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Lost in Treatment: Finding the Person through Developing a Method and Parallel Drawing

Capstone Thesis

Lesley University

May 5, 2023

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Art Therapy

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Abstract

This project implemented a method developed with a child diagnosed with autism spectrum disorder (ASD) in mind, exploring how concepts from neurodiversity, double empathy problem, and phenomenology of living with ASD can be highlighted within the project. Progress was tracked through clinical observations, free-writing, art-based reflections, and consultations. Results highlighted the therapeutic potential of simulating a peer-to-peer, simultaneous art-making process in strengthening a therapeutic alliance grounded in the person-centered principles of non-judgment, empathy, and authenticity. The artwork created during the process acted as client-based documentation of Gestalts, superseding the clinical utility of a purely verbal therapeutic process within the context of working with ASD. Considerations for further research lie within the readers' self-reflexivity regarding implicit neurotypical biases.

Keywords: Autism, autism spectrum disorder, neurodiversity, double empathy problem, art therapy, drawing, person-centered, strengths-based

Author Identity Statement: I am a human who is or identify as Asian, a brother, a brother-in-law, Buddhist, cisgender, Japanese, Japanese citizen, male, a man, a non-resident alien, Shinto, a son, an uncle, and unmarried, in alphabetical order. My personal experiences with mental health, including working in suicide prevention, have taught me the insidious nature of depression, isolation, loneliness, and inability to make or find meaning in life, which continue to impact the way I think, feel, and exist in this world.

Author Note: In the effort to ally with the people who have reclaimed the term and identify as “autistic” and not “a person with autism,” I use identity-first language in this paper. I use “autism spectrum disorder” and person-first language for the medical phenomenon (i.e., clinical diagnosis). I use “autism” for the cultural phenomenon.

Lost in Treatment: Finding the Person through Developing a Method and Parallel Drawing

Introduction

It is difficult to ignore the surface appearances and behavioral manifestations of ASD to get to the feeling, thinking person beneath, but confusing these outward signs and impairments with definitive conclusions about affection, motivation, and capacity is a mistake. Inevitably, the result is to dehumanize the person with ASD, adding a veil of isolation to the person's already isolating difficulties. (Marks et al., 2016, pp. 467-468)

The shortest distance between two points is always under construction.

—Rebecca McClanahan

Nihil de nobis, sine nobis. (Nothing about us without us.)

Abraham Maslow (1943) proposed a hierarchical structure that attempted to organize human behavior and motivation in terms of different levels of needs. According to Maslow, humans must secure lower-level, fundamental needs before proceeding to meet higher-level needs that are not essential for biological survival, such as aesthetic needs. This theoretical perspective that behavior and motivation are fueled by needs can be informative in nurturing and maintaining a curious, person-centered, and trauma-focused approach in therapeutic work. Psychiatric conditions and mental health disabilities may highlight deficits and impairments in areas that are deemed fundamental (e.g., capacity to find interest in social interactions or ability to communicate effectively) by those without such conditions nor disabilities, but a true humanistic perspective would not preclude the consideration of certain needs for an individual simply because of their so-called deficits and impairments.

Autism spectrum disorder (ASD) is a neurodevelopmental condition primarily characterized by persistent social deficits and impairment, among other diagnostic features (American Psychiatric Association [APA], 2022). The prevalence of ASD in the United States lies between 1% and 2% of the population (APA, 2022), and the most recent data from 2018 regarding prevalence in the United States have identified 1 in 44 of eight-year-old children with ASD (Maenner et al., 2021). Since ASD as an independent diagnosis was only conceived about 40 years ago, research and information about adults and older adults with ASD are lacking. On the other hand, research and literature that reflect on the phenomenological experiences of living with and being treated for autism have emerged, along with information on the impact of autism on caretakers and family systems. Suicide risk is significantly higher for individuals with ASD than those without (Bakian et al., 2019), which is not a direct effect of the diagnostic features of ASD but the challenges of living with ASD, such as depression (Radoeva et al., 2022), camouflaging (i.e., fitting into social situations by actively repressing autistic traits), and unavailability of support (Cassidy et al., 2018). The diagnostic features of ASD point towards social difficulties particularly within neurotypical communities who have created and maintain deficit- and impairment-based narratives surrounding ASD that marginalize autistic people—a sentiment crystallized in the quote above from Marks et al. (2016).

This capstone thesis embodies a person-centered approach that aligns with the ethos of neurodiversity and double empathy problem (Milton, 2012) by highlighting the process of developing a method for a school-aged child with ASD, as much as the method itself. The drive for the topic and theme lies in the author's subjective emphasis on addressing isolation, loneliness, suicide, and implicit neurotypical biases. Research of literature expanded beyond the clinical realm of diagnostic features and current treatment methods and included systemic

frameworks that offer different perspectives on disability, deficit, pathology, and treatment, then highlighted alternative routes for treating or being with autistic children. Results are presented through clinical observations, personal reflections, and personal artwork done in and outside of sessions.

Literature Review

In this section, an overview of autism is provided through its historical, clinical, and phenomenological aspects, followed by an exploration of past and current treatment methods as a segue into the development of a method.

Clinical History of ASD

Establishing the key features and symptoms of ASD in clinical literature (e.g., diagnostic manuals) help delineate the boundaries of the diagnostic spectrum, especially given the evolution of autism as a clinical phenomenon throughout the years. The term, autism, appeared in the clinical literature for the first time in 1952 as a symptom of schizophrenia in the first edition of the Diagnostic and Statistical Manual of Mental Disorders ([DSM]; APA, 1952; Herman, n.d.; Volkmar et al., 2016). During this era, which included the publication of the second edition of the DSM (APA, 1968), symptoms that resembled autism were nested under the diagnostic frameworks of childhood schizophrenia and childhood psychosis. With the publication of the third edition of the DSM (APA, 1980), the label for the diagnostic class of “pervasive developmental disorders” was replaced with “neurodevelopmental disorders,” and autism was recognized as an independent diagnosis in the form of “infantile autism” and “residual autism” (Volkmar, 2016; Volkmar et al., 2021). Conditions previously associated with ASD have become obsolete with the publication of the fifth edition of the DSM (APA, 2013). Specifically, the diagnostic criteria for ASD have been revised to accommodate the variability of symptom

presentation and severity, consequently inheriting associated conditions such as Asperger syndrome and pervasive developmental disorder, not otherwise specified (Volkmar, 2016; Volkmar et al., 2021). The shift from a categorical to a more dimensional, multi-axial approach in the DSM literature allowed for flexibility in diagnosing ASD (Volkmar, 2016). Despite the evolution of autism as a cultural and clinical phenomenon, social disinterest and preference for sameness have remained stationary as core features of ASD.

Diagnostic Features

The key diagnostic features of ASD are currently defined by the American Psychiatric Association (2022) as “persistent impairment in reciprocal social communication and social interaction and restricted, repetitive patterns of behavior, interests, or activities...that are present from early childhood and limit or impair everyday functioning” (Autism Spectrum Disorder section, Diagnostic Features subsection). Symptoms of ASD are often observed in early childhood, when behaviors that resemble typical development are absent or impaired, such as initiating and maintaining joint attention, engaging in social play, demonstrating age-appropriate imagination, exercising flexibility, and developing mutual peer relationships (APA, 2022).

Associated Features

Impairment and deficit in intellectual, language, perspective-taking, executive function, and motor areas are associated with ASD, though as the diagnostic label indicates, these can vary in their severity and presentations (APA, 2022). Although the underlying neurobiological condition of ASD indicates chronic, lifelong stability of symptoms and/or symptom severity, global improvement can be observed during adolescence (McGovern & Sigman, 2005), while severity in the behavioral domain can increase during adolescence (APA, 2022).

Literature on children with ASD is abundant, but cross-sectional and longitudinal studies of adults with ASD are minimal (Howlin & Magiati, 2016). Based on extant literature, outcomes of ASD can vary vastly with some individuals requiring lifelong institutional care while some individuals leading lives independently and having achieved perceived successes (e.g., academic, professional, marriage, etc.), but most adults with ASD require substantial family support and/or disability services, along with experiencing poor social integration. With significantly higher emphasis on past research and practice surrounding children with ASD, educational institutions have become able to provide improved service and support for younger children. Beyond primary school, however, services, support, and education are difficult to find or access. Unemployment and dependency on government subsidies become salient issues as children with ASD enter adulthood, which incurs high costs at both the societal and personal levels.

Intact structural language and higher verbal capacities have been associated with “fewer diagnostic symptoms and stronger adaptive communication, daily living, and socialization skills” (Birtwell et al., 2016, p. 20). Expressive vocabulary and working memory skills are vulnerabilities consistent with ASD (Löytömäki et al., 2020), along with language production necessary for narrative construction, which is associated with theory of mind skills (Kujiper et al., 2017). Although difficulties with identifying emotion or understanding and practicing empathy seen in ASD may be a result of co-occurring alexithymia as opposed to the diagnostic features of ASD (Speyer et al., 2022), challenges in the socioemotional area (e.g., emotion identification and theory of mind) may still lead to social isolation, as compared to children with ASD whose social communication skills are not impaired, children with ASD who face social communication challenges are at higher risk for suicidality (Culpin et al., 2018). Furthermore, adolescents and young adults with ASD are at higher risk for suicide attempts (Chen et al.,

2017). With ASD in general being associated with higher risk for suicidality (Kirby et al., 2019), strength in language and verbal areas not only promote adaptability in social, academic, and professional settings but can also act as protective factors against mood disorders and suicide.

Comorbidity

Comorbid diagnoses commonly present with ASD are intellectual developmental disorder, language disorder, specific learning disorders in language and math, and developmental coordination disorder (Baird et al., 2011). Psychiatric conditions, such as anxiety disorders, depression, and attention-deficit/hyperactivity disorder (ADHD) co-occur with ASD, where one comorbid psychiatric condition can be seen in about 70% of people with ASD, while two or more psychiatric conditions can be seen in about 40% of people with ASD (Hollocks et al., 2019; Simonoff et al., 2008). Avoidance and rigidity surrounding eating and dietary preferences can present as avoidant/restrictive food intake disorder, with constipation being a commonly associated medical condition (APA, 2022). When ASD presents impairment or deficits in the communication and language areas (e.g., nonverbal presentation), changes in sleep patterns, eating, and development of avoidant or compensatory behaviors can become crucial signs for potential psychiatric and physical health conditions, such as depression, anxiety, and dental problems (APA, 2022).

Etiology and Phenomenology

Different models of disability have been developed over the years, reflecting the paradigm shift from modernist to postmodernist perspectives in research and academia. As the parameters for abnormalities and pathology surrounding psychological conditions continue to shift along with cultural standards, exploring how ASD has been framed as a mental health

disorder and disability over the years can provide a holistic etiological understanding as opposed to an understanding based solely on a biomedical perspective.

Models of Disability: Medical vs. Social

When autism entered the clinical literature in the 1950s as a symptom of schizophrenia and then as an independent diagnosis in 1980, its conceptualization became inevitably tied to the pathologizing, deficit-, and impairment-based narratives nested under the medical model of disability (Howson, 2021; Shuck et al., 2022). Remedial efforts under the medical model of disability focused on treating autistic people so that their deficits and impairments do not hinder their entrance into and presence in society. As more qualitative data regarding the lived experiences of and surrounding disabilities became available (Pearl Buck's *The Child Who Never Grew*, Dale Evans Rogers' *Angel Unaware*, Eunice Kennedy Shriver's *Hope for Retarded Children*, Clara Claiborne Park's *The Siege*, self-advocacy work of Jane Meyerding, etc.), a social model of disability gained prominence. Through self-advocacy and emic narrative production primarily by high-functioning autistic individuals (e.g., Temple Grandin and Judy Singer, mentioned later, among others) a global autistic community has also emerged (Bagatell, 2010; Baumer & Frueh, 2021), leading to a strength-based, difference-based conceptualization of autism as opposed to the traditional, medical, and deficit-based perspective (Kapp et al., 2012).

Neurodiversity and Double Empathy Problem

In Singer's (n.d.) concept of neurodiversity, disability arises from the discrepancy between autistic traits and the expectations of surrounding sociocultural contexts, with neither autistic individuals nor societies bearing the sole responsibility for disability. Singer compared neurodivergence to established political categories such as class, gender, and race, emphasizing diversity and differences over deficits. The perspective of autism as an integral part of identity

called for a shift in language, such as from a diagnosis- and disability-first language to person-first language (Autistic Self Advocacy Network, n.d.). More than two decades after the term neurodiversity was coined, Milton (2012) proposed a framework called the double empathy problem that illuminated the possibility of difficulties in social interactions between neurodivergent and neurotypical people arising from a mismatch of communication styles and social expectations, not from social impairments and deficits rooted in ASD. Neurodiversity and the double empathy problem promote an alternate understanding of neurotypical priorities and constructs, such as theory of mind (i.e., perspective-taking from the perspective of neurotypicals), reciprocal conversation, maintaining eye contact, tolerance of sensorial input, and so forth. The double empathy problem seems obvious within the context of cultural competency, responsiveness, and sensitivity within counseling professions (e.g., clients with collectivist values foregoing individualistic goals), yet the on-going nature of the national movement towards diversity, equity, and inclusion, along with cultural competency, responsiveness, and sensitivity suggests how the theoretical understanding of mutuality (i.e., double empathy problem) does not necessarily lead to changes in praxis.

Impact on Caretakers and Family Systems

As a social model of disability emerged, lived experiences of and surrounding autism shed light on the impact of autism on caretakers and family systems. With nationwide changes at the federal level in the perception and recognition of disabilities (e.g., The Education for All Handicapped Children Act in 1975, which was renamed the Individuals With Disabilities Education Act in 1990; Herman, n.d.) that led to a normalization of disabilities and developmental disorders, the focus of treating children with autism shifted from institutionalization to addressing symptoms in-home and through educational settings. Parents of

children with autism, therefore, began taking more of an active role in the treatment of their children.

Samsell et al. (2022) conducted a systematic review and metasynthesis of qualitative studies to identify recurring themes found in the experiences shared by parents of children who have ASD. Ten themes were identified (social interaction, social isolation, life adaptation, advocacy, stigma, psychological impacts, financial burdens, health care services, education services, and gaps in knowledge about ASD) and organized into four categories (behaviors, socioemotional impacts, structural needs, and gaps in knowledge about ASD). The researchers designed a flowchart that outlines the steps and direction in which ASD-related knowledge can be disseminated to improve psychological or educational interventions and address the challenges that ASD-impacted families face, including mental health issues. In a study of the effect of mindfulness- and positive psychology-based treatment methods on mothers of children with neurodevelopmental disabilities (including autism), the baseline for stress levels and associated psychiatric conditions indicated elevated stress among 85% of the sample group (i.e., mothers), with 48% being clinically depressed and 41% having anxiety disorders (Dykens et al., 2014). Although positive experiences, such as through active participation via advocacy work and embodying patience, tolerance, empathy, and resilience exist for those impacted either directly or indirectly by neurodevelopmental disabilities (Dykens, 2006; Smith et al., 2009), significant life changes for caretakers (e.g., quitting jobs, switching careers, lifestyle modifications) and impact on family systems (e.g., feelings of isolation, grief, guilt and/or shame, financial power, elevated stress, separation and divorce) are prevalent issues that affect health outcomes at the societal level (Marks et al., 2016; Samsell, 2022; Smith et al., 2009),

illuminating the repercussions that accompany the shifts in models of disability and normalization of disabilities.

Recent History of Treatment Methods

Contemporary conceptualization of a treatment for ASD has primarily focused on the “promotion of language, communication, socialization, independent living, and emotion regulation skills” (Shuck et al., 2022, p. 4627). Behavioral management and environmental approaches have been the main modes of treatment, with use of medication also being common for managing co-occurring symptoms, especially irritability, aggression, impulsivity, and problems with sleep, but currently there are no medications that directly target the social and communication areas of ASD (McCracken & Gandal, 2016). Applied Behavioral Analysis (ABA; Lovaas, 1987) has provided the behavioral framework for the treatment of ASD (though not used solely for ASD), an approach based on operant behavior modification that involves the extinction of maladaptive and antisocial behavior and reinforcement of adaptive, prosocial behavior. However, ABA has been criticized for its pathologizing and silencing autistic traits and identities, with examples of inhumane or abusive administrations of treatment that risk the development of posttraumatic stress disorder and/or suicidality (Autistics for Autistics Ontario, n.d.; Harmon, 2004). Various intervention models (e.g., early intensive behavioral intervention) have been developed since the inception of ABA, along with integrating a wider range of service providers, such as Board-Certified Behavior Analysts, special education teachers, behavioral therapists, speech and language therapists, occupational therapists, therapeutic support staff, aides, school psychologists, clinical psychologists, and job coaches (Iadarola & Smith, 2016).

Considerations for Developing an Art Therapy Method

Along with what treatments for ASD have focused on, Gomez & Baird (2005) noted how research in ASD has been in the areas of cognitive, sensorimotor, and social development. According to Durrani (2014), the development of therapies for children with ASD have been neglecting their socioemotional development, though this observation may be outdated. Therefore, insight regarding the existential aspects of autism (e.g., conceptualization and perspectives on meaning of life) and general sense of wellness are limited to literature produced by autistic and autistic-adjacent individuals or (mis)representations on media.

Person-Centered Approach

Shuck et al. (2022) recognized the overall shift of behavioral interventions for autism from the traditional, medical perspectives to those that are naturalistic and person-centered. The researchers highlighted the promising nature of Naturalistic Developmental Behavioral Intervention (NDBI) as a behavioral intervention framework that includes and centers autistic voices, therefore co-constructing the framework and merging the conflicting contributions of neurodiversity and the medical framework. Rooted in Carl Rogers' client-centered therapy (1951), a person-centered approach requires a therapist to embody congruence (i.e., genuineness or authenticity), unconditional positive regard (i.e., non-judgment), and empathy within the therapeutic relationship. The non-directive and anti-deterministic stance trusts and promotes the client's innate drive and ability to self-actualize. NDBI has recognized the lack of humanistic, person-centered principles in the behavioral interventions for autism, such as traditional forms of ABA, while incorporating another lens that aligns with the Substance Abuse and Mental Health Services Administration's (2014) key principles of a trauma-informed approach, especially "trustworthiness and transparency," "peer support," "collaboration and mutuality," empowerment, voice, and choice," and "cultural, historical, and gender issues" (p. 10-12).

ASD, Trauma, and Adverse Childhood Experiences

With traditional behavioral interventions for ASD focusing on impairments and deficits surrounding verbal, communication, and social, and emotion-regulation skills, along with how the self-advocacy surrounding neurodiversity and inclusion of neurodivergent voices have been accomplished by adults, children's experiences of challenges, trauma, isolation, and so forth have been overlooked. Bernadoni (2022) highlighted how responses to traumatic events and adverse childhood experiences can be dismissed as symptoms of ASD, such as "avoidance of nonpreferred stimuli..., emotion dysregulation, compulsive or self-injurious behaviors, hyperarousal to loud noises or sudden movements, social withdrawal, irritable behavior, angry outbursts or extreme temper tantrums, and dissociative behavior" (p. 3). Bernadoni's (2022) account also shed some light on how self-derived intellectualization and associated cognitive rigidity can contribute to not recognizing the traumatic or adverse nature of an event or relationship.

Restricted Interests

Gunn & Delafield-Butt (2016) found that including the restricted interests (RIs) of children with ASD into the classroom setting promotes learning and social skills. Ris can be "pathological expressions to be contained and reduced, and on the other, they can be viewed as particular, if not idiosyncratic, expressions of an individual's personality and agency" (Gunn & Delafield-Butt, 2016, p. 409). Although Ris may seem overly specific or digressive compared to the normative subjects and topics offered in classrooms, children's motivation to learn about their Ris, organize information, and use of cognitive skills and physical resources to accomplish their research mirror the essential aspects of learning. Furthermore, the researchers found

improvements in social engagement, specifically in the areas of joint attention, speech fluency, vocabulary, body orientation (e.g., facing people when talking), and perspective-taking.

Art Therapy and ASD

In art therapy, there are examples of interventions that focus on the sense of self (Martin, 2008; Schweizer et al., 2020) and attachment (Durrani, 2014; Isserow, 2008; Kaiser, 2016; Springham & Huet, 2018), some specifically for children with ASD. Bernier et al. (2022) have found that art interventions (visual art, music, and theater) facilitate self-expression among children with ASD and new perspectives regarding themselves, others, and the world, while also promoting social learning. Brancheau's (2013) perspective on the desire to communicate focused on the inability to express in ways that made sense to the outside world. "Children create art because it is rooted in the need to relate to their world" (Emery, 2004, p. 147), and "art is particularly useful for 'marking' experiences through mirroring because the art object so readily signals a 'not for real' quality, which decreases the risk of the relational encounter becoming too intense" (Springham & Huet, 2018, p. 9). Art therapy has the potential to explore and address the existential experiences (sense of self, other, and the world/existence) of children with ASD, which have been neglected in past traditional forms of treatment and interventions.

Summary

This literature review provided insight regarding the phenomenological experiences of living with the symptoms of ASD and autism as a cultural phenomenon, while also providing the foundation for developing a person-centered and strengths-based art therapy method for children with ASD in academic settings that honors their neurodivergent identities and voices.

Exploration of neurodiversity and the double empathy problem laid down the foundation for locating a stance that centered neurodivergent voices, knowledge production, and experiences.

Method

A method was developed to provide an intentional outlet for a selected individual with ASD and comorbid attention-deficit/hyperactivity disorder (ADHD) and generalized anxiety disorder (GAD) to externalize any present, on-going, and/or past issues that tend to conflict with needs and priorities within an academic setting, such as engaging in academic work and normative social development. Therefore, the goal was not behavior modification or treatment per se but to offer a space for the client to be themselves, become immersed in their (restricted) interests, and potentially externalize client-authored narratives surrounding socioemotional experiences. The overarching significance of this thesis project, however, lies not within the method's structure but in highlighting the process behind the development of a method, especially with a particular individual in mind instead of a particular clinical population. A person-centered approach to art therapy inherently involves deemphasizing formal, structured directives and following the client's lead, which elevates the importance and therapeutic potential of flexibility over generalizing a linear plan or streamlined method designed for clinical populations.

On that note, the original thesis proposal was to promote perspective-taking (i.e., theory of mind) through engagement with didactic drawing exercises used in studio art education, such as perspective drawing and shading. Although the proposed method seemed promising in theory and satisfied the immediate course requirements as an assignment, further consideration and informal data collection prior to the implementation of the method revealed structural weaknesses that suggested inadequate feasibility. Specifically, imposing a linear structure (e.g., 10-week treatment plan) and expecting systematic output of useful data seemed unrealistic within the context of the internship site and sample. Therefore, the development of a method for

this thesis project required the elimination of unreasonable (and potentially unethical) expectations and simplification of the method to meet the client where they were in the moment per session.

Setting, Context, and Selection of Participant

The method was implemented at a therapeutic day school in Massachusetts, United States during the 2022-2023 school year. One student ($n = 1$) from a classroom (Classroom A) of four students ($N = 4$) was selected for weekly, 30-minute art therapy sessions as a requirement of the internship program, which became the platform for developing a method for this thesis project. The informal selection process involved consultations with the two therapeutic teachers from the aforementioned classroom (one of which was my on-site clinical supervisor), on-site modality supervisor, and thesis advisor. Primary reasons for selecting the student were his past experiences working with interns that changed every school year; potential of participating in non-disruptive, meaningful ways; his proclivity for drawing and imagination; and pre-existing rapport with myself. As an intern, I was assigned to Classroom A and supported the teachers and students throughout the entire school day, during which hours and quality of direct student contact depended on the classroom dynamic, attendance, and needs that shifted on a daily basis. Constant and consistent direct contact with the students provided numerous therapeutic opportunities outside of formal therapy sessions that promoted the development of rapport through co-construction of a safe environment, playful and play-based moments, and interventions during agitated states. The selected student will be referred to as “client,” and as with other students, much of the therapeutic work with the client has taken place outside of individual and group therapy sessions.

Materials Provided and Set-Up

For the sessions, sheets of drawing paper (11 by 16 inches and 12 by 18 inches), a #2 pencil with an eraser attachment, Crayola brand broad-tip washable markers, an assortment of color pencils available at the school, and ten fine-tip, dry erase markers (black, blue, orange, pink, purple, light blue, green, magenta, red, light green) were provided. A whiteboard that measured 46.5 by 34.5 inches was affixed to a wall and easily accessible. A laptop computer was available at all times for using the internet to search images that served as inspiration and references.

Intervention

The implemented method involved drawing simultaneously with the student, either separately on individual sheets of paper or side-by-side on the whiteboard. Time allotted for each session was 30 minutes, which followed the school's scheduling system that uses 30-minute blocks for all activities in all classrooms. Casual conversation, including the client monologuing, was neither encouraged nor discouraged.

Every session was held in a secondary room that connected to the main classroom, during a time slot when the teachers and other students leave to be in another part of the school. Drawing on paper took place on a table that measured 72 by 30 inches, and its length was against the length of one wall with no features. The other walls had a doorway that led to the main classroom adjacent to the whiteboard, a door that led to the outdoor environment, and a south-facing window with blinds, respectively. Multiple plastic chairs were available for use.

Toward the end of every session, the remaining amount of time was announced, and the sessions ended with the client leaving the room and transitioning into a scheduled time for writing (called "Journal"), when he would be instructed by the classroom teacher to reflect on and write for at least 20 minutes about his experience that immediately preceded.

Collection, Processing, and Organization of Data

Progress was tracked through in- and post-session note-taking, photographs of our artwork, and post-session processing via free-writing. A few drawings created during the sessions were further elaborated outside of session, though the client did not do the same. Art-based reflections were created as necessary. Additional notes and verbal reflections were generated during and after consultations with classroom teachers, on-site supervisors, university instructors, and colleagues (i.e., co-intern and other interns at site).

Ethical Considerations

The American Art Therapy Association's (AATA) mission statement emphasizes the "healing and life enhancing" (p. 0) properties of the creative process and base their ethical principles in their values of autonomy, nonmaleficence, beneficence, fidelity, justice, and creativity. Under "Multicultural and Diversity Competence," the AATA underscores the ethical obligation of an art therapist's effort and ability to be sensitive to cultural differences, which includes "education about and seek[ing] to understand the nature of social diversity and oppression with respect to...mental or physical disability" (AATA, 2013, p. 7). Finally, in accordance with Section 4.0 "Client Artwork" (AATA, 2013, p. 4-5), the client's artwork has been stored and photographed with the informed consent from his guardians as documented through release forms provided by the therapeutic day school, along with the client's assent.

Results

The implementation of this method began on January 10th, 2023, and ended on March 28th, 2023. Clinical observations, general reflections, and art-based processing from seven sessions were included for this thesis.

Session 1

The selected client has shown awareness surrounding his upcoming transition in the form of graduation, frequently mentioning throughout the school year that he is the “oldest kid” at the school and expressing intolerance of “baby” and “inappropriate” behaviors from his three classmates who were new to the school.

The client announced that he would like to draw his original character for the *Diary of a Wimpy Kid* (DWK; Kinney, 2007-2022) series. He drew a “growth chain” of himself, consisting of three figures: a “baby,” “toddler,” and “child.” Each figure had the corresponding label written above. Two more labels, “tween” and “teenager,” were written on the further right with blank spaces left underneath. As the session came to an end, the client was reminded that he could work on the drawing the following week, and he expressed his intention to do so.

For this session, he did not ask me to draw, and he appeared to be self-motivated and focused on his “growth chain.” I decided to focus on reducing distractions and biases for the client, which involved not drawing alongside him. I felt optimistic and enthusiastic about his choice to draw stage-based transitions of himself, albeit as a character in a fictional realm, because of the potential for exploring his current perceptions of his future self.

Session 2

The client had his first school interview coming up the week following this session. During group psychotherapy, his responses to check-ins about his upcoming transitions and interviews have been apathetic and short (e.g., “Eh, it’s fine.”). He has been increasingly talking less about DWK and more about Pokémon, primarily providing descriptions about his original monsters and region. Although I have read the first book of DWK to better connect with the client and other students who show interest in the series, I grew up spending a significant amount of time playing Pokémon, which helped me feel prepared and connected from a personal

standpoint. Outside of sessions, I have drawn some Pokémon characters from memory to show the client, which established myself as someone who shares his interest and has advanced knowledge about the topic.

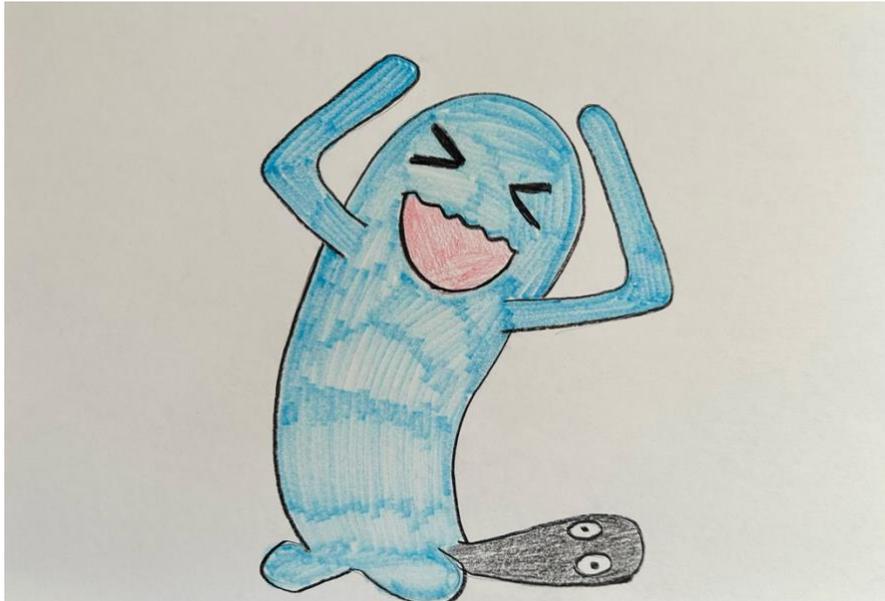
As I entered the room to set up for the session, the client was already drawing piano keys on the whiteboard. He often draws on the whiteboard throughout the day, and music is one of his passions. He announced that he was “in a musical mood” and “just not in the mood” for DWK-related material, which felt discouraging. With no personal experience creating music in a meaningful, narrative-based manner and the last session being productive, I hoped that a visual cue could shift how we started the session. I took out his “growth chain” drawing from last time and placed it on the table. He looked, sat down, said, “Oh, thank you,” and began adding to the drawing.

He added a figure under “tween” and drew a figure under “teenager” that seemed identical to the “tween” except being placed slightly higher than the “tween” figure. He then erased the “teenager” figure and drew a line from the “tween” figure to the labels, “tween” and “teenager,” noting that the “tween” drawing is for both labels. He was done with the drawing and asked for another sheet of paper.

He began talking about his original Pokémon and region, where official Pokémon also reside. He asked me if I knew the Pokémon he was talking about. I did and drew the Pokémon (Figure 1). He watched with a grin, then drew a pre-evolved version of the Pokémon I drew (called “Wynaut”), with “BECAUSE WYNAUT!?” written across the top. Whenever I said, “the baby version” with no particular intention, he said, “pre-evolved.”

Figure 1

My drawing of Wobbuffet



Note. “Wobbuffet almost never attack foes without provocation. In fact, they prefer to avoid confrontation entirely, sheltering themselves away from most other Pokémon...One notable exception to their passiveness is when it comes to defending their tails. They will ferociously attack anyone who threatens them” (Pokémon Wiki, n.d.).

In his “growth chain” from Session 1, development was differentiated through physical characteristics, such as the presence of a stroller or freckles, hair length, and body length. In Pokémon, the monsters go through “evolution,” but the transition involves drastic, immediate visual (and other) changes, unlike the long process of biological evolution. Around this time, he would occasionally mention how he will be seven feet tall someday and that body hair is “just weird.” I was curious and mostly nervous about how his upcoming school interview would impact his themes.

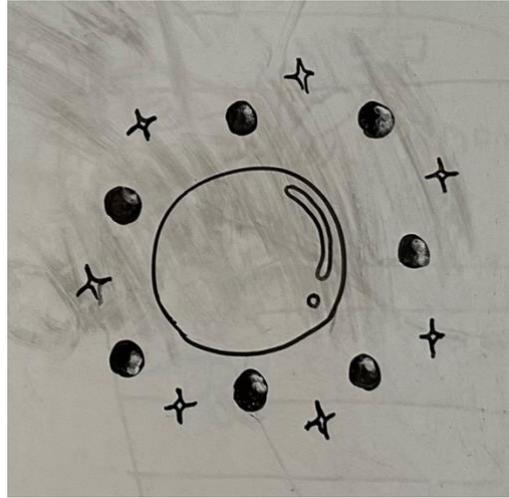
Session 3

The client has been increasingly talking about cosmic phenomena, such as gravity, temperature, number of moons, and chemical make-up of various planets and moons, including his self-imagined planets and moons.

As I entered the room to set up, the client was already drawing his original planet and its moons on the white board. He asked me to draw my own planets. With no clear idea of what to draw, I drew an arc from the top to the bottom of the whiteboard, suggesting a large planet. He noted that my planet is too large and therefore “more of a star,” and directed me to draw something smaller. I drew a spherical Pokémon called “Voltorb” and a fitness ball, attempting to begin a playful interaction while finding a creative solution to not knowing what to draw for him. The fitness ball represented an on-going classroom joke that the ball in the classroom was me. The client noted that what I drew were not planets, and redirected me again to draw planets. Frustrated, I drew small circles, which he noted were satellites and not planets, so I drew a slightly larger circle surrounded by seven smaller circles that were colored in, along with seven symbols similar to a plus sign (+) that indicated shimmer (Figure 2). As the client continued to draw his own planets, he frequently looked over at my drawing and added no further comments nor directions. I felt that he has finally approved of what I was drawing, and I felt accepted by him.

Figure 2

My drawing of a planet with seven satellites



Note. The plus-sign symbol has been observed in some of the client's successive drawings done outside of sessions.

Session 4

The client had a school interview coming up the following week. In group psychotherapy, he had been expressing his helplessness in self-regulating when he feels crossed, such as when classmates use swear words.

As the session began, the client took a sheet of paper. I asked if he would like to draw about what had been brought up earlier that day (i.e., conflict with his younger sibling) during group psychotherapy. He refused and sounded disinterested, then expressed that he wanted to draw the moons of the solar system. I expressed my curiosity about the conflict, to which he responded that he would tell me what had happened and I could write it down, but he would not draw it out. At the end of his story, I attempted to explore his emotions about the experience, but he expressed, in a slightly irritated tone, not wanting to "talk about that." He then asked me to look up images of the moons in the solar system. He looked intently at the images and began

drawing the largest moon, then drew the others in descending order of size. Use of color (markers), physical size, and specific mark-making differentiated the various moons. I asked him what I should draw, and he answered, “Draw your own planet,” but I did not commit to drawing (i.e., circular doodles) and instead focused on observing him draw.

Around this time, I had begun considering the possibility of the client choosing Ceres, a dwarf planet with no moon, as a representation for himself. He had been talking about Ceres significantly more than other cosmic phenomena, and drawings created outside of the sessions emphasized its size compared to regular planets. He had stopped talking about DWK and his fictional army of non-human characters that “invaded” whatever phenomenon he disliked, such as comic book series, television shows, films, and songs.

Session 5

With school visits and other absences, we had missed two sessions since Session 4. In the morning of the day that this session took place, he did not talk and instead used gestures (e.g., waving and exaggerated nodding) or a portable whiteboard to communicate with others, which was a stark contrast to his tendency to loudly monologue or ask questions. I was shocked by the difference in his behavior and heartbroken to see what I interpreted as his overcompensating effort to silence a part of himself to meet the perceived expectations of future schools. After approximately an hour into the day, he began talking.

The client sat at the table and reported that he had been thinking about “SpongeBob” that day. I asked if he would like to draw on the whiteboard or on paper, and he chose paper. He sat and recounted different scenes from the show for the majority of the session. He asked me to draw my own SpongeBob character, which caught me off guard, so I improvised and drew a cartoon eel to at least match the setting. He watched me draw, then noted that my drawing did

not look like a SpongeBob character and asked, “Can you please draw a SpongeBob character?” At this point, he had not started drawing yet, so I pulled up images from the show on the laptop, which I hoped would motivate him to draw. He directed me to search different SpongeBob-related images. I noted that we had 10 minutes left for the session, to which he responded with a rapid repetition of “Ok,” and he began drawing his own SpongeBob character. He added color using markers and finished the drawing. Throughout the whole session, he appeared physically restless as he continuously bounced his legs. As I am not an expert on the theme of SpongeBob, and as I witnessed his physical restlessness and extended focus on scrolling through image search results as opposed to drawing, I did not feel connected to him on this day. I felt sad.

After the session, during play time, he asked for clay and an image of Pangaea. He recreated the continental units while referring to the image I had pulled up on the laptop. Two times during this process, with no apparent, immediate precipitants nor recipients, he said, “graduation is a part of life.”

Around this time, I was beginning to be concerned about his absences and how they may continue as the school year nears its end, which were explored through personal art-making (Figure 3). His increased use of clay outside of session and during play time had me thinking about introducing three-dimensional mediums into our sessions, but the method was proposed for creating two-dimensional art. I felt clueless, frustrated, and helpless as my intense clinical and personal curiosity about his wellbeing during this time had to take indirect, meandering routes to reach him, if at all.

Figure 3

Art-based processing of my experience at the internship site, including the implementation of a method and navigating the process of thesis writing



Session 6

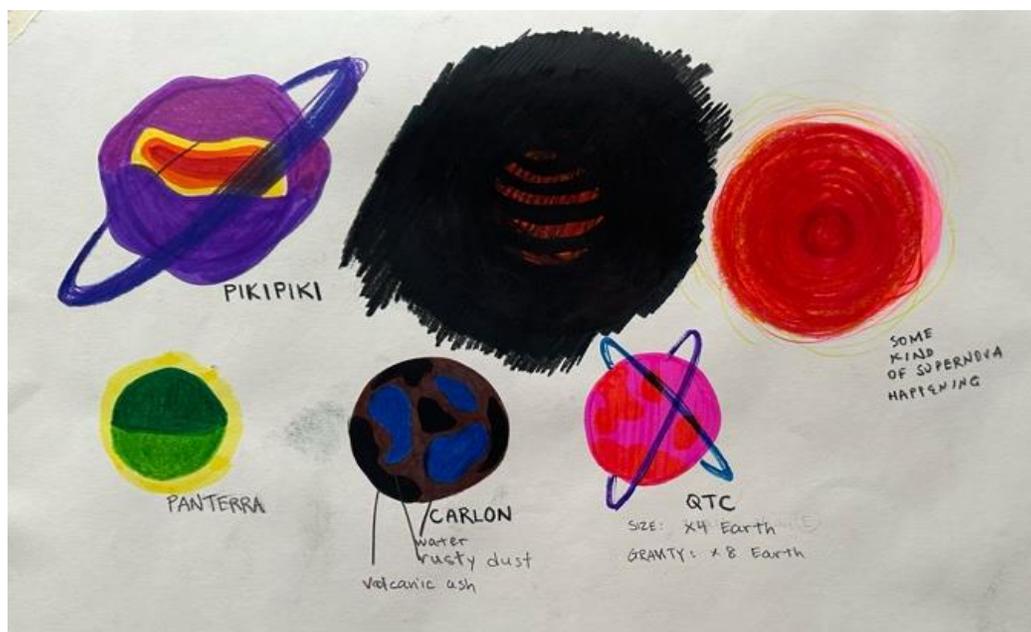
Since Session 5, with the client's absences along with a week-long break in February, we have not been able to meet for individual therapy for four weeks, but interactions outside of the therapy context have been continuing.

For this session, the client was already in the secondary room drawing on the whiteboard. As he came over to the table, he announced that he would be continuing the drawing from Session 4. I pulled up the same image he used as a reference during Session 4. Unlike Session 5, he appeared physically relaxed and focused on drawing as opposed to talking or scrolling through image search results. He drew two more moons and added color with markers, then crossed them out with a pencil. He then said he wanted to draw his planetary system. On another sheet of paper, he drew three self-imagined planets, added data such as length of day in Earth days, temperature, number of moons, and lack of life. He used green and dark purple for the central planet, which resembled Earth at first glance but the green represented oceans of sulfuric acid while the purple represented inhabitable land. At a certain point, I joined by drawing planet-like objects (Figure 4). He frequently looked over at what I was drawing and asked questions

about the physical characteristics. Regardless of the context in which we are drawing, whenever he looks at my drawings and asks questions about them, I feel seen and heard.

Figure 4

My drawing of my planets



Note. The two at the top left corner were drawn in session, and the others were drawn outside of session as a preparation for requests to elaborate in the future.

Session 7

This session lasted approximately 60 minutes. The teachers gave us the opportunity to catch up on missed time. I began the session by asking him if he would be willing to draw a person picking an apple from a tree or a bridge drawing that could have contributed clinical information for this thesis. He grunted in response, so I adjusted the parameters by proposing the idea of drawing an astronaut going from one cosmic entity to another. He still seemed resistant to the idea. I then asked him if he knew of Sergei Krikalev, a former Soviet cosmonaut who was left in space for 10 months, and showed him a photograph of Krikalev. After a brief explanation, he

commented, “That’s close to a whole year,” and I added, “I was wondering how you might draw someone stuck in space like him.” Not directly responding, he said he would draw a space station on paper. We drew side by side on our respective sheets of paper. He asked if I had my own space station, and I responded that I did not but was thinking about it. He directed me to draw one.

After some time drawing together while chatting, I noticed that his space shuttle had a similar structure to mine (Figure 5), consisting of multiple short cylinders or discs that stacked on top of each other, including linear indications of three-dimensionality. As I had attempted to copy the way he drew a moon in his drawing, it appeared that our separate drawings were communicating with each other through visual elements. Around 30 minutes into the session, the client announced that he would draw an astronaut, which may have been implied when he agreed to draw a space shuttle, but I was pleasantly surprised that he had remembered or decided to include an astronaut. The astronaut was drawn in his “kawaii-style” (*kawaii* means “cute” or “endearing” in Japanese, which I have not taught him), with a black head and stocky stature, frontal and upright, which made it seem like it was standing instead of floating in space.

Figure 5

My drawing of a space shuttle and moon, completed outside of session



Summary of Results

The client's choice of themes across the seven sessions began with DWK, then moved through Pokémon, SpongeBob, and cosmic phenomena. Although these themes (along with a few others that have not emerged during the sessions) have been apparent in varying degrees throughout the entire school year, the progression observed during the seven sessions mirror the overall progression of themes throughout the school year, with virtually no mentioning of DWK beyond Session 2 and frequent engagement of cosmic phenomena instead, especially his original planetary system. The themes seemed to have respective utilities specific to a phase or experience, such as DWK providing a temporary working model for life in middle school, in which the person-centered, non-directive approach honored his agency in entering the session with a theme in mind, where he simultaneously immersed himself in his reality and externalized

his experiences through his own visual language and lore. As parallel drawing became established as our relational method in and out of our sessions, the client began addressing me by my name more regularly, whereas before the method was implemented, he would simply start talking at me and would use my name only when prompted. I also had to ask if I could draw next to him in the past, but as our relationship grew deeper, he began inviting me into the secondary room to draw on the whiteboard with him, and I would often just start drawing alongside him, which he welcomed. Lastly, although some clients may be intimidated or discouraged by advanced artistic skills of art therapists, demonstrating my ability to draw produced imagery that the client then incorporated into his visual vocabulary (e.g., plus-signs to indicate shimmer, architectural components, and three-dimensionality created through linework), while I mirrored his way of drawing planets and moons to highlight the contextual insignificance of competence.

Discussion

From the beginning of January 2023 to the end of March 2023, weekly 30-minute art therapy sessions were offered for a client at a private special education school in Massachusetts, resulting in a total of seven sessions, of which the last session lasted 60 minutes. The implemented method involved drawing simultaneously with the student, either separately on individual sheets of paper or side-by-side on the whiteboard. Although the client has been diagnosed with ASD, ADHD, and GAD, the literature review focused on the identity, phenomenology, and culture of autism in contrast with neurotypical norms and expectations. Results highlighted the therapeutic potential of simulating a peer-to-peer, simultaneous art-making process in boosting a therapeutic alliance grounded in the person-centered principles of non-judgment, empathy, and authenticity. The artwork created during the process acted as a

client-based documentation of Gestalts, superseding the clinical utility of a purely verbal therapeutic process within the context of working with ASD.

In considering what this thesis project can contribute to the clinical practice of expressive therapies, no profound, novel theme came to mind. Readers who are interested in or have knowledge about art therapy most likely have an idea of how making art has valid clinical and therapeutic applications, including how the artwork participates in co-creating the therapeutic alliance (Isserow, 2008). I felt the need to shift the intention of the project from developing an effective treatment method to extrapolating learning moments from the complex process of developing a method while remembering not to lose sight of the client. As I traced back the project's process to its beginnings, I was reminded of my original motivations that were rooted in advocating for the selected client and capitalizing on his creative strengths to tease out a client-centered outlet for his voice.

Witnessing how children with ASD present differently has been confusing, especially when they present as verbal or hyper-verbal, because from a neurotypical perspective, any coherent English utterance seems like tactile, valuable data, usually taken at face value. Fleeting moments of success, again from a neurotypical perspective, such as witnessing meaningful, reciprocal verbal communication or school- and age-appropriate forms of play, can lead to future expectations of similar moments, which could be considered optimistic, non-pathologizing, idealistic, or unethical. Neurotypical expectations can lead to inevitable feelings of disappointment, failure, and helplessness on the therapist's part, potentially reinforcing the drive to impose or intensify certain treatment methods as opposed to adjusting or altering appropriately. The neurotypical, ableist dependence on verbal information creates an implicit expectation for verbal, autistic individuals to verbally communicate pieces of information that

are coherent and meaningful from a neurotypical perspective. When this does not occur, the result becomes conceptualized as a deficit that needs to be addressed. My original motivations to advocate for the selected client emerged from witnessing how his verbal and social capacity helped produce fleeting moments of neurotypical wholesomeness and hope that also immediately raised the expectations for him to consistently deliver.

Social justice-oriented expressive therapists can channel their creativity into how these deficits can be addressed, including the exploration of conceptualizing deficits as differences. Instead of verbally addressing a person's verbal deficits, other strengths, such as the passion and proclivity for drawing, can be used as stepping stones or alternative routes that create a client-centered outlet for their voice, which may not be verbally oriented or constructed. Furthermore, considering how the client and other autistic people may feel isolated and as if they did not belong in this world (Hacking, 2009), intentionally creating dependable, autism-centered moments of connection and belonging may be what we casually refer to as "building rapport" in neurotypical therapeutic relationships. My hope is that this thought process contributes to the contemporary, post-modernist clinical practice of expressive therapies that calls for the complex ethical balancing of diversity and assimilation—How do clinical practice, scholastic education, and a social model of disability co-exist?

The mere physical presence of children in a classroom, along with their occasional moments of dysregulation that can be frustrating for teachers, learning specialists, and staff, may contribute to overlooking the presence and gravity of feeling isolated or lonely, especially when considering how the etymology and clinical origins of the term, autism, seem to overemphasize an intrinsic preference for solitude. Yet, literature that highlights the lived experiences of autism reveal the disconnect that people with autism experience within neurotypical communities

(Camus et al., 2023; Milton, 2012, 2022; Müller et al., 2008; Ruiz Calzada et al., 2012). The most successful result of implementing the method for this project was seen in how the client now addresses me by my name, invites me to draw with him on the whiteboard, and reminds the teachers how he has individual therapy with me when there are occasional changes to the schedule. Of course, autistic people may be declaring their preference for isolation and therefore voluntarily isolating themselves, but the capacity to experience loneliness and a lack of belonging is not reserved just for neurotypical people, nor should their presentation of these experiences necessarily fit neurotypical conceptualizations. Similarly, autistic people may feel socially connected and whole without having to grab coffee, drinks, or dinner with others, talk about romantic interests, or attend potlucks in the neurotypical sense. Providing a weekly, 30-minute opportunity to freely draw with a peer or peer-like figure may be the key to finding a sense of belonging and boosting therapeutic or academic potential in other contexts, along with mitigating long-term effects of isolation, such as depression and suicidality.

Within academia, implications for further research are inherently bound within the confines of research. As an art therapist-in-training and advocate, however, I propose that a significant portion of further research on this topic lies within the reader's willingness to continue challenging the nature of implicit neurotypical bias in clinical, therapeutic, and educational contexts, along with established terms and concepts such as deficit, disability, disorder, improvement, pathology, and treatment. The concepts of intersectionality and cross-cultural competence, responsiveness, and sensitivity should include more than the traditional political/cultural identifiers such as race, ethnicity, socioeconomic status, gender, sexuality, religion, spirituality, and so forth. Curiosity and its accompanying humility—the ability to

receive information that challenges current truths—drive research, and these qualities should also drive the research within.

Conclusion

As much as this thesis project has been about the process of developing a method with a client in mind, the experience cannot be separated from my personal experience and limitations of being a student, intern, art therapist-in-training, and a person. In the beginning, I felt excited about my original thesis proposal and working with the specific client. My classmates, thesis advisor, and on-site supervisors were all excited for me. The client, however, had no knowledge of or say in developing a thesis proposal, conducting a literature review, organizing (and eliminating) data, and discussing implications for future research. He does not know that I have referred to him as a “client,” nor that this project will be presented to a class and hopefully be approved by my thesis advisor, both of which are necessary for graduating with a master’s degree in clinical mental health counseling and art therapy. The thesis option of developing a method and perhaps the notion of a capstone thesis project in general seem to come with an unspoken need to demonstrate sophistication, maturity, and completion, which I feel I did not accomplish, nor do I wish this to be a capstone but a steppingstone. On the other hand, I trust my intuition that the client has been able to find me as a safe and trustable neurotypical person who is willing to join his reality and world of play, adding to his sample of neurotypical people who genuinely care about and advocate for him. I hope that he does not give up on his desire to connect and have fun with people he encounters in the future. As he made marks on the whiteboard and sheets of paper, he has left a mark on my consciousness and life, and I hope that I have left a mark on him through witnessing and validating the way he exists in this world.

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**THESIS APPROVAL
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Student's Name: Hisaya "Paul" Ishii

Type of Project: Thesis

Title: **Lost in Treatment: Finding the Person through Developing a Method and Parallel Drawing**

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

Thesis Advisor Denise Malis