

Lesley University

DigitalCommons@Lesley

Expressive Therapies Capstone Theses

Graduate School of Arts and Social Sciences
(GSASS)

Spring 5-21-2022

Engaging Adolescents with Art: Exploring Experiences Between Two- and Three- Dimensional Media Among Teen Boys with Mental Health Needs

Clare Miller
cmille44@lesley.edu

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_theses



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Miller, Clare, "Engaging Adolescents with Art: Exploring Experiences Between Two- and Three-Dimensional Media Among Teen Boys with Mental Health Needs" (2022). *Expressive Therapies Capstone Theses*. 600.

https://digitalcommons.lesley.edu/expressive_theses/600

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu, cvrattos@lesley.edu.

**Engaging Adolescents with Art: Exploring Experiences Between Two- and Three-
Dimensional Media Among Teen Boys with Mental Health Needs**

Capstone Thesis

Lesley University

May 1, 2022

Clare Miller

Art Therapy

Raquel Stephenson, Ph.D., ATR-BC, LCAT

Abstract

This paper explores how adolescents engage with two- and three-dimensional art materials during the creative process, in addition to the role of the therapist, the artmaking and other contributing factors that influence their experience. Using a humanistic, client-centered approach, these factors were explored with a focus on client strengths, positive regard, and client-led discussion. The literature provided insight around how people react to materials and how diverse materials can provide diverse art experiences, as well as how artmaking is used with vulnerable populations. The literature informed the research in how it analyzed, interpreted, and discussed the art and artmaking process. It highlighted the significance of therapist presence in and out of therapy sessions, and how that has a complex effect on client experience. The teenagers lived at a residential treatment center in a suburban Massachusetts town, servicing youths with various mental health needs, diagnoses, and trauma history. Clients worked with art materials and engaged in dialogue during and following artmaking. Joint artmaking with the therapist and client was involved, as well as reflective artmaking after sessions. Insight was gained on the importance of nonverbal processes, the therapeutic presence, and how to dialogue about artmaking. Each aspect of the process can influence how clients respond to and benefit from the experience. It is important that therapists take care in considering these factors and the impact they have when engaging clients in expressive therapies.

Keywords: artmaking, art therapy, therapeutic alliance, materials

The author identifies as a straight, White woman from Vermont, USA.

Engaging Adolescents with Art: Exploring Experiences Between Two- and Three-Dimensional
Media Among Teen Boys with Mental Health Needs

Introduction

This thesis explores how teenage boys with emotional and other mental health needs engage with art materials during the creative process and includes contributing factors such as the therapeutic relationship and how artmaking itself provides a safe way to explore their feelings and emotions. It is important to understand the foundation of the artmaking process, and the roles in which all parts of the creative process contribute to the client's experience. Contributing factors include but are not limited to the therapist, the relationship and history between the therapist and client, the client's background and experiences, the client's experience with artmaking and art materials and their attitude towards art experientials, and the holding space that allows the therapist, client, and artmaking to unfold.

I worked with two boys, both of whom were already clients of mine, to explore through their own narratives how they felt while making art, how they reacted to the materials they used, and the implications their experiences have on future research in this field. Four predominant themes became clear during the review of the literature that were consistent with the emerging themes in my field research with clients: the materials themselves, the therapeutic relationship and therapist presence, the background and history of the clients, and the impact their mental health needs had on their current state of functioning and perspective.

Adolescents are extremely vulnerable to peer conflict, social isolation, identity crises, and anxiety and depression. My clients have reported negative feelings around their sense of a lack of control in their lives. The artmaking process gives back some of that control to the client and becomes a central component of the creative process as described by the research performed by

Snir and Regev (2013). In cases that involve trauma, artmaking can have a significant effect as trauma is stored through the senses and artmaking can access those same areas of the brain that stores trauma (Walker, 2015).

Artmaking adds another layer of communication and exploration that surpasses the need for verbal expression. In cases where vocalization of emotions is difficult or impossible, or where there is a language barrier between therapist and client, artwork can aid in bridging that divide. Artwork holds stories, feelings, complaints, and endless communications (McNiff, 1992). Imagery has the ability to encode language and communication that may not have been known to the creator themselves and can drive further conversations and exploration into certain areas of the psyche. It is much easier to control meaning in the things we say, and less so with the artwork we create. Teenage boys are especially known for their reluctance to traditional talk therapy and discussion of feelings, further increasing the necessity for intentional, meaningful arts-based interventions in therapy.

With this research, I hoped to gain a more grounded, thoughtful approach to working with teens through artmaking. My clients have a difficult time with trusting new people and seeking out support from authority figures. I hoped to lessen the unavoidable impact of the power dynamic between therapist and client, making art with alongside them and keeping conversation more casual. I hoped to learn more about my previously held ideas about the benefits of artmaking and find specific ways in which all the contributing aspects of the creative process can be integrated into practice in an intentional way based on who the client is, what they are dealing with, what their mental health needs are, and what they have experienced in their past. I wanted to highlight the narratives of my clients in this process, allowing them to guide the discussion and make decisions about the artmaking process as I encouraged them and

provided support. Through this client-centered approach, I hoped to gain insight into their experiences and contribute their stories to the mounting research around how this population is impacted by the expressive therapies, and how we can further create spaces that foster their healing.

Literature Review

In reviewing the literature, four major themes emerged. These themes provided the foundation for understanding each factor that goes into the artmaking process with a client. It also gives structure to what influences their experiences with the artmaking, tools, and discussion around the art.

Experiencing Art Materials and their Effects

Snir and Regev (2013) gave a qualitative approach to material analysis, using the Expressive Therapies Continuum, or the ETC, to guide the structure of their research. Using the experiences of 120 undergraduate students enrolled in a course about art materials, they gathered data over three years to look at their initial reactions and perceptions to each of the following materials: markers, oil pastels, gouache paint, finger paint, and clay. Their purpose of this study was to gain more insight into clients' reactions to different art materials.

Grounded theory methodology was used to analyze the data collected. The grounded theory approach uses inductive reasoning to make informed, generalized conclusions from a wide pool of data. Clients reported different feelings being evoked with the varying art materials provided. The authors noted that clients observed either a lack or an abundance of control and explored how that influenced their experience. Additionally, the participants found that in working with the materials, there was an arousal of childhood memories on a multi-sensory level. The reflections given by the participants in Snir and Regev's (2013) study give valuable

insight into the differences found with each material, and how different materials evoke a variety of emotions, feelings, and memories.

Penzes et al., (2014), performed a qualitative study with seven experienced art therapists on the use of art materials during art therapy assessments. They were asked about their clients' artmaking processes with the therapist participants as the observers and interpreters. The approach used by interviewers was consistent with the ETC approach, recognizing the relationship between resistive materials and cognition and fluid materials with affective experiences (Penzes et al., 2014). Using the grounded theory, they found that material interaction was the core category that emerged from the interviews, which highlighted the influence of how a client works with materials and the effects materials can have on the artmaking process.

Properties of the art materials, such as the degree of physical contact, the amount of control required and used, and the scope of technical possibilities emerged as common themes. The interviewed art therapists noted that clients who preferred more controlled art materials often became anxious and frustrated working with fluid materials whereas clients who tend to rationalize thoughts and behaviors had trouble connecting the art materials to feelings (Penzel et al, 2014). It is important to note that the experiences of the clients were filtered through the perspectives of the art therapists. This points to the significance of the role of the therapist and how the therapist holds an artmaking space and interacts with the client, which will be discussed more in depth later in this review.

Sholt and Gavron (2006) delve into identifying and defining the diagnostic and therapeutic qualities of clay work to gain a better understanding of how clay benefits people. Clay brings out many sensory aspects, the strongest of which is touch; clay provides

weight, depth, and texture as well as retaining finger imprints and being infinitely remolded and reshaped. Focusing on the idea of clay work as evoking a primal mode of expression and communication, they theorized that primal experiences of self enable deeper exploration by both clients and therapists (Sholt & Gavron, 2006).

Jang and Choi (2012) take a different but equally valuable approach to clay work in their work with adolescents coming from a low socioeconomic background. Their aim was to increase ego-resiliency and identity development. Similar to Sholt and Gavron's (2006) research, they noted the relationship of the clay itself to nature, as it comes from the earth and provides that textural feeling. Jang and Choi (2012) argued that working with the clay elicits positive feelings and relieves negative feelings and emotions. They hoped to increase the participants ability to respond to unfamiliar surroundings flexibly and effectively while regulating their impulses and feelings. They found a statistically significant increase in ego-resilience and "emotional loosening," being able to be more emotionally aware and present. Participants noted a sense of control over the clay and appreciated witnessing the transformation of the clay.

Relevant Populations: Adolescents, Trauma, and Mental Health Needs

Ramirez and Haen (2021) use qualitative methods to look at the experiences of teenage boys of color from the Bronx, New York in art therapy. They discussed the importance of art therapy with teenage boys, noting that less than half of teens experiencing mental health issues receive the services they require. They suggested that boys have a harder time engaging in more traditional therapeutic treatments and would benefit from an action-oriented modality to explore their identity, and the influence of culture, racism, and oppression in a safe, nonverbal way.

To organize their data, they used the grounded theory to deduce nine major themes that emerged from dialogue with participants. Through the artmaking, the boys experienced a sense of ownership, introspection, catharsis, ventilation of negative affect, expression of positive affect, future protection, concrete description, and symbolic language. The data gathered informed the researchers that art therapy is a promising practice for marginalized populations, adding that the nonverbal aspect of artmaking can be more accessible to adolescents who speak other languages or prefer to communicate nonverbally.

Coholic et al., (2020) similarly worked with youths with mental health issues. Like Jang and Choi (2012), these researchers took a strengths-based approach that emphasized resilience. They broadened this focus to include mindfulness, peer and familial relationships, coping skills, and self-awareness. Using a socio-cultural framework, Coholic et al., (2020), looked at naming the benefits of arts-based interventions and how they helped kids in an inpatient treatment program. Participants discussed benefits such as being present, flexible thinking, feeling more in control, and being able to talk about and express feelings. They also noted the lack of diversity and support systems in their community and hoped that community arts-based opportunities would be more frequent and accessible.

Valerie Appleton (2021) discussed how art therapy can positively impact people with trauma histories in her work with teenagers in an intensive care burn unit. She worked with youths who experienced horrific trauma that left both emotional and physical scarring, intensifying the impact on those individuals. Appleton (2021) proposed that imagery-specific techniques were very effective in reducing post-traumatic stress disorder (PTSD) symptoms, since trauma is stored in the memory, imagery and art can provide a vehicle for self-expression. Like much of the other research discussed in this review, Appleton used the ETC to

guide her approach to the artmaking process and understanding. She found that small art steps encouraged a sense of accomplishment and gave participants space to examine themselves and their place in the world. She looked at the symbols in the artwork, interpreted and analyzed the artwork in an organized manner, and explored her own role as the therapist in the process and art interpretation. She used her in-depth knowledge of how trauma affects the brain and health of youths, noting that adolescence is a particularly difficult age to be experiencing the effects of trauma and isolation from others in an inpatient setting.

Melissa Walker (2015) also discusses the impact of trauma on mental health in her video about the healing qualities of art with PTSD. She is personally connected to the material and works with older war veterans with trauma. She discussed how the process of art therapy completely bypasses the speech-language issue with the brain, which allows the artwork to tell a deeper, more complex story than words can communicate (Walker, 2015). Consistent with Appleton's (2021) findings, Walker (2015) stated that art making accesses the same sensory areas of the brain that encode trauma, allowing individuals to explore their feelings in a more direct, visceral way that is then translated into the art process and final product.

Sandmire et al., (2012), shift their focus to how artmaking benefits people with anxiety, hypothesizing that artmaking would effectively reduce anxiety and stress. The researchers found that just 30 minutes of artmaking during a high-stress time can significantly reduce one's current state of anxiety. Sandmire et al. (2012) noted that they were unable to determine if this positive change in the findings was a long-lasting or transient impact, and admitted it could imply only a "temporary, relaxing escape from reality" (Sandmire et al, 2012).

Dialoguing and Interpreting the Art and their Significance

McNiff (1992) discussed how therapists talk with the art, framing the art as an active participant in the dialogue. Instead of talking “about” the art—which they argued comes from the ego—talking “with” the art acknowledges its physical presence and its ability to provide never-ending dialogue. The author emphasized the importance of “letting the art speak” and getting out of the “ego voice”, which is fundamental to working on conflict resolution, invocation, and productivity.

Dialogue supports the articulation of the image and can be shaped by the artwork. Because “image dialogue” is not our habitual mode of conversation, McNiff (1992) alleged that talking with art circumvents thinking too much about what we should be doing or saying. He alleged that paintings have stories, feelings, and complaints. By letting the artwork speak, we are allowing additional layers of communication to be present and shared in the therapeutic space.

Eisenbach et al. (2015) used a Jungian, qualitative approach to look more specifically at symbols in artwork, and how one can go about discussing and interpreting them in artwork with clients. Looking at 379 pieces of art made by ten female survivors of childhood trauma, researchers identified common symbols and themes in the art and received direct feedback from participants about their significance. They described how trauma impairs one’s verbal conceptualization of an experience and how childhood trauma can often become integrated into one’s personality. In Eisenbach et al.’s research (2015), they used the grounded theory to analyze their findings and found repetitive symbols throughout the artwork. For example, in almost half of the art made by women who had experienced sexual trauma, the colors black and red were included and often the dominant colors. In artwork made by women who had experienced great loss, forests were significantly common. Eisenbach et al (2015) recognized

the need for therapist competency when analyzing and interpreting artwork, which suggests a questionable level of subjectivity.

Tom Anderson (1997) discussed the more technical components of art discussion and interpretation. He proposed that there are three main questions a therapist should ask when looking at artwork: What is this? What does it mean? What is it worth? Anderson (1997) asserts that composition and style carries intellection and symbolic components, including the design (color, line, shape), how it's made (materials, tools, involvement), and size and setting. He emphasizes the importance of looking where the "focus" of the art is, in other words where there is a significant cluster of unity, variety, emphasis, or rhythm.

Therapeutic Relationship and the Role of the Therapist in the Creative Process

Deborah Schroder (2005) brought in the idea of using art as a catalyst for the therapeutic relationship, which would ultimately benefit the client while making art in therapy. Using a strengths-based approach, Schroder (2005) focused on the establishment of a relationship with art, the relationship between the therapist and client, and the example artmaking can set in a therapeutic space. She believed that the first session with a client should involve art making, as it can bring a mutual sharing of information, lessen anxiety and fear around the first session and what the clients should say, and assist in the development of the therapeutic alliance. Schroder (2005) included that artmaking is still a form of disclosure, around which the therapist should have a heightened awareness and be cautious not to over-disclose when attempting to relate to the client and bridge a hierarchical divide.

Hilbuch et al (2021) delve into what happens in transference events that occur in therapeutic relationships in the presence of art materials, and how different art materials affect that relationship. The authors defined transference as a "chain of reactions resulting from

projections and internalizations” from the client towards the therapist (Hilbuch et al, 2021). Art materials are a part of that relationship, and can be a focus on transference, in addition to the process and the product themselves. They discussed key characteristics and differences of art materials, and how they attract or repel clients, evoke emotional experiences, involve the senses, and encourage a sense of self-cohesion. Using ten experienced psychotherapists with a variety of theoretical backgrounds, Hilbuch et al (2021) conducted semi-structured interviews where participants shared their attitudes, feelings, and experiences around client transference responses. The presence of the therapist – the level of engagement, their placement in the room, and their presence outside of therapy – was found to have a significant impact on transference and client experience.

Gazit et al (2021) look further into the therapeutic relationship and its effect on the artistic experience. They pointed towards the triangular relationship often discussed in art therapy between the therapist, the client, and the art. The art therapist is an active participant in the artmaking process in that they provide the materials, enable a safe space, and guide the client’s exploration of themselves and the art. Gazit et al (2021) alleged that the stronger the therapeutic alliance, the more positive experience clients will have working with the art materials. This was confirmed through their research; they found that there was a positive overall response to the art materials, and as therapeutic alliance strengthened so did the positivity of client’s responses to the artistic experience.

Bruce Moon (1999) provided an additional layer to the components of the therapist in the therapeutic relationship in regard to the therapist’s artmaking also discussed by Deborah Schroder (2005). Moon, an expert in the art therapy field, argued that responsive artmaking – where the therapist creates artwork in reaction to the client’s art – is a crucial and valuable asset

to the therapeutic alliance and understanding of the artwork. Moon believed in a “both-and” approach (Moon, 1999), which takes into account the ideas behind art *as* therapy and art psychotherapy. He alleged that art therapists, especially when working with adolescents, should have a “profound belief” in the power and goodness of artmaking and engage with it themselves (Moon, 1999).

Methods

I worked with two adolescent boys at the residential treatment center at which I was a clinical intern with a focus in art therapy, both of whom I had developed some level of therapeutic rapport. I invited each client to partake in two artmaking sessions; one session explored a two-dimensional material, and another explored a three-dimensional material. Client “Devon” used graphite for the two-dimensional material and model magic (a molding substance very similar to clay) for the three-dimensional material. Client “Ethan” used markers for the two-dimensional material and model magic for the three-dimensional material. One hour sessions were allotted for these processes. All individual sessions included just myself and the client. Devon’s first session took place in the intern office at the program, and his second session was in the living room area in his residential house. Both of Ethan’s sessions took place in the office space in his residential house.

Additionally, I worked with a group of teens during our scheduled weekly art therapy group. During one session we used markers to make comic strips and during another session we made vision boards by collaging, the former representing the two-dimensional materials and the latter representing the three-dimensional materials. These sessions took place in the communal area of the residential house, and the clients sat together at a dining table during both sessions which lasted one hour each.

Data was collected through client interviews and dialoguing throughout and following the artmaking session. I included focused questions, asking about their experience with the art material, how the artmaking panned out, how they felt making the art, and what the art says or shows. I found emerging themes from the client's stories and used literature to support and enhance my understanding of their experiences. Each session was followed by responsive artmaking without the client present. I used the same materials as the one's used in the corresponding session with clients. Each responsive artmaking experience had no time limit and occurred in the same vicinity as the client's artmaking experience but not with the client.

Results

Gleaning first-hand from my client's experiences, I looked at the dialogue, artwork, and responsive artwork made during and after the artmaking sessions. I examined how each session began, how the boys felt about their experiences and feelings that day, and what occurred during the artmaking. I learned early on in this process that focusing solely on how the client experienced the art materials was unnecessarily exclusive, as the experiences they had were directly impacted by many more relevant factors. Their telling of their experiences was used to guide how sessions were perceived and analyzed.

I prefaced each session with my clients by acknowledging the collection and analysis of their artwork and our discussion as data for my learning experience as a graduate student. All participants agreed to continue with the sessions with this in mind. After being certain my clients understood the use and implications of my research, I invited them to make art. On several occasions, my client's replied that they didn't want to make art that day and I chose to come back at a different time to make art. When they agreed to make art, I provided them with the materials to be used that day. I decided which materials were to be used for each session,

however earlier I had intended to let the clients choose between a handful of different two- or three-dimensional materials. Due to resource availability, I felt giving the clients one material to work with that session was more realistic.

In the group sessions, I actively participated in making both the collage and the comic strip. In the individual sessions, I engaged in the artmaking, but I did not intend to create a product with the materials but rather idly work with and explore them while observing the clients. After the sessions, I took notes that revolved around several key questions: how did the client work with the material, what came out of the artmaking, and what the clients discussed during and about the art materials and the creative process. Because I had already developed a relationship with my clients, I noticed a lot of dialogue around topics that we had already been discussing in previous sessions.

I must recognize a significant difference between the individual and group approaches taken; individual clients were invited to make whatever they wanted with the materials provided, where the group was prompted to partake in a more structured, inflexible activity with the materials provided. To increase consistency, I would have avoided providing a prompt for the group activities and instead allowed clients to use the materials to make whatever they felt like making in that moment.

Group Session

In my group case study, there were two teenagers engaged in the artmaking process during each hour-long session. For a two-dimensional material, I provided a variety of fine-tipped markers. This session was in the middle of an 8-week art-based therapeutic curriculum, and was intended to allow the boys to use their experiences to create and illustrate a story that is meaningful to themselves. The comic strips made with markers incentivized clients to think more

narratively and constructed a four-block comic strip that had a beginning, middle, and end. One of the clients' works with the markers included quick, short lines to make up outlines. Most of the objects were not colored in, and those that were colored in had numerous gaps in the lines rather than being fully colored in. Another client did not color in his artwork at all, noting that he thought it looked better with just the outlines. I sat at one end of the table with another clinical staff and the clients. I participated in the artmaking in a minimal way; I made sure to spend time observing the client's and sometimes engaging them in discussion, so I did not put as much focus and emphasis into my own work.

During this session, clients were frequently interrupted by other residents of the house who chose not to participate but were in the area where this session was taking place. Often, clients shared their stories with their housemates and received suggestions and ideas in return. One client finished his comic strip in ten minutes, while the other client spent about 30 minutes carefully and meticulously outlining the objects in his comic strip.

The three-dimensional activity chosen for the group was collaging, which required the use of scissors, glue, magazines, and a thick piece of paper on which to stick cut-out images from magazines. This experiential intended to activate a more abstract part of the client's thinking, relating other imagery to their own experiences and feelings. This group also consisted of two participating clients, with one to two other residents walking around nearby. I sat at the same table as the previous session and made a collage with the boys, again focusing more on observing and dialoguing with the clients than my own work. Clients occasionally asked me what I was putting in my collage and why I chose a certain picture, which encouraged even more discussion about the process and its implications. This contributed to more active dialogue during this session in comparison with the previous session. Clients seemed to ask more

questions about the process during this activity and were more open to feedback and suggestions from myself and the staff in the house. This process took nearly the entire session time of one hour. Clients noted that their hands felt sticky afterwards and stated that their paper was curling. They did not want to keep their collages.

Individual Sessions with “Ethan”

Ethan, a 16-year-old white male, had worked with me for two months prior to beginning these artmaking sessions. For a two-dimensional material, I provided markers with a variety of colors and invited him to make whatever he felt like making. He appeared hesitant to start, and I asked him how he was feeling and if he had any questions. He exclaimed several times that he couldn't draw. I responded that anyone can make art and gave him several examples of what artmaking involves: lines, shapes, doodles, dots, whatever marks are made from the material touching the paper. I asked him if he would feel more comfortable if I made art with him, and he said it would.

As he was drawing, I made different-sized squares on my own paper. He drew for about five minutes and did not say much while he was drawing. I asked how the process was going, and he replied with “fine”. He spoke with me about his recent issues in the program, focusing heavily on another client who he is frustrated with. As he finished his artwork, he exclaimed “done!” and lifted his paper to show me. He had drawn two stick figures, the larger one on the left he reported was himself and the smaller one was this other client. The larger stick figure was smiling, and the smaller one had a flat line for a mouth. Ethan said he was unhappy. The larger stick figure was holding what Ethan described as a gun, which had small yellow lines coming from the intended mouth of the gun going towards the smaller figure. Ethan said those were bullets. With a flat affect, Ethan went into the significance of this work and detailed his feelings

of anger and frustration towards the other client. I asked him how he felt after having put these feelings into artwork, and he again described his artistic skill as “bad” but admitted he felt a little more clear-headed and reposed about his feelings towards the client than he had before artmaking. Before deciding to leave the space and end the session, Ethan told me I could have his drawing.

I perceived Ethan as more closed-off in this session, portraying a more violent scene that he has been exposed to in real life and in film and social media. He did not seem to want to venture into deeper than surface-level emotions like exploring his anger towards another client, as evidence by describing his artwork more like a movie scene storyline rather than explaining its content.

For the second session, I invited Ethan to use model magic to create anything he felt like making. The invitation, prompt, and setting were consistent with the first session. He appeared more curious about this material than the markers, asking questions about what it is used for and how it is similar to clay. He seemed slightly more hesitant to begin but did not make any comments around his artistic skill level. As he worked with the model magic, I held some in my hands and continuously reshaped it; I used it as more of a fidget-toy while Ethan engaged in the creative process. He discussed his visit with his mother and different aspects of his family dynamic while creating (his mother was planning a visit with him the following week). He used the colors white, orange, and black to create a realistic-looking snowman with three spheres for the body, three small black spheres for the eyes and buttons, and a long cone-shaped orange piece for its nose. He said the snowman’s name was Billy but said he did not know of a Billy in his life. He said he had dealt with a lot of snow and cold temperatures while on the run from the

program for roughly three weeks leading up to this session. I asked if Billy needed anything, and Ethan proceeded to make him a hat because he was “cold”.

Ethan was more engaged in conversation during this session, seemingly less concerned with the product he was working on in contrast with the final product made with markers. He allowed himself to be more distracted while working with the model magic and was more easily engaged in dialogue about topics that have previously made him become quieter. He started to open up more emotionally, as evidence by his relation of the snowman to his experiences on the run from the program and the feelings it elicited – fear, uncertainty, a lack of safety from not having shelter or a place to go.

Individual Sessions with “Devon”

Devon, a 12-year-old male, had been working with me for several weeks before engaging in this process. He had been experiencing some peer conflict in the residence as well as frequently refusing to go to school due to peer conflicts in the school. He had a history of early childhood trauma and had been living with his adoptive parents until his behaviors at school and home elicited placement at his current residential treatment center.

I recognized his background and experience with artmaking, and he seemed prepared to make art with me when I invited him to do so for this session, not showing any signs of reluctance. For the two-dimensional materials, I provided graphite pencils and erasers as well as printer paper. With short, quick bursts of lines, he created a human face in the center of the paper. I asked him if he usually draws with pencils when he makes art on his own time, and he nodded, adding that he also uses colored pencils. Though he has a history of artmaking, he expressed concerns with his artistic ability, which I believe had increased after we had talked about my program and love for artmaking. He spoke often about how bad he thought his art

skills were, which I responded with my approach to artmaking which focuses on the creative process and enjoying the process rather than making art solely to create the final product.

After drawing the face, he drew a hand nearly the same size underneath the face. I asked him if the hand belonged to the face, and he said it did not. I asked if he knew the person he had drawn, and he said he often drew faces like this one. He noted that the face was “smirking”, with its smile more pronounced on one side. He gave the face a beard, which Devon explained was related to his belief that beards are more mature and for older kids. I should add that Devon, only 12 years old, has a beard of which he is quite proud.

For the next artmaking session, I provided Devon with ten different colors of model magic, including black and white. Devon was sitting in the life space of his residence playing a boxing video game and choosing his character’s traits. He didn’t appear too interested in engaging with me and was hesitant to use the model magic, however on this particular day I had seen some reports of inappropriate behaviors at school, and he was likely emotionally dysregulated. He first asked about the texture and if it was sticky, to which I said no. He asked what it was for, and I explained that it is similar to clay and that he can do whatever he wants with it (i.e., mold it, reshape it, make something, roll it around). He took a minute to consider how he wanted to move forward while holding the white model magic in his hand. He quickly made what appeared to be a flattened, bumpy figure of a human using only the white model magic. He took about three minutes to make this figure, and then exclaimed that he was finished. I asked him how he felt using the model magic and he said it was “cool”. I asked him if his product was someone he knew, to which he replied that it was another client in the house. He described his anger towards this client due to some conflict that had arisen between them and several other peers. Suddenly, Devon stood up and threw the figure on the floor and proceeded

to stomp on it several times, leaving Croc marks in the model magic. He then picked it up, walked to the front door, and threw it outside. When he returned to where I was sitting, he immediately picked up his video game controller and started playing his game in silence. I asked if he felt okay, and if he was finished with artmaking. He said he was, and I did not push further. I felt that, though he enjoys artmaking, model magic was a new material for him and in his current state it was appropriate for the session to end there and allow him to utilize a different, more comfortable coping skill.

Discussion

I looked at two individual case studies and one group case study in order to become more informed on how teenage boys engage with and experience the creative process with a focus on the materials and how their properties influenced their overall experience. Through looking at the literature around this topic, I learned that there are so many influential factors that impact the artmaking experience with clients that could not be excluded when doing this research. I considered as many related influences as possible – my presence as a therapist, a multicultural lens, a client’s previous relationship with artmaking and art materials – which better informed my experience observing and dialoguing with my clients. My experiences with clients integrated with research and responsive artmaking contributed to the following emerging themes: 1) that art materials impact the art experience, 2) that artmaking is a valuable tool for expressing feelings and emotions in a safe way, and 3) that the therapeutic relationship influences the client and their experience during artmaking. I analyzed my observations and interpretations of client experiences, extrapolating common themes from their work with the materials, and relating those themes to the common themes that emerged from the literature. In doing so, I hoped to see a correlation between the literature and my client’s experiences, and highlight how therapists can

recognize and implement these themes and directions in future work with clients and art. Ideally, this work will add to the framework of the expressive therapies particularly when engaging with adolescent male clients with a background of trauma, abuse, and mental health needs.

The literature heavily supports a client-centered approach with increased therapist competency and awareness of all influential components of the therapeutic and creative process. One cannot ignore the impact of each individual component – the therapist, the client, the artmaking process, and the art materials – which are all integrated into the client’s growth and awareness of self. Integration of such factors requires a deep understanding of how these layers are intertwined, as well as how each client will bring a different set of “tools” to the therapeutic relationship and holding space.

Artmaking was never proposed as a mandatory activity. This hindered some of the progress made, specifically with the group case studies, but allowed my clients to feel more in control and comfortable making art. I approached each session with an open mind and flexible game-plan. The beginning of the sessions always included some discussion of how the client was doing and anything pressing that was going on. I always invited the clients to make art rather than telling them to, and during the artmaking process tried to converse with the client as much as possible without feeling like I was interfering with their process. The richest part of discussion generally occurred after the artmaking had finished and the client focused more on the verbal interpretation and communication of their thoughts and feelings. Most sessions ended with a brief wrap-up and gave time to investigate future matters or other concerns my clients needed to discuss. I confirmed with each client that they understood why I was doing this project and what their art and discussion would be used for.

Theme One: Art Materials and their Impact on the Art Experience

According to the findings of Snir and Regev (2013), their participants found that clay was a material that evoked emotional expression. Penzes et al (2014) had discussed the significance of “material interaction”, which has a substantial effect on the entire artmaking process. When my clients were working with the model magic, a material very similar to clay, I found there was an increased emotional release. Devon became aggravated when working with the model magic, stomping on it and throwing it outside. After working with the clay, Devon was visibly angry and needed to decompress. Sholt and Gavron (2006) discussed clay work in depth, focusing on its primal modes of expression and communication. In that moment he appeared to be tending to his more primitive, instinctual areas of self. He tapped into his anger and rage towards another client, which was a stark contrast to the smirking portrait he made with graphite.

Sholt and Gavron (2006) also theorized that using clay could bring the client into a regressive state, returning to earlier stages of development. I found this interesting when thinking about Ethan’s snowman, Billy. He treated the snowman with care, even making a hat so he doesn’t get cold. This childlike expression was consistent with Sholt and Gavron’s (2006) findings.

If a client is feeling frustrated, angry, or scared, clay or model magic would be helpful materials to release emotions and achieve a sense of liberation and satisfaction (Jang & Choi, 2012). If a client is getting frustrated with a lack of control of fluid materials like paint or watercolors, they may be better off with more controlled materials such as pens, pencils, or markers (Penzes et al, 2014). If a client has a stressful event coming up in their future, doing something as simple as fidgeting with clay, making random marks on paper, or drawing circles repeatedly can lessen their anxiety for a while (Sandmire et al, 2012). Ethan’s artistic choices were particularly interesting, having made a violent, aggressive scene with markers but when

working with clay he had made a snowman. I surmised that he may have felt more in control with the markers, thus more able to create a scene that holds a story as opposed to a single object made from the clay.

Theme Two: Artmaking as a Valuable Tool for Expression

Artmaking has huge benefits, both short and long-term, with all sorts of populations. With adolescents, artmaking may help in bridging a communicative divide that is developmentally reasonable for their age. Adolescence is a time of identity development as well as a time where they are increasingly vulnerable to external stress (Jang & Choi, 2012).

Adolescents are more vulnerable to external stress, and low SES adolescents have a greater difficulty establishing good peer relationships (Jang & Choi, 2012). The majority of clients at this residential treatment center have struggled with the impact of low SES backgrounds, systemic racism and oppression, and trauma. The participants of this research all have a history of trauma, neglect or abuse, and common mental health diagnoses such as anxiety, depression, and ADHD. I hoped to highlight their experiences and prove that artmaking is not only beneficial for these clients but is an additional pathway for vulnerable, marginalized populations to express themselves in an accessible, safe way. Sandmire et al (2012) found that just 30 minutes of artmaking can reduce one's current state of anxiety. With my clients, that can have a huge impact on their day-to-day functioning. With artmaking as a tool, teenagers may be more willing to set aside thirty minutes to play with model magic, illustrate a story, or make a collage board. Specifically with individuals who have experienced childhood trauma, artmaking is a great way to explore and work on past trauma. Melissa Walker (2015) noted that artmaking accesses the same sensory areas of the brain that encode trauma, potentially increasing the

connections and building a stronger foundation for clients to grow and live more positively with that trauma.

Ramirez and Haen (2021) stated that boys may have a harder time engaging in traditional therapy and engaging in more action-oriented modalities would be more beneficial. In Devon's case, despite his previous positive relationship with art, it was difficult to engage him in the artmaking process in session. I felt there was a reluctance to open up and share, as well as a reluctance to explore his own feelings. His responses during dialogue were mostly one-word answers, saying it was "cool" and that he was "good". The clay allowed him more physical freedom to express his emotions, which he clearly did so by stomping on the clay and throwing it outside. It was also a challenge to engage client Ethan in artmaking, and though he was more talkative and open in sessions, he didn't put as much effort and focus into the artmaking process. That said, the artmaking and what came from all contributed to areas I could explore with them, leaving unlimited potential for current and future dialogue.

In Walker's (2015) work with war veterans, she noticed that through art experientials—mask-making in particular—her clients were able to put their trauma into the art. In this way, they were able to better externalize their trauma rather than having it integrated into their identity, it was a part of them they could remove, lessen, and step away from. Trauma is a complex topic, especially when working with teenagers. My clients, having experienced some level of trauma, may have felt more comfortable expressing their emotions via an external medium such as art.

The findings of Coholic et al (2020) highlight the necessity of art making with youths, especially in areas that lack the opportunities, space, and funding to do so. Participants explained that they enjoyed the overall process and agreed that arts-based interventions were helpful to their wellbeing. An additional layer Coholic et al (2020) introduced in their discussion

underlined the benefits of art making in a group, stating that youths desire relationships and a sense of belonging with their peers. Group art making not only facilitated individual growth, but interpersonal growth as well. During group sessions described in this thesis, clients were socializing throughout the sessions with staff and other peers. They appeared more relaxed, goofy, and engaged in the artmaking likely because they felt safer amongst their peers. That said, they did not become as vulnerable as individual sessions.

Theme Three: The Therapeutic Relationship and its Impact on the Artmaking Experience

The presence of a therapist in a residential setting is even more impactful to the therapeutic relationship and has proven in my experience to have both positive and negative influences Hilbuch et al (2021); while I'm at work, my clients are living and going to school alongside me and the other clinical staff at the site. I considered my own presence and role as therapist in the experiences of my clients during this process and found that the therapeutic relationship can have a huge impact on a client's experience with artmaking. As Gazit et al (2021) describe, art therapists are responsible for which tools are available, what the setting looks and feels like, and their own presence in the process.

Teenagers often desire independence and control. In this program, my clients are stripped of much of the control they have in their lives, and I often hear that they don't want "people in suits" telling them what to do. As minors, they will never fully be in control of their choices, however the artmaking process can positively impact self-compassion, control, and resilience in youths, particularly when they get to voice their stories through their artwork and client-lead dialogue (Coholic et al, 2020). I found that my relationship with the clients and my presence as the therapist during sessions greatly influenced the artmaking experience for my clients, and likely influenced my own perception of the process. Their age and background

further increased my awareness of this presence and of the power dynamic between therapist and client, highlighting the therapist's need for competency, safety, and understanding.

Clients who are unable to voice their feelings or properly articulate their thoughts could greatly benefit from working with a therapist who understands the value of talking with the art (McNiff, 1992). I wanted to be sure I was asking questions that would simultaneously encourage dialogue and emotiveness, but keep the teenager feeling supported, safe, and regulated. I attempted to put their voices first, let them guide the artmaking process and create whatever they wanted, and didn't push further when I felt my client was feeling too vulnerable.

Teenagers especially may enter a session with fear or anxiety (Schroder, 2005), and as both Devon and Ethan had demonstrated, they had significant concern around their artistic abilities. In order to set myself on the same level as my clients, I decided that making art with them during the session would provide them with more comfort and thus allow them to focus more on the creative process. Schroder (2005) articulates how joint artmaking can portray the therapist as more human and more approachable. This also provides an opportunity to demonstrate acceptance if the client feels inadequate, shameful, or embarrassed by the artmaking process. The benefits of joint artmaking include aiding the establishment of empathetic relationships and providing a starting place for imaginative and interpretive dialogue with clients.

With this research taking place in a residential environment, I had a presence outside of sessions that may have brought clients more comfort and ease during therapy sessions. Gazit et al (2021) found that the stronger the therapeutic alliance, the more positive clients react to artistic experiences. Though I found my clients to have a mostly positive experience with artmaking, this data is limited as I was unable to determine how my clients would have reacted had we not

already formed some level of therapeutic alliance. At the time the individual sessions took place, I had more therapeutic rapport with Ethan than with Devon. I noticed that the processes of starting the sessions, becoming engaged in the experience, and the discussions that took place with Ethan happened with less hesitation and more trust and openness than with Devon.

Limitations

I must acknowledge the limitations of this research and the ways in which these areas could be explored further. My clients had sufficient communication and time with me prior to the artmaking sessions, which may have impacted how I perceived their experiences, how I engaged in dialogue with them, and how I looked at their artwork. Some of my clients had been involved in some unfortunate incidents in the weeks this research was taking place, which interrupted the structure of these sessions and decreased the number of sessions overall that had originally been planned to gather more data.

Originally, my plan was to have a greater pool of data from doubling the number of sessions with each individual client and the group sessions. This way, I would have more variety in materials, experiences, and dialogue. Due to external factors, such as quarantining from COVID-19, lack of participation, which was never mandatory, and one of my clients eloping from the residential program for nearly three weeks, I was unable to gather this data in the remaining available time. I instead focused more heavily on the insight provided by the literature and the emerging themes of the literature to guide my experiences with my clients and how I responded to the inevitable changes of my method.

I chose materials for the clients, and I did not provide them with any prompts or instructions for the artmaking, instead I invited them to “make whatever you are feeling” or “make whatever you would like”. Had I proposed a more guided prompt, the clients may have

reacted differently. Perhaps they would have appreciated a more organized activity if they were unsure of their artistic interest or skill, or perhaps they preferred the lack of structure, so they didn't feel the pressure to create the product I was looking for and put more energy into the artmaking. The latter was my goal for the lack of prompt, and though it allowed for the client's voice to be more heard, I did feel some resistance to the process due to their perceived artistic skill-level.

I recommend that this research be done in a variety of settings, including inpatient and outpatient settings. I feel that the data would benefit from increased artmaking opportunities with a more focused dialoguing process. Because my clients and I had established a more relatable therapeutic relationship and style, specifically due to their age and background, our discussions became more casual and unrelated to the artmaking process. I recommend that when doing this research further, providing participants with self-reporting measures or having specific questions prepared for the clients would be helpful in gaining more accurate insight into their experiences.

References

- Anderson, T. (1997, September 1). Talking with kids about art. *School Arts*, 97(1), 21.
- Appleton, V. (2001). Avenues of hope: Art therapy and the resolution of trauma. *Art Therapy*, 18(1), 6–13.
- Coholic, D., Schinke, R., Oghene, O., Dano, K., Jago, M., McAlister, H., & Grynspan, P. (2020). Arts-based interventions for youth with mental health challenges. *Journal of Social Work*, 20(3), 269–286. <https://doi-org.ezproxyyles.flo.org/10.1177/1468017319828864>
- Eisenbach, N., Snir, S., & Regev, D. (2015). Identification and characterization of symbols emanating from the spontaneous artwork of survivors of childhood trauma. *The Arts in Psychotherapy*, 44, 45. <https://doi-org.ezproxyyles.flo.org/10.1016/j.aip.2014.12.002>
- Gazit, I., Snir, S., Regev, D., & Bat Or, M. (2021). Relationships between the therapeutic alliance and reactions to artistic experience with art materials in an art therapy simulation. *Frontiers in Psychology*, 12, 1–8.
- Hilbuch, A., Snir, S., Regev, D., & Orkibi, H. (2016). The role of art materials in the transferential relationship: Art psychotherapists' perspective. *The Arts in Psychotherapy*, 49, 19. <https://doi-org.ezproxyyles.flo.org/10.1016/j.aip.2016.05.011>
- Jang, H., & Choi, S. (2012). Increasing ego-resilience using clay with low SES (Social Economic Status) adolescents in group art therapy. *The Arts in Psychotherapy*, 39(4), 245. <https://doi-org.ezproxyyles.flo.org/10.1016/j.aip.2012.04.001>
- McNiff, S. (1992). *Art as medicine: creating a therapy of the imagination* (First edition.). Shambhala.
- Moon, B. (1999). The tears make me paint: The role of responsive artmaking in adolescent art therapy. *Art Therapy*, 16(2), 78–82.

- Penzes, I., Van Hooren, S., Dokter, D., Smeijsters, H., & Hutschemaekers, G. (2014). Material interaction in art therapy assessment. *The Arts in Psychotherapy, 41*(5), 484. <https://doi-org.ezproxyles.flo.org/10.1016/j.aip.2014.08.003>
- Ramirez, K., & Haen, C. (2021). Amplifying perspectives: The experience of adolescent males of color engaged in school-based art therapy. *The Arts in Psychotherapy, 75*. <https://doi-org.ezproxyles.flo.org/10.1016/j.aip.2021.101835>
- Sandmire, D., Gorham, S., Rankin, N., & Grimm, D. (2012). The influence of art making on anxiety: A pilot study. *Art Therapy: Journal of the American Art Therapy Association, 29*(2), 68–73.
- Schroder, D. (2005). Beginning a relationship using art. In *Little windows into art therapy small openings for beginning therapists* (pp. 13–19). essay, Jessica Kingsley.
- Sholt, M., & Gavron, T. (2006). Therapeutic qualities of clay-work in art therapy and psychotherapy: A review. *Art Therapy: Journal of the American Art Therapy Association, 23*(2), 66–72.
- Snir, S., & Regev, D. (2013). A dialog with five art materials: Creators share their art making experiences. *The Arts in Psychotherapy, 40*(1), 94.
- Walker, M. (2015, November). *Art can heal PTSD's invisible wounds*. [Video]. TED Conferences.
https://www.ted.com/talks/melissa_walker_art_can_heal_ptsd_s_invisible_wounds

THESIS APPROVAL FORM

**Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA**

Student's Name: _____ **Clare Miller** _____

Type of Project: Thesis

Title: Engaging Adolescents with Art: Exploring Experiences Between Two- and Three-Dimensional Media Among Teen Boys with Mental Health Needs

Date of Graduation: _____ **May 21, 2022** _____

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

Thesis Advisor: _____ **Raquel Stephenson** _____