Exploring the Circle of Courage Through Art Therapy: A Literature Review

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Exploring the Circle of Courage Through Art Therapy: A Literature Review

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Abstract

The Circle of Courage is a framework based on Native principles of childrearing that identifies four major components of healthy human development. When fulfilled, these areas of development provide a strong foundation of resilience to life challenges. However, with youth of today these basic developmental needs are often unmet, leaving them at risk for maladaptive coping strategies, behavioral problems, and other challenges as they transition into adulthood. Although extensive work has been done to adapt the Circle of Courage framework to clinical settings, there is little information on how to help youth engage in a process of self-reflection within this framework to aid in healing areas of development that remain unfulfilled. Art therapy provides an important method for promoting positive feelings of self-worth and competence, which can serve to help heal these unfulfilled developmental areas. The purpose of this thesis is to explore the use of art therapy, as a means for clients to engage in a self-reflective process of their own strengths and risks within the Circle of Courage framework, as well as to promote insight and healing through the use of art.
Exploring the Circle of Courage through Art Therapy: A Literature Review

Introduction

The Circle of Courage framework was developed in the late 20th century as a strengths-based approach to working with youth at risk (Brendtro, Brokenleg, & Van Bockern, 2019). Researchers Brendtro, Brokenleg, and Van Bockern (2019) set out to discover the consilience of multiple disciplines to identify simple truths of healthy human development. They examined Native principles of childrearing as well as modern concepts of human development, neuroscience, and positive youth development to identify four main components essential to healthy human functioning and resilience to adversity. These four components are: Belonging, or establishing relationships of trust; Mastery, or the opportunity to learn; Independence, or the building of responsibility; and Generosity, or the desire to help others (Brendtro, Brokenleg, & Van Bockern, 2019; Brendtro, Brokenleg, & Van Bockern, 2014). Using the symbolic imagery of a Native medicine wheel, they depict these four components as corresponding with the four directions. In order for the developmental circle to be “complete,” the developmental needs of each quadrant must be fulfilled. Similar to Maslow’s hierarchy of needs, the quadrants are interrelated. Building resilience to life’s challenges requires a strong foundation in each of the four quadrants. When the developmental needs of one quadrant remain unfulfilled, the circle is incomplete, and the individual is vulnerable to unhealthy behaviors and coping strategies to fill those voids (Brendtro, Brokenleg, & Van Bockern, 2019; Gilgun, Chalmers, & Keskinen, 2002).

From the very first, Brendtro, Brokenleg, and Van Bockern (2005) intended their work to be a transcultural approach, describing the Circle of Courage as encompassing “universal needs” that are genetically programmed in all humans (p. 131). Despite the emphasis on Native
principles, the authors were looking for the places where Native values and experience coincide with modern science to define a set of basic truths that are universally applicable. Since the first publication of *Reclaiming Youth at Risk* in 1990, The Circle of Courage framework has been adapted by schools and youth programs all over the world, including programs in the U.S., Canada, The United Kingdom, Ireland, Germany, The Netherlands, Belgium, Australia, New Zealand, and South Africa. The Circle of Courage was also adopted as the founding principles of 4-H, one of the largest youth programs in the United States (Brendtro, Brokenleg, & Van Bockern, 2019).

In addition to educational environments and youth programs, the Circle of Courage has been adapted for use in therapeutic settings. Among the researchers involved in this work, Gilgun, Chalmers, and Keskinen (2002), have worked extensively to adapt the Circle of Courage framework for use within a clinical setting, and created an instrument for assessing the functioning of clients within each area of development. They titled their instrument the “4-D” (short for four dimensions), and field tested it with youth aged 12-19 who have experienced childhood adversities (Gilgun, Chalmers, & Keskinen, 2002; Gilgun, 2004). The 4-D gives equal consideration to a client’s strengths and risks, providing a score for each based on a series of questions. It is designed to be completed by the primary clinician and can be used periodically over the course of treatment to track a client’s progress (Gilgun, 2004).

Although the 4-D may be a useful clinical tool for evaluating areas of strength and risk in clients, it is not designed as a means of self-reflection for clients to use themselves (Gilgun, Chalmers, & Keskinen, 2002), nor does it provide recommendations for specific interventions to address areas of challenge and risk. Similarly, Brendtro et. al. (2019) provide a comprehensive overview of how to create an environment of support within a Circle of Courage framework, but
do not offer many specific interventions that can be utilized directly with youth to promote self-reflection and healing. The purpose of this thesis is to explore the use of art therapy, as a means for clients to engage in a self-reflective process of their own strengths and risks within the Circle of Courage framework, as well as to promote insight and healing through the use of art.

The history of art as a means of exploration and healing is as old as human history itself (Rubin, 2010). One of the early pioneers of art therapy, Elinor Ulman, once described art as “the meeting ground of the inner and outer world” (Ulman, 1971, as cited in Rubin, 2010). Machioldi (2015) points to the effectiveness of art in helping clients express difficult life experiences, when language may not be accessible. In light of these properties, this author proposes that art therapy is ideally suited to helping clients explore and reflect on their own relationship with the four quadrants of the Circle of Courage, a process that may help to promote a sense of understanding and healing.

The outcome of this thesis is to propose a therapeutic directive for youth at risk that can be adapted for use in a variety of clinical settings. This directive allows individuals to engage in their own process of self-exploration, to identify ways in which themes from the Circle of Courage appear in their lives. In order to develop the directive and further explore this idea, the author has engaged in her own process of self-reflection, utilizing art therapy techniques within a Circle of Courage framework and examining both the benefits and potential limitations of this process. This process of self-reflective engagement with the material was important for the author to develop an understanding of how to bring these ideas together.
Methods

In researching this paper, this author first sought to examine and understand the primary principles of the Circle of Courage and how this has been adapted to clinical use. This was followed by defining the population of “youth at risk” and examining ways in which art therapy has been beneficial in working with this population. Finally, the author engaged in her own self-reflective process, utilizing art therapy as a means of exploring each area of development within the Circle of Courage framework. Figure 1 diagrams how the research was approached, and the ways in which these topics overlap, intersect, and inform one another.

Figure 1

Approach to the Research
Literature Review

Defining Youth at Risk

Youth at risk (or at-risk youth) is a term generally used to describe children and adolescents who are at greater risk of facing challenges such as substance use, failure at school, juvenile delinquency, family disruption, and/or mental health disorders, impacting their ability to transition successfully into healthy adulthood (LeCroy & Anthony, 2018; Wallace-DiGarbo & Hill, 2006). Youth at risk are marginalized youth with “limited access to opportunities, resources, and social capital within their communities” (Schwan, Fallon, & Milne, 2018). Youth at risk are also often traumatized youth, who have either experienced a single traumatic event (such as a natural disaster, or terrorist attack) or have experienced repeated life stressors such as abuse, neglect, or witnessing violence in the home or community (Sitzer & Stockwell, 2015). The more stressors youth are faced with that affect their well-being, the more likely they are to seek pleasure and avoid pain (Wallace-DiGarbo & Hill, 2006), which can lead to maladaptive behaviors and coping mechanisms such as substance use disorders (Sitzer & Stockwell, 2015).

When Brendtro, Brokenleg and Van Bockern (2019) first developed the Circle of Courage framework, they believed the term “at risk” only applied to some percentage of the population. As Brokenleg (2010) explains:

Twenty years ago when we selected the title for our book, Reclaiming Youth at Risk, we understood ‘youth at risk’ to mean some proportion of all youth who lived in high-risk environments that may cause them to falter. These ‘faltings’ might include academic or social failure at school, failure in family relationships, or problems with the law in the community. Twenty years ago, some youth were at risk. (p. 9)
However, Brokenleg (2010) goes on to explain how recent research from the Search Institute suggests that all youth may now be at risk “as a result of having too many ‘deficits’ and not enough ‘assets’ to live well and easily” (p. 9). Even more currently, in the wake of the Coronavirus pandemic, youth around the globe are facing new challenges of anxiety and isolation. The US network NBC News recently aired a series titled “Kids Under Pressure” reporting on the mental health issues kids in the US are facing as a result of the pandemic (NBC News, 2021). The long-term mental health repercussions of this pandemic are not yet known, but could potentially result in an entire generation of youth at risk.

Throughout the research, a myriad of terms have been used to describe youth at risk including marginalized, high risk, at-risk, traumatized, and youth with Adverse Childhood Experiences (ACEs), often with slight variations on meanings and definitions (Schwan, Fallon, & Milne, 2018; Sitzer & Stockwell, 2015; Kay & Wolf, 2017). For the purposes of clarity, the term “at risk” will be used throughout this thesis paper. Similarly, a definition of “at risk” has been adopted based on the work of Gilgun, Chalmers and Keskinen (2002), meaning the risks and challenges a youth is faced with outweigh their strengths and protective factors. This author has also adopted Brendtro, Brokenleg, and Van Bockern’s (2019) person first language, preferring “youth at risk” to the more commonly used term “at-risk youth.”

**The Circle of Courage Framework**

When creating the Circle of Courage framework, researchers Brendtro, Brokenleg, and Van Bockern (2019) set out to identify universal principles of healthy human development. They looked to the convergence of Native principles of childrearing, modern concepts of human development, neuroscience, and positive youth development to identify four basic human needs
of Belonging, Mastery, Independence, and Generosity (Brendtro, Brokenleg, & Van Bockern, 2019; Gilgun, Chalmers, & Keskinen, 2002). In order to achieve successful life outcomes and resilience to life’s challenges, Brendtro et. al. (2019) posit that each of these foundational needs must be met. The researchers utilize the symbolic representation of a medicine wheel to illustrate the Circle of Courage framework, emphasizing the interconnectedness of each quadrant (see Figure 2). In order for the circle to be complete, all four quadrants must be developed (Brendtro, Brokenleg, & Van Bockern, 2019; Gilgun, Chalmers, & Keskinen, 2002).

**Figure 2**

*Circle of Courage*

Note. The Circle of Courage depicted as a Medicine Wheel. Adapted from *First Nations Principles of Learning* [Video], by School District 27 Residential Schools and Reconciliation, 2015.
Belonging

Belonging is a universal human need, identified in Maslow’s hierarchy of needs as subsequent only to the physiological needs of food, clothing, shelter, and personal safety (Gilgun, Chalmers, & Keskinen, 2002; Aanstoos, 2019). Throughout Indigenous cultures, there is a sense of connection that extends beyond immediate family members to include other members of the community. In the Indigenous traditions of North America, this extends not only to other people, but to all living things, including animals, vegetation, and even the land (Brendtro, Brokenleg, & Van Bockern, 2019; Gilgun, Chalmers, & Keskinen, 2002). There exists a culture of understanding that all beings are interdependent, that actions have consequences, and therefore treating others with respect is valued. In this environment, children were reared and educated not only by their parents, but by many adults in the community, providing a strong network of support for both caregivers and children. Western colonization, however, has severely disrupted these supportive intergenerational networks (Brendtro, Brokenleg, & Van Bockern, 2019). As Brendtro et. al. (2019) write:

Belonging to a cross-generational extended family is the normal kinship pattern of Indigenous peoples worldwide… Much as it may feel normal to anyone raised in Western traditions, the nuclear family of Western society is an oddity in the long history of human civilization. If a family is downsized to one or two biological parents, caregivers face great challenges in providing parental support and meeting growth needs. (p. 18)

Modern families often lack the support of extended family members who live far away, putting all the responsibilities on the immediate (frequently working) parents (Brendtro, Brokenleg, & Van Bockern, 2019). Brendtro, Brokenleg and Van Bockern (2019) ask us to redefine what constitutes family, in order to “build relational supports that can serve as new tribes for children
and youth” (p. 19). The authors propose that schools, faith organizations, and communities can work to help fill this void.

*Mastery*

The words mastery and competence are often used interchangeably (Gilgun, Chalmers, & Keskinen, 2002; Brendtro, Brokenleg, & Van Bockern, 2019). Mastery is not about “getting something done”, it is about discovering what one is capable of through the development of cognitive, physical, social, and spiritual competencies (School District 27 Residential Schools and Reconciliation, 2015; Brendtro, Brokenleg, & Van Bockern, 2019). When this need is left unsatisfied, youth are more susceptible to acting out their frustrations with problematic behaviors, or retreating into feelings of helplessness and inferiority (Brendtro, Brokenleg, & Van Bockern, 2019).

In Native cultures, knowledge and values were often passed down through storytelling. Children learned by watching and listening to elders, as well as engaging in games and creative play that mimicked adult activities and helped to build competence. (Brendtro, Brokenleg, & Van Bockern, 2019).

Mastens and Coastworth (1998) point out the importance of cultural context in the development of mastery, stating: “Deciding whether a child is competent can be difficult when a child lives in a cultural or community context that differs markedly from the larger society in which the community or cultural group is embedded” (p. 207). The authors illustrate navigating the dangers of violent inner-city communities as an example of competence that may occur within a specific cultural context (Mastens & Coatsworth, 1998).
Independence

Independence within the context of the Circle of Courage refers to taking responsibility for oneself (School District 27 Residential Schools and Reconciliation, 2015). As Brendtro, Brokenleg and Van Bockern (2019) explain:

The term independence can be confusing since it has a host of meanings including empowerment, freedom, assertiveness, strong-willed, self-determination, self-confidence, self-governance, and even the lack of dependence on others. The dominant cultural lens of individualism leads to the misperception that the goal of independence is self-sufficiency. We believe Independence is best understood as responsibility, which relates to ways we exercise personal power. (pp. 21-22)

Within the Circle of Courage, independence encompasses more than just autonomous decision making, it also includes self-control and the ability to self-regulate emotions and behavior, the development of self-confidence, and a respect for the limits of personal power so as not to infringe on the rights of others. In this way, independence is balanced by a sense of belonging, and the understanding that actions have consequences. Native cultures believed in grounding autonomous decision making within a strong foundation of moral responsibility. As Gilgun, Chalmers, and Keskinen (2002) explain, “Throughout life, autonomy is balanced by social controls. Given the mutuality between adults and youth, the word interdependence may be closer to the spirit of the Circle of Courage” (p. 5).

Brendtro et. al. (2019) emphasize the importance of developing internal discipline (rather than external control) and the role of caring adults in helping to instill self-control. They assert that developing self-control and internal discipline is an important first step in the development of independence. Native elders believed in treating youth with dignity and maturity, and helped
them understand negative consequences for inappropriate actions rather than using force to control behaviors. In her study of Inuit families of Alaska, anthropologist Jean Briggs notes the extraordinary ability of community members to control their anger, even in very trying circumstances (Doucleff & Greenhalgh, 2019). Self-control is a skill that is taught early and reinforced daily by gentle parenting practices, without the need for coercive discipline. Masten and Coatsworth (1998), support the efficacy of this approach stating that sensitive and consistent caregiving is more effective than power-assertive methods in helping children develop self-control and internalization of social rules.

*Generosity*

Brendtro, Brokenleg, and Van Bockern (2019) assert that being of value to others is an essential component of creating a meaningful and fulfilling life and helps promote a positive sense of self-worth. In Native cultures, cultivating a spirit of generosity and unselfishness is considered among the highest of virtues. As Brendtro et. al. (2019) explain, “People engaged in gift-giving upon the least provocation, children brought food to their elders’ tipis, and women made useful and artistic presents for orphans and widows. Prestige was accorded to those who gave unreservedly. To accumulate property for its own sake was disgraceful” (p. 26). Generosity, however, does not exclusively refer to gift giving, and may also involve giving time, attention, caring, recognition, and/or affirmation (Gilgun, 2004). Gilgun (2004) compares this to Erikson’s life stage of *generativity*, in which adults share their wisdom and experience with the next generation. Although Erikson believes that generativity is particularly relevant to midlife development, it begins to emerge in earlier life stages (Burk, 2014). Research supports the idea
that highly generative people are also well-adjusted people, with lower incidences of anxiety and depression, greater autonomy, and greater self-acceptance and life satisfaction (Berk, 2014).

Completing the Circle

Brendtro, Brokenleg, and Van Bockern (2019) emphasize the interrelated nature of each quadrant of the Circle of Courage, an idea that is well supported by other researchers. Mastens and Coatsworth (1998) particularly emphasize the essential role of caregivers in developing resilience, stating: “In U.S. society, the combination of warm, structured child-rearing practices in parents with reasonably high expectations for competence is strongly tied to success in multiple domains and to resilience among children at risk” (p. 215). Suggesting the strong relationship between belonging and mastery and their combined importance in developing resilience to adversity. Mastens and Coatsworth (1998) go on to state that because competent caregiving plays such an important role in all other aspects of a child’s life, “ensuring that every child has this fundamental protective system is a policy imperative” (p. 215).

Gilgun, Chalmers, and Keskinen (2002) point out ways in which the Circle of Courage parallels Maslow’s hierarchy of needs. Maslow believed that lower level needs must be gratified (such as food, safety, & belonging) in order for higher level needs to emerge (such as self-worth and self-actualization) (Aanstoos, 2019). Indeed, Maslow spent a period of several weeks studying the Northern Blackfoot of Alberta, and the Blackfoot assert this experience significantly influenced Maslow’s ideas on human motivation (Brendtro, Brokenleg, & Van Bockern, 2019; Blood & Heavy Head, 2011). However, the Circle of Courage differs significantly to Maslow’s theory in its circular rather than hierarchical structure, signifying the equal importance assigned to each area of development.
Using the Circle of Courage in Clinical Settings

Gilgun, Chalmers, and Keskinen (2002), have done extensive work to adapt the Circle of Courage framework for clinical use. They created and tested a series of clinical rating scales, collectively referred to as the 4-D (short for 4 dimensions). The 4-D is designed to assess the strengths and risks of individual clients within each area of development, which they have named: Belonging, Mastery, Autonomy, and Generosity. It is important to note, that in addition re-naming Independence as Autonomy, the researchers included topics of emotional self-regulation under Mastery (rather than Independence/Autonomy) and include a separate category called “Roles of Others” designed to assess the strength/risk components of the client’s relationship with significant adults. This assessment is intended to be implemented at intake as well as periodically throughout treatment and/or discharge to measure progress and outcomes.

The scoring process results in two scores – one for risks and one for strengths. First the clinician needs to determine whether the statement being assessed is a source of strength or risk for the client, and mark the score accordingly. Strengths are scored on the left side, risks are scored on the right (see Figure 3). At the end of the assessment, both scores are added, resulting in a dual score. If the client demonstrates inconsistent behavior in a particular area, then the score is a 1 and would be included in the tally for both strengths and risks. Ideally a client engaged in treatment would begin to show improvement over time with an increased strength score and decreased risk score. As Gilgun (2004) writes, “The task of the practitioners is to build on client strengths and to promote client’s capabilities to use their strengths to manage their risks” (p. 58).

Gilgun, Chalmers, and Keskinen (2002) have created a series of semi-structured interview questions (see Figure 4) which can be used to help elicit the information needed to complete the 4-D. They also encourage clinicians to come up with their own questions to compliment this list.
and further build client rapport. Similar to other forms of comprehensive assessment, the 4-D is intended to include information from other sources including caregivers, teachers, social workers, etc.

**Figure 3**

*Sample of Belonging Assessment in the 4-D*

<table>
<thead>
<tr>
<th>Strength</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Youth feels connected to at least one other pro-social person.</td>
<td>4</td>
</tr>
<tr>
<td>2. When stressed, youth seeks a person, a setting, or an activity that provides a safe haven.</td>
<td>3</td>
</tr>
<tr>
<td>3. Youth confides personal and sensitive material to at least one other person.</td>
<td>2</td>
</tr>
<tr>
<td>4. Youth finds confiding in one other person to be helpful.</td>
<td>1</td>
</tr>
</tbody>
</table>


The 4-D was field tested with 114 youths aged 12-19 at several agencies serving youth in a variety of settings including foster care, in-home services, and probation services (Gilgun, 2004). In addition to the quantitative data of the 4-D instrument itself, qualitative data was collected through a series of individual and group interviews conducted over an 18-month
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period. The intention of the study was to determine usefulness to practitioners (including relevance, ease of use and interpretation), to establish reliability and validity of the 4-D, and to use this information to make further refinements to the instrument as indicated. Based on the results of this field test, the 4-D was determined to be both reliable and valid (Gilgun, 2004). In addition, through the collection of qualitative data, the researchers were able to make appropriate changes to the instrument for greater ease of use. However, use of the 4-D still requires a considerable amount of training and is best used within an organization that has already adopted the Circle of Courage as the foundation for their clinical practice (Gilgun, 2004).

Figure 4

Sample of Semi-Structured Interview Questions

Belonging
- Who are some people who are important to you?
- Who are people who would say you are important to them?
- What kinds of things do you like to do?
- How are things going?
  - At home
  - School
  - With friends
  - With biological family
  - Other places where youth spends time.


Art Therapy and Youth at Risk

Brendtro, Brokenleg and Van Bockern (2019) provide a compelling argument for how developmental needs of children are frequently unmet in modern Western culture, and the
researchers emphasize the important role of compassionate adults and pro-social peers in fostering environments of positive youth development. However, they largely stop short of offering specific methods of intervention, providing instead a broader theoretical framework that can be adapted for use in a myriad of settings. Gilgun, Chalmers, and Keskinen (2002) have done extensive work to adapt this framework for use in various clinical settings, including working with youth in foster care, in-home services, and probation services, and created an assessment tool that can be used to determine areas of strength and risk within the Circle of Courage framework. However, Gilgun et. al. (2002) do not make specific recommendations for addressing risk and improving outcomes. This author proposes that art therapy can provide a means for client self-reflection, and an opportunity for promoting healing and repair work with youth who are at risk.

Machioldi’s (2015) work with traumatized children appears to support this idea. She argues that traumatic experiences often leave a person unable to verbally express those experiences because of the impact to language processing centers in the brain. As Machioldi (2015) writes:

Perhaps this inability to verbalize one’s responses to trauma relates to the human survival response; when an experience is extremely painful to recall, the brain protects the individual by literally making it impossible to talk about it. Because trauma is stored as somatic sensations and images, it may not be readily available for communication through language, but may be available through sensory means such as creative arts, play, and other experiential activities and approaches. (p. 11)

Since youth at risk have often been exposed to one or more traumatic events, this provides a strong argument for utilizing therapeutic techniques such as art therapy that engage the senses.
Wallace Di-Garbo and Hill (2006) similarly point to a growing body of evidence that creative arts help to redirect disorganized and maladaptive behaviors of youth at risk and designed a study to examine the effectiveness of an arts intervention program in promoting feelings of self-worth and confidence. The researchers set out to examine the effect of the program on the following areas of functioning: family adjustment, psychological adjustment, peer influence, school adjustment, deviancy, and attitude (Wallace Di-Garbo & Hill, 2006). Nineteen students, aged 13-16, participated in the program, however only 12 attended with regularity. The students met with the facilitators for a total of 10 sessions occurring over a 6-week period. Pre, post, and follow-up tests were administered to collect data. The culminating activity of the 10-week program was to design and paint a mandala themed mural at the multicultural center where the sessions took place. The results of this study were somewhat inconclusive due to several limitations, including inconsistent student involvement, small sample size, and lack of follow-up testing with several participants. However, the authors provide evidence that participants trended in the direction of improved functioning, and most notably that this improved functioning was maintained at the 6-month follow up assessment (Wallace-DiGarbo & Hill, 2006). This suggests that the arts-based program was not only beneficial for the youth who participated, but that these benefits were sustained for a significant period of time.

In a more conclusive study, Sitzer and Stockwell (2015) developed a 14-week Wellness Program, designed to prevent maladaptive responses with youth who were determined to be at risk. The researchers posed the question: “to what extent can expressive art therapy build resilience in at-risk youth” (Sitzer & Stockwell, 2015, p. 76). This program was implemented within a school environment over the course of two years with a total of 43 youth aged 9-12. The program was conducted in a group therapy format and consisted of six modules, designed to
promote and instill healthy problem solving, positive social interaction, and a sense of personal efficacy (Sitzer, & Stockwell, 2015). The researchers used an integrative approach, grounding CBT, DBT, mindfulness, positive psychology, and group process within an art therapy approach. Data was collected through a combination of quantitative and qualitative methods including pre and post testing of subjects, pre and post collection of teachers’ observations, as well as clinical observations. As part of this, the researchers created a 26 item strengths-based Wellness Inventory, in which participants rated themselves on a 7-point Likert scale in the following areas: emotional functioning, behavioral functioning, cognitive functioning, social functioning, and resilience (Sitzer & Stockwell, 2015). For a period of 14 consecutive weeks, the youth participating in the program met together for one-hour per week. The first half an hour was spent on completing the art therapy directive, the second half was spent discussing and processing this experience within the group. The researchers hypothesized that the combination of art therapy and discussion would provide an optimal environment for promoting resilience.

The researcher’s data support significant progress was achieved in areas of ability to compromise, ability to maintain a positive attitude, frustration tolerance, communication skills (particularly in regard to emotional expression), self-confidence, feelings of competence, and ability to take responsibility (Sitzer & Stockwell, 2015). They highlight the experience of one individual named Alex who, “learned to express with color and images what he could not say in words” (Sitzer & Stockwell, 2015, p. 78). Through the Wellness Program, students like Alex who previously resorted to physical outbursts when frustrated, discovered new and healthier ways of expressing and releasing emotions. The group served to normalize a full range of emotions, including anger, and provided a safe means of investigating and containing these feelings. The researchers conclude:
The results validate the utilization of an arts-based approach in the development of resilience in youth. Most students experienced a sense of accomplishment with each completed art piece. Students’ feelings and experiences were validated as they shared their personal connections and meanings to their images with the group. (p. 79)

These findings serve to reinforce the assertions of Brendtro, Brokenleg, and Van Bockern (2019), that developing a sense of mastery, belonging, and independence (particularly in regard to emotional regulation) are essential to building resiliency, and provide evidence that art therapy interventions are an effective means of building these skills. Although Sitzer and Stockwell (2015) do not specifically address the topic of generosity or altruism within their study, they imply that a culture of generosity was fostered within the group. Of particular note is the transformation of a student named Alicia, who after experiencing feelings of competence and mastery in the group, strives to become a positive role model for her peers (Sitzer & Stockwell, 2015).

In a recent study with homeless youth, Schwan, Fallon, and Milne (2015) set out to examine the value, effects, roles, and meaning of arts-based programming with this at risk population. Data was collected through a series of 20 interviews with participants and 3 interviews with staff at a large homeless shelter in Canada. The shelter offered both structured and unstructured artmaking programs. Participants (who did not need to be living at the shelter in order to participate) could chose to take part in a structured workshop designed to teach a specific skill or could engage in self-directed art creation during regular open studio hours. The researchers note the wide range of materials and activities available, including: “theater, woodworking, sewing, painting, photography, music, ceramics, mosaics, collage, jewelry, cooking, and sculpture” (Schwan, Fallon, & Milne, 2018, p. 357).
Through analyzing their data, Schwan, Fallon, and Milne (2018) identified five recurring themes that youth specified as benefits of art-making. Youth participants described how art creation helped them manage mental health challenges, helped them cope with the stress of being homeless, helped to create a safe space for recovery from trauma, provided opportunity for self-exploration, self-discovery, and self-expression, and helped boost positive feelings of self-esteem and hope. Throughout the research findings, themes of mastery and belonging are clearly identified. One youth described their experience in the program as being “almost like a family”, where they felt respected and free from judgement (Schwan, Fallon, & Milne, 2018, p. 360). In interviews with staff, the researchers also identify an important contribution staff made in framing and displaying finished pieces for everyone to see. The impact of this for at least one participant was profound as they felt seen and celebrated in ways they never had been previously (Schwan, Fallon, & Milne, 2018). The authors conclude that “Art creation… appears to function as an important self-care and health-promoting strategy for many of these young people, as well as an important strategy for creating meaning and fostering a positive sense of self in the face of economic and social exclusion” (Schwan, Fallon, & Milne, 2018, p. 361). They also argue that the youth themselves were often the architects of the positive outcomes of the program, and propose that instead of being passive recipients of shelter offerings, there is an opportunity to engage youth in shaping the programs and leading offerings. This implies that the components Schwan et. al. (2018) felt were lacking in this program were opportunities for empowered leadership/responsibility (independence) and altruism (generosity).
Discussion and Further Exploration

The contribution of the research in this literature review provides evidence that art therapy interventions and arts-based programing are effective means of promoting positive growth and resilience in youth at risk, and the researchers’ conclusions about resilience often correspond with the Circle of Courage framework. Sitzer and Stockwell (2015) discuss the ways in which the Wellness Program provided students with much needed opportunities for building a sense of belonging, mastery, independence and generosity. Schwan, Fallon, and Milne (2018) suggest that despite the benefits of belonging and mastery in the arts-based programming at a Canadian shelter, what was perhaps missing were more opportunities for independence and generosity; which serves to reinforce the assertions of Brendtro et. al. (2019) that all four developmental needs must be met. Schwan et. al. (2018) also point out the efficacy of both structured and unstructured/independent art making within a safe and supportive environment, indicating that both approaches offer therapeutic benefit. Importantly, the research of Wallace Di-Garbo and Hill (2006), suggests there are long-term benefits of arts interventions which may still be experienced as much as six months later.

Self-Reflection

To explore these ideas further, I have engaged in my own process of self-exploration through artmaking within the Circle of Courage framework. As a former youth at risk, this framework is one that particularly resonates for me as it takes into consideration the environmental and relational factors that have contributed to an individual’s current level of functioning. As an emerging art therapist, I also wanted to explore how I might be able to utilize this framework in combination with art making to help my clients engage in a self-reflective
process. Therefore, it made sense to first walk through this process myself and document the experience.

For each of the four areas of development, I used the questions identified by Gilgun et. al. (2002) as a starting point; reading through each of these and reflecting on them. Then I looked to areas of my own life, where I feel the themes of belonging, mastery, independence and generosity have emerged most prominently. In this way, I intentionally utilized a strengths-based perspective, choosing to focus on where I feel these qualities are already present. This approach felt in keeping with the emphasis of Brendtro et. al. (2019) of building on a client’s strengths to help them overcome adversity.

I chose to use digital photography for this process, using personally meaningful images and original artwork to explore each area of development, and layering these images together in Photoshop. Photography is a medium I enjoy working with, but also in our current digital era it is highly accessible to a wide range of clients, including clients who may feel self-conscious about their own artistic abilities. This approach could easily be adapted to a low-tech medium such as collage or drawing; keeping in mind that different materials have different therapeutic qualities and may elicit different responses or require specific developmental abilities. After carefully choosing and layering together my images, I came up with a mantra intended to succinctly capture the emotion I was trying to convey in each piece (see Figures 5-8).

I noticed that strong positive feelings of self-worth and competence were elicited as I was working on these pieces. Of particular note was the effect of creating a simple mantra that encapsulated the meaning and intent of each quadrant. I even found myself repeating these mantras after I was finished with my pieces, and noticed that just the silent repetition continued to have a positive, uplifting effect. However, I would also like to acknowledge that I am
currently in a mentally healthy and relatively content period of my life. Reflecting on each of these quadrants to see where they are present in my life was immensely satisfying and fulfilling, but this might not be the case for individuals who are currently experiencing significant trauma or distress. I can also see how reflecting on each of these qualities could elicit strong negative feelings regarding ways in which an individual has been harmed or feels a lack of these qualities in their life. I would argue these experiences can still offer a profound sense of healing and cathartic release, when held within a safe and caring therapeutic space, and may provide an important opportunity to reframe perceptions of self when viewed through a strengths-based lens. In this instance, the therapist can play an important role in helping a client recognize their own strengths in the face of life’s challenges.

Figure 5
Belonging: I am Loved

Figure 6
Mastery: I am Capable
Proposed Art Therapy Directive

Based on my own self-reflective process, I have created the following art therapy directive to be used with clients:

Spend some time with client reflecting on the different areas of development within the Circle of Courage. Discuss the client’s experiences within each area of development.

- What does it mean to belong?
- What does it feel like to belong?
- Is there an area in their life where they feel a sense of belonging? etc.
- (repeat similar questions with mastery, independence, and generosity)
If working in photography or collage, ask client to choose or create 2-3 images that represent each area of development. They can either cut out these images and arrange them on a piece of paper, or manipulate them in photoshop or other digital platform (if available). When they have completed their art pieces, spend time discussing the work together. What is the significance of the imagery they chose? How did this process make them feel? As a final step, ask the client to create a personal mantra that reflects what the fulfillment of each quadrant means to them.

**Conclusion**

Art therapy provides a potentially powerful means of self-exploration within the Circle of Courage framework. Furthermore, utilizing a strengths-based perspective in combination with art therapy and focusing on areas where belonging, mastery, independence, and generosity are already present in a client’s life has the potential to elicit positive feelings of self-worth and competence. In our current post-pandemic world, promoting youth resilience and ability to cope with life’s challenges is more relevant than ever. The Circle of Courage framework combined with art therapy has the potential to provide lasting positive transformation for youth at risk by helping clients recognize their strengths and utilize them to overcome adversity.
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https://www.youtube.com/watch?v=0PgrfCVCT_A&t=40s


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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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