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Exploring the Development of Self-Concept Through Self-Portraits in Children with Significant Psychosocial and Emotional Needs

Kelsey Werner
kwerner@lesley.edu

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Kelsey Werner

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Professor Basal Zayed

Abstract

An individual's self-concept is under significant development during childhood and adolescents. For children with significant psychosocial and emotional needs their environment, peer group, and accommodations can have a significant impact on the emotional development of their self-concept. Establishing a sense of belonging within relationships is a crucial part of the human experience. A negative self-concept can create barriers to children engaging positively with their peers, family, and community, which diminishes the opportunity for a felt sense of belonging. This capstone thesis is an attempt to develop an art therapy method informed by the expressive therapies continuum (ETC) to support the development of children with significant psychosocial and emotional needs within the context of a therapeutic day school setting as a holding environment. Through the use of portraiture via collagraphy printmaking, the level of congruence within childrens' self-concepts will be analyzed through artistic reflection utilizing the same method of printmaking. "Portraits [are] the tangible subjectivity of the person's portrayed remains, providing evidence of their worthiness and the sacredness of human life" (Carr, 2014, 66).

Keywords: Self-Concept, Self-Portrait, Art Therapy, Children, Holding Environment, Expressive Therapies Continuum

Author Identity Statement: As a therapeutic special education teacher working directly within the setting and population studied for the purpose of this research, I hold an inherent bias towards the effectiveness of the method outlined.

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Introduction

The concept one has of themselves impacts how they respond to life. This concept answers the question: who am I? It determines how we view ourselves within the context of our environments and communities. It determines how we respond to moments of difficulty and challenge and how we respond to those around us in their difficult moments. Without the knowledge of our past, present, and future selves, we lack an understanding of our importance and responsibility to the greater ethos of humanity. Frequently throughout my time working and training in the field of expressive therapies, I found myself attempting to 'walk a day in others' shoes' to understand their perspectives. By doing this I attempt to utilize a shared sense of humanity that we are all working towards what we understand through our own lens to be the greater good. I have found this to be the foundation of establishing empathy for others. Unfortunately, this process is not as easy as it sounds. It requires a deep understanding of self without judgement. Humans are not robots. We are not made to be perfect or fit any specific mold. We are made to be uniquely ourselves which results in billions of different perspectives that can often oppose each other. This opposition often causes deep heartache, pain, and suffering. For children with significant psychosocial and emotional needs, I have observed they often feel this opposition much earlier than their same aged peers. A lack of proper support and resources from their school community is a shared experience between all the children within this study. A legal determination of this through an individualized education plan is how they obtained their therapeutic placement within the school setting outlined in this study. This setting is a private school paid for by the student's home school district. This therapeutic placement

takes the focus away from academics and places it onto the individual to establish "a more functional container around them by creating a holding environment in which we can explore with them... ways of thinking that will enable them to move through whatever suffering they are experiencing" (Reinstein, 2006, 30) to better manage the various perspectives within humanity. Within the holding environment of the therapeutic day school described, this study attempts to develop a method to explore the development of children with significant psychosocial and emotional needs' self-concepts through the creation of self-portraits utilizing a method of collagraph printmaking, informed by the expressive therapies continuum (ETC). The portraits will be shared and processed with the group and examined by this facilitator for congruence. "Portraits [are] the tangible subjectivity of the person's portrayed remains, providing evidence of their worthiness and the sacredness of human life" (Carr, 2014, 66).

Literature Review

The notion of self-concept was expanded by humanistic psychologist, Carl Rogers in 1951 with his theory of personality. He describes self-concept as three parts – the real self, self-esteem, and the ideal self. The real self is defined as the individual's current view of themselves including physical characteristics, personality traits, and social roles. This is based on their self-awareness and ability for introspection. Self-esteem is defined as an individual's self-worth, i.e., how much they like, value, and accept themselves. It is important when examining an individual's self-esteem to consider childhood experiences, social comparisons, societal standards, and personal achievements and failures. The ideal self is defined as the person an individual aspires to become (Rogers, 1951). Rogers identified the role of therapy within this theory as examining the congruence between the real self and ideal self. He stated the smaller the gap between these constructs, the higher a person's self-esteem, while the larger the gap, the

greater their dissatisfaction and feelings of inadequacy. Therefore, this is applicable for both overly confident and significantly insecure levels of self-esteem (Schat, 2023). Styla (2015) elaborated on this theory with the model of Self-Concept Clarity (SCC). This model is inspired by the Piagetian concepts of assimilation and accommodation within dynamic systems theory. An adaptation of systems theory called family systems theory is used within treatment in the school setting described in this study (Reinstein, 2006, 16). Through the SCC model, Styla (2015) attempts to marry Roger's concept of self-concept with Piaget's dynamic systems theory to develop four categories of personality disposition. Each category has two dimensions, self-concept integration and the functionality of content of the self-concept. The categories include integrated and functional, integrated and dysfunctional, disintegrated and functional, and disintegrated and dysfunctional. The term integrated or disintegrated referred to in this model is a reference to Piaget's concept of assimilation. This concept is similar to Rogers' concept of congruence (Styla, 2015, 4). For the purpose of examining the portraits created by the method outlined in this capstone, the terms congruent and incongruent were used to describe the level of self-concept integration observed by this facilitator within the student's portraits, and functional and dysfunctional were used to describe the functionally observed through clinical notes taken by this facilitator post session outlining the childrens' engagement in the method.

Identifying the Ideal Self Through Extrospection

Pliske, Stauffer, and Werner-Lin (2021) describe the importance of a meaningful relationship to establish connection within the therapeutic relationship in treatment for childhood adversity, such as the adversity experienced by the participants in this capstone. Pliske et al. (2021), defined meaningful relationships as feeling connected, heard, and understood. They found that having and holding these meaningful relationships protected children from the long-

term impacts of childhood adversity. Rogers recommended utilizing this genuine, empathic, and unconditionally positive therapeutic approach to develop this meaningful connection within the therapeutic relationship for self-concept integration can take place (Styla, 2015). Cochran et al. (2010) found establishing connection within the therapeutic relationship supported coping with, healing from, and transforming the emotional and cognitive impact of early trauma. Winnicott (1965) describes this as a crucial factor in emotional development for individuals with significant psychosocial and emotional needs. "We all accept the general statement that the earlier we go in the examination process of individual growth, the more important we find the environmental factor" (Winnicott, 1965, 147). Reinstein (2006) described the philosophical approach of the school where this capstone was set through Winnicott's theory of the therapeutic school holding environment. This theory describes children with significant psychosocial and emotional needs greatly benefiting from a therapeutic school holding environment, i.e., school, home, community etc., environments working together to be "good enough" to meet the childrens' developmental needs that may differ from those of their typical peers. The school holding environment works closely with the students' parents and community support systems to support the child in establishing a sense of feeling connected, heard, and understood across all their environments (Reinstein, 2006). Winnicott was describing a support system filled with meaningful relationships like the ones described by Pliske et al. (2021), Styla (2015), and Cochran et al. (2010) to support effective treatment for children with significant psychosocial and emotional needs (Reinstein, 2006). Research methods exploring the development of childrens' self-concepts through the use of therapeutic art methods have found meaningful relationships an important factor in improving congruence of self-concept. A quantitative research study suggested continued positive social interactions supports maintaining a positive self-concept

(Agnihotri et al., 2014). Qualitative research studies suggest that building social skills through engagement in group art therapy interventions also supports maintaining a positive self-concept (Perryman et al., 2015 & Beer et al., 2020). Arts-based research suggests community support and a sense of belonging in a community-based setting is essential to maintaining a positive self-concept (Asakura et al., 2020 & Hiltunen et al., 2020).

Identifying the Real Self Through Introspection

An internal sense of belonging and emotional safety has been shown to improve self-concept, experiences of self in relation to other, ability to set consistent boundaries, and change flawed self-talk in these individuals with unrealistically negative self-concepts (Cochran et al., 2010). Children with significant psychosocial and emotional needs often experience unrealistically negative self-concepts due to traumatic experiences within previous school environments that were unable to meet their specific needs (Reinstein, 2006). This inability often leaves the child feeling unsafe, causing them to act out and utilize unsafe behaviors to communicate their needs. These moments can often be traumatic for the child causing negative impacts to their self-concept, especially if these moments become a behavioral pattern that they repeatedly utilize, and this method of communication becomes their primary form of conveying their needs (Reinstein, 2006). Treating childhood trauma with traditional therapeutic methods has often been found to be ineffective with children exposed to complex trauma, such as the children described. Their trauma has deeply impacted their ability to utilize the language-based approaches consistent with conventional psychotherapies (Pliske et al., 2021). Given the skill-based nature of Art Therapy, I feel it has the potential to be a conduit for exploring self-concepts of children with complex trauma. Similar methods are already in use as diagnostic tools. The Draw-A-Person technique, for example, is used as a valuable diagnostic tool for analyzing

children's human figure drawings to gain more information around their cognition and personality (Worden, 1985). While Carr suggests "[self-]portraits [can] act as 'bridges' between the body and the brain, imagination and reality, emotion and memory, integrating lost aspects of the self into images that powerfully communicate self-identity" (2014, 66). She also discusses how engaging in portrait creation can treat "perceptual distortion caused by stress and emotion [so] that people may see themselves and the world differently... low mood may impact on a person's ability to see the 'global' picture. The discovery of mirror neurons has explained the 'as if' nature of sensory processing and the role this plays in the empathic viewing of images such as portraits – some needed to see and some needed others to see" (Carr, 2014, 66). Given the difficulty children suffering from complex trauma symptoms have with accessing traditional language-based approaches (Pliske et al., 2010), arts-based methods could have the potential increase accessibility for this population to explore their self-concepts and engage in therapeutic methods to support improved congruence. The ETC offers context and structure to the materials offered in these potential therapeutic art methods (Ziff, 2010). It is "a means to classify interactions with art media or other experiential activities in order to process information and form images" (Ziff, 2010, 222). The ETC has potential to provide important diagnostic information for examining aspects of self-concept within self-portraiture. For example, the medium used to describe oneself could suggest perception of personal qualities, just as various visual aspects of a human figure drawing in the Draw-A-Person diagnostic tool suggests (Worden, 1985). According to Hinz (2009), the ETC suggests a developmental hierarchy within the levels that could be applied to the development of childrens' self-concept through self-portraiture. There are four levels of the continuum encompassing seven components: the creative level, the cognitive/symbolic level, the perceptual/affective level, and the kinesthetic/sensory

level. The sensory/kinesthetic level is often associated with the developmental stage of infants and toddlers since they process the world through sensation and kinesthetic movement. The perceptual/affective level is often associated with the developmental stage of children because they are in the schematic stage of understanding the world around them through different perceptions and attempting to make meaning of it all. The cognitive/symbolic level is often associated with the developmental stage of adolescence and their development of formal operational thought. They exhibit the ability to utilize symbolic and cognitive information processing. The creative level is an overarching level that can be present at all levels. The creative level "destroy[s] the 'false self' developed in response to shame, and... reinforce an authentic sense of self" (Hinz, 2009, 48).

Methods

The method I propose is a group-based art therapy intervention that took place over four sessions. The proposed method was broken down into two parts informed by Rogers (1951) theory of self-concept – part I introspection to analyze the real self and part II extrospection to analyze the ideal self. Over four 30-minute sessions, allocating an hour and a half to introspection and 30 minutes to extrospection, students created self-portraits via the collagraph printmaking technique and participated in group processing of their piece. Materials provided to create printing plates were informed by the ETC (Hinz, 2009). The progress made by the group was tracked through clinical notes taken post sessions. I, as the facilitator, reflected on what I saw, heard, felt, and experienced with the group while utilizing the method and during final individual meetings with the participants. I then compiled all clinical notes, including notes from the students' final individual meetings, to create artistic reflections exploring the congruence of

the students' self-concepts using the same medium of collagraph printmaking. These reflections can be found in appendices A-D.

Population

The group used for this method was a third, fourth, and fifth grade classroom at a small therapeutic day school. The four students in this classroom ranged from 9-11 years old. Two of the four students identified as people of color, specifically African American and Mexican, while the other two students identified as Caucasian. These children hold a variety of mental health diagnoses, therefore representing a good measure of effectiveness of this method with different diagnoses to aid current research.

Part I Introspection

Over the course of the two sessions, students were asked to create and print a self-portrait using clay, glue, or pencil, on a styrofoam plate. Clay and pencil materials utilized a relief method, carving into the plate to create a print of the negative space within the portrait, while glue materials utilized a stamping method, laying on material on top of the plate to create a print of the positive space within the portrait. The students who used clay were accessing the sensory/kinesthetic level of the ETC (Hinz, 2009). These students were given a slab of clay and asked to use their hands as the instruments to create their self-portrait within the slab. Students who used glue were accessing the perceptual/affective level of the ETC (Hinz, 2009). They were given a paint brush and colored glue to create their self-portraits on the styrofoam plate. Students who used pencil were accessing the cognitive/symbolic level of the ETC (Hinz, 2009). Students were given a standard number two pencil to carve their self-portraits into the styrofoam. The process of creating a print with each material was modeled for the students along with an explanation of the experience within the archetype outlined in the ETC of each level (Hinz,

2009). To promote introspection, students were then given a choice of which material they felt most represented themselves. When sharing their choice within the group, they were asked to reflect on why they chose that material through facilitator prompting. Further prompting was used as needed to attempt to increase introspection. This concluded session one. Clinical notes were taken post session to record materials chosen and student responses to prompts. This facilitator's notes were informed by Rogers' (1951) theory of self-concept. The question, "Does the ETC level of the medium chosen by this student show congruence with the level of self-integration communicated in their explanation of their choice?" was answered.

In session two, students created their self-portrait printing plates with the materials of their choice. This concluded session two. Clinical notes were taken post session reflecting on observations of the students' creation processes. Including: ability to access the materials (support needed to knead the clay, etc.), strategies used to manipulate the materials to form portraits, and verbal reflections made by students throughout the session. This facilitator's notes were informed by Styla's (2015) SCC model and Hinz (2009) ETC. The question, "Does the ETC level of the medium chosen by this student show congruence with their level of functionality in engagement with this medium?" was answered.

In session three, students used the collagraph method of printmaking to print their self-portrait plates. Collagraph printing is a relief method of printmaking where the paper is applied on top of the printing plate, instead of the plate onto the paper. No printing press is needed for this method. In this form of printmaking, after the plate is inked with a hard rubber roller, the paper is applied to the plate. Then, the back of the paper is burnished or rubbed to create a transfer. Once the image has been completely transferred, the paper is peeled away from the plate to reveal the image. Students were given the choice of any primary color (yellow, magenta,

and blue) ink to initially print their first series of self-portraits. They were then given a choice of any secondary color for a second series by mixing any combination of yellow, magenta, and blue ink. Students were prompted by the facilitator to reflect on their color choices. Additional prompts to promote introspection were used as needed. Students were also given the freedom to print as many editions in their series as they felt necessary, until they created a print they felt was representative of themselves. They were asked to number the editions in order of creation for both color series. This concluded session three. The printmaking method used in this session and color choices provided were conscious choices made by this facilitator to create representative separation informed by ETC (Hinz, 2009). My hope was to create a slight emotional separation for my students to support them in engagement in group reflection. My thought was that through the process of collagraph printmaking they would make a physical separation from their portraits through printing plate they created. I also hoped by printing their portraits in non-skin tone colors, they would make a cognitive separation because the portraits would then not literally look like them. Again, clinical notes were taken post session reflecting on observations made by the facilitator on the student's creation process, including ink colors chosen, students' reflections to prompts, and facilitator reflections of each student's printing process; ghost prints made, number of editions, etc. This facilitator's notes were informed by both Rogers' (1951) theory of self-concept and Styla's (2015) SCC model, as well as Hinz (2009) ETC. The questions, "Does the ETC level of the medium chosen by this student show congruence with the level of self-integration communicated in their explanation of their choice? Does the ETC level of the medium chosen by this student show congruence with their level of functionality in engagement with this medium?" were answered.

Part II Extrospection

Once their self-portrait prints were complete, the students began part II of this method –

extrospection. This began in the fourth and final session. To promote extrospection, students

were invited to reflect as a group on their portraits. Each student was given the opportunity to

have a moment in the spotlight. When it was their turn, they were asked to hang all print editions

from both color series on a cork bulletin board and prompted to arrange them on the board in

order of first print created to last print created. Then, this facilitator prompted the students to

reflect on their creation process throughout the activity, and share what they felt comfortable

sharing with the group. Additional prompts were used as needed to highlight design choices,

such as materials used, color choice, facial features, etc. All prompts were informed from clinical

notes from previous session and the ETC (Hinz, 2009). After the student had this opportunity to

reflect on their process of introspection to the group, they were asked if they felt comfortable

opening the reflection up to the group. Their peers were invited to share reflective

comments through the prompt, such as: "do you have any positive feedback for (student

name)?", "Can you see what they are describing?". Additional prompts to promote extrospection

were used as needed. Guidelines to ensure emotional safety within this discussion should be

established at the onset of this group but can be referenced at this time to remind participants of

their responsibility as a group member to adhere to the guidelines. Within this group, given the

setting, emotional safety guidelines had already been established, so creation was not referenced

at the beginning of this method. Should this method be used in other settings, guidelines should

be established in the first session prior to any art making. Twemlow et al. (2002) study

discussing the importance of emotional safety within the school environment could be a valuable

resource for informing these guidelines. After sharing their reflections, peers were then asked to

pick which print they felt was most representative of the student presenting and share why they

chose that edition. Once they had all shared their choices the presenting student was asked which they felt was the most representative of themselves. Once the presenting student chose their print they were thanked for their vulnerability and asked to take down their prints and return to their seat. The structure of the group processing was informed by the various structures of previous research methods exploring the development of childrens' self-concepts through the use of therapeutic art methods within meaningful relationships (Agnihotri et al., 2014, Asakura et al., 2020, Beer et al., 2020, Hiltunen et al., 2020 & Perryman et al., 2015). Once each student had the opportunity to present, they were then given the opportunity to make any additions to their chosen portrait through the prompts: "does your portrait need anything else to become the best representation of you?" They were given a variety of materials, such as markers, oil and chalk pastels, and colored pens and pencils to make these additions. These prompts were again informed by Carr's (2014) person-center therapeutic to portraiture work. Once their portraits were perceived to be complete, students were prompted to share their reflections on the method through a final individual meeting with the facilitator. This was offered both privately and within the group setting, depending on the students' preference. Students' responses to this prompt were reflected in clinical notes taken during each meeting. Observations made during group processing of each students' portraits were recorded in clinical notes taken post session. This facilitator's notes were again informed by both Rogers' (1951) theory of self-concept and Styla's (2015) SCC model, as well as Hinz (2009) ETC. The questions, "Does the ETC level of the addition medium chosen by this student show congruence with the level of self-integration communicated in their explanation of their choice? Does the ETC level of the medium chosen by this student show congruence with their level of functionality in engagement within the group processing exercise?" were answered.

Results

Pseudonyms were used in tables and write-ups within the results to represent this method's participants. The names used are not the participants' real names to protect their privacy and maintain confidentiality.

Table 1 Part I Introspection: Chosen Material

Student	Jack	Ray	Bertie	Oscar
Medium *(ECT)*	Pencil *(Cognitive/ Symbolic)*	Pencil *(Cognitive/ Symbolic)*	Clay *(Sensory/ Kinesthetic)* - Pencil *(Cognitive/ Symbolic)*	Clay *(Sensory/ Kinesthetic)* - Pencil *(Cognitive/ Symbolic)*
Printing Method	Relief (Negative Space)			
Additions Medium (ECT)	Pen & Colored Pencil *(Cognitive/ Symbolic)*	Colored Pencil *(Cognitive/ Symbolic)*	Oil and Chalk Pastel *(Perceptual/ Affective)*	---

In part I of the method, all four students completed their self-portraits. Two of the students originally chose to work with clay, but after creating and attempting to print their portraits, opted for pencil. This change can be accounted for by the materials. The students found the type of clay chosen for this method, paper clay, difficult to work with, because it would not roll flat. The prints made from the clay were unclear given the clay's bumpy surface, and therefore the students felt they were not representative of themselves because the images they were trying to create were coming out too distorted from their original input. All four students ended up utilizing pencil on the styrofoam for their final portraits. The students' ETC level of their medium and level of functionality in engagement with this medium was observed in clinical notes (Hinz, 2009 & Styla, 2015). It is worth noting that the children with autism spectrum disorder as a part of their diagnostic profile originally chose to work with pencil, and the children

with cognitive disabilities as a part of their diagnostic profile chose to utilize clay originally. All students reported they chose this material based on their preference, i.e. "I chose pencil because I like drawing with pencil" or "I chose clay because I like working with clay". The facilitator attempted to prompt a more in-depth reflection, but all students either reported they were not sure why they prefer that material or "I just do". The students' difficulty to elaborate on their rational of material choice was recognized in their level or self-integration in clinical notes (Roger, 151).

Table 2 Part I Introspection: Chosen Color

Student	Jack	Ray	Bertie	Oscar
1st Color	Blue	Blue	Pink	Blue
2nd Color	Green	Purple	Purple	---

The process of creating their printing plates and printing their portraits was completed mostly independently by the students. Clinician support informed by Carr's (2014) person-center therapeutic to portraiture work was available to them as needed. This facilitator attempted to offer the students the space to work independently and only provided support to the students when they requested it. Any support provided was directed by the student. Although the level of functionality in engagement with the medium was reflected on post session, no significant information to inform its congruence with the students' ETC level of the medium chosen was observed. The students' ETC level of the medium's congruence with their level of communicated self-integration was also observed in clinical notes from this session (Hinz, 2009, Rogers, 1951 & Styla, 2015). Significantly, three out of the four students chose the color blue to initially print their portrait, while one chose pink. It is worth noting that all students chose their gendered color for their initial series. Three out of the four students opted to print a second color series - two students chose purple, and one chose green. When asked by the facilitator to reflect

on their reasoning for their choice of colors, Jack stated he chose blue initially because it was the closest to green, which was his favorite color and his reasoning for choosing it as his secondary color. Ray stated he chose blue initially because it is his favorite color and purple as his secondary color because purple was his second favorite color. Bertie stated she chose pink as her initial color because it makes her feel calm and matched the facilitators hair color and chose purple as her secondary color because it is her favorite color. Oscar was unable to reflect the reasoning behind his color choice due to emotional dysregulation. After he created his plate and printed the initial color series of his portrait, he became dysregulated by the idea of therapeutic reflection and needed to be removed from the group. Again, the students' difficulty to elaborate on their rational of material choice was recognized in their level or self-integration in clinical notes.

Part II of the method was completed by three out of the four students. Oscar was unable to return to the group to participate in part II. It is worth noting that participating in part II of this method requires a substantial amount of emotional stability, and clinicians should evaluate participants prior to engaging in this part to establish a support plan. In the case that a participant is triggered and needs to be removed from the group, a plan should be made prior to the start of group to ensure emotional safety for all group members (Twemlow et al., 2002). The three students that could participate needed significant therapeutic support throughout the extrospection process. This support included significant scaffolding and positive reinforcement and validation around the level of vulnerability they were sharing with their peers which was informed by the various supports offered within previous art therapy methods exploring the development of childrens' self-concepts (Agnihotri et al., 2014, Asakura et al., 2020, Beer et al., 2020, Hiltunen et al., 2020 & Perryman et al., 2015). The students' ETC level of their medium

and level of functionality in engagement in group processing was observed in clinical notes (Hinz, 2009 & Styla, 2015). Clinical notes observed, Jack seemed to have a challenging time keeping his frenetic body calm throughout group processing, especially when it was his turn to have the spotlight. He was observed to have frequently interrupted while directions were being provided to ask clarifying questions. It was noted these could possibly be signs of increased anxiety. It was observed in clinical notes, Ray was the first to respond when peers were invited to provide feedback and during times of transition. It was noted he talked excessively about tangential topics of interest and drummed with his fidgeting fingers on the edge of the table. These were also observed as possible signs Ray was also feeling increased anxiety. It was observed in clinical notes, Bertie's eyes darted around the room throughout the process, and noted this may be a sign she was also experiencing increased anxiety. It was also noted she requested to go last in the group processing, which was may have also been a possible sign of increased anxiety. The students' ETC level of their chosen medium's congruence with their level of communicated self-integration was also observed in clinical notes from this session (Hinz, 2009 & Rogers, 195). Despite the noted level of nerves in the room, it was reported all students participated in the group processing. It was noted, each student communicated their creation process and provided at least one positive comment to their peers. It is significant to note that every student agreed that the portrait picked by their peers was also the portrait they felt was most representative of themselves.

For their final individual meetings with the facilitator, all three students opted to participate in a private meeting. Clinical notes from these meetings noted the students' ETC level of their chosen medium's congruence with their observed level of functionality through engagement in processing (Hinz, 2009 & Styla, 2015), as well as the students' ETC level of their

chosen medium's congruence with their level of communicated self-integration was also observed in clinical notes (Hinz, 2009 & Rogers, 195). Three out of the four students exhibited increased congruence in their level of functionality and communicated self-integration within their self-concepts through acknowledgement of their ability to engage in the method despite it being reportedly difficult for them and through reportedly increased self-esteem. All students' reflections on the method were noted to have been simple, but it is worth noting each student reported an increase in their self-esteem since entering this holding environment due to feeling proud of a newly acquired skill gained from participating in psychotherapy that has supported them in decreasing the impacts of symptoms of complex trauma. Therefore, it can be assumed, the three students who completed the method are presenting with congruent, but dysfunctional self-concepts due to their communicated level of awareness around their perceived psychosocial and emotional needs and their possibly increased levels of anxiety during group processing. While the student who was unable to complete the method, presumably, is presenting with an incongruent and dysfunctional self-concept due to his significant emotional dysregulation while engaging in the method. Moving forward, I believe all students would benefit from continued participation in therapies offered within the therapeutic school holding environment to continue the work towards a congruent and functional self-concept.

Artistic Reflections

Clinical notes reflected; Jack was observably eager to conclude the meeting from its onset. He frequently asked if he could go and fidgeted in his seat throughout processing the method. Despite his frenetic presentation, clinical notes reflected that he shared it was difficult for him to participate in most sessions of this method and was unsure he could tolerate participating in part II. Notes stated he shared he was proud of himself for his level of

engagement and named his increased frustration tolerance as the reason for his self-reported increase in self-esteem since entering this holding environment. I reflected on his process of engagement in the proposed method through the artistic reflection in appendix A. My reflection is representative of the congruence I witnessed within this student's self-concept. The blue circle is representative of part I, while the green circle represents part II. The circles are partially overlaid and slightly misaligned, while the carving detail is more defined and integrated in the green circle than the blue to represent his current level of dysfunctional congruence.

Clinical notes reflected; Ray was notably talkative throughout his final meeting. His additions included his topics of interest, which seemingly distracted him into tangential thought patterns. Despite this noticeable difficulty focusing, Ray took in the facilitators attempts to reconnect. Notes stated, he reported a feeling of pride in taking in the support offered to him, increasing his perspective taking, and named this was a result of his participation within the therapies offered within the holding environment. I reflected on his process of engagement in the proposed method through an artistic reflection of the congruence I witnessed within his self-concept in appendix B. The blue circle is representative of part I, while the purple circle represents part II. The blue and purple circles are well overlapped and fairly aligned, and the carvings in the purple increased in intricacy and connection compared to the blue, but print is significantly off centered within the context of the paper to represent his current level of dysfunctional congruence.

Clinical notes reflected; Bertie found a deep sense of comfort in co-regulating with this facilitator, but initially had a great social fake that masked her apparent constant confusion, so it was noted she rarely often struggled to verbally acknowledge her need for comfort. It was noted, she was quiet and reserved during her final meeting. She presented with a noticeable sense of

uncertainty shown through frequently looking around the room and answering much of the prompts with an earnest, "I don't know." Notes reflected she discussed her pride in her newfound ability to admit her confusion since entering the holding environment, and how the colors used within her portrait were representative of the sense of calm she experiences from being able to admit this, instead of getting stuck in the divisive fear of the unknown. Notes also reflected she reported feeling closer to her classmates after participating in this method. Through the artistic reflection in appendix C, I reflected on the congruence I witnessed from Bertie's engagement in the method to develop her self-concept. The pink circle is representative of part one, the real self, while the purple circle represents part two, the ideal self. The carvings in the purple circle are significantly expanded from the zoomed in details of the pink circle. The circles are partially overlapped and slightly misaligned as a representation of her current level of dysfunctional congruence.

Participation in the therapies offered within the holding environment was reflected in clinical notes to be extremely challenging for Oscar. It was noted based on his level of emotional dysregulation that the method seemed to trigger feelings of inadequacy for Oscar. Although notes reflected Oscar was offered an opportunity for a final interview, he declined stating his significant emotional dysregulation while completing the method as his reasoning. He shared he did not yet feel ready to reflect further on this process or his level of engagement. I reflected artistically on this student's congruence within his self-concept in appendix D. Given this student did not complete the method, I created a print in blue to represent the last stage of his portrait. The circle shapes I carved and printed to represent part I and part II are almost indistinguishable, and very minimally overlapped and significantly misaligned to represent his current level of

dysfunctional incongruence. It is recommended this work continue once this student is more safely able to tolerate therapeutic reflection and processing.

Discussion

The students that have received this therapeutic school placement have been deemed by their school districts to have higher socio-emotional needs than the schools in their districts can support. Unfortunately, for students to have obtained this placement, evidence of their needs was required, and the students were pressed to fail at their in-district placements to provide this evidence. This failure has been internalized by these students as a failure on their part, instead of their school being unable to meet their needs. The students experienced feeling like the outlier or the problem when they were continually unable to meet the expectations their classmates had no issue meeting. These internalized failures are the root causes of these students' complex trauma (Pliske et al., 2021 & Cochran et al., 2010). At the therapeutic day school placement, the students can finally meet expectations and feel successful in their school's holding environment. They are exhibiting an expanded sense of hope due to an increased sense of belonging and feeling seen within a group setting (Reinstein, 2006).

Considerations and Limitations

Observable limitations of this method are that it was completed within the highest need classroom within the therapeutic school holding environment setting outlined in this study. A possible consideration is how the results of this method may differ if it were to be completed in another classroom within this setting. Secondly, the participants of this method, although diverse in many ways, are all from a higher socio-economic status. Another possible consideration could be testing this method with participants from a lower socioeconomic status to observe how results differ.

Conclusion

Three out of the four students exhibited increased congruence in their level of functionality and communicated self-integration within their self-concepts through acknowledgement of their ability to engage in the method despite it being reportedly difficult for them and through reportedly increased self-esteem. This information can be beneficial when working with children, with the goal of healing complex trauma from perceived school failures (Pliske et al., 2021& Cochran et al., 2010). This method could also be adapted to numerous holding environments to support the exploration of the development of a child with significant psychosocial and emotional needs' self-concepts (Rogers, 1951, Styla, 2015 & Winnicott, 1965). Overall, this method could provide a new approach to support effectiveness of the therapeutic interventions currently being utilized and support clinicians who are navigating treatment by gaining more diagnostic insight to better support their young and vulnerable clients.

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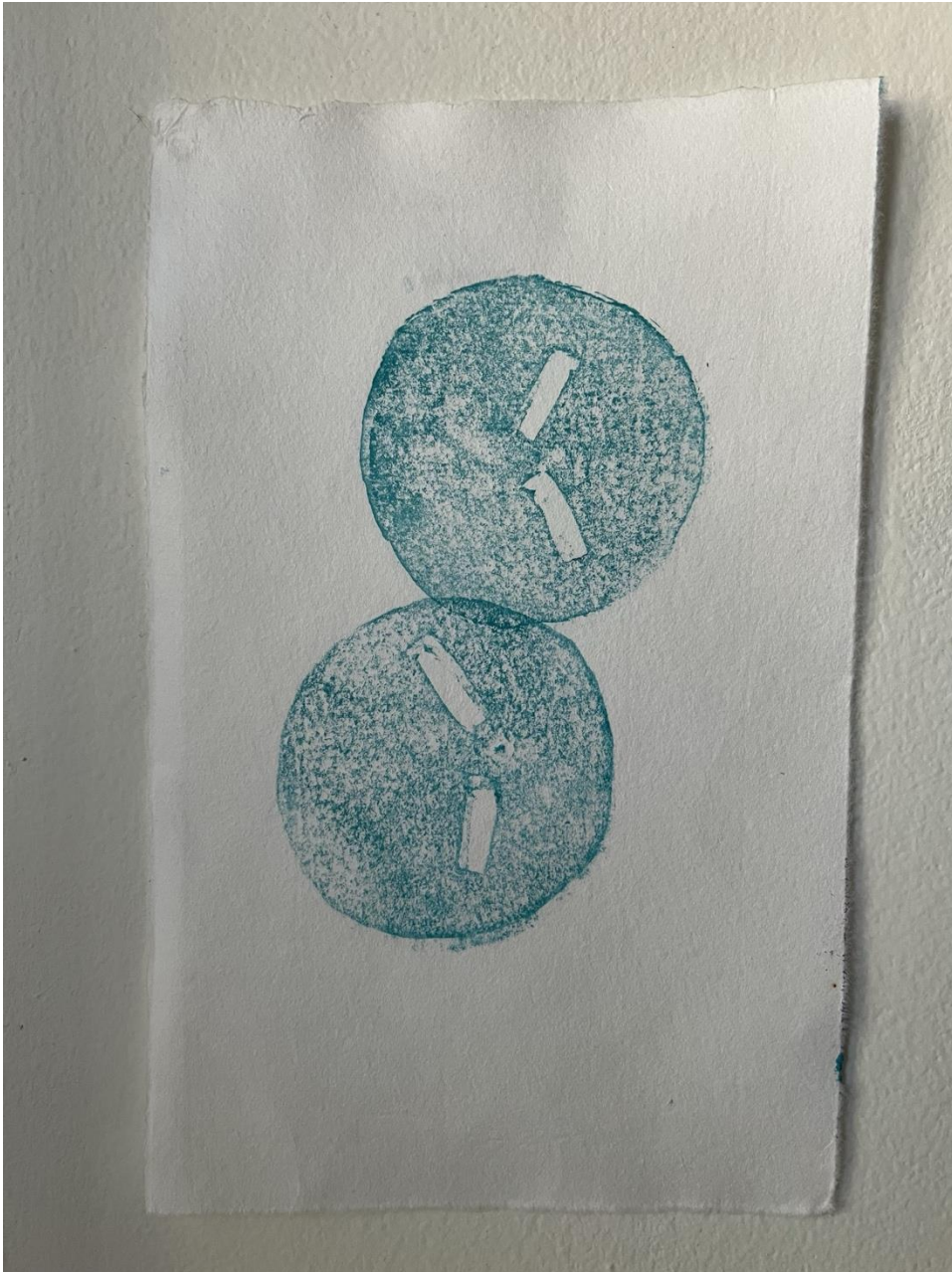Appendix A: *Student 1 Artistic Reflection*

Appendix B: *Student 2 Artistic Reflection*

Appendix C: *Student 3 Artistic Reflection*

Appendix D: *Student 4 Artistic Reflection*

THESIS APPROVAL FORM

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

Student's Name: _Kelsey Werner_____

Type of Project: Thesis   *Method development*

Title: _*Exploring the Development of Self-Concept Through Self-Portraits in Children with Significant Psychosocial and Emotional Needs*_____

Date of Graduation: _*May 18, 2024*_____
In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor:_____*Basel Zayed*_____