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Fostering Hope in Adolescents Via Art Therapy Teen Group

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Thesis Seminar

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Art Therapy

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Abstract

The purpose of this Capstone Thesis was to analyze whether or not hope can be shared or encouraged within the context of a teenage art therapy group. Research demonstrates that hope encourages optimism, promotes happiness, and increases our psychosocial well-being (Catalino, Algoe, & Fredrickson, 2014; Le, Copley, & Greaves, 2015; Yeung, Ho, & Mak, 2015), that an individual may be encouraged toward hope via therapy and the therapist/client relationship (Carmelo Vazquez, 2017; Yeasting & Jung, 2010), and that art therapy, which is creativity integrated with counseling encourages a deeper access of a client's state of being verses simple talk-therapy (Bishop & Willis, 2014; Fairchild & McFerran, 2019). Participants were six members of a previously established teenage art therapy group, ages 12-14 years old. Group members created art based on directives focusing on hope; personal strengths, gratitude, and "What lifts you up?". Each participant created a total of three pieces of art. The directives were open-ended and each creation was client-led. Observations and notations were made during the group sessions as well as response art to illuminate shifts in perspectives of hope. The clinician observed that focusing on topics such as hope, personal strengths, and gratitude energized the group and encouraged a light heartedness amongst group members. These topics accompanied by new media encouraged play, togetherness, banter, laughter, movements-of-creation, and a focus inward while engaging outwardly. To further amplify the Capstone Thesis Project, Arts-Based Research strategies were utilized in the clinician's art responses, which were created to facilitate a richer experience, to encourage a deeper connection with the group members individually and as a whole unit, and to increase empathy (Marano-Geiser et al., 1990).

Fostering Hope in Adolescents Via Art Therapy Teen Group

Within our current society, we have a choice of perspective. We may focus on that which enables us further stress or that which assists our joy. Individuals on one of these two paths may be able to lead themselves to greater life fulfillment. Optimism, gratitude, peace, bright perspective, possibility, purpose and worth are the offspring of hope. This thesis attempts to answer whether clinicians can share and/or encourage these character strengths with clients.

This thesis contributes to the discussion by exploring the role of a clinician, leading an adolescent group, as a facilitator of hope. Each week, different components of hope, such as personal strengths, gratitude, and “What lifts you up?”, a focus on rising above and moving beyond limitation, will be integrated into both the group chat and the art directive. Utilizing hope-focused topics and a range of new art materials, the clinician will observe adolescent group members’ engagement, reactions, art-making, statements, and any positive and negative shifting, in hopes of illuminating the impact individuals may have on one another’s measure of hope.

Literature Review

The following literature review examined research on the subjects of hope and psychosocial well-being (Catalino, Algeo, & Fredrickson, 2014; Le, Cropley, & Greaves, 2015; Yeung, Ho, & Mak, 2015), the integration of hope into counseling and the therapist/client relationship (Vazquez, 2017; Yeasting & Jung, 2010), benefits of art therapy versus simple talk-therapy (Bishop & Willis, 2014; Fairchild & McFerran, 2019), and the value of media utilized in art-making (Hinz, 2009; Kagin & Lusebrink, 1978; Rubin, 1984).

Hope and Psychosocial Well-being

Research supports the concept of increased health via positivity and hope, demonstrating through quantitative, qualitative, and arts-based research that hope can serve as a catalyst for

essential change and transformation (Catalino et al., 2014; Le et al., 2015; Yeung et al., 2015, p. 98). Le et al. (2015) utilized three self-report tests plus one finish-the-art-piece assessment to measure the relationships among mental health, creative thought, and optimism. The findings of the study supported the original hypothesis and included the following findings: 1) Optimism positively effects mental well-being and is negatively related to emotional states of depression and anxiety. 2) Creativity significantly improves mental well-being, lessening symptoms of negative emotional states; depression, anxiety, and stress. 3) Optimism and creativity are positively correlated. The study further indicated that individuals with higher levels of optimism are better able to perceive difficult tasks as achievable and move forward towards completion. Individuals with healthy mental well-being were reportedly equipped with coping skills to surmount stressful situations while maintaining a positive outlook on life, which required flexibility and creativity (Le et al., 2015). This study also demonstrated that optimism and creative thinking can be taught, and future programs should integrate these as preventative methods and/or to reduce mental ill-being.

A similar study performed by Catalino et al. (2014) developed three hypotheses. The first was stated as: “Prioritizing positivity will predict better well-being (more positive emotions, fewer negative emotions, more satisfaction with life, less depressive symptomology)” (Catalino et al., 2014, p. 1156). To examine this, the researchers conducted regression models utilizing positive emotions, negative emotions, satisfaction with life, and depressive symptomology to predict prioritizing positivity. The findings reported that age was of no significance, women scored higher than men in prioritizing positivity, and prioritizing positivity was positively associated with well-being. The second hypothesis was stated as: “When examined in tandem, prioritizing positivity and valuing happiness will yield opposing associations with well-being”

(Catalino et al., 2014, p.1156). The study found that valuing happiness was negatively associated with beneficial features of well-being and positively associated with negative aspects of well-being. Multiple regression models were used to examine the second hypothesis. Results demonstrated a positive correlation between prioritizing positivity and valuing happiness. When utilized as predictors of well-being, the study found positive associations between prioritizing positivity and well-being and, in contrast, negative associations between valuing happiness and well-being. Results suggest that prioritizing positivity, a trait likely to increase happiness, may have an opposite effect when occurring alongside valuing happiness. However, valuing happiness may be positively affected when occurring alongside prioritizing positivity (Catalino et al., 2014). The third hypothesis was stated as: “Prioritizing positivity will predict higher levels of various personal and social resources as mediated by more frequent experiences of positive emotions” (p.1156). The study found that prioritizing positivity contributes to well-being, encouraging positive emotions and less depressive symptoms. It also enables more frequent experiences with positive emotions and may place individuals at an advantage with respect to greater resources.

In summation, results demonstrated that decidedly and continually anticipating positivity concerning all of life’s choices results in greater well-being. However, the pursuit of happiness via prioritizing positivity is a delicate matter. Individuals who focus too intently, being overly concerned about their emotional state and/or are anxious or obsessive towards accomplishing happiness tend to demonstrate diminished happiness.

This study questioned if the pursuit of happiness is wise and the answer was undecided. The researchers found that one means of accomplishing said happiness is by prioritizing positivity and though a “delicate art, it may be a worthwhile pursuit” (Catalino et al., 2014,

p.1158). This study is distinct and contributed to knowledge in the field due to the authors' claim that their findings were "the first to suggest that people who regularly seek out positivity as they arrange their everyday lives may be happier" (Catalino et al., 2014, p.1160).

Another study performed by Vazquez (2017) examined the role of positive emotions and cognition in psychopathology. He suggested that though mental illness may be present, a positive approach and/or perspective may assist to increase individual's enjoyment of life, self-image, and perspective. The concepts of normal and abnormal were redefined. The issues individuals encounter are still present in their life, but the focus becomes optimism. New wording is used to encourage "flourishing" and "resilience". Concepts such as "...flow, ...psychological strengths, ...passions, ...forgiveness, and ... gratitude" are being incorporated into the research (Vazquez, 2017). A final step is to incorporate this focus on positive emotions and cognition into evidenced-based treatments. Few studies have been done, but thus far, results show that "a positive intervention program is at least as effective as a standard cognitive behavioral therapy program" (Vazquez, 2017, p. 328). The inclusion of positivity has reshaped some clinical concepts. Studies demonstrated that individuals with trauma experience have coexisting positive and negative emotions, acting independently of one other. Positive cognitive mechanisms encourage positive mental health outcomes (Vazquez, 2017).

Yeung et al. (2015) identified the mediating factors of hope in predicting well-being. The authors studied hope's relationship with psychosocial well-being and whether it is mediated by either cognitive reappraisal, attention to positive information, and/or attention to negative information. Participants were 712 students, recruited voluntarily from three secondary schools in Hong Kong to participate in a cross-sectional study on hope and psychosocial well-being.

Ethical approvals were obtained, along with both school and parental consent. The mean age was 15. Participants completed questionnaires in their classrooms after school.

Yeung et al. (2015) first highlighted past studies, which demonstrated that hope contributed uniquely to the prediction of general well-being, specifically noting that hope has correlated positively with mental health, interpersonal life satisfaction, and social competence, but negatively with depression, anxiety, and aggressive behaviors. The authors introduced cognitive reappraisal as one mediating factor and defined it for readers as “the reframing of the interpretation about a situation with the objective of changing its emotional impact” (Yeung et al., 2015, p. 98). This study tested cognitive reappraisal in the relationship between hope and psychosocial well-being with the authors hypothesizing a positive association between the two. Results demonstrate that “high-hope undergraduates reported more positive appraisal of the daily events than their low-hope peers” (Yeung et al., 2015, p. 99). High-hope individuals also utilized more cognitive reappraisal than those with lower hope when facing conflict.

Yeung et al. (2015) next tested attentional preferences; attention to positive information versus attention to negative information, as another mediating factor between hope and psychosocial well-being. They hypothesized that “high-hope adolescents attend to more positive but less negative information” (p.99). Results supported this, demonstrating that optimistic youth are, in fact, less likely to focus on negative information than their pessimistic peers.

Hypothesis number three focused on cognitive reappraisal and attention to positive information as being associated with better psychosocial well-being and attention to negative information decreasing psychosocial well-being. The results demonstrated that hope was positively associated with cognitive reappraisal and attention to positive information. The research also showed that hope is partially mediated by attention to positive information.

Adolescents demonstrating high hope paid greater attention to positive information and/or aspects of events, contributing to their psychosocial well-being (Yeung et al., 2015).

The Integration of Hope into Counseling

Hope, which encourages positivity and lends to happiness, is being determined as a benefit to our mental well-being and thus integrated into mental health counseling. Yeasting and Jung (2010) described hope as a “basic, fundamental, and essential part of life”, “associated with personal matters... related to a wish and an unmet need; it is energizing, it stimulates action” with “conscious and unconscious elements”, and it “can endure despite the duress that one might experience” (Yeasting & Jung, 2010, pp. 306-307). The counselor-client relationship has potential to encourage and even increase client’s hopes (Yeasting & Jung, 2010). The primary goal is to “make hope visible” and to shift client perspectives away from hope deferred and toward new hope (Yeasting & Jung, 2010). Yeasting and Young (2010) advised clinicians to recognize even the slightest “flicker of hope”, which is demonstrated each time a client attends a session; showing up equates to the containment of hope. Clinicians have an opportunity to add oxygen to the “flicker” and guide clients to activate their hope (Yeasting & Jung, 2010). Hopes are personal and unique. After a healthy client/counselor relationship has been established, work begins towards enhancing the source of hope. Means of accomplishing this is for clinicians to assist clients in setting both short- and long-term goals and taking control over day to day tasks, then supporting each accomplishment via positive feedback. Yeasting and Jung (2010) also suggested that clients pursue relationships, both peer and familial. Believing oneself is loved and valued assists with the production and maintenance of hope. Positivity is highlighted as a means of fostering hope and can be done using recall of happy memories and mindfulness pertaining to gratitude (Yeasting & Jung, 2010). The final suggested step is assisting the client toward

development of their own special internalized hopes, held apart from the rest of the world. Clients must be discouraged from relying on hope sources and instead look inward or upward. Spirituality and finding meaning in life are encouraged as means to inspire hope (Yeasting & Jung, 2010).

Art Therapy

According to the American Art Therapy Association (2013), counseling integrated with creativity or art-making may further improve psychosocial well-being and increase health. Art Therapy is performed by a licensed mental health professional, using arts medium and the client's creative self. Drawings, paintings and other art expressions created in a therapy session communicate issues, emotions and conflicts (Malchiodi, 2007). Art therapy can be non-verbal and converses with the imagination (Malchiodi, 2005). We express what we feel inside by creating outer images (Levine & Levine, 1999). Art therapy can serve as a connector between the known and unknown, or more accurately, our conscious and unconscious mind (Malchiodi, 2005). According to the American Art Therapy Association (2013) "self-expression supports individuals as they resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight". Creating art provides a concrete record of the inner process that can then be discussed between the therapist and the client.

Studies have been performed utilizing different forms of art-making in correlation with attempts to assess, encourage, and increase hope. One such study performed by Fairchild and McFerran (2019) partnered with adolescents experiencing homelessness and domestic violence in an attempt to enable expression via songwriting and music. Each four-hour music workshop involved a musical warm-up, an activity where one child shares a meaningful song and two

others draw based on their inspiration, and a collaborative songwriting method focused on each child's relationship to music. Two themes emerged: music as an escape and music as offering hope. Children described music as being both positive and negative, helpful and unhelpful, a means of safety and containment when done by oneself with headphones, a coping mechanism as a means for tuning out the world, a tool to enable forgetting past events; a significant personal resource. The study demonstrated that songwriting gives voice to children experiencing homelessness and violence.

Another study, titled *The Tree of Life Project*, was produced by Emily Bishop and Karen Willis (2014) and aimed at using creativity to gain an understanding of the nature of hope in young people's lives. Researchers utilized qualitative, strength-based, and arts-based approaches focusing on young people's strengths, not on deficits. Groups participated in a warmup, a discussion about hope, a paper leaf template and completion of the sentence: "I think hope is important because...", and then time to journal about hope. Researchers found that poetry helped the participants feel more and deeper (Bishop & Willis, 2014). Associations were made to home and family, the natural world, affirming aspects of life, and poetry as an important resource. Utilizing poetry-as-data, an arts-based method of inquiry, enabled access of emotion and insight into each poet's world (Bishop & Willis, 2014).

The culmination of this research demonstrated that hope encourages optimism, promotes happiness, and increases our psychosocial well-being (Catalino et al., 2014; Le et al., 2015; Yeung et al., 2015), that an individual may be encouraged toward hope via therapy and the therapist/client relationship (Carmelo Vazquez, 2017; Yeasting & Jung, 2010), and that creativity integrated with counseling encourages a deeper access of a client's state of being verses simple

talk-therapy (Bishop & Willis, 2014; Fairchild & McFerran, 2019). It is beneficial to weigh the importance of media utilized in art-making (Hinz, 2009; Kagin & Lusebrink, 1978; Rubin, 1984)

The Value of Media Utilized in Art-Making

A well-studied and approved source of media determination utilized by art therapists is the Expressive Therapies Continuum. Kagin and Lusebrink (1978) formulated the ETC expanding upon “previously isolated descriptions of image formation, information processing, and creative activity” (pg. 172). They prepared a manner of describing the processes taking place within an expressive therapy session among an individual, the art materials, and the image produced by providing a theoretical structure that describes interactions among person, product, and process in art therapy (Hinz, 2009). The framework of the ETC can guide the assessment process in therapy as well as direct the selection of materials and activities from session to session for optimal therapeutic gain (Hinz, 2009). When determining what media to offer clients, “the art therapist needs to consider the relevance of the medium to any creative intention, in addition to its ability to be used successfully by a particular person or group” (Rubin, 1984, pg.11). The different properties that a material/media can incorporate are the ability to be fluid or resistive, simple or complex, structured or unstructured. Media provides insight to the client’s developmental level in the use of materials, response to media properties, use of structured verses non-structured formats, and the capacity to express affect (Rubin, 2001). Kagen and Lusebrink (1978) stated that, “materials with more inherent solidity or structure are called resistive because they require the application of pressure... and provide resistance. Media with less inherent structure are called fluid because they flow easily and quickly during the

creative process” (pg. 178). Fluid media are likely to elicit emotional responses and resistive media are likely to evoke cognitive responses (Hinz, 2009).

In addition to the expressive potentials inherent in the physical properties of art media, Kagin and Lusebrink (1978) explain that the physical properties of media impose certain limits on an expressive art experience and that these limits could be either boundary-determined or quantity-determined. When media are boundary-determined the physical boundaries of the materials themselves may limit the expressive potential. On the other hand, the use of boundary-determined media does not necessarily eliminate the expression of emotion in artwork, but rather is one way to contain it safely (Hinz, 2009). When media are quantity determined, the amount of a given substance determines the limits of expression. For example, a tub full of clay would impose greatly different boundaries than a tablespoon of the same clay presented via a spoon. The former experience holds great potential for allowing a much more emotionally engaging experience than the latter (Hinz, 2009).

Beyond choice of media, Kagin and Lusebrink (1978) suggested that the type of instructions given by the therapist could alter the quality of image formation and information processing experiences. Two types of task instructions were discussed; structure and complexity. Hinz (2009) explains that high-complexity tasks involve many steps and that experiences such as these “evoke cognitive functioning” asking clients to process the “order of operations” and complete many steps in order to accomplish their goal. The high-complexity and high structure of such experiences induces information processing with the Cognitive Component of the ETC (Hinz, 2009). Art experiences involving low-complexity tasks (fewer steps) and low structure (not asking for a specific response) induces functioning with the Affective or Symbolic dimension of the ETC (Hinz, 2009). According to Hinz (2009) “Fewer instructions and specified

dimensions allow the art experience to flow more freely and liberate emotional potential as well as the opportunity for discovering personal meaning” (p.35).

The art directives and accompanying media provided for the teen group enabled open-ended creativity, problem solving, and exploration. Each session provided new and plentiful media with a simple art directive, but zero leading and or suggestive directions or steps. No samples were provided. Clients had opportunities to perform the art directive as high- or low-complexity based on their own natural inclinations. Judith Rubin (1984) stated that:

Art therapists tend to prefer simple media and processes to more complex ones for several reasons. First, the more unstructured the medium, the more an individual will be able to project on it. Since art therapists hope to evoke personally meaningful creations, it makes sense that you would not wish to impose in any way on the client’s natural imagery (p. 5).

Media was chosen carefully for each session, with attention paid to quality, color, and aesthetics.

There was also an aim at providing unique or unexpected elements. Rubin (1984) explained that:

There is much to be said for media that permit the creation of satisfying products within the space of an art therapy session. This allows for consideration of the product as well as the process within a single time frame, when the impulses involved in the making are still very much alive. Since we assume that any creation reflects ideas and feelings inside the maker at the time of its creation, being able to reflect on art at the moment it comes into being offers a powerful opportunity for learning about the self (p. 6).

To conclude each session, there were ten minutes of processing time. Each client was encouraged to say a word or share a thought about their piece and its relevance to themselves, the group, or the day’s experience. Judith Rubin shared that “... Art is an exploratory process, one in which the individual hopefully discovers and understands his own ideas and feelings, which

eventually helps him to be more in charge of his life..." (p.16). Rubin (1984) was careful to explain that:

...The therapist must be comfortable with the idea that there may be no finished product, that some technical elements may be less than optimal, and the patient is likely to experience some confusion with the ambiguity of not having a well-defined, goal-oriented task. Indeed, most individuals do find it necessary to create 'something' at some point during their exploration with materials, since there seems to be a universal need to organize experience in a coherent way (pg.16).

Rubin (1984) shared that the most natural way of helping patients to experience a genuine creative process, is to "create a physical and psychological environment in which... freedom becomes truly possible" encouraging exploration and non-judgmental playing which materials can enable (p.16). She explained that "The conditions essential for such a 'framework for freedom' include sufficient, organized, predictable space and time, as well as a trusting, interested, accepting, supportive attitude on the part of the clinician" (Rubin, 1984, p.16-17).

Method

The purpose of this study was to analyze whether or not hope can be shared or encouraged within the context of a teenage art therapy group. Observations and notations were made during the group session as well as response art to illuminate shifts in perspectives of hope taking place over three group-sessions. To further examine the group process, Arts-Based Research strategies were utilized in the clinician's art responses. The methods, evaluation and presentation of the results were steeped in a creative world-view and the acquired data was based on observations of the experiential engagement with provided media, participant interactions, and evaluation of the "art" produced. The clinician's observations of participant's behaviors,

spoken words, shared thoughts, and interactions were documented and analyzed as contributing to or deterring from the effects of interactions on hope; both the interactions of group members and those between the participants and the art materials were considered.

Participants were six members of a previously established teenage therapy group. They created art based on directives focusing on week one: personal strengths, week two: gratitude, and week three: hope. Each participant created a total of three pieces of art. The directives were open-ended and each creation was client-led.

Procedure: Participants were members of a previously established teenage therapy group. Six group members, ages 12-14 participated in the three-week hope curriculum.

Evaluation

To collect data on the effectiveness of group art therapy and instilling hope in adolescents it was beneficial to gather evaluations from group participants at the start and end of the three-week sessions. This enabled group members to contribute their pre- and post- intervention states of hope. To accomplish this, participants completed a hope scale asking individuals to rate their answers from -None of the time, -A little of the time, -Some of the time, -A lot of the time, -Most of the time, and -All of the time. The six items are: 1. I think I am doing pretty well. 2. I can think of many ways to get the things in life that are most important to me. 3. I am doing just as well as other kids my age. 4. When I have a problem, I can come up with lots of ways to solve it. 5. I think the things I have done in the past will help me in the future. 6. Even when others want to quit, I know that I can find ways to solve the problem.

Factors to Consider

This art therapy teen group had been established seven months prior to these hope-focused sessions. Participants were adept to using open-ended art medium at any level of

complexity and structure of their choosing. The art media offered during the hope-focused sessions were new or not yet utilized with this art therapy teen group.

Group Structure

- Group opening
 - o Members arrive and find a seat in the circle, on a bean bag chair
- Introduction and weekly check in (10-15 minutes)
 - o Group rules made at the first meeting and remain posted
 - o Warm-Up activity
- Art directive (35 minutes)
- Group closing (10 -15 minutes)
 - o Processing Time/Discussion
 - o Integrate group experience and provide closure

Group Art Therapy Interventions

Session 1

Warm-up: Each participant chose a handmade Strength Card, taking turns sharing how the strength listed on the card currently plays out in their life, using examples of a time it was recently used, and then sharing how they could perhaps utilize more of said strength.

Art directive/Intervention: Personal Strengths; Begin to construct Self-Representation Utilizing Recycled Goods.

Activity: Group members created a representation of their own Self, utilizing assorted recycled household materials, which had been collected over a period of two months.

Materials: Strength Cards, list of Character Strengths, Art Media; recycled goods, hot glue, markers, tape, paint

Goal: The goal of this intervention was to focus on self-determined and group-supported strengths to begin to build a representation of the Self, explore creativity, represent one-self uniquely, provide a non-judgmental atmosphere, and reinforce group dynamics

Directive: Group members were instructed to utilize a list of Character Strengths to determine their top-four personal strength. Each participant then shared their strengths with the group and the group supported each other with discussion and encouragement. Each group member was instructed to consider their self-determined strengths, choose materials, and then begin to create a representation of their Self.

Rationale: Client's explored and expressed creative freedom, choosing to engage with open-ended materials at any level of complexity and structure.

Discussion:

- o How did you represent yourself?
- o Notice how all the Selves are different. Are there any similarities?
- o Do certain shapes or elements of your Self have specific meaning to you?
- o How do you feel after creating your Self?
- o How are your personal strengths represented in your created Self?

Session 2

Warm-up: Group members/participants sat around a table and drew together on one large piece of paper. Group members were instructed to "Quickly tell us something that happened this week." Each client responded. The group then determined whether most of the responses were "negative" or "positive". The group discussed *Perspective* then shifted to considering *Gratitude*.

Art directive/Intervention: Gratitude Feathers

Activity: Group members focused on something they were grateful for and created Gratitude Feathers.

Materials: Warm-up; large poster board, markers, cray-pas, chalk

Intervention: prepped canvas, paint, sharpie markers, beads, buttons, wire, glue

Goal: The goal of this intervention was to re-direct participant's thinking by strengthening their understanding of gratitude; which involves recognizing other people for their kindness, recognizing the blessings in one's own life, and feeling then expressing gratitude or thankfulness.

Directive: Group members were instructed to focus on what they were grateful for and utilize new art media to create feathers of gratitude. The objects of gratitude were represented in unique ways, chosen by each participant.

Rationale: Participants were offered a choice to shift their own perspective on what a day offers or how they "see" each moment in life. Members explored and expressed creative freedom, choosing to engage with open-ended materials at any level of complexity and structure.

Discussion:

- o What are you grateful for?
- o Notice how all the feathers are different. Are there any similarities?
- o Do certain colors or elements of your feathers have specific meaning to you?
- o How do you feel after focusing on gratitude?

Session 3

Warm-up: Group members/participants sat in a circle on the floor (or bean bag chairs) and discussed Hope, answering the question, "What lifts you up?"

Art directive/Intervention: Wings of Hope

Activity: Group members answered the question, “What lifts you up?” and created Wings of Hope representing their reasons for hope.

Materials: Fabric, felted wool, paint, brushes, glue, beads

Goal: The goal of this intervention was to encourage participants to process what elements or causes of hope exist in their current lives. Participants were also offered the opportunity to look forward toward hopes that may be accomplished in the future.

Directive: Group members were instructed to focus on “What lifts you up?” and use new art media to create Wings of Hope.

Rationale: Participants were offered a choice to hope. Each member had an opportunity to realize present day elements of their lives that *lift them up* to hope. Members explored and expressed creative freedom, choosing to engage with open-ended materials at any level of complexity and structure.

Discussion:

- o What lifts you up?
- o What hopes currently exist in your life?
- o What are you hopeful for concerning your future?
- o Are there any similarities in what we hope for?
- o How do you feel after focusing on hope?

Results

Session 1

The group was responsive to the warm-up, which asked participants to choose a Strength card then share how the strength listed on the card currently represented the participant’s life, using examples of a time it was recently used, and then sharing how they could perhaps use more

of the identified strength. Approximately 50% of participants played the game sharing true stories, while the other half attempted humor to evade the question.

Participants were then asked to look at a list of Character Strengths and to locate and circle their top four strengths. Group members were offered an opportunity to share and discuss these. During discussion, group members supported and encouraged one another in their self-labeled strengths.

The art directive asked group members to create a representation of their own Self, utilizing recycled household materials, which had been collected over a period of two months. Participants responded with eagerness, choosing their materials from a mound of recycled products then quickly going to work forming their selves. There was excitement among the group members when using these materials, specifically, the hot glue. Participant energy was high. The amount of excess verbal communication was lower than usual, due to each client being focused on their work and creations. Participants demonstrated enjoyment, excitement, focus and creativity when offered new medium. Materials were used creatively and intelligently to form shapes representing the individual's idea of self.

Session 2

Group members engaged in the warm-up, sitting around a table and drawing together on one large piece of paper. Per the instructions, group members hurriedly shared *something that happened this week*. The first offering was from a twelve-year-old female group member who had lost her friend to suicide the night before. The group processed this with silence, words of condolence, shock, and surprise. One group member responded, "Whoa, this got dark fast!" and other with "That sucks." Some other sharings pertaining to the original question were "Nothing," "I saw a friend," and "I ate an apple." The group then determined whether most of the responses

were “negative” or “positive.” It was decided that there was a 50-50 split of positive and negative responses. The group then discussed Perspective and then shifted to considering Gratitude. Next the group was asked to think about what they are grateful for as they transitioned to the worktable.

The group responded with eagerness and unique approaches to the opportunity to create gratitude feathers and utilize new materials. Some clients drew feathers with markers then cut out the shapes and added paint, beads, buttons. Other clients cut the shape first then added paint, beads, and buttons. One client cut out the feather shape, placed it on a paper plate, and dumped paint on top. Another client drew his image, not a feather but another object that he was grateful for and ripped it away from the surrounding canvas by hand when his scissors failed. He then added paint and glued on beads. The conversation around the table wasn’t necessarily focused on gratitude but was jovial and friendly. The clients were connecting, laughing, and playful.

The clinician observed that focusing on topics such as hope; personal strengths, and gratitude encouraged a light heartedness amongst group members. These topics accompanied by new media encouraged play, togetherness, banter, laughter, movements-of-creation, a focus inward while engaging outwardly.

Session 3

Week three focused on hope, answering the question, “What lifts you up?”. During the warm-up, the group was displaying restlessness; some pretending to be asleep, others talking frequently and out of turn. However, they were able to be redirected and to attend to each step in the group process. The group discussed Hope; “What lifts you up?”. Half of the responses were handled in a serious manner with answers such as “family”, “my dog”, “making art” and the other half attempted to use humor to evade connection.

The Art Directive was to create Wings of Hope and was responded to with high energy. Clients moved quickly as they worked, maintaining focus on their creations. Each individual's eye contact was focused on their work and the materials in use, as opposed to on each other. Each client worked with intent and a clear idea. The items that "lift you up" were varied, some with a silly slant: an iPhone or a video game console, a duck, and a chicken-wing-with-wings. Clients shared explanations such as "This provides communication and entertainment which lifts me up", "This makes me laugh and lifts me up," and "I love wings, especially buffalo flavored ones. The taste lifts me up!". A few of the "Wings" attempted a deeper reach; a purple square to represent a client and her late mother's shared favorite color, and an actual wing cut in the shape of a wing and delicately painted white. Client's verbally expressed pleasure working with the new media saying, "I like this." The rate at which they worked, their intent and focus, the shared laughter and smiles all demonstrated a satisfaction in both the focus on Hope and the materials provided.

Similar to the previous two sessions, the clinician observed that the focus on hope, being an uplifting one, energized the group. It also encouraged togetherness and an opportunity to lay down any heaviness the week may have asked each to bear. Participants displayed lightness as the session progressed and each attained a deeper focus and/or connection with their art.

Clinician Art Response

Creating response art post session can serve as a means for the clinician to understand counter transference, "respond empathically" to our clients, and process any challenging feelings (Miller, 2007, pg.185). Miller (2007) reported that, "Response art is a visually concrete method in which the therapist can explore his or her own feelings outside of session" (p.190). To further amplify the Capstone Thesis Project, the clinician engaged in response art to facilitate a richer

experience, to encourage a deeper connection with the group members individually and as a whole unit, and to increase empathy (Marano-Geiser et al., 1990).

Session 1

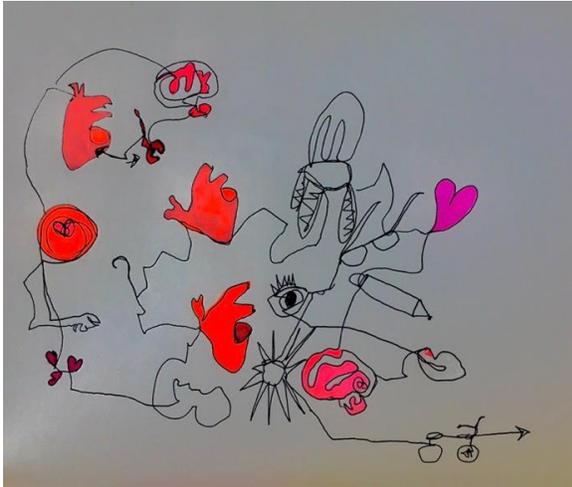
Week one, when group members created their Selves, the clinician/researcher reflected on the group and created response art using white sketchbook paper, oil crayons, and colored pens. Reflecting on the group brought the clinician right back into the situation. Within the image is a table and six anatomical hearts surrounding. There is one anatomical heart atop the table. The table is pink and red to reflect the warmth of sharing and connection that occurring during group. Each heart is a different blend of colors and each is surrounded by its own color(s). The art reflects a memory of each participant's presence and how each heart's beat contributed to the group.



Session 2

Week two, when group member created Gratitude Feathers, the clinician/researcher reflected on the group and created response art using white sketchbook paper, markers, and colored pens. The art represents the table and each participant's contribution. The colors and shapes reflect the actual colors and shapes of each group member's creation. The table

underneath the work is pink, to reflect the warmth and flow of sharing and connection. A second piece of response art was created. It is an abstract of a wire crinkled over a space, items such as anatomical hearts, a chair, a paw, an eye, lips, a brain, a bike, glasses, a pencil, and hearts are protruding from the wire as it crinkles across the page. Some items are colored in. The wire and other items are drawn with black pen.



Session 3

Week three, when group members created Wings of Hope, the clinician/researcher reflected on the group and created response art using white sketchbook paper and colored pens. The image is a set of wings. The left wing is primarily colored-in with blue, but there is a heart-shaped area colored in with red, pink, and blue. The entire right wing is a mess of red, pink, and

blue. Within the right wing, there is an open shape with a white background and a chicken-wing-with-a-wing drawn in blue pen. There are also feathers drawn in random places and one square shape just above the right wing. The pen marks used to color in the wings are swirls, circles, lines, and cross-hatching.



Discussion

The purpose of this study was to analyze whether or not hope can be shared or encouraged within the context of a teenage art therapy group. This was a short study, which involved three sessions, spanning a time period of three-weeks. Six group members participated in the Capstone Thesis Project.

This three-week project focused on elements of hope; personal strengths, gratitude, and “What lifts you up?”, and the clinician was able to observe heightened energy from individuals and amongst group members, but also a deeper focus on the art-making and utilization of new materials. There was a noticeable difference in group members’ affect; in each hope-focused session there was light-heartedness, laughter, and a strong sense of connection. The art pieces created by participants were personal, uniquely created, and had been carefully attended to by the maker. The adolescents participating in the group art therapy hope-focused sessions were

encouraged towards positivity and creativity while potentially increasing their psychosocial well-being.

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