

Running heading: HEALING FOR ADOLESCENTS

Healing for Adolescents: An Art-based Approach to Coping with Trauma

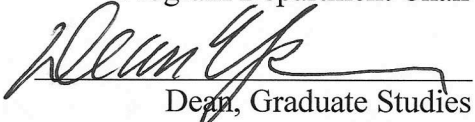
By

Rebecca Vaughan

A Thesis Submitted to the
Graduate Faculty in Partial Fulfillment
of the Requirements for the Degree of
M.A. in Art Therapy


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Abstract

The purpose of this paper was to determine whether art therapy groups for middle school students dealing with trauma was beneficial or not. The students were given different materials and a different intervention each session to complete. All the interventions were geared towards trauma. At the beginning of each session was a short group intervention, then into an individual intervention. At the end of each session, everyone would gather together and share their pieces if they wished.

I will be exploring what may cause trauma, and what it is and various art therapy interventions to use with children dealing with trauma. Additionally, I will address the inquiry: does group art therapy work well at this school? By exploring these topics, I will show you how art therapy interventions were beneficial to middle schoolers in groups I facilitated. The group included students ages 11-13, who experienced traumatic events in their lives. These events could include: a loss of a family member, witness of a death, involvement of drugs/alcohol in the home, family or friends, physical or mental abuse, etc.

Keywords: children, adolescents, trauma, Art Therapy, interventions, school

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Introduction

“When we feel emotional pain we generally want to do everything we can to avoid, change or distract away from our discomfort. It often does not occur to us that we can create, learn, and grow, and even delve right into the center of our most challenging emotions...” (Klammer S.). This quote illustrates the great power therapy can have on an individual dealing with emotional pain in their life. It touches on the fact that pain can be hard, and we automatically want to avoid it. Creativity, however can be a catalyst to get at the heart of the problem and move into healing. Using therapy modality such as Art Therapy to dive right into pain, may help release emotional discomfort (particularly when that discomfort is tied to a trauma) and help someone to move past the pain and carry on.

Art Therapy can provide relief for a person in a matter of a few therapeutic sessions. It gives the individual a safe and creative space to be themselves and possibly alleviate difficult situations and emotions they have been avoiding for so long (Malchiodi, 2012). Art Therapy allows a person to accept that being vulnerable can be a good thing and can aid the healing process. Additionally, an Art Therapist guides a client in coping with whatever the trials and traumas they have experienced in their lifetime. A trained therapist will help a client to deal with all their emotions in a healthy, constructive manner (Rubin, 2011).

Throughout the course of this paper, the definition of Art Therapy will be clarified. Additionally, a clear understanding of trauma and how a traumatized child will benefit from Art Therapy sessions will be discussed in depth. The main goal of this paper is to illustrate how art based interventions are an effective way to cope with trauma in the adolescent population.

What is Trauma?

Trauma refers to extreme amounts of stress that is so overwhelming to a person that they are unable to cope. It is a deeply distressing or disturbing experience (or multiple experiences) that can happen to anyone at any time throughout their lifetime. The American Psychological Association says that “approximately one half (50%) of all individuals will be exposed to at least one traumatic event in their lifetime” (Corby-Edwards, 2016). The majority of those individuals will be able to absorb the trauma and continue their lives normally, but some will experience long-lasting problems for unlimited amounts of time unless they reach out for help. Approximately 8% of survivors of a traumatic event, will develop posttraumatic stress disorder (PTSD). “PTSD is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault” (U.S. Department of Veterans Affairs, 2016).

A few of the symptoms that are associated with PTSD include: nightmares, insomnia, fear, anxiety, anger, shame, aggression, suicidal behaviors, loss of trust, difficulty with relationships, and possibly even isolation (Wong, 2017). Depression, anxiety, and alcohol/substance abuse problems may also occur with people trying to cope with traumatic events (American Psychiatric Association, 2013).

Research indicates that women are twice as likely as men to develop PTSD, but most women question if they should even seek treatment at all (American Psychiatric Association, 2013). Women may end up waiting years to get the help they need and some never even receive that necessary treatment (American Psychiatric Association, 2013). If PTSD goes untreated, there may be other health risks that come along with it such as alcohol/substance usage,

disruptions in their daily living, or internal health issues later on in life (American Psychiatric Association, 2013).

According to the National Child Traumatic Stress Network (NCTSN), one out of every four children attending school have been exposed to a traumatic event that can affect learning and/or behavior issues within that child (Wong, 2017). The NCTSN states “the most common source of trauma in children includes, child abuse or neglect, a serious accidental injury, disasters, terrorism, experiencing or witnessing violence in neighborhoods, schools and/or homes, and also treatment for life-threatening illness can be quite traumatic” (Wong, 2017).

For the purposes of this paper, the population focused on will be adolescent children, both male and female, ages eleven to fourteen that have experienced trauma. Trauma with children is more common than one might think. The United States Child Protective Services “get around three million reports each year” dealing with trauma in some way, which includes around “5.5 million children” (U.S. Department of Veterans Affairs, 2015). There is evidence that says 30% of those reports involve abuse of some kind; including 65% of those abuse reports dealing with neglect, 20% physical abuse, 10% sexual abuse and 7% include psychological/mental abuse to the children (U.S. Department of Veterans Affairs, 2015). The reports also show that 25% of all victims and witnesses of violence end up developing PTSD (U.S. Department of Veterans Affairs, 2015). Post Traumatic Stress Disorder (PTSD) is the most common of all traumatic disorders. According to the Diagnostic and Statistical Manual of Mental Disorders, (the American Psychiatric Association's classifications and diagnostic tool used for psychiatric diagnoses), PTSD has quite a few criteria that a person has to meet before being diagnosed, including exposure to actual or threatening death, serious injury, or sexual violence, recurrent distress, dissociative reactions or psychological distress (American Psychiatric Association,

2013, p. 271-280). Therefore, the first hurdle to treating a child with PTSD is accurately getting the actual diagnosis.

There are multiple symptoms that you may see in a child specifically experiencing PTSD may develop. Symptoms could include: fear, anger, trouble concentrating, nightmares, health problems, behavior issues, acting out, school failures involving low/failing grades, and even suspension or expulsion if the behavior continues (Wong, 2017). The children who exhibit these symptoms make diagnosis easier; however, some children may not show they are under stress and although asymptomatic, may still be traumatized. Undiagnosed and untreated, these children may continue to experience the trauma over and over again through images, experiences, and memories. Thoughts or feelings that they experience on a daily basis may continue to feed their trauma on a daily basis. These feelings and emotions may lie beneath the surface unchecked and the child may react physically because they do not want to have feelings or emotions that they associate (even unconsciously) with that traumatic event. If these symptoms last longer than sixty days, PTSD might be evaluated and diagnosed in that child (American Psychiatric Association, 2013, p. 271-280).

Although the main diagnosis in trauma that is seen most frequently is PTSD, various other disorders such as: reactive attachment disorder, disinhibited social engagement disorder, acute stress disorder, adjustment disorder, other specified/unspecified trauma and stressor related disorders are to be considered when diagnosing someone who has experienced traumatic events (American Psychiatric Association, 2013, p. 265-290). Each of these disorders have different criteria in the Diagnostic and Statistical Manual of Mental Disorders and should be carefully considered along with a diagnosis of PTSD (American Psychiatric Association, 2013, p. 265-290). Traumatic events impact different people in various ways depending on the characteristics

of that individual, the type of event(s) that occurred, the developmental aspect, and the outside factors, such as culture (Substance Abuse and Mental Health Services Administration, 2014, Ch. 3). Two individuals in the exact same situation could be affected in intensely different ways. It could have a dramatically terrifying impact on one individual, which affects their day to day living, and another individual could be barely affected by the situation.

Understanding the impact trauma has is important when working with individuals who have experienced or are experiencing trauma/PTSD in their lifetime. Trauma can include one-time, multiple times, or even long-lasting repetitive events (Substance Abuse and Mental Health Services Administration, 2014, Ch. 3). A child, having on-going trauma daily, could be in need of help and treatment immediately. This help and treatment might include psychiatric evaluation, therapeutic intervention, medication or a combination of treatment options.

Traditional counseling, methods in general for anyone dealing with trauma, however it may be difficult for some individuals who cannot or do not want to verbalize their problems. For most children, talking to a counselor about a traumatic event can be even more stress inducing. Treatment such as Art Therapy has been proven to be very successful when associated with trauma (Malchiodi, 2012, p. 90-91). The creation of art can help some individual express dark emotions, feelings and memories that they may not want to verbalize. In Art Therapy, a child can express their fears and worry about the traumatic event without even having to talk. Individuals may not even be able to verbalize or comprehend these emotions or memories themselves. Exploring these emotions, feelings and memories through art making can help an individual in healing and allow a safe place to process their trauma/experiences (Rubin, 2011, p. 53).

One way to understand trauma in our brains is to think of the brain as being “split” down the middle, creating two halves—the right and left hemispheres. “The right side holds the

images, themes and sense of personal existing across time”, it is the creativity and arts side, “while the left holds the drive to make logical meaning and put words to wordless feeling states and perceptions” (Burke, 2017). Dr. Theresa Burke says: “this explains the difficulties people have in creating a coherent narrative: if the two sides of the brain are not working together, the story will be either chaotic and confused--overwhelming feeling, overwhelmed thought--or superficially logical but lacking the emotional oomph of a good coherent autobiographical story” (Burke, 2017). By stimulating the right side of the brain during therapy has shown beneficial to clients. It changes “the way people regulate these core functions—which cannot be done by words or language alone” (Burke, 2017).

Therefore, having individuals who have experienced trauma create imagery pictures to cope with situations can be beneficial for them. Art Therapy is the proper use of therapeutic interventions that culminates with the individual dealing with specific traumatic event(s) with the help of art materials. The end goal for a person would be to verbalize the event, learn to cope, and move on with their lives (Burke, 2017).

What is Art Therapy?

Art Therapy is the use of art materials and media to help individuals’ express emotions or memories that they may not be able to verbalize or even understand. Through the creation of art, the client makes a connection to memories and experiences that they cannot or do not wish to talk about and then taps into the emotions tied to those memories. Exploring these intense emotions allows the client to process feelings and finally to heal. Art Therapy provides individuals with healthy coping skills, builds resilience, discharges anxiety, empowers the individuals, creates a feeling of well-being, is a gateway for self-expression and offers the individual a chance to create art for themselves (American Art Therapy Association, 2013).

Art Therapy can be useful in multiple settings such as: schools, hospice, nursing homes, hospitals, Veteran's Affairs hospitals or clinics, in and outpatient detoxification centers (AA, NA, etc.), mental health facilities, halfway houses, group homes, correctional facilities and/or prisons, rehabilitation centers, nonprofit agencies, and many other places (American Art Therapy Association, 2013).

The following Art Therapy interventions can be used with adolescents who have been through trauma. These interventions get the individual to face some unpleasant aspects of their lives in a safe environment with the end goal that they will overcome them.

Art Interventions:

Safe Place. This intervention involves having a client draw a place where they feel safe. By creating the place and envisioning it as a reality, it allows the client to find that place they can go to when they need the comfort and to know they will be safe. Building a "home" is like the safe place, somewhere they could go to and be themselves and be happy. This safe place can be an imaginary place, it does not have to be a real place or even exist anywhere in reality, but it could exist to the child. If their trauma deals with family issues, talking with the child to see what a home means to them is beneficial to both child and therapist. Drawing something that frightens the children—being able to bring that traumatic event to the surface and bring light to it—allows children the ability to work through trauma (Rappaport, p. 2).

Mask Making. Mask making can be a very empowering experience. Applying plaster to ones face, or drawing on a pre-made mask can help an individual with their traumatic experience. Traumatic events can be explored due to the power of dual sides portraying the outside of the individual vs the inside on the masks. The mask gives a place physically to manifest thoughts, idea, and traumas the individual did not know existed. Allows the ability to

finally be able to release those things that are eating the individual alive inside, and bring it to the surface physically on the mask. Having a client create a mask that shows how they see themselves or how they feel inside can give the therapist insight with how the child thinks and feels. This may ultimately help children find ways to cope with trauma in a different way (Wallace, 2010).

Mountain Valley. Interventions that help children focus on the positive things in their lives. Therefore, creating positive interventions for the children to help them to know they are not alone and to shed light on those positive things about them instead of always focusing on the horrible, negative, traumatic events. Doing a mountain valley drawing allows the individual to place those positive things in their lives on the mountain and placing those negative things in the valleys. The therapist helps the child find the balance in life by explaining the highs and lows are connected but that you can indeed overcome the negative aspects of life and emphasizing the mountains, those positive things are bigger and higher up (Liz, 2010).

Painting. An intervention that many clients find enjoyable and freeing is creating a painting or some art project for someone who has passed, who has been hurt, or just someone that in that person's life. Making a project to give to someone can be very special and meaningful for that individual. It "allows yourself to be in the feelings", "gives yourself time", and "allows yourself to detach from trying to control circumstances and outcomes" through creating art. (Dessauer, 2009).

Recreating Memories. Another intervention could be having the child recreate an important childhood memory through art. They can collage, paint, draw, etc. their memory. A memory could be good or bad, but a pivotal memory that they remember. Then by talking it out and figuring out why that memory was so important to that child when they have created it can

be huge in the recovery process. Being able to visual see the event may “be transformed from something that is distressingly active in the present to something passive that is part of the person’s history. (Collie, Backos, Malchiodi, Spiegel, 2011, p. 160-161).

Using Art Therapy with Adolescents in a Group Setting

Art making can be the stepping stones to help a traumatized child get back to where they were before the event occurred. Mindfulness practices, “maintaining a moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment,” can help reconnect the body with positivity and makes the child feel safe and more at ease (Kabat-Zinn, 2011). Using mindfulness along with Art Therapy, can help children get into a calm state, and ready to dive into that traumatic event without it being too scary. The less resistance from the child, the calmer state of mind the child is in and the more they will accomplish in Art Therapy sessions. (Malchiodi, 2012).

Being aware of all the various ways a child could be traumatized and how impactful that may be on them is very important to consider. Some examples of symptoms that may be present in a child caused by trauma include: insomnia, agitation, rage, feeling disconnected from the world, feeling depressed, eating problems, unusual fears, impatience, always doing strange or risky things, having a hard time concentrating, wanting to hurt themselves, being unable to trust anyone, feeling unsafe, and using substances. (American Psychiatric Association, 2013). Recognizing these behaviors and intervening as quickly as possible is the most effective way to help that child deal with their trauma. It may help them get out of an abusive situation, it may alleviate some anger and rage and also may help them recover more quickly from that specific event (Malchiodi, 2012).

Throughout my internship with children and adolescents, I have observed children dealing with trauma of all varieties. Children who have not yet been able to work through their traumatic event from the past struggle to function in school and on a day to day basis. My observation inspired me to create an Art Intervention group. The primary population was middle schoolers with trauma induced lives. The goals of the group process were to provide opportunities for Art Therapy interventions with the middle school participants. Ultimately, it was my hypothesis that by conducting the art groups, the children would be able to cope with their trauma through the use of art materials and to allow relief in some traumatic aspects of their lives. Easing into this potential deep therapeutic process was the goal.

When facilitating Art Therapy interventions, there are two forms, group sessions and individual therapy sessions (American Addiction Centers, 2016). I chose to do group therapy due to my location and the school where I did my group has limited time for the student to work as a team during the course of their academic day. Many of these students had multiple things in common including loss of a family member, witness of a death, involvement of drugs/alcohol in the home, family or friends, physical or mental abuse, etc. Cohesiveness of a group is important in group Art Therapy, knowing they can work together as one is important (American Addiction Centers, 2016). These students I worked with needed the experience of the community; that other classmates were there for them, and the group confidential. With Art Therapy, doing the same directive for one group can be impactful, yet the outcomes are all different and that shows how art is different and unique (American Addiction Centers, 2016). Male and female's artwork are even different from each other and combining them in one group, which is what I ended up doing, makes for more variety of outcomes. In the group, students feed off of each other for bigger and better ideas and sometimes there was a competitive nature, but that can make a group

more interesting. The students had an hour opportunity to let loose, not think about school, not think about their lives outside of school and just focus on creating art while diving into their unconscious minds. Sometimes their issues surface in their art and they were able to see that first hand, then reflect on it. Some art created can be very powerful, sometimes too powerful to handle for the child. But through Art Therapy, the therapist is there to assist and help that child get through that powerful situation.

In choosing eight interventions for the group, which are art directed projects that potentially could hit on traumatic events in the students' lives, I needed to be aware of triggers that might be caused. "Things that remind a person of the traumatic event can trigger avoidance symptoms" (National Institute, 2016). Knowing images, topics of conversation, etc. that may re-traumatize that student are avoided as best as possible. Some triggers could be if magazine images related to the traumatic experience at all, if they drew an image of the event, sounds or smells in the session or even just a word or saying someone said may cause triggers. Being aware and careful what goes on in session is important and for the safety of everyone. Interventions use a variety of materials and directives to help facilitate a group. The eight interventions I thought would be most beneficial for my group of students were: a scribble drawing, an "I am" collage, an art assessment called house, tree, person (HTP), a five-minute meditation video, emotional mandalas, word salads, making some play dough slime and a journal writing about whether the student thought the group was beneficial or not. Each intervention had different students attending, but all were middle school students. One child, Student A, attended every session and created some powerful work which I will share below.

Disclaimer

Due to the location of the school where Art Therapy groups were facilitated and the vulnerable population, I have withheld some information in this paper. To protect their identities, I will be addressing the students by, Student A, Student B, etc. Backgrounds and certain elements of their lives, will not be included in this paper.

Case Studies

Intervention 1:

The first time the group met, the art directive was to create scribble drawings, followed by “I am” collages. In this session there were seven students. Scribble drawings are meant as an icebreaker for the Art Therapy group. They are a way to loosen up the group and get their creative minds ready, for everyone to get to know each other and to work together in creating something more together. The scribble drawing also gives the facilitator an idea of how each student draws or interprets artwork since it was the first session (Malchiodi, 2012, p. 64, 138).

Early in the intervention, the scribble drawing seemed frightening to the group, first, because some did not know the facilitator and secondly because they felt it was a childish activity. The instructions given were for each student to have a blank piece of paper and that each student should chose a different colored marker. (Rubin, 2011, p. 14). Next, they were asked to mindlessly scribble on the blank paper, trying not to think about the lines they are making on the paper. The students were hesitant and confused at first. Once the facilitator joined in, however, the students seemed to enjoy the scribbling a little better. This facilitator told them they could try closing their eyes to help them not think about the scribble. Once each student did some scribbles on their paper, they were asked to pass their paper to the next person and to add something new to the existing scribble; adding more scribbles, adding a doodle, or even bolding

in some places with their colored marker. After a minute or two, the facilitator asked them to switch papers again. This continued until each student had their original paper back. Then, the facilitator asked each student what they thought of their paper now and if they saw anything in the scribble. Student B noticed that Student C thought her yellow scribble looked like a person's face and added eyes, a nose and a mouth (Figure 1). The other students just added random doodles of people, animals or images to the scribbles.



Figure 1: Student C Scribble Drawing

Next the group created “I am” collages. The goal was for the facilitator to get an idea of what each student likes and does not like, who they may be, and how they use the materials to create a collage of who they are. Each student was given another blank sheet of paper. There were multiple materials provided such as; magazine cut outs, magazines, glue, crayons, colored pencils, pastels, markers and scissors. The students were told to make a collage using whatever materials they wanted. The collage had to incorporate things about themselves. A collage is taking images, various materials and different ideas and putting them together in a visual form; into one piece of art. Student A requested a pencil to draw his collage (Figure 2). Student A's

collage consisted of a comic strip style drawing and each frame describes an aspect of something Student A is passionate about. The figures Student A has included are characters the student has created in his own world.



Figure 2: Student A "I am" Collage

Although there was involvement with the students, there was some resistance. Student D and Student E both exhibit signs of resistance while doing the "I am" collage intervention. Student D was present in only the first session, but did not sit with the group. Student D chose to do his own take on the intervention then removed himself from group. Student E, when explaining their collage, chose to avoid talking about the word "LOST" big and huge in the center of the collage. When they were asked what "LOST" meant to them, Student E shrugged her shoulders and did not want to speak about it. Resistance creates inner tension for someone between expressing outward what they need too or keeping it locked inside. (Rubin, 2011). Resistance in these two cases deal with the two students potentially nervous or protective of their

emotions and art work, so instead they keep it to themselves. Making art can be intimidating and by adding the therapeutic aspect, some people tend to be afraid with confronting their issues inside. Expressing oneself can be difficult for people, especially if it is a traumatic event. For these two, creating the art and sharing it became too difficult to do.

Your verbal interventions during the discussion of art products and processes are perhaps more loaded for clients than those that occur during the evoking and facilitating phases of the work. Words, after all, are still the common currency of communication, and people tend to respond strongly to them. This is especially true when you are talking about a client's creation, which is felt as an extension and often a part of himself (Rubin, 2011).

The group explored the different materials provided and seemed to like the freedom of constructing something about themselves with images and items they enjoyed. The collages were continued into the next session and were discussed out loud together. Sharing appeared challenging for most, but they each were able to share fragments of their art.

Intervention 2:

Four students participated in this session. The session began by asking the four students to complete an assessment called House, Tree, Person or HTP. HTP was developed by John Buck who "believed that through drawings, subjects objectified unconscious difficulties by sketching the inner image of primary process" (Niolon, 2003). His intentions for HTP was an assessment that allowed Art Therapists to help understand the client's individual basic personality. The figures may indicate how a person sees themselves in the world. For example, if the figures are drawn with faint lines, lacking details, Buck suggests that the person might be depressed. If lines are sloping it may suggest isolation or helplessness in that student's life. If the person is drawn in profile, the side view, then that person may be reflecting evasive attitude in

life. There are many more details that may suggest the individual's view of the world or their situations through these three drawings (Niolon, 2003).

House Tree Person directive was quick and simple, but each student did theirs differently; one student took their time and added details whereas a second student made theirs quickly and with minimal detail. With just these three drawings, students may be relating the images to their backgrounds and life situations without even knowing it. For instance, Student A, created a House (*Figure 3*) from the front view with a big window in front, a couch shown on the inside, a front door, stairs, and the back of a truck parked next to the house. Student A's drawing of a Tree (*Figure 4*) took up almost the whole page. The tree appears to be on a hill, the branches appear to be short and jagged with a big dark hole in the middle of the tree. The roots of the tree are drawn, but seem to match the short jagged branches. Student A's Person (*Figure 5*) drawing is a person drawn in the profile view, the side view, with a confused look on their face and no nose. The figure is dressed in a sweatshirt and pants, and labeled "EDD."



Figure 3: Student A House



Figure 4: Student A Tree

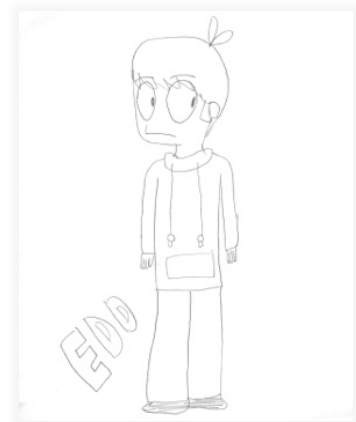


Figure 5: Student A Person

According to the assessment guidelines Buck concludes that this may indicate the following about the student who drew these three illustrations:

House. Walls represent boundaries and strength within the ego, so the curved thin lines could mean Student A might have anxiety and needs to reinforce their boundaries. The roof

might represent a fantasy life Student A is living in. Windows and doors are entrances into the house. Student A has details in the window showing a couch inside the house and the door looks opened. The opened door could mean Student A has a strong need to engage with others. This could mean Student A is open and willing to interact with other people. A car present could be a symbol of visitors or people in the house leaving. No ground line represented could mean they are not grounded as an individual (American Art Therapy Association, 2004).

Tree. The branches represent the efforts our ego makes to ‘reach out’ to the world for support and things we need. These branches are short and jagged so possibly Student A is limited on the skills to reach out to others, the jaggedness might mean aggressiveness and the fact that they look dead represents emptiness and hopelessness. The roots of the tree are what grounds us, these roots look short, meaning they are disconnected from reality, expressing an emptiness, despair or even trouble connecting with reality (Brooke, 2004).

Person. Student A drew the person facing forward but the face is drawn in a profile view, side view. This may indicate insecurity and always looking around you. The confused, worried facial expression might mean denial of needs or some passive-aggression, or limited support in life. Arms and legs close to body could mean they are defensive. (Brooke, 2004)

HTP intervention gave the students freedom to express themselves and express what they like to do using their own creativity. HTP helped the facilitator get to know the students better and allowed them to make three simple images. It also allows the facilitator opportunity to have an idea of what the individual’s basic personality is. By using Bucks assessment, it involves a quantitative scoring system to help identify levels of intelligence and interpretation analysis of the individual (Niolon, 2003).

Intervention 3:

This session began with a five-minute meditational video followed by creating emotional mandalas. To begin, five students were asked to sit quietly close their eyes if they wished and simply listen to the person talking on the prerecorded guided meditation. The meditation was geared towards stress management. After the meditation was finished, the students said they felt more at ease and calm. The next directive was to create a mandala. In choosing your emotions you wish to represent in your mandala, you then associate a color material with that emotional word and write that on your paper. Then you use those colors to produce a piece of art inside of a circle image. This allows for a lot of creative interpretation. Mandalas can bring up some deep emotions that an individual is experiencing at the present moment. Student A created a mandala including the emotions of happy, loving, sad, shy and calm (*Figure 6*). Student A chose not to create images but to reflect his emotions through the texture and use of the chalk material he wanted. He started by blocking off the colors in his circle like pie slices, then started adding quick motions of colors over other colors. Shy was represented as a triangle portion of the circle but also swirled over all the other colors of the circle. Loving was represented as a portion of the circle also as short quick lines of color throughout the whole piece. Student A created this piece of art in five to ten minutes. He seemed decisive and created quickly.



Figure 6: Student A Emotional Mandala

Student F did theirs differently and it took them the entire forty-minute session to construct. They chose four emotions to represent; empty, sad, confused and peaceful (*Figure 7*). They started their artwork by making a thin lined peace sign with a big circle connecting the three lines in the middle. Then they drew a dark image on the left side of a person lying down crying in a bed. They blackened that 1/3 of the pie, all representing sad and colored the bed blue representing empty. The next portion they drew was a pink sun-like image with a sad and confused face representing their feeling of confusion. Lastly they made a circle image with wavy lines around it representing empty and sad again. Student F represented his/her life outside of school. This student indicated daily life is complicated, and expressed feelings of confusion.

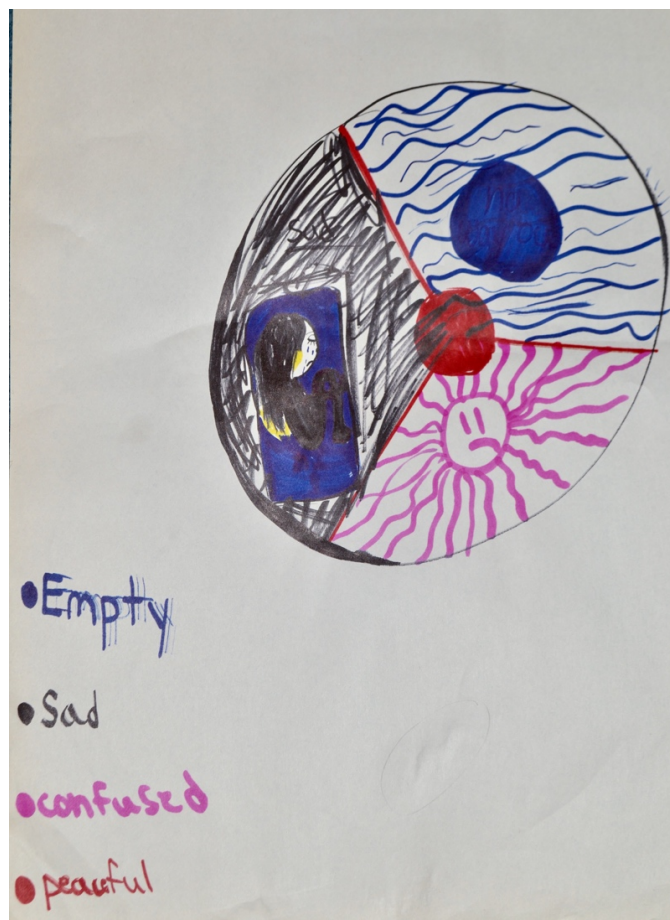


Figure 7: Student B Emotional Mandala

In conclusion, the mandala exercise seemed at first to be a hard concept for the students to envision without an example. However, as the students' samples indicate, students were able to use the mandala to illustrate their feelings.

Intervention 4:

The final group, two students participated. The intervention that was introduced was called word salad. Word salad is the use of words or phrases pre-cut from magazines, that can be put together to form a poem, short sentence, random words, etc. The goal was to quickly choose words that resonate for you and tell something about a situation you are going through or are struggling with. Word salad assists creators by unconsciously grab words provided, and make something out of them quickly. What you construct does not have to make any sense. This intervention can assist in expressing feelings and allow them a space to write about those feelings. Writing things down, journaling, can be a key part of Art Therapy interventions. Student A created a poem about his past few weeks (*Figure 8*).

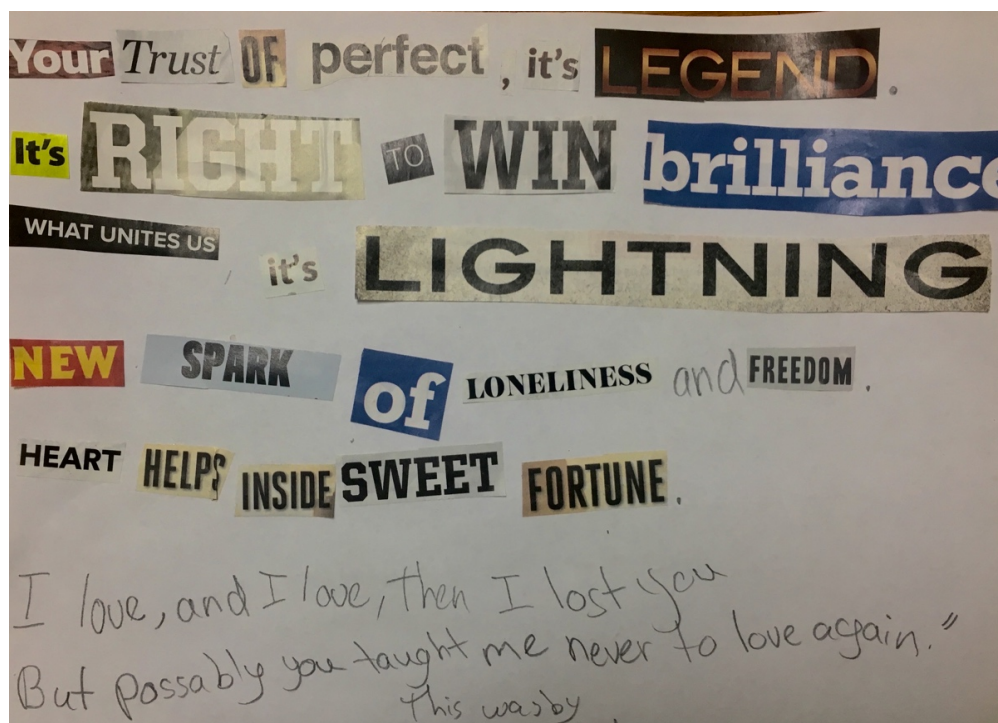


Figure 8 Student A Word Salad

“Your trust of perfect, it’s legend. It’s right to win brilliance, what unites us, it’s lightning! New spark of loneliness and freedom. Heart helps inside sweet fortune. ‘I love, and I love, then I lost you, but possibly you taught me never to love again’.” –Student A

The first half, Student A followed the assignment by choosing words that stood out to him and glued them down on the paper. At the bottom portion of the paper, he added his own writing. This writing says “I love, and I love, then I lost you, but possibly you taught me never to love again” which he said he’d heard it quoted somewhere. This poem Student A wrote taps into his lost love he just experienced and how he is trying to move on from it.

Case Study Interpretation

Throughout the four sessions, Student A seemed to grow and excel in the group and was the only one who attended all interventions. When asked the following questions: “Were the groups beneficial to you or not? What did you think of them? Would you do the group again?” He responded saying: “It was beneficial because there was a lot of pretty cool things that we did. It was fun and pretty cool group. It helped a lot through emotions. And the facilitator is real nice. Yes, I would do the group again.”

Student A loves to draw and create his own characters. This sometimes resulted in reprimand at school for drawing instead of focusing on school work. But to Student A, his characters and drawings are more realistic to them than real life seems to be. Through his drawings and characters, he is able to imagine and create the world he wants to live in and try to hide from the real world around him.

Student A chose to use pencil in his House Tree Person (HTP) drawing and his “I am” collage, (*Figures 2-5*). Pencil is a controlled material (more restrictive) and Student A’s life is out of control which is opposite (Virshup, 1993, p.430). Student A could be using pencil

unconsciously when creating the two interventions that expressed the deepest feelings, due to the fact they want more control in their lives. *Figure 6*, Student A's mandala was created quickly using chalk which is more fluid materials (easily manipulated) (Virshup, 1993, p.430). Student A seemed to create images that portrayed his life, but using pencil frequently in his drawings explains how he may wish his life was more controlled like a pencil is. He decided the emotional mandalas were very emotional to him that he used the chalk to quickly do the intervention. After his mandala was created, he went to doodling with pencil in his notebook.

In *figure 8*, Student A represented his current emotional status through words in the intervention word salad. By choosing random words, they were able to make a poem about a person they care about and lost. This particular session was tough for Student A due to the restrictions of using just the magazine cut words.

As the groups were familiar with the art materials prior to the group sessions, they seemed able to use the materials expressively. Each session, Student A seemed to get more into and more focused about what to creating evidenced by his participation and artwork rendered.

Personal Reflection

This art piece (*Figure 9*) created by the facilitator was a reflection on how they thought the Art Therapy sessions went. The many layers are symbolic to the students and their many layers in their lives. Once you uncover one layer, you discover another layer. The first layer could be the student is often late to school and is not mentally present in class. Once you start helping this student with focusing in the classroom, they start telling you about their families. This leads to the student possibly saying they were physically or sexually abused in the past.

Each one of these students have some kind of trauma in their lives. These student's lives are uncontrollable, but they tend to keep things hidden deep inside themselves. The interventions

were constructed to not delve too deeply. Some layers are very fragile while other layers may be so tough it is hard to know what it is. It was the facilitators intention that students would stay engaged in the interventions. The art intervention that seemed to release their traumatic experiences was a simple meditation and emotional mandalas. The students unconsciously represented that first layer in their artwork. When it came time to share the artworks, it was difficult due to the vulnerability of the group.

While the students have experienced so much already in life, continued obstacles may be difficult, but allowing the option for the students to see an Art Therapist and have an opportunity to create will aid in providing coping skills.



Figure 9 Reflection Painting

Conclusion

Art Therapy group for middle school students dealing with trauma can be beneficial. The students have the ability and range to experiment with various art materials within different interventions giving each session. At the end of session, students have the opportunity to share their thoughts and work with everyone. For the students it was difficult to verbalize personal information in a group setting.

Explaining and exploring what Art Therapy was eye opening to the students who participated along with the facilitator. Finding the deeper reasoning for where the trauma may have developed from appeared in a few interventions. Most of the students would benefit from a continuation of one-on-one sessions to help get through some traumatic events that are surfacing and potentially causing issues.

Does group Art Therapy work well at this school? The answer to this inquiry is yes, but for this particular group for it to be more beneficially it would have to be more frequent. Also, trying to get the same students to come each session is tricky and difficult. If more students showed up regularly, the interventions would be more successful.

Traumatic events will continue to occur within these students at this school and hopefully they are able to see the Art Therapist or counselor at the school for further sessions to assist them in healing. Situations such as: a loss of a family member, witness of a death, involvement of drugs/alcohol in the home, family or friends, physical or mental abuse, etc. are all extreme and need multiple sessions and help to that student and Art Therapy could be the solution.

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