ needs was professionally satisfying and reinforced her identity as an art therapist.

Of the art therapists interviewed, three considered themselves unsupported by their employers. These art therapists made noticeably stronger claims than the others who were supported in their workplace, about the personal satisfaction they gained through their work, irrespective of their employers’ attitudes. Toni, who was one of three unsupported therapist worked as teacher but identified as an art therapist. She provided the following comments on her professional identity predicament:

*I try to fit in with the [education] system but I don’t always. I stand out as a result of my thinking and how I do things. I stand with my feet in two boats: one in education and one in art therapy and mental health. There are many similarities between them but also many differences in what we [education and art therapy] try to achieve. Many school staff members view students as time limited problems [however long they have at school], rather than seeing that they have a chance to improve the student’s entire life. I prefer the latter and this is what I try to do in my work.*

Toni identified as an art therapist and within the education system was an outsider in the way her practice differed from teaching. She indicated the importance of art therapists having an unconditional positive regard towards young clients. The unsupported art therapists in this investigation reported gaining both personal and professional satisfaction by knowing they had made a difference to their young clients’ lives in spite of an institutional lack of collegial and professional validation and recognition. They understood that, in being outsiders, they could align themselves with disaffected young people who also felt they were outsiders.

The response art created by the art therapists revealed its capacity to deepen their insights into their professional practice, and thus, was a valuable dimension that added to the investigation. Theresa, who worked with victims of domestic violence, illustrated another example of deepening insight in her comments. She articulated her growing reluctance to work with children, in her response imagery.
In Theresa’s words:

_Since having a child I haven’t really wanted to do the therapy work with the children… because of the level of containing that needs to take place for these children… and tomorrow you find out that they’ve moved and that all this work of setting up, getting commitment… is just gone. It is actually very exhausting emotionally to contain and assist these kids._

She further explained that the circles in her image showed her supervisory role:

_This is the child and this is the therapist holding the child in art therapy, and then this is my role to co-ordinate[the eye] and hold the therapist to hold the child, and then this is the organisation that holds me, to hold the therapist, to hold the child._

Theresa then disclosed:

_But actually I do like this distance from it [therapeutic work], because I get a perspective into the situation. Once you’re in it, you’re just following this path, you don’t get that reflection and you expect the session to go in a certain way and then it doesn’t. The practice of letting go of what those expectations are, that’s OK, but I was starting to feel towards the end “Oh Johnny didn’t turn up today oh, thank God” you know I was starting to feel a bit of relief because the work is actually so challenging._
In this instance, the response art gave an opportunity for Theresa to reveal to the researcher, an awareness of the ambivalence she felt about her work, which had not previously been articulated during her interview. The opportunity to create also enabled a space to reflect upon her feelings about her practice, since having a child of her own.

Without exception, each of the art therapists interviewed considered the importance of the creative process, as well as ongoing personal creative practice, to be an integral and fundamental skillset of their professional specialism. James commented that ... *when I make art I have a relationship with the materials*, implying that art therapists need to have an intimate knowledge of media used in art therapy. James said:

... *it's a visual language but ... also a kinaesthetic language as well ... when we make art, we are moving our bodies ... responding to the materials ... getting that sensory feedback ... I think if you were not an art therapist you would not understand that ... you would not validate that and ... you wouldn’t be authentic with the art therapy process including using art materials ... that is why it is important as an art therapist to engage in the art making process.*

James argued that the ongoing creative practice and the belief in the creative process inherent in themselves and others, combined with the knowledge of media, were fundamental elements of his professional practice. Consequently, professional identity and personal identity were intimately and intrinsically interconnected. James’ image described the balance he needed to be aware of when working in schools.

![Image](image.png)

*Figure 13. James’ Image. Mixed media on A3 paper. No title.*
James commented that his image:

*Was about balance. I find that I need balance. It was about the art and the art making and being free, the light, the air, bubbles, floating up. Needing that to survive but also being confined and constrained by my work and trying to balance those two. Yes. It’s like me as an art therapist… I can’t be an art therapist in a school. I have to work as a teacher, which is a different role again as an art therapist. So but I would love to be on this side [left] but I think I’m more leaning on this [right] side.*

James has since left education, taking further training in social work and works officially as a social worker in a Department of Child Safety.

Deirdre too, explained the importance to her, of her creative life, in her response image created after her interview. She depicted herself as an art therapist in the image in Figure 14.

![Figure 14. Deirdre’s image. Water-based oil pastel on A3 paper.](image)

*The picture started out being how art therapy had changed my art, but it is probably about how art therapy has changed me. So, it is an expansion of me as a person, as an art therapist and an artist.*

The integral and fundamental importance of creative practice to Deirdre both as a person and as an artist was the personal authenticity she brought to her professional life as a
It was this personally life-enhancing quality that connects with clients and they know this, both consciously and at a deeper, subconscious and tacit level.

Christine, who had trained in the United Kingdom, viewed her professional identity as distinctly Australian. She described in her response art, the freedom of being an art therapist in Australia.

Figure 15. Christine’s image. Mixed media on A3 paper. No title.

I started off with two pieces of paper and I’ve woven them across each other. There’s a blue piece with writing on and there’s a plain yellow on which I’ve put different colours. I was thinking about when we were talking about the two different traditions in Australia and Britain, but also the tension between talking and art. I’ve woven those all in together… I was deliberately choosing colours that were Australian colours to me; the earthy, ochrey colours and the beautiful blue sky. Whereas the blue where the text is, that’s England. The writing could represent the orthodoxy of what is already there. Going the other way, the Australian way… the openness of the space to do new things. The flexibility to have your own ideas and not be constrained by the orthodoxy of tradition approach or whatever it is that you’ve been taught, which I have appreciated… it’s partly that feeling of possibility.

She further commented on the process of creating her image:
It’s nice to do something contained and looking like it’s all organised and fits together. It’s actually nothing like life. Real life is messy, disorganised, annoying, frustrating and great in parts... It’s more a responding to the conversation that we had. The dichotomy.

Christine’s acknowledgment of the need to adapt and be flexible because life is complex, has revealed an openness of mind and a willingness to incorporate and try new ways of working; a sign itself of being creative.

Concluding Remarks

Art therapists who work with young people facilitate the development of identity in them by encouraging the exploration of innermost thoughts, feelings and experiences. In art therapy this is obtained by creating a particular therapeutic relationship in which art plays an integral and vital role. The creative experiential process that is encouraged during art therapy fosters in young people, the development of their own visual and metaphoric language as a unique aspect of themselves. By means of this process and, with the help of the art therapist, young people are validated as they explore and find their own meaning to their experiences directly as an extension of creative art expressions. The artwork authenticates and empowers them. The unconditional empathic manner of the art therapist supports them during this process of self-discovery. Importantly, by engaging in creating art, alternative forms of communication offer expanded opportunities for young people to enable the exploration of personal values and beliefs. In this way, the art therapists helped to develop and consolidate the young people’s identity through creative, experiential processes rather than through verbal interactions. The creative, experiential process that they encouraged necessarily involved tacit communication skills. Chapter 10 explores this tacit dimension found to be a significant emergent theme arising from the investigation.

Although professional identity and recognition were significant concerns for all the art therapists interviewed, each one gained immense personal and professional satisfaction in developing creative potential in their young clients as a means for change and growth. But for those beleaguered art therapists, two of whom worked in high schools, the lack of professional recognition seriously undermined their professional identity and thus impacted on their work with young people. The following chapter concern the tacit communication processes between the young people and the art therapists that take place during the therapeutic encounter.
CHAPTER 10

The Tacit Dimension

This chapter explains how tacit communication between the art therapist and young person fosters and enhances the quality of the therapeutic experience. Tacit communication was examined through qualities of empathy and intuition. Tacit communication was also examined through the exploration and understanding of silence as an essential component within art therapy. Finally, the therapeutic space in art therapy is examined as an emergent theme revealed from this investigation. Tacit communication, by its very nature is inexplicable to adequately articulate. Nevertheless, implicit messages communicated tacitly were received, interpreted and understood by both the art therapists and the young people. The chapter attempts to draw out these emergent themes from the perspective of the young people with supporting documentation from the art therapists who are responsible for the quality of the relationship.

Empathic Connection Through Art

The young people acutely sensed the quality of empathy in the art therapists, but their capacity to explain how they sensed its presence was more limited than the art therapists’ explanations. One young person, Ciara exemplified how young people feel when they tacitly sense they can trust the art therapist:

*I didn’t feel I was talking to a complete cold and impersonal human being. There was a sense of humanity and empathy that surrounded the atmosphere, so it was inviting and I felt comfortable.*

Ciara clearly felt a sense of caring as she mentions an *atmosphere*. She subconsciously assessed the art therapist’s level of empathy by connecting with her own feelings and senses. Ciara used words such as *felt, feel,* and *sense* that indicated she was receiving tacit cues to help her decide how she would ‘be’ towards the art therapist. The cues she perceived from the art therapist were congruent with her own feelings, and so she understood that the art therapist was offering her empathy. Ciara’s words imply that in order for the relationship to develop attunement as congruence or mutual understanding needs to be present. The presence of empathy, of being compassionate, caring and able to listen and communicate, requires a particular way of being that young people feel as
necessary for them to engage, build trust and to be prepared to continue the relationship. If the young person senses the therapist exhibits these qualities, they feel accepted and validated and, consequently, more open towards the art therapist.

Fiona expressed a similar sentiment by confiding that: *I knew just by the way you spoke that I could tell you weren’t going to go off telling other people. It was genuine.*

Fiona’s awareness of the subtle messages being conveyed, such as tone of voice, communicated to her that she could place her trust in the art therapist. By way of yet another example, Alid explained that experiencing art therapy enabled him to *connect with somebody*. Alid is referring to emotional bond with the art therapist. Human emotional connection links him back into a world he had been dislocated from as a result of his trauma. Rogers explained tacit understanding as the ability “To sense the client’s private world as if it were your own, but without ever losing the ‘as if’ quality – this is empathy, and this seems essential to therapy” (C. Rogers, 2007, p. 243). He further noted that the ability to understand the emotions of another is an essential skill in life and a vital component to successful outcomes in therapy. As Alid explained, emotional connection with his art therapist was conveyed through art.

Another young person, Rosie was clearly able to detect empathic communication through the experiential process of creating art. She described what she meant: *I liked the feel of art therapy; it was just easier … you [the art therapist] took everything on board and understood. Then you were able to say things back that made a lot of sense to me on how I felt.* When asked by the researcher during her interviews, whether she was aware of empathic signals at the time she had engaged in art therapy, she answered: *Probably not, because I was so caught up with my own issues and how I felt … but when I look back at it, I think I can definitely feel it [empathy].*

The capacity for young people to detect implicit cues, even when they were distressed, reflects a subtle form of important emotional learning that can foster social inclusion and, according to Durlack, Weissberg, Dymnicki, Taylor and Schellinger (2011) and Karkou and Glasman (2004), should be a priority in schools. Emotional learning develops through positive attachment with significant others. Emotional learning often occurs via tacit communication, which assists brain development (Shore, 2001).

Empathy can be conveyed in many ways, which in art therapy can be through creating art itself. Universally, the art therapists reflected a strong empathic stance towards their young
clients. They described empathy as a felt sense, which, according to Gendlin (2003) reflects an implicit awareness of being in the world and an individual’s ‘knowing’. They reflected empathy in their response artwork they created as part of their interview. An example of this can be seen in Toni’s image in Figure 16.

![Toni’s image. Oil pastel on A3 paper.](image)

Toni, an art therapist, described her image:

_The blue shape is the client. As you can see, the client and the therapists are touching and that’s the therapeutic encounter. So, we meet in the middle. That’s where the work happens … that’s where the true magic happens with the therapist willing to assist the client in the journey._

Toni’s explanation of her response art enabled her to develop insight into her professional practice.

The art therapists interviewed in this investigation also intentionally used the conduit of art as a way of exhibiting empathy towards their young clients. A typical example of an empathic stance in action was seen from the perspective of Janine. Janine was a qualified
and experienced art therapist who worked in a high school with refugee students. She commented that during art therapy, she was:

*Totally engaged in trying to feel what is actually going on in the room, by observing the body, the eyes, the pupils, listening to the voice, listening to my own inner sense of what this child is actually trying to do here … it’s about experiencing it at that moment in time.*

Janine described an embodied perception in which visual sensitivity towards what the student was *doing* in art therapy, rather than what was being *said* was at the forefront of her concerns. She referred to the need to have heightened awareness and to be ready to anticipate her client’s needs, and to be ready to adjust her responses. Janine appears to suggest that attuning to her client’s needs in art therapy is holistic, encompassing and fully experienced in the present moment. She suggested that observation of and being attuned towards her students was as important as being highly self-aware of her own inner feelings. She described empathy and linked it to felt senses. Similarly, Amanda commented:

*I believe being able to be attuned to your client, and to teach them to be attuned in the relationship is far more important than to excel at certain art techniques. It is the basis of the therapeutic, healing relationship.*

For these art therapists, mindful awareness required the need to be focused on the other, while at the same time being self-aware and operating with an open, non-judgemental attitude. Siegal (2007, 2010) related mindfulness to intrapersonal attunement as distinct from empathy, which he considered is related to interpersonal attunement. McNiff (2004, p. 57) though, associated mindfulness with “aesthetic contemplation” which he likened to meditation. In this sense, the experience metaphorically corresponds to the pre-verbal and tacit communication that occurs between the mother and infant during early attachment.

Although art therapy involves creating art, according to McNiff (2004, p. 57), it is also intrinsically about “deeply looking” as it is about the active, creative process. The process of looking, then, also involves heightened mindful awareness in the present moment. Amanda, who worked with young people in care, poignantly described her typical approach of engagement in art therapy with her young clients:

*I often start with a storybook with a certain theme. Then I suggest an artwork around that theme and it really helps with children to process their own story. They can do that in the third person. Sometimes they make up a story about a friend but they’re really telling their own story. Some are able to say, “You know, that happened to me.”*
Amanda tacitly understood and sensed the child’s need both to simultaneously express and to protect himself or herself. Imaginative stories and artwork was her way of attuning into a particular way of relating to her client. Amanda’s awareness and flexibility showed her value and respect of imaginative, creative storytelling as an effective and valuable means of communicating and signifying experiences. In this way she affirmed Jung’s (1961) belief that in engaging in active imagination is a way of self-regulating the psyche.

Clara, another art therapist and trained school counsellor, who worked in primary schools, created an image (Figure 17) after her interview. Her image was a response to how she perceived the art therapy experiential process generally, and how the art therapist’s empathic ‘way of being’ included a sensitised awareness that is both intrapersonal and interpersonal.

![Figure 17. Clara’s image. Mixed media on A3 paper. Title: Stages of Memory.](image)

Clara described her image:

As I started, these words [on the paper] really caught my attention at the start and I knew I needed to use those somehow. Memories are something we all have, and whether they are long term or short term, they are important ingredients in any interaction. Counselling and
therapy draws on a lot of that, either overtly or covertly. Drawing on those memories which could be experience or events, seems to be crucial. It [art therapy] is just … like steps through a process really … little bursts of enlightenment or little awarenesses as you go through. Beginning and starting with memory, it just cycles through … I chose gold because that’s what you’re looking for I think, in sessions, is the gold really. Trying to find that in the person, or finding ways for them to find it in themselves … that part in themselves that they can value and others can value … I played around with it [the image]. It [art therapy] is a precarious thing and it’s a bit elusive.

Clara intentionally searched for ways to emotionally connect with her young clients through the process of creating artwork, by accessing memory, through words and through tacit communication. By this process, she is able to identify the gold or inner strengths of the young person that she believed exists within them. Her image showed the experience of art therapy is layered and her words indicate uncertainty as those layers are revealed. Clara’s explanation indicated that she tacitly senses which way to proceed and to develop the relationship. Her image and description suggest a high degree of emotional intelligence, enabling her to implicitly detect emotional cues from the young person that she can convey back to them in a non-verbal way.

Mary, an experienced art therapist who had previously worked as a teacher, and who, at the time of her interviews, worked with young people whose carers had a mental illness, agreed. As she explained, her strategy is often through the use of movement:

_I also use movement in some of the workshops … Young people, especially teenagers, love to move. I believe art making is part of movement … In terms of being an art therapist and working with them, I do my best to help them express some of their difficulties. I encourage collaborative connections with other young people through creating art pieces, through having fun and by using movement and music as well … some of the works … are almost performance pieces._

Mary implicitly understood the inclusion of movement in art therapy if she sensed it might help young people to express their emotional difficulties. Art therapy integrally involves kinaesthetic and sensory elements and movement can be particularly helpful for individuals who respond to these forms of communication (see for example, Kagin & Lusebrink, 1978; Lusebrink, 1990, 2004; Malchiodi, 2003a).
Patricia also focused her attention on the use of movement when she worked with young people who had been diagnosed with mental health illnesses. Prior to qualifying as an art therapist, Patricia was a performer:

*My background as a performer … certainly went into understanding how much I needed to rehearse … so that they would feel secure when it came to getting up and performing … and in order to give them an optimum opportunity to perform at their best. The same with the artwork, I tried to give them the opportunity to expand themselves artistically … it was a balancing.*

Patricia’s past experience, training and knowledge enabled her to empathically sense the ways in which young people need to express themselves, either through movement, or through creating art. She explained further in an email:

*When I think of my experiences of working as an art therapist with young people, in contrast to the older adult population, in the majority of cases I find that they [young people] have a wider framework of freedom and openness to try out ideas of creativity. Creativity appears to be something they can utilise to explore ideas of their self-belief and identity, which they are in the process of exploring and discovering. Creativity can give them a visual and verbal voice for these emerging aspects of themselves.*

Patricia deeply understood that creative expression is embodied in the senses. She implied that creativity needs to be nurtured. She commented: *When I first encountered the young people, on a creative level, not much was happening; there was minimal attendance…It was a process of involving them in the decision making process. Given the opportunity, young people can effectively engage, express and communicate their innermost thoughts, feelings and experiences — even if they do not know this themselves. Aligned with the views of C. Rogers (1957, p. 95), Patricia needed to create a conducive environment in order to facilitate and draw out the young people’s creativity capacities. By encouraging them to expand themselves creatively, Patricia intimated that she instinctively knew that this would also help young people’s personal development.*

Joan’s experience was similar to Patricia’s although she explained the empathic connection through the experiential creative process in a slightly different way: *The intimacy exists in the sharing and in the quietness, when two people sit together in that space, with the intention of sharing, connection occurs. The resulting attachment is very strong. Both art therapists knew implicitly that the shared intimacy of creating art was able to create an*
emotional connection in which the client and art therapist were able to convey empathic understanding in the intimate space they shared together. The tacit communication interactions of both art therapist and young person reflect a heightened awareness of each other. Directly in this way, empathy was conveyed towards the young person who sensed this and tacitly reciprocated. The intimacy that developed and built strengthened the emotional bond with the young person and this can occur with no words being spoken.

Each of the art therapists interviewed conveyed empathy towards their young clients by being as flexible and responsive as possible. Della showed her responsiveness with her young clients by her openness to being guided by them:

I find myself changing ... constantly when I work with people. When I work with kids, I can't give them any directions ... What I’ll say is, “Okay, let’s have some fun ... and play”. That would be how I would work with the younger kids, especially those under maybe five years old and also with autistic kids. So, you just give them the material and let them just play with it and see what evolves out of it.

Della’s was highly responsive, tacitly sensing how she will be towards the young person. Being non-directive though, creates uncertainty. Her openness, flexibility and heightened sensitivity towards the young person meant that she met the young person’s needs through an alternative form of communication, that is, through art and play.

The body of response imagery created by the researcher also illustrated the importance of attunement and empathy as an essential factor in the quality of the therapeutic relationship. Over 75% of the highly personal imagery created by the researcher throughout the period of investigation was concerned with empathic interaction and concerns about sensitivity in relation to working with young people. A representative image (Figure 18) created by the researcher reflected an ongoing preoccupation with the need to empathise with the young person where bereavement had occurred.
Entry in visual journal dated 16 May 2012:

This image was drawn as a response to a young person in an art therapy session. The young person had recently lost a close family member, who had died. She did not want to talk nor draw … I felt her ‘closed-offness’ and drew this image during the session with her as my response to her grief. The pink round shape symbolises her fragility. The grey enveloping swirl symbolises me as the therapist. As with many of my other images created, there is separateness but also connection between the two shapes. My implicit message to her was that although I do not know your grief, I have known my own, and I feel for you.

The image attempted to capture empathic compassion the art therapist felt towards the young person. The protective curve of the grey swirl and the visual journal comments symbolically conveyed care and compassion towards the young person. The art therapist knew the inadequacy of words to explain strong feelings. The response image intentionally and implicitly communicated the message to the young person that the art therapist empathically understood her experience of loss. Although there were clearly differences between the art therapist and young person in terms of age, experience and events surrounding loss, the image stood as symbolic of a common human connection between each, reflecting the importance of empathy for social bonding.
Intuitive Communication Through the Art

Intuition and empathy are closely linked. Intuition can be seen as a way of knowing that is perceived in a non-linear, non-cognitive way. Often insights occur through their intuition or gut feeling. The young people used their intuition as experienced through their senses to detect how they perceived their relationship with the art therapists. One young person, Jackie, for example, referred to this as *sort of an instinct … you get a feel for them* [the art therapist] … *you get this feeling about someone and they prove themselves in a way.* The young people’s feelings are used to evaluate the art therapist in order to help Jackie decide the trustworthiness of the art therapist. Similarly, Miranda commented: *I always knew it was going to be a positive relationship* [with the art therapist] *because … it was just welcoming.* However, when both were asked to elaborate on these comments, neither Jackie nor Miranda could explain how they knew what they knew. Their inability to explain this tacit knowledge suggested that they were only partially aware of how they were assessing the art therapist. Miranda commented that the room in which the sessions took place was welcoming, and Ciara claimed she felt, *there was a sense of humanity and empathy that surrounded the atmosphere so it was inviting, and I felt comfortable.* Both these young people suggested that being put at ease by the art therapist and the quality of the physical space were important factors in their determination of how they felt towards the art therapist.

During the interviews with the young people, the researcher asked the young people open questions about tacit communication. Although the young people did not understand the word ‘tacit’, which was explained to them (see Appendix B), nevertheless, each in their own way was able to name qualities associated with tacit communication such as empathy and intuition. Their capacity to name these qualities illustrates their sophisticated implicit understanding and capability to detect non-verbal cues. By way of example, Meredith commented:

*It is hard to pinpoint exactly what qualities they [art therapists] should have. I mean of course they have to be a good listener, be understanding etc. – all those classic examples – but I generally feel that a person cannot really be taught … They can learn how to improve, but I feel that it’s much easier to talk to some people than others just because of the way they are born or whatever.*
Meredith believed that some necessary qualities were implicit in people and were inborn rather than learnt. Another young person, Ciara articulated slightly differently other qualities needed and their importance to being an effective therapist:

The warm personality trait would differ from person to person, and everyone has different ideas about what makes them feel comfortable and safe. I felt these things upon my few visits. I didn’t feel I was talking to a complete cold and impersonal human being.

A further description given by Fiona was: I just got that vibe off you. I suppose you kept on reassuring me and this reassurance was such that, subconsciously, I knew I could tell you anything.

At the time the young people were experiencing art therapy, these forms of tacit, interpersonal communication processes were intuitively sensed and served to reassure and direct them. It is worth noting that during their interviews, each of the young people referred to how they verbally interacted with the art therapist. They did not make explicit comment about the expressive, non-verbal interactive communication and did not explicitly discuss the importance of tacit cues connected and involving the art-making process.

The young people consistently sensed in their bodies how the therapeutic relationship was progressing. They mainly described the art therapy relationship through the verbal and non-verbal interactions but, curiously, not about art making. For example, Rosie, who created a large body of artwork stated: I know I can talk to her about anything and she’ll help me through, no matter what. As documented in Chapter 7, Rosie described the importance of creating art to enable her to make sense of her experiences but articulated the importance always within the context of the relationship she had built with the art therapist. So, while the young people have tacitly understood and communicated with the art therapist when engaging in art therapy, describing how this was achieved specifically through means of creating art was extremely difficult for them.

The comments made by the young people strongly suggested they were developing their emotional intelligence by intuiting their assessment of the relationship through their bodily senses. Non-verbal acuity, including the development of emotional intelligence, is learnt implicitly as Goleman (1996, p. 98) and others (see for example, Kaufmann & Beghetto, 2009; Sawyer, 2012) have attested. It is not surprising, therefore, that the young people found articulating their use of tacit communication difficult.
Each of the art therapists valued and used their intuitive senses in order to develop empathy with their young clients in the art therapy encounter. Most of the art therapists were aware of using their intuition and referred to it as a form of sensitivity they relied on heavily. Janine, for example, was emphatic when she said: *I 100% use my intuition.* Theresa, an art therapist who worked with children who have experienced domestic violence, explained that intuition helped her to empathise with her young clients in the following way:

*There was a little girl, who every time she used paint, it was always a bit of a mess and it [the paint] would move from the paint brush to her hands … The paint was somehow really soothing for her … I could feel a sense of melancholy come over her … and then she would say that she was sad … I read that in the way she was responding to the materials … I sensed that it was okay because it helped her to actually ‘be’ with her feelings.*

Theresa felt the significance of the non-verbal cues from the way the little girl manipulated the art materials and her way of being in the session. Her intuitive sensitivity enabled her to gauge the emotional state of the little girl in order to find a way to respond to her. Theresa was sensitively empathised to what the little girl was tacitly communicating and would emotionally adjust her responses to the child while both felt and acknowledged the feelings of sadness.

Amy, an art therapist who also worked with children who have experienced domestic violence, was almost apologetic when referring to her intuition:

*… It’s that sensitivity using … intuition, which is a bit of a bad word in a way. I’m sure we’ve talked about that a lot in our training and … using your gut, but it is informed with reading and learning and continued development. So, sensitivity or awareness or being able to tune in to the situation … being able to be open to everything that happens within the space of the session as part of our work.*

Amy’s words suggested that sensitivity towards tacit forms of communication such as intuitive qualities may or may not be inherent in individuals. By referring to a heightened awareness as sensitivity, she implied that flexibility and openness to the uncertainty of whatever happens in a session was essential. Intuition is informed by training and ongoing personal and professional development as well as awareness of the felt senses, emotional cues and sensitivity.
Yet another art therapist, Amanda, who worked with young people in foster care, was more confident in her use of intuition in her work. She elaborated on how she used intuition in the therapeutic relationship she fosters with the young people she works with:

*Intuition: I have deliberately continued training my intuition with additional training over the past 21 years to assist with my work with people. To me it is an ability to be quiet in my own universe and from that place being able to tune into the other’s universe, hearing/seeing/feeling/experiencing them from a deep level of connection.*

Amanda clearly cherished her capacity for intuition by consciously developing it as a therapist skill that can be improved. Alternatively, Janine described how she could use the artwork intuitively in her interaction with the young person:

*The art is sometimes acting as a bridge to relationship, providing a pleasurable focus while building a feeling of trust; sometimes it acts as a gift which aids in connection; sometimes it is a cathartic action which allows relief; sometimes it is a magic wand which allows the unspoken to emerge safely and be shared.*

The findings in Chapter 7 covering the importance of the therapeutic relationship, demonstrated the capacity of the art to be used in art therapy in many complex ways, at different levels of awareness and for different purposes. This chapter shows that intuition plays an integral role in how it is mindfully used with young clients. It appears that intuition is intimately connected with the totality of the experience that occurred between the art therapist and young person during the encounter. As Janine has described, the process is gentle, subtle and nuanced.

The art therapists, then, all implicitly understood that an individual’s subjective reality could be expressed in many ways other than rationally or verbally. Most importantly, they valued and privileged, as important, these other ways of knowing, expressing and communicating. They all also tacitly understood the need for flexibility and the need to be guided by the young person. They knew that their young clients’ subjective experiences were best often communicated and expressed through meaningful visual and kinaesthetic activities. These activities encouraged empathic responses in the art therapists. Such responses were then just as tacitly communicated back to the young person, who may well have been cognitively unaware of this mirroring, as a form of imitation (see Dissanayake, 2000, p. 35), but nevertheless, they felt or sensed it. As each art therapist and young person engaged in a unique, highly individualised and nuanced encounter, the art therapy
relationship evolved moment by moment as a subjective reciprocal process. Janine crystallised this view:

*I don’t think you can manualise this work. I think it is very much about the relationship and very much about what you see before you and it’s about experiencing it at that moment in time … you have to be tuned right into that person who is with you at the time.*

Janine has commented that because each individual art therapy relationship is unique, art therapy is less open to standardisation than talking therapies. While the presence of empathy is necessary in all successful therapeutic relationships, Janine comments strongly suggest that the experiential process of creating art can greatly contribute towards empathic understanding between the art therapist and young person. She elaborated on this in an email:

*The trained art therapist is hopefully more mindful of different layers of complexity in the space. More aware of the reactions and feelings of the client; more focused on attaching to the other, more aware of the physical, as well as emotional reactions in the room.*

Janine’s comments suggested that the space was more than a literal space. Her use of the word *aware* strongly inferred that she used her felt senses in determining how she related and what she did in response to the tacit messages she received from the young person. One of Janine’s strategies was to write or draw for her refugees during art therapy and she explained:

*If you can have that third arm\(^4\) of being able to draw what they mean or even being able to write things that are unsayable, being able to show it on paper, it just adds another dimension.*

Janine sensed the young client’s difficulty in expressing his issues. She conveyed her empathic understanding of her young client’s feelings by drawing or writing how they might be for him. Franklin (2010) noted that art therapists are attuning to and empathising with their clients when they use the “third hand” technique — by working through the applied use of visual responses to reflect back the client’s communication.

\(^4\) Using a third arm technique is drawing for the client.
Amanda, who worked with young people in care, showed in her response art the importance of developing an empathic connection with her clients. In her image (Figure 19), she depicted how she perceived her interactions.

Figure 19. Amanda’s image. Mixed media on A3 paper.

The triangle at the bottom represents my client … I had a square around the heart. I drew the heart and then there was a square around the triangle because it really felt like the starting point where the client feels quite trapped in their situation … with these big people making decisions for them. The blue and the pink … represent the art therapy process … I thought, how do I connect that client to the process? It is a challenge to get them out of the [emotional] place they’re currently in, into a new adventure or to a new place. I symbolically did that by putting the colours through [the image]. The red things [marks] are the gifts that you unwrap through the process. The client might show some other qualities … you learn so much from your clients. They are like little gifts that you unwrap on the way … I felt it [the image] was too dark and then I added the blue, red, white and pinkish lines that all go out. I realized what I really want to achieve as a therapist is that the client will shine again you know? That they will radiate again how they are meant to. I really felt like brightening up … the triangle with a lot of white. I drew the heart again, red, like it’s beating and alive. Yes, that’s the summary of my work.
The Therapeutic Environment

As Mary explained in Chapter 7, art therapy is a three-way relationship between the client, the art therapist and the art within a physical space or setting. The evidence from this investigation revealed that silence and space were of special significance to both the art therapists and the young people. Although they made different comments upon the silence and therapeutic space, both the young people and the art therapists commented upon the importance of silence and the space.

Silence

Each of the young people was aware of the silences during their engagement in art therapy. In explaining the significance of silence, Alid commented:

*The silence was good because I was so relaxed ... there was quiet and ... then I think someone in the world cares about me, some person who cares about me a lot. Nobody cared about me before.*

Silence was equated with relaxation, peacefulness and care. No one pressured him or asked anything of Alid and for him, so silence was a beneficial element. The inference was that silence helped him to heal.

Silence was also widely recognised by the young people as valuable for other reasons. Tess commented that the silence gave her: *Space to think. When you do artwork ... you ... get into your own place ... so you can reflect.* In contrast, Meredith explained how she felt during the silences:

*The silence was very much a prominent thing. I'd get distracted by it ... it [the silence] prompts you into talking even more ... I felt, “I didn’t want silence” ... and then doing artwork, I don’t think I liked the silence while I was doing that.*

Although Tess found the silences beneficial because she could self-reflect, Meredith suggested that the silence was more threatening and she was ambivalent about silence during the session. She implied the reason for this is because she felt she needed to fill the silence with talking which might have emotionally exposed her. Jackie’s view was similar to Alid and Tess, as she perceived the silence as:
A time to reflect and deeply think about what I was going to draw or what I was feeling … There was a lot going on in my head … sometimes there was silence where I wasn’t drawing and it was just me … reflecting over how it was going.

Jackie found that she could beneficially use the silence for self-reflection, suggesting that silence and self-reflection were significant for her wellbeing. Jackie inferred that, like Miranda, the silences were deeply positive experiences. Miranda commented that in the silence it was easy to just let my mind wander, to draw and I found it calming and relaxing. Jackie, on the other hand, felt she was expected to talk during the silences: A bit of silent time was good for me but I felt bad … because I felt I should be talking … Jackie had experienced school counselling before and in the past had talked about her problems and so her past expectations of needing to talk may have pressured her. Both Meredith’s and Jackie’s comments reflect the expectation and emphasis that is placed on talking.

Creating artwork in silence gave each of the young people the opportunity and the space to self-reflect. All but Meredith found creating artwork in silence relaxing, positive and beneficial even if they were not expecting silence and it discomforted them. Meredith found it distracting… Silence would prompt me into talking more. For the others though, the silence contributed towards the capacity of the young people to figure out their problems for themselves. The art therapists later commented on the significance of art therapy giving them the opportunity to do this. Jackie explained: I was aware of it [silence] at the time but I just saw it as a time to reflect. Similarly, Kim described that when there were silences:

I was just figuring stuff [problems] out most of the time. When it was silent, I was just concentrating and you were letting me draw. It was pretty much helping the problem and letting me figure it out in a quiet time.

Kim further commented that outside in the real world: Everyone’s loud all the time. The culture of school is busy and demanding and young people’s social lives, more so. The claims made by the young people suggested that the combination of creating artwork in silence was helpful for them because it gave them a space to imagine and think. Sawyer (2010, p. 110) noted that insight-related problems classically have three stages: a person becomes stuck concerning some belief or ambiguity. By reinterpreting a problem, a new conceptual framework can be applied and the individual perceives the problem differently or as resolved. Sawyer (2010, p. 110) argued that solving insight related problems involve “creativity-related cognitive abilities”.
Each of the art therapists commented upon the silences, and viewed them as highly significant. Half reported that they had become more comfortable with silence in the therapeutic encounter over time as they gained professional skill and confidence. Silence can mean absence of noise or non-communication, or be heavily laden with meaning. Clara reflected on how she encouraged silence with her students:

*What I do is encourage a bit of conversation but try and guide it [silence] in a way so that it … is a little bit more about the work or about their personal experiences … I’ve become a little bit more experienced in trying to guide it and steer it … I’m quite happy just to do … art therapy and to sit back for however long it takes. Yes, I am quite comfortable with silences.*

Clara inferred that silence could facilitate reflection of her young clients’ subjective experiences. She implied that silence enabled self-reflection. Joan characterised the importance of silence and of non-verbal communication and understanding similarly:

*I think it [silence] is very important. It’s a very tricky thing, because people get really scared of it. They feel the need to talk all the time. That is probably something a lot of therapists that I’ve worked with have learnt from me because they are talking therapists. They get very uncomfortable because I say let the process happen … sit with the calm … sit with the quietness. It gives clients time to think … to go inward, reflect and make the process happen … The words will cover up that. I think we lose things on the way … allowing people to sit with that quietness … the silence gives them the chance of allowing that without it seeming awkward … it is so important: the process of making, the process of looking.*

Joan explained that silence was valuable in encouraging a process of deep self-reflection. The experience of creating art in silence is an important aspect of the experiential process. Words can circumvent this process. Joan’s comments affirm the art therapy literature that observes that silence is part of an encompassing process (see for example, Ball, 2002; C. Case, 1995; Ferreira, Eloff, Kukard, & Kriegler, 2014; Gray-Armstrong, 2013).

Amanda crystallised the experience of the art therapy encounter particularly clearly:

*I think intuition is really important as a therapist and also being able to be with silence … I had to teach myself that when I first started … it’s quite calming. Not always to have to talk about something or have a conversation going. I think that’s more an adult thing that we’re used to as adults.*
Amanda used her intuition as a cue for when to be silent. She further explained why silence is important:

*In silence, there’s so much happening because you’re more in tune with either the artwork or the feeling that you just experienced or described. I think kids appreciate that as well, because at school or at home, they have to talk, they’re expected to talk a lot more.*

Silence brought a greater awareness of oneself either through the artwork (as an extension of self) or one’s feelings. The inference from Amanda was that developing a heightened self-awareness facilitates the process of change.

Patricia described how the silences were noticed by, and became important to, the young people when they were creating mandalas. Mandalas or circles are often used in art therapy as a meditative, pleasurable and contained activity:

*There were silences … they’d produced a lot of artwork … we were just astounded. That morning I created all these circular pieces of paper … and said, “You know, you can do mandalas … It can be a healing process.” They were chatting away and looking at the circles. They’d never done mandalas before … and they started. They became very quiet. One young woman said, “Gee this really is healing. It’s so nice and everyone so quiet.” From that day on they kept on producing these mandalas. They’d arrive and say, “Oh, can we do another mandala? I’ve got this idea for a mandala.” It was incredible.*

Absorption in creative activities appeared to be a novel experience for these young people. They enjoyed the quietness as a form of meditation. Their ongoing keenness to continue working on their mandalas in the quietness with no distractions meant they found the experience calming and beneficial. Deirdre, another art therapist, described the silence in relation to one of her young clients who did not talk. Deirdre described her vignette:

*… the silences can be really interesting. I have one client where there is no discussion the whole time. So I am the observer … and because his language is very limited, he just works with the clay while I sit and watch … there is definitely intuition. You feel where he’s going on the day … A very interesting thing happened just recently. I noticed that the clay was getting a bit stale … I picked it up to smell it and this lad who has a vocabulary of probably five words turned me and said, “Don’t eat” and I put it down, I sat back in silence again, thinking, “That’s new.” To me, it means that he is seeing something in our relationship as well because he didn’t want me to eat clay. I think that’s a pretty important step actually.*
Deirdre understood the importance of silence as an element in raising self-awareness and signalled nuanced shifts in the therapeutic relationship. She perceived the breaking of silence as a turning point in the therapy and in her relationship with the young person with whom she worked. The young man’s breaking of silence with his verbal warning is understood by Deirdre to have pivotally and subtly changed the relationship by his communication of concern for the art therapist’s wellbeing. Deirdre implied that the therapeutic relationship has been developed through her respect of the silences and her implicit understanding of what is meant by the young man’s decision to break his silence. On the face of it, this interaction appeared unremarkable. However, Deirdre had perceived the relationship anew through the silence and the breaking of it by a warning from the young man. Andrea also described the potential of silences for developing the therapeutic process:

I might not say something for a while, and sometimes I think I want to say something and I'll wait. Often in that moment ... I actually allowed something to come out of the clients spontaneously. I believe silence is also there to allow the process to evolve. I don’t think we [as therapists] always have to take the lead in evolving the process. Sometimes it’s just by holding the space …

Amanda’s intuitive sensitivity to waiting and respecting the silence was rewarded. The silence in this instance was facilitative in that the young person was encouraged to help himself or herself. Amanda has shown a respect towards the young person in her intuitive understanding that she does not need to lead the young person, believing they have the capacity to independently engage in the experiential, creative process. She also described how the silences empowered the young people in her care:

I have worked with kids who just don’t like to talk ... especially in the initial stages. It’s happened twice ... I think they were just so overwhelmed with the system and the adults who took them from A to B, C to D and back again that they were like, “No, just don’t ask me another question. I’m so fed up with you guys.” And that’s OK.

In this example, silence was a way the young people controlled the sessions and Amanda understood why this this necessary for them. Janine, another art therapist, commented on the importance of perceiving silence from the young person’s perspective:

I’ve found the kids are fine with the silence ... for some of them it’s a chance to remember and express memories. For some of them it’s a rest because if they’ve come in last period
of the day and they’ve been struggling all day learning in their second language, they’re exhausted or they didn’t sleep last night … I give them a space to sit and create something that’s not threatening … It’s just a beautiful rest. So I suppose there are different ways that it’s perceived.

The silences can be significant for a range of reasons and young people will use the silences for different reasons according to their own needs. Half the art therapists explained that they had become more comfortable with the silences over time as they became more experienced. Theresa explained:

*I used to be scared of them [silences] but less so now. Although when I’m first meeting a client sometimes I’m not quite sure in some ways to let the silence be there because therapy’s already kind of started, and often it doesn’t happen that quickly … even though that might be a verbal silence … to me there’s a lot going on …*

Theresa’s uncertainty about how to manage silence remained, even though she was now more experienced as a therapist. She knew that silence played an important part of the art therapy encounter, but silences can be discomforting. Amy similarly described how she felt about the silences and their function:

*I’m feeling more comfortable with [silence] now. I find if I can talk less and sit and listen more, it’s okay. It’s okay to be silent. Not to come back with something straight away, seems to be good. It certainly seems to allow me to be able to be more in tune and maybe see what’s going on … It seems to allow, if the little one is sitting there … scratching away with something but maybe really avoiding the issue, avoiding the pain, avoiding the fearful things, that I need to let that happen for a little while so that it can be there. Then we can try to see where we can go with this. Just talking really kills all that.*

Amy clearly understood how silence in the art therapy session helped the young person to acknowledge painful feelings and she illustrated its complexity.

The comments from the art therapists revealed that silence was utilised by them in several different ways. An image (Figure 20) created by the researcher-as-participant depicts silence as a ‘space’ hanging between the art therapist and the young person.
Figure 20. Researcher’s image. Chalk and tissue paper on A3 paper. Title: Silence.

The corresponding entry to the above image was documented in the researcher’s visual journal, dated 1 April 2012: A space to ‘be’ and let things unfold.

In Figure 20 the image attempted to capture, through the use of particular materials, colours and shapes, the silence within the art therapy relationship that often occurred during art therapy with the young people. Silence is represented as a shape of pink delicate tissue paper held between both the art therapist and the young person. The shape held together, symbolised collaboration and co-operation between the two. The closed eyes indicated that the tacit communication that occurs within the silences was not seen, but felt. The image is embraced by metaphors of flowers and butterflies that symbolise the growth of both individuals.

Space
An important dimension of the art therapy encounter that both the young people and the art therapists drew attention to, was the setting, the room, or the space where the encounter took place. For each of the young people, the space was seen as a safe place. Each judged the privacy of the space to be especially important to them. A representative comment from Miranda: I felt comfortable because nobody [in the school] could see who was in there, so it was safe and private. Another young person, Jackie, described the atmosphere created within the space:
It [the space] was really good because it was small and intimate and I felt safe. I know it sounds a bit silly but sometimes really big spaces make you feel alone and it makes [the therapist] look more intimidating than helpful. It was heated and cooled. It was just nice to go in there.

Feeling safe was clearly an essential element to Jackie’s experience of art therapy. However, the space also represented a risky place for the young person to feel the stigma of seeking help. Going to the art therapy room to seek help was problematic and this was directly reported by about a third of the young people. An illustrative comment from Jackie was: I got nervous of the fact that everyone knows where the room is, so I’d sneak in when people weren’t looking. In contrast, Alid appreciated the aesthetic of the art therapy space as being: A beautiful room … lots of picture, lots of writings. Sometimes I look at things and I imagine and go to Africa with those pictures; sometimes I go to houses, sometimes to the bush. Alid’s appreciation of the aesthetic of the room as a place where he could experience peace and safety was, in itself, healing and beneficial to him.

The art therapists commented on the significance of space as a means by which they could convey containment and care towards their young clients. They understood space in a multidimensional way, being both a physical and psychic dimension in which emotional safety was paramount. An example can be seen in how one experienced art therapist, Mary, perceived space:

People need to feel safe … Often a young person with a mental illness will be so unwell that they can’t work in a group … so they need to experience safety … I use clay bowls to help people to be calm and safe … the therapist is providing that container for the room … the therapy can be a holding environment as well.

Mary has viewed the art therapy encounter within the totality of the environment in which creating artwork, the materials and the relationship took place. The room is a container and the clay bowls represent a metaphor for containment. The use of clay as a ‘ground’ and tactile material is also highly relevant as a containing medium. The total environment and what occurs within it, including the artwork Mary facilitated within the space, were all ways of emotionally ‘containing’ the client. She further explained that consistency of place, helps with attachment difficulties. I think whatever you do, you see somebody in a certain time in a certain place; it’s really good to keep that regular and predictable. Amy described a similar perspective:
I would start with an introduction to the art materials and the space. Depending on their age, I would let them explore that space and introduce the idea that it’s their own space. This will be their space once a week on a Tuesday and I will be here for them.

Amy encouraged the young people to feel ownership towards the space, the regularity of meeting and her constancy, all of which contributed towards a feeling of emotional safety for the young people.

Each of the art therapists spoke about how they perceived the role of the resources within the space in which art therapy takes place. Deirdre worked with young people with intellectual and behavioural difficulties. She described her space:

I started to see him [Deirdre’s client] in the time-out room — no distractions. There was a bench, two chairs and nothing else. We did a hell of a lot of work. It took months of him killing all my toys, drowning them, stabbing them …

Deirdre’s space held a containing and cathartic function for the expression of rage and anger. She further explained:

When people are creating art, it’s easier to talk about what’s happening in their lives. If they were looking at you, they wouldn’t tell you about it. They’re looking here [at their artwork] and they’re able to speak about it [their problems], so they’re actually probably speaking to the art and you’re there.

In the space that Deirdre had created, the young person was able to safely develop a relationship with the art, and with him or herself. She continued: The art is an actual attendee in the process … it’s the third person in the room … but it’s the easier person to talk to than you. Deirdre was the witness to the process. McNiff referred to this as a “sacred sense of witnessing” (McNiff, 2004, p. 23). Fenner (2010, p. 261) described the notion of space and place as being “a whole material and expressive event” that dynamically encompasses the totality of experience, rather than being the backdrop to the encounter.

**Concluding Remarks**

The art therapists and the young people valued tacit communication within the art therapy relationship. During their interviews, although each of the art therapists considered that they had a wide range of different theoretical frameworks, some of which were humanist,
in fact they all interacted with their clients in an inherently humanist manner. Their optimism about the capability and propensity of their clients to grow shone through in the data. This positivity is deeply reflective of C. Rogers’s (1946) person-centred approach. The nurturing environment created by the art therapists was shown by the young people to be a contributory factor in them feeling safe. The art therapists showed that they were intensely interested in the inner world and feelings of the young people; again, this reflects a humanist characteristic to practice.

Once again, the art therapists directly used creative processes as a way to tacitly communicate empathy towards the young people. Although articulating the value of tacit communication was especially hard for the young people, they nevertheless felt a sense of empathy through the experiential and sensory realms, rather than cognitively. The art therapists’ intuitively used creative art making to exploit empathic interactions towards their clients. In addition, they used the silences and their manipulation of the environment (including the art materials) to create a special space in which the young people could feel emotionally safe. The young people sensed this through a range of conscious and unconscious cues. The creative process then provided a way of emotionally connecting with each other. As an activity that occurred in the present moment, through the creative process, each felt or sensed the other through the art making. The creative process thus provided a means by which each could attune to the other (Dissanayake, 2000; Wilson, 1978). For the young people, the invitation to create was a way they could initially determine, through tacit communication processes, the trustworthiness and authenticity of the art therapist. Once this was established, the art therapists were intentionally able to build upon the relationship.

The interactive ‘ebb’ and ‘flow’ involving the young person, the art therapist and the artwork, is about connecting to feelings that lie in the non-verbal, embodied parts of ourselves and include memory, as Clara attested through her image. The evidence showed that the nature of the art therapy experience is embodied, for both the art therapist and the young person, in tacit communication and memory. This suggests that the relational connection can be seen from an attachment perspective (Dissanayake, 2000; Wright, 2009). The silence and environment, including the aesthetic of the room and the art materials, enabled an extension of the therapeutic encounter as a total experience. The young people and the art therapists reported the importance of silence in providing an internal place for reflection and mindfulness whilst engaging in art therapy, once again reflecting the importance of experiencing in the present moment (C. Rogers, 1980). The
provision of an emotionally safe space was described as being particularly important to build confidence and trust in seeking help. The evidence confirms that for art therapists, the therapeutic relationship includes the space as being of immense importance as Fenner (2010) has shown.

The final chapter, Chapter 11, conceptualises the findings and concludes by discussing how effectively the investigation has been able to contribute to the original research questions. It will also examine the implications of the research findings for young people, art therapy and for schools.
CHAPTER 11

Conclusion and Implications

This chapter revisits the original purpose of the investigation, returns to the research questions, examines the key themes to emerge from the findings and addresses the implications of these themes. The investigation set out to illuminate the experience of art therapy for 10 young people in high schools. The experiences of 13 art therapists who work with young people, and the emic perspective of the researcher, were also addressed for the purposes of supplementing insights provided by the young people. The investigation was prompted by the knowledge that the profession of art therapy in Australia is relatively new, and its presence in schools is negligible. Consequently, there has been no research undertaken in Australia about the experience of art therapy in a school setting. The research was conceived using a practitioner-researcher model, as described by McNiff (1998, pp. 63-82), in an attempt to link the practice and experience of art therapy to the research process itself. Consequently, it included elements of art-based research in the design methodology.

The Investigation in Review

This investigation was considered to be timely because there is widespread concern, certainly in Australia, about the extent of the social, emotional and mental health needs of young people, and about the inability of current counselling service delivery models in schools to meet these needs. During adolescence, young people in schools juggle a range of competing pressures, including the demands of consolidating a sense of personal identity. Most young people eventually make a successful transition to adulthood, but there are many who are isolated, marginalised or feel in some way different from their peers.

Three conceptual frameworks were selected for the investigation. The overarching framework was provided by humanism, which, as explained in Chapter 3, has an historic link with art therapy and with education. Humanism provides a perspective that values and respects the individual and that recognises the individual’s inherent creative capacity and potential for growth. It is also a perspective that is hopeful and optimistic regarding human nature.
Another element of the conceptual framework derives from theories of creativity. Creativity is a fundamental human drive, and its relevance to the present investigation was examined in Chapter 4. Art therapists use creative processes as a way to facilitate change in their clients, but creativity is a contested notion and a difficult concept to pin down. Nevertheless, by perceiving creativity as an innate part of human nature, creative potential can be fostered and harnessed in individuals as a resource for wellbeing (see for example, Csikszentmihalyi, 1997, 2008; McNiff, 2004; Moon, 1995). In Chapter 4, creativity was defined broadly as a way of responding to experiences and of expressing how experiences are interpreted. Links between creativity and domains of intelligence were explored and creativity was perceived as a form of self-learning and a contributory factor in building resilience in the art therapy encounter.

A third element of the conceptual framework was that of a psychosocial, developmental perspective as espoused by Erikson (1986). Erikson argued that each developmental stage involves key tasks or challenges that needed to be successfully negotiated in order to achieve, ultimately, a sustainable state of psychological wellbeing. The focus of the present investigation was on the experience of art therapy, which, when delivered within a school setting, might contribute to the psychosocial development of young people. Erikson’s perspective was considered to be highly relevant. Art therapy was considered specifically in terms of its potential to contribute to the consolidation young people’s of identities.

Three specific research questions provided a foundation for the collection of data for the investigation. The first of these was: *What is the art therapy experience for young people?* Young people have opinions about matters that affect them, and this question intended to explore how young people experienced art therapy and what they found distinctive and impactful about engaging in art therapy. The second was: *What are the experiences of art therapists who work with young people?* Art therapists often work alone and their work may not be well understood by their colleagues. This question intended to explore the ways in which they work non-verbally with young people. The third question was: *What are the experiences of the researcher-as-participant who works as an art therapist in a high school?* Answering this question was intended to support and supplement the other two questions. It sought to explore the experience from the perspective of the researcher in order to gain a deeper understanding of the phenomenon under study.

The investigation employed the methodology of Naturalistic Inquiry (Lincoln & Guba, 1985) to guide the collection and interpretation of data. Naturalistic Inquiry as a
methodology values the subjectivity of the experiences of individuals and is undertaken within a naturalistic emphasis. It allows for the investigation of a particular phenomenon within its natural setting and can be seen as being both ethnographic and constructivist in approach. In Naturalistic Inquiry, the researcher is the instrument for both the collection and the interpretation of the data. Naturalistic Inquiry provides flexibility in the range of data collection methods utilised. In the present investigation, in addition to reporting on their experiences of art therapy, the young people interviewed were also able to comment reflectively on artwork they had earlier produced during art therapy. Response art produced by the art therapists who participated, and the researcher’s own response art, were also included as a basis for eliciting insights about the value of art therapy to young people in a school setting.

Important themes to emerge from the data are now revisited. These are discussed under three headings: the therapeutic relationship, the development of identity and the tacit dimension. The therapeutic relationship is of the utmost importance as the art therapy relationship involves the therapist, the client and the artwork, and its context is one that is explicitly intended to be therapeutic. The development of identity is significant because young people who engage in art therapy while at school are well placed to reflect on how that experience contributes to a developing sense of personal identity. The tacit dimension is significant because engaging in the experiential processes of art therapy involves non-verbal and nuanced forms of communication that are considered to be an important aspect to the interpretation of experience and need to be illuminated and reported.

The Therapeutic Relationship

Trust

The importance of trust as a foundation for the quality of a therapeutic relationship was a key theme to emerge from the data. Each of the young people interviewed for this investigation reported that they had previously sought support for their social and emotional wellbeing, implying that in some way they felt different, isolated or marginalised whilst at school. In seeking support, trust was paramount.

As reported in Chapter 7, the young people compared the art therapy relationship to that of a friendship. Several reported that previously, their trust in others had been betrayed, and all of the young people reported feeling nervous and wary about expressing a need for support. Because of ambivalence, each of them implicitly challenged the art therapist to
‘prove’ that she could be trustworthy. Trust could not be developed without privacy and confidentiality, and neither could it be developed if a young person felt judged. Meredith’s words were, for example: \textit{I believe that trust is key in a therapeutic relationship.} The art therapists who participated in the investigation deeply understood the need for developing a trusting relationship. Janine’s image in Figure 5, for example, illustrates how she perceived the relationship as having layers wherein trust could develop. Each of the art therapists reported that they used their artistic knowledge and skills in order to initiate, develop and deepen trust. They reported doing this in different ways depending upon the age and needs of their clients, but all intentionally engaged in establishing and cementing the relationship \textit{specifically} through the medium of art.

According to C. Rogers (1957), the capacity to trust in oneself and in others is essential in order to become a fully functioning individual. In therapeutic terms, Rogers (1957, p. 95) developed central tenets as providing sufficient conditions needed for growth and self-discovery. He argued that there needs to be a psychological relationship in which the therapist and client are in emotional connection with each other, that unconditional positive regard of the therapist towards the client exists, and that there is authenticity and empathy conveyed to the client by the therapist. The presence of these conditions enables the client and the therapist to be in congruence with each other. Rogers determined that these conditions were sufficient to help the client bring about personal change.

Within the therapeutic relationship they nurtured, the art therapists reported giving particular emphasis on relating to the young people they worked with directly through the creative experiences they offered. They described providing an inviting environment in which trust was enabled and developed through encouraging the young people to be creative. The young people reported that the invitation to be creative in this environment was a novel experience, while the art therapists remarked that offering creative engagement gave young people an avenue for forming a different relationship with the art therapist. Rosie, for example, as reported in Chapter 7, articulated clearly how she perceived the difference between talking and creating when she commented that art therapy was \textit{different}. She remarked that by creating art she could be more herself. Immediately upon accepting an invitation to engage creatively, the young people experienced their innate creative capacity to be recognised and stimulated. In effect, the young people had begun their own self-care, which, as the literature (Csikszentmihalyi, 2008; Robinson, 1999, 2011; Wright, 2009) has attested, is in itself, therapeutic. Rosie and Kim commented that art helped them to understand their emotions better and helped them
to relax. As Moon (1995, 1997) asserted, creative activity connects to a fundamental aspect of one’s existence.

Art therapy models positive healthy relationships by assisting with the development of trust that is partially achieved through engagement in creative art experiences (see for example, Allen, 2001, p. 184; Rosal, 2001, p. 211). Trust is learnt in infancy and, according to Erikson (1980) and others (Birch, 2008; Bowlby, 1988b; Shore, 2013; Sullivan, 1953; Winnicott, 1953, 1965), its development is a major fundamental task, as well as being a primary motivator of human behaviour. As positive attachment develops, the infant learns constancy in attachment. The capacity of the art therapist to initiate, develop and build trust through encouraging and working with a young person’s inherent creativity, taps into a pre-verbal way of relating that is deeply symbolic of this early attachment relationship.

Judgement
A second theme to emerge concerns the importance to the young people of not being judged. This theme was evident in comments by the young people about the need to be themselves and not be judged during an encounter with the art therapist. It was also evident in the sensitive way the art therapists responded to their clients. As reported in Chapter 7, for example, Toni showed a deep level of sensitivity in response to her client’s admission of vulnerability. She understood his vulnerability, which was communicated through visual and metaphoric means during art therapy. According to Winnicott (1965), this kind of sensitivity in meeting needs is important as attachment to others develops. While the art therapists were inviting the young people to engage in creating art in the early stages, they were, at the same time, consciously fostering communication with them through the medium of art. By engaging with them in this way, rather than through talking, the young people were able to express themselves visually and metaphorically without feeling they were being judged. The result of an interactional focus on the creative experience rather than on verbal dialogue, was that both engaged in a unique experience in the moment experience. In a sense, each is helping to co-create the relationship.

Feeling in Control
The use of art as a means of alternative communication provides a way in which the needs of young people for autonomy and control can be met, while at the same time, giving them an opportunity to express themselves. The evidence from this investigation points to the importance of experiencing the art-making process as a way for young people to feel in
control. Each of the young people reported feeling anxious about seeking support. Similarly, the art therapists remarked on the need to reduce young people’s anxiety by being flexible and by helping them to feel in control during art therapy sessions.

The young people remarked that mastery of their expressive, creative skills also significantly contributed towards feeling in control of the art therapy process. The importance of the one-to-one therapeutic relationship in which attention is focused on a common task had the added benefit of nurturing a positive relationship. As reported in Chapter 7, Christine, the art therapist, attested to this fact in her comments about sitting beside the young person and helping her to make a journal. The focus on the creative activity in the therapeutic relationship can help develop positive attachment by the attentiveness shown by the art therapist towards the client; and its significance in the therapeutic literature is well understood (see for example, Siegal, 2010; Wright, 2009; Birch, 2008; Shore, 2001). Although the aim of art therapy is therapeutic rather than the development of artistic skills, as Rubin (1984, p. 111-112), McNiff (2004) and Waller (1991) have shown, with young people, the line between art education and therapy is blurred. In essence, the combined experience of engaging in a positive, trustful therapeutic relationship that encourages creativity, and can increase skills and capacity to express themselves, can help young people feel good about themselves. The literature on resilience (see for example, Oliver, Collin, Burns, & Nicholas, 2006; White & Pulla, 2013) notes that participation in meaningful activities and competency, while not guaranteeing resilience, can help promote positive internal messages and provide a sense of belonging. The experiences in the art therapy relationship indicated by this investigation have contributed towards this notion.

**The Development of Identity**

**Metaphor and Symbolism**

The young people and the art therapists identified metaphor and symbolism as being important elements in their experiences of art therapy. The young people reported that metaphor and symbolism contributed towards a greater understanding of their emotions, thoughts and beliefs. The young people interviewed reported on the development of a private and personal visual language that enabled them to make sense of their experiences. As Tess explained: *I can, if I want to, just pick up a piece of paper, get out a crayon and just draw my emotions.* Moschini (2005, p. 3) refers to the capacity of creativity to circumvent the “intellectualisation of language”. Creative, visual expression provides a
means to communicate emotions metaphorically. As reported in Chapter 8, for example, Jackie explained the meaning of the colours and symbols she used in her images, none of which necessarily required words to convey what she felt. With the pressure taken off explicitly focusing on talking about their issues, the young people were given a creative space to reflect about their lives and their experiences. Paradoxically, and as Kim explained, this opportunity helped them to open up and talk.

According to Case and Dalley (2002, p. 112), art is created in the present moment and what emerges in the art cannot be censored in the same way as occurs with language. Additionally, Coulter (2014a, p. 135) argued that for young people, art provides a language and voice with which to be heard. Art does not label and define in the same way that language does. As Miranda explained, she found talking difficult to express how she felt; but felt more comfortable creating art to express herself. The paradox of being more prepared and able to talk about their images and their lives meant that the young people were given a choice. This opportunity meant they could identify their feelings through the art when they felt ready to do so. Conversely, if they chose not to talk, creating art within a supportive environment still enabled a non-verbal way for the young people to express themselves and communicate with the art therapist. As Tess, one of the young people, commented, she created art for herself when she felt anxious and it became a learnt coping strategy. These young people’s voices have shown that a supportive and safe therapeutic relationship enabled them to access and realise their innate creative capacity as a readily available and beneficial resource.

**Stigma**

Another theme reported by the young people that emerged from the data was that feeling nervous and feeling stigmatised and labelled were significant barriers for the young people concerned in seeking support for their social and emotional wellbeing. All the young people claimed to some degree or other, heightened anxiety, either because they did not identify with people who sought help from school counsellors (as in the example of Ciara), or they did not want to be negatively judged by others (as in the examples of Rosie, and Jackie). The experience of art therapy helped reduce anxiety by empowering them and providing them with a wholly positive experience from which they could view their situations differently.

It was abundantly clear that the emphasis on art during art therapy was on engagement in a range of creative activities, rather than a focus on what was wrong with the young person,
as Alid commented in Chapter 8. All the young people were highly ambivalent about initially seeking help. They did not want others to know they were seeing the counsellor. Larnell, Boston and Bragelman (2014) argued that others views are influential in how individuals perceive themselves. Creating art instead of focusing on and talking about their problems, was shown to be a more acceptable way of engagement to all but one of these young people.

**Meaning in the Artefact**

The significance of the art product to both the young people and the art therapists was identified as another distinctive theme to emerge from the data. The young people developed a meaningful relationship with their art. The art product was an important contributor to their identity development for two reasons. First, the imagery invoked in their art provided them with a concrete expression of their feelings at the time they were experienced. The expression of their thoughts and feelings as a creative, visual record helped to validate them as individuals. All the young people reported that their images were also meaningful when viewed retrospectively, as happened during their interviews. As they reflected on their artwork, they remarked on how much they had changed since originally creating them during art therapy. The young people could look back on their experiences and with the benefit of hindsight, could articulate in what ways they thought they had developed and matured.

Creating art during art therapy sessions was found by each of the young people to be a form of enduring learning. They reported that art therapy gave them the opportunity to discover their own meanings in their art, helping them to make sense of their experiences. Ultimately, the experience showed them a different way to have a relationship with themselves and with others. In the context of this investigation, the young people and the art therapists have commented that art therapy can support young people during their engagement in the process as well as outside of the therapeutic encounter. As creating art is a readily accessible activity, the investigation revealed that for some of the young people ongoing, creative expression became a way for young people to emotionally support themselves. Two of the young people had put their images on the wall at home to remind them of their life goals and Fiona kept an ongoing visual journal. They had learnt that accessing their creative capacities could be a resource for living and a potential life-skill that could contribute towards personal resilience.
According to Walsh (2008, p. 82), “Art and creativity is a precious gift in our lives, which, when used throughout our lives, can promote health and wellbeing by giving meaning to a wider sense of identity and understanding”. For the young people, creating artwork in a therapeutic and supportive relationship gave them space and opportunity to be themselves. They were encouraged to be creative and when they were creative, they found that they could communicate and engage with the art therapist and themselves directly through the creative process. From the art therapists’ perspectives, their respect for young people’s creative capacity including the artistic product, gave the art therapists personal and professional satisfaction. The satisfaction they gained from positive therapeutic relationships supported their sense of professional identity.

**The Tacit Dimension**

**Empathy and Intuition**

Empathy was conveyed to the young person through the art therapist’s encouragement to engage in experiencing the creative process. It was also conveyed by means of the way in which the art therapist intuitively interacted non-verbally with the young person. Creating art was conducive to significant non-verbal communication between the young people and the art therapists. Tacitly, the art therapists and young people appeared to recognise and understand this form of communication, which was experienced rather than consciously understood.

The art therapists indicated that they deliberately fostered a facilitative environment in which tacit, non-verbal forms of sensitive communication helped to initiate, build and develop the relationship. Although they commented on their different approaches, the art therapists were consistent in tapping into the young people’s inherent creative capacity and heightened sensitivity giving rise to closer and deeper tacit communication between them. Clara an art therapist, referred to this as the *gold*. The young people felt this synergy, described as a *vibe* by Fiona. The difficulty the young people had in explaining tacit communication even though they sensed its presence as a form of congruent, implicit and mutual understanding, illustrates that it occurred subconsciously. As Bugental (1981) observed, understanding of tacit communication, such as authenticity, is experienced but difficult to convey verbally. Tacit forms of communication and creating art are both pre-verbal activities (Dissanayake, 2000). The young people’s capacity to discern tacit non-verbal cues in art therapy was highly sophisticated but far exceeded their capacity to explain these skills verbally. Although the art therapists were more able to articulate how
they exploited tacit communication with the young people, the degree to which they relied on their intuitive sensitivity via this mode of communication was probably underestimated by both sets of participants.

**Silence and Space**

The final themes from the data concern the significance of silence and of space within the therapeutic encounter. They were important for both the young people and the art therapists, though for quite different reasons.

The young people found silence to be beneficial because they felt that it facilitated relaxation and self-reflection. Silence, combined with creating art, provided them with an opportunity to be out of their normal school schedules. Silence had emerged as a dual role where learning could also take place because, as Jackie explained in Chapter 8, it enabled the young people to *figure things out* for themselves. From the young peoples’ perspectives, reporting on silence, combined with their comments on the space, which they perceived purely as a physical space, helped contribute towards trust and safety. Most of the young people remarked on the importance of the space in providing an ambience of comfort as well as a place of privacy and confidentiality.

The art therapists also valued silence and space as being intrinsic to an effective art therapy experience, but for them the notion of space was much more than a physical phenomenon. They saw it as forming part of the aesthetic of the art therapy experience. Silences during the art therapy encounter and the therapeutic environment (which included the art materials) were seen as contributing towards an overall holistic experience for all the young people. The total experience provided a means by which to put the young person at ease, despite their nervousness and apprehension about seeking help. As the art therapists emphasised, the experiential process involved subtle, meaningful tacit communication that occurred in the silences. The space contributed to part of the global experience for the young people and held significance in the way that Fenner (2010) noted: that the art therapy environment is imbued with meaning and contributes towards the therapeutic relationship.
Implications of the Investigation

Conceptual Implications

To date, and until this investigation, Rosal’s (1985) research remains the only doctoral study on art therapy located in schools in Australia. Over the past 30 years, awareness of young people’s social and emotional wellbeing has increased as knowledge more broadly of mental health has increased. This investigation represents a different perspective in art therapy in school, compared with Rosal’s work, in that it is less concerned with adaptive behaviour as a result of art therapy encounter, and more interested in what the experience of art therapy was like for young people and how they perceived its benefits, if any. Although in Naturalistic Inquiry (Lincoln & Guba, 1985, p. 38), “All entities are in a state of mutual simultaneous shaping, so that it is impossible to distinguish causes from effects”, it is possible to “develop a “working hypothesis” that describe the individual case”. Thus, the conceptual implications are discussed in light of the particular themes that have been identified, rather than generalised.

Humanism

This investigation shows that the tenets of humanism are relevant to an understanding of the art therapy experience for young people in schools because the emphases are firmly placed on the qualities of trust, respect and hope. In addition, the creative capacities of the individual experience are given prominence, and these are integral to the art therapy relationship. The young people articulated the importance of these qualities and the opportunity to creatively express themselves in order to deepen the therapeutic relationship. Through these processes, they have explained how art therapy allowed them to express and experience their thoughts, feelings and beliefs. The art therapists described in what ways they placed value on young people’s inherent creative capacities, and encouraged awareness of the present moment directly through engagement in creativity. Combining creative engagement with a respectful way of being towards their young clients, helped to facilitate self-reflection, which in turn, helped to contribute towards young people’s personal growth.

From a humanist stance, art therapy can be an appropriate intervention in a school context as learning and growth are key priorities in both education and therapy. The young people articulated their need during art therapy to feel in control and not judged. A humanistic perspective in therapy provides unconditional positive regard towards the client and this investigation has shown that young people found that they could be themselves as they
engaged in the creative process during art therapy. As they poignantly articulated, several young people commented on the personal meaning they each made of their images. The meanings emerged from the young people themselves and held deep significance of challenging times in their lives. In a school context, engaging in art therapy through a humanist perspective offers a hopeful and positive framework to express feelings and possibly contribute towards reducing the stigma of seeking support.

This investigation contributes to the research and literature showing that the strength and quality of the therapeutic relationship plays a pivotal role in therapy (Bambling & King, 2001; Campbell & Simmonds, 2011; Horvath, 2001a; Lambert & Barley, 2001), even though this investigation has focused only on a small number of participants who have described in what why the therapeutic relationship was important. This research has shown that trust is vital in the therapeutic relationship and that this necessary quality can be initiated and developed through the relationship that in art therapy includes the creative experience. The investigation extends the literature in that it throws light on the importance of trust, the ways in which it is perceived and manifested, and the ways in which it is relevant to the individual needs of the young people interviewed. The young people challenged the art therapists to prove themselves as trustworthy. The art therapists showed an appreciation of the need to meet this challenge. They indicated how they flexibly created an environment in which the young people could explore the space, the materials and the relationship with the art therapist in their own ways. These observations align with views expressed in the literature (see for example, Campbell & Simmonds, 2011; Riley, 2001) that young people need to feel they are collaborating in the process of therapy. This investigation indicates that young people in this investigation needed to feel they were in control and were steering the therapeutic process.

Although the conclusions from this investigation need to be drawn ideographically, the young people and the art therapists have shown that art therapy is particularly appropriate because it can serve young people in many ways (as Janine, an art therapist reported in Chapter 7). At one level, by simply engaging in art, even as play, as a precursor to therapy, and then, by more fully engaging in the experiential process, support can be provided by the therapist in the present moment. This investigation reinforces the notion that by encouraging creative engagement with young people, a natural focus is inevitably placed on the present moment and is positively beneficial at the time it is experienced. Furthermore, if the young people choose not to talk, they may still positively engage in a
therapeutic relationship. As the art therapists explained, awareness, intuitive sensitivity and flexibility are key elements in this process in which verbal language takes a back seat.

Conceptualising art therapy in schools through a humanist framework is useful as all aspects of an individual, including their creative capacity, are valued. Several of the young people (for example, Alid, Rosie, Fiona, Tess, Ciara and Meredith) considered they benefitted from creating art during their encounter even though they did not explicitly link or associate the creative activities with the therapeutic relationship or the personal qualities of the therapist. Their views suggest that, although they perceived the therapeutic relationship differently to the art therapists, nevertheless, they valued the whole art therapy experience as significant to their wellbeing. In contrast, each of the art therapists articulated the fundamental importance of art to develop empathic communication, to connect emotionally with the young person and to initiate, build and develop the therapeutic relationship. Again, while generalisations cannot be made, the art therapists’ comments showed that they exhibited highly developed skills as a result of their education, clinical training and their overall maturity and life experience. Mottram (2001/2, p. 15) referred to these as reflecting a particular “language of practice”. In short, although the young people perceived the relationship and creating art as being separate processes, the art therapists perceived them as integrated in the way they approached their clients.

Creativity
Fostering creative expression in individuals is important because it can be a resource for learning and healing. As McNiff (2004, p. 5) has commented, “Wherever the soul is in need, art presents itself as a resourceful healer”. Utilising and encouraging a young person’s inherent creativity while supporting their social and emotional wellbeing is highly appropriate in a school setting, because it values their internal creative resources. Although dialogue is important in art therapy and, as McNiff (2004, p. 125) observed, “words and pictorial images are distinctly different modes of expression and one will never contain the other”, nevertheless expanding communication beyond verbal language provides an enlargement of ways in which young people can express themselves as individual and unique.

All but one of the young people in this investigation have shown that as they chose to be open to art therapy, they were encouraged to express their feelings through art making. Being prepared to engage in the process of creating an image, consciously or subconsciously, the young person begins to trust the art therapist, and in doing so begins to
trust in the process, eventually enabling an expression of their feelings through the art. When they chose to engage in creating art, before any exploration of what the issues might be, the young people in this investigation indicated their preparedness to be open to the experiential process and the relationship.

Art therapists showed that they used creative processes as a way of relating to their clients in the present moment. This investigation also extends the literature as it shows that art therapists emphasise and use creativity as a conduit for communicating with their clients. Consequently, a qualitatively different relationship with the young people was initiated and developed. The art therapists indicated that the relationship then became based on how the young people related to the art therapists as creative beings. Riley (2001, p. 223) argued that creating art is “an extension of therapy”, that is, it is an intrinsic part of the therapeutic relationship in which miscommunication is reduced by the creation of images that can be shared: “The advantage of the shared image in art therapy is one of the greatest values that can be credited to this modality” (Riley, 2001, p. 56).

The young people showed that they were highly sensitive to verbal and non-verbal cues. This investigation also extends the literature (see for example, Betensky, 1995; Dissanayake, 2000, 2002; Emde, 1990) by indicating the extent to which these young people were well able to sense, if not always able to articulate, the non-verbal tacit nature of their experience of art therapy. The art therapists executed tacit communication directly through creative activities, the art media, the silences, including contemplation of the images as well as the physical therapeutic space. By providing their young clients with an alternative, non-verbal means through which they could express themselves, the art therapists helped maintain young people’s need for autonomy.

The art therapists indicated that they were aware of using intuition and empathy overtly as well as covertly. They consciously and intuitively applied their skills and social and emotional support for initiating and interpersonally relating to the young people via the experiential, creative process. These findings affirm Mottram’s (2001/2, p. 3) view that art therapists “operate from deep reservoirs of tacit knowledge” as well as their use of art-based skills. These skills were used in a convergent way by helping to establish with the client specific meanings. They were also used in a more open-ended and uncertain manner. Using Mottram’s (2001/2, p. 15) terminology, art therapy modes of communicating are receptive, active and interactive and all are art based.
Tacit modes of communication appeared to serve several purposes. First, they initially help to engage the young person through the activity of making art. Second, they assist the young person to relate to the art therapist through creative engagement rather than through verbal dialogue. Third, they help cement a co-conspiratorial relationship through which the young person finds significance and meaning within their images. The art therapist helps to facilitate an understanding of the meaning of the artwork in the young person that only they are party to. Fourth, the therapist subtly facilitates this process by being receptive and attuned, and by gauging the nuances of interaction in the relationship.

The investigation showed that the art therapists’ flexibility and creative skills were immensely valuable during the therapeutic encounter. They used a range of ways of initiating, engaging and communicating with the young people that were not reliant on talking. The implicit message received by their clients was that the art therapist unconditionally accepted them. They also showed their acceptance of the young person, often through their willingness to engage with making art with the young person or alongside them. The medium, the process and the artwork all acted as a bridge or conduit for expressions and communication of feeling states.

**Psychosocial Development**

As the consolidation of identity is developmentally important, this investigation has shown that art therapists who work with young people need flexibility in working with this population. The art therapists identified three ways in which art therapy helped towards the consolidation of young people’s identities by flexibly individualising their approaches to the young people. First, art therapy gave young people the opportunity to relax and self-reflect. Second, it encouraged in young people, a different way to see their situation through linking their creative expression to their thoughts, feelings and beliefs. Third, the significance of the image was a meaningful artefact reflecting their experiences.

Individuals have many ways of making sense of the world. By means of creating and reflecting upon artwork, creativity in their young clients was encouraged and valued and this experience helped them to express and make personal meaning of their experiences. None of the young people had experienced art therapy before, although Fiona had been encouraged to draw when previously seeing her counsellor. Each of the young people, apart from one, found the experience relaxing, which they found beneficial as it gave them the space to create and self-reflect.
During art therapy, the young people were able to give expression to their subjective, emotional experiences. They did not need verbal language for this to occur. The implications from this investigation are that art therapy can help young people express themselves and make sense of their experiences in ways that are comfortable to them. “Different ways of knowing deal with different kinds of data. They use different language and measures of truth” (Martin & Booth, 2006, p. v). The young people were able to develop their own visual language of metaphoric and symbolic meaning, and in this way were able to see themselves and their situations differently.

The record of the image gave opportunity to reflect upon its meaning. The young people in this investigation were able to validate their feelings and to understand themselves better. The young people’s ability to perceive their own development and change by reflecting on their past images reflects a way of knowing that is based on the imaginative, subjective, divergent and analogic that are all familiar to creative endeavours. The current investigation extends the literature (Riley, 2005) by showing the extent to which the young people understood the changes they saw in themselves and the extent to which they had developed.

**Art in Research**

The inclusion of two forms of art-based research: reflections by the young people upon their past art therapy images, and response art arising from the art therapists and the emic perspective, provided another focus besides interview data for the elicitation of rich, thick description, which is characteristic of the chosen method in this investigation, that is, Naturalistic Inquiry (Lincoln & Guba, 1985). The contribution of response art added diversity to the data collection methods and provided triangulation of the data as a technique of trustworthiness. For the young people, discussing the artwork they had created in the past gave them an opportunity to revisit and reflect again on the images as they had previously done so during the actual art therapy sessions. Reflecting on their historic artwork was affirming and emancipatory for the young people and it elicited valuable data on the significance of the artwork to them.

The art therapists’ response artworks added valuable, poignant and often poetic insights that could not be captured only by the interviews. Through their imagery, deeper insights of their work emerged, particularly in how the therapeutic relationship was manifest. As visual artists, their familiarity with engaging in response art, elicited deep insights for them. This occurred through their interpretation of its meaning. Through its contribution as
data, it enabled for the researcher, a closer understanding of their experiences of being an art therapist.

From the emic perspective, the body of response art as data helped professionally to clarify and heighten awareness of thoughts and feelings during professional practice. The inclusion of the researcher’s response artworks in the data collection methods also helped towards reflection and reflexivity of the research process itself. In effect, the same processing and increasing understanding and insights that often occur in art therapy occurred during the research. The resulting sense of gestalt or wholeness contributed congruence for the researcher, to a research process that otherwise would have been a wholly cognitive exercise. There is immense scope for including art-based methods in art therapy research.

**Policy Implications**

Art therapists in Australia are currently a minority voice within the wider mental health arena, and especially in education. Even in countries where art therapy is established, there are challenges for art therapists working in schools, particularly under the present economic circumstances. The young people in the current investigation overwhelmingly commented on the benefits to them of being offered alternative ways in which they could express themselves. They each had clear ideas and comments to make about their experiences of social and emotional supports available to them whilst at school. Their comments on their experiences need to be listened to. McDonald (2008, p. 26) stated “all too often, those who live, work and breathe in a place will tell you very quickly if something is not going to work, and it is folly not to listen”.

A partnership in education that formally includes art therapy in schools could provide a dynamic, flexible, additional early intervention option for young people in high school who are vulnerable by the mere fact of where they are situated developmentally. The policy implications are four-fold. First, there are implications for schools particularly in early intervention and the social and emotional wellbeing of students. Second, there are implications for the wider mental health arena in which art therapy could be considered as an option in community mental health, generally, and especially, with young people. Third and fourth, there are also implications for art therapy in both training and research. All are linked and will now be discussed more fully.
Policy Implications for Schools

Art therapy can provide an important intervention in schools because of its strength-based approach and way of working that taps into and fosters the inherent creativity existing in everyone. Art therapy can provide an alternative to verbally-based therapeutic interventions. Non-verbal communication developed through art therapy can provide an effective means by which a therapeutic relationship can be built between young people and the art therapist. The current service provision is inadequate (AGCA, 2008, 2013) and overwhelmingly language and cognitively based, and may not readily appeal to young people.

The young people in this investigation have indicated that art therapy was a non-threatening encounter in which they felt in control. Their experiences of art therapy were shown to be empowering for them. As the investigation has shown, for these young people, seeking emotional support was fraught with risk of being judged.

Art therapy could potentially be introduced into schools, particularly though early intervention programs. Young people’s mental health interventions could then be better and more seamlessly integrated in school: as a primary intervention and alternative supplement to verbal counselling. Although there will always be a need for support services to exist outside school settings, as schools increasingly take on a pastoral role, the need to integrate social and emotional supports intervention in schools is possible. McNiff (2004) has noted that the integration of art therapy within education has been beset with difficulties pertaining to professional boundaries as well as the perception that serious therapy takes place outside school settings. However, he argued that art therapy is closely linked to education and so fixed boundaries between general education, special education and therapy are, ultimately, counterproductive.

Policy Implications for Mental Health

Within the current health system, mental health options in Australia remain embedded within a medical model (Westwood, 2012, p. 10) with cognitive behavioural and psycho-educational interventions favoured. Relatively few art therapists exist across the country, with only a small number of universities offering art therapy training and fewer graduates going on to undertake research. The relative nascency of the profession combined with a much smaller research culture compared with other, more established therapeutic interventions means that, for the time being, as a therapeutic option, art therapy, particularly in Australia remains outside the mainstream support services (Westwood,
2010). This investigation has shown that there is a place for art therapy in mainstream schools where an emphasis on prevention and early intervention can help widen choice of available mental health interventions.

**Insights for Professional Practice – Art Therapy Training and Research**

Art therapy is still developing as a profession in Australia. Westwood and Linnell (2011) noted that qualified art therapists are struggling to have their professional identities recognised institutionally and collegially. The investigation has shown that the young people, who participated in this investigation, voiced the benefits to them of art therapy across a variety of issues while they were at school. The art therapists revealed themselves to be eclectic and diverse in their approaches, and highly flexible to their young clients’ needs.

One obvious implication for art therapy arising out of this investigation is the need to ensure that some components of art therapy training can be transferred across other disciplines such as education, social work and psychology, while at the same time retaining the core competencies of training in what makes art therapy different. This may make it easier for art therapists who wish to add to their training and to have components recognised by other professions. In addition, there is an ongoing requirement for lobbying by art therapy associations and advocacy by art therapists themselves in order to gain full professional recognition on the same level as other, similarly qualified professionals. While the current situation exists, the potential to use art therapy within schools is hampered.

This investigation has made a small contribution to the empirical evidence of art therapy in schools in Australia. By confirming the importance of the therapeutic relationship as a cornerstone to art therapy with young people, this investigation shows that strong therapeutic relationships can be developed through facilitating creativity in young people. Consequently, this research shows that art therapists need to have adequate training in interpersonal skills as well as a thorough knowledge of creative processes and knowledge of artistic media in order to be able to utilise and facilitate growth in young people. The investigation has also shown that ongoing research needs to be conducted particularly in schools in Australia because there is an expectation that art therapy in whatever context it is practiced needs to be evaluated (see for example, Karkou, 2010, p. 14). The literature (Gilroy, 2009, p. 110; Karkou, 2010, p. 278) has indicated that art therapy researchers could greatly benefit from developing collaborative research connections with other
professionals through developing multi-methods of inquiry in order to capture a variety of data and gain greater knowledge of art therapy processes and outcomes.

**Further Research**

There is significant scope for conducting similar research with young people in schools. However, as an emergent profession, art therapy currently has a minimal presence in schools. Increasing art therapy in school settings depends, in part, to conducting ongoing research and this will remain challenging, as there are only a small number of students who could be involved in such investigation. Nevertheless, there would be merit in replicating the investigation, if possible, with another small group of students, particularly younger students in primary schools. Art therapy conducted in schools with younger students could be immensely informative as developmentally young children may find the experience of engaging in art rather than talking better able to meet their needs.

Collaborative research could also be conducted using mixed-methods approaches, including quantitative methodologies within a positivist framework. For example, as trust and control were important emergent themes, a survey component to further art therapy research could document a range of therapeutic as well as specific behavioural outcomes. In addition, similar follow-up ethnographic research could be conducted with the same students in order to ascertain whether they felt they had benefitted from art therapy over a longer period of time. Such research would be valuable because it could shed further light on the extent to which these young people might use their own creative capacities at challenging times in their later lives.

Finally, there is also much scope and potential to conduct further research on aspects of art therapists’ professional lives. Professional identity was of particular concern in this investigation but was not pursued because the focus of the research was the viewpoint of the young people. For example, ethnographic research as well as survey methodology within a positivist framework could be conducted on the identification of tacit knowledge and the extent to which this knowledge is recognised and valued in the various sectors in which art therapists are employed.

**Final Words**

This thesis has sought to illuminate the nature of the art therapy intervention with young people. The original contribution of this thesis has been through the documentation of their
experiences of art therapy in a school setting in Australia. The investigation has shown that empowering young people by fostering and encouraging their innate creativity can be a positive resource for learning and that the record of the image is also empowering. The image too, can contribute towards young people’s understanding of their journey towards adulthood. By accessing their own creative processes within a therapeutic environment, they have enlarged the possibilities for expression and communication. These extended forms of communication are valuable ways of knowing about oneself and the world. In addition, the skills learnt by the recipients of art therapy can be lifelong ones that they are able to use long after therapy has concluded.
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Appendices

Appendix A:

Semi-Structured Interview with Professional Art Therapists

Check Consent forms and image release forms have been signed. Yes ☐ No ☐

Explain the interview process and confirm informed consent protocols, including exiting the interview or research at any time and opportunities for debriefing. Yes ☐ No ☐

Confirm the type of client base (anonymous header descriptors) Yes ☐ No ☐

Grand Tour Items: using open-ended questions that encourage full responses.

Probes:

- Tell me about your practice, for example, whether you are full or part-time, an employee or working privately and other contextual information …
- Describe your framework, processes, referral, termination, dropout and anything that might be relevant.
- Describe your experience of conducting art therapy with young people.
- Tell me about your preferred materials and the basis for preference. Are there any constraints to the materials, e.g. no water facilities, small space etc.?
- Describe some of the strategies/stages/positioning you use to relate/engage/interact with young people?
- Tell me about professional frustrations, confrontation and safety, notification processes. Encourage therapist to be free ranging in their experience of conducting therapy. Explore the less tangible elements of practice such as silence, intuition, somatic responses and being with the client.
- How important is the art making during therapy with young people?

Further Guide Questions (if necessary)

- Tell me about how you came to be an art therapist?

“I am interested in the process of what happens during the therapeutic involvement. Think of a situation you have had with a young person you have done or are currently doing therapy with. Create an image around this process. It can be any part of therapy, assessment, breakthrough, difficulty or resistance. Use any of the materials available”. (Art materials will be available to use. For pragmatic reasons these will be limited to dry materials and the same materials will be used for each interview).

Invite the therapist to talk about the image and to talk about the relationship between the image and their role as therapist.

Describe and explain response artwork during supervision or at home in a reflexive capacity. Ask for elaboration of this process and the possible effect upon the client/therapist relationship, if any.

“Tell me about how important your art is in your personal life and how do you view your personal art in the context of your clinical work?” (Explore this connection)

At the end of the session, explain that I may contact them for follow up and that I will forward the transcript upon which they can comment or make changes.

Thank the participant warmly and explain how important to the investigation their contribution is (also hopefully to the profession).
Appendix B:
Semi-Structured Interview With the Young Person

The interview process will be as naturalistic and open as possible. The researcher will undertake the interview rather than a third party as the researcher has already established a rapport with the student participant and therefore it is argued, the student participant will feel comfortable in undertaking the interview. The interview will be an open framework, conversational ethnographic interview (Flick, 2009; Spradley, 1979). The role of researcher will be rigorously emphasised to the children and young person.

“We worked together for X number of months/weeks and our work finished in X. I would like to find out from you what the experience of art therapy has been like for you. Can you tell me a little bit about this?”

Describe your experience of doing art therapy?
How did you feel when you first did artwork in the session?
What was different about doing artwork?
What materials did you like/not like/prefer to use and why?
What did you think of the space you worked in?
In what way has art therapy been beneficial/not beneficial?
What sort of skills do you think a counsellor/art therapist in a high school should have?
How important is the relationship?
What makes it important?
How do you think doing artwork made a difference for you?
Ask the student to select an artwork from the ones done during therapy. Invite the student to say anything they like about the artwork.

Further, in-depth questions were subsequently asked as a result of the young peoples’ initial responses:

How important is trust?
How do you know you can trust someone?
Tell me more about how or whether you felt in control.
Tell me what you thought about the silences.
Do you know what the word ‘tacit’ means? If young person does not, explain that it is something that is understood without being stated.
Appendix C:
Art Materials Used for the Response Art Created
by the Art Therapists

Water based oil pastels

Textas

Chalk pastels

Coloured paper for collage

Scissors and glue

A3 cartridge paper
Appendix D:
Information and Informed Consent Form –
For the Art Therapists

Date

Study of: Art Therapy in Schools (Stage I – Art Therapist Interviews)

Dear Art Therapist and Research Participant:

I am undertaking a Doctor of Philosophy (PhD) at Southern Cross University NSW, investigating the nature of the art therapy experience for those involved in the process. I am hoping this research can inform art therapy in Australia as an early intervention, evidenced-based treatment for adolescents. Your participation will provide valuable insights in how art therapy can provide a positive therapeutic intervention for young people. The ethical aspects of this investigation have been approved by Southern Cross University Human Ethics Committee (HREC). The approval number is ECN-11-38.

The investigation will be based on observational and interview data and examining artworks where appropriate. All information you provide will be kept confidential to myself and securely stored. In reporting my research findings, both in the thesis and in any ensuing publications, your identity will be anonymised with no clues provided as to participants’ identities. Further, no individual comments will be attributed to any individual. All information collected will only be used for this research investigation.

In this first stage of data collection, I am seeking to document the nature of your experiences; as a practicing art therapist who works with children and young people whether or not you are school based. How do you work, what do you see as your role, what are the kinds of issues you have to deal with and how do you feel about being the practitioner are just some basic questions I would want to ask you about. I would also encourage you to comment on any other aspect of art therapy you wish.

There is no need to discuss individual clients during the interview. Rather I will ask you to describe the process of what happens during therapy with your client group. I would also like to ask you to tell me about any issues, claims or concerns you have experienced in your work. Finally, I would like to ask you to create an artwork you can reflect on and discuss, and that I can record through photograph.
The interview will be digitally recorded and transcribed and I will make preliminary comment on emergent themes. The transcript will be returned to you by post so that you can clarify or change anything you like, so that the final report will accurately represent your views. Should you wish to receive a copy of the final thesis, please let me know. I do not expect there to be any discomforts involved in you partaking of this research, but there is a possibility that this may occur. I am committed to ensuring that you are in no discomfort of any kind and I reasonably expect the interview will be enjoyable for both of us. Should you feel the need, you may contact my qualified art therapy supervisor, or my PhD supervisor from Southern Cross University by phone to debrief with. Their details along with other information will be given to you once you consent to be part of the research.

If you have any questions or concerns about this investigation, please feel free to contact me on 0416 713033 or email jkelly29@scu.edu.au If I am not immediately available, I will return your call as soon as possible.

Finally, should you have any complaint regarding the ethical conduct of this investigation, the research or the researcher, please write to the following:

The Ethics Complaints Officer

Southern Cross University
PO Box 157
Lismore NSW 2480
Email: ethics.lismore@scu.edu.au

Thank you for your interest in my investigation.
Yours sincerely
Jo Kelly
Art therapist and PhD Candidate

Enc Consent to Participate Form
Image Release Form
Consent to Participate in Research Form

The Consent Form is given to and retained by the Southern Cross Researcher for their records. The information Sheet is retained by the participant.

Title of research project

Interventions in the Art Therapy Encounter. Stage I Art Therapist Interviews

Name of researcher: Joanne Kelly

I agree to take part in the Southern Cross University research project specified above.

Yes ☐ No ☐

I understand the information about my participation in the research project, which has been provided to me by the researcher.

Yes ☐ No ☐

I agree to be interviewed by the researcher.

Yes ☐ No ☐

I agree to allow the interview to be audio-taped and images photographed.

Yes ☐ No ☐

I agree to make myself available for further interview if required.

Yes ☐ No ☐

I understand that my participation is voluntary.

Yes ☐ No ☐

I understand that I can cease my participation at any time.

Yes ☐ No ☐

I understand that my participation in this research is anonymous.

Yes ☐ No ☐
I understand that any information that may identify me, will be de-identified at the time of analysis of any data.

Yes □ No □

I understand that no identifying information will be disclosed or published

Yes □ No □

I understand that all information gathered in this research is confidential. It will be kept securely for 7 years at the University.

Yes □ No □

I am aware that I can contact the researchers at any time with any queries. Their contact details are provided to me.

Yes □ No □

I understand that this research project has been approved by the SCU Human Research Ethics Committee.

Yes □ No □

Participants name: ________________________________

Participants signature: ________________________________

Date: ____________________

☐ Please tick this box and provide your email or mail address below if you wish to receive a summary of the results:

Email: ________________________________
Appendix E:
Image Release and Photo Reproduction Rights Form
This form refers to photographs or images that you supplied, or photographs that you
allowed Jo Kelly to make as part of Stage I of her Doctor of Philosophy (PhD) research.
All images will be securely stored at all times. I would like to use some of the photographs
(in electronic or print form), in reports, presentations and publications arising from the
investigation. Could you please sign one of the boxes to indicate whether or not you are
happy for me to do this. No images will be used without your permission.
This image release consent can be withdrawn at any time by contacting Jo Kelly through
Southern Cross University or on 0416 713033 or jkelly29@scu.edu.au and she will delete
any photographic images from her computer and return any original artwork.
1 I give my consent for these images and photographs to be reproduced for
educational, research and non-commercial purposes in reports, presentations, websites
and exhibitions connected to the research. I understand that real names will not be
used with the images and that all images will only be used for this research
investigation only. No participants will be identified by any images.
Date … … … … … … … … … … … … … … … … … … … … … … .

OR
2 I do not wish any images or photographs to be reproduced in connection with the
research.
Signed … … … … … … … … … … … … … … … … … … … … …
Date … … … … … … … … … … … … … … … … … … … … … …

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Appendix F:
Information and Informed Consent Form –
For Adult Young Person

Date

Study of: Art Therapy in Schools (Stage II – Adult young person participants)

Dear Young Person:

I am back at university studying a Doctor of Philosophy (PhD) at Southern Cross University NSW. I want to find out a bit more about art therapy and what it is like for people who use it. When you came and saw me when you were at school, you didn’t know what art therapy was and that is because it is new here in Australia. I think that by asking you what the experience was like, it will give you a chance to tell me, and this is really important because it can tell me more directly about the process.

I would like to interview you with a digital tape recorder and ask you some questions about what the whole process was like. No one will know your identity. The tape recording will be transcribed so that you can tell me if it is correct or not. All information will be kept in a secure place. This letter is to formally ask your informed consent to be involved in the research.

As you have worked with me in the past, I would very much like your views on your experience. If you would like a copy of the final report, just let me know.

I do not expect there to be any problem with your being involved in this, but there is a possibility. I have a duty to make sure of your welfare at all times and I am hoping the interview will be fun. If you do feel anxious though, you can see my qualified art therapy supervisor, my PhD supervisor from Southern Cross University by phone to debrief with, or a local independent psychologist. Their details along with other information will be given to you if you consent to be part of the research.

If you have any questions, please feel free to contact me on 0416 713033 or email jkelly29@scu.edu.au. If I am not immediately available, I will return your call as soon as possible. I am very happy to talk to you about any aspect of my research.
Finally, should you have any complaint regarding the ethical conduct of this investigation, the research or the researcher, please write to the following:

The Ethics Complaints Officer

Southern Cross University

PO Box 157

Lismore NSW 2480

Email: ethics.lismore@scu.edu.au

The ethical aspects of this investigation have been approved by Southern Cross University Human Research Ethics Committee (HREC). The approval number is ECN-12-003 (renewal number ECN-11-138)

Thank you for your interest in my investigation.

Yours sincerely

Jo Kelly

Art therapist and PhD Candidate

Enc
Consent to Participate in Research Form

The Consent Form is given to and retained by the Southern Cross Researcher for their records. The information Sheet is retained by the participant.

Title of research project:
Interventions in the Art Therapy Encounter
Stage II: Young People Participants (Young Person Consent)
Name of Researcher: Joanne Kelly

I agree to take part in the Southern Cross University research project specified above. I understand the information about my participation in the research project, which has been provided to me by the researcher.

Yes ☐ No ☐

I agree to be interviewed by the researcher and to allow the interview to be audio-taped.

Yes ☐ No ☐

I agree to allow availability for further interview if required.

Yes ☐ No ☐

I understand that my participation is voluntary and I can withdraw participation at any time.

Yes ☐ No ☐

I understand that my participation in this research is anonymous. I understand that any information that may identify me will be de-identified at the time of analysis of any data.

Yes ☐ No ☐

I understand that no identifying information will be disclosed or published.

Yes ☐ No ☐

I understand that all information gathered in this research is confidential. It will be kept securely for 7 years at the University.

Yes ☐ No ☐
I am aware that I can contact the researchers at any time with any queries. Their contact
details are provided to me. I understand that this research project has been approved by the
SCU Human Research Ethics Committee.

Yes □ No □

Participants name: ______________________________________________________

Participants signature: ____________________________________________________

Date: ______________________

☐ Please tick this box and provide your email or mail address below if you wish to
receive a summary of the results:

Email: ________________________________________________________________
Appendix G:
ANZATA Newsletter Insertion Jo Kelly PhD Candidate

Do You Work With Children and Young People? Collaborative Participants for Research Wanted

Art therapy in Australia needs more research generated and conducted in this country to inform its own evidence-base. For a profession to lay claim for recognition by the public and the government at large, there needs to be a solid evidence base to inform practice. The experience of qualified art therapists working with children and young people, particularly with the profession early in its evolution, is not well documented, nor is the experience of children in the art therapy intervention well documented. Both perspectives raise particular issues, claims and concerns. Art therapists working primarily using the creative process further raises a perspective on early intervention possibilities, challenges and processes that if captured from many viewpoints may provide a clue to how art therapists’ work.

Art Therapist, Teacher and Counsellor, Jo Kelly, is undertaking her PhD in the School of Education at Southern Cross University, NSW. Jo’s research is an in-depth, qualitative investigation examining the process of art therapy with high school students. As part of her two-stage investigation, Jo would like to interview as many art therapists working with children and young people in Australia as possible. The participants’ involvement will be collaborative, voluntary, confidential and non-identifiable.

There will be no need to discuss individual clients during the interview. Rather, Jo will ask participants to describe the process of what happens during therapy with that client group, i.e. children and young people. She would also like to ask practicing art therapists to tell her about any issues, claims or concerns they have experienced in their work. Finally, Jo would like to ask participants to create an artwork that can be reflected on and discuss, and that she can record through photograph.

If you are interested in being part of this research investigation and would like to find out more information about being a collaborative participant, please contact her on jokelly@iinet.net.au or on 0416 713033. This research has Ethics approval number ECN-11-138 from Southern Cross University
Appendix H:
Letter of Attestation

School of Education, Southern Cross University

Independent Auditor's Report:
A thesis submitted for the award of the degree of Doctor of Philosophy on the title: Interventions in the art therapy encounter.

This is to verify that I have acted as independent auditor for Joanne Kelly on her doctoral research project on art therapy in schools. I am a Senior Lecturer in the School of Education, at Southern Cross University. Ms Kelly asked me to verify the authenticity of her data collection and analysis processes which I agreed to do. I have familiarised myself with the background information sent to participants in the investigation and with the ethics committee approval and requirements for the research and I have checked a selection of the transcripts and findings from the research for their accuracy and representativeness.

Due to the volume of data, I have checked the data arising from the young peoples' interviews and the response art arising from the researcher’s emic data. I verify that the interviews I have checked are accurately recorded.

I have checked the findings derived from the transcripts of the young people and the response art of the researcher and I believe they are credible and appropriate. I feel that the views of the participants are represented fairly and accurately.

I have checked the coded findings. Much of the data was rearranged according to major themes and I have checked the appropriateness of these categories and found them to be accurate. Lists of representative quotes have been drawn up in relation to the major themes. I have checked these for authenticity and representativeness and find them appropriate.

I verify that the field data was collected, transcribed and analysed according to the procedures outlined and that the findings are fair, accurate and representative of the views of the participants in the research.

Dr Chris Morgan
School of Education,
Southern Cross University
Lismore, Australia

Date:
Appendix I:
HREC Notification of Approval

The Southern Cross University Human Research Ethics Committee has established, in accordance with the National Statement on Ethical Conduct in Human Research – Section 5/Processes of Research Governance and Ethical Review, a procedure for expedited review by a delegated authority.

This application was considered by the Chair, HREC and is now approved. Your research can commence with the above approval number. This will be ratified by the HREC at the 1 August HREC meeting.

This approval is subject to the following usual standard conditions.

**Standard Conditions** in accordance with the National Statement on Ethical Conduct in Human Research (National Statement) (NS).

1. **Monitoring**
   
   *NS 5.5.1 – 5.5.10*
   
   Responsibility for ensuring that research is reliably monitored lies with the institution under which the research is conducted. Mechanisms for monitoring can include:
(a) reports from researchers;
(b) reports from independent agencies (such as a data and safety monitoring board);
(c) review of adverse event reports;
(d) random inspections of research sites, data, or consent documentation; and
(e) interviews with research participants or other forms of feedback from them.

The following should be noted:

(a) All ethics approvals are valid for 12 months unless specified otherwise. If research is continuing after 12 months, then the ethics approval MUST be renewed. Complete the Annual Report/Renewal form and send to the Secretary of the HREC.

(b) NS 5.5.5
   Generally, the researcher/s provide a report every 12 months on the progress to date or outcome in the case of completed research specifically including:
   - The maintenance and security of the records.
   - Compliance with the approved proposal
   - Compliance with any conditions of approval.
   - Any changes of protocol to the research.
   Note: Compliance to the reporting is mandatory to the approval of this research.

(c) Specifically, that the researchers report immediately and notify the HREC, in writing, for approval of any change in protocol. NS 5.5.3

(d) That a report is sent to HREC when the project has been completed.

(e) That the researchers report immediately any circumstance that might affect ethical acceptance of the research protocol. NS 5.5.3

(f) That the researchers report immediately any serious adverse events/effects on participants. NS 5.5.3

2. Research conducted overseas

NS 4.8.1 – 4.8.21
That, if research is conducted in a country other than Australia, all research protocols for that country are followed ethically and with appropriate cultural sensitivity.

3. Complaints

NS 5.6.1 – 5.6.7
Institutions may receive complaints about researchers or the conduct of research, or about the conduct of a Human Research Ethics Committee (HREC) or other review body.
Complaints may be made by participants, researchers, staff of institutions, or others. All complaints should be handled promptly and sensitively.

*Complaints about the ethical conduct of this research should be addressed in writing to the following:*

**Ethics Complaints Officer**  
**HREC**  
**Southern Cross University**  
**PO Box 157**  
**Lismore, NSW, 2480**

*Email: ethics.lismore@scu.edu.au*

All complaints are investigated fully and according to due process under the National Statement on Ethical Conduct in Human Research and this University. Any complaint you make will be treated in confidence and you will be informed of the outcome.

All participants in research conducted by Southern Cross University should be advised of the above procedure and be given a copy of the contact details for the Complaints Officer. They should also be aware of the ethics approval number issued by the Human Research Ethics Committee.

Sue Kelly  
HREC Administration  
Ph: (02) 6626 9139  
E. ethics.lismore@scu.edu.au

Prof Bill Boyd  
Chair, HREC  
Ph: 02 6620 3650  
E. william.boyd@scu.edu.au
Appendix J:
HREC Notification & Conditions of Approval

HUMAN RESEARCH ETHICS COMMITTEE (HREC)

HUMAN RESEARCH ETHICS SUB-COMMITTEE (HRESC)

NOTIFICATION

To:  Associate Professor Sharon Parry / Ms Joanne Kelly
     School of Health and Human Sciences
     jokelly@iinet.net.au, sharon.parry@scu.edu.au

From:  Secretary, Human Research Ethics Committee
        Division of Research, R. Block

Date:  10 January 2012

Project:  Interventions in the Art Therapy Encounter
          NEAF Approval Number: ECN-12-003

The Southern Cross University Human Research Ethics Committee has established, in accordance with the National Statement on Ethical Conduct in Human Research – Section 5/Processes of Research Governance and Ethical Review, a procedure for expedited review and ratification by a delegated authority of the HREC.

This has been considered and approved by the Chair of the HREC, Professor Bill Boyd.

This approval is subject to the usual standard conditions of approval. Please see over.

Helen Wolton
HREC Administration
Ph: (02) 6626 9139
E. ethics.lismore@scu.edu.au

Professor Bill Boyd
Chair, HREC
Ph: 02 6620 3569
E. william.boyd@scu.edu.au
The following standard conditions of approval are mandatory for all research projects which have been approved by the HREC or a HRESC and have received an ethics approval number.

All reporting is to be submitted through the Human Research Ethics Office, either at Lismore, Coffs Harbour or Tweed/GC. Forms for annual reports, renewals, completions & changes of protocol are available at the website:


The email address is ethics.lismore@scu.edu.au ethics.coffsharbour@scu.edu.au ethics.tweed@scu.edu.au

**Standard Conditions** in accordance with the National Statement on Ethical Conduct in Human Research (National Statement) *(NS)*.

1. **Monitoring**  
   *NS 5.5.1 – 5.5.10*

   Responsibility for ensuring that research is reliably monitored lies with the institution under which the research is conducted. Mechanisms for monitoring can include:

   (a) reports from researchers;  
   (b) reports from independent agencies (such as a data and safety monitoring board);
(c) review of adverse event reports;
(d) random inspections of research sites, data, or consent documentation; and
(e) interviews with research participants or other forms of feedback from them.

2. Approvals

(a) All ethics approvals are valid for 12 months unless specified otherwise. If research is continuing after 12 months, then the ethics approval MUST be renewed. Complete the Annual Report/Renewal form and send to the ethics office.

(b) NS 5.5.5

The researcher/s will provide a report every 12 months on the progress to date or outcome in the case of completed research including detail about:
- Maintenance and security of the records.
- Compliance with the approved proposal.
- Compliance with any conditions of approval.
- Changes of protocol to the research.

3. Reporting to the HREC

(a) The researchers will immediately notify the ethics office, on the appropriate form, any change in protocol. NS 5.5.3

(b) A completion report, on the appropriate form, must be forwarded to the ethics office.

(c) The researchers will immediately notify the ethics office about any circumstance that might affect ethical acceptance of the research protocol. NS 5.5.3

(d) The researchers will immediately notify the ethics office about any adverse events/incidences which have occurred to participants in their research. NS 5.5.3

4. Research conducted overseas

NS 4.8.1 – 4.8.21

Researchers conducting a study in a country other than Australia, need to be aware of any protocols for that country and ensure that they are followed ethically and with appropriate cultural sensitivity.
5. Participant Complaints

NS 5.6.1 – 5.6.7

General information

Institutions may receive complaints about researchers or the conduct of research, or about the conduct of a Human Research Ethics Committee (HREC) or other review body.

Complaints may be made by participants, researchers, staff of institutions, or others. All complaints should be handled promptly and sensitively. All participants in research conducted by Southern Cross University should be advised of the above procedure and be given a copy of the contact details for the Complaints Officer. They should also be aware of the ethics approval number issued by the Human Research Ethics Committee.

The following paragraph is to be included in any plain language statements for participants in research.

Complaints about the ethical conduct of this research should be addressed in writing to the following:

Ethics Complaints Officer
HREC
Southern Cross University
PO Box 157
Lismore, NSW, 2480

Email: ethics.lismore@scu.edu.au

All complaints are investigated fully and according to due process under the National Statement on Ethical Conduct in Human Research and this University. Any complaint you make will be treated in confidence and you will be informed of the outcome.
Appendix K:
HREC Annual Report

Human Research Ethics Committee (HREC)

Human Research Ethics Sub-Committee (HRESC)

ANNUAL REPORT AND/OR RENEWAL OF RESEARCH PROJECT

MONITORING APPROVED RESEARCH

Refer to National Statement on Ethical Conduct in Human Research

Section 5.5

PLEASE TYPE

Name of Project: “Interventions in the Art Therapy Encounter” (Stage 2)

Current Ethics Approval No and Date of approval: NEAF Approval Number: ECN-12-003 10 January 2012

Approved at HREC meeting: Approved by Prof Bill Boyd

Name of Person Responsible/Supervisor, School or Centre: Associate Prof Sharon Parry, School of Education

Email and Telephone: sparry@scu.edu.au mobile phone 0408 683 052

Name of Researcher: Joanne Kelly

Email and Telephone: jokelly@iinet.net.au 0416 713033

Annual Report: (Compliance with National Statement 5.5.5)
A mandatory condition of ethics approval is that, at regular periods – and at least annually in the duration of the project and at the completion of the project – researchers should provide reports to the relevant review body/s and institution/s, including information on:

(a) progress to date, or outcome in the case of completed research;
(b) maintenance and security of records;
(c) compliance with the approved proposal; and
(d) compliance with any conditions of approval.

Data collection is ongoing, with maintenance and security of records, and all compliance as per the approved proposal and as per the approval conditions granted in this current ethical approval.

**Renewal**

Ethics approvals should be renewed annually if research is continuing. Please complete the annual report and request a current ethics approval number.

Estimated completion date: Request a current ethical approval number on expiration of this one to enable me to continue to collect data. Completion date estimated to be approx. March/June 2013.......

Signature of Person Responsible/Supervisor: ...........
Date: ...
Signature of Researcher: .......
Date: ...

WHERE TO SEND

Annual Reports/Renewal to approved ethics projects can be approved by the Chair/Deputy Chair of the HREC or the Chair of the HRESC or another delegated officer. Please send one copy electronically to the appropriate ethics office.

ethics.lismore@scu.edu.au
ethics.tweed@scu.edu.au
ethics.coffs@scu.edu.au