

Awakening the Voice: A Case Study Analysis of Combined Art and Drama Group  
Therapy with Adolescent Females who Self-Harm

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## ABSTRACT

### **Awakening the Voice: A Case Study Analysis of Combined Art and Drama Group Therapy with Adolescent Females who Self-Harm**

Jaimie Leigh Byrne

The main purpose of this research project was to explore how art and drama therapy as a group function can act as a tool for developing increased emotional expression. The research focused on adolescent females experiencing difficulty with emotional expression, whom had consequently turned to self harming behaviour as an emotional outlet.

The research aimed to document the therapeutic process of these adolescents as they used art and drama therapy techniques within a group setting to work through their troubles with self-harming behaviour. MacAniff Zila & Kiselica (2001) state that there are two main troubles with females who self-harm; they have difficulty with verbalizing their emotions and they are functioning from a false self. This false self is brought about by denying emotions over a long period of time. From the lack of ability to express themselves verbally, an emotional tension builds up in the body from the internalization of emotions, consequently these girls often turn to self-harm as a form of release of this tension and emotion from their bodies.

Over a fourteen week period, weekly group therapy sessions were held where the participants of this research project learned how to alternately express themselves through art and drama and were encouraged to verbalize their thoughts and emotions to their peers within the safety of the group. The following case study aims to document the group and individual process of four group members as they grew interpersonally and developed a stronger sense of self through art and drama therapy techniques.

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# **Awakening the Voice: A Case Study Analysis of Combined Art and Drama Group Therapy with Adolescent Females who Self-Harm**

## Introduction

As an art therapy intern working in a psychiatry department within a major metropolitan children's hospital, I had the experience of working with an extensive patient base. During my internship, I was part of a multidisciplinary team that worked in conjunction with the emergency room and as a result, I was exposed to many children and adolescents in crisis. Although I was exposed to a large variety of cases, it seemed that a hefty percentage of the patients being seen in emergency were adolescent females being diagnosed with symptoms of depression, suicidal ideation, eating disorders, low self esteem and anxiety. Although not always evident upon first meeting, many of these females were using self harm as a coping method for their symptoms. Almost all of these females were put on anti-depressants and encouraged to seek psychotherapy. Unfortunately, for many of these females, talking to a therapist was more uncomfortable than talking to their own friends or family about their difficulties and they almost always shied away from this type of intervention.

A supervisor at the hospital proposed to me to run a group for adolescent females who were using self harm as a coping method, as he had seen the benefits of art therapy on similar populations. I immediately agreed due to my discouragement towards the lack of services available for this population. It was later agreed upon by the hospital team that it would be beneficial to have a combined art and drama therapy group for this population due to the fact that many of the participants might be uneasy with art and feel more comfortable with drama and vice versa. With the help of my co-therapist Louise Leotta; a fellow intern specializing in drama therapy, a



selection of participants were made and an art and drama therapy program was developed.

This research project was developed in order to offer an alternative treatment to this population as well as to determine more specifically how art and drama therapy as a group function can help to facilitate progress from artistic expression of emotions to verbal expression of emotion.

### *Definitions*

**Self-Harm:** Deliberate harm to one's own body resulting in tissue damage, without a conscious intent to die (Simeon et al. as cited in Froeschle & Moyer, 2004). N.b: For the purpose of this research study, the term self mutilation may be used interchangeably with self harm.

**False-Self:** "The false self arises in order to protect a true self that is in jeopardy of loosing the sense of its own viability through the pressures of a hostile environment, usually of a pathologizing family. It is a compliant adaptation to the outside world, and overlays a sense of the self's identity, which is in peril." (McFarland Solomon, 2004)

**Internalization:** To incorporate thoughts, values and social culture into ones conscious or subconscious and as part of one's internal belief system.

**Emotional inexpressivity:** The inability to use words or symbols to communicate one's thoughts and feelings to others, related to difficulties with trust in the environment to respond to basic needs. (Milia, 2000)

## **Chapter 1- Self Harming Behaviour in Adolescence**

### What is Self-Harm?

Froeschle & Moyer (2004) refer to self harm as “deliberate harm to one’s own body resulting in tissue damage, without a conscious intent to die” (p.1).

Levenkron (1998) explains how the essential part of self harm is normally the skin. The most common forms of self harm and mutilation are cutting or scraping of the skin with a razor or other sharp objects, burning with an open flame, lit cigarette or applying a hot metal to the surface of the skin, irritation or chaffing of the skin due to contact with chemicals such as abrasive detergents, and finally picking of healing wounds. Although there are many other forms of self harm that have been observed, these examples seem to be the most commonly observed in clinical settings.

(Levenkron)

Levenkron (1998) discusses how it is a disturbing reality for the patients and families of self harmers that there are no clear diagnostic criteria for self-harm; without a clear understanding of the issue, clinicians are at a disadvantage when treating this population. Levenkron offers four criteria for classifying self mutilators; he treats self mutilation as if it were in the same category as an obsessive compulsive disorder, since the two have many similar characteristics.

- 1) Recurrent cutting or burning of one’s skin.
- 2) A sense of tension present immediately before the act is committed.
- 3) Relaxation, gratification, pleasant feelings, and numbness experienced concomitant with the physical pain.

4) A sense of shame and fear of social stigma, causing the individual to attempt to hide scars, blood, or other evidence of the acts of self-harm.

Levenkron (1998) continues to discuss how there are many factors that can contribute to self harm and mutilation and clinicians should be aware of the accompanying factors that contribute to self harm such as external and internal stressors, personality disorders and other mental health problems.

Self harm has been discussed by many professionals in the literature, yet no clear diagnostic criteria have been formulated. In her article *Self-Injurious Behaviors: Assessment and Diagnosis*, White Kress (2003) offers a clear distinction between the multiple levels and types of self injurious behaviour (SIB) and discusses the different populations that may be drawn to these types of behaviours. White Kress cites Simeon & Favazza (2001) on four categories of SIB: stereotypic, major, compulsive and impulsive. For the purpose of this research paper, I will focus on the impulsive type of SIB. According to White Kress, impulsive SIB consists of skin cutting, burning and hitting. These behaviours can be of either the episodic or repetitive nature. Episodic SIB tends to occur only a hand full of times during an individual's life time. Repetitive SIB is associated with impulse control disorders and is well incorporated into the individual's daily life; similar to an addiction. White Kress states that the impulsive type of SIB is closely associated with external stressors and triggers as well as Borderline personality disorder (BPD), antisocial, dependent and histrionic personality disorders, eating disorders, post traumatic stress disorder (PTSD), as well as dissociative disorders. Although Self harming behaviours are often linked to pathological and destructive behaviours, they have also been

associated with self-help methods. Individuals who self harm often use these methods to prevent psychotic episodes and suicide. The act of self harm can decrease and temporarily eliminate feelings of anxiety, anger, depression, hallucinations, negative self perception and racing thoughts and emotions, among many other debilitating sensations that self harmers experience on a regular basis. (White Kress)

Self harming behaviour can be more simply understood as a coping method used by individuals experiencing intense and overwhelming emotions, to temporarily ease their suffering.

### Why do individuals use Self-Harm?

#### *Environmental Risk factors*

According to Gratz (2006), the leading contributor to self harming behaviour is early childhood abuse. Gratz discusses how sexual and physical abuse in childhood have a direct link with adult self harm, although no clear reasoning is contributed to this phenomena, Gratz explains that even adults who self harm that were not abused as children reported having troubled parent-child relationships that may have disrupted normal emotional development and adjustment stages. Favazza (1996) furthers this statement

“In addition to physical and sexual abuse, many self-mutilators report hypercritical or absent fathers, excessively protective and dominant mothers, loss of parent through divorce or death, stormy parental relations, and mental illness (especially alcoholism) in family members” (p.269).

Favazza continues to describe how children who experience these traumas, later experience a sense of abandonment, loneliness, unworthiness of love and often feel

that they are responsible for the turmoil in their families and use self harm as a form of punishment.

In his article on adolescent self cutting, Yip (2005) lists the leading antecedents of self cutting as unpleasant social environment in childhood and adolescence, an accumulation of tension and anxiety, unpleasant and unresolved sexual impulse and experience, deficits and problems in emotional control and impulsivity, ambivalent self identities and feelings of emptiness as well as poor object relation and ego boundary disturbance. (Yip)

Further, Self harming behaviour has been attributed a great deal to emotional inexpressivity; it seems that individuals who have particular difficulty with verbalizing or expressing their emotions are at a higher risk of using self-harm. Gratz (2006) uses the term Alexithymia to describe the inability to express emotions verbally. One study by Virkkunen (1976) describes how inmates who used self harming behaviour were more withdrawn and uncommunicative than other inmates, these inmates were unable or reluctant to express their feelings verbally. Virkkunen continues to suggest that when individuals who self harm learn to verbally express themselves, the frequency of self harming episodes decreases.

#### *Resulting gratification*

Favazza (1996) discusses some possible reasons why individuals may be drawn to self harming behaviour. As stated earlier, one of the most common forms of self harm is cutting of the skin. The skin acts as a border between the self and the external world; everything on the inside of the skin belongs to the self and anything beyond the skin border is the external world. Self cutters and harmers often experience a form

of depersonalization that includes a very scary and unnerving feeling of the external world and the self merging into one; this causes the sense of self to be temporarily lost. Firstly, self cutters may rupture their own skin in order to see their blood and to stimulate the nerve endings; this process proves to the cutter that they are in fact still alive. Secondly, this process allows the cutter to see the limitations of their skin and its borders. The process of proving to oneself that a border does exist between the self and the external world, results in a termination of the depersonalizing state for the self harmer. (Favazza)

MacAniff Zila & Kiselica (2001) offer a similar explanation for self mutilation by adolescent females. The state of depersonalization is often preceded by a threat of abandonment or loss of a family member, boyfriend or close friend. Feelings of depression, frustration, overwhelming tension, restlessness, emptiness and self absorption can be experienced. A distinction between the self and non-self is often difficult to make during this state of depersonalization; by harming themselves, self mutilators are able to emphasize the distinction. (MacAniff Zila & Kiselica)

Yip (2005) discusses the prominence of self cutting among specific populations. Yip states that self mutilation occurs in 70-80 percent of clients diagnosed with borderline personality disorder and 80 percent of bulimia nervosa clients. Yip continues to discuss how it was found by Zonick et al. (1997) that those substance abusers who have a history of traumatic events are at a higher risk of self mutilating behaviour. It seems as though the prevalence of self mutilating and self harming behaviour is predominant in populations who have difficulty with appropriate coping strategies and impulse control.

### *Borderline Personality Disorder and Self-Harm*

Borderline personality disorder (BPD) has been defined in the DSM IV-TR as “A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts.” (American Psychiatric Association, 2000, p.292)

Similar to Yip (2005), White Kress (2003) states that 75% of all patients diagnosed with BPD use self harming behaviour on a regular basis, in contrast to 4% of the general population. (Briere & Gil, 1998 as cited in White Kress) Favazza (1996) gives justification for this great difference; stating that self harming behaviour is so popular among patients diagnosed with BPD because “it works” (p.250) Patients diagnosed with BPD experience fears of abandonment, episodes of dissociation, depersonalization, psychotic-like symptoms, anxiety, irritability, and depression which cause tumultuous relationships, chronic feelings of emptiness, intense and inappropriate anger, suicidal behaviour and impulsive acts such as binge eating, drug and alcohol abuse and excessive spending. BPD patients also often experience quite turbulent lives due to frequent crisis states that cause failed relationships, loss of jobs and lack of completed education. (Favazza) Self harming behaviour eliminates the state of depersonalization and anxiety, stabilizes mood swings and soothes the individual from the overwhelming feelings associated with their disorder. (Favazza)

## **Adolescence and Self-Harm**

### *Separation/Individuation in Adolescence*

The vast majority of literature on the process of adolescent emotional development concerns itself with the process of separation of the adolescent from the family and the process of individuation, where the adolescent begins to form a distinct personality independent of the family. This stage of development in adolescence has been known to be one that is very difficult to negotiate and can often cause difficulties with coping behaviour.

The psychological vulnerability has been associated with the onset of puberty and the presence of increased drive states that accompany the pubescent years. In addition, at a time when libidinal impulses are revived, it has been stated that the adolescent must begin to relinquish parental ego support. (Blos,1967) The adolescent must begin to depend more on himself for control, and less on parents.

This often results in internal conflicts due to the coincident increase in impulses and heightened need for ego mastery of these impulses and interpersonal conflict between adolescents and their parents. (Marom-Tal, 2006, p.8)

When an adolescent experiences difficulty moving through this process; they may experience uncontrollable emotions or dissociative states in extreme cases. These individuals must develop coping styles in order to deal with their frustrations and emotional struggles. Adolescents who use self harming as a coping method, do so, as stated earlier to release bodily tension and relieve overwhelming emotions and dissociative states. The act of cutting or burning one's skin acts as a way to define boundaries and regain control over their own bodies. As Blos (1967) stated, this stage



of adolescence is about gaining control over one's emotions and defining boundaries between themselves, their parents and the world. Self harm can be seen as a coping method for those adolescents who seem to have difficulty negotiating those normative developmental changes.

### *Is Self Harming behaviour the New Teen Disorder?*

Recently, literature has begun to link Self harming behaviour with eating disorders; some call it "the new anorexia" Because of its reputation for being prominent in adolescent females. Whitlock, Powers & Eckenrode (2006) state that due to the high number of reports from physicians, therapists and school counsellors in recent years, self harming behaviour may be "the next teen disorder." Alderman (1997), as cited in MacAniff Zila & Kiselica (2001) discuss how the major commonality between eating disorders and self harming behaviour is that they are both used as a coping method for trauma and dissociation. As stated earlier, individuals that use self harming methods to cope with daily turmoil have experienced some type of trauma, loss or sense of overwhelming emotions that they are attempting to purge by harming themselves. Just as an eating disorder can be seen as a form of unconscious expression of the individual's reaction to the trauma, so can self harming behaviour.

## **Chapter Two- Treatment**

### Traditional Treatments for Self-Harming Behaviour

MacAniff Zila & Kiselica (2001) discuss two main troubles with adolescent females who self mutilate. Firstly, that they have difficulty with verbalizing their emotions, and secondly that they are functioning from a false self. This false self is

manifested in the denial of emotions over a long period of time. Because these two factors are the most predominantly negative behaviours causing the individual's distress, treatment and counseling should be directed towards reemerging the true self through identifying patterns of behaviour, exploring past traumas and facilitating expression of previously denied emotions. Reinforcement for appropriate behaviours and using a multi-faceted approach are the key elements in eliminating self mutilating behaviours. (MacAniff Zila & Kiselica)

Favazza (1996) discusses the use of selective serotonin reuptake inhibitors (SSRIs) as treatment for self mutilation. The author points out that behaviours associated with self-mutilation have many similarities with obsessive compulsive behaviours. SSRIs, commonly known as anti-depressants help to control impulses and compulsive behaviour and have been found to be quite helpful in reducing the impulses of self harmers to cut or burn themselves. Crowe & Bunclark (2000) also support the use of medications such as anti-depressants in their article on the management of repeated self-injury. The authors discuss an in-patient program that they developed specifically for those who self cut or burn. These patients are given a treatment combination of medication and psychotherapy. Reasoning behind the combination of treatments given by Crowe & Bunclark is that the self harming behaviour is a symptom of a greater problem; medication may get rid of the symptoms but will not treat the emotional troubles of the individual, for this reason psychotherapy is also included in the treatment plan.

In a study by Huband & Tantam (1999) a survey was taken from clinicians, including psychiatric nurses, medical staff, clinical psychologists and occupational

therapists, the clinicians were asked to rate the effectiveness of clinical approaches on women who self wound. The most popular approaches reported by the clinical staff were maintaining regular discussion with involved staff members, encouraging ventilation of unexpressed feelings about their past, and teaching emotional management. Among the most disfavored approaches were the use of medication and admittance to the hospital.

#### Art and Drama Therapy as Treatment for Self-Harm

Milia (2000) points out the significance of using art with a self-harming population. The surfaces of three dimensional art act as a representation of the border between self and not self. As this particular population has trouble making the distinction between these two realities, the art surface acts as a physical representation of the skin; containing, protecting and defining the self. Art work can also act as a transitional object, allowing for the client to represent parts of themselves in an external context. Because of the transformative qualities of art, the client can representationally transform aspects of the self and have full control over the changes; this process allows for strengthening of the ego and the beginnings of an internal negotiation and transformation of self-mutilation. (Milia)

The process of destruction and creation in art is one that the self harming population may use in a very productive way. Just as the process of cutting or burning one's skin is for the purpose of tension relief, art materials and projects can also be cut, burned, ripped or smashed in a contained, safe manner to relieve tension (Milia, 2000). Similarly, the process of creating and building can be a symbolic act for the self mutilator to gain control and individuation in their lives; perhaps symbolically

creating a more secure self. (Milia) The symbolic qualities of art and drama are particularly convenient for the self harmer. As mentioned earlier, verbal expression is of great difficulty for this population; art and drama allow the client to safely express emotions at a distance. The fact that the art work is being created by the body is also a very significant element, instead of acting out on the body by the body, the client can still act out through the body but onto an extension of the body which is much safer and more appropriate. (Milia)

Jennings and Minde (1995) argue the point that all art forms can be used to express what we cannot express in other ways, but by using drama therapy we are able to express and experience the expression simultaneously. "The theatre provides a distancing process that enables the experience to be contained as well as seen in different perspectives" (Jennings & Minde, 1995, p.18). Similar to the creation and viewing of an art work, by using the theatre as a therapeutic forum, we are able to emotionally distance ourselves enough to take a closer look and better understand the situation. (Jennings & Minde)

Although there has been very little research done on the efficacy of an art or drama therapy program with self-harming individuals, it seems clear according to Milia (2000) that the basic qualities of art alone can be very beneficial for this population. Art can foster self esteem, self expression and offer more appropriate coping strategies to every day stressors. It seems a disservice to self harmers that more creative arts therapies programs are not available to them.

### Group Therapy for Self-harmers

It has been discussed by many authors that the adolescent population is one that is particularly difficult to work with in the therapeutic setting. Characteristically, adolescents are prone to resisting therapy of any kind due to the stigma that accompanies it. Many fear that they will be labeled as “crazy” or “mental” if they agree to therapy. For this reason, many adolescents in need of individual or family therapy do not attend. (Riley, 1999)

As Riley (1999) discusses in her chapter on adolescent group therapy, a group setting is an ideal one for the adolescent due to their developmental stage of separation and individuation. Adolescents are at a stage where they prefer not to discuss personal issues with parents and tend to turn to peers for advice; unfortunately, the advice of their peer group is not always helpful due to their lack of experience. (Riley) Riley continues to state that group therapy offers a safe place where other adolescents are participating, which removes the stigma of being “crazy” and offers a chance to connect with their peers.

### Group Creative Arts Therapies

Riley (1999) proposes the benefits of group art therapy with the adolescent population.

This modality is uniquely responsive to the anxieties of the teenager. It offers a form of therapy that: (1) gives them control over their expressions, the young clients reveal in the art product only what they wish to reveal, visually or verbally; (2) they find using media provides an outlet for their creativity; (3) this provides a pleasure component; and (4) utilizes the personal and age-group metaphors and symbols; the

adolescent believes that his/her control over verbalization effectively keeps the adult (therapist) from making intrusive interpretations. (Riley, 1999, p.68-69)

The creative arts therapies offer alternative therapeutic methods that appeal to the adolescent for its many non-threatening qualities. Tibbetts & Stone (1990) further state the benefits of art therapy on the adolescent, mentioning that art therapy uses the cognitive, motor and sensory experience within the conscious and preconscious states which allows for increased verbal interaction and involvement in the therapeutic process in a shorter period of time than traditional therapies.

It seems evident that the combination of the creative arts therapies and a group structure for the adolescent population would be an ideal solution to increase compliance to therapy for those adolescents in need of a therapeutic intervention.

### Discussion

Although the number of individuals facing self harming behaviours is growing in the recent years, (white Kress, 2003) the number of services available to this population is not sufficient. A clear diagnostic criterion is not available and self harming behaviour is seen only as a symptom of other psychological disorders; not as its own entity. It seems that although many treatment approaches are available for clinicians to use, not many of them are effective for the simple fact that they involve verbal expression of emotion which is of particular difficulty for this population. After reviewing the literature available on self harming behaviour and the use of creative arts with this population, it seems clear that any treatment involving the expression of emotions through an alternate to verbalization, such as art or drama would be extremely beneficial and non-threatening for this particular group of

individuals. It is also clear that much more research into the efficacy of the creative arts therapies with the self-harming population is needed to develop programs aimed at appropriately treating these individuals.

With the clear evidence that points to the benefits of group therapy and the creative arts therapies with the adolescent population, it seems only common sense that a program combining the two methods would be a practical choice for the participants selected for this study. Participants would be able to learn how to express themselves alternately through the use of creative arts and utilize the group function to practice verbal expression for use in their daily lives.

### **Chapter 3- Study Rationale**

#### Research Methodology

In this research project, a descriptive case study method is used to convey the essence of the group and individual therapeutic process of four adolescent girls as they work towards developing alternate forms of expression through an art and drama therapy group.

Case study methodology is best suited to research that will be looking at a current social phenomena and have historically been used by anthropologists, psychologists, educators and social workers, as a way to discuss and report on experiences and phenomena encountered in the work field.(Stake, 1995) By using this method, the researcher is able to take into consideration all the environmental variables that may be influencing the phenomena instead of disregarding them as would be done in experimental research. This type of research allows for the researcher to gain a much

broader understanding of the context in which the phenomena is taking place. (Yin, 1994)

Yin (1994) states that case study inquiry (1) copes with the technically distinctive situation in which there will be many more variables of interest than data points, and as one result, (2) relies on multiple sources of evidence, with data needing to converge in a triangulating fashion, and as another result, (3) benefits from prior development of theoretical propositions to guide data collection and analysis. Therefore, case study methodology seems to be the most appropriate research model to study a phenomena and the context which encompasses it.

Case studies can have either a single subject or multiple subject design. For the purpose of gathering more accurate data, this specific case study will follow the multiple subject model. Yin (1994) mentions how multiple subject case studies are considered to be more robust because the results are often more compelling. Each subject must be administered the same procedures for data collection; a process called replication, this way results will not vary based on the administration. (Yin)

Case studies intend to answer specific “how” and “why” questions. Yin (1994) explains the reasoning behind pairing these types of research questions with case study methodology. Yin states that “how” and “why” questions are of explanatory nature and can help the researcher to make links between specific happenings and factors over a period of time. Links can be made through observations and multiple types of interviews, the connection of these links should be what the researcher is attempting to analyze in order to answer his/her research question. (Yin)



As you will see in the case study section of this research report, the experiences and developments that the participants make are not ones that can be calculated or minimized to a numerical value due to their unpredictable nature. The quality and conditions of their experiences can only be analyzed and described. The individual stories and events that took place are the essence of this research and the essence of what I feel should be expressed to others interested in gaining knowledge about adolescent females who self harm.

### Research Question

The primary research question for this study was to uncover and document the ways in which art and drama therapy as a combined therapeutic approach in a group setting, can help to promote verbal emotional expression in adolescent females who use self harm. As stated earlier, self harm is used by this population as a coping method against overwhelming bodily tension caused by the internalization and build up of unexpressed emotions over a long period of time. According to the literature studied before forming the research group, the most effective treatments for this population are alternatives to verbal expression and continual support from others. The hope was that the individuals in the group could use art and drama as an alternative outlet for expression initially, and progressively work on building trust with their peers in the group by sharing their creative process with each other and finally be able to verbalize these expressions to each other without fear or shame.

Two subsidiary research questions were also examined. (1) How does emotional expression manifest itself in art and drama work? (2) How does one progress from creative expression to verbal expression through the use of art and drama? Each of

these questions was developed in order to be able to take a closer look at the findings and to gain a better understanding of the individual therapeutic process. Results will be discussed in the case study section.

### Limitations

Due to the nature of the setting where the research took place and the clientele served there, a number of limitations were experienced during the formation of the research project. Initially the group was meant to ideally have up to eight members, but after over three months of attempts at recruiting members, only four had successfully agreed to participate. As stated earlier, many individuals were being seen on a daily basis for depression, suicidal ideation and anxiety, yet it was very difficult to know whether these individuals were also using self harm due to the fact that it is often hidden and clients are too scared or ashamed to admit to it when asked. As well, the target population was an adolescent one that is extremely difficult to have agree to therapy. One other limitation made for this group was that we had to have an exclusion of any individual with BPD. It was agreed upon by staff and facilitators that it could be harmful for some of the participants to have an individual with BPD in the group due to the many instabilities of the disorder. It should be noted that although Amanda exhibited BPD traits, she was not excluded from the group due to the fact that her BPD traits were not the kind that would harm or influence any of the other group members.

One final limitation was the length of the group. Due to the delay in recruitment of the group members, only fourteen sessions were had. Ideally this would be a long term group process.

## Data Collection and Analysis

Yin (1994) discusses how the use of multiple data collection methods within a research project is extremely important for strengthening the quality of the research. This study will use three different modes of data collection in order to solidify its quality. Throughout the research process, data was collected from multiple sources. An informal interview was conducted before the therapy group began to establish a base line for where the participants were beginning from. Questions were asked about self harming practices and rituals as well as personal and life experiences that may have led to their arrival in the emergency room. A follow up interview was held one month after termination to receive feedback from the participants about how they viewed the group therapy process and their own development as a member of the group. Questions were also asked regarding current self harming rituals and changes in their daily practices. Yin states that

Interviews are an essential source of case study evidence because most case studies are about human affairs. These human affairs should be reported and interpreted through the eyes of specific interviewees, and well informed respondents can provide important insights into a situation. (p.85)

A second source of data collection was used in the form of weekly progress notes. Each week, notes were kept on each participant to document their therapeutic process during the research period. Thirdly, as part of the progress notes, a weekly evaluation was made of each participants level of expression used in each session. Using a Likert rating scale, I was able to identify how often and during what activities the

participants used emotional expression. (See Appendix C) By using this process of triangulation, these three sources of data solidify the reliability of the findings.

Each informal interview has been coded in order to identify common themes and relevant material. The weekly progress notes taken have been read and reviewed and will be summarized in the following section. The weekly results of the rating scale have also been analyzed by comparing individual scores over the period of therapy. Participants were rated from one to five on eight different aspects of their involvement in the therapy group.

### Ethical Considerations

In conducting this research project, many ethical issues were considered. Primarily, the concern for confidentiality was of the utmost importance. The participants in this study were minors, yet over the age of fourteen which meant that they were able to consent to their own therapy and involvement in the research without parental consent. Although parents asked for progress on their children, I, nor my co-therapist were able to discuss this with the parents without their child's consent.

An information letter was supplied to each participant prior to beginning therapy, explaining the risks and implications for being involved in the study, this letter was read to the participants and time was taken to answer any and all questions that the participants may have had.

The issue of group therapy also brought up concerns for confidentiality for the participants. In the initial group session, Louise and I had a lengthy discussion with the participants about confidentiality and assured that they were aware of their

responsibilities and what could and could not be discussed with others outside of the group.

During academic supervision and discussions with classmates, pseudonyms were given for each participant and only art work that did not disclose any identifying information was displayed. For the purpose of confidentiality, pseudonyms were also given for the participants in this research paper.

Tape recorded interviews and weekly progress notes have been stored in an area that is locked and are only accessible to the researcher. I feel that I have made every effort to preserve the confidentiality of the participants of this research project and supplied ample information to my clients regarding the implications of their participation.

### Reflexivity

Reflexivity asks the researcher to be aware of and examine the ways in which their personal beliefs and thought processes inform the research. This area became quite important for me to keep in mind as the research developed. In beginning this research project, I had had no experience working with the self harming population and very little experience working with adolescents in a therapeutic setting. I was able to inform myself through literature and through discussions with colleagues at the hospital that were encouraging this project. I quickly found that the clients that I was working with in therapy were not the clients described in the literature. Many underlying characteristics were the same, yet the individuals themselves were quite different. In the literature, the adolescent female described as a self harmer is one that hardly speaks and is quite closed off to the world. I found that the girls that I was

working with were much more open to discussion and it may have been easier for them to talk at some times than to make art or do drama exercises. For this reason, I had to begin to meet the clients where they were and not where I thought they were.

One aspect that I was constantly reflecting on was the boundaries between client and therapist and by using a client centered approach, what were the boundaries? I found myself continually being drawn in by my clients to a point where our discussions became of a friendly nature rather than a therapeutic one; this is a feeling that my co-therapist experienced as well. It seemed as though the girls in the group were looking for more than an ear to talk to, but someone to guide them. Being quite close in age to our clients, my co-therapist and I continually questioned whether taking on a “big sister” role was an appropriate or helpful one. Although therapeutic boundaries were never crossed and therapeutic techniques were used in each session, the roles that the therapists used were constantly in question and reflection.

## **Chapter 4- Group Case Study**

### Introduction

This case study is based on a combined art and drama therapy group that took place in an outpatient psychiatric department in a large metropolitan children’s hospital. This case study will describe a fourteen week process that included four adolescent females dealing with self injurious behaviour and internalization. The group’s focus was to increase self expression of emotion through art projects, drama exercises and discussion periods, with the aim of decreasing or eliminating the use of self injurious behaviours as coping methods for daily stressors.

### Group structure and themes

The research project was conducted over a fourteen session period and consisted of four adolescent females ranging in age from fourteen to seventeen. Each session lasted approximately one and a half hours and was themed according to issues and concerns being brought up in the group each week. Main themes addressed were anger, personal relationships, internalization of thoughts and emotions as well as self perception.

### Setting/Facilities

Weekly sessions were held in a small conference room located in the hospital. A large table and sufficient floor space was available to efficiently work on drama and art projects and exercises. Clients had access to a sink and washroom across the hall and ample art materials that were transported by the therapists from a separate storage area each week.

### Recruitment Process and Participants

All of the clients selected to participate in this art and drama therapy group were referred by members of the emergency psychiatry team at the hospital. All four participants were female adolescents between the ages of fourteen and seventeen. The major common reason for referral to the group for these females was a tendency to internalize emotions over a long period of time, and as a consequence had turned to using self harming behaviours as a coping strategy for their daily emotional pain. Each of these females had injured themselves in such severe ways that they were forced to come to the emergency room for treatment.

## *Jennifer*

Jennifer was a sixteen year old female attending a public high school and living with both of her biological parents and two siblings in a suburban town. Jennifer had come into the emergency room for suicidal ideation one evening with her parents. Jennifer reported at the time that she had been having a lot of social anxiety, depressive symptoms and anger.

During the emergency team assessment, Jennifer described that she had been living with her depressive symptoms for over one year. It seems that Jennifer's symptoms were a reaction to her internalizing of emotions. Jennifer described having felt anger, rage, frustration, sadness and guilt for quite a long time, but did not feel able to express these feelings to others due to a strong sense of personal guilt and shame. As a result, Jennifer had turned to cutting the skin on her thighs as a release to all the tension that she was building up inside.

On a daily basis, Jennifer was also having trouble attending school because of her anger; she reported hating everyone at her school for their immature, hurtful actions as well as her feelings of being invisible to others. Jennifer experienced a major drop in academic performance, increased appetite and weight, poor concentration, trouble sleeping, low self esteem and feelings of hopelessness and helplessness.

From this assessment, Jennifer was diagnosed with a major depressive disorder (single episode) as well as an adjustment disorder with disturbance of affect. Jennifer was prescribed an anti-depressant and referred for individual therapy as well as to the art and drama therapy group to work on expressing her emotions to others, and



externalizing some of her feelings creatively so that she could move away from harming herself and move towards rebuilding a functional lifestyle.

### *Tiffany*

Tiffany was a fifteen year old female attending a public high school in a metropolitan area; she was living with her biological mother, step father and younger half brother. Tiffany did not have any contact with her biological father since infancy. Tiffany had come into the emergency room late one evening after having swallowed a large number of Tylenol. Tiffany reported that she was not trying to commit suicide, but was trying to relieve her pain and wasn't thinking straight at the time.

During the emergency team assessment, Tiffany admitted to having frequent suicidal ideation and sadness. It seemed as though Tiffany had been living with a lot of self doubt and self esteem issues for the past year; she had been having trouble with friends and social relationships and was involved in an abusive friendship. Tiffany also admitted to being hesitant to eat in general and having a history of vomiting after eating so that she wouldn't gain weight; during the assessment, she often commented on how unhappy she was with her physical appearance. Tiffany had recently been evaluated in an eating disorders clinic and was diagnosed with a disordered eating pattern. During this evaluation, Tiffany also admitting to having cut her forearms with a razor blade in the past, but that she had stopped recently and had only had been experiencing temptations and idealizations to cut herself. Tiffany had been able to control herself enough to not act on these temptations for several months.

Tiffany reported feelings of anger, frustration, anxiety, worthlessness, guilt and self ambivalence as well as a recent withdrawal from friends and family. From this assessment, Tiffany was further diagnosed with depressive mood and was referred for group art and drama therapy to work on expressing her feelings, social interaction skills and finding more appropriate ways to cope with her suffering on a daily basis.

#### *Amanda*

Amanda was a fourteen year old female attending a private high school with a reputation for high achieving students; Amanda had requested to attend this school after having attended a public high school for one year. Amanda was living with her biological mother, step father and two half brothers.

Amanda was brought into the emergency room one evening by her mother for having overdosed on cold medication. Amanda reported to having felt suicidal frequently and had attempted suicide multiple times in the past. Amanda reported to have been having trouble sleeping, depressive mood, irritability, anger outbursts and weight loss for over one year and had previously been diagnosed with premenstrual dysphoric disorder and borderline traits.

On a daily basis, Amanda was functioning normally with friends and family but was experiencing a decrease in academic functioning due to lack of concentration which caused a lot of anxiety since she was a high achiever academically.

During the emergency team assessment, Amanda did not talk very much and did not offer any insight into her state besides having worries for the troubles that her friends were having, no family abuses or troubles were mentioned, as well Amanda did not seem to be having any social anxiety or difficulties with friends. It seemed as

though Amanda was unable to express why she was feeling this way, and in some ways was denying that there was a problem in her own life, although her symptoms were quite evident. Amanda was diagnosed in this assessment with a major depressive episode and was referred to the art and drama therapy group to work on expressing her anger in more appropriate ways as well as to increase her verbalization of emotions.

### *Chelsea*

Chelsea was a sixteen year old female attending a private high school in a metropolitan area. Chelsea was living with her biological mother in a suburban area and had little contact with her biological father and no contact with her older half brother; both live in other parts of the country.

Chelsea was brought into the emergency room for having frequent suicidal ideation, she stated that she thought each day of throwing herself in front of the subway car and had recently made a collection of pills from around the house but had not attempted to take any of them yet. Chelsea had been feeling quite depressed for the last three years and was suffering quite a bit.

Chelsea reported to have had a troublesome relationship with her mother for a long time and was recently experiencing the same troubles with her close friends. Chelsea had no desire to talk to anyone, to go out with friends socially or make phone calls and this had been worsening for the last few months.

Chelsea had been dealing with symptoms of sadness, social anxiety, difficulty falling asleep and low self esteem on an increasing basis for the last three years, she

also stated that she felt numb all the time and had been cutting her forearm to help her feel.

Chelsea was referred to individual therapy as well as the art and drama therapy group to work on expressing her emotions more appropriately and to work on social interactions with her peers

### Weekly Group Process

#### *Session #1: Introduction*

The focus of the first session was to introduce everyone to each other and to make them feel comfortable. For this session we had three participants: Jennifer, Tiffany and one other participant who left the group following the first session. The session began with a warm up activity where each participant introduced themselves and then stated what their favorite type of music was. This theme was chosen due to the interest in music expressed by each girl during preliminary interviews; each seemed to have quite similar taste in music.

As our starting activity, the participants were asked to spend a few minutes with a partner and talk about themselves, ie: hobbies, interests, family, school, friends, pets, etc. The participants then introduced their partners to the group. This activity seemed to be quite anxiety provoking for many of the girls; firstly they explained how it was difficult to sum themselves up in only a few minutes and how they were also uncomfortable talking about themselves to strangers. When it came time to introduce their partners to the group, the task became much easier and relaxed; some even found it comical to try to remember what their partner had said. Tiffany had quite a bit of trouble with this part of the activity; she seemed to have forgotten a lot of her

partner's information and needed help to recall the discussion. This seemed to embarrass Tiffany and to make her uncomfortable. The other group members were very understanding and attempted to lighten the mood so that Tiffany wouldn't feel so embarrassed.

The next activity was to make a group contract so that the participants could have a good sense of what the boundaries were during the sessions; as well it gave them a chance to voice some of their concerns surrounding the group and its frame. The girls wrote down words such as respect, honesty and confidentiality but also began to write down more specific terms such as no lashing out, no judgment, open mindedness, commitment, and listening. (See Fig 1.0) These words seemed to reflect what a lot of the girls wanted to get from their fellow participants which they were not getting in their lives outside of the group. All of the girls signed the contract and we mounted it on the wall for the next few sessions incase anyone wanted to make any changes or additions to it in the future.

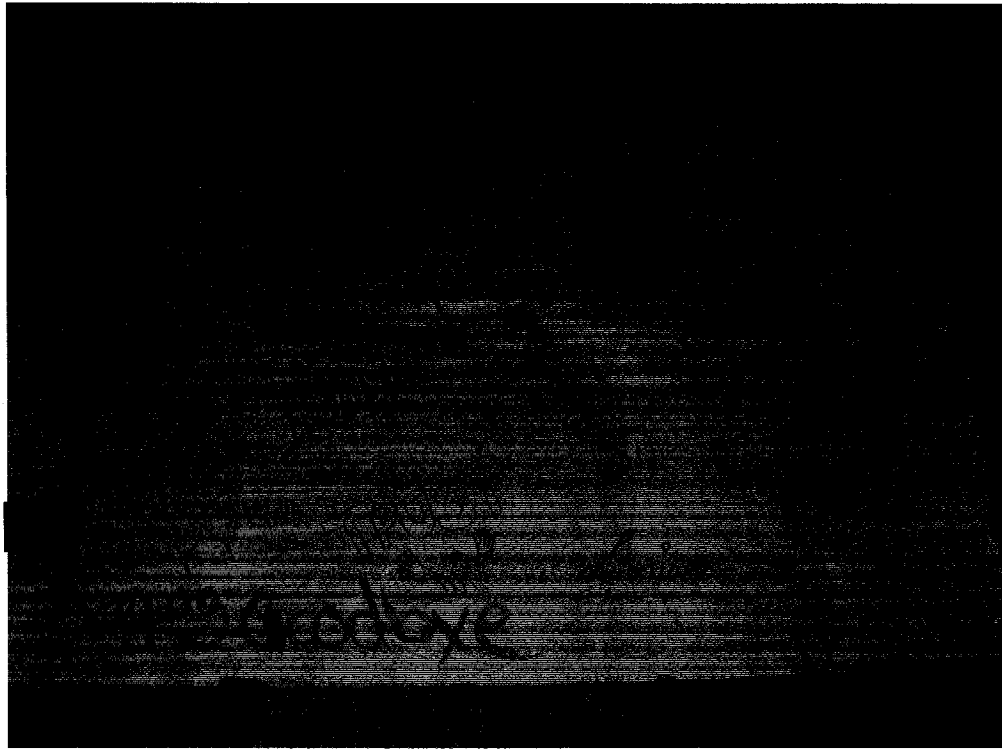


Fig 1.0

The remainder of the session was spent making and decorating folders to store the girl's art work. This activity seemed to be quite easy, but in fact turned out to be quite difficult for Jennifer and the third group member. Both girls worked very slowly and had a difficult time deciding what marks to make on the cardboard. Tiffany decided to write down a bunch of names of her favorite bands as well as her own name. At the end, Jennifer had written her name in a tiny corner of the large cardboard and glued some jewels around it; she expressed her difficulty to the group quite easily and then proceeded onto the closing ritual.

For the closing activity, each group member was asked to take a turn at saying their name and following it with one word about how they felt in the session that day. Each girl answered that they had felt quite anxious and shy to begin, but were feeling better closer to the end.

## *Session #2: Setting goals*

Session two began by introducing an opening ritual. The ritual chosen was the magic box activity, where individuals could imagine putting something that they don't want into the box, i.e. a bad feeling, something negative that happened during the week. The participants could also imaginatively take something out of the box that they wanted or needed. This activity seemed to be difficult for the group members; they were having trouble thinking spontaneously and took quite a long time to come up with ideas.

Our check in activity for this session was to take turns telling the group about a favorite movie. This activity gave some ease to the group members because it was something that they knew and were excited about. Jennifer had a little bit of difficulty choosing just one but was able to articulate this well.

The main activity for the second session was to have the girls set some goals for themselves and for the group as a whole. Unfortunately, this week there were only two group members, the third from the previous week had decided that she was not able to be in a group setting for therapy and did not return. Jennifer and Tiffany worked diligently on setting their individual goals and then read them out loud for everyone to hear. Jennifer's goals involved her self control regarding anger and thoughts, as well as her social skills with peers. Tiffany's goals were quite similar in that she also wanted to learn how to control her anger and work on her social skills with peers. Additionally; Tiffany stated that she wanted to work on her self perception and self esteem.

Following the individual goals, the girls were asked to set goals for the group. The girls decided that they wanted the group to be a place where they could rehearse and discuss life situations and receive feedback, support and honesty from the group. This activity seemed to bring a sense of ease to both participants; they were able to voice why they were in the group and what they needed to get out of it and from each other.

As an art activity, the participants were asked to be spontaneous and creative. This activity was chosen due to the observation in the previous week about difficulty being spontaneous with thoughts and expressions. The girls were given only a few seconds to respond to an emotion through painting. The response was to be made using line, color and shape to represent their own feelings of anger, sadness, fear, surprise, joy, love and excitement. (See Figs 2.0 & 2.1) This activity started a discussion about the girl's feelings and how they experience them. Interestingly, the girls had very similar representations of these emotions. The most discussed emotion was anger, Both Jennifer and Tiffany stated that their anger was the most prominent emotion in their lives and that they tend to feel guilty about expressing their anger and consequently don't express it until they become overwhelmed and then burst in rage. Jennifer expressed how this was one of her main goals and that she often feels shamed when her anger explodes which causes her sadness as well. This activity and discussion seemed to work quite well for opening up about emotions and bonding the two group members with their shared emotions.



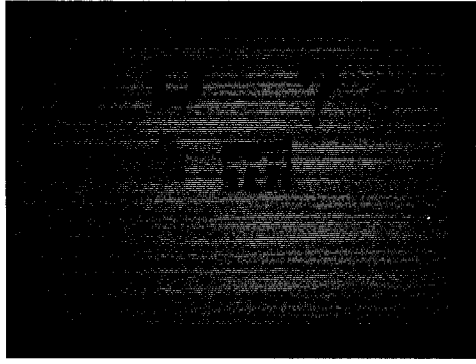


Fig 2.0

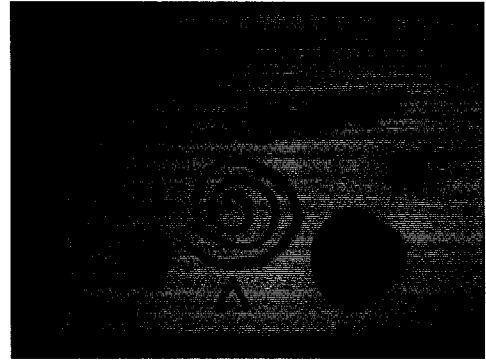


Fig 2.1

As a closure to the session, a ritual was established where each group member chose a musical instrument to play a quick rhythm about how they felt during the session. The rhythm was followed by one word to describe this feeling. This activity seemed to lighten the mood and send the girls off with smiles on their faces.

### *Session #3: Embodied Mandala*

Our third session began with a check-in activity where each group member was asked to tell the group about a favorite food that they had. This activity was quite easy for the group members and struck up a conversation about eating habits. The group began discussing favorite restaurants and how difficult it can be to be vegetarian, which most group members were. Tiffany was able to tell the group about her eating disorder and her desire to become vegetarian. Tiffany seemed a little bit nervous about telling the group about her troubles with food and her body; she may have been fearful of being judged. The group responded very warmly to her and the discussion progressed smoothly. This discussion seemed to be comfortable for everyone present and perhaps brought the trust level to a new position; Tiffany seemed to open the door for more personal discussions. A few minutes later, Jennifer began discussing an event that had happened at school that day where she had been

physically and verbally attacked by a peer at school which had severely upset her. Jennifer described how this type of event often occurs to her at school and that she feels upset at herself for not defending herself, but also feels hopeless because when she does defend herself, it usually ends up worse than if she had kept quiet.

Both Jennifer and Tiffany were able to open up and express something personal this week and receive warmth and support from each other and the therapists, as well as some feedback on how they could manage their situations.

Our first activity was a popular trust exercise where partners have to practice falling backwards and catching each other. Jennifer and Tiffany worked together very nervously. This exercise was quite difficult, but the therapists demonstrated that it was difficult for them as well and the girls continued trying a few more times.

The main activity for this session was an embodied mandala exercise, where the girls were asked to first brainstorm what the words guide, artists, skills, vulnerabilities and beliefs meant to them. Secondly, the girls were asked to visually represent these words on a mandala. (See Figs 3.0 & 3.1)

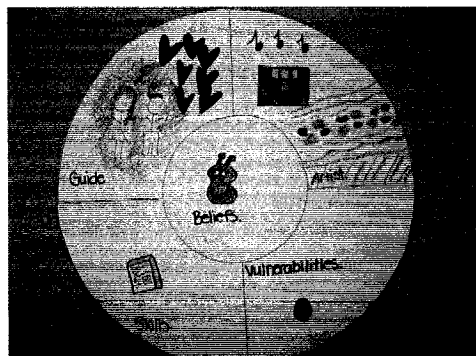


Fig 3.0

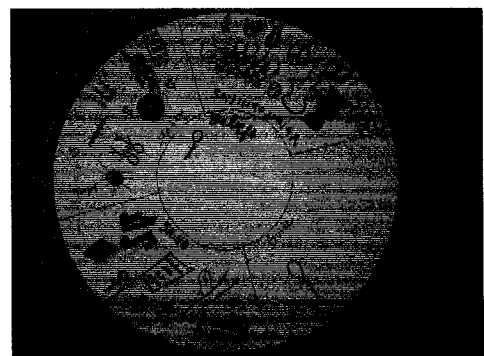


Fig 3.1

Thirdly, the room was divided into the five sections of the mandala, and the girls were asked a series of questions that asked them to put themselves in the different

sections of the room and reflect on their thoughts of themselves in those roles and then to embody that thought or feeling. This activity got the girls to be more in touch with their bodies and how their thoughts connect with their bodies. A discussion followed this activity and the girls expressed how this activity felt for them. Jennifer expressed how it was difficult for her to draw the mandala because she didn't have enough time to really think about her image before drawing it; she had a much easier time embodying her feelings and thoughts, but became indecisive about her choices of placement; Jennifer had positioned herself between two areas because she was unable to choose between the two. Tiffany seemed to have more trouble with the embodiment section than the drawing because she was self conscious and had not fully understood how she felt about some of the sections.

The group ended with each member playing a rhythm with an instrument and telling the group how they felt in this session. Both girls expressed a sense of relief for having discussed their troubles with the group.

#### *Session #4: Role Play*

Session four focused around a role play activity where the participants were to choose a scene from their lives; something that has already happened, that they would like the chance to go back and replay and receive feedback from the group.

Tiffany was the first group member to volunteer her scene. Tiffany explained to the group that she had been having trouble with one of her friends recently. This friend had physically attacked Tiffany for no apparent reason and found it to be funny afterwards. Tiffany had been feeling quite hurt about this situation and was feeling angry at herself for not having said or done anything about her friend's attack.

Tiffany first played herself and had one of the therapists play her friend. In this particular activity, the therapists added in a voice doubling component, where the other group members would stand behind the actors and speak as if they were voices in the person's head; saying what they really meant but were not saying in the scene. Tiffany's scene was played out multiple times and the other group members offered alternate ways of approaching the event. Tiffany seemed to enjoy this activity and gained some insight about why she may have acted the way that she did at the time, and she shared this with the group.

A second step of this role play activity was for Tiffany to create a scene where she could confront her friend about how she felt and have a dialogue with her. Tiffany chose to call her friend; the friend was played by another group member. Initially, Tiffany was supposed to call her friend to talk to her specifically about the attack and how it had made her feel, surprisingly, Tiffany ended up having a dialogue with her friend about the events that have happened to her in the last few months i.e. her suicide attempt and her cutting habits. Tiffany explained to her friend that she didn't feel supported and hadn't told her anything because she was scared to be judged. Tiffany was able to direct the responses of her friend to make them more realistic as well as to change positions at some points to put herself in her friend's shoes.

Tiffany's dialogue was filled with expressions of anger, frustration, sadness and a longing for support from her friends, which seemed to be a somewhat cathartic experience for her. Group members were able to offer advice and suggestions of how to approach this friend in the future and Tiffany listened and accepted the words of her group mates. The closing discussion was quite lengthy and the other group

members were unable to have sufficient time to perform their own scenes, but expressed their satisfaction with having helped Tiffany find solutions and a voice for her feelings.

A short closing ritual was performed with musical instruments; this week, the group members were quite lively and ended up playing a melody all together with quite a lot of energy.

#### *Session #5: Self Boxes*

In the fifth session, Chelsea joined the group, changing the dynamic. The other two group members seemed to really appreciate having another person to work with.

The session began with a short warm up activity where each group member took a turn saying three things about themselves, one of them being a lie. This activity also ended up acting as a “get to know you” activity, because of the things that the girls were saying about themselves. Chelsea seemed to be quite shy, but participated with only a little bit of reluctance.

The majority of the session was spent working on a self box project. The participants were asked to choose a box to work with from a wide selection. The directions were given that the outside of the box was to be a representation of how they show themselves to the world and the inside was to be about what they may not show to the world very often if ever. (See Figs 4.0-4.10)

As the three group members worked, little conversation was initiated by anyone. Tiffany did most of the talking and directed her conversation towards the therapists. Chelsea was able to interject a few comments occasionally about similar music interests and friends, but was quite shy at the same time. Jennifer, although she did

not talk very much as she worked, had somewhat taken on a leadership role and was softly letting Chelsea know about some previous activities and conversations that had happened in the group prior to this week.

For the closing, the musical instruments were played quite awkwardly. The group members had some difficulty choosing their instruments and then were also having difficulty being spontaneous with making their sounds. Chelsea seemed to be the most uncomfortable with this closure, but did her best to participate.

#### *Session #6: Sociodrama*

In session six a fourth member; Amanda joined the group making the group complete.

The main activity for session six was a socio-drama scene where the two therapists were the actors for a scene that the group members collaboratively created. All four group members agreed and decided that they wanted to play out a scene where an adolescent girl was having an argument with her mother. The group members could intervene at any point if they felt that the scene was not being played out accurately and could furthermore replace one of the actors at any point and play out the scene as they saw fit.

This activity struck up some very interesting points of view; each participant had a different approach to the mother and a way of working around the situation. Group members were able to offer their own opinions and compromised for solutions. Chelsea was quite honest about her opinion that she didn't see any of the solutions as realistically working because she was not able to talk to her mother that way, some of the other girls had agreed with Chelsea, but still left with some positive feelings after

having been able to indirectly tell their mothers what they had been wanted to say for quite a while.

Amanda seemed to integrate into the group quite easily; she was forthcoming with possible solutions to the argument and made a strong effort to participate and interact with the other group members.

#### *Session #7: Self Boxes/Strengths*

On the day of the seventh session, it happened to be international woman's day and the session focused on the strengths of the participants and on identifying strengths in others that were admirable. In this session, Amanda was not present.

For the opening activity, the group members were asked to each tell the group about a role model that they had and why they chose that person. This activity seemed to be a little bit difficult for the group members and took some time to elicit any responses. Chelsea was unable to give a response, stating that no one is perfect and so she couldn't have a role model unless the whole of them was what she admired. At this point in the term, it seemed as though Chelsea was beginning to put up walls and become defensive and protected within the group sessions.

For the majority of this session, the group worked on their self boxes and became quite social in their interactions. Jennifer brought in some music and the girls worked to a number of different songs. Chelsea remained pretty quiet as she worked, only occasionally entering the discussion; she seemed to engage one of the therapists in a quick dialogue, but had difficulty addressing the group as a whole.

In the final stage of the session, the group members were asked to choose a female archetype from a collection throughout history that was provided by the

therapists on cards. Each card came with an explanation of the archetype's powers and an affirmation that suggested that this power existed within the individual reading the card. Although some of the material on the cards made the girls a bit uncomfortable, they all seemed to gain a sense of pride in themselves and perhaps a glimmer of hope for their futures.

A quick closure was done with the musical instruments; the group seemed to be quite lively and played their instruments as a group.

*Session #8: Self Boxes / Self image*

In session eight, the group members were asked to finish working on their self boxes and to spend the majority of the session doing so. Chelsea had brought in some music for the group to listen to as they worked, which seemed to stimulate discussion as well as a lively mood in all group members.

As they worked, the group members discussed with each other issues of friendships, parents, school work, as well as boyfriends and crushes. This session seemed to be the first time that there was complete group cohesion; all group members contributed to the discussion, talking about quite important topics in a very light hearted manner that seemed to make it easier for everyone to participate and feel welcome to offer their own experiences.

The second part of the session was used for a discussion period about the self boxes and what they had brought up for the girls. Each group member was quite insightful about how they present themselves to the world and how differently they feel that they truly are. A common theme for the girls was that they all had trouble with filling the inside of the box; most of them expressed a feeling of ambiguity and



uncertainty about who they truly are and how to represent that. It seems that because all of the boxes are fully decorated on the outside and not on the inside that these girls were living their daily lives with an exterior that was not their own, but a representation of who they want or don't want to be.

A final addition to the self box project was for the girls to physically embody their self boxes in a pose which was photographed for the girls to be able to look at in the next session. Once again a theme of ambiguity was apparent for all of the girls

#### Jennifer's self box



Fig 4.0

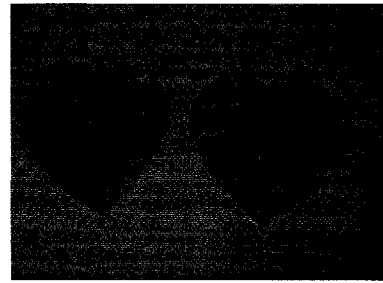


Fig 4.1

#### Chelsea's self box

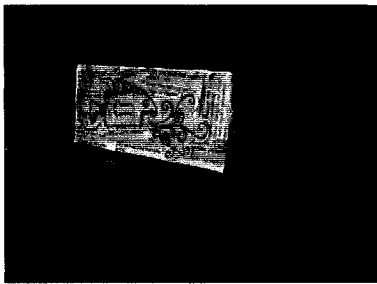


Fig. 4.2

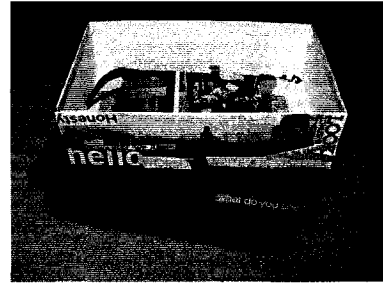


Fig 4.3

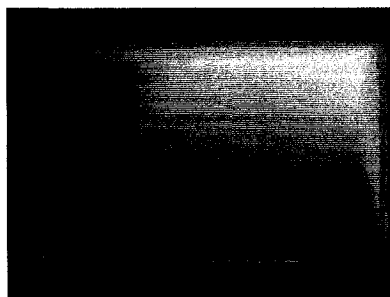


Fig 4.4

Amanda's self box

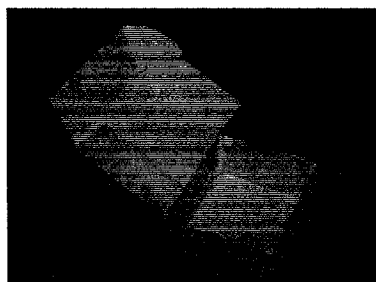


Fig 4.5

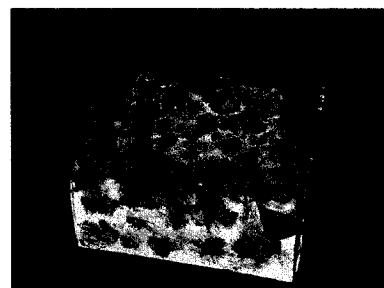


Fig 4.6

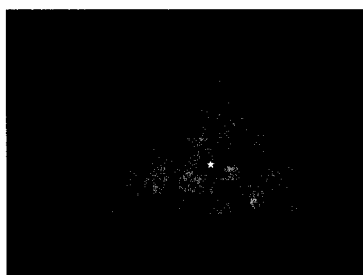


Fig 4.7

Tiffany's self box

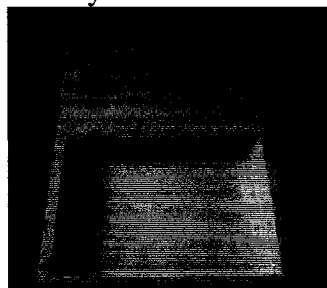


Fig 4.8

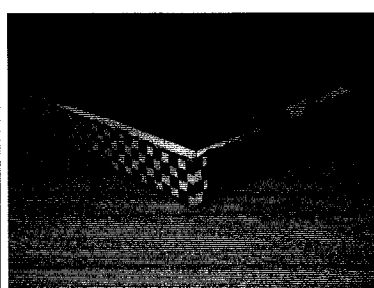


Fig 4.9

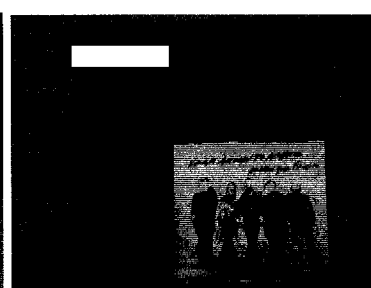


Fig 4.10

*Session #9: Discussion with Jennifer*

In session nine, a group activity was planned involving self and body image. Unfortunately, only Jennifer was in attendance due to a snow storm that made it difficult for the girls to attend and the activity needed to be postponed until the following week. Jennifer was given the opportunity to do what she liked for the session and she chose to have a dialogue with the two therapists. Jennifer discussed some very intimate issues in regards to a romantic relationship that she had just begun

was very forthcoming with her situation and seemed to be looking for guidance on how to handle the situation. Brainstorming was used to come up with alternate approaches and solutions to her situation and Jennifer was able to discuss a lot of her insight regarding her dilemma. It seems that a history of past relationships as well as the influence of friends and family was impeding on Jennifer's current situation, which she was quite aware of.

Jennifer left the session smiling and seemed to have a lighter affect than when she had first entered the room. It also seemed that Jennifer was desperately in need of someone to listen to her and for her to bounce ideas off of.

#### *Session #10: The Gallery Visit*

In the tenth session, all four group members were present which allowed the therapists to facilitate the activity from the previous week, that involved self and body image.

In the first step of the activity, the group members were asked to draw an image of themselves while being blindfolded. The participants were not allowed to view their images right away and were escorted out of the room while one of the therapists arranged the images on the wall for viewing. The participants were then led back into the room where they were then greeted as if they were visitors at an art gallery and were shown the exhibit of art work by the gallery's curator. In role, the therapists and participants had a lengthy discussion about what the images said about the women who had drawn them. Topics brought up included self esteem, body awareness, and thought being detached from feeling, among others. All of the four participants were

engaged in the discussion and offered insight into each other's drawings as well as identified similarities and differences between the drawings.

Chelsea

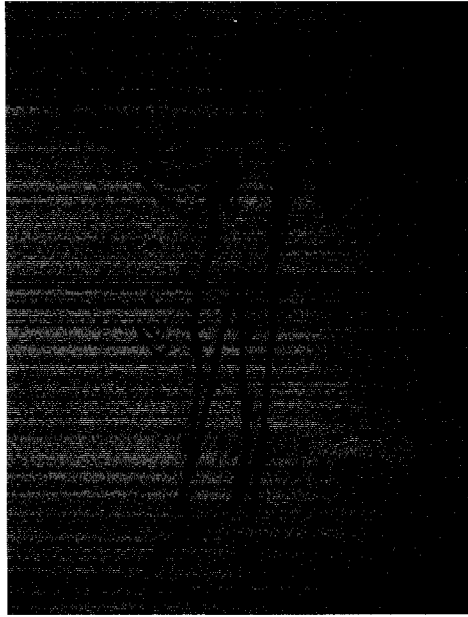


Fig 5.0

Tiffany

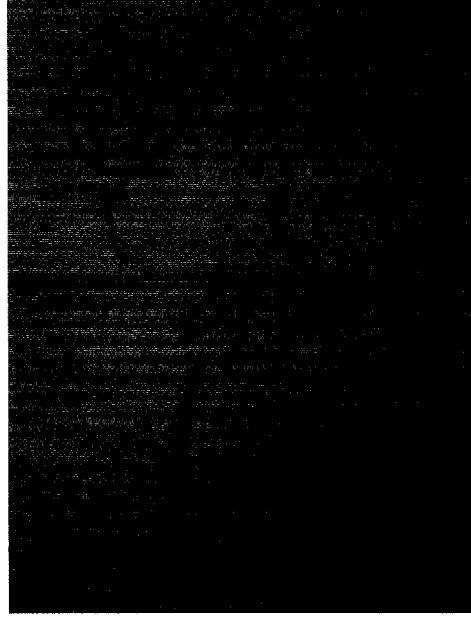


Fig 5.1

Amanda

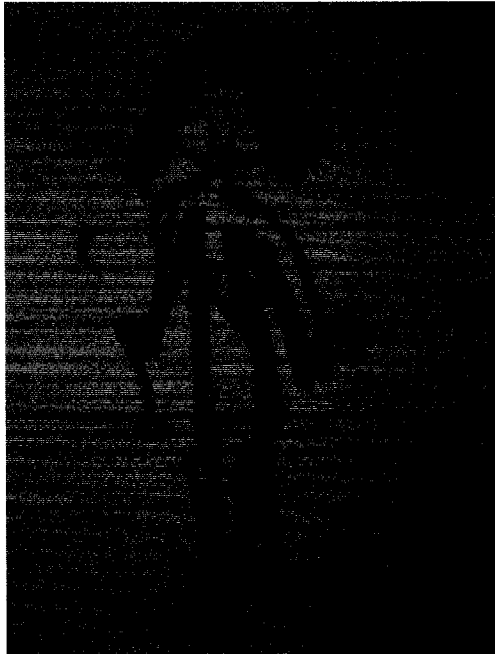


Fig 5.4

Jennifer

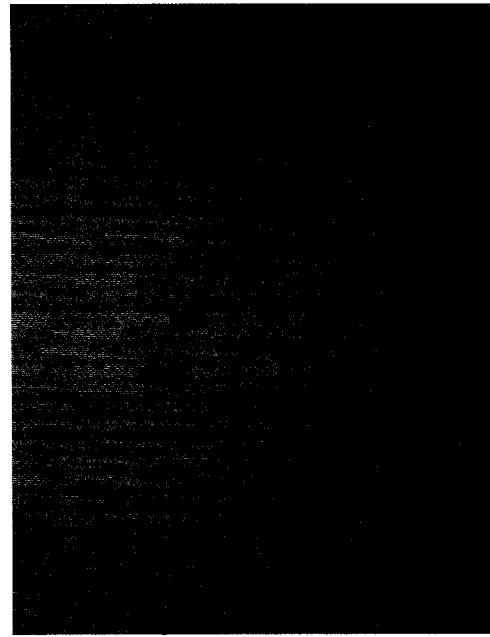


Fig 5.5

Following this discussion was a segment that included the photographs that had been taken two weeks prior. The images were assembled on the wall just as the drawings were. This feature added an extension to the discussion and reinforced some of the topics already covered, but helped to bring the discussion to a more personal level. The group members commented on how seeing their own images, and reading their body language was a powerful experience that brought to life their thoughts and perceptions about themselves. A large part of the discussion focused on comparing self images to other group members; Jennifer commented on how she had always felt comfortable with her body, but seeing her figure in comparison to others was quite upsetting. Other girls made similar comments about their body image which brought up a discussion about self comparison to others in their environment and how this is a factor in their feelings of self concept.

In the last few minutes of the session, the group members were asked to make a response drawing to the activity. (See Figs 6.0-6.3) Chelsea and Amanda were unable to put words to their drawings but were quite expressive in their images. Tiffany and Jennifer were less expressive visually, but were able to discuss how the activity had made them think about how they think and feel about themselves.

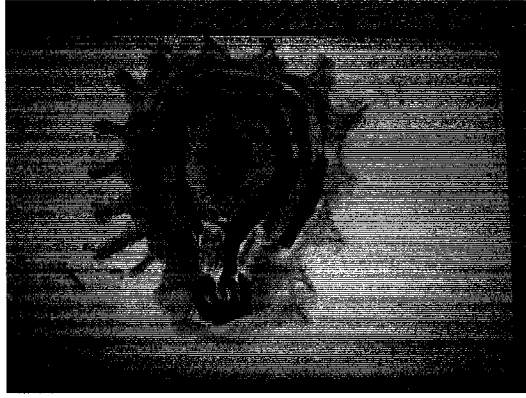


Fig 6.0

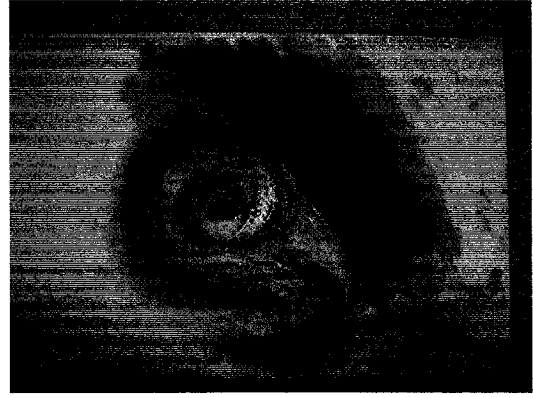


Fig 6.1

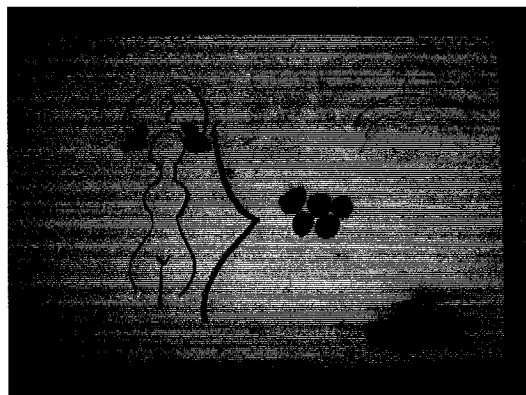


Fig 6.2

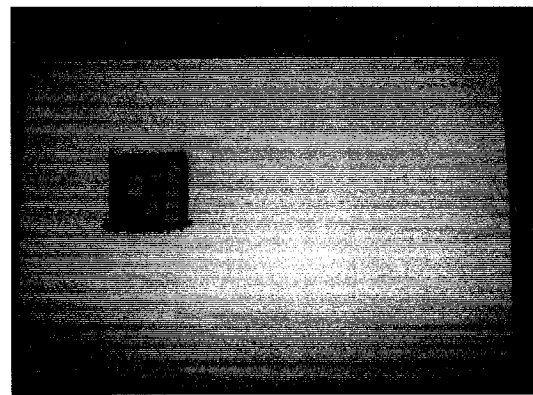


Fig 6.3

The session ended with unanimous smiles on the participant's faces and some social interaction between group members as they left the room. Chelsea stated at the end that she was feeling normal today, and that this was the best that she had felt in a very long time. This activity seemed to open many doors for expressing some major issues with each other, although much of this exercise was uncomfortable and even difficult to tolerate at times, the participants seemed to leave with a new sense of trust in each other as well as a relief for having been able to discuss some of their frustrations without being judged or ridiculed.

### *Session #11 Friendship*

At the start of the session, the girls were asked to choose an object from a collection provided by the therapists. The objects were used as a stimulus for thought and memory. The girls were asked to choose an object that reminded them of a story that they could tell the group about a friend or friendship. Each group member took a few minutes to observe, touch and think about the objects and then took turns telling their stories. Some of the participants chose to tell the group about old friendships and happy memories that they had associated with their object; others chose to discuss more painful memories related to loss or hurt feelings. One thing that was clear during this phase of the exercise is that everyone could relate in some way to each other's stories and were being extremely attentive and supportive of each other.

To complete this phase of the session, Louise and I asked the girls to make a fluid sculpture response to each other's stories. This meant that each member made a repetitive gesture or movement as a response to the stories. Although this seemed to be quite the challenge for the participants because of the spontaneous quality, it ended up being extremely fun and insightful. The girls were giggling throughout the process due to awkwardness and discomfort, which surprisingly lightened the mood and made it less threatening to perform in front of others because everyone was feeling the same way. This activity also helped the story tellers to view how others had reacted to their stories and perhaps reflected some of their own feelings towards the events in the story.

For the art component of this session, the participants were asked to create story boards that also had to do with friendship; the directives indicated that this could be a

true story or a fictional one. The story boards were divided into five sections; each group member started their own board in the first section and then passed their board to the next person who would continue the story in section two of the board and so forth. In the end, the story teller would create the final fifth section to conclude their own story. (See Figs 7.0-7.2) This exercise was planned to continue working on spontaneity and to open up the forum for discussion about friendships and handling different situations. The girls were only given two minutes to complete each section of the storyboards which was quite a challenge for them. Amanda seemed to be slightly less uncomfortable with this task than the others whom seemed to be struggling to finish their drawings on time after having spent the majority of the two minutes thinking of what to draw. After a few sections were completed, Jennifer announced to the group how much fun she was having with this task and had an incredible smile on her face. This experience seemed quite exhilarating for Jennifer in particular, perhaps due to her tendency to over think most decisions in life.





Fig 7.0

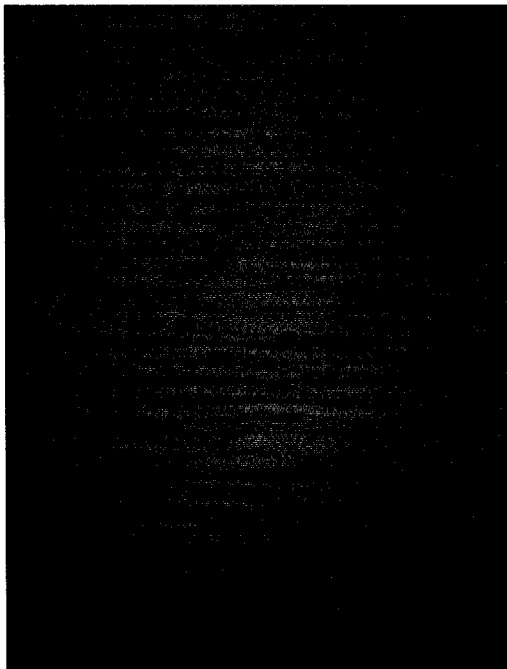


Fig 7.1

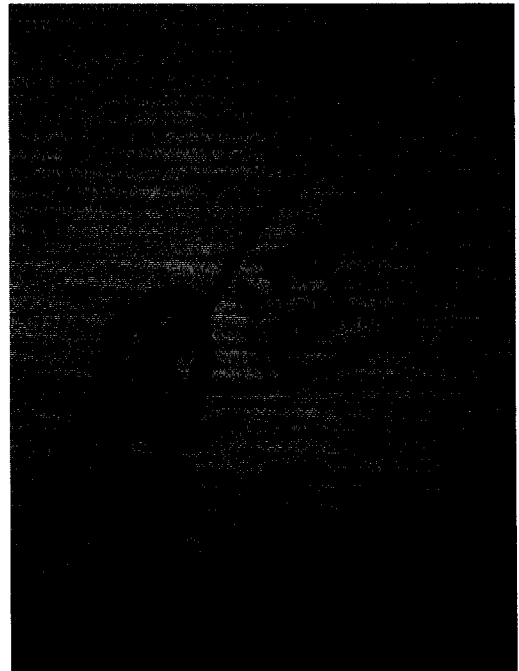


Fig 7.2

The remainder of the session was used as a discussion period. The girls mounted their storyboards on the wall and took a few minutes to interpret each other's works before beginning the discussion. The discussion focused around the development and breakdown of friendships in real life. Many of the girls, especially Jennifer commented on how they can become quite attached to one individual very quickly and have a very special bond with that person but soon after realize that the friendship is not as wonderful as they assumed. Many of the girls reported having been physically or emotionally abused by friends or having been used by individuals for personal gain and then dumped. The conversation seemed to be quite cathartic for all of the group members, especially Chelsea who until this session had remained very quiet. In this discussion, Chelsea seemed to take on a leadership role and used her personal experience to try to help others make sense of their own situations. This was one of the first sessions where Chelsea let her guard down and gave the group a glimpse of what her life was like.

Surprisingly, the therapists were able to almost completely remove themselves from this discussion and let the girls guide themselves. It seemed as though a stronger bond was made between the girls in the group during this session and the trust levels had heightened. A positive sign at the end of the session was that the discussion seemed to continue as the girls left the hospital all together as they had never done before.

#### *Session #12: Expressing Anger*

In the previous session, the group members were asked if they had any topics that they would like to have covered but had not had a chance to up until this point. The

girls unanimously agreed that anger would be a helpful topic for them to work on, due to the fact that each one of them had either been struggling with explosions of anger or the lack of ability to get angry. Unfortunately, Amanda was unable to attend this session due to a family emergency.

As a warm up activity, the girls were asked to partner up and have a struggle of power using only the words yes and no. Each pair decided amongst themselves who would be yes and who would be no and then commenced a verbal dispute over power. This short activity seemed to empower the girls to let out some frustration in an appropriate manner without having to actually argue with their partner. Body language and tone of voice were used to get their point across.

In the second part of the session, the girls were asked to collaboratively create an image that visually expressed anger and what it meant for them. (See Fig 8.0) The girls took a few minutes to plan out their art work before beginning. During the activity, the girls remained fairly quiet and all worked in their own corners. Chelsea was given the task by her group members, of creating a symbol in the center of the paper which they had all agreed upon. During the discussion of the art work, the girls talked about how they all have difficulty with anger because they feel a sense of shame associated with anger, and so expressing it is very difficult. Both Jennifer and Tiffany agreed that they have very strong tempers and that they tend to explode on their families after having bottled up their frustrations for long periods of time. Jennifer admitted to having become violent a few times and having destroyed furniture and other household objects during fits of rage.

In contrast to Jennifer and Tiffany's fits of anger, Chelsea explained to the group that she rarely if ever gets angry, Chelsea had explained to the group on many occasions that she is quite void of any intense emotions, hence the reasoning for her cutting. Chelsea explained to the group at this point that she had experienced a difficult childhood with her parent's divorce and since then had difficulty getting angry. It seemed quite obvious at this point in therapy, that Chelsea's parent's divorce and the loss of her father was so traumatic for her that she began suppressing her emotions at a very early age.

In the final stage of the session, a drama exercise was used, so that the girls could explore the duality of their anger. A fictitious mask shop was created so that the girls could enter and imaginatively choose a mask that represented the face that they wanted to show the world instead of the face that they normally show. As stated earlier, it is a common fact that individuals who use self harm are functioning from a false self. In this case, many of the girls had been suppressing their anger in order to show this false self to the world and avoid the shame that they associated with their anger. This activity was particularly difficult for the participants. Each girl took a turn at choosing their mask, trying it on and looking at themselves in a mirror with the mask on. For some of the girls, this was a scary experience; some had entered into their imaginations so deeply, that they could really picture themselves in the mirror. Jennifer stated that she had seen a hideous beast with horns and sharp teeth and the image had scared her. Tiffany and Chelsea also found this experience scary, but resisted exploring it fully, both girls went through the process but did not engage in

the imagination of their masks to the same extent as Jennifer, perhaps they were not ready to explore this part of themselves which they had been suppressing for so long.

At the end of the session, the girls had a touching moment; Tiffany was leaving the group due to a sudden family trip overseas, which would cause her to miss the final two sessions. Tiffany had just learned this news herself and was quite upset; her parents had decided that it wouldn't be wise to leave her unsupervised for three weeks while she was still feeling depressed. The group was quite saddened by this shocking news and they took a few moments to say goodbye and exchange email addresses so that they could keep in touch.

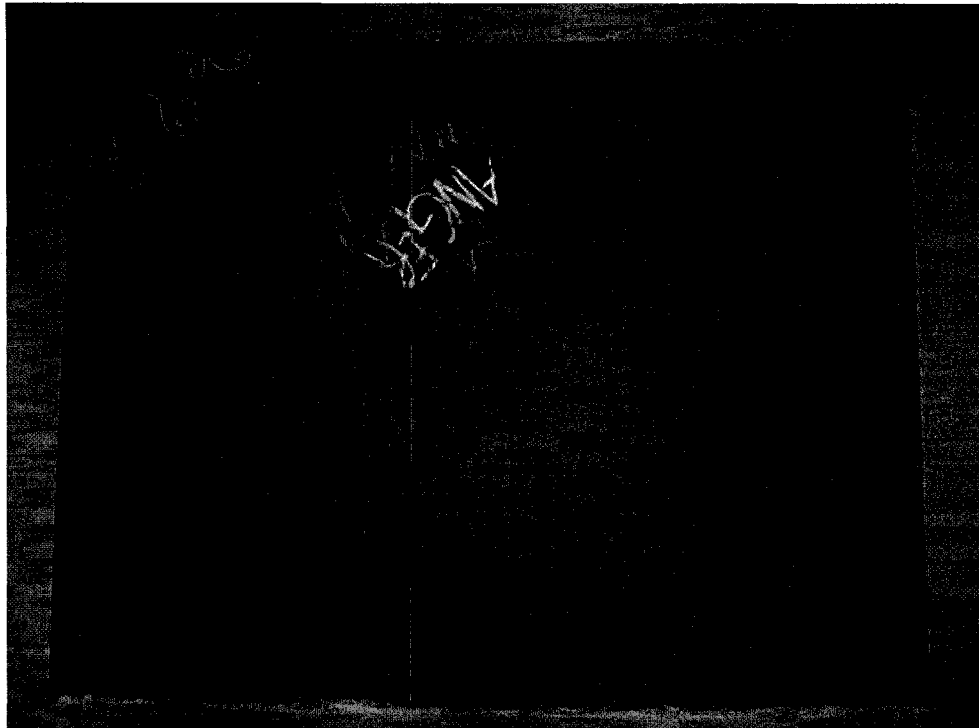


Fig 8.0

*Session #13: Sharing of Personal Stories*

Up until this point, the girls in the group had become quite trusting of each other and had slowly begun to disclose elements of their lives, yet the girls had not yet had

the opportunity to tell their own stories of how and why they came to the group. All of the girls were aware of their goals and that each other were dealing with depression and self harm in some way or another, but no specific information had been given. Louise and I agreed that it would be very important for the girls to be able to verbalize their stories and journeys to their group members as part of their experience in therapy.

After a short warm up activity, the girls were given a pen and paper and asked to take some time to reflect on their past experiences and to put together a ten minute piece that they wanted to share with the group about what brought them to therapy. The directives were flexible enough so that each girl could decide for themselves how much or how little they wanted to share.

When the girls reconvened, they took turns telling their stories to one another. Amanda volunteered to go first, telling a story of her family dynamic and the changes that have happened in her life in the last few years. Amanda was quite brief with her story, only disclosing that she had had some difficulties with school and her friends and that the stress of these events had caused her to overdose on cold medication shortly before joining the group. Amanda admitted to the group that she had recently checked herself into an inpatient day program at the hospital because she had been feeling suicidal and would be staying there until she felt better. Amanda seemed quite relieved to have told the group members about her hospitalization and stated that she was working very hard on getting better. Although Amanda had remained quite general about her situation and life circumstances, this seemed to be a turning point

for her in being able to trust her group members with a part of her life that she had always experienced difficulty sharing with others.

Jennifer decided that she would go next to tell her story and pieced together her words from the notes that she had written down. Jennifer's story was quite in-depth and began from early childhood, explaining the hardships that she had gone through. Jennifer discussed her family and how her parents were heavy drinkers which caused her to take on a parental role for her younger sister at an early age; she continued to describe how she had received a lot of independence and freedom which caused her to be sexually explorative prematurely. Although Jennifer said that she could normally talk to her mother about almost anything, it seemed as though she had never received the guidance that she needed regarding relationships and sexuality. Jennifer talked about having a turbulent time with interpersonal relationships, both romantic and friendly; she often blurred the boundaries and was disappointed when friends did not meet her expectations. A very interesting insight that Jennifer made, was that she seemed to be searching for a certain type of intimacy and connection with another human being and had not been able to find it and perhaps this was the cause of her unhappiness. Jennifer continued to explain to the group the more recent events that brought her into the emergency room at the hospital, including her anxiety surrounding school. Jennifer chose to keep to herself the fact that she had been cutting her thighs before therapy started.

Chelsea was last to volunteer her story and had put a lot of effort into including as many details as possible. Chelsea used her sheet of paper as a reference as she began her story. Chelsea started by telling the group about her parent's divorce and the

circumstances that surrounded it, she explained how her father and half brother lived in another part of the country and she had little contact with them. The way that Chelsea described her father and the few interactions that she has had with him in the recent years, it was apparent that she felt as though he had abandoned her and didn't really care about her. Chelsea began talking about her relationship with her mother; one that she explained has not been easy. It seemed as though Chelsea and her mother have had a tension between them for many years, perhaps due to the divorce. Chelsea was unsure of how to describe their relationship to the group, besides to say that it had only been her and her mother since she was young. This topic brought Chelsea to discuss friendships, she explained how she often felt invisible amongst a group of friends, but had been able to have some good quality friendships one on one. As she concluded with how she had arrived in the emergency room a few months prior, Chelsea told the group about feeling suicidal and depressed for a very long time; she had accumulated pills from around the house over several months, but had not attempted to use them, when her mother found the pills, she immediately brought Chelsea into the emergency room. Chelsea also decided to omit that she had been cutting herself for a long period of time, perhaps because no one else had and she was still feeling shamed.

For the remainder of the session, the girls conversed between themselves and exchanged comments about each other's stories. A sense of openness filled the room, as if it was now ok for the girls to openly speak about anything with each other; shyness and awkwardness had disappeared and the girls left the session all together still conversing.



### *Session #14 Saying Goodbye*

As this was the final group session, there was an air of sadness as everyone entered the conference room and settled in. The girls all expressed that they had really enjoyed coming to the group and that they were disappointed that they would no longer have this place to come every week. All of the girls decided that they wanted to be able to keep in touch with each other through email and exchanged addresses.

The main activity planned for the final session was a talisman ink print, where the girls were asked to create an image that they could draw strength from. Since many of the girls were experiencing anxiety about leaving the group, the talisman could be used to remind the girls of the strength and many positive things that they had found within themselves during their time in the group.

As they worked, the girls discussed their week and their plans for the summer; it seemed as though all of them were extremely excited for school to be finished, so that they could relax. For these girls, school is the source of some of the biggest pressures in their lives; school work performance, social anxiety, parental pressure to do well, etc...

When the girls were finished their works, we framed each one for them to take home as a reminder of their time in the group.

For the remainder of the session, a small celebration was held in the girl's honor at their own choice. The girls wanted to reflect on how far they had come together and say their goodbyes. Each group member made a toast to the group and thanked each other for their support and guidance over the past four months.

As a final closure to the group, an imaginary camera was set up and a group photo was taken, so that each group member, including the therapists could take home a keepsake of the special time spent together. The three girls took their photos and left the conference room all together, saddened by the closure, but thankful for the new hope and experiences that they were leaving with.

### Group development

#### *Beginning*

As demonstrated in the summaries of the weekly group sessions, the group began with only two members; Jennifer and Tiffany. The beginning stage of therapy was focused on breaking down barriers and building trust between the group members. Because there were only two group members at this point, it was necessary for both therapists to take on more of a participatory role due to the ratio of participants to therapists. The girls were quite shy at first and made little attempts to connect with each other, they both focused their questions and statements towards the therapists unless specifically asked to engage in dialogue with each other. Art and drama activities were quite difficult to engage in for the girls at first. Tiffany felt as though she was not good enough and was embarrassed to do anything for fear of criticism. Jennifer on the other hand would spend the majority of her work time thinking about what she wanted to do and then would run out of time before she could get much done. Similarly, dialogue was quite difficult to initiate between the girls. Louise and I would prepare topics for warm up discussions that would normally seem to be

informal, relaxed topics, yet for these girls, it took a lot of instigation to elicit a response.

As the weeks passed, Jennifer and Tiffany began to engage more with each other during the sessions. Tiffany seemed to be making an effort to get to know Jennifer and to discuss some of the problems that she had been having with her weight.

Jennifer was also beginning to open up, but was still only discussing current topics; she did not seem ready to divulge her past and present troubles within the group.

In the fourth session, Tiffany was able to relive and tell a very difficult story to Jennifer through role play. This was the very first time that the girls were able to have a discussion about their self harming behaviour with each other. Jennifer received Tiffany's story with respect and understanding, which seemed to make Tiffany much more at ease in the follow sessions.

### *Middle*

In the fifth session, Chelsea joined the group, changing the dynamic. Jennifer and Tiffany were very excited to have a third member to work with; they explained that they liked the idea of having a third person to bounce ideas off of. Chelsea was extremely shy and hardly said anything, even when asked a direct question. It was interesting to observe the roles that began to form amongst the girls in this stage of therapy; Jennifer seemed to take on a leadership role and was introducing Chelsea to what the group had been doing over the past few weeks. Tiffany seemed to become more quiet and withdrawn around Chelsea and would try to talk to the therapists

before or after the session. It appeared that Tiffany had lost some of the trust in the group due to Chelsea's arrival.

In the following week, Amanda joined the group, making the group complete. The new dynamic of the group was quite awkward, Although Tiffany and Jennifer had already begun to disclose some very personal information to each other, there seemed to be a new hesitancy, most likely brought on by the new arrivals in the group. In one of the first sessions with all four girls present, Louise and I planned a Sociodrama activity described in the previous section. In this session the girls seemed to be able to have an open dialogue about mother/daughter relationships and how their own relationships with their mothers differed. Chelsea had been being quite defensive in the group, not wanting to share or let her guard down, in this session, she was able to speak her mind and tell the group what she thought of the activity. Although Chelsea was still being negative, it seemed to be a positive step towards integrating into the group.

Amanda did not seem to have much trouble joining in on her first activity; in fact she was the most involved member and joined in on a role play session with the therapists which the other group members had been too timid to try.

Over the next few sessions, group cohesion was the main focus, Louise and I planned activities that would encourage the girls to take a deeper look at themselves and their life circumstances and then gave them ample opportunity to discuss their work and discoveries with their group members. Surprisingly, the girls were able to engage in dialogue on their own after only a short period of time. Although most conversation was quite social initially, it seemed to break down boundaries between

them and made it easier for them to relate to each other while they worked on their art or drama pieces. It was apparent during this stage of therapy that the bonds that were building between the group members were an important aspect in their recovery process. The connections being made were healing for the girls in that they were able to realize and understand that they were no longer alone with their thoughts and emotions and that they could finally have a space to be themselves with comfort and without fear.

A large part of the work done in this section of therapy was the self boxes. Initially the self box was to take up only two sessions, but the girls seemed to have a lot of difficulty deciding how to represent themselves visually and ended up working on them for several weeks. It seemed that the self boxes were a turning point for the girls; many of them were able to investigate parts of themselves that they had suppressed which allowed them to openly talk about why they had suppressed certain parts of themselves. Amanda was able to admit to the group that she was not able to put anything on the inside of her box, because she didn't actually know who she was on the inside. Amanda stated that she had been putting on a front for her friends and family for so long, that all she knew how to show anymore was the outside. Similarly, Chelsea and Tiffany had the same experience. (See fig 4.5)

From this point on, the sessions seemed to be more cohesive; the girls seemed to all have been able to gain trust for one another and were opening up. Tiffany and Jennifer seemed to be opening up the most and trying not to hold anything back. Chelsea was slowly revealing parts of her self that were difficult, but was still holding back on expressing her emotions. This may have been due to the fact that Chelsea felt

that she was void of emotion at this point in her life and was unable to put words to her emotions. Amanda continued to be quite participatory in the group, but was not able to be expressive about her emotions; she would simply talk about surface issues.

### *Termination*

In the final stage of therapy, the group had come to a point where the girls seemed comfortable enough to bring their own topics to the discussion sessions and Louise and I could let the girls guide each other with minimal intervention. At this point in therapy, Louise and I agreed that it would be necessary to slowly move away from the art and drama work and have the girls begin to have more discussion periods that were focused on specific topics of emotion and relationships. In the final few sessions, the group began with either an art or drama exercise that would stimulate conversation and the remainder was left for discussion. The last few sessions seemed to be quite cathartic for the girls, they commented on how much they enjoyed coming to the group and talking to each other. Jennifer and Tiffany were able to advance their disclosures to the group by talking about not only how frustrating parts of their lives were, but how it emotionally effected them; both expressed how they tend to explode when angry and then feel very ashamed afterwards. Chelsea was able to tell the group about how she has trouble crying and getting angry even though she feels the emotions inside of her and was able to disclose to the group her suicidal ideation and depressed feelings. Amanda became quite depressed during the final phase of therapy and admitted herself to the hospital for feeling suicidal. This stay at the hospital seemed to make her quite distant and lethargic during the final two sessions and she

was not able to fully engage with the group. However, in one of the last sessions where the girls were telling each other about their personal journeys, Amanda began to open up and disclose some of the troubles that she had been having recently, but did not seem to have any insight about what may have led up to these feelings.

At final termination, the girls were quite sad to leave the group, but had each made such strong bonds with each other that they decided to stay in touch through email. Although each participant seemed to be at different stages of progression and development with their emotional expression, it was apparent that the bond made between the girls was the most important factor in each of their progress. The art and drama exercises, however difficult and awkward for some of the girls, acted as a bridge to discussion while this bond was forming over the fourteen weeks.

#### Transference &Countertransference

The dynamic of the group was quite social and light on one level and quite dark and sad on another. It was remarkable to see how each group member had been through hardships in their lives and yet they could still form bonds and friendships and trust each other on a weekly basis with their very personal emotions. I found that in regards to transference, the girls had felt very comfortable because both of the therapists were of the same sex and were close in age, which made the structure of the group very light, informal and social. The girls commented frequently on how the therapists acted as role models for them and had been able to open up easily to them because of this. My countertransference reaction to the structure of the group made me aware of my role as therapist and the fine line that I had to walk in order to offer

these girls a place where they could feel completely at ease to discuss their troubles. Boundaries were blurred slightly for this group, but for good reason, my reaction to this group allowed me to be aware of how the environment was able to facilitate discussion about some very difficult topics without alienating or scaring any of the girls into not wanting to share.

### Discussion of Findings

Throughout this research report, I have discussed some of the main issues underlying self harm; including lack of verbal expression, internalization, guilt, shame and traumatic childhood experiences. It is well documented that alternative therapies to talk therapy have been found to be helpful for individuals using self harm; this includes the creative arts therapies. It was also discussed how group therapy has been found to be helpful due to its community feeling, that offers support and understanding from peers. The purpose of this research study was to document the therapeutic process of a group art and drama therapy intervention with four adolescent females who were using self harm as a coping method, and to see how the use of art and drama within the group function can be helpful in the development of verbal expression of emotions.

In order to thoroughly document this process, three methods of data collection were used, weekly progress notes, interviews with the clients and an informal rating scale for emotional expression that was rated each week based on the level of expression and different types of expression used within the session. (see appendix C)

After assessment and interpretation of these three forms of data, it is apparent that each participant made significant progress during their time in the group. Some



participants however seem to have made more progress than others; however the explanation for these differences can be easily identified.

It seems as though Jennifer and Tiffany were able to significantly decrease many of their anxious inhibitions which were causing them to have difficulties with expressing themselves. Although for both of these girls, it was a progressive transition, to be able to openly discuss some of their troubles, by the middle phase of therapy, they appeared to be much less anxious and more willing to bring their own topics to the discussion sessions. As for Chelsea; she seemed to have made similar progress by the termination phase. Chelsea had begun to open up to her group members and was asking to discuss certain topics. Perhaps the delay in Chelsea's progress in comparison to Jennifer and Tiffany was due to the time spent in the group. Chelsea joined the group a number of weeks after Jennifer and Tiffany. As well it seemed evident from the first day of Chelsea's arrival in the group, that her defenses were much stronger than the other girls. Amanda joined the group only one week after Chelsea, yet she seemed to make the least progress of all of the girls. According to her weekly ratings of emotional expression in the group, only a small change had occurred. This is very likely due to the severity of Amanda's symptoms and the fact that she did not attend nearly as many sessions as the other girls. Although Amanda participated in each activity and seemed to enjoy the group very much, she was not able to discuss her emotions or make any insights that she was willing to share with the group.

### *Significance of Art and Drama Therapy*

During the preliminary interviews with the participants, each stated that they were not comfortable with art or drama but that they would try. During the post interviews, the girls all stated that they had been quite uncomfortable with either the art or the drama exercises that had been used in the group. Each stated that in retrospect, the exercises were helpful and facilitated discussion, but at the time it had made them quite anxious and self conscious. Both Jennifer and Tiffany mentioned that they would have liked to be able to have more discussion time. This indicated to the therapists that these two participants had used their art and drama work early on in therapy as a means of communication until they had become comfortable enough to be able to release some of their inhibitions and openly discuss their feeling with the group. Chelsea and Amanda had continued to use their art and drama work expressively, although they found the drama work to be too intimidating to be able to fully express themselves. Chelsea stated that she was able to communicate more easily through art than drama, but that she also felt that the drama had made her more comfortable in her body which may have eased some of her inhibitions later on in the therapy process. It is difficult to assess how the art or drama work was able to be used by Amanda due to her frequent absence and difficulties talking about her personal troubles. Amanda did seem to make quite expressive art work and joined in on the conversations about other participant's art work, but experienced difficulty putting words to her own art work. It appeared that using art and drama, for Amanda was her way of making connections to the other participants. Participating in these activities allowed Amanda to be an active member in the group and receive the benefits of

being part of a group. Amanda could express herself through her art work without having to verbalize what she was thinking or feeling. In the final phase of therapy, Amanda did begin to open up to her group members, but very minimally and only when asked to.

For each of the participants, the art and drama work seemed to play a role in increasing their verbal expression of emotion. It appears that although the exercises completed during the therapy sessions were successful in eliciting discussion and personal reflection, they may have only acted as a bridge for more elaborate discussions. In the beginning of therapy, art and drama exercises were needed in order to build bonds between the participants and to break down defenses and inhibitions, yet once this had begun to happen, the girls preferred to have discussions and to be able to verbalize their thoughts and emotions to their group members. Perhaps this can be explained by the fact that these girls had been internalizing their thoughts and emotions for such long periods of time due to lack of trust in their environments, and they had now found an environment that was warm and trusting to be able to express themselves.

Art and drama therapy exercises in the group function acted as a means of making bonds and building trust between the group members, as well it acted as a safe means of personal expression while the bonds between the group members were being formed. As noted earlier, these four girls had been functioning from a false self for many years and for some, most of their lives, due to the lack of trust in their daily environments. As the girls found that they could have trust in the group environment, their egos began to strengthen and allow for the real self to emerge. The art and

drama activities acted as a tool for not only building trust and bonds between the group members, but also mirroring to the individual some of the internal conflicts that they had been suppressing for many years.

### Recommendations for Future Research

Although this research project was quite successful in providing the researcher with significant information in regards to the role that art and drama therapy play within the group function for adolescent females using self harm as a coping method, there continue to remain many aspects of self harming behaviour in the adolescent population that are not researched.

Much of the literature covered in the process of this project stated how the adolescent population is in a transformation stage that is mainly linked to technology. The majority of adolescents spend the greater part of their daily lives in front of a computer, listening to music on their mp3 players, and watching television. According to Heath (2007) as cited in Curran (2007) adolescents today spend so much time with technology that they are not learning about themselves and their internal processes. Having immediate gratification from technology does not teach youth how to sit with their emotions and decipher them. This may be one of the factors that has caused the recent increase in self harm among youth.

A similar article on internet groups and communities for adolescents speaks of the safe, community aspect that the internet offers individuals who self harm. As stated earlier, the community aspect is an important one in the recovery process of self harming adolescents and the internet offers a safety net for individuals looking to

have a place to share without experiencing the shame that sharing with a close relation would bring. (Whitlock, Powers & Eskenrode, 2006)

With the technology available to youth in today's society, it will be important to investigate the role that technology plays in the self-harming practices of adolescents and their learned coping styles. Due to the limitations of this research paper, this topic was not explored, yet it was evident through discussions with the participants of this study that the benefits and easy access to technology played a large role in how the participants dealt with their emotions.

In regards to art and drama therapy, it was difficult in this study to differentiate between the specific effects of art and drama on the participants. I would recommend future researchers to make a distinction between the two fields in order to obtain more distinct data.

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## **Appendix**

Appendix A: Consent Information Letter

Appendix B: Consent Form

Appendix C: Emotional Expression Scale

## Appendix A

### Consent Information Letter

**Art Therapy Student:** Jaimie Byrne  
Concordia University  
1400 De Maisonneuve Blvd West, Montreal, Qc

**Supervisor(s):** Bonnie Harnden

#### **Background information:**

One of the ways art therapy students learn how to be art therapists is to write a research paper that includes case material and art work by clients they have worked with during their practicum. The purpose of doing this is to help them, as well as other students and art therapists who read the research paper, to increase their knowledge and skill in giving art therapy services to a variety of persons with different kinds of problems. The long-term goal is to be better able to help individuals who engage in art therapy in the future.

#### **Purpose:**

In much of the literature on self-harming behaviours, it is mentioned that a leading cause is the lack of verbal expression of emotion. Many individuals who experience self-harm do so because they have trouble expressing their feelings and use this behaviour to release emotional tension from their bodies. This research project will document the therapy process of young women as they discover creative ways to express their emotions.

#### **Permission:**

As a student in the Master's program in The Department of Creative Arts Therapies at Concordia University, I am asking you for permission to photograph your art work and include selected images in my research paper. I am also asking you for permission to consult your hospital file for a period of one year (or until I have completed my research paper). During the period of data collection, I will be writing notes on your progress and asking you to participate in two interviews where I will ask you questions that will help me to record your personal process through therapy. A copy of the research paper will be bound and kept in the Concordia library, and another in the department's resource room. This paper may also be presented in educational settings or published for educational purposes in the future.

#### **Confidentiality:**

Because this information is of a personal nature, it is understood that your confidentiality will be respected in every way possible. Neither your name, the name of the hospital where your therapy took place, nor any other identifying information will appear in the research paper or on your art work.

#### **Advantages and Disadvantages:**

To my knowledge, this permission will not cause you any personal inconvenience or advantages. Whether or not you give your consent will have no effect on your involvement in therapy or any other aspect of your treatment. You may consent to all or just some of the requests on the accompanying consent form. As well, you may withdraw your consent at any time before the research paper is completed with no consequences, and without giving any explanation. To do this, or if you have any questions about this research study, you may contact my supervisor.(Bonnie Harnden 514-848-2424 x: 5460)

*If at any time you have questions regarding your rights as a research participant, you may call*

Adela Reid, Compliance Officer, in the office of research  
Office of Research, GM-1000, Concordia University, Montreal, Quebec H3G 1M8  
Phone: 514-848-7481  
Email: [adela.reid@concordia.ca](mailto:adela.reid@concordia.ca)

## Appendix B

### Consent Form

#### Authorization for Participation in Therapy

I the undersigned \_\_\_\_\_  
consent to participate in an art and drama therapy group at the Montreal Children's Hospital.

I have been given the opportunity to ask any questions about the implications of this consent, and have been given the name and telephone number on an accompanying information form to which I may address any future questions.

#### Authorization for Documentation

I authorize: Jaimie Byrne  
To take any

	YES	NO
Photographs	_____	_____
Video recordings	_____	_____
Audio recordings	_____	_____
Case material	_____	_____

that she may deem appropriate to utilize and publish for *educational purposes*, provided that reasonable precautions be taken to conserve confidentiality.

However, I make the following restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Authorization for Participation in Research

I the undersigned, \_\_\_\_\_ consent to participate in an art/drama therapy Master's degree research project which may include art projects, verbatim quotes, case notes, and assessment results from these art/drama therapy sessions. I acknowledge that the information from these sessions will remain confidential.

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, I understand that I will receive information explaining the project in detail and an Informed Consent Form upon favourable review by the Ethics Review Committee in the Department of Creative Arts Therapies at Concordia University

I have read, or been read, the consents of this form and I give my consent as described on the attached form(s).

\_\_\_\_\_  
Signature of the participant/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to signature

\_\_\_\_\_  
Date

## Appendix C

### Self-Harm Art & Drama Therapy Group: Emotional Expression Scale

Date: \_\_\_\_\_

Client's name: \_\_\_\_\_

Task/Activity: \_\_\_\_\_

Participates in opening discussion	1   2   3   4   5	Does not participate
Shares personal information with the group	1   2   3   4   5	Does not share personal information
Shares personal information with a specific group member or therapist only	1   2   3   4   5	Does not share personal information
Actively participates in group activity	1   2   3   4   5	Does not participate
Talks to group members while working on art/drama project	1   2   3   4   5	Does not talk/ works alone
Emotions are visibly evident in art/drama work	1   2   3   4   5	No emotions are visibly evident in art/drama work
Discusses art/drama work with group easily	1   2   3   4   5	Does not discuss art/drama work with group
Answers questions about personal difficulties easily	1   2   3   4   5	Does not answer questions about personal difficulties
Experiences overwhelming emotion when attempting to discuss personal difficulties	1   2   3   4   5	Discusses personal difficulties with no emotion
Participates in closing discussion	1   2   3   4   5	Does not participate

Additional comments/ observations:

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