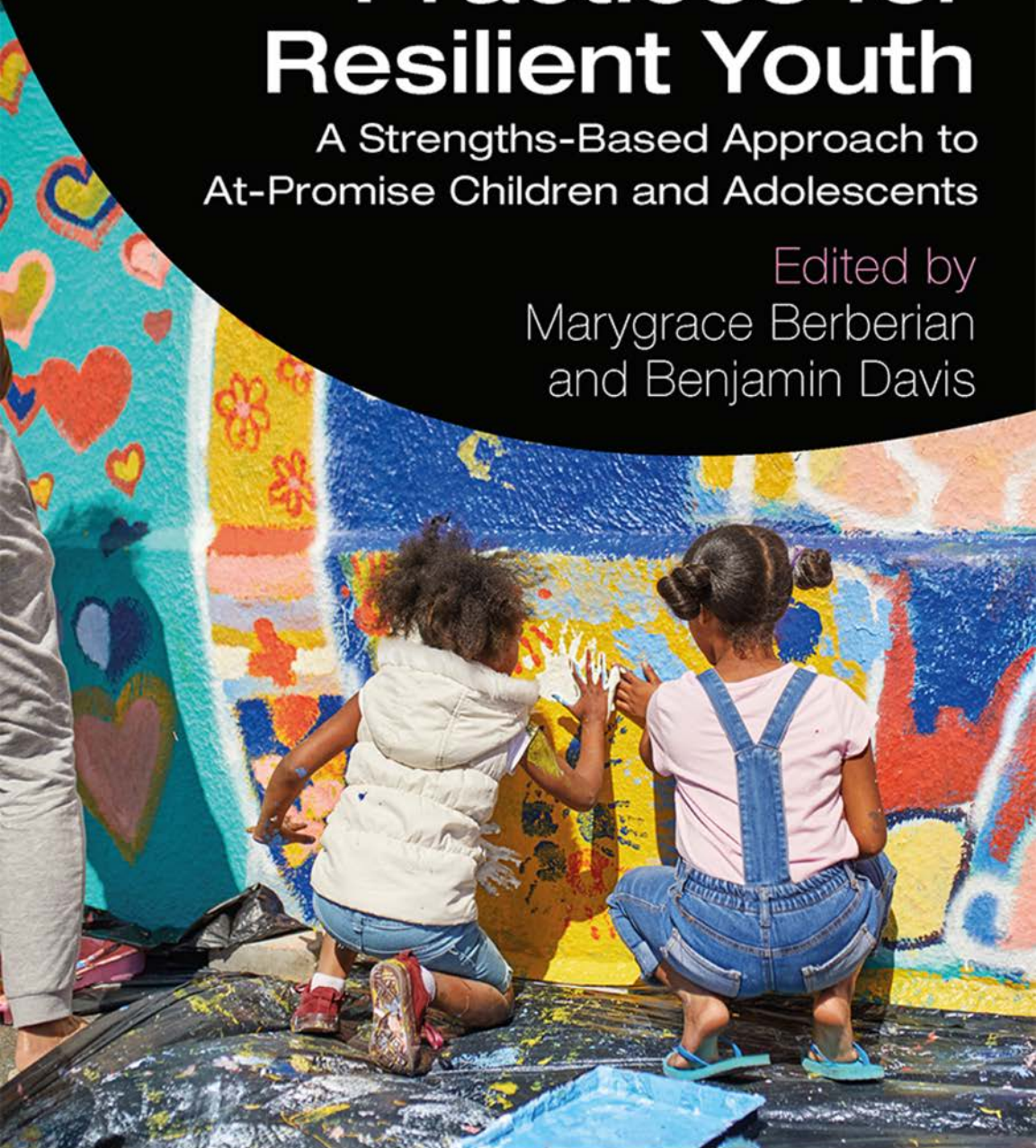


Art Therapy Practices for Resilient Youth

A Strengths-Based Approach to
At-Risk Children and Adolescents

Edited by
Marygrace Berberian
and Benjamin Davis



Art Therapy Practices for Resilient Youth

Art Therapy Practices for Resilient Youth highlights the paradigm shift to treating children and adolescents as “at-promise” rather than “at-risk.” By utilizing a strength-based model that moves in opposition to pathology, this volume presents a client-allied modality wherein youth are given the opportunity to express emotions that can be difficult to convey using words. Working internationally with diverse groups of young people grappling with various forms of trauma, 30 contributing therapists share their processes, informed by current understandings of neurobiology, attachment theory, and developmental psychology. In addition to guiding principles and real-world examples, also included are practical directives, strategies, and applications. Together, this compilation highlights the promise of healing through the creative arts in the face of oppression.

Marygrace Berberian is a clinical assistant professor at New York University. Ms. Berberian has invested her 25 year career establishing community-based art therapy initiatives for children and families at-promise.

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Art Therapy Practices for Resilient Youth

*A Strengths-Based Approach
to At-Promise Children and
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Dedicated to Madeline and Ella. Your love, creativity, and courage have inspired my continued cultivation of community support in this ever-changing world. Your bright, passionate spirits lift me. I love you always.

–Mommy

Immense gratitude to my parents, grandparents and great grandparents whose survival and lives modeled unswerving resiliency amidst life's most adverse blows.

Special thanks to my husband, Ken Hutchinson who has tirelessly supported my work.

–Marygrace



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Foreword

Children and youth, by nature, are far more resilient than adults tend to believe. The common assumption that children are helpless and totally dependent on adults for their survival is belied by clinical case studies illustrating amazing resilience under adverse circumstances. While children do require a great deal of caretaking to thrive, they nonetheless possess innate resilience for managing psychological difficulties. The resilience, however, often remains a dormant potential, especially under severe adversity. The most effective and natural way to awaken this capacity is through play and creative activities, yet this can be blocked and overwhelmed by trauma. With the support of an attuned art therapist, children can awaken creative problem-solving skills and develop resiliency in managing internal psychological problems as well as externally imposed adversity.

Based on my cross-cultural work with children, I would like to share an apropos anecdote. In Sydney, Australia, at a government agency providing after-school programs for aboriginal children, we offered a three-week art therapy session. On the first day, a seven-year-old boy greeted us by screaming and kicking the furniture around the room. After some hapless observation, an art therapy intern took out a pack of origami paper and began to fold it in a casual manner. Catching this act, the boy stopped kicking and slowly walked toward the intern. Eventually the boy grabbed a sheet of paper and started his own random folding project. This led to a nonverbal and interpersonal exchange, with the boy mirroring the intern's origami pieces, fold by fold. At the end, the boy was amazed that he had actually created an origami puppy. This was like a magic to him; he was ecstatic. Fortified and nurtured by the mirroring relationship, which he successfully internalized, he began to work independently, from start to finish, creating his very own origami artworks. The destructive energy within him had been channeled into problem solving in the domain of art. As he progressed, the problem-solving skills became a kind of reservoir or template for working through personal problems. To the extent that he was insistently destructive on the first day, he became persistently constructive, able to refashion himself with tremendous resiliency.

The book *Art Therapy Practices for Resilient Youth: A Strengths-Based Approach to At-Promise Children and Adolescents*, edited by Marygrace Berberian and Benjamin Davis, beautifully highlights this theme. The diverse chapters contain a multiplicity of viewpoints that collectively elucidate how art therapists help children find personal and unique ways of creative problem solving as a way of awakening and strengthening resilience. The editors have recruited an impressive group of art therapists, each with extensive experience working with children and youth impacted by a broad spectrum of biopsychosocial problems. This includes poverty, familial conflict, abuse, homelessness, immigration, and war. The aftereffects include anxiety disorders, PTSD, depression, and substance abuse, as well as external stressors such as incarceration. The primary emphasis uniting the chapters is to help children shift from being "at-risk" to being "at-promise."

The book is divided into four sections. In the first section, the editors address the general principles of art therapy practice and describe how and what art therapy offers in promoting creative problem-solving abilities and resilience. The second section deals with the theme of disruptions in early individual development, which can be caused by trauma, physical disability, developmental disorders, medical illness, psychiatric illness, and substance abuse. This section examines the nature of problem-solving styles for

children whose normal development is disrupted and interrupted. The third section spotlights dysfunctional family systems, which include divorce, sexual and physical abuse, and ineffectual social agencies and foster care systems. Often children become the victims of systemic failure. It is essential for them to develop coping skills and resiliency to deal with these horrific betrayals by the adults from whom they expected safety and protection. The fourth section addresses the negative effects of socioeconomic and political issues, globally and locally. This includes the impact of war and terrorism, poverty and migration, loss and bereavement, child trafficking, school violence, and incarceration.

In addition to these themes, the editors emphasize the importance of linking creative activity to neuroscience. It is well established that creative experience positively affects the human brain in many different ways. The editors cite various relevant articles written by psychologists and art therapists to stimulate future research ideas.

Each chapter in the book examines different types of trauma and stress impacting the lives of children today, with a positive and proactive theme, namely, the development of resilience through art therapy. In the words of Berberian:

As a conduit for accessing and mitigating conflicted memories and affect, visual expression can organize cognitions and memories. The attuned relationship with the art therapist aids in the mirroring and repair of disruptions in attachment, and rewards gained from engagement in art-making lead to both pleasure and mastery. Taken together, these support creative problem solving: a theoretical construct of art therapy's promotion of resilience.

(p. 14)

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Introduction

MARYGRACE BERBERIAN AND BENJAMIN DAVIS

For centuries, violence and deprivation have hindered the lives of developing young people in communities most affected by poverty and inaccess. Systems continue to reinforce outdated power structures, and clinical paradigms have shifted without comprehensive practice guidelines. Despite well-intended clinicians and institutions, children and adolescents have often resorted to their internal, strength-based survival instincts to heal and grow. Activated as a response to trauma and unmet need, the young person's extraordinary ability to persevere has captivated clinical audiences over the past few decades. Resilience, a dynamic interplay of developmental stages involving both threatening and protective factors, is nested in a historical, ecological, and cultural context known to influence individual and communal development over time (Jain & Cohen, 2013). Clinical psychologist Norm Garmezy conceived the scientific study of resilience, which "transformed the science and practice of multiple disciplines, from the molecular level to the global ecosystem, infusing a strength-based and recovery-oriented approach into psychology, education, social work, and psychiatry" (Masten, Nuechterlein, & Wright, 2011, p. 141). Garmezy (1983) noted, "children are not strangers to stress. Over a significant span of human history, they have been more often the victims of slings and arrows of an uncaring society than recipients of its beneficent protection" (p. 49). Nearly four decades after Garmezy's work began, we sadly continue to see our youngest members of society often suffering the most.

Across the literature, demographics track patterns and trends among groups. Age, wealth, gender, location, and ability provide general guidelines to classify circumstance, risk, and repair. The specific condition, be it homelessness, war, or medical fragility, bring expected developmental concerns. Yet scholars also acknowledge massive heterogeneity in the responses to psychosocial and physical environmental hazards. Protective factors that buffer and modify the impact of risks over time and support positive adaptation can diminish vulnerabilities to environmental stressors, aid in the recovery of adversity, and ultimately yield more positive outcomes (Rutter, 2012). A socioecological perspective has examined the continuum of risk and protective factors to domains inclusive of culture, society, community, gender, race, ethnicity, and historical period (Bronfenbrenner, 1977; Garbarino, & Haslam, 2005; Garmezy, 1987). In this vein, a young person is examined in a bidirectional relationship within the continuum of environmental micro to macro systems contributing to adaptation and well-being. The bidirectional relationship of the young person within a communal system of support underscores the proverb

“it takes a village to raise a child” (Henderson, DeCuir-Gunby, & Gill, 2016, p. 480). The “experience within” the domain, rather than the domain itself, is what ultimately influences the young person (Siperstein & Favazza, 2008). Social, cognitive, economic, and cultural contexts will affect the potential and risk inherent in the transactional, experiential relations between the young person and their world. The “experience within” the domain therefore becomes highly personalized, and effective clinical intervention becomes more complex.

Many clinicians find themselves searching to determine causality from a single variable responsible for developmental outcomes (Horowitz, 2000). But without an inter-sectionally informed approach, the nuance of a young person’s “experience within” a domain is quickly lost, and an opportunity to bolster resilience becomes less attainable. This reductive stance also risks the clinician becoming complicit in seeing deficits and thereby wrongfully placing blame within the individual, family, and community, rather than the institutional structures that create and maintain inequality (Arnold & Swadener, 1993; Lubeck & Garrett, 1990; Swadener & Lubeck, 1995).

Case material in this book showcases profound resiliency evident despite micro and macro experiences of adversity. Authors use the framework of “at-promise” rather than “at-risk” to dispel the assumptions of pathology for young people managing systems that are inherently detrimental and oppressive. This compilation recognizes that pathologizing young people “at-risk” for negative outcomes based on their race, primary language, family structure, gender, or class, results from a deficit model that parallels the persistent social stratification in the U.S. (Swadener & Lubeck, 1995). The “at-risk” label, disproportionately classified through sociodemographic data for many marginalized groups, appears more detrimental and stigmatizing than the internal and external factors in causal relationship to negative outcomes themselves (Franklin, 2013). The classification of being “at-risk” is not one of neutrality and comes with the potential to damage, disempower, and further marginalize (Swadener, 1995). Franklin (2013) adds:

History clearly shows that when these labels were used for poor or minority children, they served as immutable referents that spoke only to inadequacies in the child and his or her family. The psychological character, physiological makeup, and cultural patterns of students were often called into question and labeled deficient, as if competence, achievement, and motivation manifested and developed solely in the home.

(p. 3)

Examining adversity broadly, this compilation reviews the impact of communal, familial, and interpersonal stressors as variables in the expansive constellations of young people’s psychology and sense of self. The ideology of an “at-promise” framework offers complimentary concepts for further discussion in the field of art therapy. The concept of “at-promise” has been most largely embraced by educational reform for students who are economically disadvantaged (Henderson et al., 2016; Rios, 2011), stigmatized by institutional racism (Franklin, 2013; Whiting, 2006), physically challenged (Leifield & Murray, 1995), twice-gifted (gifted students with learning disabilities) (Nielsen, 2002), and underachieving (Boykin, 2000). Similar goals intrinsic to the field of art therapy illuminate a vision to “see beyond ‘what is’ into a more democratically just and humane world of ‘what might’ be” (Lake & Kress, 2017). Paolo Freire upheld principles for democratic education that would emancipate people from oppression and transform society

through a sense of personal agency (Rennick, 2015). For revolutionaries John Dewey and Maxine Greene, the nurturance of imagination propagated new thinking, actively reconstructing current understanding and sustaining receptivity to novel problem solving (Mayer, 2017). Embedded in the theory and practice of art therapy is the opportunity to promote creative play and problem solving while engendering new aspects of personal agency. Throughout history we have witnessed young people, despite the circumstance, access these vital developmental building blocks through art-making.

During World War II, Anna Freud and Dorothy Burlingham (1943) observed young children in wartime nurseries separated from their parents. In these accounts, a range of responses were noted:

Children may therefore go apparently unharmed through experiences that would produce grave results in people of another age. On the other hand, they may break down completely under strain which to the ordinary adult person seems negligible. The peculiarities of the psychological make-up of the child may account on the one hand for the astonishing robustness of children, on the other hand for most of the problems of behavior and symptoms to which all the war nurseries complain.

(p. 64–65)

While Freud and Burlingham were tending to children's reactivity to war in England, Friedl Dicker-Brandeis artistically engaged children imprisoned in the Terezín ghetto in former Czechoslovakia. Despite her tragic death in Auschwitz, Dicker-Brandeis' safely guarded collection of approximately 5,000 drawings created by children of the Holocaust survived and provide an example of legacy for vitality summoned in the face of annihilation (Makarova, Makarov, & Kuperman, 2004). In a letter in 1940, Dicker-Brandeis wrote, "Today only one thing seems important—to rouse the desire towards creative work, to make it a habit, and to teach how to overcome difficulties that are insignificant in comparison with the goal to which you are striving," (Dicker-Brandeis, as cited in Makarova, 2001, p. 151). Dicker-Brandeis, a teacher and mentor for art therapy pioneer Edith Kramer, demonstrated the undebatable therapeutic potential for art-making in the face of engulfing anguish. In reference to Dicker-Brandeis' contributions, John-Steiner (2010) described:

They understood that for the minutes or hours during which they drew with a pencil on scraps of paper or performed or listened to music, they were alive in the deepest sense of what it is to be human. To create is to go beyond restrictions of habit, pain, terror and the known. It requires a continuity of concern, an absorption in shaping experience in a novel and moving manner.

(p. ix)

Kramer referenced and credited Dicker-Brandeis for her influences on her foundational theories of art as therapy (Makarova, 2001). Kramer (2010), commenting on the work of Dicker-Brandeis, wrote that she "allowed children to depict the sanity and beauty of their past lives while permitting comfort amid present nightmares. In this sense she formed a kind of therapeutic community that sustained the many children who endured unimaginable fear, loss and the threat of annihilation" (p. 2).

In the presence of adversity, coping (and healing) through creative play and artistic exploration has paralleled the established, pathology-driven, "medical model" of mainstream child psychiatry and laid the foundation for a more holistic understanding of the

child in a resilience-oriented approach (Ludwig-Körner, 2017). Observation of the child engaged in their natural setting, while the clinician restrains preemptive judgment, will enable a more precise assessment of strengths. Freud and Burlingham's (1943) observations also highlight the increased resilience of children when caregivers maintained expected routines and positive interactions. These protective factors include active coping skills, self-efficacy, social support, and the maintenance of stable relationships with adults that encourage adaptive practices (Garbarino & Kostelny, 1993, p. 29).

Almost 80 years later, clinicians and community leaders continue to identify, systematize, and strengthen a framework of protective factors in pursuit of childhood resilience. To encapsulate the state of young people today, one is tasked with understanding complex experiences of identity and self. Bracketed by community norms, economic conditions, geographic location, family structure, and psychological idiosyncrasies, each young person's voice carries with it a unique fingerprint of personal history; a snapshot of time and place; self-definition; and their particular, often non-linear, experiential perceptions. Understanding the global context and the experience of youth today would take many lifetimes of inquiry. Here, we provide only a brief snapshot of demographic information to ground readers with the trends and patterns exemplified in literature to date.

Young people today make up the largest youth population in history, and half of the global population is now under 30 years old (Sharma, 2017). By 2020, the under-18 population is expected to grow to 73.9 million (Vespa, Armstrong, & Medina, 2018). As a group, they face unprecedented technological, social, environmental, and economic challenges. The experience of being a young person varies drastically based on age, sex, religion, ethnicity, location, level of ability or disability, racial minority status, gender identity, and sexual orientation, among many other factors. As clinicians, therapeutic interventions designed at engaging young people have needed to adapt to technological advances, communication styles, and evolving relational dynamics as children and adolescents prepare themselves to manage an increasingly volatile world.

The International Youth Foundation, a cumulative source for global trends in youth welfare, defines well-being as a "multidimensional concept that includes a person's physical and mental health, educational status, economic position, physical safety, access to freedoms and ability to participate in civic life. It is, in a sense, the abundance or scarcity of opportunities available to an individual" (Sharma, 2017, p. xiv). Under the domain of health, in 2017 The International Youth Foundation ranked the U.S. twelfth globally behind Saudi Arabia, Spain, the United Kingdom, China, Morocco, Germany, Colombia, Ghana, Vietnam, Sweden, and Jordan (Sharma, 2017). Several factors contribute to the low health ranking, including a high rate of adolescent fertility (21 per 1,000 births for women ages 15 to 19 versus an average of 9 per 1,000 births in European countries) and high rates of youth self-harm fatalities (23 deaths per 100,000 youth). Currently the U.S. ranks twenty-third globally in youth interpersonal violence, accounting for 20 deaths per 100,000 youth (Sharma, 2017).

Despite advances in the field, The National Institute of Mental Health reports an estimated 49.5% of adolescents live with a mental disorder; of those, an estimated 22.2% are severely impaired based on DSM-IV criteria (Merikangas et al., 2010). ADHD, behavior problems, anxiety, and depression are the most commonly diagnosed mental disorders in children, whereby 9.4% of children aged 2–17 years (approximately 6.1 million) have received an ADHD diagnosis (Danielson et al., 2018), and, of children aged 3–17, 7.4% (approximately 4.5 million) have a diagnosed behavior problem, 7.1% (approximately 4.4 million) have diagnosed anxiety, and 3.2% (approximately 1.9 million)

have diagnosed depression (Ghandour et al., 2019). Depression and anxiety diagnostic rates have increased over time among youth (Bitsko et al., 2018). A multitude of factors impact access to care, treatment options, and outcomes. The Centers for Disease Control and Prevention (2019) acknowledged that age and poverty-level were strong predictors in the treatment of mood and behavioral problems.

In the U.S. 20% of all children ages 0–17 lived in poverty in 2015, down from 21% in 2014 (Federal Interagency Forum on Child & Family Studies, 2017). In 2015, approximately 13.1 million children (18% of all children in the U.S.) lived in households that were classified as food insecure (Federal Interagency Forum on Child & Family Studies, 2017). While socioeconomic class correlates with health, wellness, and educational markers of success, strongly held racism and other discriminatory ideologies have had devastating consequences, particularly on youth of color and LGBTQ (Lesbian, Gay, Bisexual, Transgender and/or Queer) individuals. For example, despite an overall decline in youth incarceration rates, as of 2015, African-American youth were five times as likely as white youth to be detained or committed to youth facilities (The Sentencing Project, 2017). Black students, who comprise 16% of students in U.S. public schools, make up over a quarter of students referred to law enforcement from schools and 31% of those arrested for school-related incidents (U.S. Department of Education, Department of Civil Rights, 2014). Additionally, LGBTQ young people had a 120% higher risk of reporting homelessness compared to youth who identified as heterosexual and/or cisgender (Morton, 2018), and 73% of LGBTQ youth have received verbal threats because of their actual or perceived LGBTQ identity (Human Rights Campaign, 2018).

Young people who have been silenced, isolated, victimized, and rejected are often asked in treatment to intellectually understand their circumstances and begin to heal from them. Art-making, through limitless opportunities to engage in tactile experiences, access symbolic meaning, and promote personal agency, has the capacity to help process not only the painful emotions endured by systemic trauma, but also a young person's unique ability to self-define and find truth and meaning with power and celebration. In the book *The Courage to Create*, Rollo May (1975) propositioned the existential choice to either withdraw in panic or apathy or “move ahead in spite of the despair” in the face of extreme adversity and destruction (p. 12). Art therapists, creative cultivators of human potential, naturally practice in “at-promise” frameworks through the active employment of imaginative realms to challenge limitations, birth new thinking, and provide agency. Within a therapeutic frame, hope and courage are channeled to engage, create, and reflect through creative practice. Unlike verbal modalities, art therapists are able to capitalize on the protections gained using metaphor and the novel problem solving afforded by the creative processes, often increasing a client's tolerance to sustain treatment despite painful realizations.

For these reasons, art therapists frequently reference their alignment with a strength-based approach (Sarid, Cwikel, Czamanski-Cohen, & Huss, 2017; Malchiodi, 2015; van Lith, Fenner, & Schofield, 2011). Kelly and Gates (2017) credited the early settlement house movement of the 1880s as the start of the strength-based model of intervention. Contrary to the Charity Organization Society, which feared charity would perpetuate greater poverty, settlement houses served to empower the functioning of families through literacy, work skills, and childcare. Strength-based therapy, gaining momentum in the mid-1900s through advancements in the fields of psychology, social work, and counseling, is defined as a “client-directed approach that invites people to participate in every aspect of care and apply their indigenous strengths and resources towards

personally meaningful goals” (Murphy & Sparks, 2018, p. 3). A strength-based practice counters the problem-focused medical model that perpetuates blame for the “at-risk” etiology, a model where the most cost-effective form of treatment—a focus on individual strengths—is overlooked (Edwards, Young, Nikels, & Standefer, 2017).

Dr. Shawn Ginwright, a leading national expert on African American youth, youth activism, and youth development, advocates for an asset-driven approach to therapy, focused on increasing well-being rather than suppressing symptoms. “A healing centered approach to addressing trauma requires a different question that moves beyond ‘what happened to you’ to ‘what’s right with you’ and views those exposed to trauma as agents in the creation of their own well-being rather than victims of traumatic events” (Ginwright, 2018). Treatment based in a secure, non-blaming, and attuned therapeutic relationship can consider alternative narratives based in strengths, acceptance, and understanding, cultivating new regulation and mastery (Bianco, 2017). Strength-based approaches may be more aligned with cultural norms and better in accessing the confidence to transcend hardship (Ho et al., 2014). For Ginwright (2018), healing is experienced collectively, and therapeutic interventions should be culturally grounded and promote building a health identity and sense of belonging. He wrote:

The pathway to restoring well-being among young people who experience trauma can be found in culture and identity. Healing centered engagement uses culture as a way to ground young people in a solid sense of meaning, self-perception and purpose. This process highlights the intersectional nature of identity and highlights the ways in which culture offers a shared experience, community and sense of belonging.

(Ginwright, 2018)

In the promotion of strength-based practices, Estrella (2011) listed the dictates of creative therapeutic intervention as follows:

Follow the image. Follow the client and the community. Meet the client and community where they are, and facilitate an environment in which arts-based inquiry and connection can take place, trusting that the process will take you to a place where suffering can be experienced, where feeling can be given form, and where the whole self (personal and collective, body, mind, spirit, and imagination) can be enlisted in the service of healing.

(p. 47)

The practices of art therapy interventions for micro and macro level stressors, as outlined in this book, highlight the human potential for creative adaptation and resilience. The concept of “resilience” has been described broadly as both an outcome and a process, thereby producing complex and multifaceted definitions and measures (McClearly & Figley, 2017). Notable mediating factors contribute to the “process of resilience” to champion a “resilient” individual (van Breda, 2018, p. 3). Participatory in nature and action oriented, art therapy treatment, as a collaboration between client and therapist, yields a shared vision for recovery and growth. Communities can be empowered through emancipatory action through creative arts therapies. Practitioners can begin to reconceptualize the transformative action necessary to enable resilience through arduous commitment to curricular, structural, personal, and

relational work (Swadener, 1995). Sajnani (2012) acknowledged the value of honoring lived experiences through collaborative engagement by adding, “creative arts therapists enable an embodied, affective, and interpersonal responsiveness to change, amidst suffering, against oppression, and as an experience of social justice” (p. 186). Similarly, visionary Maxine Greene (2007) shared:

I think I want mostly to argue for a centrality of imagination because of its power to enable persons to reach towards alternatives, to reach beyond; and I want to argue for the arts because of the ways in which they open windows in experience, provide moments of freedom and presence, enable us to break with terrible moments of apathy and numbness keeps us, in our ongoing conversations with the young, ardently in the changing and problematic world.

(p. 2)

Positive outcomes in the face of adversity have resulted in adaptive functioning through optimism and resilience (Maholmes, 2014). Authors in this compilation showcase art therapy interventions that provide new, imagined possibilities for youth “at-promise.”

The first section of the book lays a theoretical foundation. A neurobiological framework examines creative problem solving as a protective factor and an adaptive response in the pursuit of resilience. Art, a natural communicative tool, is comprehensively discussed through a developmental lens. Section II examines the art therapy practices with individuals experiencing disruptions related to trauma, physical functioning, illness, substance abuse, and problematic sexual behaviors. A broader view of stressors in family systems is explored in Section III. Art therapy interventions for young people experiencing parental separation as a result of death, divorce, abuse, and neglect are considered through systems that both hamper and aid optimal coping. Section IV expands the lens of inquiry to examine macro stressors that propagate communal stress. Art therapy treatment for young people exposed to war, terrorism, and migration offer effective interventions for the persistent global unrest of this era. The amelioration of the systemic injustices against the liberties of young people are also reflected through art therapy practices to engage clients who identify as transgender and those who face incarceration. As we hope to remain teachable and primed for growth, we have ended this compilation with a chapter acknowledging the clinical mistakes evident in art therapy practices with young people.

Artwork included in this anthology amplifies young people’s voices, unmodified and unedited by the adult clinician. Art engenders a nuanced recognition of perspective, conveying meaning and depth that often falls flat in written word. Each symbol, stroke of a brush, color wash, and hue gradient serve as a fingerprint of time and place, allowing the artist’s intent and emotionality to influence viewers’ interpretation and understanding of meaning. Case studies present a sample of current research as it relates to each subpopulation as well as critical practical considerations for clinicians in the field. Client vignettes capture the nuances of personhood and resilience. Despite catastrophic circumstances, youth prevail with the ability to orient toward the future.

Contributing to this collection are clinicians from various backgrounds across the globe sharing in a collective belief. The universal qualities of art-making are affirmed through a diverse range of client populations and clinician positionalities. These authors have witnessed and cultivated creative engagement through strength-based creative art therapy approaches with young people internationally. Art therapy approaches are varied in theoretical underpinnings and applications.

The words within the volume have been assembled by chapter authors, leaders in their respective fields, using the language most attuned to their client population and current best practice standards. Translating nonverbal therapeutic art techniques into the written word has its challenges, particularly when we come to understand that language itself has a long history of creating and upholding systems of oppression. As art therapists, we continue to interpret our client's artistic creations, filtering their work through screens of our own biased language to communicate their intention to treatment teams, parents, and in reflecting back to the artists' themselves. The language we use to communicate, describe, and define is therefore of utmost importance.

Language, like culture, lives and breathes, evolving as we work to better grasp and articulate the lived experiences of diverse individuals across the globe. As such, we are confident that the language used here will soon be read as dated or archaic, perhaps even pejorative, as we continue to better understand community-based standards and respectful, strength-based care. As editors, we are grateful for the opportunity to highlight the groundbreaking art therapy approaches and techniques depicted here. We ask our readers to allow themselves to be inspired by the passages within, while also holding accountability for continued cultural awareness attuned to the time and place in which they work.

We urge practitioners in the field to not underestimate the power of their words and to take responsibility to change and adapt in the best interest of their clients. As Swadener (1995) explained:

As deceptively simple as it may seem, we need to treat all children like human beings, without “at-risk,” “doomed to fail,” or other adjectives or qualifiers- limiters-added. “Human beings at promise,” needing our care, confidence and faith. This may indeed be the only way to begin to transform a “nation at risk” to a future generation “at promise.”

(p. 41)

We look forward to continued redefinition, conversation, and evolution.

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Creative Problem Solving in Art Therapy

An Overview of Benefits to Promote Resilience

MARYGRACE BERBERIAN

Resilience

Resilience, a constellation of internal processes and external behaviors, has been widely examined in the fields of psychology, psychiatry, sociology, and biology (Herrman et al., 2011). Broadly defined, resilience can be understood as “multi-dimensional characteristics and processes of time and context-specific resistance, leading to positive adaptation in the face of adversity” (Ebersöhn, Nel, & Loots, 2017, p. 147). It encompasses both reactive recovery from adverse events and the proactive management of stressors through reliance on protective factors. Resilience is influenced by temperament, psychosocial development, genetic factors, and other environmental protective elements (Herrman et al., 2011; Osório, Probert, Jones, Young, & Robbins, 2017; Ungar, 2015).

The proximal and distal effects of chronic adversity can manifest widely throughout the body (Kendall-Tackett, 2009). The longitudinal impact of acute stress responses in the face of chronic abuse, trauma, and violence in early development is still often misunderstood, minimized, and misdiagnosed (Chapman, 2014). Early adversity has increasingly been shown to have extensive and enduring effects on the neuroregulatory systems that mediate illness and behavior from childhood into adult life. Adverse childhood experiences that often go unrecognized as trauma can have a negative influence on emotional states, health, sexual behavior, and medical care costs decades later (Felitti & Anda, 2010). Systematic factors such as family, school, and community can account for variance in the outcomes for childhood resilience (Ungar, 2013). As threats to individual and community safety become more complex, there is increasing interest in how systematic resources can be linked through a translational framework to apply the multidisciplinary inquiries into resilience (Abramson et al., 2015).

Art Therapy and Resilience

Since its inception, the practice of art therapy has been shown to promote resilience in children. As acclaimed child art therapist Judith Rubin wrote, “Creating helps children define themselves and their experiences, through forming unformed media, developing their own themes and styles, and discovering and delineating their identities” (2005, p. 312).

Art therapists frequently bear witness to the transformative, astounding results of treatment, but outcomes have been difficult to measure empirically (Regev & Cohen, 2018). A decade ago, Johnson (2009) suggested that linking the long-held qualitatively driven theories of creative arts therapy to neuroscience constructs would help the profession gain legitimacy within the dominant mental health culture. More recently, Kapi-tan (2014) endorsed the adoption of brain science in art therapy, noting:

When it comes to the complex beauty of the human brain, art has much to tell us about how the mind and the brain work. Despite the fact that there is so much more to learn and to discover, we enrich art therapy by adding a new dimension to its study and opening ourselves to its great potential.

(p. 51)

Researching outcomes in art therapy is challenging, as the practice involves more than just measurable, structured interventions; art-making is conducted in tandem with the attuned therapeutic relationship and the inherent rewards of its processes. Advances in neuroscience research have ignited more informed discussions within the profession. Recent neuroscientific research in art therapy has begun to better explain how and why art therapy helps to strengthen a child's adaptive response to adversity (Chapman, 2014; Hass-Cohen & Findlay, 2015; King, 2016). Intervention methods presented in the Art Therapy Trauma Protocol (Talwar, 2007), Intensive Trauma Therapy (Gantt & Tripp, 2016), and the Neurodevelopmental Model of Art Therapy Treatment (Chapman, 2014) have innovatively considered the neurological underpinnings of art therapy and its ability promote psychological health in the face of adversity. New paradigms are being developed to examine how pervasive stress responses can be alleviated in art therapy through affect regulation, cognitive processing, and the rewards of mastery (Hass-Cohen & Findlay, 2015). Neurobiologically, these mechanisms, which have in the past been oversimplified, are now understood as different, complex processes (Hass-Cohen & Findlay, 2015; Johnson, 2009).

The creative processes and production of art—the substance of art therapy treatment—is complex to fractionate and measure, as skill (both learned or established), talent (inborn or promoted), and aesthetics are intertwined (Zaidel, 2014). Regarding the promotion of resiliency, three key, dynamically operative mechanisms of change have emerged from current art therapy research:

1. As a conduit for accessing and mitigating conflicted memories and affect, visual expression can organize cognition and memories.
2. The attuned relationship with the art therapist aids in the mirroring and repair of disruptions in attachment.
3. The rewards gained from engagement in art-making lead to both pleasure and mastery.

Theoretically, these three broad functions work interdependently. For example, the tolerable access of traumatic memories via art processes is encouraged by the trusting, empathic relationship with the therapist and the reward derived from the sensorially pleasurable creative process. Further, by safely re-encoding terrorizing memories through art therapy, the child can construct new options for safety through mirroring from the art therapist and reap the rewards of feeling validated. In this structural

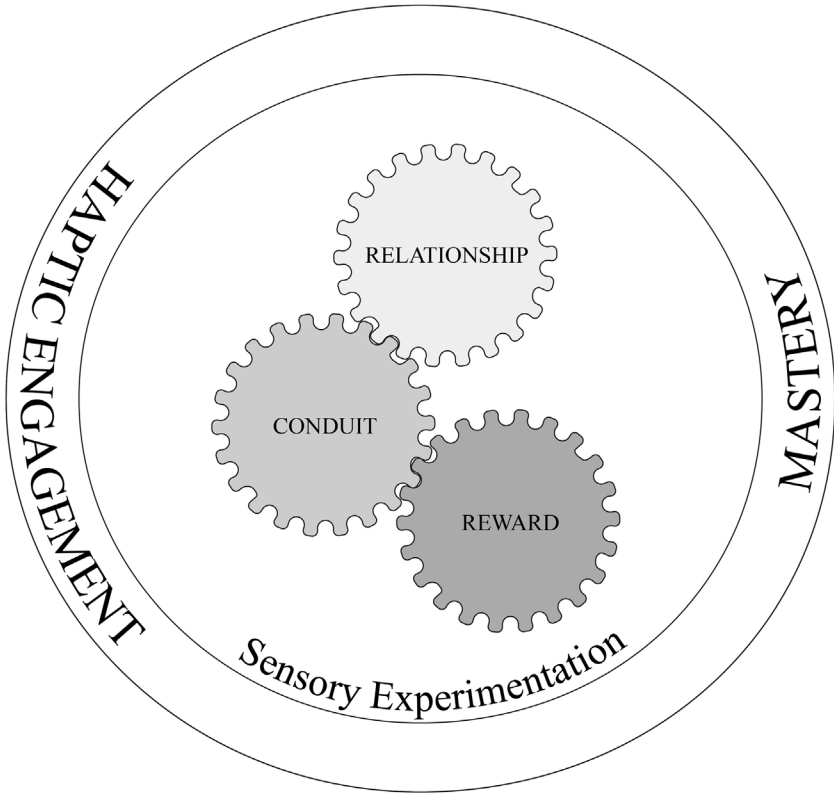


Figure 2.1 Diagram of creative problem-solving components to support resilience

framework, this interdependent tripartite construct operates in the context of sensory experimentation, which allows for both haptic engagement and mastery. Figure 2.1 illustrates this concept.

The effectiveness of art therapy in promoting resiliency in young people is summarized in the next section of this chapter. It outlines the outcomes of art therapy witnessed in practice and described in the literature, presenting a framework for the creative problem solving that can promote resiliency in young people. Although the term “creative problem solving” has appeared in art therapy research as a targeted outcome, it has not been operationalized (Carolan & Backos, 2017; Malchiodi, 1999; Rubin, 2011). Creative problem solving in art therapy can be defined as the constellation of creative processes, supported by the therapist, that enables sensory, experimental, and often metaphoric exploration to devise new ways to cope with past and chronic experiences of adversity. Emotions and thoughts are expressed and rehearsed through graphic communication as novel, possible realities. Through paced reflections, the child can develop a sense of agency, gaining mastery over the process and product.

Belfiore (2016) acknowledged the widespread belief that the impact of arts engagement on the mind and body is not borne out by scientific evidence. The art therapy

profession has begun to change that view. Schore (2015) suggested the constructs linking the instrumental theories of psychoanalysis (Kramer, 1958; Naumburg, 1947) and developmental psychology are engaged in novel cross-fertilizing for research. Advances in neuroscience have expanded the breadth of the profession, including practices understood to be proactive, protective proponents of wellness (Chapman, 2014; Czamanski-Cohen & Weihs, 2016; Gantt & Tinnin, 2007; Hass-Cohen & Findlay, 2015; King, 2016). This broad spectrum of treatment requires understanding the mechanisms of change that strengthen the capacity of complex young people to navigate contextual systems of unpredictability and injustice.

Five broad, observable benefits illustrate how art therapy promotes creative problem solving and resilience. These observations of clinical practice link early concepts of art therapy to expanding advances in neuroscience.

1. Art therapy utilizes art-making as an accessible and developmentally suitable means of communication.
2. Art therapy promotes a range of sensory-based experiences that are often rewarding to children at promise.
3. Art therapy activates the preverbal and body memories of stored experiences and can provide less-threatening venues for expression through creation and metaphor.
4. Art therapy provides structured opportunities to explore overwhelming psychological distress and mitigate tensions into more tolerable expression.
5. Art therapy allows for the witnessing of emotional expression through attuned presence and support for creative aspirations.

Collectively, these benefits can foster creative problem solving, which is believed to be essential to resilience.

1. Art Therapy Utilizes Art-making as an Accessible and Developmentally Suitable Means of Communication

As a method of communication, art therapy taps into the liminal world of the child, translating inner processes into visual narratives that reflect the developmental stages of the child. Acceptance of ambiguity, propensity for nonlinear thinking, and receptivity to fantastical ideas are the essential, creative assets of childhood (Narayan, 2005). These assets promote novel ideas; the combination of novelty and utility is considered the hallmark of creativity (Bilder & Knudsen, 2014). McNiff (2015) wrote that “those of us who stay close to children witness the wonder and curiosity that is the wellspring of creative imagination” (p. 9). Playful, creative exploration in normal development also provides mastery and acceptance of existing realities (Erickson, 1963). Curiosity—the impetus for creativity and positivity—is the neural default of children in the absence of adversity (Hass-Cohen & Findlay, 2015).

Art-making engages the imaginal, playful realm, capitalizing on innate creativity to reveal alternatives to maladaptive ways of coping. Art therapy broadens the range of expressed affect, often enabling the individual to communicate what is internally withheld or externally oppressed. In the playful, iterative process of creation, possibilities are limitless, and solutions thereby become realized. Art therapy encourages the rehearsal of creative exploration without judgment, allowing children to problem

solve and self-regulate while investigating their inner anxieties (Gil, 1991). As Winnicott (1971) wrote, “It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self” (p. 54). Play and creativity, thought to be adaptive, evolutionary mechanisms in the mammalian brain, allow for growth, flexibility, tolerance, and experimentation (Schoore & Marks-Tarlow, 2018). Immersion in creative exploration and imaginal realms also provides distraction and soothing (Chapman, 2014).

While art and play share many characteristics, the images formed in the imaginal experience are thought to require deeper cognitive integration and organization; thus, art is distinguished as a “goal directed form of play” (Gardner, 1973, p. 166). Mark making and symbolic representations play important roles in development, as drawing supports the child’s generation of ideas that latter manifest themselves in sentences (Yang & Noel, 2006). Interestingly, von Petzinger (2016) classified a total of 32 specific graphic signs discovered in caves across a 30,000-year time span across Europe, which predated the early forms of writing such as Egyptian hieroglyphics. She speculated that drawing preceded writing as the oldest system of graphic communication. Along similar lines, Kellogg (1969) identified the 20 basic scribbles from over one million children’s drawings and theorized that these scribbles were the earliest developmental attempts to construct gestalts that would lead to both images and letters.

Drawings are the primary modes of graphic communication for children. Dialogue is captured in visual form, serving as a point of reflection for future reference. Lowenfeld and Brittain (1987) wrote that:

Young children use art as a means of learning, through the development of concepts which take visible form, through the making of symbols which capture and are an abstraction of the environment, and through the organization and positioning of these symbols together in one configuration.

(p. 2)

Gardner (1980) also noted the developmental importance of art-making, writing that “creative works are the means, the artist’s necessary means, of expressing his being and those feelings that are often inarticulate and inexpressible in other media” (p. 268). For “it is through the process of art that art itself unfolds” (Lowenfeld & Brittain, 1987, p. 11). As a translator of imagination, art-making is the first graphic communication for a growing child, and a prime means of idea generation and emotional expression. Developmentally suited for therapeutic intervention (Gardner, 1980; Kellogg, 1969; Lowenfeld & Brittain, 1987) and culturally appropriate (Berberian, 2015), art helps the individual access inner states of consciousness (Kramer, 1993; Naumburg, 1947).

2. Art Therapy Promotes a Range of Sensory-Based Experiences That Are Often Rewarding to Children at Promise

Art therapy invites exploration of a range of media, from highly controlled to more expressive materials. The entry point for artistic expression is generally chosen by the child, cultivating greater ease and security as more difficult feelings may arise.

Empowered with the autonomy to choose art materials, children are likely to be less defended in their engagement. Dissanayake (2000) noted:

[B]oth love and art have the power to grasp us utterly and transport us from ordinary sweating, flailing, imperfect “reality” to an indescribable realm where we know and seem known by the sensibility of another, united in a continuing present, our usual isolation momentarily effaced.

(p. 4)

This has been described as a period of “incubation,” the immersive experience of working without conscious deliberation (Rubin, 2011, p. 15). Csikszentmihalyi’s (1990) flow theory described the optimal experience of artistic immersion:

Yet we have all experienced times when, instead of being buffeted by anonymous forces, we do feel in control of our own actions, masters of our own fate. On the rare occasions that it happens, we feel a sense of exhilaration, a deep sense of enjoyment that is long cherished and becomes a landmark in memory for what life should be like. This is what we mean by optimal experience. It is what the sailor holding a tight course feels when the wind whips through her hair, when the boat lunges through the waves like a colt—sails, hull, wind and sea humming a harmony that vibrates the sailor’s veins. It is what a painter feels when the colors on the canvas begin to set up a magnetic tension with each other, and a new thing, a living form, takes shape in front of the astonished creator.

(p. 3)

The writings of early philosophers can help us understand the immersive rapture of discovery. Expressive therapists who have referenced Aristotle’s early work emphasize the ways of knowing as: 1) *theoria*, knowing by observing; 2) *praxis*, knowing by doing or acting; and 3) *poesis*, knowing by making (Levine, 2004; McNiff, 2011). Therapeutic practices that involve *poesis* encourage engagement with the imaginal world to achieve “decentering,” in which actions remove the problem from the “center” of focus to reveal unknown possibilities (Levine, 2015, p. 17).

The sensory experience of art-making has been linked to pleasure (Carafoli, 2016; Chatterjee, 2014). Art therapy literature has largely focused on the visual experience rather than tactile engagement, downplaying the potential for treating trauma through the specificities of touch (Elbrecht & Antcliff, 2014). Earlier studies have noted the role of sensory stimulation in developmental art therapy but failed to recognize the benefits of tactile engagement for other populations (Aach-Feldman & Kunkle-Miller, 1987; Henley, 1992; Malchiodi, Kim, & Choi, 2003). More recently, art therapy literature has highlighted the sensory qualities of art-making as a means to activate the amygdala via the somatosensory primary cortex (Czamanski-Cohen & Weihs, 2016; Hass-Cohen & Findlay, 2015; Lusebrink & Hinz, 2016). Touch is linked to the earliest body memories, to sexuality, and to experiences of physical violations or injuries and is thus related to the release of oxytocin, serotonin, and endorphins (Elbrecht & Antcliff, 2014; Hass-Cohen & Findlay, 2015). In the manipulation of art media, exteroceptors and interoceptors are stimulated, and the hands signal information back to the brain. The engagement of sensory stimulating materials can result in haptic pleasure. The exploration of malleable material through iterative doing and undoing offers the potential to repair attachment through experiences of mastery.

3. Art Therapy Activates the Preverbal and Body Memories of Stored Experiences and Can Provide Less Threatening Venues for Expression Through Creation and Metaphor

The use of symbol and metaphor is essential in art therapy. Hagman (2010) wrote that “art is one of the means by which human communities extend and infiltrate these archaic interpersonal processes of shared experiences of self, relationship, community and world” (p. 16). The process of evoking metaphors, the created image, and the responses to the final product are understood as reflections of development, ambitions, and conflicts. Chronic distress can impair verbal expression as these experiences decrease the functioning of the left hemisphere, home to both language and declarative memory (Perry, 2009; Vogel & Schwabe, 2016). Schore (2015) stressed that “the right hemisphere-to-right hemisphere dialogue is the primordial wellspring” for the meaning making that is generated across development through coherent systems, culminating in a personal narrative (p. 482). Further, the characteristic “speechless terror” of alexithymia, a possible outcome of trauma, complicates the efforts of those in distress to use language for both processing the experiences and advocating for resolutions (Tripp, 2016; van der Kolk, 2014). In a study of the relationship between post-traumatic stress disorder and symbolic representation, participants demonstrated greater capacities for symbolic representation, thereby freeing themselves from the pressure to process difficult memories using verbal methods alone (Miller & Johnson, 2012).

The nonverbal, sensory-based qualities of material manipulation have been found to aid recall and encourage symbolization for psychic distancing (Rubin, 1984). Van der Kolk (2014) explained that extreme stress inhibits the hippocampus so that stress-inducing memories are stored as somatic sensations or images through sensory motor functions. Trauma is often encoded as a nonverbal sensation and retained as implicit memory (Lusebrink & Hinz, 2016). Implicit memory can be impaired by adverse events; in the more extreme stress experiences of PTSD, memories are intrusive and experienced involuntarily (Siegel, 2017).

In trauma recovery, clients are encouraged to process memories by externalizing autobiographical details and constructing a new narrative (Collie, Backos, Malchiodi, & Spiegel, 2006; Smith, 2016; van der Kolk, 2014). Accessing implicit memory, reflexive mentalizing, and transforming conflicted memories are part of effective contextual trauma processing in art therapy (Hass-Cohen & Findlay, 2015, 2019). Newer studies suggest that creating a more tolerable and less emotionally disturbing account of trauma may be more crucial to recovery than the accurate, consolidated retelling of the associated memories (Bedard-Gilligan, Zoellner, & Feeny, 2017; Engelhard, McNally, & van Schie, 2019). In art therapy, the retelling and reformulation of the terrorizing memories through pictorial, nonverbal iterations is generally less threatening and more tolerable than verbal disclosure because much is mitigated through visual symbolism (Harris, 2009). The brain functions that allow language to verbalize creative and innovative processes aid the formation of body memories into a self-narrative (Hass-Cohen & Findlay, 2015; van der Kolk, 2014).

Empowered by creative confidence, the child has command over the narrative, embracing or surrendering the protective veil of the metaphor while sharing the lived experience. Using metaphor, art-making accesses “the depth where deep, but opposite, truths are, paradoxically valid, and are reconciled, producing a transcendent experience” (Gorelick, 1989, p. 152). The use of symbols reveals new perspectives, “shedding light on and at times obscuring the view of a polyvalent perspective of self, culture,

and history” (Dean, 2016, p. 22). This concept of simultaneity in art, introduced by Gadamer, is described in this way:

Simultaneity allows for the representation of past and present realities at the same time, which unearths, preserves and narrates our collective and individual histories. Simultaneity also implies the coexistence of multiple realities and truths, some apparent and others concealed, which are revealed and re-experienced within the emergent iterative arts process.

(Gerber & Myers-Coffman, 2018, p. 591)

Metaphors add dimension to language, conveying and bridging old constructs to meet novelty, ultimately supporting self-actualization and transcendence (Gorelick, 1989).

4. Art Therapy Provides Structured Opportunities to Explore Overwhelming Psychological Distress and Mitigate Tensions

The establishment of safety and stabilization is crucial to responding effectively to crises and treating trauma (Greenwald, 2005; Yaeger & Roberts, 2015; Rothschild, 2017). An assurance of predictability and a feeling of competency are protective factors for resilience (Osório et al., 2017). Uncontrollable stress can lead to “learned helplessness,” a belief in the inability to change the circumstances of one’s situation, which can severely affect cognition and mood and reduce future coping skills (Wu et al., 2013).

Predictability in the stress-system activation can have greater influence than the actual intensity of the stressor (Perry & Szalavitz, 2017). In art therapy sessions, the malleability of the materials, the decisions made, and the static dimensions of the finished product provide high levels of both predictability and control, generating a sense of competency in periods of distress. Art therapy provides for the supported negotiation of creative tensions and the successful completion of sequential, goal-driven tasks. Art can pictorially map what cannot be examined verbally; order can be established visually in the midst of psychological chaos (Berberian, 2017). Through sequenced actions, the child becomes immersed in a process with media “which do[es] not talk back” (Rubin, 2005, p. 358). The child gains a sense of agency amidst feelings of powerlessness. Art therapy offers a way to expose intolerable internal experiences. In trauma treatment, where triggering content is often avoided, the externalized creation of an image allows for the “internal world to become fixed, external, and unavoidable” (Skeffington & Browne, 2014, p. 119). The child often attempts to apply a cognitive-based causation explanation to “tame and attenuate” the trauma to master what is incomprehensible (Bohleber, 2018, p. 111). Kramer (1993) believed art therapy opened a door to “a new order of experiences wherein ideas can be told and retold in many different guises” (p. 33). The reconstructed representation of the distressful experience can also dissolve the false cognitions and guilt often embedded in the processing (Bohleber, 2018; Gantt & Tripp, 2016; Greenwald, 2005; Herman, 1992).

Creative processes are divided into divergent and convergent phases. Divergent thinking generates ideas and possible solutions, while convergent thinking analyzes, recognizes, and selects concepts (de Buissonjé, Ritter, de Bruin, ter Horst, & Meeldijk, 2017). Neurology links cognitive flexibility to creative achievement, as divergent problem solving is implicit in the artistic process (Boccia, Piccardi, Palermo, Nori, & Palmiero, 2015; Heinonen et al., 2016). The balance of stability and flexibility in creative practice can be a protective factor in resiliency for those with a genetic predisposition to mental illness

(NEA, 2015). The intentional actions demanded by creative processes invite cognitive structuring. This gives the individual who may in the past have been victimized more control over future decision making (Hass-Cohen & Findlay, 2015). Art-making allows for the continual discovery of creative solutions. Creativity is a multifaceted process, supported by high-level mental operations including executive functions (planning, working memory, attention, semantic memory retrieval) and associative modes of processing (Boccia et al., 2015). Art therapy sessions offer an abundance of choices, inviting rehearsal and successful execution of cognitive functioning. The constellation of decisions, most of which are made without conscious awareness, includes choosing media; whether to sit or stand at a preferred position at the table, easel, or floor; the subject of the work; the linear steps in the production; and the verbalization of the associations.

Psychology research has long noted dual process models of decision making, which posit that choices stem from either analytical or experiential/emotional processing systems (Epstein, Pacini, Denes-Raj, & Heier, 1992). The Unconscious Thought Theory (Dijksterhuis & Nordgren, 2006) examined conscious deliberation in making choices and found that less consciousness, and less deliberation and more distraction, yielded more effective decision making in complex tasks. The inclusion of drawing, as a more emotional and experimental practice for decision making was found to be more effective in discerning factors for decision making than a more deliberated rational/analytic mindset (Usher, Russo, Weyers, Brauner, & Zakay, 2011).

Garrison and Handley (2017) have since proposed that unconscious thought is independent of the two modes of processing previously described. This third dimension of decision making operates “outside of conscious awareness but does so over a period of time (i.e., not quickly and automatically), and in a goal-directed manner” (p. 2). Complex information is thought to be analyzed through goal-directed unconscious thought during periods of distraction rather than deliberation. Further, the benefits are derived not from the unconscious thinking *per se* but rather the emotional experience during the distraction period. More empirical art therapy research is needed to determine how art-making enhances decision making skills.

Vasanth Sarathy (2018), an engineer and cognitive scientist in the field of artificial intelligence, developed the Real World Problem-Solving (RWPS) method, a model involving both internal neural processes (conscious and unconscious thought) and external environmental influences. The RWPS model theorizes that problem solving, creativity, and insight help to manage the likely impasses inherent in the iterative discoveries achieved through involvement with the environment. It suggests that interaction with the environment triggers potentially useful memories and adds novel, informed linkages from observations to the problem-solving process (Sarathy, 2018). The cognitive/neural mapping of this model as it pertains to both the art therapy process and the role of the art therapist presents extensive areas for research.

The potential of art therapy as a less analytical yet goal-directed and engaged arena for decision making offers another opportunity for study. Clinicians have observed novel discoveries and informed decisions in children as they emerge from the immersive creative process.

Additionally, individuals can gain psychic distance from traumatic experiences by viewing the completed art works. Rubin (2010) suggested:

Viewing and showing the finished product(s) can be a wonderful source of pride and enhanced self-esteem. Creating something unique with materials facilitates much more, however, than a sense of accomplishment. Having an effect on even

a small piece of material reality is a powerful antidote for feelings of shame and helplessness.

(p. 91)

Through art-making, the child is encouraged to release tension through a discharge of conflicted energy. Nondirected art-making can lower negative affect and improve positive affect and self-efficacy (Kaimal & Ray, 2016).

The literature has explored art therapy's role in successful activation of creative energy, honoring regressive and aggressive states (Kramer, 1993; McNiff, 2015; Rubin, 2005). Kramer (1993) described the psychodynamic similarities of art and imaginative play as "islands wherein the reality principle is partly suspended" to enable the expression of forbidden wishes and impulses, the tempered reliving of painful experiences, and the safe discharge of affect (p. 26–27). Lured by the emotional pull of regression, cognition can manage the tensions in the aesthetic process (Rubin, 1984). The dialectic between the art and artist, thought to be the "engine of creativity," enables the art to come into being (Hagman, 2005, p. 75). Through the transformation of malleable materials, the artist also relies on symbolism as a protective barrier to both distance and reintegrate the destructive content (van Westrhenen et al., 2017).

5. Art Therapy Allows for the Witnessing of Emotional Expression Through Attuned Presence and Support for Creative Aspirations

The attuned presence of the art therapist can provide a reparative experience for children who have experienced disruptions in primary relationships. Early disruptions in parent-child attachment can have long-lasting influences on physical and mental health (Bosch & Young, 2017). Self-regulation develops within the early experiences with a primary caregiver (Siegel, 2017). Known as "parental social buffering," the mere presence of an empathic caregiver can moderate the activation of a stress response when an infant expresses behavioral distress (Gunnar, Hostinar, Sanchez, Tottenham, & Sullivan, 2015, p. 474).

Blaustein and Kinniburgh (2018) summarized the colossal developmental expectations in early, normative childhood as:

The child is learning that he exists as a separate entity from those individuals surrounding him; he is acquitting the foundations of connection in building his earliest relationships within the dyad and familial system; he is building early affect tolerance and regulations strategies through the coregulation provided by his caregivers; he is exploring his world and establishing the foundational understanding that will serve in problem solving and awareness of objects and space; and he is developing a basic sense of agency, or the awareness that he has the capacity to have an impact upon the world.

(p. 11)

Disruptions to this course of development can result in diminished self-regulation and interpersonal relatedness. In disrupted attachment, children may show excessive help-seeking, dependency, social isolation, and disengagement (Cook et al., 2005).

A supportive social emotional environment, in addition to an optimally developing brain, will lead to expanding adaptive functional capacities (Schore, 2001). There is much greater plasticity in the brain than previously thought. The plasticity of the

prefrontal cortex, specifically in areas involved in affect regulation, extends for longer periods, lengthening the opportunity to learn from the environment (Schlegel et al., 2015; Tottenham, 2017). Of course, the quality and nature of such learning will affect outcomes for the child. In normative development, childhood growth and development are optimized in the context of relationships with people and places reflective of familial, cultural and community ties (Field, 2016).

For chronically traumatized children, attentive regard, creativity, and play are essential not only for repair but also for regulation and problem solving in times of distress (Schoré & Marks-Tarlow, 2018). The ability to soothe becomes impaired when early adverse experiences result in attachment deficiencies (Schoré, 2015). The therapeutic alliance provides a haven within the child's chaotic external surroundings and overloaded intrapsychic structure. The child-centered art therapist encourages freedom of exploration without intrusion (Gil, 1991). The therapist offers concentrated attention to support "the realization of selfhood via one's own map" in creative exploration (Guerney, 1980, p. 21).

The calm, paced, attuned interventions of the therapist support the release of oxytocin, inhibiting arousal patterns to cultivate "optimal arousal" for the client (Ogden & Fisher, 2015, p. 69). For clients exposed to chronic stress, Perry and Szalavitz (2017) suggest that the therapist pay greater attention to the "dosing" of intervention to aid long-term potentiation, the strengthening of synaptic connections for new learning and memory reconsolidation (p. 308). The growing child relies on the caregiver for social referencing to regulate emotions and receive emotional knowledge (Tottenham, 2017). Research of mirror neurons analogizes this early exchange to the therapeutic process whereby the patient learns to identify emotions by "'observing' them as they are reflected in the therapist's attuned response" (Gallese, Eagle, & Migone, 2007, p. 160). Buk (2009) described the "embodied simulation" of mirror neurons evident in art therapy practices in the exploration of images, art-making, and later interpersonal discussion of the art. The art therapist generates empathy through the careful observation of the process and the later review of the mechanics of the created work (e.g., brushstrokes). Artistic experiences offer multilevel connectedness and reciprocity among individuals (Piechowski-Jozwiak, Boller, & Bogousslavsky, 2017).

Art therapists enhance their presence by providing art materials. The commodity of the art materials is critical in the relational experience of art therapy. Offering art materials in the space cultivates a dialogue between artist and the media (Snir & Regev, 2013). Rubin (1984) noted that nurturance is frequently sensed as the art therapist "feeds" the client art materials, engages in playful manipulation, and admires the art with the maternal "gleam-in-the-eye" (p. 59). The trust in the relationship and safety felt in the therapeutic space fosters resiliency as positive interpersonal relations is a protective factor (Hass-Cohen & Findlay, 2019; Herrman et al., 2011; Klorer, 2016).

Art therapists also offer technical support for the creative expression cultivated in the trusted space. Described as the "Third Hand" (Kramer, 1986), the attuned art therapist aligns with the child to achieve artistic aspirations. The "Third Hand" is the "hand that helps the creative process along without being intrusive, without distorting meaning or imposing pictorial ideas or preferences alien to the client" (Kramer, 2000, p. 48). Dannecker (2018) elaborated upon the "third hand" as a distinctive competency of the art therapist, noting "the art therapist's empathetic supporting presence facilitates and unburdens the patient's resurfacing feeling and experiences, and he is able to develop greater self-awareness" (p. 144–145).

The therapist may direct the use of materials with intentionality toward treatment goals. The versatility of controlled to expressive materials offers wide opportunities for engagement. Preliminary research has explored attachment styles with preference for and avoidance of specific media, suggesting further studies are needed (Snir, Regev, & Shaashana, 2017). Those with higher scores in avoidance showed aversion to more expressive materials such as finger paint and oil pastels. Ultimately, the empathic presence of the trained art therapist witnesses, validates, and aids artistic expression.

Art Therapy Activates Creative Problem Solving

The World's Largest Lesson, a child-friendly animated film for the United Nations Global Goals for Sustainable Development, contained this statement:

Human beings have a power that other creations don't. We are the most creative creatures ever. Our heads are full of ideas and we're great at making things too. With that power, we can change the world over and over and can solve thousands of problems.

(Robinson, 2015)

This idea, while arguably naïve, suggests the potential for sustainable development through harnessing the creative potential of young people. The World Economic Forum (2016) stated that creative problem solving and processing skills (active listening and convergent thinking) are core skill requirements for future industries. In envisioning technological advancements in education, the U.S. Department of Education (2017) defined creative problem solving “as a capacity to respond to non-routine situations to achieve their potential as constructive and reflective citizens” (p. 59).

Often misunderstood, the concept of creativity is neurologically different from the processes involved in creating art (Zaidel, 2014). The standard, bipartite definition of creativity dates back to the 1930s (Patrick, 1937) and can be summarized as “creativity requires both originality and effectiveness” (Runco & Jaeger, 2012, p. 92). Expanding on this definition, Corazza (2016) also considered how both contextual interplay and iterative processes generate creativity. He noted “cognitive and affective energy is required in the decision to engage in creative activity, and dynamic relationships with the environment bear fundamental influences on the process” (2016, p. 265). This dynamic definition of creativity is echoed in Csikszentmihalyi's (1996) systems approach, which says that creativity results from the interaction of three elements: a culture imbued with symbolic rules, a person contributing novelty to the symbolic realm, and a field of experts validating the innovation. More recently, there has been debate about whether the innovation of creative works must be measured by societal value, perhaps raising broader questions of art's role in society (Harrington, 2018; Heilman & Acosta, 2013; Weisberg, 2015). With the exception of thoughtfully planned exhibits, the art produced in therapy sessions is infrequently shown in public, let alone judged on its merits. The current controversy about this criterion for creative work does, however, underscore the importance of the work being valued by another. In art therapy sessions, the therapist engages the client in reflection, examining the work as an endpoint of the dynamic creative process. It can be argued that the intimate dialogue of validation and the therapist's witnessing and cultivating the process place value on the innovation of the work.

Creating art requires different neural pathways than simply being creative. Neuroscientific research postulates creativity engrosses convergent and divergent thinking, perception, memory, and learning. By uniting discrete areas of the brain, convergent and divergent thinking inhibits fixed ways of thinking and activates flexible memory combination (Benedek et al., 2014; Boccia et al., 2015; Zaidel, 2014, 2016). In a working model, Nadal (2013) outlined at least three functionally distinct sets of brain regions to understand how art-making is tracked in the brain:

(i) prefrontal, parietal, and temporal cortical regions support evaluative judgment, attentional processing, and memory retrieval; (ii) the reward circuit, including cortical, subcortical regions, and some of its regulators, is involved in the generation of pleasurable feelings and emotions, and the valuation and anticipation of reward; and (iii) attentional modulation of activity in low-, mid-, and high-level cortical sensory regions enhances the perceptual processing of certain features, relations, locations, or objects.

(p. 135)

Making art, with all the symbolic and metaphoric concepts and abstractions it entails, is a synthesis of multiple systems functions that is still not largely understood (Nadal, 2013; Benedek et al., 2014; Zaidel, 2016). Eureka moments, the phenomena of novel discoveries coupled with affect, are the result of widespread activation of bilateral areas of the brain and cognitive processes that vary by individual (Sprugnoli et al., 2017). The iterative engagement with conscious and unconscious thought processes may explain how creative immersion aids complex problem solving.

Neuroscience continues to untangle the processes of creativity and the production of creative works. Yet the question arises as to what inspires creative action. Indeed, the ability to create art is unique to humans (Zaidel, 2009). The propensity to create art is less easy to decipher, as explored in recent research (Boccia et al., 2015; Zaidel, 2014). Zaidel (2016) explained there is a void of assessment of visual art innovation in neurology:

The alphabetical primitives in visual art consist of forms, shapes, patterns represented with various angles, perspective lines, convergence, vanishing points, overlap, gray-scale gradations, canonical views, disembedding, texture, medium, colors, shadows, and edges. These examples do not all have ready interpretations within existing neuropsychological tools or models.

(p. 206)

In *The Courage to Create*, May (1994) examined the laws of nature in which “the acorn becomes an oak,” a majestic outcome of automatic growth. Conversely, he adds, the individual becomes “fully human only by his or her choices and his or her commitment to them. People attain worth and dignity by the multitude of decisions they make from day by day. These decisions require courage” (p. 14).

In the supportive art therapy space, rich with opportunities for exploration, children are encouraged to create courageously with paced support for the neural processes that unfold. They can express emotions and have them validated as the visual narrative develops. The therapist bears witness to assure that risks are mitigated to rehearse new possibilities. Media use is regulated to moderate sensory stimulation. When such creative advances expose memories or inaccurate cognitions, the nature of the visual communication as a concrete form allows for distancing and reformulation. The simultaneous

mitigation of creating, bearing witness, and empathy of another reinforces affect regulations skills (Hass-Cohen & Findlay, 2015).

Art-making also mitigates the adrenal response to stress. The neurological circuits of reward (the catecholamine system—namely dopamine, norepinephrine, and adrenaline) work in tandem with the cortisol system (Hass-Cohen & Findlay, 2015). This dynamic circuit is highly susceptible to adverse conditions, chronically dysregulating neurochemical responses, altering brain structures, and increasing vulnerability to damage (Hass-Cohen & Findlay, 2015). Acute stress causes a circuitous neuroendocrine (flight or fight) response, activating hormones and neurochemical systems, most notably those involved with the productions of adrenaline and cortisol (Richter-Levin & Jacobson-Pick, 2010). Produced under normal circumstances, adrenaline and cortisol prepare the body for stress, mobilizing energy and altering blood flow. In chronic stress, the response is never turned off, and long-term effects include the suppression of the immune system, memory, and metabolic syndromes (National Scientific Council on the Developing Child, 2014).

Through complementary alternation of tonic and phasic dopamine signaling (e.g., participating in paced art-making processes), stability and flexibility can be mediated through cortical networks. Engaging in visual expression was found to activate blood flow in the prefrontal cortex, part of the brain's reward circuit (Kaimal et al., 2017). Using functional magnetic resonance imaging ([fMRI], Lacey et al., 2011) found images engaged the reward circuitry of the ventral striatum, hypothalamus, and orbitofrontal cortex. Additionally, the excitation of paced novel experiences can balance cortisol to provide benefits (Hass-Cohen & Findlay, 2015). In a quasi-experimental pilot study, art therapy reduced cortisol levels in 75% of the sample and produced positive qualitative responses (Kaimal, Ray, & Muniz, 2016). Greater use of biomarker data in research will illuminate other potential physiological benefits.

Conclusion

Robinson (2015) wrote that “creativity is putting your imagination to work. It is applied imagination. Innovation is putting new ideas into practice” (p. 118). Art therapy activates creativity and uncovers innate problem-solving abilities that are often oppressed, stigmatized, and hindered by chronic adversity. Creative problem solving is both a protective factor and an adaptive response in the pursuit of resilience. Creating art fosters experimentation and innovation, reflecting emotional and cognitive flexibility (Zaidel, 2016). The paced rehearsal of new possibilities, combined with the attuned presence of another, can provide a “stress inoculation,” affirming that challenges can be mastered (Wu et al., 2013).

As a conduit for accessing and mitigating conflicted memories and affect, visual expression can organize cognitions and memories. The attuned relationship with the art therapist aids in the mirroring and repair of disruptions in attachment, and the rewards gained from engagement in art-making lead to both pleasure and mastery. Taken together, these mechanisms support creative problem solving: a theoretical construct of art therapy's promotion of resilience.

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Art as Communication for Young People

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Children respond rapidly, perhaps unconsciously, to the invitation to reveal themselves through a creative modality. They do so in a variety of ways, sending messages at many levels and in many guises. If one wishes to understand these messages, it is necessary to determine what children are saying by looking both at what they say and how they communicate.

—Irwin & Rubin, 1976, p. 169

The power of art as a language for young people rests in its dynamic, communicative potential and its accessibility across the span of development. As the developmental level of young people greatly influences the capacity for verbal expression and abstract reflection, complex experiences and emotionally laden conflicts become particularly difficult to articulate (Malchiodi, 1999a). Providing an alternative or complimentary means for externalizing these experiences in addition to verbal language allows for a natural and developmentally sensitive avenue of communication. Through the fundamental qualities of art—the ease of nonlinguistic expression, the richness of pictorial narrative, the promotion of mastery and containment, and the encouragement of exploration and imagination—young people are given an opportunity to freely articulate inner sensations, thoughts, perceptions, and needs with uninhibited depth and authenticity (Councill, 2012; Moon, 2016).

This chapter explores the role of art in facilitating communication and building on innate strengths of individuals, specifically within the scope of children and youth. First, literature on child development and art therapy theory is presented to review underlying mechanisms of art-making that support growth and communicative needs of young people. Consideration is then given to how properties of art materials and creative processes, and, thereafter, art within art therapy practice, can foster and elicit meaningful expression. Throughout the chapter, three case examples are provided to highlight clinical application and further demonstrate the vast range of ways in which artistic expression gives voice to experiences.

Art Expression and Childhood

The human need for aesthetic expression, meaning-making experiences, and communication of self is intrinsic and biological (Dissanayake, 1992). From the sensory-kinesthetic pleasure of early childhood to purposeful and symbolic imagery of youth,

self-expression through creative form manifests within the earliest stages of life and spans the developmental continuum. Throughout each stage and area of development—cognitive, affective, perceptual, physical, social, and spiritual—art and creative expression not only have the ability to reflect young people's growth and functioning but also to delineate and facilitate this growth (Brown, 2009; Malchiodi, 2012). Understanding art's integral role within development allows for a comprehensive approach to working with young people, as it provides an imperative foundation for art intervention and capitalizes on developmentally effective techniques for communication (Malchiodi, 2012). A summary is offered to underscore how art-making may be incorporated in the work of childhood development to promote positive functioning and self-expression for children in varying stages and life circumstances.

Developmental Applications

Within infancy and toddlerhood (one to three years), children utilize senses to increase their understanding of self in relation to the external world. Through exploratory learning and tactile contact with their surroundings, children gradually discover and organize new information into coherent, integrated mental representations (Levine & Munsch, 2011). As a source of kinesthetic-sensory stimulation, art expression during this stage promotes spontaneous yet meaningful environmental encounters. From exploration and manipulation of pre-art materials to scribbling, art engages and strengthens formative skills for development (Ach-Feldman & Kunkle-Miller, 2016). With the advent of scribbling—a natural achievement in the sequence of emerging cognitive and fine-motor abilities—art begins to function as a “record of movement” and basis for pictorial expression (Kellogg, 1969, p. 173). The evolution of the child's scribble from primitive linear and dotted markings, to the repetition of these marks, to the formation of basic gestalts, and, lastly, to the creation of shape can promote control over visual dimensions and reflect cognitive capacities (Lowenfeld & Brittain, 1987). As children begin coordinating sensory perceptions with physical activity, they gain greater “perceptual expectations,” motoric control, and mastery over these processes (Santrock, 2011, p. 178).

During early childhood (three to seven years), developmental systems continue to strengthen with maturation. Perceptual and fine-motor abilities evolve, including shape perception and the transition from primitive, entire hand grasping to more optimal finger grasps. With egocentric logic and transductive reasoning, children conceptualize of single ideas at a time and consideration for “all parts in terms of the whole” proves challenging (Hockenburry & Wilson, 2015, p. 525). As a result of this preoperational thinking, children are most receptive to engagement in concrete problem-solving activities. Accordingly, art-making can play a significant role in the way children in early childhood learn information and communicate to others, primarily through art's capacity for symbolic activity and expression in concrete visual form (Klorer, 2017). Marking the “beginning of graphic communication,” children in this stage begin combining action-focused scribbles and geometric shapes to convey more intentional representations (Lowenfeld & Brittain, 1987, p. 220). Although original meaning of representations often shift throughout their art process, graphic depictions—free-floating images, tadpole figures, exaggerated proportions, and centralized self-representations—capture inner logic and developing perceptions of their environment (Golomb, 2004).

In middle and late childhood (7 to 11 years), or the school age, establishing useful skills is prioritized with a high focus on achievement and competency. Children's perspectives expand from egocentric to inclusion of others, during which forming close friendships and peer acceptance become primary concerns (Levine & Munsch, 2011). Through the development of concrete operations, children more effectively conceptualize reality versus fantasy and derive observations grounded in personal knowledge and reason. Art-making during middle and late childhood can offer a valuable context for engaging in "meaningful, socially useful" experiences and gratification from mastery of creative materials (Hockenburry & Wilson, 2015, p. 570). Parallel to children's expanding, outward-shifting perspectives, art compositions increasingly capture atmospheric details with attention to the relationship of objects within space (Kellogg, 1969). Schemas, or individualized repeating symbols, begin to emerge and exhibit the young person's active assimilation and interpretation of figures, objects, and the environment; notably, modifications of standard schematic symbols can communicate important information, including the ability to consolidate new concepts or potential emotional conflicts (Lowenfeld & Brittain, 1987; Malchiodi, 2012).

Throughout adolescence (11–18 years), a period characterized by intensified experimentation and formation of one's identity, young people are prone to adopt new ideals. Arising impulses and developmental changes are often met with psychological vulnerability and pressure to integrate these changes within a cohesive sense of self (Levy-Warren, 1996). The transition toward idealistic thought, higher-order logic, and abstract reasoning increases adolescents' ability to critically deduct conclusions and formulate independent perspectives (Santrock, 2011). With the opportunity for individualized expression and testing the views of their world, art effectively supports developmental focuses of adolescence. Art provides a "socially acceptable release for emotions and tensions" during a stage of transition and heightened self-expectation (Lowenfeld & Brittain, 1987, p. 395). Furthermore, art's permission for ranging themes and styles offers acceptance for their own developing identity and style; whether expression remains realistic—converting perceptions into naturalized images—or kinesthetically focused and expressionistic—reflecting perceptions through form and size relationships—art encompasses and respects all creative types (Lowenfeld & Brittain, 1987; Riley, 1999).

Art Intervention and Resiliency

For many children and youth, adverse biological and environmental circumstances in childhood interfere with movement along an optimal developmental trajectory, and the previously discussed progression of positive growth and development becomes challenging. Young people's exposure to familial crisis, violence, economic deprivation, substance abuse, loss, and illness are often linked with increasing developmental and psychological disruptions. Experiencing multiple adverse circumstances, the severity of the circumstance, and the timing of the circumstance within development further compound the likelihood of poor adaptive or integrative responses. For effective intervention and support, it is imperative to address how the negative impact of trauma and adversity can be buffered and, equally, what therapeutic resources are essential in facilitating adaptation and coping for the child (Masten, 2014; Rak & Patterson, 1996).

A number of studies have reported children's internal and external protective resources as powerful indicators for successful adjustment and resilience in the face of threat (Cohen, 1999; Commission on Children at Risk, 2003). Research on resilience

and “at-risk” populations has identified consistent variables connected with positive outcomes for young people: family and community support systems, social connectedness and belonging, proactive problem-solving and adaptive skills, self-regulatory abilities, self-efficacy and autonomy, and a sense of hope (Masten, 2014; Rak & Patterson, 1996). Significantly, these fundamental factors are accessible to therapeutic work and can be repaired, protected, and developed through creative expression (Ach-Feldman & Kunkle-Miller, 2016; Brown, 2009). The utilization of art expression as intervention has proven especially beneficial in cultivating communicative resources and inner strengths of young people as well as fostering their ability to thrive (Malchiodi, 1999a). With “opportunity to revisit critical periods in development” and meet individuals where they are presently, artistic expression in intervention can equip children with the necessary tools for continued positive growth and development (Chapman, 2014, p. 86).

Case Vignette: Andrew

For Andrew, a 16-year-old adolescent who was blind, art offered an opportunity to reexamine developmental and sensory integration milestones. Throughout early childhood, tactile exploration of Andrew’s environment was discouraged for sanitation and safety purposes. His caregivers largely approached experiences through sight and “visually oriented” descriptions, such as emphasizing colors and the visual appearance of objects versus other sensorial properties (Herrmann, 2012, p. 314). With this limited connection to his external world, Andrew grew accustomed to having visual perceptions of his surroundings translated and described to him rather than encountering his environment through tactile or auditory means—senses through which he could relate and establish personal environmental understandings. As a result, Andrew lacked meaningful, connected engagement with his environment as well as awareness for how to function with increased agency.

Early in his nine-month period of individual art therapy sessions, Andrew created an all-yellow sculpture that he titled “Yellow House” (Figure 3.1). Efforts to construct the house were marked with frequent requests for assistance and attempts at assimilation, where Andrew tried to make meaning of his sculpture similar to sighted culture, predominantly through the use of only yellow materials. Although the intrinsic meaning of yellow was never clearly articulated, the color yellow seemed symbolic of the larger visual world for Andrew; its role within the artwork may be understood as his wish for pictorial control over the color and, respectively, control over visual experience.

For several months, Andrew’s art continued to evidence visual themes with the addition of yellow fabric, yellow paper, yellow cellophane, and yellow shells. The house remained inaccessible in its lack of openings, such as windows and doors, which seemingly mirrored Andrew’s feelings of inaccessibility and restriction within his environment in reality. During this process, I began introducing tactilely rich materials and hand-over-hand guidance to provide increased sensory-focused connections in Andrew’s art-making. When Andrew requested yellow paper, for example, I presented options with distinct textural, movement, and weight differences for Andrew to feel. In efforts to bring understanding to materials and how Andrew planned to engage them, I also guided his hands along surfaces of his artwork and chosen media while simultaneously describing aloud his interactions with their physical and aesthetic properties. Through my own tactile modeling and simultaneous verbal connections, I intended to help shift external interactions from disconnected to active understanding and



Figure 3.1 Andrew's "Yellow House" sculpture

gratification, both within his art and within his everyday environment. This gradually did occur and helped transform Andrew's isolated behaviors, so his inner experience was more inclusive of his encounters with the external world.

As Andrew started seeking supplementary ways for interacting with art materials and his environment, he chose to create a second house focused on personal meaning-making experiences—in his words, a house with “accessibility mode” and “just for me” (Figure 3.2). The second house was circular and organic, where Andrew included “rooms divided by ribbon, a living room filled with accessible games, and kitchen with a warm oven.” Exploring and selecting materials through touch, Andrew built spaces and surfaces with consideration of sensory-based properties, including cellophane for its smooth quality and packaging tape for its stickiness. He executed his artistic vision in an increasingly independent manner, seeming to evidence growing agency. Concluding this project, Andrew sculpted and placed a plant in the doorway of his new, safe, and accessible environment (Figure 3.3), which I believed to signify his own growth manifesting through his artwork.

In this case, art was utilized to attune to Andrew as an individual, who is blind, and to provide him more relatable meaning-making experiences. Developing specific tactile and verbal descriptive techniques to present information in accessible ways to Andrew was essential in this process. As I guided Andrew in navigating and integrating external stimuli in a manner relatable to his sensory culture, the disconnect between his internal and external world was bridged. The three-dimensionality of sculpture also lent to tactile perception between Andrew and his artwork, which provided an opportunity for

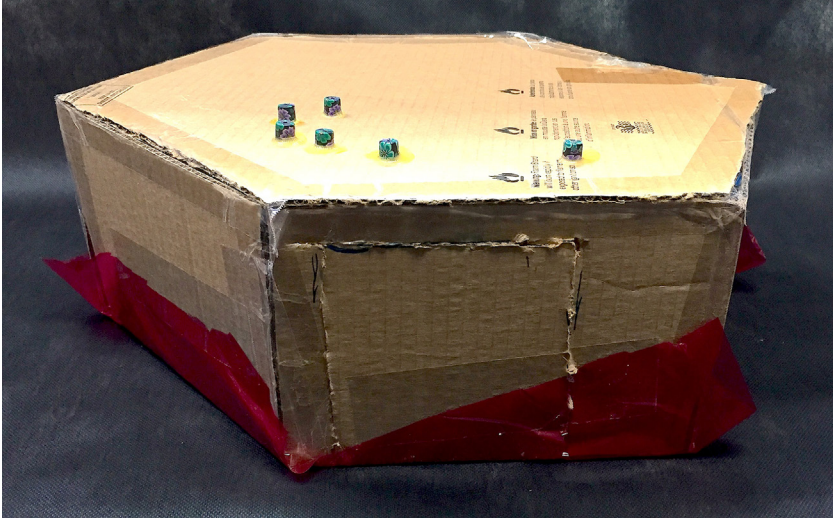


Figure 3.2 Andrew's second, more accessible sculpture



Figure 3.3 Andrew's plant sculpture