

DEEPENING THE THERAPEUTIC UNDERSTANDING WITH YOUNG ADOLESCENTS IN  
ART THERAPY THROUGH THE CREATION OF A VISUAL BOOK: AN ARTS-BASED  
INQUIRY

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## ABSTRACT

### DEEPENING THE THERAPEUTIC UNDERSTANDING WITH YOUNG ADOLESCENTS IN ART THERAPY THROUGH THE CREATION OF A VISUAL BOOK: AN ARTS-BASED INQUIRY

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This research paper aims to explore the therapeutic process with young adolescent clients in art therapy through an arts-based inquiry. One of the biggest challenges in young adolescence is the beginning stages of building identity through separation and individuation. Young adolescents within the youth protection system face challenges throughout their development, and they continue to confront challenges to their safety and stability that can compromise healthy development. Response art making can act to deepen our knowledge of our process with clients, through an imaginative and interpretative dialogue. This type of art making can create internal conversations with the client as artist. Art therapy can exist in the symbolic and unconscious realms, and using arts-based inquiry can honour that process and reflect an expansive viewpoint.

This arts-based inquiry pointed to the capacity of thematic phases to help guide the process with young adolescents, and deepen the process of understanding. Client response imagery allowed for the contemplation and imagining of the way clients interact with and explore their own inner symbols. The importance of ritual, materials, and self-care became important pieces in the art therapy context. This arts-based inquiry resulted in a visual book which was 20 pages in length and contained 26 images that reflected the themes in the therapeutic process with this client population. This paper focuses on contextualizing the client population, the arts-based research methodology, provides the author's insights about the topic, and a deeper analysis of the arts-based exploration.

*Keywords: Adolescents, Foster care, Response art, Arts-based inquiry.*

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## **Introduction**

The following paper is intended to contextualize my arts-based inquiry of the therapeutic process with young adolescents in the youth protection system, and the resulting visual book “*Deeper Waters: An arts-based inquiry of the therapeutic process with adolescents in care*” (<http://amandamepower.wix.com/deeperwaters>). As a frequent occurrence in arts-based research, the themes of this essay have shifted. It initially focused on using arts-based inquiry to find methods to help young adolescents in care build positive identities, and then changed to reflect on the process of therapy with this population. Identity building for the client and the therapist became one of the findings in the themes rather than the purpose. The research looks at the question of how an arts-based exploration can deepen the understanding of the therapeutic process between therapist and client in art therapy. By utilizing my own experiences working with this population and involving myself directly as a therapist-in-training in the inquiry, I was able to work within the creative process to expand my knowledge and understanding of the process with my clients.

This contextual essay will look at the literature surrounding young adolescents in the youth protection system from viewpoints of trauma and attachment, identity and development, creativity, and response art. These topics will act as a framework to understand common histories and experiences of many young adolescents in care, and to discuss therapeutic approaches for this population. Art therapy interventions will also be discussed because of the challenging nature of this population, and suggested interventions are a common occurrence within the literature (Moon, 2012).

## **Literature Review**

Adolescents can be a challenging population to work with, and therapists’ own unfulfilled adolescent selves can become activated through the journey (Riley, 1999). Adolescents in the youth protection system often come from difficult situations, and are accompanied by ghosts from their pasts. Therapists must help the client develop trust, communicate conflicting emotions and challenges of identity, and find meaning (Riley, 1999). As young adolescents move through

the youth protection system eventually aging out of care, they often do not have the self-knowledge, or skills built for independent living (Tweddle, 2007). Without a stable support system and positive identity experience, it can consolidate the negative effects of their histories and the disruption of home life (Tweddle, 2007). Therapists can help their clients explore and make sense of being in the world (Davis, 2004). Young adolescents are defined in this paper as kids aged between 10 and 14 years old. “Adolescents in care” will include these young adolescents with experiences of disruption in home life including foster care, group homes, residences, or entrustment. Foster care, group homes, and residences are supervised spaces in settings outside the biological family, and entrustment is the placement of the child in the care of a relative or family friend (Kools, 1997).

### **Attachment, Trauma, and Youth in Care**

Attachment is the deep and enduring emotional bond that exists between a child and primary caregiver (Bowlby, 1969). Early in the first few years of a child’s life there is a critical period for bonding with adults, in which children are prone to react poorly to disruptions within their social environments (Loeber, 1990). Without opportunity for attachment and bonding there can be a lack of development of prosocial skills or positive relationships with adults (Loeber, 1990). This can mean that individuating and creating identity become much harder tasks later in life. Securely attached children are able to explore their environment freely, and look to their caregivers for comfort when distressed (Bowlby, 1969; Cassidy & Berlin, 1994). Insecurely attached children may have trouble actively exploring their environments, seeking comfort from their caregivers, and/or being consoled by their caregivers. Inconsistency, neglect, unstable environments, and inadequate parenting can all contribute to children developing a disordered attachment style (Cassidy & Berlin, 1994). The placement of children into care is not a predictor of negative relations in itself, but the possible early emotional or physical deprivation can increase psychological difficulties, relational problems, and issues in identity development (Barth et al., 2005). Maltreated youth seem to have a difficult time forming secure attachments with their caregivers, and the long-term effects of these insecure attachments can include interpersonal difficulties, disturbances of self, impaired affect regulation, and internalization of

problems (Ludy-Dobson & Perry, 2010; Taussig, 2002). Young adolescents in care with troubled histories and difficulties can experience less social commitment due to the disruptions of relationships, and issues in attachment (Ryan & Testa, 2005). This lack of social commitment can affect identity development, as our identities are significantly shaped through our social and relational world (Taussig, 2002).

As the young child is developing, trauma such as neglect and maltreatment impairs the development of attachment to the caregiver which can diminish brain development and regulatory functions (Schore, 2000). Adolescents who have experienced trauma from a young age often continue to have these self-regulation difficulties because of the underdeveloped sensory and motor systems, associated with attachment impairments (Ludy-Dobson & Perry, 2010). This can create challenges in processing and organizing incoming information, and controlling expression (Chapman, 2014; Schore, 2000). High levels of stress can generate defensive functioning, and as a method of self-preservation the child may develop hyper-vigilant symptoms, or withdrawn and avoidant symptoms. These habitual responses are the product of trauma, and the effects this trauma has on brain development (Coholic, Loughheed, & Cadell, 2009; Schore, 2003). Even reminders of the trauma such as intrusive memories or guilt can have long-lasting effects, whether or not the child develops post-traumatic stress disorder (PTSD) (Coholic et al., 2009; Schore, 2003). Adolescents who have experienced trauma are affected in their neurodevelopment, especially in the right brain that is associated with the mind/body/self. This can create core-identity problems by upsetting the individual's belief systems and idea of hope (Chapman, 2014; Coholic et al., 2009). Adolescents may have altered, unstable, and distorted views of themselves that can be accompanied with self-blame, shame, and guilt (Chapman, 2014).

### **Identity and Development**

Youth in care face challenges throughout their development starting before the interventions presented by Youth Protection. Beyond the troubling family circumstances that led them to be placed in care, they continue to face challenges to their safety and stability that can compromise healthy development (Harden, 2004). During adolescent development many changes occur both physically and mentally, but one of the biggest challenges in adolescence is

constructing identity (Erikson & Erikson, 1998; Moon, 2012). Adolescents work to individuate from their family, and often experiment with new roles or peer groups to define themselves (Moon, 2012; Riley, 1994). Adolescents will struggle to define and refine their belief systems, attitudes, likes, dislikes, and attempt to negotiate society (Moon, 2012; Salahu-Din, 1994). Disruptions that may accompany living in care, such as changes in living situations or uncertainty of the future, may create a less than ideal environment for a stable identity formation (Erikson & Erikson, 1998; Kools, 1997). Art media can act as a gateway to explore the implications of change, giving the power to alter the work of art, and consequently life. In the here-and-now of group therapy, through interpersonal engagement, adolescents become responsible for their actions, which reflect the way they are in the world (Yalom, 1980). In addition, as they become confronted with new models and their own responsiveness, adolescents may evaluate a range of alternatives leading to the formation of their identity.

**Self-perception.** The adolescents in foster care from a study by Kools (1997) reported many negative experiences of self such as societal stigmatization, depersonalization, and devaluation of self by others. These experiences reflect the disrupted identity development which furthers the internalization of negative stigmatization, negative sense of self from abusive or neglectful experiences, low self-esteem, social isolation, lack of family connection, lower confidence, and lack of future orientation (Kools, 1997; Taussig, 2002). Some adolescents protect themselves through defenses such as pseudo-individuation, acting as if they do not need anyone, and deterring people from being their allies (Gonick & Gold, 1991). Adolescents who experience rejection, loss, and trauma prior to being placed in care have additional factors that contribute to the development of these defenses (Kools, 1999). Some adolescents create strategies to hide or guard their “in care” status. They may create a defensive attitude about being in care, distance themselves from others, or keep their relationships superficial (Kools, 1999). Creating a strong facade of self-reliance, self-confidence, and independence can act as a protective system, but it can have negative impacts on the adolescent’s development of self and create a lack of future orientation. The term “survivalist self-reliance” has been used with adolescents in care from self-reported concerns of becoming dependent on the system, and also being required to mature quickly as independents (Samuels & Price, 2008). Samuels and Price

(2008) identified three areas that contributed to this false identity formation: “premature conferral of adult status and independence, growing up without your parents as a developmental task, and survivor pride in disavowing dependence.” (p. 1202).

**Existential perspectives.** Adolescence is a time of change and growth, and is a moment in existential theory that is noted as attachment-separation (Davis, 2004; Moon, 2012). Many existential authors have discussed the idea of isolation, separateness, existential solitude, or existential loneliness emerging during adolescence; as an individual’s recognition of becoming a separate being (Brennan, 1982; Davis, 2004; May, 1958; Moon, 2009; Yalom, 1980). As discussed in Samuels and Price (2008), the popular Nietzsche quote “what doesn’t kill you makes you stronger” is often referenced in discussing young adolescents in care who have become self-reliant to avoid the feeling of being merged with the foster care system. Existential theory accepts and honours the pain that occurs in the individuating process, and the pain that is involved in life by embracing and accompanying the process (Moon, 2009; Yalom, 1980). Young adolescents reflect the existential concerns of death, freedom, isolation, and meaninglessness through the creative struggle in the art therapy process (Davis, 2004; Moon, 2009). The creative struggle leads to mindfulness, which can cause creative anxiety, leading to change and action, supporting expression, and further deepening their mindfulness (Moon, 2009). Through this anxiety and isolation in adolescence, a truer self can unfold (Davis, 2004). To assist young adolescents through these transitions Moon (2009) recommends that the therapist accompanies them in “doing with”, “be(ing) open to”, and “honouring pain” (p. 87).

**Resilience and growth.** Not all adolescents follow a troubled path after being in care, there are many protective factors that can help these adolescents overcome their hardships (Drapeau et al., 2007). Individual factors that can support resilience are intelligence, social skills, self-esteem, internal locus of control, empathy, faith, and hope (Drapeau et al., 2007). Adolescents in foster care can experience inconsistency of living situations and care, which can create greater risk factors for identity disruption (Drapeau et al., 2007). However, the promotion of prosocial activities and behaviour has been linked to a more stable sense of the world and sense of self. This can be addressed within art therapy groups that utilize socialization that is inherent in groups, and function to raise self-esteem and promote positive identity development

(Aguilar-Vafaie et al., 2011). Post-traumatic growth is a concept that an individual can undergo positive changes as a result of difficult life struggles or trauma (Tedeschi & Calhoun, 1996). It has not been thoroughly explored for younger age groups, but five main domains of change have been determined: new possibilities, relating to others, personal strength, appreciation of life, and spiritual change (Kilmer, 2006). Art therapy groups can utilize art making to offer new perspectives, the relational aspect addressed through the witnessing process, and mastery and exploration to help work towards post-traumatic growth (Aguilar-Vafaie et al., 2011; Drapeau et al., 2007).

### **Young Adolescents and Creativity**

The changes that take place during adolescence can stimulate some of the most creative periods in an individual's thinking and behaviours (Blos, 1962). Art therapy can aid adolescents in their developmental tasks of individuating and separating from the family. Art therapy can also offer a constructive avenue for self-expression through the rich use of symbols and metaphor in expression, mastery over media, and the stimulating and rewarding process of art making (Moon, 1999; Riley, 1994). Creativity and the arts can help young adolescents in care better understand and be aware of themselves, improve their self-esteem, and develop their coping skills (Coholic et al., 2009). Art making can reinforce self-discovery because of its soothing abilities, as well as help express unknown aspects of oneself which can lead to greater insight (Malchiodi, 2003). The art therapist can act to provide materials and interventions to promote discovery, reframing, and creation of new metaphors in free artistic expression with the goal of positive identity building (Malchiodi, 2003). The arts-based methods can help adolescents find wellness through creative exploration, and come into contact with the ideas of existence.

**Storytelling and narrative.** Using a narrative theoretical approach can work well with adolescents who are challenged with forming their identities (Beaumont, 2012). Narrative theory can help adolescents tell their stories, and increase their exploration of self. Utilizing the elements of metaphor and symbolism, personal narrative, and self-expression can aid in self-understanding (Beaumont, 2012). Adolescents in care often have many narrow and restrictive stories about their lives and identities because of their recorded histories (Kelley, Blankenburg, &

McRoberts, 2002). Through the use of narrative, therapists “can help adolescents identify, challenge, and broaden the stories around which they have organized their lives” (Kelley et al., 2002, p. 530). Problems can be externalized so that adolescents can see them as not intrinsic to their identity, and through compassionate promotion the adolescents can begin to trust themselves as experts on their experiences and stories (Kelley et al., 2002; Sanders, 1997).

***Storytelling.*** Storytelling can have different implications both personally and culturally, and it is important to be sensitive to preconceived scripts that can be imposed on adolescents’ stories (Moss, 2009). Lemzoudi (2006) describes how storytelling with migrant youth in art therapy can help them access the affect related to migration, help assimilate the experience, and reconstruct their worldview and identity. This use of creative expression can help children and adolescents create meaning and identity, whether their journey is through the youth protection system or through migration to a new country (Lemzoudi, 2006). This process of recording and reconstructing can be important to young adolescents who are placed in foster families or in care with people who are not of similar cultural backgrounds. Loss of tradition, cultural identity, knowledge, spirituality, and alienation can occur for young adolescents in care when the exploration of their backgrounds is not encouraged or accepted (Moss, 2009). Storytelling has been frequently used for acute trauma in children and adolescents with the combination of the Expressive Therapies Continuum (ETC) and the Chapman Art Therapy Treatment Intervention (CATTI; Appleton, 2001; Chapman, 2014; Hinz, 2009). These methods are integrated to create steps to aid in processing Lee’s (1970) trauma stages of impact, retreat, acknowledgment, and reconstruction. It reflects a bottom-up trauma processing model, which is informed by current neurodevelopment research (Chapman, 2014; Schore, 2000).

***Altered and visual books.*** “Framework for freedom” is a term to describe the process where a therapist uses some structure to support the client in the art studio, while simultaneously encouraging freedom of expression (Rubin, 1978). A used book can act as a frame, especially for clients who are fearful of the blank page (Chilton, 2007). Clients can use methods to obscure or reveal as much of the original book as they would like. They can use multiple media of their choosing such as paints, fabric, words, images, or found objects, and can change the pages into pockets, pop-ups, or integrate whatever inspires them in the studio (Chilton, 2007). The book can

take an extended time, and can act as a space for the clients to tell their story, and record their processes (Chilton, 2007). Especially for adolescents in care, creating a book of personal history can be extremely important and powerful, when family albums or memorabilia are unavailable (Chilton, 2007; Malchiodi, 2013). The altered book can create meaning and as the adolescent is developing, it can assert their individuality and assist to help them explore their sense of identity (Chilton, 2007). Art or visual journaling is another suggested method to help build a sense of identity for adolescents (Beaumont, 2012). It can utilize mixed media, and can be employed as a free space to explore and reflect, or journaling prompts can be included to guide self-reflection and expression (Beaumont, 2012).

**Utilizing metaphor.** Adolescents utilize abstract concepts such as metaphor and symbolism as they develop and mature (Riley, 2001). These symbols and metaphors are found in their images, words, movements, sounds, and actions (Moon, 2012). As metaphors emerge and take shape in art therapy, the client is invited to explain and interpret their own images (Moon, 2007). Art can offer adolescents a space to use their imagination, problem-solve different options and potentials, and as Allen (1995) describes - adolescents can use “art as a way of knowing”. Metaphors act as a vital part of communication, allowing people to carry, create, and discover important meaning in their lives (Moon, 2007). In art therapy, therapists can communicate with the client, staying within their own visual metaphors to help support, inform, and connect with clients in a safe and non-threatening way (Moon, 2007). Artistic metaphors can help adolescents form new perspectives and make things concrete within the visual imagery. As adolescents begin to understand and trust their own use of metaphors, they establish trust in their own intuition and understanding of the world (Moon, 2007).

**Art therapy interventions.** Art therapy can act to help support identity development using specific interventions with goals such as exploration of gender and family roles, increasing and integrating self-knowledge, and building a positive sense of self (Beaumont, 2012). Hartz and Thick (2005) looked at interventions for young female adolescent delinquents such as the identity character strengths and collage project. Many authors and art therapists look at the idea of creating a self-box or inside-outside box, focusing on how you present yourself to the world and what things you keep inside (Carpendale, 2009; Woods and Dinino, 2007). Chapman (2014)

described creating personal animal totems with clients as a tool for projective self-discovery. Mask making that uses self and super hero identities can help clients connect with inner strengths or spaces of needed support (Carpendale, 2009). Self-portraiture can be a confronting intervention, but with a strong alliance a photography self-portrait project was used in a case study by Parisian (2015) as a method towards understanding identity struggles, transformation, and integration.

### **Response Art**

Utilizing response art can act to deepen our knowledge of our process with clients. Through an imaginative and interpretive dialogue, it can create internal conversation with the client as artist (Moon, 1999). Art therapists ask their clients to explore themselves through imagery and symbol, however often in their own lives they neglect to utilize these elements for reflection of their professional selves (Wadeson, 2003). Many authors discuss utilizing response art to help process and explore counter-transference to clients and material after sessions (Allen, 1995; Fish, 2006; Moon, 2009; Moon, 2012; Riley, 1999; Wadeson, 2003). Response art can be implemented after sessions both as a way to externalize and explore the counter-transference, and as a method of self-soothing (Fish, 2006; Wadeson, 2003). Response art can act to increase empathy, help to identify and separate the therapists' feelings from the clients, and clarify treatment needs and goals (Riley, 1999; Wadeson, 2003). Wadeson (2003) discussed the use of response art in working with adolescent populations to help answer the strong reactions and emotions that can be stimulated in the therapist. Working with adolescents can elicit reminders of a therapists' own adolescent challenges as they are witnessing and supporting the adolescent client's struggle for separation and individuation (Moon, 2012; Wadeson, 2003). Response art can help externalize the strong feelings, safely witness, react, and contain client material, and have a visual record of the process to help the therapist understand complex counter-transference issues (Moon, 2012; Wadeson, 2003).

### **Methodology**

I have never made a painting as a work of art,  
it's all research. - Pablo Picasso

Arts-based methodology is a qualitative approach to research, and can be defined as the systematic use of the artistic process as a primary way of experiencing and understanding (McNiff, 2008). Through my use of the arts-based inquiry, I am informed by McNiff (2008) in “exploring the nature of art and its creation” (p. 30). As McNiff (2008) described in his own arts-based research, the art images and expression come from within, are connected to the maker, and can further the understanding. Although art making can be inherently heuristic, creating a clear systematic method can allow separation, and offer practical applications to the discipline (McNiff, 2008). This paper presents methods from an arts-based perspective to inquire into how the understanding of the therapeutic process can be deepened between therapist and client in art therapy.

### **The Arts-Based Research Approach**

Creative arts therapists utilize the arts daily in their clinical work, and yet this creative process is often left out of the research (Brown, 2008). Arts-based research can create meaning from experience, and encourages the development of new perspectives in the viewing of and engagement with data (Finley, 2008; Simons & McCormack, 2007). Finley (2008) discussed how arts-based research furthers our ways of knowing and responding to the world, honouring personal experience and intellect. Elements of the process and products of the art expression are some of the key features of artistic inquiry. The medium can be paradoxical, acting to connect and distance itself from the researcher, allowing intense involvement, and space for reflection of new ideas and possibilities (Kapitan, 2010). Arts-based inquiry can provide a picture that reflects many levels of information processing, such as sensory, emotional, and intellectual ways of knowing (Brown, 2008; Finley, 2008; Kapitan, 2010). This process can create metaphor, carrying multiple layers of meaning, and allow the researcher to see themes and patterns that have integrated messages (Simons & McCormack, 2007). Since much of the work in art therapy may exist in the symbolic and unconscious realms, using arts-based inquiry can honour that process and reflect an expansive viewpoint (Brown, 2008; Kapitan, 2010).

### **Stages of Arts-Based Inquiry**

Hervey's (2000) three stages of arts-based inquiry were used to gather information: art making to gather data; art making to analyze data; and art making in the presentation of data. These stages are reflected upon in Kapitan's (2010) primary components: to identify the focal questions for research; to generate and analyze data; and to articulate and present the findings to others (pp. 167-175). My own research included four stages, as the second stage of analyzing data was split into two distinct parts: creating personal art reflections in the form of response art from my experiences with this population; and then reviewing themes that came from the initial response art and generate new images. The first stage of inquiry in this study was "initial awareness", which was the gathering of data in the context of my internship placement with young adolescents in care, and deepening my knowledge of the research question (Hervey, 2000, p. 47; Moon & Hoffman, 2014). This data was compiled into a preliminary literature review, which synthesized themes, ideas, and relevant source material such as suggested art interventions with this population. Databases such as Psychinfo, Taylor and Francis, Clues, and Google Scholar were used to locate relevant material, searching with the keywords: adolescent, adolescence, foster care, identity, development, attachment, trauma, youth, in care, existential, resilience, art therapy, art, and creativity.

My second stage of inquiry was creating personal art reflections in the form of response art from my experiences with this population. Hervey (2000) referred to this process as "decontextualization and re-creation", which is re-creating the image/idea in an artistic medium (p. 47). The response art was created as quick sketches, watercolours, collages, or other small artworks to capture the immediate feelings and thoughts surrounding client material. I also created art based on suggested interventions from the literature. These pieces would take between five to 25 minutes to create and were kept in a medium sized visual journal or were photographed if they were three-dimensional. At this point I met with my research advisor to present my ideas and artwork, and together we began mapping out the timeline for art creation, writing components, and making meaning for the art. This process of "appreciation and discrimination" allows for evaluation of how effective the process is (Hervey, 2000, p. 47). In Kapitan's (2010) section on art making as data gathering, she outlines how an intention can be

set before the art making to deepen the exploration and art process. I integrated an additional written component (as described below in the data collection and analysis section), because responding to themes and suggested interventions alone proved to solicit minimal affect or meaningful information. Initially trying the interventions felt like completing “exercises” without the additional written component, which allowed for a more in-depth connection of themes and metaphors. Although the response art felt meaningful, additional reflection on the process and imagery helped deepen the understanding. This may provide some information about interventions that are used out of context with this population or without a strong therapeutic alliance. This reinforces the idea that a creative process can activate the inquiry into the research question, and adding an additional creative element helps to deepen the inquiry.

During the third stage I used art making to generate and analyze data by distilling the themes and metaphors that appeared in the initial response art, and created new art images in response to that information. Using Hervey’s (2000) stage of “refinement and transformation” helped me create the new emergent images (p. 48). I distilled themes from the images by making note of the visual content (type and quality of line, what was represented, and medium), and also the reoccurring words and ideas from the written component. In arts-inquiry, the interpretive process mirrors the process of data collection, in that the researcher and the data being analyzed are connected, and the researcher responds and embodies the data itself (Simons & McCormack, 2007). I met with my research advisor to discuss progress, and how I envisioned the presentation of the results (Moon & Hoffman, 2014). Finally, during the fourth and final stage, I collected the symbols, themes, and metaphors within the images through a similar process as noted above, and revisited and continued the written component. From this I developed a visual book to present the findings along with this contextual essay, which is the “recontextualization” process (Hervey, 2000, p. 48). The contextual essay has been created in relation to the research question, theory, and practical application to the field of art therapy (McNiff, 2008; Moon & Hoffman, 2014). The visual book is intended to communicate the main thematic phases of the therapeutic relationship, to reflect on the importance of art making, and provide community resources that could be helpful for young adolescents in care.

## **Data Collection and Analysis**

The method of data collection used in this research was practice-based and experimental. The experimental piece of research was the response art, trying different art media, and art making in response to suggested art interventions, which was initially collected in a visual journal. The information that was collected in the initial experimental stage was then utilized in practice. The practice-based piece required that my art making advance my knowledge of the research, and illuminate new ways of knowing through art making and response writing. The creative work was made through a number of different media in the visual arts, and the data was created through the activity (process) and output. The practice-based label suggests a frequency of work, and after the initial art making stage, there was an intensive four-week period of art making where I would make sketches and work on art pieces daily. The types of analysis used were the literature review, document analysis, pattern analysis, analyzing reoccurring themes and symbols in the art, interpreting the art both formally and through metaphor (picture analysis), and the art-based creations (Fish, 2006).

The initial data collected in the above literature review included the synthesis of information surrounding young adolescents in the youth protection system, identity development, trauma and attachment, creativity, and response art. Current interventions and information that was derived from the literature was compiled to develop themes to be used in the next step of the artistic inquiry. Response art was created after art therapy sessions with clients to help process and reflect on the themes and interventions used with youth in this special setting, the lived experience working with this population, and personal reflections. A narrative component was integrated with each final artwork, which was informed by Fish's (2006) image-based narrative inquiry of response art in art therapy. The form includes the date, title, materials, intention/inspiration, where and how it was made, who it was shown to, what happened during its life course (dialoguing with the image), where it is now, and a space for personal response (Allen, 1995; Fish, 2006; Kapitan, 2010). This component was chosen as it is inductive, allows for a continual and thorough exploration, is used to inform the theory, and raises questions for future studies (Fish, 2006).

The data analysis that followed the initial stage of art making reviewed the imagery, symbols, and writing. I noted recurrent images, metaphors, words, themes, sensations, and ideas. The second stage of art making was in response to this analysis. These images are documented through the art response forms that are mentioned above. Reoccurring or common imagery that was found within client artworks was also listed during this stage to compare with my own response imagery. Using the art making as data analysis includes the “reflexive action” that I influence and am influenced by the experiences of the artistic inquiry (Kapitan, 2010, p. 170). Arts-based inquiries are heuristically influenced, and focuses on my inner experience in response to the data (McNiff, 2008). This stage integrated the emerging personal knowledge and symbols into new artworks that provide a new perspective on the research question (Eisner, 1998). Over a period of four weeks, 26 art works were created as a method to reflect on the initial data, and generated information which is presented in the findings.

The research findings are disseminated through the artworks which are documented as digital photographs, and compiled into the final product of a visual book (available online) as well as some segments of written reflections on the process. This book will be an artistic visual reflection of the artistic-inquiry. It is not a “how-to” or instructive manual. This written report provides context for the thematic findings in art therapy, theory, literature, professional practice, and further recommendations. The visual book will offer art therapists and youth workers a visual representation of recommendations for the organization or framework that can be used to develop working relationships to help guide adolescents in their journey. The visual book is 20 pages in length and will reflect the process that informed those recommendations. The visual book does not include a formal critique, but it is accessible online for the public to gather their own information to draw their own conclusions. Validity is obtained through the public critique in arts-based inquiry, and I will encourage peer review and feedback to help stimulate debate and gain further information through a response form on the website (Kapitan, 2010).

### **Ethical Considerations and Biases**

Ethical considerations to be examined include being conscientious of the boundaries between working as a student intern with client material, and my researcher’s role. My goal is to

draw from my personal experience of working with this population in an art therapy setting through response imagery (Kapitan, 2010). Another ethical consideration will be to situate myself as a student, an intern (at a youth protection organization), and an artist who tries to maintain a small practice recording imagery in sketchbooks. Considerations must be made for the reflexivity, where my artistic inquiry informs my knowledge, and my knowledge and lived experiences inform my artistic inquiry (Kapitan, 2010). The sharing of my process will be described through my own personal lens, but the viewer and reader are welcome to apply their own meanings and interpretations (Brown, 2008; McNiff, 2008).

Through artistic inquiry, the creative characteristics can be part of the research as an evolving and responsive method (Hervey, 2000). Arts-based inquiry includes and promotes aesthetic, experiential, and emergent meanings which reflect the use of metaphor, symbols, and meaning-making (Brown, 2008). Young adolescents often utilize metaphors and symbols to explore their own identities. Arts-based inquiry can guide the discovery of the process, and make meaning in thematic stages of art therapy to use with this population.

### **Findings**

“As an essential part of the process, we engage with the client’s artwork through responsive art making in an effort to help adolescents reveal their lives in even-deeper ways” (Moon, 2012, p. 88).

Over the course of three months, information, images, and data were created and assembled for this project. I will summarize some of the meanings that emerged for me through this arts-based inquiry. After the data and individual art pieces were collected, I reviewed the imagery and made notes about my initial themes and ideas to compare them with my final images. My initial themes reflected the therapy process with young adolescents, the process of identity development, existential issues, and the journey with the clients as they engaged with me. The headings that emerged from the process were often used as intentions in the art making, and were matched with two final artworks that echoed thematic phases of the therapeutic process. The presence of two art pieces for each heading reflected my need to utilize response art with client material at different phases in the therapy, and then creating imagery which reflected

my own needs in the process. I labelled the client based responses “an image of you” and personal based responses “an image of me”. This revealed the parallel processing of my own identity struggles in the art therapy room and how that emerged through my own art making - trying to juggle the needs of the client and my own needs. These moments illustrated the interrelatedness of artwork process and product from client and therapist.

In comparing the images that were created in the first stage of client based response art and the artwork of my clients, figures that were represented in both were body oriented images including eyes, hands, and mouths. In both artworks, there was a frequent initial use of perceptual imagery including repetitive or geometric shapes. Images of natural elements such as trees, mountains, land, and outer space were depicted. Internal and external spaces, houses and containers, and fabric arts that included sewing, wrapping, or containing were also repetitive within the artworks. Words which stimulated strong personal responses when reviewing my notes that accompanied these images were: heavy, throat, space, environment, helpless, beautiful, structure, precious, frustration, manipulating, struggle, misshapen, externalize, haunted, safety, hunger, contain, need, and progress. The rawness which accompanied some of the feelings and responses to the initial images felt too close to me, and I was happy to have planned a second stage of art making to allow the more intense sensations to settle and re-emerge in new information.

In my final body of artwork, images of women seemed to dominate the figurative element of the art. Houses, containers, the body, water/waves, landscapes, layers, interior/ exterior, altered images, bridges, trees, wolves, plants, fabric, mouths, sensory materials, and feeding were images that appeared within the art. Looking at the images together provided an overall reflection about openings, revealing interiors, and containers. The headings which accompanied the pairs of images were: safety and security (containing), developing relationships (contact), resistance (withdrawal and approach), perceptual (pleasure and enjoyment), symbolic (play and exploration), imagining the senses (the body), strengthening the self (reinforcement), emotional exploration (trust), aggression (release), self-nurturance (cultivate), parallel processing (bridging), self-care (ritual), and ending of therapy (loss and separation, internalizing). The

headings reflected thematic phases of therapy, and the relational aspect. After allowing some time to pass after the creation of the images, I reviewed them and continued the image-based narrative inquiry, adding additional dialogue and thoughts.

Part of the symbolic language and metaphors in these images reflected the core identity development through existential theory. The metaphorical language describes the isolation, honouring of pain and fear, limitations of existence, and expressions of hope (Moon, 2009). The images that were in response to client needs and journey, began to interact and communicate with my own images. As Moon (2009) describes “doing with”, “being open to”, “honouring pain”, and creatively struggling with existential concerns - these images began to connect and reflect those phrases (p. 87). Moments of reflection, connection, and the interplay between the “image of you” and “image of me” began to emerge within the pages. This could point to the sense of collaboration felt with the clients, and a strengthening of the therapeutic relationship. The aspect of witnessing also became an essential piece of art making, in that being witnessed in creation offered me something additional. Some of my most meaningful pieces were created in the presence of another person. The experience of non-verbal communication, right-brain to right-brain communication in emotional processing, and parallel processing grew into an influential piece of art making (Schoore, 2000).

The symbolic and emotional content throughout the writing reflected the demands I felt I was making on myself, and how deeply my client’s stories resonated within my waking and sleeping life. The theme of vulnerability became present in my writing, and in the reflection of imagery. As a student intern the feelings of being vulnerable can be scary, and meeting with clients felt like a constant balance of allowing myself to be vulnerable and remaining in control. Riley (1999) describes the need for honesty in the relationship with adolescents, as they have an uncanny ability to detect a false persona. I was attempting to be with the clients in their journey, and “do” with them (Moon, 2009, p. 87). Other emergent data was my attempt at separation, and untangling myself from my client’s struggles and stories. Moments of harrowing self-doubt, client-filled dreams, and interrupted sleep would cycle through my semester. Consistent needs of self-care emerged during the art making, and often I utilized the client response art to help

process, contain, and separate myself. Riley (1999) describes the therapist becoming activated by adolescent populations, especially in their resistance. I felt my own sensitive adolescent self being stimulated, and had to follow Riley's (1999) advice and acknowledge the frustration and hopelessness. This experience is explored in the discussion through the idea of vicarious traumatization and utilizing response art to counteract some of the effects.

Moments of self-revelation and understanding also emerged through the imagery. As the final images developed in the ritualized four-week creative journey, it reflected the energy and intensity of the work with this special client population. Patience, understanding, and sensitivity of timing seemed to emerge as a critical piece when working with this population. Riley (1994) discusses how the beginning stages of therapy with adolescent clients require a slowness that sometimes feels like it's going in reverse. In this process, time was required to let the ideas settle, and to become immersed in the inquiry. The importance of time was also related to the sense of ritual that I felt in the art making. Ritualizing art making and other methods of self-care may be transcribed into the life of a young adolescent outside the therapy room. There were many words and themes about movement, importance placed on the darkness in images, and something that is precious and uncomfortable which needed to be held. The earth was a recurrent theme in imagery and written responses in both its life-giving forces, and its death and reincarnations. Through this data, impressions of transformation and change were reflected as themes.

I made notes on the materials used in the art making to gather data on possibilities for this clientele. Different media seemed to generate different responses, and although much of the art contains similar symbolic elements, the style and affect that accompanied the making of the images changed greatly. The images that utilized embroidery and fabrics were connected with the senses, and the two-dimensional embroidery works have a strong linear quality to them. Mixed-media collage (altered photos) seemed to hold tiny vignettes within their edges, which had implications for the book as a whole. As I created altered images and collage, I noticed how placing two images next to each other immediately suggested interaction. As I was compiling the book, the images which were placed next to each other began holding new meanings. Painting (watercolour, acrylic, and oils) allowed a rich use of fluidity, and chalk pastels had somewhat of

a dream-like quality. This seemed to lie in the lack of hard edges in those images coming from their ability for blending and softness. Many clients were drawn to glitter, and although I did not use glitter, I did find myself excited by the shiny fabric, gold leaf, and gold paint. The notes on these materials also tended to reflect the way clients frequently used them.

The therapeutic relationship acts as the holding space for the images. Meditation on the images, and discussion with my advisor surrounding the imagery revealed my identification of underlying shadows that follow me in my own existential quest for meaning. A section of text in my response writing reflected some of this journey: “blurred landscapes - looking up and having travelled so far - distance & space were escaping me.” My repeated uses of fabric and wrapping illuminated attachment needs and patterns, which are important pieces to consider in the initial stages of therapy. Client response imagery allowed me to contemplate and imagine the way my clients interact with and explore their own inner symbols. The visual book exposes an intimate search for self-identity as a future professional, my personal experiences with historical anchors, and profound and stirring encounters.

## **Discussion**

My initial research question was reflective of the development of identity in young adolescents in care, and as my research continued it shifted to questioning the therapy process and deepening the understanding of connection between client and therapist. In hindsight, the initial question of strengthening identity was what I was looking to find for both myself and my clients in that therapy room. Throughout the inquiry, my initial response art and reflections began shaping the intentions, and uncovering the meanings of my research. The discussion below will address the research as it is related to working with this population, materials, time, ritual, the therapy process, and self-care. The pursuit of this project was to create art and data that would be meaningful.

My initial literature review reflected some of the population’s special considerations in terms of how to prepare myself in going into the therapy room. Many of my clients had histories and stories that were reflected in my literature searches, and this helped to prepare myself for the

initial stages of therapy, and be aware of the different needs of this population. My art making during the initial stage of the research was sparse, contained within a journal or little pieces of paper, and felt very personal and raw. This reflected the building of trust and safety with my clients, as I was building trust and safety within the process of research. I kept trying to visualize the product of this research, and I was feeling overwhelmed, confused, and lost in the expansive ideas I had. This was when following McNiff's (2008) advice of creating a stable methodology began to really come in handy. My research question became clearer to reflect the importance of the art making, and how it could inform my understanding of these clients' needs and process.

### **Ritual, Materials, and Scale**

After creating a methodology, elements of ritual, materials, and scale began to develop more weight and importance in the process. Moon (2012) discusses ritual in the context of a community arts studio settings with adolescents to provide safety, predictability, and to promote emotional risk-taking. In my art making process, rituals were implemented to provide the intellectual, emotional, imaginative, and meditative space; where I could develop data and imagery. Materials became important in my reflections for the different emotions that they stimulated, as well as noting my client's material preference. The theory of the Expressive Therapies Continuum (ETC) is a framework that can be used to look at media preference, processing level, and how emotions can be accessed and expressed by interacting with different art materials (Hinz, 2009). Different materials can evoke different affective experiences based on the different processing levels within the ETC which are: kinaesthetic, sensory, perceptual, affective, cognitive, symbolic, and creative (Hinz, 2009). The healing dimension of the creative level of the ETC has been defined as the inventive and resourceful interactions with the environment leading to creative self-actualizing experiences. The same media can act on many different levels of the ETC processing levels and it was helpful to notice my own processing levels and materials used, and compare them with my clients.

Both in my own responsive art making and in my clients' initial images, the perceptual level of processing was often utilized during the first sessions. This use of perceptual art acted in

my own process for reflective distance, providing me with the safety to begin exploring. This seemed to mirror my client's process, as often their initial images were geometric shapes, media explorations, or imagery they had made in the past. The organization of form at the perceptual level can encourage the formation of symbols and increased self-understanding (Hinz, 2009). In my client's imagery there was a pattern of using glitter, metallic markers, and shiny paint. My attraction to these materials initially surprised me, but they stimulated my visual senses, began to symbolize something precious, and echoed my wish to protect my clients. Materials that stimulated my sensory or kinesthetic levels often elicited the most immediate affective experiences for me within my art making. My symbolic and perceptual levels often operated cognitively as well, and the symbolic images often stimulated affective experiences when viewing the work. The increased affective functioning helps clarify thought about emotions, greater self-awareness, and empathic understanding (Hinz, 2009). The scale of the work seemed to change the way I interacted with the materials, and the responses that I had after. Larger scale works were able to involve my body in a more kinaesthetic way, and smaller works required more cognitive planning. This information provided me with methods to engage with the art making, and would also provide data in my response writing. Taking note of these preferences and aversions with clients could help the art therapist provide more client-specific interventions to assist them in creating distance, meaning, containment, and releasing energy (Hinz, 2009).

### **Therapy Process and Themes**

My final 26 images were paired and categorized by thematic phases of therapy with adolescent clients. The categories that I created were influenced from my initial art making, and the therapeutic process with adolescents as described by Oaklander (1997) and Moon (2009) through a relational and existential lens. The visual book reflects therapeutic thematic phases, which can be found in therapy with young adolescent clients, however these are not necessarily found in a sequential order and some phases may not occur at all. The following descriptions will describe stages/phases as found in the literature, which connects to the thematic phases presented in the visual book.

Initial contact between therapist and client requires trust and safety (Oaklander, 1997). Safety and security can be one of the most integral stages of treatment when working with young adolescents in care. Therapists must create positive relationships with these youth to help them revisit their pasts, encourage meaning making, and instill hope for the future (Malchiodi, 2008). Developing trust in the therapeutic relationship allows the client to risk closeness with another person, and the therapists' empathetic responses can help the client to begin to experience empathy for themselves and others (Gil, 2006). My imagery included the themes of ritual, containment, exposure, and protection (Figure 1, Figure 2). This revealed my own apprehension at feeling exposed during the art making process, and the worries about making my research project meaningful enough. The symbol of the nest (Figure 2) was repeated (Figure 4, Figure 10), and held a lot of meaning for me, which was apparent in the writing and earlier response art images. The need for untangling myself from my clients' stories became evident in the second therapeutic stage called "developing relationships (contact)". The symbol of the nest reappeared and seemed to represent my attempts to meet the needs of my clients, and words such as feeding, helpless, and protection surfaced in the writing reflections. Fabric, thread, and wool pointed to an emphasis on materiality during the initial stages, which had personal meanings of attachment, and the body. Words that stood out were stitching, spilling secrets, warm, heavy, and earth.

The resistance phase often presents itself after initial contact, and the young adolescent may withdraw, rebel, or become compliant as a way to defend themselves or discredit the therapist (Moon, 2012). Moustakas (1995) described resistance as a necessary form of self-preservation, and the therapist must be comfortable with possible hostility from the client (Moon, 2012). My image of the submerged face and woman at the shore (Figure 5) symbolized the ebb and flow of approach and withdrawal that was being transmitted from my clients. In my own personal response, the image of the crow/human (Figure 6) being held on explored my own resistance to my path in life, as well as ideas of transformation, and resistance to change. I was dissatisfied with this image, which may point to the unsettled feelings I was experiencing when I was facing strong resistance from my clients. This image helped me to externalize and hold that unsettled feeling so that I could preserve myself against hostility from clients (Moon, 2012).

Van der Kolk and d'Andrea (2010) described the need for youth to experience interventions that encourage pleasure and mastery, safety, predictability and fun. This can help the young adolescents tend to their other sensations, and assist in the development of coping skills and self-regulation. The image of the clay houses with geometric painting (Figure 7), and the house inside the woman's body with perceptual line work (Figure 8), brought up feelings of mastery over complicated emotions, and as Van der Kolk and d'Andrea (2010) discussed, I was then able to tend to the emotions without feeling overwhelmed. Through my own play and exploration images, there was a strong connection to the senses in the art making (Figure 9, Figure 10). In this phase, there were two recurrent images - the water (Figure 9) and the egg/nest (Figure 10). Jungian interpretations often relate water to the unconscious, in its vastness, and our inability to see the depths (Jung, 1976). Allowing myself to play and explore media freely allowed working and re-working of images, and later symbolic material was safely stimulated and projected onto the images. This could indicate success in offering young adolescent clients free choice of materials to explore in the middle phases of therapy to help them find their inner symbols. In the draw-a-breath/mountain painting (Figure 11) and body response image (Figure 12), the line work is surprisingly similar. Curvilinear and organic shapes are present in both images, and the writing that accompanied it discussed breathing, life, vibrations, and warmth. This leads us to the phase of the senses and body, which can help the client attune to different sensations and build coping skills to move towards the phase of strengthening the self (Oaklander, 1997). Materials can be utilized in very sensory and kinaesthetic ways to encourage mindfulness to the body's sensations to help build physical and emotional awareness (Coholic et al., Elbrecht & Antcliff, 2014).

In the response imagery "strengthening the self" (Figure 13) the person is obscured, and this could show the search for self and meaning. The arm reaches to place or remove its own pieces, which in my reflection I noted as the figure having to build or rework itself. At the middle phases in therapy, the therapist may have to take a step back to allow the client more control over re-building the vision of themselves. In my personal art response (Figure 14), I reveal my own internal structure, reminding myself of my own identity struggles, and the possible beauty in the

pursuit. The internal elements are ones I write about wanting to expose, allowing vulnerability in, and allow the dark spaces to remain my own - to be filled or preserved. This phase includes re-defining the self, experiencing power and control, making choices, owning projections, setting boundaries and limits, and using the imagination (Oaklander, 1997). Moon (2012) described these elements as the imagining phase, where denial of challenges in the client's life is abandoned, and a solid relationship is developed. This allows the adolescent to begin creating a healthy vision of their future self (Moon, 2012).

The therapeutic phase of emotional exploration is depicted in images (Figure 15, Figure 16) with overall themes of distance, recognition, space, isolation, and loss. These images have similar elements of trees, separation, imagination, and a sense of history. These images connect to Moon's (2012) existential idea of honouring pain. The idea of honouring pain is continued in the phases of identifying and accepting aggressive energy, and self-nurturance (Oaklander, 1997). Moon (2012) described these pieces as the immersion phase, which can be the most challenging, as the client must discard maladaptive behaviours and old images of the self, focusing on a truer version of the self (p. 140). Aggression can be challenging to deal with, and the imagery (Figure 17, Figure 18) reflects it's ability to be ridden as the wave, feel overwhelming or consuming, or defend against hopelessness. Riley (1999) described the art therapist as being sensitive to hostile and aggressive marks, which can be internalized. The initial response art that dealt with aggression was some of the most challenging to make. Part of the written response that accompanied the image with wolves (Figure 18) was "a wolf in sheep's clothing". This processing and containing through imagery addresses the release of aggressive energy rather than trying to ignore, smooth over, or explode in it.

The image of body parts and grass (Figure 19) echoes the earlier developing relationships image of tangled limbs (Figure 3) with the addition of growth. The image of the interior view of the pregnant belly (Figure 20) began as a media exploration of fruit petals and watercolours, and within the result I perceived the image of a fetus emerging from a flower. One evening I sat down with the image and continued developing it to be surrounded by a circle, which turned into a belly, and as the page filled I felt that I was nurturing my own inner child. I have always been

drawn to the outdoors and natural elements, and in this exploration I felt that I was in touch with my needs. The parallel processing page may not be considered a phase of therapy, rather it is a representation of the counter-transference that can be acknowledged through response art, or art which can be completed alongside a client to mirror the material they are addressing (Moon, 2012). This is represented through collaged imagery combined with drawing (Figure 22) and collage with painting (Figure 21). The field image (Figure 21) was created alongside a client to promote connection, modelling, mirroring, and the therapeutic alliance (Moon, 2012).

Images in the phase of self-care address the practice of response art as an art therapist, and help the client internalize self-care. The final phase is the end of therapy. This can address loss and separation, and consolidate and internalize the therapeutic process and growth (Moon, 2012; Oaklander, 1997). The image of the altered photograph (Figure 25) is referential of altered books, and recreating narratives (Chilton, 2007; Lemzoudi, 2006; Moss, 2009). Art making can provide new perspectives on the experiences, and these final images speak in metaphors of openings, movement, and rich interior spaces. Water is also present in the final two images (Figure 25, Figure 26), and the written reflections discussed changing tides, power, and returning to life. Water may speak of the unconscious, but it is also a life-giving force, and finds its way deep into the cracks of life (Jung, 1976).

### **Vicarious Traumatization**

Working with this population can stimulate many things in the therapist, and the extensive histories of trauma can create challenging and doubtful feelings within the therapist (Trippany, Kress, & Wilcoxon, 2004). Utilizing response art can promote emotional self-awareness which can be a factor to assist against compassion fatigue and vicarious traumatization (Killian, 2008; Trippany et al., 2004). Vicarious traumatization can manifest as changes or disruptions of the therapists' core self in their identity, memory system, and belief system (Trippany et al., 2004). As in the beginning of this research process, I began to make note of mounting doubts, and experiences of sleep disturbances. Response art helped me to provide distance, disentangle myself, and reflect. Vicarious traumatization is a reaction to engaging empathically with specific client-presented traumatic information and can have sudden onset

(Collins & Long, 2003; Trippany et al., 2004). Trippany et al. (2004) discussed how vicarious traumatization can create self-doubt and inhibit self-trust, as a result of the therapists' disrupted trust needs. Through artistic inquiry such as response art, there can be an alternative avenue for awareness, information, and different perspectives within the process. My own journey within the artistic inquiry provided new ways of knowing which acted as both an informative piece, and as self-care against vicarious traumatization.

Through the imagery and metaphor, I was able to explore and separate the therapy process with and alongside my clients, and found elements of my own identity as a future art therapist. The themes of process and relationships were clear in reviewing my work; my relationship to my clients, the relationship to myself as an artist and art therapy intern, as well as the relationship to art itself. Exploring the experiences through creative means felt close to my heart, as I was always fearful to lose my connection to art making as a graduate student. I felt the creative process helped to illuminate metaphors and meanings that I was not necessarily aware of, or I didn't have the words to express. The power in imagery allowed me varying degrees of exposure and security within the symbolism of personal meaning.

### **Limitations**

My research was limited by the timeframe that existed with the career as a student art therapy intern, and the limited privileged time as an intern at the agency. As creating the artwork was some of the most integral pieces, I would like to continue creating art and sharing it with others to get additional feedback. Space and materials to create the artwork changed the art making during the process. My initial stages of response art stayed within mostly two-dimensional artworks, recorded in a medium-sized visual journal, or on pieces of paper which I added to the journal. This aspect of journaling and size helped to support the ritualization of the process. Arts-based research can become extremely expansive as a method of inquiry, and perhaps the limits of time and ritual created a type of framework to contain the experience, and keep it more personal.

In arts-based inquiry, the conclusions that are drawn are influenced by personal experience, and cannot be generalized. The methodology for this inquiry provides a systematic examination of this question, and could be repeated, or be used to answer other research questions. Arts-based research can be useful if others find their own connections and meanings in it, and useful in how the research can connect to the discipline (McNiff, 2008). I created some of my own limitations on how much personal meaning I wanted to share in my imagery due to its personal nature. This can bias the results, but also it gives space for viewers of the visual book to create their own meanings and understandings of the thematic phases of therapy.

The physical copy of the visual book is not widely available. This limits the accessibility to the images and data, however creating a website with the images available online provides broader access to the work. The personal nature of the responses were able to provide findings and themes that spoke to me, however other researchers may have varied conclusions, and therefore additional information and themes may not have been uncovered.

### **Recommendations**

This research project was initially intended to provide recommendations for art therapists or community members working with this population. Some of the most rewarding art making moments in this project were creating alongside others, and I would recommend other professionals to connect with one another and utilize art making in supervision to explore personal symbols, or for self-care. Brown (2008) documented that “the creative art therapists who continued to make art while managing their careers found the art-making process vital to their professional affectivity and their personal well-being” (p. 207). Sharing art ideas or frustrations can be very rewarding and challenging work, and in those moments I believe there is an opportunity to reveal new perspectives, and grow from those experiences.

Response art was a very important piece of this research, and I will be continuing this practice in a ritualized way to keep perspective, understanding, and exploration available. I recommend to therapists or community members working with adolescents in care to find creative outlets to utilize response art. This can be done through writing, visual art, drama,

music, dance, or any other method that helps externalize material from the client, from yourself, and the counter-transference material. In this realm, you do not need to be an expert of the media, and as McNiff (2008) suggested you can utilize any of these media in expression, which may also limit personal bias. Ritualizing art making or other methods of self-care is also an important recommendation that comes from this research.

The frameworks and philosophies that helped guide this research involved a trauma-informed, psychodynamic, existential, humanistic, and material-based knowledge. I recommend familiarizing yourself with these frameworks and philosophies when working with this client-base, as it can help inform practice and interventions. The ETC proved useful to help guide my own art making process, and information can be gathered in the process with our clients to see how they are operating within this framework to help structure sessions and interventions.

Additional research is recommended in the form of intervention research for a group of 10 to 12 young adolescent clients in care in art therapy. The intervention research could be developed and informed by the therapeutic phases from the findings above to scaffold the sessions, with focus on developing positive identity, and coping skills for young adolescents in care. The thematic phases may be used as possibilities that will come up in their sessions, however these themes can be fluid and may happen in parallel or not at all. The art therapists leading the group could utilize the frameworks, response art, and material-based information to help create themes for each session which focuses on the needs of clients, and group dynamics. Group dynamics with adolescents is often an authentic reflection of life, reflecting a microcosm of society. The proposed research could focus on identity formation, developing an empathic relationship based on understanding and reliance, and working to redefine the group unity.

### **Conclusion**

Through a clear and consistent practice and method, I was able to discover deeper meaning and insight into the therapeutic process with my clients. Utilizing art-based inquiry allowed me to reconnect with art making in a ritualized and expansive way. Focusing on the creative process provided me with the opportunity to tend to other sensations and information

that may have been inaccessible through language. As I used response art and then revisited themes and data in additional art making, I uncovered the vulnerability that I felt in my work, and the existential elements that I was not initially aware of. My reflection of materials and levels of personal processing on the ETC provided new ways of viewing a client's approach to materials and preferences. Personal symbols emerged, and I learned to honour and recognize recurring imagery in my work, and my client's work. The thematic phases in art therapy provide a framework with this special population, and offers space to transform and expand along with the client. Being honest, critical, and reflective of my responses with my clients has allowed me to increase my awareness of my own identity development as a future art therapist. This experience has also reinforced the idea that although there can be a consistent frame or holding space, each client is different and needs to be responded to individually. There is no recipe book for working with a specific population. My own limitations, bias, and values have become more apparent in this process, and I believe it can contribute to improve my therapeutic responses in a sensitive, and intuitive way for my clients. As an art therapist, I aspire to address the fundamental questions of one's existence and use art making as a tool to care for my clients' questions on existential issues, as the images created often mirror the client's life.

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Appendix



*Figure 1. Safety and security. Various dimensions. Cardstock, yarn, and beeswax.*



*Figure 2. Containing. 30" x 30". Acrylic on canvas.*



*Figure 3. Developing relationships. 7" x 10". Watercolours on paper.*



*Figure 4. Contact. 6" x 6". Embroidery.*



*Figure 5. Resistance. 24" x 24". Oil on canvas.*



*Figure 6. Withdrawal and approach. 8" x 20". Chalk pastels on paper.*



*Figure 7. Perceptual. Various dimensions. Model magic, acrylics on board.*



*Figure 8. Pleasure and enjoyment. 7" x 10". Marker and pen on paper.*



*Figure 9. Symbolic. 12" x 18". Beeswax, oil paint, and fabric on board.*



*Figure 10. Play and exploration. Various dimensions. Plaster bandage, fabric, paint.*



*Figure 11. Imagining in the senses. 30" x 24". Oil paint on canvas.*



*Figure 12. The body. 18" x 24". Chalk pastels on paper.*



*Figure 13. Strengthening the self. 7" x 10". Watercolours and pen on paper.*



*Figure 14. Reinforcement. 4" x 5". Embroidery.*



*Figure 15. Emotional exploration. 5" x 5". Oils on black canvas.*



*Figure 16. Trust. 12" x 18". Altered photographs, oil pastels on paper.*



*Figure 17. Aggression. Various dimensions. Plasticine, collage, natural materials.*



*Figure 18. Release. 10" x 7". Pen on paper.*



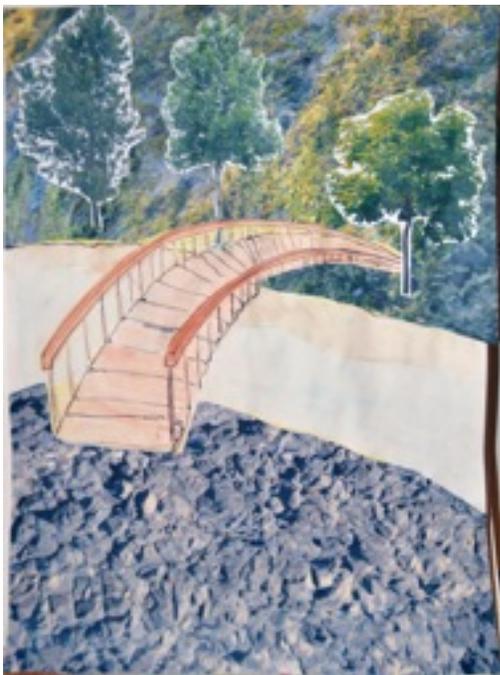
*Figure 19. Self-nurturance. 24" x 24". Oils on black canvas.*



*Figure 20. Cultivate. 12" x 9". Watercolours, natural materials, oil pastels.*



*Figure 21. Parallel processing. 9" x 12". Acrylics and collage.*



*Figure 22. Bridging. 18" x 20". Inkjet printed photos, watercolours, and pencils.*



*Figure 23. Self-care. 3" x 4". Altered photo and pen.*



*Figure 24. Ritual. 8.5" x 11". Oil pastel on black paper.*



*Figure 25. Ending of therapy. 9" x 12". Altered photo and oil pastel.*



*Figure 26. Loss and separation, internalizing. Lino carving and ink.*