

SOMATOSENSORY AND ATTACHMENT-BASED GROUP ART THERAPY FOR  
AUTISTIC ADULTS: FOUND OBJECTS INTERVENTIONS

EMMILY NGA-MAN LAI

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By: Emmily Nga-Man Lai

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Research Advisor:

*Heather McLaughlin, MA, RMFT-S, ATR-BC, ATPQ*

Department Chair:

*Cynthia Bruce, PhD, MTA*

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## ABSTRACT

Autistic adults may face challenges impacting their quality of life, especially if their emotional needs, social cognition, communication, and attachment difficulties are not well supported (American Psychiatric Association, 2022; Durrani, 2019; Stallings, 2022). Adults diagnosed with autism spectrum disorder (ASD) may experience ASD-related anxieties, including those with sensory integration dysfunction (SID), may become hypo or hypersensitive to sensory information, and withdraw from social or environmental interactions as a coping mechanism (Durrani, 2019, 2020; Lindgren & Doobay, 2011). Autistic individuals can benefit from art therapy interventions to help with social interaction, attachment, and regulation difficulties. The use of found objects in art therapy can support these individuals to create art that is based on their responses to their environments. This may increase client engagement, support attachment formation between client and therapist, foster emotional identification, meaning-making, and personal symbolism (Brooker, 2010; Hinz, 2020). Group art therapy can provide autistic adults with a safe, creative space to work towards self-regulation, creative expression, and social connection (Armstrong, 2013; Gonzalez-Dolginko, 2020; Suchostawski, 2018). This research paper will explore how a group art therapy program for autistic adults, with ASD-related anxiety and sensory information processing challenges, can be designed using found objects interventions. The research paper will use social justice, somatosensory and attachment perspectives. A 16-week group art therapy intervention program is developed using Fraser and Galinsky's intervention research model (2010). The research paper includes a literature review and addresses the strengths, limitations and implications of the findings and suggests directions for future research.

### Keywords:

Autism, neurodiversity movement, group art therapy, found object, sensory integration dysfunction, attachment, self-regulation.

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## **Chapter 1: Introduction**

Autism spectrum disorder (ASD) is part of a neurodiverse spectrum of human experience (Stallings, 2022) and each autistic person's life is impacted in all aspects (Suchostawski, 2018). During transitions into adulthood, young autistic adults and their families must navigate finding access to healthcare and social services outside the school support system (Lai et al., 2020; Magiati & Howlin, 2019; Suchostawski, 2018; Warreman et al., 2023). Autistic adults may face challenges that impact their quality of life, especially with life transitions from youth to adulthood, social relationships, poverty, employment, housing, and independent living (Magiati & Howlin, 2019; Lai et al., 2020). Many autistic individuals present with "ASD-related anxieties" including those related to sensory stimulation, specific phobias, and/ or novelty (Lau et al., 2020). Autistic individuals who experience sensory integration dysfunction (SID) may disengage from their environment to avoid stress, and, without needed support, may have difficulties forming attachment, developing emotional regulation and social skills (Durrani, 2020, 2021). The "person-environment fit" approach is a nuanced stance that considers changing environmental factors to empower autistic adults to live fulfilling and successful lives (Lai et al., 2020, p. 443). In group art therapy, autistic adults benefit from a safe, creative, and social space that can accommodate their needs, foster their strengths, and maximize their potential for success (Dolphin et al., 2014; Suchostawski, 2018). Group art therapy can nurture autistic adults' social and emotional needs, while building community and solidarity among others on the spectrum (Suchostawski, 2018).

### **Statement of Purpose**

The goal of this research paper is to design a group art therapy program for autistic adults in a community setting. The research paper will address the primary research question: "how can a group art therapy program be designed using found object interventions to support autistic adults with comorbid (or co-occurring) anxiety and sensory challenges?" The group art therapy program design is informed by current literature in art therapy, psychodynamic psychotherapy, autism and critical disability studies, and other fields. The research and intervention program will be grounded in intersectional and anti-oppressive frameworks.

## **Personal Motivations**

This research project culminates from my passion for disability communities, equity, art, and community building with my lived experiences as an art therapist in training. My personal motivations and inspiration for this research comes from my lived experience as a young artist, ally and member of the disability community, and art therapist.

In my personal art practice, I gained inspiration from working with found objects. In 2018, I was studying contemporary sculpture at the University of Guelph and explored found objects in my final sculpture project. I explored the university campus and used abandoned scrap metal to create a found object sculpture to reflect on deconstruction and assemblage to represent my past trauma and healing process. To me, found objects have their own character, cultural contexts, stories, and meanings within their everyday environment, which makes the ordinary extraordinary. I am fascinated by the process of scavenging and collecting objects and using them to guide the exploration of my life, memories, and relationships with the world, others, and myself.

Before beginning my studies at Concordia University, I had the opportunity to support disabled persons at Sunrise Therapeutic Riding and Learning Centre in Puslinch, Ontario. Sunrise's mission purpose was to empower children, adolescents, and adults of all abilities and skill levels to reach their full potential through their therapy, horsemanship, and recreational programs. As an equine therapy lesson volunteer, I collaborated with the equine therapist, barn hands, and staff to facilitate therapeutic lessons and horsemanship learning activities for disabled riders. During my time at Sunrise, I witnessed how disabled people flourished with compassion and support from a nurturing community setting.

In my art therapy training, I gained invaluable experiences through my practicum work at the Centre for Arts in Human Development (CAHD) at Concordia University. As both a research and education center, CAHD provided creative arts therapy programs for neurodiverse community members, including adults with intellectual and developmental disabilities, autism, speech and physical impairments, and other disabilities. I worked with another art therapy cofacilitator, to develop and facilitate online group art therapy for neurodiverse adults for a 7-month program. From my experience at CAHD, I developed a strong passion for disability

advocacy and representation, cultural reflexivity, and community building, which I will carry with me for the rest of my life.

## **Overview of Chapters**

This research paper is organized into five chapters. Chapter 1 includes the research's introduction to the autistic population, their needs, the research motivations, and key definitions. Chapter 2 will review the research paper's methodology: the intervention research model. Chapter 3 includes a literature review of relevant research to identify the presenting problems or social need, related factors, and intervention models. Chapter 4 will present an intervention program for a group art therapy program outline and structure. Lastly, Chapter 5 will discuss the intervention proposal findings, critique areas of strengths and limitations, as well as future research directions.

## **Key Definitions**

*Autism spectrum disorder*: a wide range of neurodevelopmental disorders; DSM diagnostic characteristics include social cognition challenges, and restrictive, repetitive behaviours (American Psychiatric Association, 2022)

*Sensory Integration Dysfunction*: neural dysfunction, whereby the nervous system inefficiently receives and processes sensory information; can lead to hypersensitivity, hyposensitivity, coordination problems, speech and/ or motor delays, behavioural problems, unusual activity levels (Lindgren & Doobay, 2011).

*Neurodiversity movement*: part of critical disability studies and greater social justice movement to advocate for the rights, equity, respect and societal inclusion of neurodivergent peoples (Poole, 2022; Stallings, 2022)

*Art Therapy*: form of psychotherapy that uses art as a therapeutic tool for creative self-expression to promote wellness, personal growth, and healing (Malchiodi, 2012a)

*Found Object*: type of art genre; a natural or manmade object that is found and kept for its discovered intrinsic value, such as its visual appeal, emotional, cultural, or intellectual value, or other personal relations or significance; used as art object or part of greater artworks with little to no modifications (Brooker, 2010; Camic, 2010; Wong & Lay, 2021)

*Attachment Theory*: branch of psychodynamic psychology that studies a person's childhood development and early relationships, and how these impact a person throughout their lifespan (Armstrong, 2013; Harris, 2004; Schore & Schore, 2008)

*Person-Environment Fit*: care intervention approach that considers changing one's environmental factors to better suit one's needs to optimize for success (Lai et al., 2020, p. 435)

*Art Hive*: “publicly accessible studio spaces that are grounded in a community art therapy approach that sees art making as the primary site of engagement and exchange”(Lewis et al., 2020, p. 36)

*Ableism*: “system of thinking that casts disability and/ or impairment as inherently negative...[;] a system whose logic relies on the notion of the normal individual and on an enforced division between the normal and pathological” (Bruce, 2016, p. 134)

## **Chapter 2: Methodology**

### **Intervention Research Question and Purpose Statement**

This research paper's primary research question is: how can a group art therapy program be designed using found object interventions to support autistic adults with comorbid anxiety and sensory processing challenges? To answer the research question, I will complete this research paper following the intervention research methodology. I will conduct a literature review to identify some of the diverse challenges that the adult autistic community may face, and I will explore current art intervention research designed for autistic clientele from attachment and sensory-based self regulation perspectives. In the literature review, I will highlight current findings and models, identify potential gaps in the literature, and ultimately develop a group art therapy intervention program.

### **Research Approaches**

Autistic individuals often face ableism, including in medical and therapeutic settings (Bottema-Beutel et al., 2021), which often center intervention treatment on behavioural correction rather than addressing emotional and social needs (Durrani, 2019). Literature suggests that art therapy interventions can improve emotional regulation and awareness, social connection, and self-empowerment in adult autistic clientele (Gonzalez-Dolginko, 2020; Stallings, 2022). Using Fraser and Galinsky's intervention research model (2010), and McBride's practical manual on intervention research (2016), this research project will develop a literature review and intervention program proposal to support the autistic community.

The research will be grounded in an intersectional framework (Talwar, 2010) with anti-oppressive perspectives (L. A. Brown & Strega, 2005), and critical disability studies (Berressem et al., 2017; Bruce, 2016; Goodley et al., 2019; Shelton, 2020) perspective throughout the research process. The intersectional framework will be grounded in a self-reflexive stance (Talwar, 2010), which involves the researcher determining which relevant personal locations for participants to disclose, including their gender, class, race, and sexuality (Talwar, 2010). In this stance, it is vitally important to describe one's complex cultural identities, group membership and lived experiences, as these impact social power dynamics in research and therapeutic practice (Talwar, 2010). As part of the consideration of ethics and limitations, I will reflect on

my social locators, biases, and privileges to situate myself in relation to the autistic community. I will also consider and apply the three principles of anti-oppressive research: its aims towards social justice, respect for knowledge creation through social relationships, and question social power dynamics (L. A. Brown & Strega, 2005, pp. 259–262). An anti-oppressive framework will also be applied by incorporating my self-reflexivity, consultation of various knowledge holders (L. A. Brown & Strega, 2005), use of multimodal sources (Onwuegbuzie & Frels, 2016), and use of more accessible and inclusive resource gathering practices.

Critical disability theory is an interdisciplinary field that aims to critique and reconceptualize what disability means, and challenge conventions that separate disabled and non-disabled bodies (Shildrick, 2013). Disability theory includes challenging ableism, or the social systems and schools of thought that pathologizes and negatively appraises disability and impairment (Bruce, 2016). Disability theory deemphasizes universal constructs of abled-disabled dichotomies to explore diversity in human condition (Shildrick, 2013), and redirects disability discourse towards more intersectional narratives of lived experiences (Bruce, 2016; Shelton, 2020). Disability theory, when anchored in the lived experiences of disabled peoples may be the key to addressing advocacy, social justice, increased accessibility, caregiving, and interdependence (Shelton, 2020). Critical disability theory has multi-faceted references from feminist, queer, and crip theories as well as postcolonial and post-structuralist philosophies, to create nuanced understanding and representation of the disabled community and promote inclusive social intervention (Goodley et al., 2019). A critical disability studies' lens will be incorporated in this research project, with respect to balancing activism and theory to develop interventions anchored in representation and empowerment of the disability community (Berressem et al., 2017).

### **Intervention Methodology**

Intervention research is a mixed methodology approach used in the humanities, psychology, social sciences, and social work fields to investigate and develop change strategies (Fraser & Galinsky, 2010; McBride, 2016). This method aims to systematically develop, implement, test, and disseminate an intervention strategy (Fraser & Galinsky, 2010; McBride, 2016). Intervention research can be used to create interventions for social change at the individual, group, community, and or societal levels (Fraser & Galinsky, 2010).

Fraser and Galinsky (2010) developed a five-step model for intervention research methodology. Step one entails identifying the presenting problem or social need by researching risk factors, promotive factors, protective factors, malleable mediators and connections to epistemological models, existing frameworks, and intervention levels (Fraser & Galinsky, 2010). Step two presents an initial draft of the intervention program structure, through consolidating practitioner and research data that meets fidelity and selection criteria, and assessing the literature's strengths and gaps (Fraser & Galinsky, 2010). Step three uses efficacy testing to refine and adapt the program to better address community values, using test data and feedback (Fraser & Galinsky, 2010). Step four involves additional efficacy testing within a practice setting, often using scale conditions at multiple sites; refinement of intervention structure continues after collecting and assessing efficacy data (Fraser & Galinsky, 2010). Lastly, step five includes disseminating the refined intervention program manual and its test data findings, designing training materials and certification (Fraser & Galinsky, 2010). For this research project, steps one and two will be completed.

### **Art Therapy Intervention Research for Autistic Adults**

This research paper will follow step one of Fraser and Galinsky's (2010) intervention research model, completing a literature review to identify the presenting problem, the impacted group(s), and settings. A comprehensive literature review, as developed by Onwuegbuzie and Frels (2016), will be used to investigate how found object art interventions may support the adult autistic clientele. A range of some autistic adulthood experiences will be explored, including some of the common challenges and other impacting factors. The review will then explore research on quality of life, protective factors, and support systems. The literature review will investigate art therapy sensory-based and found object interventions, including the theoretical frameworks and clinical applications. Additionally, it will explore art therapy approaches that are developed to support autistic clientele and to identify whether there are gaps in the research. The literature review will use rigorous data selection and analysis processes to best summarize the collective autistic community's lived experiences (McBride, 2016; Onwuegbuzie & Frels, 2016).

The second step will propose a group art therapy intervention program for autistic adults including the therapeutic rationale, goals, objectives, and approach. The intervention program

will delineate the program duration, type of location, recommended art materials, group size, intake process, and the art therapist's role. The developed intervention program will consider both primary and secondary target groups' perspectives, including the autistic adult participants and the art therapist facilitators respectively (McBride, 2016). Further, autism researchers and working professionals will be consulted in a collaborative team approach to develop the intervention proposal (McBride, 2016).

### **Data Selection, Collection and Analysis**

The researcher used databases including SOFIA, Interlibrary loans, and Google Scholar to find literary sources. As part of incorporating anti-oppressive frameworks in the data collection, the researcher prioritized using open access journals and articles, found primarily through Google Scholar. The search terms that were used included *autism, autism spectrum disorder, neurodiversity, emotional regulation, found objects, somatosensory processing, object relations theory, attachment, transitional objects, art therapy, intervention research, adult group therapy, social justice, critical disability theory* and *disability*. The selection criteria for data collection required that the article: contained at least three of the above search terms; was published in a journal, from recognized publisher, or academic institution; and was accessible in English. For graduate papers that were unpublished, the academic institution and the paper's references were reviewed for credibility. Sources needed to be published within the past 20 years, unless they were primary data or secondary reviews that were significantly referenced by other scholars in research published within the past 10 years. The data was stored using software applications including Microsoft Office, Google Drive, and Zotero.

Data analysis included organization of data findings, extrapolating and summarizing emerging themes, drawing connections between sources, and formulating conclusions (Fraser & Galinsky, 2010; McBride, 2016). Selected data was reviewed digitally or manually for key terms and related theories, models, and perspectives were highlighted. Data was sorted into categories that included: autism, attachment theory, art therapy, and found objects. Within each category, data sources were further reviewed and divided into emerging subtopics. Once completed, the data analysis revealed synergistic perspectives on autism, adulthood, and art therapy interventions.

## **Validity and Credibility**

Since the current research project is a theoretical paper based on steps one and two of Fraser and Galinsky's model (2010), there will be no efficacy testing phase and therefore no validity testing. However, reliability and credibility are addressed within the intervention research methodology steps described above. Reliability, referring to the research replicability, was addressed when research data collection and analysis processes were explained, discussing tools for data collection, storage, source criteria inclusions and exclusions, data analysis and interpretation. Credibility was addressed through the researcher's self-reflexivity, discussion about ethical considerations, and rationale behind methodology selection.

## **Ethical Considerations, Limitations and Delimitations**

Areas of this research where ethical considerations were needed include: the implications of found object sensory stimulation, the researcher's self-reflexivity, language discourse, and academic gatekeeping. Found objects can evoke sensory experiences that may be overstimulating and dysregulating for certain autistic individuals with somatosensory sensitivities (Durrani, 2019, 2021); thus, it is important to consider each participant's sensory profile, and continually assess therapeutic goals, objectives, and benefits in the present moment (Durrani, 2021). Sensory profiles of each client should be assessed prior to starting therapeutic work, and especially when organizing group therapy programs.

Further, I identify my social locators and intersecting identities, as they are part of my cultural perspective, biases, and analysis of differences across cultural groups (Talwar, 2010). I identify as a cis-gendered, heterosexual settler, and non-autistic woman of colour who is neurodiverse. I acknowledge my privileges of higher education and native English fluency, while living and studying in a Western country with English and French as official languages. I acknowledge my limitations as an art therapist-in-training and researcher.

Language discourse in academic writing and research is critical, as it has the power to support or subvert current ableist social narratives about autism and the disability community (Andrews et al., 2019; Bottema-Beutel et al., 2021; Parsloe, 2015; Stallings, 2022). The neurodiversity movement, following the ideas of critical disability theory, aims to empower the disability community, by challenging ableism and reconstructing narratives about autistic lived

experiences (Andrews et al., 2019; Bottema-Beutel et al., 2021; Parsloe, 2015). In autism research and intervention development, ableism can be challenged using identifier-first language (Bottema-Beutel et al., 2021), and shifting intervention approaches that support an autistic person's social and emotional needs rather than behaviour management (Durrani, 2019). The researcher aims to use identifier-first language (e.g., autistic person), as progressive steps towards embracing autism labels as socially empowering and validating of autistic lived experiences. The researcher acknowledges there is no consensus about autism language discourse and acknowledges the validity and use of person-first labels by the autism and disability communities.

The researcher acknowledges that academic research involves gatekeeping. Gatekeeping in academia not only protects academic credentials and maintains professional standards, but also creates institutional barriers to knowledge dissemination to the public, leading to inequalities in public access of information and resources (Peterson et al., 2013). Systemic reviews and research prioritize published authors and researchers from reputable journals over community leaders and members, assuming that published authors are more knowledgeable and credible subject matter experts compared to those with lived experiences who are unpublished (Watkins & Shulman, 2008). As primary data collection could have subverted some barriers between academic and community knowledge sources in an anti-oppressive framework, participant data collection is outside the scope of this stage of research. While this limitation presents challenges towards true anti-oppressive research, the researcher was committed to completing a comprehensive literature review, by incorporating first voice sources, use anti-oppressive language, using multimodal (Onwuegbuzie & Frels, 2016) and open-access sources when possible.

## **Chapter 3: Literature Review**

### **Part 1: Autism**

#### **Defining Autism**

Autism spectrum disorder (ASD) is a neurodevelopmental disorder, which usually emerges in early childhood, and encapsulates a wide range of human expression and lived experiences (American Psychiatric Association, 2022; Bailey, 2015; Colletti, 2021; Emery, 2004; Lai et al., 2020; Oakley et al., 2021; St. John et al., 2022; Stallings, 2022; Suchostawski, 2018). An autistic individual may experience different combinations and/ or severities regarding, but not limited to, sensory information processing, sensory integration dysfunction (SID) (Lindgren & Doobay, 2011), psychomotor activities, higher cognition, difficulties in social and communication skills, emotional comprehension (Bailey, 2015; Durrani, 2019; Stallings, 2022). Autistic individuals seem to have greater comorbid experiences of dyspraxia, epilepsy, sleep disturbances, catatonia, language disorders, intellectual disabilities, depression, and anxiety (American Psychiatric Association, 2022; Durrani, 2019; Fortuna et al., 2016; Lau et al., 2020; Maski et al., 2011; Oakley et al., 2021). It is important to note that ASD is experienced differently by each autistic person, since “autism is a form of human variation, with a profile of strengths, differences, weaknesses, and disabilities that result in a lived experience that might fit comfortably or uncomfortably with a particular environment” (Lai et al., 2020, p. 435).

#### **Autism in Adulthood**

Autistic adults may experience additional struggles throughout their adult lives, especially during life transitions (Lai et al., 2020; Lord et al., 2020; Magiati & Howlin, 2019; Suchostawski, 2018; Warreman et al., 2023). Young autistic adults are transitioned out of school once they turn 21-years-old, resulting in the loss of school-based support systems and services (Suchostawski, 2018). This causes additional challenges for autistic adults and their families, as they now need to seek accessible healthcare, mental health resources, education, work placements, social activities, and housing (Suchostawski, 2018; Warreman et al., 2023). Autistic adults may face barriers including, but not limited to, access to healthcare services, somatic and psychiatric conditions, (Warreman et al., 2023), high unemployment, poverty, long-term social relationships-including friendships and romantic relationships-, housing, independent living (Lai

et al., 2020; Magiati & Howlin, 2019), harassment (Lai et al., 2020), stagnated maturation (Suchostawski, 2018). While navigating life's adversaries and the realities of living with autism, autistic adults are a vulnerable population that need access to medical, mental-health, vocational, social support services, and resources.

### **Autism and Quality of Life**

An autistic adult's quality of life (QoL) is a complex picture of well-being that is difficult to assess; thus, literature on autism and QoL has mixed perspectives (Magiati & Howlin, 2019; Oakley et al., 2021). Factors that impact an autistic adult's QoL may include their family, education, employment, health services, social and community services, ASD symptom severity, comorbid mental health disorders and others factors (Emery, 2004; Magiati & Howlin, 2019; Oakley et al., 2021; Suchostawski, 2018). It should be noted that QoL is subjective and should be considered within each autistic individual's cultural context (Brown et al., 2017; Oakley et al., 2021).

The quality of family relationships, acceptance, and nurturance are crucial to an autistic person's QoL (Emery, 2004; Magiati & Howlin, 2019; Suchostawski, 2018). Since autism impacts the individual and their families, social acceptance and close, empathic relationships between autistic and non-autistic family members can profoundly foster or impede on the autistic individual's socialization and confidence (Emery, 2004; Magiati & Howlin, 2019; Suchostawski, 2018). Thus, effective interventions for the autism community should provide support for the autistic individual and their families (Suchostawski, 2018).

Anxiety and depression are common mental health disorders that co-occur with ASD (Lau et al., 2020; Magiati & Howlin, 2019; Oakley et al., 2021), however their relationships are unclear. Lau and colleagues' quantitative study (2020) investigated ASD and anxiety comorbidity in ASD children and adolescents to distinguish between "common anxiety" and "ASD-related anxiety." The study demonstrated that 46.6% of ASD participants experienced a variation of ASD-related anxieties, or anxiousness related to sensory stimulation (e.g. Auditory, tactile, visual, olfactory etc.), specific phobias (e.g. Stimuli, activities/ events, situations, places, people etc.), or novelty (e.g. new experiences, changes in environment) (Lau et al., 2020). Oakley and colleagues' quantitative research (2021) assessed QoL in autistic individuals between six to 30 years of age, through self-assessment and parents' assessment data. Main findings showed that

ASD individuals had lower QoL scores compared to control groups, in the domains of physical health in autistic adults, and school achievements for autistic children. Oakley and colleagues (2021) state that the lower QoL in autistic individuals may be related to comorbid depression and anxiety, since 20-50% of autistic individuals have comorbid anxiety and/ or depression (Oakley et al., 2021); however, the relationship between depression and anxiety with ASD is inconclusive. Oakley and colleagues (2021) found that a significant portion of ASD individuals across all age groups reported QoL. This indicates that despite their challenges, autistic individuals can have meaningful, satisfying lives.

Current research in autism and QoL investigate support systems models that tailor to each autistic person's specific needs (Lai et al., 2020; Magiati & Howlin, 2019; Oakley et al., 2021; Warreman et al., 2023). Researchers propose that QoL should be considered on an individual case basis instead of broad generalizations, using the "person-environment fit" (PEF) perspective (Lai et al., 2020; Magiati & Howlin, 2019; Oakley et al., 2021). Lai and colleagues (2020) proposed a three-phase method of approach to improve support systems for autistic adults: maximizing potential, minimizing barriers, and optimizing person-environment fit. PEF aims "to address socio-ecological factors and make reasonable environmental adjustments to create autism-friendly contexts and enhance adaptation" (Lai et al., 2020, p. 435). PEF approaches may foster positive peer environments, and enhance vocational success (Lai et al., 2020).

Warreman and colleagues (2023) interviewed ASD adults and their primary caregivers to investigate the existing barriers to effective healthcare and perspectives on how to improve healthcare services. Identified barriers were coded at the primary caregiver, ASD adult, and organization of general practice levels (Warreman et al., 2023). The results showed that primary caregivers experience significant barriers including knowledge about autism and skills/ awareness to individualize care (Warreman et al., 2023). Results showed that ASD adults experienced significant barriers included rigidity/ ability to adjust, recognizing physical complaints, processing information, communication skills, and feeling misunderstood (Warreman et al., 2023). Significant barriers in general practice organization included time during appointment with general practitioner, and continuity of care from primary caregivers (Warreman et al., 2023). Feasible recommendations included education on autism for primary

caregivers, ASD adults and healthcare professionals, active discussion about autism with general practitioners, detailed patient-file notes on ASD diagnosis, longer health appointments with consistent practitioners, accessible information about health practitioner office and employees (Warreman et al., 2023)

## **Part 2: Attachment Theory**

### **Definition**

Attachment theory's core principle is that early relationships in infancy, often between the infant and parent/ caregiver, provide critical models for socialization and impact social relationships throughout the lifespan (Armstrong, 2013; Harris, 2004; Schore & Schore, 2008). The early relationship, or attachment, between the infant and caregiver supports the infant's bio-psycho-social development (Abram, 1996; Harris, 2004; Schore & Schore, 2008; Winnicott, 1971).

### **Modern Attachment Theory: Neuroscience and Self-Regulation**

Schore and Schore (2008) developed a modern attachment theory model, which incorporates human development and neuroscience perspectives to explain the child-caregiver attachment phenomena, emphasizing the development of affective communication and self-regulation. Within the infant-caregiver attachment, the infant develops brain-body-mind connections with their caregiver, especially through emotional co-regulation systems (Schore & Schore, 2008). Schore and Schore's attachment theory model incorporates Winnicott's "good-enough mothering" theory regarding the quality the mother's receptivity and responsiveness to the infant in early childhood interactions and attachments (Winnicott, 1965). The "good-enough" theory explains that the mother's ability to meet the infant's needs does not need to be perfect, but emotionally responsive enough to nurture the infant's development and the mother-infant relationship (Winnicott, 1965). During caregiver and infant's play interactions, the "good-enough" caregiver attunes and responds to manage the infant's positive and negative emotional arousal; this affective synchrony helps to regulate the infant's emotions, and becomes part of the attachment's core foundation (Schore & Schore, 2008).

Schore and Schore (2008) argue that caregiver-infant interactions also play roles in developing and maintaining synaptic connections within the infant's brain. These early

interactions aid in the development of the limbic system in the right brain hemisphere which is involved in emotion processing, implicit communication, autonomic and higher cognitive functions. Schore & Schore (2008) state that “the emotion processing limbic system circuits of the infant’s developing right brain, which are dominant for the emotional sense of self, are influenced by implicit intersubjective affective transactions embedded in the attachment relationship with the [caregiver]” (p. 12). The caregiver and infant use non-verbal cues, including eye contact, tactile and body gestures, facial expressions, posture, and tone of voice, to communicate with each other (Schore & Schore, 2008). These early nonverbal exchanges will help the infant develop nonverbal communication skills and emotion-based intuition that will inform language comprehension and socialization skills later in life (Schore & Schore, 2008). As the limbic system of the right brain processes and produces emotional, non-verbal communication and sensory cues, the caregiver and infant engage in “right brain-to-right brain” communications (Schore & Schore, 2008, p. 12). The infant’s right brain develops through this intersubjective process, through the right brain-to-right brain communication and affective synchrony they experience in their relationship with the caregiver (Schore & Schore, 2008).

### **Object Relations Theory**

Object relations theory was first developed in the early 20<sup>th</sup> century and explored how early relationships can impact the development of a person’s personality and framework for their current and future relationships (Malchiodi, 2012b). From birth, the infant encounters and registers elements of the outside world into mental representations of the self and others (Rubin, 2016). The infant’s social interactions with their caregivers and their memories of affective or sensory-based experiences shape their inner psychic structures and ideas of the self, the other, and their world (Malchiodi, 2012b; Rubin, 2016). Within object relations theory, the object is a mental representation of a person or thing that the infant continually develops through their life experiences (Malchiodi, 2012b). Klein (Klein, 1984; Malchiodi, 2012b) explains that an object may also be a mental representation of the infant’s mother and/ or other adult figure with whom the child forms emotional relationships with. As the caregiver and infant engage in right-brain-to-right-brain communications, the infant “takes in” sensory and affective elements of their experience, thus forming internalized objects of their outer world and the caregiver (Rubin, 2016, p. 139; Schore & Schore, 2008). Klein (Klein, 1984; Rubin, 2016), describes that during child

development the child experiences themselves and others as either “good” or “bad” objects usually before age three. Throughout child development, the child becomes tolerant of ambivalent objects, where an object can be both “good” and “bad” (Rubin, 2016). Winnicott described that a transitional space between the mother and infant, or an intermediate area where the inner psychic and outer worlds are blurred, is a creative place where the infant plays and creates internalized objects and transitional objects (Abram, 1996; Winnicott, 1971; Malchiodi, 2012a). Early caregiver-infant models of development are incorporated into psychotherapy approaches, whereby the therapist-client relationship supports and shapes the client’s internalized self and other objects (Parth et al., 2017; Rubin, 2016; Schore & Schore, 2008).

### **The Expressive Therapies Continuum**

The Expressive Therapies Continuum (ETC) is a framework that was developed by Lusebrink and refined by Hinz, as an assessment tool and theory for creative arts therapists to conceptualize a person’s neurological functioning while engaged in artmaking (Hinz, 2020). The ETC assessment uses observations made when witnessing a person’s free-choice artmaking, noting the manner of interaction and/ or use of art materials, art media preferences, stylistic features of the final artworks, and any verbal comments made during the art process (Hinz, 2020). Based on the observations, a creative arts therapist can access a person’s patterns of behaviours, communication styles, tolerance to novelty or spontaneity, emotional expressiveness, and others through engagement in the creative process (Hinz, 2020).

The ETC model includes seven components that represent different levels of creative engagement and associated information processing systems; these include the Kinesthetic(K)/Sensory (S) components, Perceptual (P)/ Affective (A) components, Cognitive (C)/ Symbolic (Sy) components, and the Creativity (Cr) component respectively (Hinz, 2020). K/S, P/A, and C/Sy components each represent a continuum, with each paired component existing on opposite extremes of the continuum. Components K, P, and C are associated with left brain engagement and tendency towards logic and rational information processing (Hinz, 2020). Components S, A, and Sy represent right brain engagement and tendency towards emotion-based information processing (Hinz, 2020). A person’s engagement in each component may vary in frequency, and patterns of component engagement may reveal their range of functional strengths, weaknesses and/ or blockages (Hinz, 2020). Movement through the ETC components is

facilitated by Cr component in the art process; that is, creativity has the potential to engage a person's brain activity on many different levels (Hinz, 2020). ETC argues that when a creative art process engages movement or multiple component activation, greater neural activity in the right and left brains may lead to bilateralization, or synchrony of both hemispheres, which may assist in self-regulation (Hinz, 2020).

### **Expressive Arts Therapies Approach to Self-Regulation**

Malchiodi (2019) argues that self-regulation is a vital component within therapeutic work with children and adolescents who have trauma-based regulation challenges. Malchiodi (2019) offers some mindfulness and trauma-informed interventions and techniques that can support the client's self-regulation within the creative art therapy space. Self-regulation interventions include grounding, anchoring, mirroring and entrainment techniques that are all facilitated within the therapeutic attachment relationship (Malchiodi, 2019). Grounding techniques involve those that decrease stress responses, affective or physical dysregulation; eye movement desensitization and reprocessing (EMDR) therapy and bilateral drawings are examples of grounding techniques (Malchiodi, 2019). Anchoring techniques aim to help the client practice attunement to a sensory cue to facilitate focused attention in the present moment (Malchiodi, 2019). Malchiodi (2019) suggests that anchoring interventions can be incorporated in sensory-based artmaking activities. Mirroring techniques refer to reflecting and embodying a person's nonverbal communication cues to help strengthen attachment in the therapeutic relationship (Malchiodi, 2019). This concept is developed from modern attachment theory's notion of right brain-to-right brain nonverbal communication that is used in early attachment relationships with the infant and caregiver. When the therapist embodies and reflects the clients' nonverbal cues, much like in the infant-caregiver dynamic, this mirroring enables emotional attunement and empathic responses that strengthen the relationship (Malchiodi, 2019; Schore & Schore, 2008). Synchronous or collaborative artmaking activities could incorporate mirroring techniques (Malchiodi, 2019). Entrainment techniques use the synchronization of the body's natural rhythm (e.g. a person's heartbeat, breath, motor or brain activity) to a sensory stimuli (Malchiodi, 2019). Malchiodi (2019) shares that music-based activities or mindful breathing activities can provide great opportunities to work on entrainment.

### **Part 3: Art Therapy Applications**

#### **Therapeutic Relationship, Triadic Relationship, and Interactive Square Models**

From an attachment theory perspective, art therapy's benefits not only come from the artmaking process, but also through the quality of therapeutic alliance and working relationship between the art therapist and client (Armstrong, 2013; Hill, 2020; Parth et al., 2017; Schore & Schore, 2008). Art therapy that is informed by attachment theory centralizes the attachment relationship formation between the art therapist and client (Malchiodi, 2012a), which becomes the foundation to build the client's socialization (Malchiodi, 2012b; Parth et al., 2017). Transference, or the client's reception and reactions to the therapist, and countertransference, or the therapist's reception and reactions to the client, occurs spontaneously in session and are implicit forms of communication (Parth et al., 2017). The therapist actively listens and holds space for the client to express themselves, while also witnessing the client's therapeutic process (Parth et al., 2017). Within the therapeutic relationship, the therapist must be attentive to the client's verbal and nonverbal communication as well as patterns of behaviour, as they are clues to their past socio-emotional lived experiences (Parth et al., 2017).

In art therapy, the "triadic model" is used to conceptualize the attachment interactions that occur between the art therapist, the client and the client's artwork (Havsteen-Franklin & Altamirano, 2015; Schaverien, 1999). By considering the artwork as part of the attachment relationship, the art therapist considers the client's interaction to their art as additional information about their attachment history (Havsteen-Franklin & Altamirano, 2015). Similar to the art therapy space and the therapeutic relationship's roles in holding and containment, the artwork becomes a safe container to help the client to externalize their preverbal emotions and thoughts (Havsteen-Franklin & Altamirano, 2015). Once the unconscious emotions are externalized, the art therapist and client can observe the art from a safe distance and discuss its contents (Havsteen-Franklin & Altamirano, 2015).

Bragge and Fenner (2009) remodeled the triadic model into an "interactive square" model to propose a dynamic approach to support autistic children in art therapy. The authors presented a four-component model: the art therapist, the client, the client's artwork, and the art therapist's artwork. With the art therapist participating in artmaking, nonverbal communication between art therapist and client develops further, while allowing the art therapist and client to connect

through a visual dialogue. Bragge and Fenner's model (2009) focuses on attachment, via nonverbal communication of emotions, mirroring strategies for co-regulation, and development of social and communication skills.

### **Art Therapy Objectives for Autistic Clientele**

Research in art therapy theory and practice that supports autistic clientele have increased, in response to research in neuroscience, anthropology, and psychological theories (Durrani, 2019, 2020, 2021; Gonzalez-Dolginko, 2020). The art therapy and autism literature generally concentrates on the therapeutic goals that include: addressing attachment in the therapeutic relationship and in the art process; exploring attachment and sensory integration, and; encouraging the development of participant agency (Durrani, 2019, 2020; Gonzalez-Dolginko, 2020; Stallings, 2022). Art therapy research has revealed therapeutic benefits for autistic participants, regarding improved emotional expression, communication skills, self-image, development of greater behavioural control, expanded thinking and behavioural range, and others (Stallings, 2022).

Stallings (2022) discussed art therapy theories that are key in the development of art therapy practices that adapts to autistic participants. First, the therapeutic relationship between the art therapist and autistic client serves as a place for developing attachment through mirroring, and joint attention (Stallings, 2022). Second, the triadic relationship and/ or the interactive square models refer to the different forms of communication and dynamics between: 1) the art therapist, autistic client, and the client's artwork, and 2) the art therapist, autistic client, the client's artwork, and the therapist's response art, respectively (Stallings, 2022). Both the triadic relationship and interactive square models can help facilitate secure attachment development, through real-time social interactions that use mirroring, joint attention and attunement (Stallings, 2022). Third, encouraging the autistic client's agency is needed for positive therapeutic outcomes; for example, art therapy that allows the autistic client to explore their specific interests could help reduce stress, initiate self-expression, emotional regulation, intersectional identity and self-acceptance (Stallings, 2022). Lastly, sensory-based art therapy approaches can be beneficial for autistic clients, as it may address sensory integration difficulties in order to help promote secure attachment (Stallings, 2022).

## **Sensory-Based Relational Art Therapy (S-BRATA) Model for Autistic Children**

Durrani (2021) described a need for an art therapy framework for autistic child clients, noting that behavioural therapies often miss addressing attachment, emotional and psychoeducational needs. Durrani (2021) discussed that research and clinical intervention at the attachment level is needed for emotional development, and explains that an autistic individual who experiences sensory integration dysfunction (SID) (e.g. hyper- or hyposensitivities to sensory inputs) may “close themselves off” from environmental sensory information to protect against feeling pain or stress (2020, p. 131). With SID that is not well supported, an autistic individual may have difficulties forming primary attachments, emotional regulation, and socialization (Durrani, 2021).

Thus, Durrani (2021) developed the Sensory-Based Relational Art Therapy (S-BRATA) model using qualitative data gathered from three case studies of autistic child participants, and produced a grounded theory. Each child, between three and eight years old, participated in 40–50-minute individual art therapy sessions for 12 weeks. All caregivers completed pre- and post-therapy interviews, to gather client background information and session feedback respectively. Qualitative data was collected from the photographed artworks, video recorded sessions and clinical notes; all videos and notes were reviewed by another art therapist and clients’ caregivers to confirm clinical observations. After consolidating participant data, coding was applied to extract recurrent themes to develop a grounded theory. Durrani (2021) concluded that seven recurring themes would be the core foundation for the S-BRATA model:

- (1) Sense of safety,
  - (2) working with the child’s sensory profile,
  - (3) art materials as entry point for engagement,
  - (4) attachment formation through mirroring and attunement,
  - (5) flexibility in approach,
  - (6) structure and boundaries, [and]
  - (7) art product not the focus
- (p. 73).

Durrani (2021) explained that S-BRATA is a flexible, non-sequential model with all core themes being worked on simultaneously. Since the model prioritizes sensory play and attachment formation, Durrani (2021) noted that art therapists must be flexible in allowing engagement that may not always be facilitated through artmaking. Other considerations mentioned included gathering client sensory profile backgrounds and focus on self-regulation facilitated by art materials (2021). Durrani (2021) states her research’s limitations, regarding the small sample

size, questions about attachment formation within a 12-week program, notes on dual clinician-and-researcher identity and potential biases, and the need for quantitative research approaches to assess S-BRATA efficacy.

Thus, the S-BRATA model is a grounded theory that aims to restructure art therapy intervention that addresses secure attachment and sensory play to provide opportunities for autistic clients to practice emotional regulation, self-expression, and social interactions (Durrani, 2021). The pre- and post-therapy interviews of the clients' caregivers and revision of data by another art therapist were two steps implemented to strengthen the research data's credibility before coding and grounded theory formation (Durrani, 2021). Caregiver feedback was beneficial, as the interviews provided interpretations of autistic participants' changes in behaviour, to help the research stay true to the autistic participants' lived experiences (Durrani, 2021). The art therapist revision of the video recordings and clinical notes is akin to having peer supervision in art therapy practice, which supports the research-clinician process of the data and improves research credibility (Durrani, 2021). However, without providing information about the art therapist-reviewer's credentials, area of expertise, and relationship to the study, the degree of credibility is still questionable. Durrani does some reflexivity work regarding their dual identities as a researcher and clinician but could have situated themselves by discussing their relationship to the autistic and disability communities. In future directions, it is worth investigating S-BRATA's applicability and efficacy when adapted to autistic adolescent and adult participants, both in individual and group art therapy settings.

### **Case Study: Art Hive Models for Autistic Adults and Autism Community**

Suchostawski's intervention research project (2018) developed a group art therapy program for autistic adolescents and adults within an art hive model. The art hive model was developed by Janis Timm-Bottos (2016). This model guides the creation of "publicly accessible studio spaces that are grounded in a community art therapy approach that sees art making as the primary site of engagement and exchange" (Lewis et al., 2020, p. 36). Suchostawski used the Fraser and Galinsky model (2010) to produce a literature review and intervention program to support autistic individuals, their families, support workers and other community members within the art hive. She argues that young, autistic adults and their families face isolation and additional challenges as the autistic adult loses access to school-based

resources (Suchostawski, 2018). The art hive model was argued as a nurturing community place for the autistic community, with potential for increased social empowerment through socialization, connectivity and education of community members and allies (Suchostawski, 2018).

Suchostawski (2018) developed an intervention program that described: 1) a permanent art hive facility for autistic individuals, their families, allies and other autistic community members; 2) community art studio for autism community members; 3) closed group art therapy guidelines for individuals diagnosed with ASD, and; 4) suggestions for semi-structured closed group art therapy, with opening and closing rituals as well as independent artmaking. The community art studio could support autistic individuals and families to create artwork, express themselves, develop friendships, social connections, and resource sharing (Suchostawski, 2018). The art hive model complements schools of thought in critical disability studies, which emphasize the social empowerment that comes with interdependence models of living for disability communities (Goodley et al., 2019). The closed group art therapy, in an on-going long-term basis or shorter three-to-four-month intervals, could support ASD participants work towards therapeutic goals, such as communication, social and self-help skills, and self-regulation, within a semi-structured, contained environment (Suchostawski, 2018). The semi-structured therapeutic framework was suggested to support security and comfort through consistent opening and closing rituals, as well as independence and agency through self-directed artmaking activities (Suchostawski, 2018). Suchostawski's stance on group art therapy complements Dolphin and colleagues (2014), as they both contend that art therapy benefits autistic individuals by encouraging nonverbal communication in the creative art process to assist in social attachment formation. Suchostawski (2018) and Dolphin and colleagues (2014) also confer that art therapy encourages greater autonomy, since non-directive art therapy promotes more decision-making and active participation, leading to developed confidence and empowerment.

## **Part 4: Found Objects**

### **The Found Object and its Origins in the Contemporary Art World**

Found object, translated from the French *objet trouvé*, is a pre-existing or manmade object that an artist finds and keeps for its discovered, intrinsic value (Brooker, 2010; Camic et al., 2011). A found object's intrinsic value may be from its "aesthetic, emotional or intellectual

appeal, the artist's relationship with the found object, and in specific roles and functions that object evokes, in their embedded social or personal history" (Wong & Lay, 2021, p. 25). Additionally, a found object may be used as an art form or part of a greater artwork with little to no modification (Wong & Lay, 2021). Found objects emerged in the early 20th century in the Western art world, and challenged art conventions by exploring the everyday object as art (Brooker, 2010; Camic et al., 2011). Cornell and Duchamp are examples of artists who used found object exploration in art. "Cabinets of Curiosities" by Cornell used found objects to evoke expressions of beauty, memories, fantasies and nostalgia (Brooker, 2010). Duchamp's "Bicycle Wheel," and "Fountain" were controversial found object artworks, which discussed how the artist's selection and interpretation derives art and that the found object serves as a record of human agency (Brooker, 2010). Cornell and Duchamp's found objects show us how human-object relations exist in both material and psychological worlds and are steeped in meaning-making and symbolic interpretations (Brooker, 2010).

### **Winnicott's Transitional Object: Object Relations and Attachment**

Winnicott, an object relations theorist and psychoanalyst, dedicated his research to child development, the transitional phenomenon, and the transitional object (Winnicott, 1971). Winnicott (1971) developed the concept of the transitional object, which he defined as the infant's first "not-me" personal object (p. 4). For example, an infant may select and become emotionally invested in a favourite toy or blanket, which then becomes their transitional object and means to explore their inner and outer worlds (Winnicott, 1971). Winnicott's transitional object is both a physical real-world object and the child's mental representation of the caregiver attachment figure (Winnicott, 1971). Within the transitional space between the caregiver and the infant, the infant has creative control over the transitional object, and playfully explores their ideas and projects emotional attributes to the transitional objects (Winnicott, 1971). The infant also uses the transitional object as a strategy to help meet social and emotional needs in the absence of the caregiver (Winnicott, 1971) The infant-transitional object interactions are the first symbolic representations, whereby the object is a separate entity that is a symbol of the caregiver object. The transitional object helps the infant in the separation process from the caregiver during the relative dependence stage of development (Winnicott, 1971).

## **Found Objects as Attachment Approach in Art Therapy**

The use of found objects in art therapy can be framed through an attachment and object relations approach (Brooker, 2010; Camic et al., 2011). Brooker (2010) argues that found objects and Winnicott's transitional objects are congruent concepts, since both are "found" and transformed creatively by whomever selects it. Moreover, found objects can become the art products in art therapy sessions, and thus the found objects "can become transitional objects which may become imbued with meaning beyond what they are in reality" (Malchiodi, 2012b, p. 71). For instance, a found object can serve as a form of comfort in the absence of the therapist or attachment figure (Malchiodi, 2012b). Found objects facilitate meaning making, and can be used in therapy to help improve client self-awareness and insight in their relationships (Brooker, 2010).

## **Found Objects in Art Therapy: Case Study of Psychiatric Patient**

Brooker (2010) illustrated the therapeutic potential of found objects in a qualitative case study of a 30 year-old Middle-Eastern woman admitted to a psychiatric hospital, with schizo-affective disorder and depression. Brooker (2010) argued that using found objects interventions helped the client "bridge psychological barriers to engagement with the outer world of the client" (p. 25). Brooker (2010) concluded that a found object's therapeutic potential existed in its initiation of the therapeutic process, through the searching, finding, and self-identifying with an object from the environment; this offers unique opportunities for connections and exploration of internal and external worlds in ways traditional art materials cannot. Her work demonstrated the theoretical rationale and clinical application for found objects in art therapy interventions in a case study, with emphasis on how found objects facilitated the client's self discovery, acknowledgement, and ownership of positive and negative self-images (Brooker, 2010)

## **Qualitative Thematic Review of Found Objects in Individual and Group Art Therapy**

Camic and colleagues (2011) conducted an embedded qualitative case study to explore found object use in individual and group art therapy. Clinicians, including art psychotherapists and a clinical psychologist, were recruited to facilitate found object interventions within individual and group therapy sessions (Camic et al., 2011). The participants were adults aged 31 to 65 years old with various diagnoses, including schizo-affective disorder, schizophrenia,

obsessive compulsive disorder, and intellectual and learning disabilities (Camic et al., 2011). The clinicians developed a rationale for found object interventions and the participants completed at least five sessions that used found objects (Camic et al., 2011). Qualitative data from participant general surveys and clinician feedback were analyzed for recurring themes (Camic et al., 2011). The research findings revealed emerging themes about found object's clinical rationale, participant's responses to found objects, and impacts and functions of found objects in individual art therapy (Camic et al., 2011). Found objects' clinical rationale included increase in participant engagement, alternative medium to traditional art materials, enhanced attachment, and enabling new connections and associations (Camic et al., 2011). Participants' responses to found objects included experiments with psychological bridging, curiosity and enthusiasm for artmaking, and other associated experiences (Camic et al., 2011). The use of found objects appeared to impact the course of therapy through supporting greater engagement with therapy, emotional identification, and facilitated therapy as a transformative process (Camic et al., 2011). Camic and colleagues (2011) noted that found objects may help reduce difficult feelings, establish a sense of self, increase self-confidence, aided in empathic holding and containment, evoked memories, symbolic, physical responses, and environmental actions (Camic et al., 2011).

Camic and colleagues' qualitative research (2011) compliments Brooker's case study findings (2010), since both research articles described themes including found objects acting as a psychological bridge that aids in a transformative, therapeutic processes, facilitation of emotional identification, and establishing a sense of self. Brooker's collaboration with Camic and colleagues in their research may explain these complementary findings. Camic and colleagues' research (2011) used qualitative survey data from four clinical facilitators and 14 participants from a minimum of five art therapy sessions, strengthening overall research significance and validity. As the authors mention, future research on found object use in art therapy for specific client populations, including those with anxiety, depression, psychosis, dementia, and those from the autism and other disability communities, are greatly needed (Camic et al., 2011).

## **Chapter 4: Intervention Program**

### **Purpose of the Program**

This intervention program is for a group art therapy program for autistic adults. The closed group art therapy will provide a safe, creative space for autistic adults to practice forming social relationships with others, develop self-confidence, positive self-esteem, and agency through artmaking. Following the S-BRATA model (Durrani, 2021), the closed group art therapy will take attachment and sensory-based artmaking approaches to support autistic participants with managing their ASD-related anxieties, self-regulation, and attachment difficulties. The group will be guided through art therapy interventions which include found object interventions.

### **Group Identification**

The closed group art therapy would be available for adults diagnosed with autism ages 18 to 40 years old. The group will consist of six to eight participants per art therapist. For a larger number of participants, multiple art therapy groups can be offered. Additional art therapists, co-therapists, volunteer assistants, or participants' caregivers can be recruited as needed. For accompanying family members, caregivers or support workers, additional ethical considerations regarding confidentiality must be reviewed.

### **Location**

The program would be hosted in a community art studio, community center, or other community settings. Regardless of location, the group art therapy space should be one that strides to be as inclusive and accessible for participants as possible. Ideally, the program will be in an accessible building, which has entrances with ramps and handrails, elevator access, natural and modified light settings, heating, and air conditioning. The building should be accessible by public transit, with sidewalks, bus stops, metro lines, and optional street parking.

The group art therapy room would be a closed-off room to ensure confidentiality, safety and security. The room would be furnished with large tables, chairs, couches, storage bins, shelves for art supplies, as well as coat racks and or cubbies for personal belongings. The room would have large windows with blinds, modified lighting options, a sink and access to a bathroom. Ideally, the room has Wi-Fi and cellphone reception.

## **Role of Art Therapist and Art Therapy Approaches**

The art therapist will take active roles in 1) acquiring funding and space for the group art therapy, 2) accessing materials, 3) recruiting of therapy participants, including getting consent, 4) facilitating group therapy, 5) organizing and maintaining a safe, clean art space, 6) proper storage of artworks, and 7) protecting participants' safety and confidentiality. It is important that the art therapist consult and abide by their regional codes of ethics (ex. for Quebec, consult the AATQ, OPQ, CCPA etc.). It is highly recommended that the art therapist seek supervision throughout the group program duration. Suggested supervisors may include registered art therapists, psychologists, social workers, or other helping professionals with expertise in working with autistic adults.

The art therapist's approach for this program will incorporate attachment theory perspectives, ETC, expressive arts therapies' approach to self-regulation, the interactive square model, and the S-BRATA model's core themes (see literature review). Moreover, the art therapist is strongly encouraged to practice self-reflexivity to identify their cultural biases, and be mindful of the participants' intersectional identities and how these may impact the therapeutic process (Talwar, 2010). Therefore, a knowledge of all these concepts and theories will be crucial for the facilitator and the intervention's success.

## **Intake Process**

The intake process will involve recruitment and consent forms, as well as an interview with the participant and /or their guardian. The screening process will gather basic background information, including brief medical, educational, vocational, treatment, and personal histories, as well as identifying goals and motivations for attending group therapy. During the interview, the art therapist and autistic adult and/ or their guardian will discuss the autistic adult's strengths and areas of improvement. Further, the autistic adult's sensory profile, or information about their sensory sensitivities or triggers, will be discussed. Potential participants should have some English verbal and nonverbal communication abilities and can attend in-person sessions independently. Confidentiality and consent will be explained to the autistic adult and their guardian in developmentally appropriate ways. Signed consent will be obtained from the autistic adult, and when required by their legal guardian. On-going renewed consent will be requested as needed. Consent can be withdrawn freely at any time.

## **Materials**

- Aprons, gloves, smocks, earplugs/ headphones, rocking chairs, tennis ball.
- Clays (model magic, plasticine, play dough, slime, kinetic sand), sculpting tools, sand tray, bubble wands.
- Paper (e.g., assorted size, colour, patterns etc.), scissors, magazines, newspapers, sketchbooks
- Crayons, markers, paint sticks, pencils, oil pastels, soft pastels, water soluble crayons (when possible, please have as many varieties as possible of skin tone colours; consider scented drawing materials)
- Paints (e.g., finger paints, water colour, acrylic, tempera), paint brushes, palette knives
- Craft materials: yarn, embroidery floss, fabric, glue (e.g., stick, liquid, hot glue gun), Tupperware containers, cardboard boxes, feathers, pipe-cleaners, felt, tape, beads, plastic twine, foam shapes/ stickers, elastic thread, plastic embroidery canvas
- Found objects (assorted, depends on what materials either art therapist or participants selects and brings, depends on specific art intervention activity, e.g. leaves, flowers, bottles, clothing, books, clothing, tickets, stones, nuts and bolts, screws, wooden crates, old utensils etc.)
- Assorted toys (e.g., plush animals, figurines, balls, marbles, hand/ finger puppets, Lego, K'nex, building blocks, Play Mobile, dolls, etc.).
- Drop cloths, towels, buckets, Tupperware containers, cardboard boxes.
- Storage boxes (to hold art supplies, and safekeeping of artworks)
- First aid kit, fire extinguisher, acid-base neutralizer

## **Therapeutic Goals**

While therapeutic goals should be adapted to specific participants' needs, the following are general suggestions for therapeutic goals:

- Self-expression through artmaking
- Self-regulation
- Social skills
- Verbal and nonverbal communication skills
- Decision-making, agency
- Self-esteem and confidence
- Reduction of stress and anxiety

## **Overview of Program Structure**

The group art therapy is structured for a 16-week program cycle, and sessions will be held on a weekly basis. Each session will be 1.5 hours, but can be modified for the participants' needs, perhaps starting with 30 minutes and building up to 1.5 hours. Each program cycle will consist of an early, middle, and late phase, roughly consisting of 5-6 sessions per phase. Each phase will explore themes within a semi-structured framework. During each phase, participants

will explore themes using found object and self-directed art interventions. Each session will be hosted at a consistent time and day weekly, and will have an opening ritual, warm-up activity, open activity, discussion, and closing ritual. A semi-structured session framework will provide security through structured predictability and encourage autonomy through open activities.

### ***Opening Ritual***

The opening ritual will welcome the participants to the art therapy space and ease them into the session (Moon, 2016). The group will begin with an opening check-in. For this, each participant is invited to share how they are feeling that day, either verbally or by responding to a visual image. The art therapist should have patience and hold adequate time for each participant to share at their own capacities.

A brief group warm-up after the check-in can help decrease initial stress and ease transitions into art therapy. The group warm-up may consist of a simple art activity, mediation, stretching or play-based exercise. The warm-up functions to give participants initial guidance through a simple regulation exercise at the beginning of the session. The warm-up may effectively help with regulation if it incorporates grounding, anchoring, entrainment, and/ or mirroring techniques (Malchiodi, 2019). For example, a guided meditation using found objects or art materials could foster grounding and anchoring within the present moment (Malchiodi, 2019), through focusing on sensory experiences (see below).

### **Main Activities**

After the opening ritual and warm-up, the participants will be introduced to the session's main artmaking activities. Each main activity has a semi-structured framework, as they will be directed and facilitated by the art therapist. Participants will be introduced to the activity's theme and prompts, and will be invited to freely create their art. The art therapist may create artwork alongside participants to facilitate in the interactive square model of art therapy engagement and attachment (Bragge & Fenner, 2009). The art therapist may help the participants with their artmaking if they ask for support using art materials, or to adapt to an art-making process that empowers their expression. The art therapist can facilitate group discussion and sharing about their creative processes, artworks, thoughts, feelings, and reflections from the artmaking.

The main activities may include the found object interventions suggested below (Table 2) or others that the art therapist deems appropriate for the art therapy group. The found object interventions will serve as a touchstone for participants to start engaging in the therapeutic environment. ASD participants may have varying degrees of ASD-related anxieties, novelty, social and sensory interactions that may add to additional stressors in the therapeutic journey (Colletti, 2021; Lau et al., 2020; Stallings, 2022). By introducing found objects as part of the art therapy process, participants may be less intimidated by the process and more willing to participate in the group. The found object interventions will be used to address the therapeutic goals of increasing participants' social connection and relationships, improve self-confidence, self-esteem, and agency (Table 1). Found objects will be incorporated in through sensory-based guided meditation, independent and group art projects, group sharing, and self-care interventions (Table 2). Following Suchostawski's recommendations (2018), the found object interventions are semi-structured activities that provides guidance basic instructions and themes, while encouraging participant autonomy and decision-making.

### ***Closing Ritual***

The closing ritual may begin after group sharing. The end of each session and transitioning out of therapy can be stressful or anxiety-inducing for some participants and should be handled with patience and compassion. The closing ritual could repeat the check-in or warm-up activities from the beginning of session to use regulation exercises to ease transitions. Closing rituals include participants tidying up, cleaning the art therapy space, retrieving their belongings, and saying goodbye to other participants. Anxious participants who did not finish their artwork can be reassured that they can continue the following session. The art therapist can give regular reminders of time remaining in the art therapy session, provide announcements about upcoming breaks in therapy, as well as counting down to the end of the program. At the end of the program, the art therapist and participants may reflect and celebrate their accomplishments within the group therapy.

## Intervention Plan

**Table 1**

*Group Art Therapy Target Population and Treatment Goals*

Type of Group	Group art therapy for autistic adults ages 18 to 40 years old who experience difficulties with ASD-related anxieties, sensory processing challenges or SID, challenges with self-regulation and/ or attachment
Goal of Treatment	Increase social connection and relationships with others, develop self-confidence, esteem, and agency

**Table 2**

*Overview of Program Objectives, Themes, and Found Object Interventions*

Objectives	Themes	Interventions
1) Increase self-regulation skills to decrease stress and anxiousness	Introductions, safety, comfort, special interests, colours, basic emotion	Sessions 1-5: Guided meditation (Malchiodi, 2019; Minuskin, 2021), group sensory art collaboration (Gonzalez-Dolginko, 2020), Scavenger Show-and-tell (Wong & Lay, 2021)
2) Increase social and emotional communication skills through artmaking	Basic emotions continued, storytelling, friendships/relationships, home/ safe places	Sessions 6-10: Guided meditation (Malchiodi, 2019; Minuskin, 2021), group sensory art collaboration (Gonzalez-Dolginko, 2020), Scavenger Show-and-tell (Wong & Lay, 2021), Art Therapy World Map (Kim & Park, 2021)
3) Develop social connections with others, through community building	Home/ safe places continued, family, community, compassion, and empathy	Sessions 11-16: Guided meditation (Malchiodi, 2019; Minuskin, 2021), Art Therapy World Map (Kim & Park, 2021), Self-Care kit (Lucre & Clapton, 2021; Stallings, 2022)

## **Found Objects Approach:**

### **Found Objects and Autism: Redefining to Prioritize Sensory and Play Experience**

When using found objects with autistic clientele, there needs to be greater flexibility and considerations for what found objects are and how they can be used within therapy. The following are recommendations to change the definition of found objects:

1. Found objects involve the experience and interaction with an object, and any final art products are not as important as the experience itself.
2. Found objects may go through transformation processes that are not always physical changes, but they may change in the eyes of the artist regarding what that object means.
3. Found object's sensory qualities are important to the intervention because the sensory experience is part of selection, information processing, meaning-making, regulation and potentially attachment (Minuskin, 2021; Stallings, 2022; Wong & Lay, 2021).
4. Found objects may not always lead to introspection but found objects can still be beneficial since they can engage a person in self-regulation, social interactions, play and spontaneous creative processes (Crenshaw et al., 2015; Stallings, 2022).
5. Found objects' selection, availability, use and interpretations must be considered within the client's cultural context (Wong & Lay, 2021).

### **Examples for Found Object Interventions**

#### ***Guided Meditation***

A simple guided meditation can serve as a warm-up activity for the group after the opening ritual and check-in. The group is invited to form a circle and find a comfortable resting position (i.e., seated, standing, lying down). In the middle of the circle, there will be a small collection of items and each participant and art therapist will take one for the meditation. The meditation will start with the object in front of the participant, and they will be invited to take 10 deep breaths inhaling and exhaling mindfully. Next, the participant will hold the object in their hands for 3 deep breaths, then move the object between their hands freely while breathing normally. The group will be invited to relax their body and focus on how the object feels in their hands as they breathe for several minutes. The meditation will conclude with a group discussion.

### ***Group Sensory Art Collaboration***

This group sensory art intervention can be used as a warm-up or main activity to help initiate participant interaction with the art therapist and with each other. The activity was originally described by Gonzalez-Dolginko (2020), who designed this to support a group of autistic adults with sensory stimulation and integration needs. The art intervention requires a large round table, large sheet of paper, assorted balls of yarn, and tape (Gonzalez-Dolginko, 2020). Each participant sits around the paper, and starts with one ball of yarn, with the yarn's end taped in front of them on the paper (Gonzalez-Dolginko, 2020). Participants will then roll their yarn ball to another participant, and the yarn will be taped in front of the other participant (Gonzalez-Dolginko, 2020). The process continues until the group has made a web of intertwined yarn (Gonzalez-Dolginko, 2020). At the end, the art therapist mounts the artwork onto the wall, and invites the group to look and discuss the activity (Crenshaw et al., 2015; Durrani, 2021; Gonzalez-Dolginko, 2020; Hinz, 2020). The yarn can be substituted with other found objects that can be turned into stamps, paint brushes, or dabbers to create lines and forms.

### ***Scavenger Show-and-Tell***

This art intervention can be used in the middle to late phases of therapy. The art therapist will introduce that art materials can be found anywhere in our everyday environments and will discuss with the group examples of unconventional art materials. Participants can be instructed to find five objects from home to bring to session (Wong & Lay, 2021). The art therapist may need to explain instructions to participants' family members or support workers to help with the selection process in the home. Once participants collect their objects, the group will put all their objects on a table and look at the overall collection (Wong & Lay, 2021). Participants will be invited to share what objects they brought and where they found them (Wong & Lay, 2021). Afterwards, participants will freely create artworks using their found objects. The art therapist may model spontaneous artmaking with their found objects to give participants ideas of how to start their process.

### ***Art Therapy World Map: My Home and My Community***

The art therapy world map intervention can be used in the middle to later phases of the program to facilitate discussions of personal space, comfort, social interactions, and community

building. The art therapy world map activity was inspired by Kim and Park(2021). The art therapist will introduce that the art therapy group is similar to a community of people, and that in art therapy we can create a world that we want. The participants will be invited to go to build the art therapy world together, starting by creating their own imaginary house in the art therapy world. Each participant's house will use various art materials and found objects to create a space where they feel at home, comfortable, and safe. Once completed, participants will share their imaginary houses and talk about what they included. As a group, the houses will be arranged together to form a community, and the group will be invited to create community spaces in the art therapy world together.

### ***Self-Care Kit***

The self-care kit can be used in the middle to later phases of therapy and can be used to assist in the participants' transitions at the end of therapy. Inspired by the work of Stallings (2022) and Lucre and Clapton (2021), this intervention will guide participants to create a "self-care kit," consisting of either a box or bag that holds found objects that could be used to help cope with stress and anxiety. The art therapist will introduce the activity by normalizing anxiousness and stress, while reaffirming that everyone has tools to help them in stressful, difficult times. The group will discuss what helps them when they are anxious, stressed, angry, sad, or distressed. Participants will select a box or bag to create a self-care kit and to embellish the container as they wish. Participants can find objects in the art therapy room and or bring items from home to put inside their self-care kit. Found objects can be sensory objects that the participant has positive associations with (e.g., an object that has a smell, taste, image, tactile texture, or sound that triggers a positive affect or memory could help with self-regulation and relaxation). Participants can share with the group what objects they found to add to their collection and facilitate social connection through sharing their experiences, coping strategies, and artworks.

## **Chapter 5: Discussion, Limitations, and Future Directions**

This chapter will discuss the developed group art therapy intervention program outlined in the previous chapter. The chapter will review the outlines of the research process, its outcomes, and critique the findings. The chapter will mention the limitations of the research project and discuss the potential areas of future research.

### **Research Project Process, Findings and Outcomes**

This intervention research project aims to develop therapeutic interventions to support autistic adults. The comprehensive literature review revealed some of the complexities of the ASD lived experience, which may include, but not limited to ASD-related anxieties, sensory information processing challenges, self-regulation, and attachment difficulties. The comprehensive literature review explored how art therapy can create an adaptable and nurturing space for autistic adults, by using attachment, object relations and sensory-based regulation approaches.

The intervention research project also proposes a group art therapy intervention program for autistic adults to support their goals. The group art therapy program was designed using the S-BRATA model (Durrani, 2021), sensory experiences (Crenshaw et al., 2015; Gonzalez-Dolginko, 2020; Lucre & Clapton, 2021; Stallings, 2022), found objects interventions (Kim & Park, 2021; Minuskin, 2021; Stallings, 2022; Wong & Lay, 2021), and the art hive models (Lewis et al., 2020; Suchostawski, 2018) to create a flexible guideline. In group art therapy, autistic adults benefit from a safe, creative, and social space that can accommodate their needs, foster their strengths, and maximize their potential for success. Group art therapy can nurture autistic adults' social and emotional needs, while building community and solidarity among others on the spectrum (Dolphin et al., 2014; Lewis et al., 2020; Suchostawski, 2018). The group art therapy program aims to support autistic participants form social relationships, communication, and self-regulation skills, through the creative process.

### **Critique**

The intervention program's use of found objects in art interventions is a new approach to supporting autistic adults. Found objects can be used as therapeutic tools for autistic adults who have difficulties with social interactions, as the objects can serve as safer ways to interact with

others and their environment (Camic, 2010). Further, found objects may play additional roles in helping attachment formations and self-regulation within therapeutic space (Camic, 2010). The intervention program approaches found objects and their therapeutic uses from a sensory-based and attachment perspective. To adapt found object interventions to the needs and abilities of autistic clientele, the intervention program creates more flexibility in how the found objects are used and may offer therapeutic benefits. Here, found object interventions focus on the participant's sensory experience of their objects as core to potential therapeutic benefits including self-regulation, social interactions, spontaneous creativity, and attachment. It is worth noting that many autistic individuals have varying degrees of higher cognition, communication and emotional introspection capacities and may engage with found object processes on symbolic levels. However, broader perspectives that focus on present-moment sensory, interpersonal, and environmental experiences may be more inclusive for all autistic individuals.

## **Limitations**

This intervention research has limitations, including sensory overstimulation, understanding individual and group needs, and managing group dynamics. For autistic individuals with sensory sensitivities, found object and sensory-based art interventions can become overly stimulating and be more distressing than therapeutic. Although the found object interactions work as gentle sensory exposure in a safe environment, sensory triggers and related stress responses are possible both in therapy and in everyday life. To reduce likelihood of sensory triggers, the art therapist must actively learn about each participant's sensory profile both prior and during the therapy program, and work collaboratively with participants in moments of rupture. Further, with each autistic individual having various ASD-symptom presentations, strengths, sensory profiles, and personal challenges, the art therapist may have additional challenges to facilitating group therapy that meets individual and collective group needs. As with any group art therapy, the intake and recruitment process should consider candidate profiles carefully, especially when considering potential social dynamics with existing group members. The intervention program enables the art therapist to decide whether to recruit group participants with similar or varying functional levels and skillsets. If the group art therapy consists of ASD participants with highly similar functional levels, participants would experience a greater sense of community solidarity and feel less alone (Suchostawski, 2018). If group art therapy consists of

ASD participants with a wider range of functional levels, higher functioning participants may take on leadership roles to support lower functioning participants (Suchostawski, 2018). For additional support, the art therapist may consider working with another group facilitator and seek supervision.

This intervention research attempts to adopt an anti-oppressive and critical disability approach to supporting autism empowerment within the neurodiversity movement. To incorporate these frameworks, the researcher had to critically assess her research methodology biases and training to reconstruct a research framework from these social justice perspectives. However, the intervention research did not incorporate first person narratives data from the autism community, thus not following the neurodiversity movement's mantra "nothing for us without us" (Stallings, 2022). Similarly, the anti-oppressive principle of "knowledge creation through social relationships" (Brown & Strega, 2005) could not be followed as the intervention research steps, including the systematic literature review and intervention proposal (Fraser & Galinsky, 2010) did not involve interactions with autism community members. In future pilot programs using this intervention research, consultation with autism community members, stakeholders, and other experts may be consulted and involved in the refinement and application of the intervention plan. Within this initial intervention research, the researcher was able to take an anti-oppressive and neurodiversity stance by examining her own social locators, and critical thinking about power dynamics in academia, language discourse, knowledge dissemination and presentation. During the latter intervention testing and revision phases, the intervention proposal will be refined after receiving constructive feedback from the autistic individuals, family members, practitioners, and others in a collaborative process.

### **Future Directions**

The intervention research would benefit from rigorous efficacy testing and feedback from autism community members, clinical practitioners, and other stakeholders. Future art therapy intervention research may explore how to support autistic individuals through a systems approach.

The art therapy field would benefit from further research into found object interventions for the neurodiversity community. A neurodivergent individual experiences life differently, as their brain functions differently, due to genetic predispositions or brain-altering experiences

(Poole, 2022). Neurodivergence may include autism, Tourette's syndrome, Downe's syndrome, dyslexia, dyspraxia, attention deficit hyperactivity disorder, intellectual disabilities, posttraumatic stress disorder (PTSD), acquired brain injuries, mental illnesses including PTSD, anxiety, depression, and others (Poole, 2022). While neurodivergent people have unique differences regarding their strengths and challenges, a group art therapy program using the S-BRATA model and found objects may also support neurodiverse individuals.

## Conclusion

This paper developed group art therapy intervention research to answer the research question, “how can a group art therapy program be designed using found object interventions to support adults with comorbid anxiety and sensory processing challenges?” This paper followed the first two steps of Fraser and Galinsky’s intervention research model (2010), including a systematic literature review and an intervention proposal. The literature review highlighted that autistic adults may experience challenges with ASD-related anxieties (e.g., sensory processing, specific phobias, novelty), forming long-term platonic and romantic relationships, emotional expression, and autonomy. The “person-environmental fit” model of care is a progressive and nuanced perspective, discussing how meaningful change in quality of life will come from creating social environments to support autistic adults. The “person-environment fit” model can address emotional and social needs of autistic adults through developing their social support systems.

The proposed intervention is a 16-week group art therapy program for autistic adults, which incorporated the use of found object interventions. Autistic individuals benefit from group therapy dynamics, which maximizes social interactions with many individuals in a short period of time. The group art therapy offers community building and social connection, to combat isolation, and build positive self-esteem and identity. Autistic participants can benefit from the art therapy process, as engaging with the art materials can provide opportunities for emotional expression, communication and social skills development, mindfulness, and self-regulation. In this proposed intervention, found objects were incorporated as art therapy interventions to meet therapeutic goals including emotional expression, social and communication skills, self-regulation, stress, and anxiety reduction. Found objects are sensory art materials that are less intimidating ways to start the artmaking process, while also promoting mental flexibility and creativity. Found objects have great potential uses with autistic clients and others who have difficulty with social engagement and attachment formation, as the found object becomes a vehicle for communication, self-discovery, social and environmental interactions, self-regulation, and social connection. Found objects are one of many art therapy interventions that can provide compassionate care and self-empowerment for those living with autism.

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