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Images of the Self: A Literature Review Exploring the Use of Altered Book Making with Adolescent Girls with Anxiety and Depression

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Abstract

The aim of this capstone thesis is to explore the use of altered books with adolescent girls as a form of treatment for anxiety and depression. It first looks at existing literature to ascertain reasons for the higher prevalence of mental health challenges in girls than boys. Various case examples are presented as evidence for the efficacy of altered books in art therapy. The use of art therapy is explored with girls with low self-esteem and body image issues, the beneficial qualities of group art therapy, and altered book making as a means for treatment. The review of literature and discussion in this capstone thesis suggest that altered book making has the potential to be a suitable and effective treatment for adolescent girls with anxiety and depression.

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Adolescent Girls with Anxiety and Depression

Anxiety and depression are serious, concerning issues. According to the Anxiety and

Depression Association of America (Facts and Statistics, n.d.),

depression is the leading cause of disability worldwide. Almost 75% of people with

mental disorders remain untreated in developing countries with almost 1 million people

taking their lives each year. In addition, according to the World Health Organization

(WHO), 1 in 13 globally suffers from anxiety. The WHO reports that anxiety disorders

are the most common mental disorders worldwide with specific phobia, major depressive

disorder and social phobia being the most common anxiety disorders (para. 4).

The rise of mental health disorders is a worldwide phenomenon, but how is it affecting

adolescents? Gray (2010) states,

rates of depression and anxiety among young people in America have been increasing

steadily for the past 50 to 70 years…five to eight times as many high school and college

students meet the criteria for diagnosis of major depression and/or anxiety disorder as

was true half a century or more ago. (para. 1)

Why are rates of anxiety and depression rising with each year and generation? Are adolescent

girls more susceptible to these mental health disorders?

According to the Child Mind Institute (n.d.), "anxiety and panic disorders change from

equal female–male prevalence to a 2:1 female–male prevalence after puberty (para. 2)." What is

happening between childhood and adolescence that makes girls twice as likely to develop an

anxiety disorder? Is puberty a contributing factor to increasing anxiety in girls? "Two-thirds of

antidepressants prescribed to teenagers are for girls (Girls and Teens, n.d., para. 2)." Both

anxiety and depression are more prevalent in girls, but why? Could societal pressures, social

media, or hormonal changes through puberty be the culprit? This thesis aims to address the

possible factors that cause these concerning mental health disorders that are plaguing adolescent

girls.

       According to Merikangas et al., "40% of adolescents diagnosed with either anxiety or

depression experience these two disorders concurrently, with the age onset 13 years of age

(Merikangas et al.as cited in Kurdziel, 2018)." The comorbidity of these disorders is difficult to

manage in such a turbulent period of life. Expected to balance many activities (school, clubs,

sports, other extracurricular, etc.) as well as familial and social relationships, an adolescent with

anxiety and depression will feel overwhelmed by everything all at once. Adolescents begin to

assert their independence at this time, having to handle all these pressures may lead into feeling

depressed and/or anxious.

       Adolescence is a difficult time of development, because it is a time when identity is being

questioned. Erikson states that "the individual must establish a sense of personal identity" (as

cited in Muuss, 1996, p. 51) during this period of the life cycle. It is this time that the sense of

sameness is searched for. Identity is not given to a person; it is something that must be

questioned and discovered. Questions such as, who am I? Where did I come from? Who do I

wish to be? What group do I belong to? Identity becomes the main goal during adolescence.

       Puberty also affects the adolescent bringing drastic hormonal changes as well as the

brain's reshaping. "The adolescent brain pours out adrenal stress hormones, sex hormones, and

growth hormone, which in turn influence brain development ("The Adolescent Brain", 2005,

para. 9)." The brain is still developing throughout the adolescent years into young adulthood.

Adolescents are still trying their best to figure everything out including big life decisions and

what their purpose is. With the balance between school, family, friends, work, and other

activities, it is difficult for adults to manage, let alone for developing children. It is an

overwhelming time for a young person to balance these things while also questioning their

identity and making big life decisions.

There is plenty of fruitful research about girls, their development, and how such

development differs from boys, but is there a reason why girls are more susceptible to depression

and anxiety? Why do they have more self-esteem and body image issues than boys? Could it be

hormonal changes? Could it be societal pressures? Throughout this thesis, I will discuss these

possible reasons why adolescent girls seem to be under much more stress, resulting in the

development of anxiety and depression that can lead to lifelong illnesses and trauma.

A common treatment for anxiety is cognitive-behavioral therapy (CBT). Its goal is to

"help the client identity the false and negative rules and assumptions governing his or her actions

and then find ways to replace or restructure assumptions with more realistic and positive rules

and expectations" (Malchiodi, 2012, p. 89). Mindfulness practices including yoga and meditation

have also become common techniques in treating both anxiety and depression. For depressive

disorders, medication and a form of psychotherapy are more commonly suggested to an

individual. Art therapy has been used in recent years to treat for mental health disorders such as

anxiety and depression. Art therapy offers people a voice outside of the language with which

they typically use to communicate (Cobb & Negash, 2010, p. 57).

Art provides joy, distraction, and passion to my life as I have struggled with anxiety and

depression for most of my life. Art has been a constant in my life and has provided me with a

healthy outlet for my overwhelming emotions during stressful periods. I believe that altered book

making with the guidance of a trained art therapist, adolescent girls suffering from anxiety and/or

depression can address many issues they may face. Using altered books as a tool in art therapy lends itself to vast possibilities in the treatment process. The aim of this paper is to inform its readers about the importance of therapy for adolescents struggling with anxiety and/or depression and the beneficial nature of alter books.

Literature Review

Chapter 1: Adolescent Girls

Adolescence is a difficult time when a child is transitioning into adulthood. Biological, psychological, emotional, and social changes begin during pre-adolescence. It is a critical time of development where adolescents are expected to "acquire a stable personality, to find their identity, to learn the mechanisms of adult personal relationships, and to learn to cope with various problem behaviors" (Meeus, 2016, p. 1). Erik Erikson emphasized the social aspect of development, explaining that the "exploration of identity issues becomes the outstanding characteristic of adolescence" (as cited in Muuss, 1996, p. 43). Developing an identity is a crucial part of growing into an adult. It is what makes an individual feel truly themselves, that they are part of a group, and are becoming who they wish to be. Muuss (1996) states it is the establishment of a true sense of identity that is the psychological connection between childhood and adulthood. This suggests that understanding the self on a psychological level allows the individual to become a fully functioning adult.

"Cognitive maturation continues through the teenage years" (Crone as cited in Fine, 2014, p. 522). Adolescents are in a stage where they begin to use complex thinking and analysis. Piaget's theory of adolescence explains that they enter the final cognitive stage around the age of 12 called "formal operational stage". Within this stage they are able to comprehend more complex ideas, use their complex imaginations, and problem solve. They are increasingly

interested in discovering the reason behind things and often look to understand the *why* of a problem. Adolescents can understand theoretical concepts and explain the logic behind them. During this stage of their life, it can be overwhelming to suddenly be able to understand more about the world and the self.

For an adolescent, everything can seem extremely overwhelming and any trauma can exacerbate this. Oftentimes, adolescents who have experienced trauma will refuse to communicate with loved ones due to their developing worldview and egocentric view that nobody understands their particular situation (Leenaars & Wenckstern, 1999). As therapists it is important to address the widespread anxiety and depression that seems to be plaguing children and adolescents. Therapists must be aware of the many changes and be sensitive to this as adolescents are still growing and learning. Self-esteem struggles can develop into bigger mental health problems such as anxiety and/or depression.

The transition from childhood to adolescence can be one that is filled with biological and cognitive change. Schaffhuser, Allemand, and Schwarz (2017) presented a study that discussed how this transition is influenced by gender, puberty, and school. The study was over the course of two years and included 248 adolescents. The findings suggest that "biological and contextual factors play a role in explaining individual differences of self-representation level" and in their transition to adolescence" (p. 774).

They found that "global self-esteem" (Schaffhuser, Allemand, & Schwarz, 2017, p. 776) of adolescents increases around age 12-17. Other studies have found the opposite, but they explain that "global self-esteem tends to increase after a successful adaptation to maturational and environmental changes such as puberty onset or school transition" (Huang as cited in Schaffhuser et al, 2017, p. 777). The authors discuss the findings from other studies that suggest

that adolescents are forming their identity and low self-esteem increases during puberty. The role

of gender and puberty on self-representations of adolescents can negatively affect adolescents.

The results revealed that girls "experienced steeper decreases in self-representations than boys"

(Schaffhuser et al, 2017, p. 789). Girls had lower global self-esteem and physical self-concept.

In therapy for adolescent girls, building self-esteem can be a major goal. Self-esteem may

begin to falter because of societal expectations in what being a woman means. Self-esteem can

be described as "self-love" or the "looking glass self" (Bolognini, 1996, p. 233). Self-esteem

embodies how an individual feels about themselves as a whole. Negative self-esteem or distorted

perceptions can lead to concerning mental health issues such as depression, anxiety, or eating

disorders. Feeling *good enough* and struggling to conform to a group ideal are also challenges

often faced during this time. Many adolescent girls start to compare themselves to others to

conform to a group or to gender norms.

Adolescence is a critical time in psychological and physical development (Higenbottam,

2004, p. 10). Identity is being formed and comparing the self to others is inevitable. Body image

begin to surface as topics of conversation. Body image is also a widespread problem when

working with adolescent girls. The National Eating Disorder Association (NEDA, n.d.) describes

negative body image as a distorted perception for one's shape that involves feelings of shame,

anxiety, and self-consciousness. "People who experience high levels of body dissatisfaction feel

their bodies are flawed in comparison to others and are more likely to suffer from feelings of

depression, isolation, low self-esteem, and eating disorders" (para 3).

Girls are much more pressured to look a certain way. Perhaps this contributes to the body

image and self-esteem issues that may lead to depression and anxiety. As an adolescent, there are

physical beauty standards that begin to emerge such as wearing makeup, styling hair, and staying

thin. There is pressure to appear feminine based on the society's idea of what being feminine is. Girls can often be bullied in school and activities if they do not fit the mold of what society proclaims as female.

Societal norms have created meaning to what is female. When a young person does not feel that they fit the mold, it is possible that their self-esteem may falter. Social media use has made these norms at constant access through apps and websites. With 24/7 access to people who are only showcasing the positive lives they lead can be damaging and unrealistic to the adolescent. Adolescents already compare themselves to everyone at school, but they are also doing it while surfing the internet at home. Social media can create a false sense of self or constant questioning of identity when they are receiving subliminal messaging from websites. Body dissatisfaction has been increasing in recent years. Could the aforementioned be a reason? "For adolescent girls, who live in a culture in which their appearance is consistently overvalued and objectified (APA, 2007), thus increasing their vulnerability to negative body image (Grabe et al., 2007; Slater & Tiggemann, 2010), behaviors that further objectify them on social media may contribute to greater body surveillance and, in turn, more body shame" (Salomon & Brown, 2019, p. 554).

Confounding changes that girls go through during pre-adolescence and into young adulthood may affect their emotions and thoughts leading to mental health issues. It is important to be aware of the development and what stressors there are for the individual. Hormonal changes during puberty bring physical growth and sexual development. Emotions, moods, and sexual urges become stronger. These changes throughout puberty may be related to mental health changes.

Albert (2015) suggests that depression is more prevalent in women because they present with internalizing symptoms. For example, in a study of twins, women were more sensitive to interpersonal relationships whereas the men were more sensitive to career and goals. Albert proposes that women also experience depression-related illnesses, such as, premenstrual dysphoric disorder and postpartum depression. These ovarian hormone changes could contribute to the higher depression prevalence in women.

Gender roles and expectation for girls to be feminine may be linked to the higher rates of mental health diagnoses. "Consistent with the learned helplessness model of depression (Abramson et al., 1978; Seligman, 1975; Dweck and Light, 1980; Nolen-Hoeksema et al., 1991), deficits in efficacy and instrumentality, reflected in low levels of traditionally masculine personality characteristics, may place young adolescent girls at higher risk for depression" (Obeidallah et al., 1996, p. 776). Informed by Obeidallah et al. (1996), during this developmental stage of an adolescent girl's life there is increasing pressure to behave within their stereotypical gender role. These pressures leading to depressive symptoms can manifest in not feeling comfortable speaking to others therefore isolating the self.

"Anxious and depressed youth have greater difficulties forming and maintaining friendships (Rubin et al. as cited in McClure, 2007, p. 567)." This can be due to their isolative behaviors due to anxiety and/or depression. In addition to these difficulties, they also "tend to receive more peer rejection and lower ratings of social competence (Rudolph et al, 1994 in McClure,2007, p. 567)." Social difficulties and interpersonal problems may cause problems that occur well into adulthood.

The McClure et al. (2007) study presented a game to a group of adolescents diagnosed with and without anxiety and depressive disorders where interpersonal factors were predicted to

drive the differences among the participants. Social interactions were tested in a game with cooperation and conflict. "Regardless of group status, female participants perceived themselves as more cooperative than their co-players than did the males" (McClure, 2007, p. 573). Social anxiety was the most common diagnosis among the girls, followed by separation anxiety disorder compared to most boys with generalized anxiety disorder. Gender and disorders may have influenced the results of this study.

Chapter 2: Art Therapy

Art therapy involves "active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship" (AATA, n.d., para. 2). Art therapy can foster expression and emotional well-being. Making art in a therapeutic setting allows the client the possibility of examining their art- psychologically and emotionally. It has been used since the days of Freud and Jung. Margaret Naumburg and Edith Kramer, the founders of modern art therapy, applied their education backgrounds to the field of psychology and introduced the possibility of using art in therapy with children and adolescents.

Art therapy was created by Margaret Naumburg and Edith Kramer in the 1950's after the psychotherapy movement of Freud and Jung. They applied their knowledge of psychotherapy and art to develop art therapy. In 1914, Naumburg opened the first Montessori school in the United States and went on to establish her own institution, the Walden school. Her school utilized psychoanalysis and applied it to their educational philosophies (Altman, 2009). This school focused on the development of the child's individuality through creative activities. Naumburg's sister, Florence Cane, who was influenced by Carl Jung, developed the art program. By the 1930's, Naumburg began researching art therapy and developed a method of diagnosis

and therapy by teaching free art expression (Altman, 2009). She wrote about these methods and trained in psychiatry, eventually developing courses at New York University.

Edith Kramer, a refugee from Austria, came to the United States after studying various art mediums (Reflecting, n.d.). She became an art teacher in 1938 and by 1950, she had focused her practice on an art therapy program for boys. She integrated psychoanalytic theory into her practice with "disturbed children" (Reflecting, n.d.). Kramer was a follower of the teachings of Freud and the idea of sublimation, which was her goal in art therapy. Sublimation is a defense mechanism in which primitive, or socially unacceptable urges are transformed into productive activities or acceptable behaviors that lead to gratification of the original urge. Kramer focused on this mechanism with the disturbed boys in art therapy program. They were able to channel their urges into a creative outlet. She believed that successful art therapy was found within the art process itself ("Reflecting," n.d.).

These pioneers of art therapy continue to be an inspiring force in modern art therapy. The groundwork they laid can be applied to the mental health issues of today. The process of making the art is beneficial in processing and expressing emotions. Psychotherapy and metaphor combined with art therapy is helpful for the therapist to gain insight into the client's mind and behaviors. This creative type of therapy allows an individual to explore their artistic side, express emotions, and openly create in a safe environment with the help of an art therapist. Moon (2012) states there are frequently occurring themes in adolescent art therapy such as identity confusion, self-loathing, and intense anger. To understand the clients these emerging themes are helpful regardless of the diagnosis of the adolescent. It is the role of the art therapist to offer nonjudgmental support and unrestrained creative expression to facilitate positive objectives (Conger, 1988).

Higenbottam's (2004) study showed that an art therapy group focusing on enhancing body image and increasing self-esteem contributed to adjustment in school (p. 14). A group of seven, 13 or 14- year-old adolescent girls participated in an art therapy group in Vancouver. The sessions were once a week for an hour and a half, for eight weeks. In the intake, drawing materials were administered if the participant wanted to draw. An explanation was given about the group. A questionnaire was given to survey the feelings surrounding self-esteem and body image where there was a four-point scale. During the seventh session, a similar survey was given out that "gave the respondents the opportunity to provide valuable feedback" (Higenbottam, 2004, p. 12). A statistically significant difference was found between the intake and follow-up. These results suggest that the art therapy group affected the participants body image and self-esteem positively. This study, while a small sample size, suggests that art therapy can be a potential significant self-esteem building activity for young girls in school who are struggling with body image issues.

Group activity at this stage of development promotes a sense of belonging and hands on learning. Group art therapy can be beneficial "for suffering adolescents, because they combine the safety, structure, and benefits of artistic self-expression and peer interaction with the acceptance and guidance of an art therapist" (Moon, 2012, p. 191). Having the interaction of fellow girls with similar struggles and the space to create without judgment can be vital at such a tumultuous time. The opportunity to have conversations during the session can be just as important as the art making itself. Art therapy has advantages over just verbal communication when working with adolescents. Many times, it is difficult to find the words or name the emotion that is being felt, but in art therapy, one can create images that may have deeper meaning.

Making art within a group also "creates a sense of community and positive energy that is conducive to healing" (Moon, 2012, p. 192).

Hartz (2015) conducted a study with 31 incarcerated girls ranging from 13 to 18 years old. They received group therapy 5 days a week and many had monthly family therapy sessions (Hartz, 2005, p. 73). Clients were "assigned to one of six groups consisting of approximately 10 clients" (Hartz, 2005, p. 73). Randomization was implemented and the study was quasi-experimental. It compared art psychotherapy to art as therapy, focusing on how these types of therapy affected the client's self-esteem.

The ten-week study included the Self-Perception Profile for Adolescents (SPPA) that "assesses eight domains of self-esteem" (Hartz, 2005, p.74). Each answer to a question was a score from one to four. The researchers also created their own 20-question questionnaire used after treatment and used a Likert or five-point scale. The results of the questionnaire did not show any significant difference between the groups. However, in the scores of the SPPA data, there were significances in the art psychotherapy group in the domains: "behavioral conduct, close friendship, and global self-worth" (Hartz, 2005, p. 76). In the art as therapy group, "two domains showed statistical significance (Social Acceptance and Global Self-Worth)" (Hartz, 2005, p. 75). There were changes in the adolescents who participated in art therapy groups. This study shows that art therapy can be beneficial to adolescent girls with low self-esteem.

Art therapy could be the treatment that allows the adolescent girls to combat the negative thoughts often had during the identity stage of development. Art therapy can be beneficial treatment for girls who suffer from mental health problems relating to self-esteem. Results from a study by Higenbottam (2004) showed that group art therapy for adolescent girls, increased

body image and self-esteem. Groups in therapy can be a great way to build community, express emotions and thoughts, discuss personal issues and find commonality with others.

Chapter 3: Altered Books With Adolescents

      Altered book making is a newer method in art therapy. An altered book is a form of mixed media artwork that *alters* the book's original form. There are no rules to what can or cannot be done to the book, including but not limited to: collage, paint, pastels, gluing, cutting, 3D materials, and so forth. One can incorporate the words and pictures of the original page as well. Their altered book can be filled with anything the individual chooses. This medium has the potential to provide the client creative expression and freedom otherwise not had.

      Chilton (2013) explains that the altered book reconceptualizes art, which speaks uniquely to the viewer in a dialogue filled with symbolic and metaphorical meaning in the art form of the altered book. In this work, she details her own experiences with altered book making. From the choosing of the book to the arrangement of the pictures on the page, the art can serve as a metaphor. Chilton, in one of her altered book spreads creates an image of a plane that "'flies' across the page toward an envelope, through a transcendent sky, towards hidden meaning" (Chilton, 2013, p. 12). Art therapists often try to find deeper meaning in their client's artwork to enhance their knowledge of the client's background and personal process.

      Narrative therapy has been used with adolescents to create their own story and navigate through externalization (Cobb & Negash, p. 55). This type of therapy views people as separate from their problems and helps the client come up with a new meaning for their dilemmas. It allows the individual to get some distance from their problem, reconstruct stories (Cobb & Negash, p. 54), and help them understand they are not their problem. Altered books can help reconstruct their story and externalize their problem onto the page. Holding onto negative

emotions and ideas is painful, but by externalizing these onto a page of an altered books, it becomes part of the book not to the person.

Cobb and Negash (2010) discuss the general idea of narrative therapy and art therapy in their study and marry the two therapies. They discuss how stories and art have always had an important history. Art existed before language; stories were told through art. Books have been circulated since the early 1400's and have been used artistically since. Art has long shown its value throughout history, but a new way of making art has recently been used. The authors describe the procedure for using an altered book, such as, using original text, covering pages with various mediums, writing one's own words, etc. There are no rules or limits to what one can do with their altered book (Cobb & Negash, p. 61).

Cobb and Negash (2010) highlight a case example of a woman who was having relationship issues with her boyfriend. She discussed her history of being dishonest with the people in her life and most of therapy revolved around the secrets that she had been keeping. Because of her dishonesty, she felt that she deserved the negative experiences relating to her past relationships including verbal and emotional abuse. Based on these conversations, the therapist decided to use externalization and alternative stories techniques. After 10 sessions, the altered book process was started. After an explanation and various materials gathered, they chose a theme and an organization plan. The client chose to create her book in three sections: preceding dominant story, current narrative, and her hope for a future narrative (Cobb & Negash, p. 64). Reauthoring one's own experiences gives them the chance to reconstruct their realities and potentially observe them from a new perspective. Retelling their stories also allows them to identify occurrences in their lives that may have negative emotions associated with them but were independent of their problems.

Each week the client would come to session with pages finished to spark discussion for the week. Through this book, new dialogue was introduced (Cobb & Negash, 2010, p. 64). In using a book as her canvas, the printed word often sparked discussions with the therapist. For instance, "the combination of three words discovered in her altered book reminded her of an incident with a former boyfriend" (Cobb & Negash, 2010, p. 65). The conversation generated new meaning to a previous situation. New stories emerged from what she had created on the pages and gave her the opportunity to discuss relationships she needed to maintain to be able to control her secret-keeping problem. She stated that her life was starting to make sense in the context of the existing stories (Cobb & Negash, 2010, p. 65). The authors stated that her altered book is still in progress as there are new stories she is always adding. The altered book allowed the client to continue to her personal story and not become fixated on past stories, instead focusing on her present and future stories.

Gioia Chilton's (2007) article entitled "Altered Books in Art Therapy with Adolescents" is one of the few on the topic. The author discusses the characteristics and the use of "the book as a symbol" (p. 60). The book may represent authority or convention, but in transforming it, it becomes a unique object for the client. The book represents knowledge and learning, or the forgotten if it is an old book (Chilton, 2007, p. 60). In using a published book, it can kindle creativity through using its words to start of a conversation or even incorporate them into the artwork. Blackout poetry has been an interesting way to do this. Blackout poetry involves *blacking out* or crossing out words on a book page to create a poem. Other modalities of expressive arts can be used in altered books as well such as poetry therapy and writing.

Chilton (2007) suggests that altered books can be helpful in the treatment of adolescents in a group therapy setting. Chilton discusses three case studies of adolescents living in foster

care. They were all able to safely express their feelings of anger and neglect. This is possibly

aided by the fact that altered book making does not focus on technical skills and participants are

free to express themselves through this medium without judgement about their creation being

good enough. In one case, a 16-year-old girl living in foster care was give the freedom to choose

materials, as many objects as she wished, her "book acting as a container for her desire to

consume" (Chilton, 2007, p. 62). Another adolescent girl labeled collages she created, perhaps as

a new way to communicate with the therapist. It may be difficult to express emotions or thoughts

with words but having it on paper may help start that difficult conversation with a therapist.

The choosing of the book to alter is significant because it reflects their desires (Chilton,

2007, p. 61). Choosing the book can be because of the title or the visuals of the cover. The book

may also be given to the individual. "When altered, the book becomes a one-of-a-kind art object

(Chilton, 2007, p. 61)." The altered book can become a reflection of the person's emotions,

thoughts, and creativity. This idea can be important as individuality and identity are common

themes in work with adolescents. Chilton describes these altered books as being rewritten to

reflect reality. It is a unique art form that proves useful in art therapy because of the freedom of

expression and symbolic meaning (Chilton, 2007, p. 62). Altered books allow the adolescent to

create a new story for themselves, one that they get to choose. At a time when they may not feel

like they get to make their own choices or feel like they do not have control over their own lives,

this can be significant in identity development.

Chapter 4: Inclusivity, Culture, and Other Considerations

It is tremendously important to be aware of the marginalized groups when discussing

mental health and therapy. Making sure that as therapists these groups are being included in the

conversation is vital. Individuals that are within these groups will be seen in therapy and should

be treated with sensitivity and care as any other person in therapy. LGBTQ+, race, physically

disabled, low socioeconomic status, and people from different cultures will be discussed in the

following section. Marginalized groups often do not get the opportunity to seek help, whether

that is because of the stigma of their culture or financial reasons. It is important to keep this in

mind when treating individuals from these groups and be sensitive to their culture.

LGBTQ+ Community

LGBTQ+ youth faces high depression and suicide rates compared to heterosexual

individuals (Haas et al., 2011). Mental health stigma is one factor, but also homophobia and

transphobia. This community continues to face unspeakable hate because of who they are.

Unable to come out to their family and friends, it is understandable why they struggle with

depression. It can be so detrimental to the mind that they consider self-harm or suicide.

According to the National Alliance on Mental Health (2019), "a 2015 review found that lesbian,

gay and bisexual individuals are four times more likely to attempt suicide than heterosexual

people. In transgender communities, those rates are even higher: 43% of transgender people have

attempted suicide in their lifetime (para. 3)."

Kurdziel (2018) discusses a case study about an adolescent who started psychotherapy

after struggling with social anxiety and depression. The client came from a loving home with

married parents, but had suffered from isolation and low self-esteem. The client, through long

term therapy and coming to terms with their gender and sexual identity was able to understand

the reasons behind the mental health disorders they had developed over time.

Physical Disabilities

When working with individuals who have physical disabilities, such as visual

impairments, cerebral palsy, and sensory issues, it is important to consider what art materials

should be used. When working with someone who is visually impaired, visual arts are not

typically thought of as being the go-to therapy for them, but they can create and express

themselves just the same as non-visually impaired individuals. Considerations should be made

for them to be comfortable in an art therapy setting, such as easy access to materials on the table.

The therapist should make sure they communicate everything verbally, what the next step is, and

so on. When working with individuals who have cerebral palsy or other motor skill impairments,

it is important to be aware of their limitations. The art materials should be made to make them

feel comfortable in an art therapy setting; for example, making art brushes bigger so they are

able to hold onto the paintbrush themselves, or using an easel versus on the table. As a therapist

working with these individuals, you want to make them feel comfortable and accomplished in

their art making.

Visual art can include all of the senses, which can be used in an art therapy session, so it

is important to know the individual's background, disorder, and what sensory issues they might

have. This may need to be a discussion early in treatment. Making sure that you do not provide

art materials that have a strong odor, for example, oil paint and turpentine, should be considered,

because it could hinder the therapeutic session. Tactile mediums such as clay or sand should be

used with caution if someone has an aversion to physical sensations.

Cultural Considerations

When working with individuals from minority or communities that have been

discriminated in the past, it is helpful to be aware of some considerations. To be inclusive of

other cultures, it may be useful to encourage the use of materials that are relatable to the clients.

Hinds (2005) suggests specific toys for African American patients, including dolls with African

American features (not simply darker skin) in a study on play therapy. Similar arrangements

could be made by making media such as magazine or comic books that features people from the African American community when using altered books.

Without some degree of awareness of the background and culture of individual clients, art therapists may not be able to be effective in their treatment or assessments. "For art therapy to avoid the pitfalls of being culture blind with individuals of non-Euro-American cultures, the question of whether the enterprise can serve as a culturally appropriate source of healing must be considered" (Hocoy, 2002, p. 141). The use of metaphors during the process of altered book making or any other form of art therapy may need to account for symbolisms in different cultures. For instance,

> historically, the image of the dragon in many Western narratives often embodied evil or the devil; so, St. George and St. Michael are classically portrayed as slaying the dragon in the battle of good versus evil. However, the dragon in many Eastern cultures has always represented an embodiment of the power of the divine or the numinous, the image of which is considered to bring fortune and providence. (Hocoy, 1999, p. 143)

Discussion

Adolescents go through various developmental changes that may bring about body image issues, questions of identity, autonomy and inter personal relationships. These can introduce or heighten feelings of anxiety and/or depression. These are issues faced by all adolescents irrespective of gender, but since girls are more likely to face mental health challenges, in this work I explore the use of altered books as a form of therapy with adolescent girls as a target population in mind. Higenbottam (2004) and Hartz (2005) reviewed above focused on art making with adolescent girls and the benefits they derived from it. There is reason to believe that

altered books can be an effective form of treatment by providing an outlet for their internalized experiences, which can greatly aid the therapy.

The literature review examined works to explain the higher prevalence of mental health challenges in women (Albert, 2015). Ovarian hormonal changes as reasons for specific forms of depression such as premenstrual dysphoric disorder, and postpartum depression have been presented as possible explanations. Since these hormonal changes first start happening in at adolescence, more research on understanding the relationship between ovarian hormones and mental health challenges such as anxiety and depression could perhaps shed some light on understanding the higher prevalence of these challenges in girls. It is likely that hormonal changes alone cannot explain the disparity between boys and girls, so other factors such as societal norms and pressures will also need to continue to be examined.

Multiple studies (Higenbottam, 2004, Hartz, 2015) suggested that the use of art therapy can be effective in bettering body image, behavioral conduct, close friendship, and global self-worth. These are notable results since they encompass a broad range of factors that are related to mental and social well-being. However, while art therapy can be less appealing to clients who do not think of themselves as artistically inclined, altered books do not suffer from the same problem since the pressure to create something artistically refined on a blank page or canvas is no longer present. Thus, the use of altered books could still draw some of the positive results associated with art therapy in general while allowing access to this form of therapy to people who would not otherwise consider it.

The works of Cobb and Negash (2010) and Chilton (2007) examined in the literature review that support the hypothesis that altered books can be beneficial in a therapy setting may be considered seminal works in this area. These studies have several merits, but they also leave

questions that are unanswered and should serve as a launching pad for further research into the efficacy of the use of altered books.

Chilton (2007) describes a study with adolescents in foster care that were seen in group art therapy sessions. A few different case studies were used to present a case for the use of altered book making, and individual case studies were often highlighted to discuss various aspects such as ensuring safety when using instruments in the alteration process, or interpreting metaphors used by clients. Many of these them, such as the use of excessive material serving as a metaphor for an impoverished childhood, a claim that was backed up by previous studies by other authors, illustrate how altered books can reveal insights even if they are not verbally communicated. The power to get insights into things that may not have been brought up by the client through the use of language is a very important element in the use of altered books.

Cobb and Negash (2010) discuss the use of altered books was claimed to aid the therapy process by allowing the therapist to facilitate conversations about incidents or narratives that may not have come up otherwise. They also allowed externalization of problems and a chance for the clients to reexamine their stories. Several arguments were made in favor of the choice of altered books as a medium and a case study was presented. Several qualitative observations for the client in this case study were also presented.

Since Cobb & Negash (2010), as well as Chilton (2007) presented a strong case for the use of altered books but dealt with a limited number of clients, a more thorough assessment of the use of altered books with more quantitative data is necessary. Such a study should include not just a greater number of participants, but also use a score such as the SPPA to measure well-being. For instance, previous studies have used metrics such as the University of California Los Angeles Post-Traumatic Stress Disorder Reaction Index (Huntley, 2015). A large number of

patients is required to make the study statistically significant. The index would be needed for

measuring well-being at various stages before, during and after the study. A control group that

does not receive altered book in therapy would also be needed to establish a base line. However,

since altered books are typically used as a tool in narrative therapy, both groups could receive

narrative therapy without compromising the results that can be drawn from the data about the use

of altered books.

 I have used altered books in my clinical practice as an intern and could immediately see

the potential and power that this type of art could bring to those with severe anxiety and

depression. The idea alone was exciting to the adolescent girls I had introduced altered books to.

As time went on, one client was invested in making her book one that represented her. She used

a variety of art materials and learning new methods. She was still creating it when I left at the

end of the school year.

Personal Reflection and Experiences

 This focus on adolescent girls was also spurred in part by my experiences during my

internship working with adolescents at a therapeutic school. I utilized my knowledge of altered

books as an art therapy tool with one of my clients during the course of this internship. Based on

these experiences and connections made, I was inspired to further my research into the benefits

of altered books in a therapeutic setting with adolescent girls. One of these clients was a high

school student named "Ashley." She was 15 years old and new to the school in which I was

starting my art therapy internship. She was diagnosed with unspecified anxiety and depressive

disorders and post-traumatic stress disorder. Ashley's depression presented in her persistent

suicidal ideation. Prior to the start of her sophomore year, she had been hospitalized twice. These

hospitalizations and continued emotional outbursts in the classroom are why she was enrolled in

the therapeutic school. Her goals created by previous counselors and teachers included: learning

general social skills (mostly conversational, what to share and when, etc.), managing anxiety and

depressive symptoms, learning coping strategies, and obtaining emotion regulation.

I observed Ashley in group art therapy settings and in the classroom. She was quiet

around her peers, but seemed to connect with teachers and other staff. She did not exhibit great

conversational skills, often cutting the person off or listening until she could bring the topic back

to herself and her interests.

As part of a group art therapy exercise, Ashley was very involved in the planning process

in painting a sign to be hung in the entrance of the school, which suggested that she would be

receptive to art as a form of therapy. Her focus on the creative process and having her ideas

heard and used allowed her to connect to others in the group during this and subsequent sessions.

Her severe anxiety involving the play audition she had shortly after the session seemed to

disappear as well. My approach to working with her was to use the expressive arts as a possible

coping strategy, relieving her of her constant anxious thoughts and suicidal ideation.

However, Ashley repeatedly said she was not creative enough and not good at art despite

creating works that were imaginative and used various materials. The use of altered books, which

focuses on narratives and creative expression without judgement of the art quality seemed like an

effective way to allay this fear while continuing to utilize art therapy.

Over the course of my 9-month internship, I got to work with Ashley and try various art

therapy techniques with her. The technique she was most eager to learn about and use in session

was altered books. It was something she had never heard of before, which may have added to the

intrigue and continuation of using it. She used her book as a collection of artworks that

represented herself. With her love of musical theater and creativity, she was able to immerse

herself into the book. One that represented her. Experimenting with many materials such as collage, paint, pencil, 3D materials, she created interesting and personal works of art. Ashley was able to find a way to express herself and feel accomplished, when she did not feel she could at school. She was so invested in her altered book that it continued to be a work in progress when I left at the end of the school year. I believe that this became one of her healthy coping mechanisms to use at school.

Over the 9 months, there were several visual cues that indicated better social interactions, especially within the art therapy group. This experience leads me to believe that the use of altered books positively affected her well-being and can also work for other adolescent girls with similar diagnoses. However, this would require further studies with a larger sample size, a specific treatment protocol and the use of metrics to track progress such as SPPA.

I have often used my own altered book to process my emotions and express my ideas in a creative manner. Discovering this medium has allowed me to be connected with my own art; making it for myself versus making it for other people. I enjoyed the freedom of choosing what to use in the book. Collage became my new favorite art medium. I was able to create pieces that I love, that truly expressed what I was feeling at the time, distract myself and immerse into this ongoing project. Altered books were assigned for multiple courses, but these assignments became a coping mechanism for the intense stress of graduate school, internships, and coming to terms with my own diagnoses.

Through using an altered book during my time in graduate school, I was able to address my own mental health struggles. I suffered from social anxiety for as long as I can remember and developed depression around age 13. I did a lot of introspection and through addressing these disorders, I found a passion in altered book making. The book often became a metaphor for what

I was trying to do: flipping to the next without enjoying the present. It taught me patience. I was able to sit with my page and take my time to create something that was meaningful; something that I was proud of. It taught me trial and error and to not get upset if it did not turn out the way I had hope. The glue or paint could dry, but I could continue to make the page how I had envisioned it. Making art, and especially creating pages in my altered books, became a life changing experience.

Conclusion

I believe that through making an altered book, adolescent girls suffering from anxiety and/or depression, can address many issues they may face and they can be used in treatment of various mental health disorders. Using altered books as a tool in art therapy lends itself to vast possibilities in the treatment process. It can be used as a tool in tracking progress. It can be a therapy timeline; to look back and gain insight into the emotions and the art that was made. This can be helpful in session to reflect on and see physical/visual progress. Starting the altered book at the beginning of treatment and using it throughout the entire process of therapy can be a useful tool to the client. It can be used as a reference, looking back on past weeks to see what the client was going through.

The use of altered books has been shown to be beneficial to explore a variety of art materials in an art therapy session. In my own work, I have seen that altered books can provide the client the freedom to choose the medium and content to create. This can provide the client with independence and self-assertion. It also can act as an art journal or sketchbook that can be of continue use to express emotions, thoughts, and ideas. Altered books can have a variety of uses and that is the most exciting part of this medium. Girls with anxiety and depression would

benefit from art therapy and altered book making to process the many emotions and difficult

stage that adolescence brings.

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