Effect of Art Media on the Collective Mood of a Middle School Art Therapy Group: A Development of a Method

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Effect of Art Media on the Collective Mood of a Middle School Art Therapy Group:

A Development of a Method

Capstone Thesis

Lesley University

May 21, 2022

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Clinical Mental Health Counseling: Art Therapy

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Abstract

The art medium influences emotional expression and is a tool for change within the therapeutic art process. Research reveals physiological changes in participants’ heart rate and brain activity when working with art materials in response to the art medium’s resistive and fluid qualities. Art therapists can assess a person’s emotional presentation and decide which art media are psychologically appropriate for a person by observing changes in mood, emotions, and non-verbal language. A therapeutic game was played over three sessions with an art therapy group of adolescents, ages 11-14 years old, within a therapeutic middle school setting. Changes in the group’s emotional response while using fine tip markers, oil pastels, and tempera paint were explored. Variables affecting individual group members and emotions that transferred to the collective mood of the art therapy group included: the art medium, structure of art materials and creative activity, complexity of the task, and therapeutic environment. It was found that the art medium is a component of a therapeutic art-making experience and cannot be isolated. The art therapist must intentionally select the art medium or creative activity when working within an art therapy group to ensure an effective therapeutic experience.

Keywords: art medium, art expression, core affect, group art therapy, collective mood

The author identifies as a white female who resides in the United States.
Effect of Art Media on the Collective Mood of a Middle School Art Therapy Group: A Development of a Method

Introduction

“Limiting the quantity of paint can limit the expressive potential.”

- L. Hinz

Art therapy can be described as a way for children and adolescents to explore their thoughts and emotions through creativity. Children and adolescents benefit from this form of mental health counseling because it allows them to process their thoughts and emotions without knowing what words to say to express how they feel (Malchiodi, 2015). Lusebrink (1990) explained “in art therapy, images, feelings, thoughts, and sensations are expressed through their portrayal in visual media” (p. 25). Similarly, therapeutic art groups for children and adolescents place emphasis on the creative process, while group members connect and learn how to empathize with others as they share similar experiences and emotions (Thompson & Trice-Black, 2012).

The art medium used in therapy plays a role in the therapeutic process as its physical properties influences the way a person expresses themselves in art-making. This goes beyond one’s technical knowledge and experience about use of the art medium and involves the person’s cognitive processes and emotional release (Hinz, 2015). What sets art therapy apart from art education is the emotional expression, mental processing, and sharing of experiences versus learning about art techniques, styles of art, and skill-building. In art therapy, the goal is an intangible, internal processing of thoughts, ideas, and emotions through creative expression. As Lowenfeld and Brittain (1987) described it, “for children, art is a way of learning and not something to be learned” (p. 47).
Art therapy is a triangular relationship between a person, the art material, and the art therapist where art-making facilitates a positive change in the person’s mental health (Hilbuch et al., 2016). Coholic and Eys (2015) described the therapeutic art experience as “having fun that can keep a child emotionally receptive so that positive messages can slip through his/her defenses” (p. 10). Based on the understanding that art materials effectively play a role in mental health interventions with children and adolescents, a therapeutic game was developed to incorporate expressive art-making for an art therapy group of students, ages 11-14 years old, within an alternative middle school. Through a trauma-informed, strengths based approach, this research intends to illuminate how effective the choice of art materials is on the collective mood of an adolescent art therapy group. While there are many studies about the psychological response elicited by the art medium in individual art therapy, there is little research pertaining to the effects of the collective mood of a group in response to the change in a person’s emotions during art therapy. Through observations and personal art responses, this qualitative inquiry will explore how the art medium is a mediator within an adolescent art therapy group and provide examples to support the premise that the choice of art materials, based on their physical properties, can influence the collective mood of an art therapy group.

**Literature Review**

“From the moment the participant enters the therapeutic space, everything matters.”

-L. Hinz

The art medium selected in an art therapy session determines the direction of the therapeutic intervention and gives the art therapist vital information about the client’s psychological processes (Hinz, 2015). The literature will present key aspects of art therapy including: nonverbal language, the therapeutic environment, characteristics of early adolescence,
significance of the art medium, the power of therapeutic group work, and the importance of a trauma-informed approach.

**Nonverbal Language**

A strength of art therapy, as compared to traditional talk therapy, is its nonverbal nature of processing thoughts, emotions, and experiences. It takes skill to read nonverbal communication and decipher an individual’s mood or emotional state. Art therapists need to be knowledgeable about their own emotional intelligence to be competent in interpersonal sensitivity and effectively read another person’s body language (Hall et al., 2018). Roter et al. (2006) described non-verbal body language as:

- facial expressivity, smiling eye contact, head nodding, hand gestures, postural positions (open or closed body posture and forward to backward body lean); paralinguistic speech characteristics such as speech rate, loudness, pitch, pauses, and speech dysfluencies; and dialogic behaviors such as interruptions. (p. S28)

Rubin et al. (2016) indicated that the physical distance between an individual and the art therapist is also a means of communication.

Another form of nonverbal language is the way a person creates art (Conrad et al., 2011). This is similar to observations during a mental status exam as the art therapist notices how the person approaches the task, motor control, pressure used when applying the art medium, erasures or corrections, and manner of application (e.g., short or long strokes, quick or slow movements, pattern and repetition). In relation to art-based formal elements such as line quality and perseveration, the art therapist can further observe a person’s emotional state (Gantt & Anderson, 2009). Additionally, the use of an art tool versus smudging with fingertips conveys an unspoken language (Hinz, 2015).
Hall et al. (2018) identified positive or negative valence (e.g., pleasure versus disgust) and high or low arousal as two variables that make up a person’s core affect in relation to nonverbal language. They postulated that nonverbal communication without contextual cues is consistent across cultures when one’s core affect is considered; however, the identification of specific emotions such as anger, fear, and happiness vary across cultures.

**Therapeutic Environment**

The therapeutic environment influences an individual’s therapeutic outcome, and within an alternative school, the therapeutic milieu of teachers and teacher aides, student accommodations, and classroom management plays a major role in a child’s life because children and adolescents spend more time within a classroom versus anywhere else at this time in their lives (Damon et al., 2007; Lazaro et al., 2020). The therapeutic milieu is a model to promote the development of healthy relationships, and importance is placed on the quality of relationships (Thompson & Trice-Black, 2012). However, differences in personalities, personal experiences and perspectives, and symptoms of trauma expressed as emotional and behavioral disorders—compounded by relational dynamics—can undermine a supportive environment.

According to Jett and George (2003), “distractions are psychological reactions” (p. 500). The art therapist must consider distractions that may occur during the therapeutic process and plan accordingly. This can be done by the art therapist selecting a more structured activity to create boundaries and give students more control to help create a general sense of safety (Gussak & Rosal, 2021; Larazo et al., 2020). Unexpected distractions and sensory stimuli may disrupt a student’s attention and their receptivity to therapy, or it can change the fundamental conditions of the therapeutic environment (Jacobshagen, 1990; Lazaro et al., 2020). Moon (2000) stated that the student “must believe that the art therapy milieu is a safe place in which to explore and
express feelings” (p. 49). According to Larazo et al. (2020), it is better to decrease the incidence of distractions than to increase control over the activity, thus potentially hindering the therapeutic process (Hinz, 2015; Lusebrink, 1990).

**Early Adolescence**

When children and adolescents are approximately 11–13 years old, they enter early adolescence, a developmental stage when peer support has a strong impact on emotional health, and children and adolescents feel better understood by their friends (Lerner et al., 2009). Lowenfeld (1952) coined this period as the Dawning Realism and Pseudorealistic stages of artistic development. This is when the art product is important to the child, and their focus is on subjective experiences and visual stimuli through form and use of color. For adolescents, art is an outlet to empower and express themselves, and color is symbolic where the use or lack thereof indicates their past experiences (Lowenfeld & Brittain, 1987). At this stage, young adolescents become more inflexible in their art expression and try to create more realistic representations of the subject matter (Lusebrink, 1990; Malchiodi, 1998).

Beetham et al. (2019) found that through a strengths based approach, children are willing to play an active role in their therapeutic process if the experience is fun. It is important to provide activities that are engaging to children and adolescents while providing an opportunity for them to learn about themselves. During adolescence, changing brain structures in the limbic region increasingly emphasizes the importance of incentives, and therapeutic game play is a developmentally appropriate way to motivate children and adolescents and encourage interaction between each other (Spear, 2000).
**Art Medium**

Art materials should be considered valuable tools for the therapeutic experience, and it is important for the art therapist to intentionally select art media that supports the individual to effectively process their thoughts and emotions. Gussak and Rosal (2021) stated, “art materials have a capacity to activate a unique response in the user… [and art media] stimulate through texture, color, movement and rhythm, and boundaries” (p. 136). However, Lowenfeld and Brittain (1987) believed that art materials should come second to the creative expression because children and adolescents use art materials differently depending on their age and developmental stage. Hinz (2015) also considered the individual’s developmental stage in relation to the purpose of the art medium and the corresponding psychological effect it may have on a person. An individual can have an emotional reaction to the mere sight of art materials as their body releases oxytocin, a naturally occurring hormone that decreases stress and anxiety (Wilkinson & Chilton, 2018). Quantitative research shows the effects art materials have on a person’s autonomic nervous system and its physiological results (Haiblum-Itskovity et al., 2018). A study done by Belkhofer et al. (2014) studied EEG data and found changes in participants’ brain alpha waves while drawing with oil pastels. Haiblum-Itskovity et al. (2018) measured heart rate variability (HRV) and found that adult participants who used markers and pencils versus oil pastels experienced a change in emotional valence but had no response in emotional arousal. They hypothesized the contradiction in the participants’ core affect may have been due to the participants’ use of effective coping strategies to regulate their emotions. Furthermore, Haiblum-Itskovity et al. (2018) noted that “paint is an aqueous material with the potential for regressive engagement and high levels of emotional arousal” (p. 2). However, Pesso-Aviv et al. (2014)
found minimal differences with self-control in children when they used regressive materials (e.g., fluid paint) versus a more controlled material (e.g., pencils and oil pastels).

There is a consensus among art therapists that art materials subjectively influence individuals; however, there is minimal published literature that discusses the psychological effects that art materials have on a person’s emotional affect (Gussak & Rosal, 2021). The physical properties of art media such as its fluidity, malleability, unpredictability, and adaptability give way to affecting an individual’s perceptions and emotions (Graves-Alcorn, 2017). Naumberg, a pioneer in the field of art therapy, believed in the emotionally spontaneous nature of creative expression and claimed a person can have positive therapeutic results by use of chalk pastels and paint alone (Moon, 2011; Gussak et al., 2021).

The Media Dimension Variables (MDV) model was developed to help classify three categories within the creative therapeutic process: the psychosomatic effect of the art medium, the structure of the art materials and creative activity, and the complexity of the task (see Figure 1). Kagin (1969, as cited in Graves-Alcorn, 2017) described the way art materials elicit a change in a person’s affect as “qualities of properties inherent in a given medium and [the art-making] process which may be utilized in a therapeutic or education situation to evaluate and/or elicit a desired response from an individual” (p. 8). A resistive art medium that can withstand alteration (e.g., pencils, markers) involves more cognitive processing, and a fluid medium, such as tempera paint, gives a more emotion-evoking experience as the unpredictable paint moves easily, and a person has less time to think and plan. In-between these two extremes are art media that are less restrictive but more viscous, such as oil pastels or soft pastels, that can lead someone away from getting caught-up in their thoughts yet hold their emotional control (Hinz, 2015).
**Figure 1.**

*The Media Dimension Variables Model*

![Diagram showing the Media Dimension Variables Model](image)


Structure involves the use or omission of directions and boundaries, and complexity is the level of difficulty to complete the activity. For example, the number of steps involved can make a task more difficult depending on the person’s cognition and/or ability (Graves-Alcorn, 2017). Hinz (2015) stated, “task [instructions] that are low in complexity and structure, enhance the free flow of emotional expression” (p. 224).

The Media Dimension Variables (MDV) model adapted into the Expressive Therapies Continuum (ETC), a systematic framework from which an art therapist can assess a person’s mental state during the art-making process and determine if a person is working from a sensory/kinesthetic, emotional, or cognitive level (Graves-Alcorn, 2017; Green et al., 2014; Lusebrink, 1990). Figure 2 shows the aforementioned levels as a hierarchy although a person can
move between levels and poles (Hinz, 2015; Lusebrink, 1990). After the art therapist determines the person’s level on the ETC, the art therapist can then decide the appropriate activity and art medium that meets the needs of the individual or group and monitor any change in a person’s valence and emotional arousal to make adjustments accordingly (Graves-Alcorn & Kagin, 2017; Haiblum-Itskovity et al., 2018; Hinz, 2015; Lusebrink, 1990). The psychological effect of an art medium correlates to a level of the ETC (Hinz, 2015). For example, the Perceptual/Affective level is focused on the containment or expression of emotions or feelings. It is a level that assesses the formation of representational or vague figures, patterns, and the expression of emotion as a person increases or decreases their use of color hues and values (Hinz, 2015; Lusebrink et al., 2013). The art therapist can also guide an individual towards a more cognitive or emotional state, depending on the resistive or fluid quality of the art medium used,
respectively (Hinz, 2015; Pesso-Aviv, 2014). Boundaries are also considered, such as the edge of paper which creates a more controlled and contained area. As the size of paper increases, a person’s expression of emotions can also increase.

According to Graves-Alcorn (2017), creativity is prompted when the MDV and ETC are used synchronically. Hinz (2015) claimed the use of specific art materials to elicit an emotional or cognitive response is not always congruent to a particular level of the ETC, but this may be because per the MDV, only the art medium and structure were considered.

**Therapeutic Group Work**

Group therapy is less threatening than individual therapy because group members are empowered to support each other and are less inclined to feel alone (Malchiodi, 2015; Thompson & Trice-Black, 2012). Children who share their experiences with their peers are “breaking free from solitude and secrecy” (Malka, 2020, p. 66). Group work naturally invites interaction between group members, and art-making activities meet children and adolescents at their emotional development level (Lerner et al., 2009; Lindsey et al., 2018; Malchiodi, 2015). Roter et al. (2006) indicated that emotion is an important component of a mutual relationship, and in group art therapy, emphasis is placed on group members sharing about emotions that arose during their creative process. It is important to note that the collective mood of the group can be altered if there is a lack of clarity about the activity or disruptions within the therapeutic environment (Barsade & Knight, 2015). Furthermore, the objective of the creative activity and group cohesion can be hindered if the biological age, developmental needs, and abilities of the group members are not considered (Malchiodi, 2015; Streng, 2008).

There is a consensus among therapists that playing therapeutic games is beneficial for children and adolescents in group therapy to learn skills and express themselves. Play is a natural
way children explore, interact with, and learn about the world, and because game play is separate from reality, it allows adolescents to lower their defenses and be less inclined to resist the therapeutic group process (Misurell et al., 2011; Streng, 2008). Playing games as part of therapeutic group work contributes to naturally occurring conversation and improves emotional regulation (Coholic & Eys, 2016; Swank, 2008). Emotional regulation is social in nature with a vicarious effect that converges and impacts the group’s interpersonal emotion regulation (Barsade & Knight, 2015; Van Kleef, 2018).

Swank (2008) stated that there has been disapproval towards therapists using games with rules as a therapeutic intervention because it may hinder a child’s natural expression of thoughts and emotions. However, empirical evidence shows that therapeutic games used as structured play is a developmentally appropriate way to build group cohesion for children and young adolescents because between the ages of 6-12 years, they are more involved in structured play, and games with rules subconsciously motivate them (Misurell & Springer, 2011; Swank, 2008).

**Trauma-Informed Approach**

The art therapist has the responsibility to understand the effects of abuse, neglect, and loss on an adolescent’s emotions and behaviors and develop proactive arts-based interventions in response to the individual’s needs (Substance Abuse and Mental Health Services Administration, 2014). A trauma-informed approach “embraces a perspective that highlights adaptation over symptoms and resilience over pathology” (Elliott et al., 2005, p. 467). As Van der Kolk (2015) explained, "trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body" (p. 21). Poor emotion regulation can be a result of childhood trauma that stifles the development of social skills (Malchiodi, 2015; Thompson & Trice-Black, 2012).
When the art-making activity or thoughts and emotions that emerge creates too much stress for a child, the mediator may shift from the activity to a person or object such as the art therapist or art materials. It can be challenging for children and adolescents exposed to adverse experiences to regulate their emotions during the creative activity because they are asked to look within themselves and process their thoughts and emotions (Malchiodi, 2015). In group art therapy, children and adolescents may be more reactive to interpersonal emotion regulation and may need a mediator—such as an art therapist—to encourage positive interactions (Hoffmann, 2014). An individual’s emotions can influence the overall affective experiences of the group, “sparking emotional reactions and responses… consistent with either convergence [(i.e., through contagion)] or divergence [(i.e., through reactivity)] in mood” (Barsade & Knight, 2015, p. 14.7).

A group member may be apt to purposely dysregulate another group member and potentially affect the group’s mood and disrupt the creative process (Lindsey et al., 2018). Tripp et al. (2019) stated that “keeping arousal within a ‘window of tolerance’ is paramount” (p. 1). Hinz (2015) suggested that using “resistant materials help limit the emotional release, providing a safer, nonthreatening experience” and cautioned against abruptly changing from one medium to another when the art media oppose each other in restrictiveness and fluidity (p. 85). Such a change in art media should be a gradual process to support a healthy transition from an emotional experience to a more perceptual state of mind and vice-versa.

Method

My internship site is at an alternative elementary/middle school that serves children in kindergarten through eighth grade who struggle with emotional and behavioral challenges commonly due to trauma. Teachers and support staff practice nonviolent crisis interventions and perform restraints when safety necessitates it. Children and adolescents may receive services
such as a modality of the expressive arts therapies. I provide an additional service of group art therapy with each middle school class on a weekly basis. The qualitative method was presented as a 3-week group art therapy curriculum. I explored how the art medium influences group cohesion to support the premise that the art medium’s inherent, psychological properties influence an individual’s mood and emotions. I took an observational approach to survey three kinds of art media: fine-tip markers, oil pastels, and tempera paint. The group was a class of seven adolescents, ages 11–14 years old, from diverse backgrounds, within an alternative middle school. The students had diagnoses of post-traumatic stress disorder (PTSD), generalized anxiety disorder (GAD), disruptive mood dysregulation disorder (DMDD), conduct disorder (CD), and attention-deficit/hyperactivity disorder (ADHD)—hyperactive/impulsive and inattentive types. The scores of the Wechsler Intelligence Scale for Children 5th edition, given by the school psychologist, were considered (Wechsler, 2014). The group’s common low scores were found in the cognitive domains of fluid reasoning, verbal comprehension, working memory, and processing speed. The scores were taken into consideration because they impacted the complexity of the game chosen, the number of steps involved in the game, and the group members’ response times.

The method consisted of one, 30-minute session for three weeks and incorporated three components: practicing a coping skill technique, individual art-making as part of a therapeutic group game, and psychoeducational group discussion. Art-making materials used were introduced in previous sessions to familiarize the group with the materials. Each student received a new package of the selected art medium to use during each session. The art media was selected based on their resistive-fluid qualities and was the vehicle for gaining insight into relationships between the art materials’ physical properties and affect. Materials included fine tip markers in
10 colors, oil pastels in 10 colors, and washable tempera paint in 10 colors with two, size 4 brushes in round and flat styles. One art medium was used for the duration of one session.

My stance as the art therapist was to lead the session and facilitate the art-making process. I walked around the room to respond to any questions or comments to emotionally support group members and ensure each person stayed on task. This construct was to minimize anxiety and support the needs of the group. As I entered the classroom and before greeting the group, I observed the group’s exhibited emotions and non-verbal behaviors to identify the group’s mood and receptivity towards the slated art therapy session. The group’s positive/negative valence and high/mid/low emotional arousal was rated using 3-point Likert scales. Changes in group members’ affect during their art-making process, how the change influenced the group’s collective mood, and how the group’s mood and dynamics affected me as the facilitating art therapist were observed. I re-rated the group’s valence and emotional arousal again midway through each session, and a third time at the end of each session.

The sessions began with a 4-4-4 count, triangle breathing technique to help bring everyone’s focus to the art therapy group. Participants followed my lead as I traced a triangle with my finger in the air, and we inhaled for 4 seconds on the first side of the triangle, held our breath for 4 seconds on the second side, and exhaled for 4 seconds on the triangle’s third side.

The activity was game-based, and the theme for my method was emotional intelligence, a fundamental principle in emotional regulation (Hall et al., 2018). The game was created for the purpose of this research. For the time allotted, the game was tailored to the classroom’s usual seating arrangement and each person played on their own game board. The object of the game was to win, which kept the group motivated and engaged for the duration of the activity.
I created a game board for each participant for each session using a sheet of 12” x 12” mixed media paper (see Figure 3). I drew a grid on each board with nine, 4”x4” squares (three rows across and three columns down). The grid boxes had short phrases that identified a coping skill, positive affirmation, or emotional/somatic awareness. Every board had the same short phrases, so everyone would have a box to claim every time I called out a phrase. The phrases were shuffled so no two game boards had the same phrase in the same square. I created a set of cards for myself from which I could randomly select a phrase. The phrases remained the same for every session.

The first session began with a breathing technique and game introduction. Each participant received a game board and a new box of fine tip markers in a small basket. I selected a card from my deck and read the phrase aloud. Participants found their corresponding square and were given 3-4 minutes to expressively fill the box with the art medium provided. Participants won when they filled three consecutive boxes across, down, or diagonally. After someone won, the game continued for a second place winner (considered as a second round).

**Figure 3.**

*Sample Therapeutic Game Board*
The second session began with a 4-4-4 breathing technique, I reintroduced the game to the group, and each participant was given a new box of oil pastels in a small basket. The third and final session began with a breathing technique, a re-explanation of the game, and each participant received an ice cube tray filled with tempera paints and two paint brushes. After the activity, I repeated the deep breathing technique to bring closure to the session and help them transition to their next school subject.

After assessing the group’s affect following the activity, group members discussed use of the art media and their experience with the game. This portion was not recorded and was intended to help the group members process their experiences and inform me for future games.

After each session, I took notes about what I observed, what happened during the art activity, and how I responded to occurrences. Then, I created an art response to the session. Fish (2012) explained that the art therapist’s art response is to help them “contain difficult material, express and examine their experiences, and share their experiences with others” (pg. 138). All three art responses were created at the same table within the same room with the same assortment of art media. Available art materials included: colored pencils, markers, oil pastels, tempera paint sticks, tempera paint, soft pastels, gel pens, crayons, and color tissue paper with glue. I did not set a time limit, and there were no distractions during the creation of the art responses. My approach was to abstractly express what I felt, and my starting position within the ETC was within the Perceptual/Affective level. My intention was to use the same medium as the group used in the session, but I allowed myself to deviate from it as I felt inclined to do so. From what came up during my art responses, I returned to writing additional process notes about the session as necessary.
Results

The following results are presented as: my experience with the art materials as I planned to present them to my adolescent art therapy group, the group art therapy sessions, and my art response for each session.

My Experience with the Art Materials

Figure 4 shows my use of markers on a square from the game board. Markers are not easily altered from lines that cross-cross and overlap. I reasoned about what to draw at various moments during the process and tried to draw slowly to make straight lines. The preciseness was somewhat anxiety-provoking, and quick, short strokes were created in a back-and-forth motion to quickly finish the task.

Oil pastels fall midway between the extremes of resistive and fluid art media. The smooth, smearable oil pastels moved my hand quickly across the paper as a blended effect was created (see Figure 5). This was less of a premediated task compared to the markers, and it was

Figure 4.

*Markers 3”x3” Mixed Media Paper*
more of a tactile experience as I found myself aware of the oil pastel residue on my fingers.

The small paint brushes complimented the small area to paint and created a boundary for expression. Short brush strokes with tempera paint were translucent as the paint was applied to the paper (see Figure 6). I noticed my arms were close to my body, possibly as an adaptation to the small size of the paper. Thick layers built up as the paint went beyond the edges and covered the entire area of the paper.

Session 1: Fine Tip Markers (Resistive)

I prepared for the first session with a few deep breaths, and as I entered the classroom, I took a minute to observe the group before greeting them. The room was set up with four, 8-foot long tables where a student sat at the far end of each table. There was one student absent for the session. Everyone was quietly working, and the word that came to my mind was: focused. On a 3-point Likert scales that measured for low/moderate/high valance and emotional arousal, I rated the group with positive valence and low emotional arousal (see Table 1).
Figure 6.

Tempera Paint on 3”x3” Mixed Media Paper

Table 1.

*Group Valence and Emotional Arousal*

<table>
<thead>
<tr>
<th>Session 1: Marker</th>
<th>Session 2: Oil Pastels</th>
<th>Session 3: Tempera Paint</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Valence</td>
<td>Emotional Arousal</td>
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<tr>
<td>Beginning</td>
<td>positive</td>
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<tr>
<td>Middle</td>
<td>positive</td>
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<tr>
<td>Ending</td>
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</table>

A few individuals verbally responded to my greeting. I asked everyone to take a minute to put their work aside. I led the group in a breathing triangle technique to bring focus to the present art therapy group session. I introduced the therapeutic game to the group, answered a couple of questions, and there seemed to be an increase in emotional arousal among the group members at this time. The group played a couple of rounds of the game. One individual did not want to use the markers for the second round, asked for crayons to which I responded that I did not have any
with me, and then a staff member offered the individual colored pencils. A group member, who oftentimes rushes through group art therapy activities quickly, remained engaged during the game and drew simple, clipart-style figures that represented the box’s phrase. Out of the six students, two individuals who usually draw during group art therapy chose to write words with marker in their boxes instead. One of these individuals disengaged during the second round of the game and their affect seemed to change and displayed a more negative valence. At the end of the game, the group discussed winning and losing. On a Likert scale, I rated the whole group with positive valence and midlevel emotional arousal. I led the group in the breathing triangle technique to close the session and thanked the group for their participation.

There were various distractions throughout the session including: staff who entered and exited the room, staff who quietly sat with the group for a few minutes, and staff who spoke loudly with another staff member. Despite the distractions, the group was able to remain focused on the game; however, as a group, the designs and drawings created in the boxes seemed rushed and inauthentic. I returned to the expressive therapies room and created an art response to process the session.

**Art Response – 1**

Figure 7 shows my expressive response to the first session. I considered using fine tip markers as the group used during their therapeutic game, but I felt I needed something more viscous to express my high emotional arousal, so I began with a yellow tempera paint stick instead. I attributed my use of this color to the sunlight shining outside and the color of someone’s sweatshirt I saw that morning. Then I used a light blue paint stick in the upper, left hand corner. I felt flustered, and my body temperature felt elevated I switched to broad tipped markers in blue and yellow. I moved from the left side of the paper to the right side and changed
to orange and blue fine tipped markers. On the right side, I made quick, medium length strokes with the fine tipped marker while I thought about a distraction that occurred during the session. I went back to using the paint sticks to fill-in some negative space on the paper, and as I found myself feeling more relaxed, I decided that was my stopping point.

**Session 2: Oil pastels (Resistive-fluid)**

I prepared for the session with a couple of deep breaths and a drink of water as I gathered the group’s supplies. I felt more self-assured about the second session as I had a better understanding of what to expect. As I entered the classroom, I took a minute to observe the group prior to greeting them and rated them with positive valence and low emotional arousal. I then greeted the group and led them in a breathing triangle technique. They were familiar with the game from the previous week; however, I took time to explain the game to the individual who was absent the week before. I re-explained the rules of the game to the group and introduced oil pastels as the art medium to use. I passed out new game boards and baskets containing a new

![Art Response – 1 on 12”x18” Mixed Media Paper](image)
package of oil pastels to each group member. One student teased another student but did not receive a response. I acknowledged the student who made a comment. During the game, a student was called out of the room, and they shared their disappointed in having to leave the activity. Two individuals who sat closely next to each other seemed to use a lot of pressure as they applied the oil pastels to the paper because they left a crumbly residue on their game boards. The group members remained seated and were engaged for the entirety of the game. At the start of the second round, I rated the group as positive valence with a low emotional arousal. This measure remained stable to the conclusion of the session.

**Art Response - 2**

Figure 8 shows my expressive response to the second session. I intended to use oil pastels; however, I opted to use gel pens possibly because I did not want the oil pastels to crumble on my work as I witnessed during the session. I roughly sketched triangles that reminded me of trees. I switched to a yellow, broad tipped marker and quickly made long strokes that left negative space in-between the lines. I selected an orange marker and covered the trees.

**Figure 8.**

*Art Response – 2 on 12”x18” Mixed Media Paper*
Overall, I thought the picture felt very energized and warm. I took an orange tempera paint stick, and with light pressure, I colored a border around the page. I thought about my influence within the art therapy group. I felt the resistance between the paint stick and paper. I noticed my body felt less nervous compared to moments before, and my body temperature felt cooler. This is where I decided to end my art-making process.

**Session 3: Tempera paint (Fluid)**

I prepared for the session and took a few deep breaths as I gathered the supplies for the therapeutic game. I used ice cube trays as palettes to help ensure each person had enough paint for the entire session. When I entered the classroom, I paused before greeting the group and rated them with a positive valence and midlevel emotional arousal. There was one student who was marked absent but was present in the classroom when I arrived. I had to excuse myself to get a set of supplies for them. As I quickly returned to the classroom, I did not give myself time to monitor my somatic response.

I greeted the group and thanked them for waiting. One group member laughed to get the attention of another group member. I acknowledged the individual who laughed. A staff member spoke to a group member, and the group waited for them to finish. I led the group in a triangle breathing technique, and this seemed to help the group become more focused on the present activity because they became quiet and looked in my direction. I reminded them about the rules of the game and passed out the ice cube trays with two paint brushes for each student. One group member laughed about the small size of their paint brushes. Midway through the game, the group’s emotional arousal increased, but their positive valence remained the same. Another group member asked questions about painting techniques. A third student mixed their paints together and seemed pleased with the end result as they called me over to show me. I
acknowledged their creativity by naming the new colors they had created. A group member who usually keeps to themself asked me to compare their game board with another group member’s board. I redirected their question and suggested they compare their painted board with something else they had painted themself. They lowered their painted board in response but maintained their emotional control and walked away. There were distractions during the session including a staff member who periodically walked around the room and interacted with group members, and another staff member who entered the classroom during the session. Some group members appeared to become frustrated by these interruptions, but their emotions did not escalate any further as they were able to refocus on playing the game. At the end of the session, I observed the group’s emotional arousal had increased since the midpoint of the session, and the group’s valence remained positive.

**Art Response - 3**

Figure 9 shows my artistic response to the third session. I took a yellow tempera paint stick in lieu of fluid tempera paint and made broad swaths of color across the paper. I followed with an orange paint stick, then used red, purple, and pink, respectively. I paused momentarily then added blue because I noticed that color was missing. There was an area with a lot of yellow color that did not appeal to me, so I took an orange, broad tipped marker and drew a pattern of crisscrossing lines. I felt like the image was incomplete, like what I felt about the group art therapy session. There seemed to be a disconnect between the group members’ use of paint and the way they expressed their responses.
Discussion

This project explored the use of art-making materials, chosen based on their range of resistive-fluid qualities, to observe their psychological effects on the collective mood of an art therapy group. An analysis of the results of the Likert scales partially supports the hypothesis that the art medium used in group art therapy influences the collective mood of a group. Table 1 shows the art therapy group’s valence and emotional arousal before, during, and after each session. Group valence was consistently positive throughout each session despite disruptions during the sessions. According to Wilkinson and Chilton (2018), the anticipation to use art materials can elicit prosocial behaviors because of the body’s release of natural hormones that decrease stress. This may be especially true since this was an established art therapy group that I had been working with for 5 months.

The group’s emotional arousal increased one step and remained at that level during the first session (when markers were used) and during the third session (when tempera paints were used). The increase in emotional arousal during the first session using markers as a resistive art
medium contradicts what Lusebrink (1990) considered to be a self-contained material that involves cognition on the perceptual side of the ETC (Hinz, 2015). However, there were two group members whose responses supported the ETC as they functioned more cognitively and wrote words instead of drawing or coloring.

According to Hinz (2015), when working within the framework of the ETC during group art therapy, it is ideal for participants to check-in at the start so the art therapist can assess group members’ position on the ETC and plan the activity accordingly. This was not done for this method; however, Hinz identified this alternative approach without a check-in as a predetermined art experiential, similar to following a curriculum. Hinz indicated that for such a session, arranging the available art media on a table like a continuum, from resistive materials to fluid materials, and allowing the group members to select their own medium, is another way the art therapist can make an assessment in relation to the ETC. For my method, this may have been a factor that affected the emotional arousal of the group because group members were given both a directive and the art medium without an option. A couple of instances during the first session—such as when one group member asked for crayons instead of using markers and another group member did not want to continue using marker—exemplifies that the group may have needed to be able to select their own art medium to support their process.

Graves-Alcorn (2017) found that the structure and complexity of the activity are important aspects of the Media Dimension Variables (MDV) model. Playing the same game brought structure to the activity which is also a facet of safety when working with groups in an open environment such as a classroom (Lazaro et al, 2020; Streng, 2008). However, the complexity of the game may have attributed to the uptick in emotional arousal in which the
concept of turning a written phrase into a visual representation was inappropriate for the developmental needs of the group (Malchiodi, 2015; Streng, 2008).

Unexpected distractions may have primarily affected my facilitation, and its influence on the group members’ game performance was a secondary effect. According to Jett and George (2003), when a person is working on a task that involves words (such as the phrases in the squares), disruptions such as someone talking engages the same component of a person’s working memory, thus affecting their mental processes. It is possible that the distractions may have affected me as the facilitator more than the group because as I talked, I was essentially competing with some of the distractions that involved someone else talking. As a result, changes in my emotional arousal may have affected the collective mood of the group.

The different symptoms of group members’ diagnoses may have also played a role in influencing the group’s emotional arousal. Although the game incorporated a strengths based, trauma-informed approach through the use of positive affirmations and flexibility for group members to modify the task or art medium, the goal to win may have been a distraction in itself as it required emotional regulation from group members (Jett & George, 2003). Art therapy groups specific to an individual’s mental health needs may be better suited for children and adolescents with emotional and behavioral challenges in a therapeutic school. However, since children and adolescents spend most of their time within a classroom, the objective of the therapeutic intervention may be more important to address any occurrence of presenting symptoms in group members (Damon et al., 2007; Streng, 2008). It may be more beneficial to the group if the art therapist assesses the students’ level on the ETC to create an art therapy curriculum based on the strengths, development level, and psychosocial goals to support the group’s needs within a school setting. From this perspective, the art medium would be a
fundamental element within the therapeutic process, but as mentioned by Lowenfeld and Brittain (1987), the creative expression would take precedence.

Potential limitations include small group size, student absences, and staff interactions with group members during the sessions. These were out of my control and not preventable. Time constraints were the most anticipated challenge. For example, the breathing technique was intended to address any potential executive functioning challenges and give group members time to transition and focus. However, one group member needed additional time to mentally transition into the art therapy space. This was expected based on the trends of the group, and the session was set-up to allot for time to enhance the sense of safety within the group (Moon, 2000).

It would be beneficial if future studies of art therapy groups were able to isolate the art medium as the only changing component of the method to compare the use of more than one medium during a session. This could help determine how art media can help decrease emotional arousal and influence the collective mood of the group. It would be interesting to develop other therapeutic games that incorporate art-making to practice coping skills, explore emotions, and enhance group cohesion within art therapy groups for adolescents.

The art therapy group does not exist in a vacuum, and in this research, it was found that the psychological properties of art media and disruptions within the therapeutic environment were contributing factors to the group’s collective mood. Findings suggest that the effect of art media on the collective mood of the group merit further study, but it can be posited that the incorporation of the Media Dimensions Variable (MDV) model with a well-managed therapeutic environment enhances the development of an effective school-based art therapy group.
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Student’s Name: Jaime Isaak

Type of Project: Thesis

Title: Effect of Art Media on the Collective Mood of a Middle School Art Therapy Group: A Development of a Method

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.

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