THE USE OF VISUAL ART THERAPY WITH ADOLESCENTS AFFECTED BY TRAUMA

by

HERMANUS ARNOLDUS JACOBUS VENTER

submitted in accordance with the requirements

for the degree of

MASTER OF EDUCATION WITH SPECIALISATION IN GUIDANCE AND COUNSELLING

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROF H E ROETS

AUGUST 2016
DECLARATION

Student number: 33580138

I hereby declare that “THE USE OF VISUAL ART THERAPY WITH ADOLESCENTS AFFECTED BY TRAUMA” is my own work, and that all the sources that I have used for this study have been acknowledged by means of comprehensive references.

_____________________                    ______________________
Mr H.A.J. Venter                                Date
ACKNOWLEDGEMENTS

I would first like to thank Prof HE Roets of the Educational Psychology Department at Unisa. As my supervisor she guided me with wisdom, keeping me on the right academic path without ever depriving me of the opportunity to do my own work.

My gratitude also goes out to Prof FE Gouws for patiently assisting me with my research proposal while I went from one research topic to the next, and for her constant interest and encouragement during the entire process.

I would also like to thank the following individuals for being part of my journey:

My mother for her enduring support and encouragement. No mother has ever done more…

My father for always believing in my ability to achieve my goals without ever showing any doubt.

My sister, Juanita, for always treating me as if my success in life was inevitable despite the challenges I have faced along the way.

My brother, Marthinus, for having shown me that any challenge in life could be overcome with patience, dedication and a good sense of humour.

Jani, for always showing a genuine interest in my life and personal undertakings.

Prof Piet Vosloo, for telling me to “keep the dream alive”, and teaching me that hard work should never get in the way of living, but that a life without hard work is a life half-lived.

Tannie Laura, for always having a positive word of encouragement and support.

A special word of thanks to Mar-Louise who should know that the conclusion of this project was as much her achievement as it was mine. Words cannot describe…
ABSTRACT

This study explores the use of visual art therapy with traumatised adolescents. A literature review sheds light on the concepts of “visual art therapy” and “psychological trauma”, by exploring the therapeutic nature of visual art as a technique aimed at addressing the effects of trauma in the lives of adolescents. An empirical study including seven voluntary and purposefully selected participants demonstrates the efficacy of using visual art therapy with adolescents affected by trauma. Data gathered through observation, questionnaires, and interviews is qualitatively interpreted and analysed. The research findings are presented accordingly. Based on the empirical investigation, it is established that visual art can be used as a valuable therapeutic technique in the lives of adolescents affected by trauma.

Keywords:

Visual art, art therapy, trauma, adolescents, trauma treatment.
TABLE OF CONTENTS

Declaration ................................................................................................................................. i
Acknowledgements ................................................................................................................... ii
Summary ................................................................................................................................. iii

CHAPTER 1: INTRODUCTORY ORIENTATION

1.1 RESEARCH BACKGROUND, AWARENESS AND MOTIVATION ................................. 2
1.2 PRELIMINARY LITERATURE REVIEW ........................................................................... 5
   1.2.1 Art therapy ................................................................. 5
   1.2.2 Trauma ................................................................. 7
1.3 RESEARCH QUESTIONS ............................................................................................... 8
1.4 RESEARCH AIMS ......................................................................................................... 8
1.5 RESEARCH DESIGN AND METHODOLOGY .............................................................. 8
   1.5.1 Research design ........................................................................ 8
   1.5.2 Research methodology ...................................................... 9
   1.5.3 Selection of participants ..................................................... 9
   1.5.4 Data-collection procedures .............................................. 10
   1.5.5 Art media and subject matter ........................................ 10
1.6 TRUSTWORTHINESS OF THE STUDY .................................................................... 11
1.7 ETHICAL CONSIDERATIONS IN THERAPY WITH ADOLESCENTS AFFECTED BY TRAUMA ...................................................................................... 11
   1.7.1 Consent, confidentiality, and voluntary participation ......................... 11
1.8 RESEARCH PROGRAMME ......................................................................................... 12
1.9 SUMMARY .................................................................................................................. 13

CHAPTER 2: TRAUMA IN ADOLESCENCE, AND THE EFFICACY OF USING VISUAL ART IN THERAPY

2.1 INTRODUCTION ........................................................................................................... 15
2.2 TRAUMA ..................................................................................................................... 17
   2.2.1 Trauma defined ........................................................................... 17
   2.2.2 Causes of trauma in adolescence .............................................. 19
   2.2.3 Effects of trauma during adolescence ....................................... 19
   2.2.4 Treatment of trauma in adolescence ....................................... 21
2.3 ART THERAPY ........................................................................................................... 23
   2.3.1 Art therapy defined ..................................................................... 23
4.2.2 Identification of themes from the questionnaires .......................................51
4.2.3 Discussion of themes from the questionnaires .........................................53
4.3 OBSERVATION ...................................................................................................56
4.3.1 Data and themes from the observation .....................................................56
4.3.2 Discussion of themes from the observation ..............................................72
4.4 INTERVIEW .........................................................................................................79
4.4.1 Discussion of themes from the interview ..................................................79
4.5 OVERVIEW OF THEMES FROM THE QUESTIONNAIRES, THE OBSERVATION, AND THE INTERVIEWS ..........................................................84
4.6 DISCUSSION OF THE SUB-QUESTIONS ..........................................................88
4.7 COMPREHENSIVE DISCUSSION OF THEMES .............................................90
4.7.1 An exposition of the participants’ emotions, based on data obtained from the questionnaires, the observation, and the interviews ...........................90
4.7.2 An exposition of the participants’ self-concept, based on data obtained from the questionnaires, the observation, and the interviews ...........................................92
4.7.3 An exposition of the participants’ relationships, based on data obtained from the questionnaires, the observation, and the interviews .........................................................94
4.7.4 An exposition of the participants’ motivations, based on data obtained from the questionnaires, the observation, and the interviews .................................................................97
4.8 CONCLUSION ....................................................................................................100

CHAPTER 5: SYNOPSIS OF THE STUDY
5.1 INTRODUCTION ...............................................................................................102
5.2 FINDINGS FROM THE LITERATURE REVIEW .............................................102
5.2.1 Characteristics of art-making .................................................................103
5.2.2 The therapeutic value of art-making ........................................................103
5.2.3 Trauma defined ....................................................................................104
5.2.4 The effects of trauma in adolescence ....................................................105
5.2.5 The goals of art therapy ........................................................................106
5.2.6 Definition of art therapy ........................................................................107
5.2.7 The role of the art therapist .................................................................108
5.3 FINDINGS FROM THE EMPIRICAL RESEARCH ........................................108
5.4 LIMITATIONS OF THE STUDY .............................................................. 113
5.5 RECOMMENDATIONS FOR FURTHER RESEARCH .......................... 113
5.6 CONCLUSION AND REFLECTIONS ............................................... 114

REFERENCES ............................................................................................... 115

FIGURES
Figure 4.1 Fred artwork A ................................................................. 58
Figure 4.2 Fred artwork B ................................................................. 59
Figure 4.3 Tony artwork A ................................................................. 61
Figure 4.4 Pam artwork A ................................................................. 62
Figure 4.5 Pam artwork B ................................................................. 62
Figure 4.6 Pam artwork C ................................................................. 63
Figure 4.7 Daisy artwork A ................................................................. 64
Figure 4.8 Daisy artwork B ................................................................. 64
Figure 4.9 Lewis artwork A ................................................................. 65
Figure 4.10 Lewis artwork B ............................................................... 66
Figure 4.11 Joan artwork A ................................................................. 66
Figure 4.12 Joan artwork B ................................................................. 68
Figure 4.13 Joan artwork C ................................................................. 68
Figure 4.14 Devon artwork A ............................................................... 70
Figure 4.15 Devon artwork B ............................................................... 71
Figure 4.16 Devon artwork C ............................................................... 71
Figure 4.17 Fred artwork C ................................................................. 72
Figure 4.18 Tony artwork B ................................................................. 63
Figure 4.19 Pam artwork D ................................................................. 74
Figure 4.20 Daisy artwork C ............................................................... 75
Figure 4.21 Lewis artwork C ............................................................... 76
Figure 4.22 Lewis artwork C (detail 1) ............................................... 77
Figure 4.23 Lewis artwork C (detail 2) ............................................... 77
Figure 4.24 Devon artwork D ............................................................... 79
Figure 4.25 Daisy artwork D .................................................................81
Figure 4.26 Daisy artwork E .................................................................81
Figure 4.27 Daisy artwork F .................................................................82
Figure 4.28 Lewis artwork D .................................................................83
Figure 4.29 Change discerned through observation .........................87
Figure 4.30 Change discerned through questionnaires ......................88
Figure 4.31 Change discerned through interview ...............................88
Figure 4.32 Psychological themes as areas of growth .......................99
Figure 4.33 Overview of change displayed by the participants ...........100
Figure 5.1 The characteristics of art-making ......................................103
Figure 5.2 The therapeutic value of art ..............................................104
Figure 5.3 Trauma defined .................................................................105
Figure 5.4 The effects of trauma in adolescence ...............................106
Figure 5.5 The goals of art therapy ....................................................107
Figure 5.6 Definition of art therapy ..................................................108
Figure 5.7 The role of the art therapist .............................................108
Figure 5.8 Tony artwork C .................................................................110
Figure 5.9 Fred artwork D .................................................................111
Figure 5.10 Lewis artwork E ..............................................................111

TABLES

Table 4.1 Significance of the colours ...............................................85
Table 4.2 Changes observed with regard to psychological themes ..........85
Table 4.3 An exposition of the emotions of the participants, based on data obtained from the questionnaires, the observation, and the interviews ..........91
Table 4.4 An exposition of the self-concept of the participants, based on data obtained from the questionnaires, the observation, and the interviews ..........92
Table 4.5 An exposition of the relationships of the participants, based on data obtained from the questionnaires, the observation, and the interviews ..........95
Table 4.6 An exposition of the motivation of the participants, based on data obtained from the questionnaires, the observation, and the interviews ..........97
ANNEXURES

Annexure A: Ethical clearance certificate
Annexure B: Turnitin certificate
Annexure C: Language declaration
Annexure D: Questionnaire
CHAPTER 1: INTRODUCTORY ORIENTATION

1.1 Research background, awareness and motivation

1.2 Preliminary literature review
   1.2.1 Art therapy
   1.2.2 Trauma

1.3 Research questions

1.4 Research aims

1.5 Research design and methodology

1.6 Trustworthiness of the study

1.7 Ethical considerations in therapy with adolescents affected by trauma

1.8 Research programme

1.9 Summary
INTRODUCTORY ORIENTATION

1.1 RESEARCH BACKGROUND, AWARENESS AND MOTIVATION

As an Arts and Culture teacher, I have had the opportunity to create educational assignments that combined dramatic performances with visual art activities. Being engaged in this type of work has led to the inevitable observation of the effects of psychological trauma, since many of my learners have lived in an environment that has negatively influenced their emotional well-being. Working as an Arts and Culture teacher has also introduced me to the seemingly cathartic nature of artistic expression. My learners would be given the freedom to select their own themes, and they would receive marks for portraying characters in specific situations. They have seemed to enjoy creating characters, narratives, and artworks based on events that have occurred in their past, as well as portraying situations that have reflected their day-to-day experiences and lifeworld.

Regular classroom engagement has created a space in which all have had the opportunity to get to know one other. Despite the fact that I have become aware of behaviour that has seemed to indicate emotional difficulties, I have not been trained or required to diagnose learners with such problems, so I resolved to focus on my educational responsibilities. It has, however, been impossible not to notice that certain learners have displayed weakened ego strength, interpersonal communication problems, and what would seem to be a negative self-concept. I have also observed that some learners have constantly struggled with low self-esteem, engaging in negative self-talk and self-criticism. Certain learners have also had trouble relating to their peers, and have found it hard to communicate effectively. I have assumed that these emotional difficulties have been the result of living in an environment where substance abuse, physical violence, and a lack of emotional support have, according to confidential school records, been part of the everyday life of many of the learners in question.

One noticeable aspect of the assignments that the learners have engaged in is that almost every performance has depicted individuals being robbed, stabbed, arrested, assaulted, or kidnapped. The fact that the learners have chosen such violent themes, and have seemed to enjoy dramatically portraying characters in threatening situations, has given me the impression that the process may have been therapeutic for the learners. It has been interesting to note that certain learners that have suffered severe trauma in their past have taken a leading role in these performances. The visual art created by these learners has depicted similar themes of violence and crime. I have also noticed that certain learners that
have been known to display violent behaviour have seemed more relaxed after these lessons. I started to consider the value of personal expression, and the cathartic effect it seemed to have on some of the learners. The learners seemed to engage in a process of releasing strong emotions, such as pity, fear, and anger, by playfully and creatively sharing these feelings in the relative safety of the classroom environment.

Subsequently, as a student in educational psychology, I decided to investigate trauma as an integral part of this research. It came to my attention that trauma has been the subject of much research, including recent studies by Gold (2014), Webb, Grasso, Deblinger and Esther (2014), and Jaeger, Lindblom, Parker-Gilbert and Zoellner (2014). It also became clear that the fields of psychological assessment and trauma treatment have expanded rapidly, as a result of several significant developments, including new and emergent perspectives on the use of visual art therapy. These perspectives are based on academic research, including the value of projective drawings to detect abuse (Allen & Tussey, 2012), and the use of clay in sensorimotor art therapy (Elbrecht & Antcliff, 2014). Another form of therapeutic art which has recently been explored is abstract (non-figurative) painting (Maclagan, 2015).

The social phenomena of violence, abuse, and neglect have exacerbated the trauma experienced by adolescents in South Africa. The fact that so many adolescents affected by trauma are forced to function in harmful environments creates a challenging task for psychologists who deal with psychological injury and the emotional well-being of adolescents. The focus of this research, however, will be on adolescents that have experienced trauma in the past but have been removed from the harmful environment they were subjected to. A premise of this research is the assumption that these adolescents still live with the effects of trauma, and the possibility that the pain that they still experience as a result of past events has, to a certain extent, become part of their identity, influencing their thoughts, feelings, and day-to-day functioning. In the light of the effect that past traumatic experiences have had on these adolescents, it became clear that further research on trauma, its effects, and practical ways to guide and support adolescents affected by it would be a necessary and worthwhile pursuit.

Despite the natural resilience most adolescents seem to show in the face of emotionally traumatic experiences, it should be remembered that adolescents have the potential to experience psychological distress and agony that equals any pain that any adult is capable of feeling (Hutchison, 2005:53). The assumption that adolescents have an innate ability to disregard harmful experiences is false, and the unfortunate truth is that traumatic events
always result in psychological damage. According to Hutchison (2005:53), children affected by trauma may appear on the surface to be holding up quite well, despite being in indescribable pain. As there are many different incidents and experiences that can potentially lead to the psychological state of trauma, the focus of this research will not be on the aetiology of trauma, but rather on addressing trauma through the artistic expression of thoughts and emotions in a safe environment of warmth, respect, and acceptance.

It was when I was working as an educational psychology intern at a high school in 2014 that I became increasingly aware of the way adolescents usually deal with trauma. The number of adolescents requiring urgent psycho-educational support, and the level of trauma suffered by these individuals, steered me to a point of constant concern and involvement. Various expressive techniques, including abstract painting and collage, seemed beneficial, but I started to wonder to what extent these apparent benefits can be empirically tested or proven. According to Slayton, D'Archer and Kaplan (2011:1), there is a need for evidence of the healing potential in art-making. Although findings may not be generalisable to the wider population, qualitative empirical data may assist in confirming art as part of a therapeutic process in trauma.

At this point, a closer look at trauma would be appropriate. The term “trauma” is often used interchangeably with the term “stress” or the term “anxiety”, and this lack of precision in the use of terminology can be problematic. It is therefore important to find a concise and descriptive definition of the word “trauma”, as this will serve to prevent trivialisation of the concept through superficial use. Trauma can be defined as an emotional shock that creates substantial and lasting damage to the psychological development of the individual, generally leading to neurosis, which is something that severely jars the mind or emotions (Ringel & Brandell, 2012:42). It is clear that the above definition regards trauma as the response to an event, rather than as the event itself. It also suggests an enduring negative response to an event. It is possible that the low ego strength and negative self-concept of learners that I have known as an educator were manifestations of “enduring negative responses” to traumatic events experienced earlier in their lives.

Modalities for the treatment of trauma include psychodynamic and cognitive-behavioural approaches, but, according to Hutchison (2005:81), one should try to alleviate the pain caused by emotional trauma, rather than eradicate the experience of a traumatic event from the life of a child. Psychological trauma is not limited to the duration of the traumatic event. Adolescents who have experienced an emotional crisis may become trapped in a perpetual struggle to cope with and understand events that occur in their lives. These events cannot
be erased from their memories, but with the right guidance, they may develop new skills and reach a place where the trauma of their past doesn’t adversely affect their day-to-day existence and emotional well-being.

1.2 PRELIMINARY LITERATURE REVIEW

1.2.1 Art therapy

Waller and Gilroy (1992:3) define art therapy as a collection of diverse practices, held together fundamentally by the practitioner’s belief in the healing value of image-making. The concept of “art therapy” has meant, and still means, very different things to different people, including art therapists themselves. Even though this definition seems to suggest that the meaning of “art therapy” as a term is open to subjective interpretation, there are several key words and phrases that can be emphasised. The phrase “practitioner’s belief” indicates that art therapists generally believe in the psychological healing value of projection through the process of art, while “healing value” appears to suggest a common underlying purpose. The phrase “image-making” connects art therapy to the visual arts, and “diverse practices” relates to the various forms art therapy can take in terms of method, medium, and process.

Another descriptive definition has been offered by the British Association of Art Therapists (BAAT). Waller and Gilroy (1992:5) inform us that the BAAT has defined art therapy as a form of therapy in which the making of visual images in the presence of a qualified art therapist contributes towards externalisation of thoughts and feelings that may otherwise remain unexpressed. The images may have a diagnostic as well as a therapeutic function, in that they provide the therapist and the client with a visible record of the session, and they give indicators for further treatment (Waller & Gilroy, 1992:5). When considering the above definition, it becomes clear that it refers to the process of art therapy as having two functions. Firstly, it provides information, and, secondly, it facilitates the client’s process of expression, and subsequent psychological recovery. The Russian artist Wassily Kandinsky was known for creating abstract paintings that were expressive in terms of emotional content. He referred to art as an “outer expression” of an “inward need” (Waller & Gilroy, 1992:140). This brief description provides insight into the apparent value of the creative experience as a cathartic process of personal expression.

The value of art therapy as a therapeutic and diagnostic tool is alluded to in the above descriptions, but questions often arise as to the true merits of art therapy as a healing intervention. Riley (1999:20) attempts to answer such questions by stating that art therapy is
not an exclusive modality, as it offers many positive opportunities for a wide variety of clients and therapists. Riley goes on to describe art therapy as a great way to get past the initial wall that surrounds troubled children, and an excellent tool to encourage the story they would like to tell. In the modality of art therapy, children are encouraged to give shape to their thoughts and feelings, and the results are usually positive, as long as the narrative of the child is respected.

Yet again we find that reference is being made to the art therapist’s responsibility of assisting in the creation of an experience that can lead to the promotion of emotional healing in the lives of individuals affected by trauma. The accountability and obligation of therapists, as referred to above, raises questions about their role as facilitators of the process of psychological recovery. The British Department of Health offers a definition of an art therapist, describing him or her as a person who is responsible for organising appropriate programmes of art activities of a therapeutic application with patients, individually or in groups (Waller & Gilroy, 1992:4). An art therapist’s role, however, also includes involvement in the client’s psychological process. It is clear that a therapist’s role would be facilitating the process of recovery as designed for his or her clients.

Art therapy is based on the notion that when creativity is introduced into problem solving, the art can produce fresh perspectives and excitement. When thinking of creativity, the traditional attachment to aesthetics must be broadened to include imagination and behaviour (Riley, 1999:38). Riley (1999:39-40) goes on to state that the image, as created during the therapeutic session, stimulates metaphorical conversation, which enriches the possibilities of communication, and that the part of art therapy that is most appealing to the child is that the process of creating an artwork is non-threatening.

Riley (1999:39-40) also states that imagery, as it is used in art therapy, is often the key to making an early alliance, which is so essential in the treatment of children. Therapy should conform to the child’s world view, and it is important for the therapist to show interest without imposing their meaning and belief system on their clients. It therefore becomes clear that listening and observing, rather than preaching, judging, or prescribing, becomes the key to successful art therapy with children. A therapeutic relationship of trust, warmth, respect, and unconditional acceptance will set the stage for expression of thoughts and feelings on the part of the adolescent.

1.2.2 Trauma
Much research has been conducted on the effects of trauma on the day-to-day functioning of individuals, and on the approaches that can be taken when treating a traumatised person. Recent research includes studies by Gaughan (2012), Dyregrov (2010), and Ringel and Brandell (2012). For the purposes of this research, a thorough understanding of the characteristics and nature of trauma is important. The historical context of trauma research cannot be ignored if a holistic view of the problem is to be obtained, and for this reason, certain older seminal sources of information will be investigated in conjunction with more recent research. New sources will shed light on older research, providing updated and relevant information.

Within the field of medicine, the word “trauma” is most commonly used to describe physical injury. A proper definition of the term in the context of this research is therefore required. According to Dyregrov (2010:12), psychological trauma refers to overwhelming, uncontrollable incidents involving extraordinary psychological strain for the child exposed to them. For the purposes of this study, the term will be used to indicate an emotional crisis that leads to psychological damage. Traumatic incidents have a tendency to occur without warning, but in some instances these incidents are repeated, as part of a destructive and oppressive pattern. Repetition of a traumatic experience usually creates feelings of powerlessness and fragility in children and adolescents (Dyregrov, 2010:12).

The symptoms of trauma will also be examined, but a definition of the term “trauma symptoms” is required before this can be done. Cohen, Mannarino and Deblinger (2006:6) define the term “trauma symptoms” as behavioural, cognitive, physical and/or emotional difficulties that are directly related to a traumatic experience. Adolescents with trauma symptoms may experience a profound change in the way they see themselves and the world. A distinction can be made between affective, behavioural and cognitive trauma symptoms, but since these divisions are somewhat arbitrary, as a result of overlapping and interacting areas of difficulty, the term “trauma symptoms” will be used for the sake of simplicity.
1.3 RESEARCH QUESTIONS

Based on the preceding discussion, the following research question is formulated:

How can visual art therapy be used with adolescents affected by trauma?

In order to address the research question, the following sub-questions will guide the study:

- What are the characteristics of psychological trauma?
- How does trauma affect adolescents?
- What is visual art therapy?
- How do adolescents who have been affected by trauma evaluate their emotions, self-concept, relationships, and motivation before and after having participated in visual art therapy sessions?

1.4 RESEARCH AIMS

The following aims can be derived from the research question and the related sub-questions, as formulated above:

- To examine and describe the characteristics of psychological trauma and its effect on adolescents, through a literature review on trauma;
- To describe visual art therapy, through a literature review on art as a therapeutic medium;
- To do an empirical study whereby the efficacy of visual art therapy in the treatment of adolescents affected by trauma is investigated; and
- To provide guidelines for the use of certain art therapy techniques to address trauma in a small group of adolescents.

1.5 RESEARCH DESIGN AND METHODOLOGY

1.5.1 Research design

The research question for this study relates to the use of art therapy with adolescents affected by trauma, and the interpretivist paradigm has been selected to answer this question. According to Terre Blanche, Durrheim and Painter (2006:273), the interpretivist paradigm can be described as one that involves taking people’s subjective experiences
seriously as the essence of what is real for them. Interpretivist research will be appropriate for this particular study, as the goal of the research is to use art therapy as a reflective medium to project not only trauma, but the whole lifeworld of the adolescent. According to Merriam (2002:26), phenomenological research is well suited for studying affective, emotional, and often intense human experiences, and researchers conducting a basic interpretivist study are interested in the way people interpret and attribute meaning to experiences.

From adoption of the interpretivist paradigm for this research flows the notion of qualitative research, which refers to any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification. Qualitative research explores the richness, depth, and complexity of phenomena, allowing the researcher to study things in their natural settings, in an attempt to interpret phenomena in terms of the meanings people bring to them. It involves an interpretive and naturalistic approach to its subject matter, and it gives priority to what the data contribute to important research questions or existing information.

1.5.2 Research methodology

The purpose of this particular empirical research is to employ visual art as a therapeutic technique. Seven adolescents in foster care who have had previous experiences of trauma will be selected for voluntary participation. The research participants will create art by applying expressive techniques during regular art-making sessions over a period of six weeks. A questionnaire will be used to compare their emotional state before and after the six-week period. Observation will also be used as a data-collection method, and interviews will be conducted at the end of the therapeutic process. Artworks created by the participants will not be analysed or interpreted for research data.

1.5.3 Selection of participants

For the purposes of this study, adolescents living in a children’s home (under state protection) will be invited to participate. According to Papalia, Olds and Feldman (2002:377), adolescence lasts from about age 11 to the late teens or early twenties, and neither the beginning nor the endpoint of this period is clearly marked. For the purposes of this research, the age of the respondents will range from 13 to 17 years, and gender will not influence the selection process.
Purposive sampling will be used in the selection of the respondents. Due to the fact that the adolescents in the study are, for various reasons, not able to live with their natural parents, a reasonable deduction would be that they have all experienced some form of trauma in the past. Due to the possibility that some of the respondents may not have been psychologically ready or prepared to participate in the study, the researcher relied on assistance from the social worker and the principal of the children's home in the selection process.

1.5.4 Data-collection procedures

For the purposes of the pre-assessment and the post-assessment of psychological-state, questionnaires were completed by the participants. The pre-assessment and the post-assessment gave an idea of the participants' psychological state before and after the period of doing expressive art. The self-concept, motivation, relationships, and emotions of the participants were emphasised as psychological themes that affected the everyday lives of the participants. Data relating to the abovementioned themes was collected through observation, questionnaires, and interviews.

Therapeutic art-making sessions took place at times and on days that suited the social worker, as well as the participants. In the interests of confidentiality, photographs of the artworks were only taken with permission, and sessions were documented through written notes based on observation. Before therapy was terminated, participants were asked to complete a questionnaire for the second time. The data derived from the second questionnaire was compared with the data obtained from the first questionnaire. This comparison was done to establish whether the therapeutic process had resulted in any visible psychological change on the part of the participants.

1.5.5 Art media and subject matter

The participants started the therapeutic process by creating an abstract painting using watercolours. The aim of creating an abstract painting is unstructured expression of thoughts and feelings, rather than representation of immediately recognisable items. Depiction of objects is usually associated with certain visual rules, but creation of an abstract painting creates an opportunity for expression without superficial boundaries. The meaning of an abstract painting is found in the use of colour, as well as the way the paint is applied to the surface. For the purposes of this research, the goal was spontaneous visual representation of thoughts and feelings, rather than a detached depiction of objects or people.
In addition to creating abstract paintings, participants created several artworks using pencils, crayons, pastels, felt-tip pens, and charcoal. Care was taken to provide the participants with the freedom to express themselves without unnecessary interference. Unlike the case in abstract painting, which allows complete freedom, specific themes were suggested, including animals, houses, people, trees, and landscapes. Within the context of these themes, the participants had the opportunity to give expression to their thoughts and feelings, while the themes merely served as a framework within which to create art. Participants were also given the opportunity to tell stories through their art. The stories they told could have been based on actual events, but participants also had the freedom to create and depict their own imaginative narrative, if they so wished.

1.6 TRUSTWORTHINESS OF THE STUDY

It was important that this research meet the requirement of validity, or trustworthiness, and every effort was made to ensure credibility of the findings. In a creative, unstructured environment, where the researcher will be faced with unpredictability and responses from adolescents who will project previously experienced trauma, it is important that the researcher remain open, act with integrity, and create a therapeutic atmosphere of trust and freedom of expression. If such a climate can be created, it may contribute to the credibility of the findings.

Reliability, which refers to the degree to which results can be repeated (Terre Blanche et al., 2006:92), did not function as a primary objective of this study, since the same results obtained from different participants in varying contexts would be unlikely. Trustworthiness was ensured by utilising relevant art therapy methods, and by correctly interpreting and applying the information obtained from these methods. I adhered to all of the requirements pertaining to trustworthiness to the best of my ability.

1.7 ETHICAL CONSIDERATIONS IN THERAPY WITH TRAUMATISED ADOLESCENTS

1.7.1 Consent, confidentiality, and voluntary participation

For the purposes of this research, consent forms were signed by the parents or guardians of the learners that were involved in the research process, as well as by representatives of the Department of Social Welfare. Assent forms were signed by the participants. The empirical research took place within the context of emotional assistance already provided by the
children's home, so as to protect the research participants. In addition to this, an application for ethical clearance was also submitted, and the research was approved by the University of South Africa’s ethics committee who provided me with an ethical clearance certificate (see Annexure A). Participants were informed of what the research process entailed, and they were assured that they could withdraw from the study at any time. All participants were assured that confidentiality, non-disclosure, and voluntary participation would be prioritised. Terre Blanche et al. (2006:67) indicate certain philosophical principles that guide research, including respect for the dignity of others, and these values were upheld during the entire research process.

1.8 RESEARCH PROGRAMME

The research programme was structured in the following way:

Chapter 1 consisted of an introduction of the topic, including a background to the study, a brief literature review, the problem statement, the aims of the research, the research design, the research programme, and a summary. An introduction to the use of art therapy with adolescents affected by trauma was provided.

Chapter 2 consisted of a review and explanation of the available literature on visual art therapy, including discussions on the efficacy, process, and application of such therapy. Literature on the nature, causes, and treatment of psychological trauma, and the effect such trauma has on the day-to-day functioning of many adolescents in South Africa, was also reviewed.

Chapter 3 expounded the research design and details of the research methodology. The interpretivist paradigm in qualitative research was described, with a specific focus on art therapy designed for adolescents affected by trauma.

In Chapter 4 the research findings were discussed. An analysis of the findings of the data collection was presented, with the emphasis on self-concept, motivation, emotions, and relationships as psychological themes in the lives of the participants.

Chapter 5 consisted of conclusions, recommendations, and limitations of the study. A summary of the findings and the related recommendations was provided, describing the limitations of the study, and suggesting possible areas for further research.
1.9 SUMMARY

This chapter initiated the inquiry into the use of visual art therapy with adolescents affected by trauma. A description of the background, awareness of the problem, and the motivation for the study assisted in contextualising this research, and a preliminary literature review was conducted to establish the extent of existing research in the field. The research question and related sub-questions were formulated. Based on these questions was a delimitation of the aims of the research. The research design was then described, including the sampling methods and data-collection strategies employed, and the data-analysis procedures followed. Ethical concerns and the question of the trustworthiness of the study were also addressed. The chapter was concluded with an overview of the research programme.
# CHAPTER 2: TRAUMA IN ADOLESCENCE, AND THE EFFICACY OF USING VISUAL ART IN THERAPY

## 2.1 Introduction

## 2.2 Trauma

<table>
<thead>
<tr>
<th>2.2.1 Trauma defined</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2.2 Causes of trauma in adolescence</td>
</tr>
<tr>
<td>2.2.3 Effects of trauma during adolescence</td>
</tr>
<tr>
<td>2.2.4 Treatment of trauma in adolescence</td>
</tr>
</tbody>
</table>

## 2.3 Art therapy

<table>
<thead>
<tr>
<th>2.3.1 Art therapy defined</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3.2 A brief history of art therapy</td>
</tr>
<tr>
<td>2.3.3 The role of the art therapist</td>
</tr>
<tr>
<td>2.3.4 The value of art therapy</td>
</tr>
<tr>
<td>2.3.5 The therapeutic alliance</td>
</tr>
</tbody>
</table>

## 2.4 Conclusion
CHAPTER 2

TRAUMA IN ADOLESCENCE, AND THE EFFICACY OF USING VISUAL ART IN THERAPY

2.1 INTRODUCTION

The aim of this chapter is to provide a literature review of the efficacy of using art therapy with adolescents affected by trauma. To achieve this objective, the literature review covers various topics, including a definition of trauma, and the causes, effects, and treatment of trauma. It also offers a definition of art therapy, and it discusses the history and value of art therapy in relation to the needs of adolescents affected by trauma, and the therapist’s role as facilitator. Throughout the chapter, reference will be made to the developmental level and needs of adolescents with regard to trauma.

Why was expressive visual art chosen for this research? This question can be answered by looking at a descriptive definition of the term “expressive arts”:

Expressive arts represent a therapeutic modality that uses a primarily creative and non-verbal medium to facilitate deeper underlying processes. Expressive arts work within the visceral and internal experience of the individual, as opposed to the cognitive and rational components. Expressive arts do not involve critical thinking or problem-solving, but is a way to connect with unconscious or implicit experiences or feelings that someone might otherwise struggle to reach. Therefore, expressive arts can be therapeutically useful in a more meaningful way than simply talking. (Purswell & Stulmaker, 2015:104)

In the introductory chapter, I alluded to my experience as an art teacher, and the seemingly cathartic nature of art-making for adolescent learners. I also referred to the work I have done as an educational psychology intern at a high school, emphasising the apparent value of artistic expression in the lives of adolescents affected by trauma. In this chapter, literature on the therapeutic value of art-making will be examined to establish the worth of art therapy in the lives of adolescents affected by trauma. In this regard, Winner (1982), in Drake and Winner (2012:256), offers an insightful perspective, by describing art-making as a universal activity, present in all human cultures, from the earliest humans on, despite the fact that there is no clear evolutionary, adaptive reason for creating works of art. Winner goes on to assert that art-making is, among other things, a form of meaning-making, a form of communication, and a form of emotion regulation. The creation of art appears to be a natural
process, but it is impossible to determine the precise level of positive influence art-making in a therapeutic context has, even though positive results have often been observed. How does one measure the value of art therapy in the life of an adolescent who has experienced traumatic events?

In evaluating the value of art in a therapeutic context, Saltzman, Matic and Marsden (2013:224) inform us that the art-making process engages the body and the mind holistically, as it evokes traumatic narrative and lifestyle convictions in a supportive and less threatening therapeutic environment. It therefore appears that trauma influences an adolescent’s personal narrative and belief system, and that art therapy creates a space for the adolescent to question the foundation of these post-traumatic beliefs. For this reason, it would seem that the value of art-making in a therapeutic environment can be viewed as self-evident. The only variable that is difficult to determine is the exact value and positive influence the therapeutic creation of art has on adolescents affected by trauma.

At this point, the function and use of expressive art raises several pertinent questions. What is the focus of expressive visual art therapy? According to Malchiodi (2012:54), expressive art therapy focuses on providing not only strategic and specific art materials for clients to express feelings, but also a variety of psychotherapeutic and counselling approaches to address anxiety, fears, and trauma reactions. This is why, despite the seemingly therapeutic value of art, every art lesson presented at school level doesn’t necessarily constitute a therapy session. Simply providing art materials and asking learners to create art doesn’t appear to be enough if the ultimate goal is emotional recovery. A specific therapeutic approach is required, but which steps can be followed to select the optimal approach? This question brings us back to the therapeutic characteristics of expressive visual art, and how it can be utilised to the benefit of traumatised clients.

Luke (2008), in Purswell and Stulmaker (2015:104), helps answer this question by asserting that expressive arts can be facilitative for various intentions and therapeutic purposes. He also informs us that expressive art can be viewed as a modality that facilitates creative expression, creating an experience or product that can produce a deeper insight for an individual. Luke (2008) is of the opinion that the creative process involved in expressive art promotes risk-taking and developing a deeper sense of self, which is more authentically representative, rather than externally constructed. Gladding (2005), in Purswell and Stulmaker (2015:104), asserts that, in addition to developing greater levels of self-knowledge, insight, and risk-taking, expressive arts can also be used for cathartic purposes. Purswell and Stulmaker (2015) summarise by stating that the use of expressive arts in counselling provides deeper levels of understanding, while promoting insight and greater
levels of change and integration for clients. In answer to the question posed at the end of the previous paragraph regarding the optimal therapeutic approach, I therefore argue that the right therapeutic approach is the one that leads to deeper levels of understanding, insight, change, and integration on the part of the client.

This study is concerned with finding the optimal approach, as mentioned above, through the use of painting and drawing as expressive therapeutic techniques. Before beginning with the practical component of this study, however, an appropriate starting point should be identified. Rubin (1984:90) asserts that the most important question, which needs to be answered as clearly as possible, is the goal of the particular art therapy session. Once the goal is evident, the sorting and brainstorming necessary for creative decision-making about what to do can be approached productively (Rubin, 1984:90). Since the therapeutic use of art in this study will centre on adolescents affected by trauma, the main goal will be facilitation of their process of self-awareness and emotional recovery. In this study, the techniques of painting and drawing will therefore be utilised to explore the therapeutic and psycho-educational value of art in the lives of traumatised adolescents.

2.2 TRAUMA

2.2.1 Trauma defined

A traumatic event can be defined as a terrifying, shocking, and sudden incident that threatens one’s life, safety or personal integrity (Black, Woodworth, Tremblay & Carpenter, 2012:193). Trauma is therefore defined as an unexpected occurrence that causes immediate feelings of fear and anxiety, by placing an individual in a position of potential physical or psychological harm. The above definition emphasises the sudden and threatening nature of traumatic events, and provides us with a descriptive foundation for further exploration of the phenomenon of trauma. What other definitions of trauma can be found in the literature?

Strauch (2001), in Saltzman, Matic and Marsden (2013), defines trauma as an event experienced in which a person is not prepared for the psychological and physical results. Although this definition has certain merit, I would argue that the event experienced usually becomes the crisis, and that the effect of this event is experienced as trauma. Further definitions of trauma should therefore be explored. Herman (1997) and Van der Kolk, McFarlane and Weisaeth (1996), in Saltzman et al. (2013), assert that during a time of crisis, the body, the mind, and the psyche are inundated and hyper-aroused with sensory and affective information beyond that which they can handle or regulate in their normal way.
Keeping in mind the overwhelming effect trauma can have on a person, therapists should attempt to apply a therapeutic approach that will ideally focus on all aspects of a person’s psychological well-being and functioning, in order to facilitate healing. Since this places the therapist in a situation where extreme care should be taken to select the right therapeutic approach, an in-depth exploration of trauma as a psychological construct is required. An investigation of this scale necessitates a comprehensive view, and what better place to start than the original definition of trauma? Pierre Janet (1859-1947), a French psychologist and neurologist influential in bringing about in France and the United States a connection between academic psychology and the clinical treatment of mental illnesses, provides us with one of the earliest descriptions of trauma.

Janet describes psychological trauma as a life event that triggers a strong emotional shock (Heim & Bühler, 2006:112). This emotional shock preserves the experience of the trauma. However, Janet emphasised the need to distinguish the emotional shock from the feelings that serve to regulate behaviour. Emotional shock is an affective reaction that always reoccurs in the same way, and is chronic. In this respect, emotions are the cause of the psychological trauma, and may be viewed as inadequate behavioural adaptations to stressful life events. Janet proposed that individuals may possess a susceptibility, or a predisposition, towards a type of reaction that manifests itself as trauma, leading to the progressive loss of psychological energy (Heim & Bühler, 2006:112). How does the above definition of trauma apply to adolescents living in contemporary society? Despite many commonalities between old and new definitions of trauma, it remains a challenge to make the diagnosis of trauma.

The abovementioned challenge necessitates appropriate diagnostic criteria for the identification of trauma as a condition that affects many adolescents, not only in South Africa, but everywhere in the world. Cauffman, Feldman, Waterman and Steiner (1998), in Black et al. (2012), assert that trauma is quite common among young people. They mention a longitudinal study of mental health in Canada conducted by Costello, Erkanli, Fairbank and Angold (2002) with 1,420 children and adolescents aged 9, 11 and 13 years, where one out of every four adolescent participants had experienced at least one high-magnitude stressor, such as being the victim of abuse or being the cause of harm done to someone else at some point in their lives (Cauffman et al., 1998, in Black et al., 2012).

In South Africa, many adolescents experience stressful events, and are faced with painful situations on a daily basis, as a result of crime, abuse, and neglect. Although all of the above may be defined as life crises, the reaction of the individual to such a crisis constitutes the measure of trauma they will experience. When learning about a crisis, the therapist will
therefore not immediately understand how the crisis is perceived, and an early diagnosis may be premature. Although features of events such as death, or threat to life or bodily integrity, and/or the subjective feeling of intense horror or helplessness (Cohen et al., 2006:3) may help us to estimate the level of trauma an adolescent may be experiencing, the individual’s personality, skills, and previous experience of trauma may influence their psychological reaction to the crisis, and therefore their prognosis. To assess the extent of the trauma, we should therefore look deeper than the crisis event, and assess the reaction and response to the crisis event when planning therapeutic support.

Cohen et al. (2006:19) assert that although some children who experience traumatic events are resilient, many others develop trauma symptoms, which can have a profound and long-lasting negative impact on their development, health, and safety. These trauma symptoms include affective, behavioural, and cognitive difficulties. In this study, the emotions, relationships, motivation, and self-concept of participants will be explored as psychological themes affected by trauma. The causes of trauma will now be discussed.

2.2.2 Causes of trauma in adolescence

For a comprehensive look at the causes of trauma, we should revisit Pierre Janet’s trauma theory as a foundation for further enquiry. Janet informs us that emotional shocks cause trauma because they prevent ill-prepared individuals from adapting successfully to specific situations. Such individuals are exposed to feelings of fear, rage, or sorrow, or to feelings of incompleteness and disturbed cognitive processes, which may generate fixed ideas that can be described as a distorted experience, memory, imagination, or appraisal of the traumatic event (Heim & Bühler, 2006:112). Now that we have looked at a seminal view of the causes of trauma, the same subject should be explored by looking at more recent views on the effects of trauma.

2.2.3 Effects of trauma during adolescence

The experience of trauma can have several effects on an adolescent. Lewis (1999:30) refers to one of the more disruptive effects of trauma, by asserting that a certain level of trauma can result in developmental regression. An adolescent that regresses to an earlier stage of development may find it challenging to cope with academic, social and emotional demands they are faced with. Lewis (1999:14) also emphasises the potential disruption that can result from an adolescent’s attempts to block certain thoughts associated with the traumatic event they have experienced. An adolescent that tries to block painful thoughts related to a traumatic experience may do their best to avoid situations, places, or individuals that remind
them of the harmful event that has occurred in their past. This avoidant behaviour may interfere with the emotional and cognitive functioning and development of the adolescent.

Saigh and Bremmer (1999:9) maintain that adolescents affected by trauma have a desire to avoid anything that reminds them of their traumatic experience, and they mention perpetual anxiety and concern. Adolescents affected by trauma may live in constant fear of the traumatic event recurring, focusing on the possible harm the event could cause, instead of the normal cognitive and emotional challenges that form part of their daily lives. Allen (2005:83) emphasises the disruptive aspect of trauma, when he asserts that adolescents affected by trauma live in a world where their cognitive functioning is constantly disrupted by intrusive thoughts about the traumatic event, and the painful emotions that accompany it. These disruptive thoughts occur without warning, and their untimely nature may result in concentration problems.

Trauma affects every aspect of an adolescent’s functioning, and is felt at every level of their existence. This view is supported by Strauch (2001), in Saltzman et al. (2013:223), in the following passage:

Through a holistic phenomenological lens, it is understood that all aspects of a human being are connected, and thus traumatic events create ripples of adverse effects upon all dimensions of the individual. The reactions contained in the body (i.e., panic attacks, flashbacks, and sensory triggers) affect the unique and individualistic understanding of the events that have transpired for the survivor. The information at the time of the trauma is imparted into the body and the mind but not necessarily integrated.

Art therapy may contribute to this important step in healing, by establishing a dialogue between the conscious and the unconscious, the ego and the self, and in so doing, contribute to integration of the personality as a whole. Another question that should be asked is whether trauma impacts adolescents differently because of their developmental level.

Anda (2006) and De Bellis (2001), in Black et al. (2012), describe children and adolescents as a particularly sensitive population, affirming that the experience of trauma at a young age may stunt or permanently alter brain development, arguably affecting the child or the adolescent for the rest of their life. Perry (2001), in Black et al. (2012), suggests that the area of the brain that is affected by trauma is dependent on the chronological and development-related time that the traumatic experience occurs. He further posits that the brain may overcompensate for trauma in a particular area (such as the limbic system), developing in a way that is conducive to surviving in a traumatic environment, potentially altering neural
connections and brain patterns for an extended period of a person’s life. Black et al. (2012) summarise this theory with their assertion that traumatic experiences have the ability to affect both psychological and physical development, which, in turn, may impact an adolescent’s social interactions and academic achievement. At this stage, it would be appropriate to explore the cognitive state of the adolescent, and how this may influence their perception of trauma.

Rathus (2006:518) maintains that adolescents, like adults, have the ability to contemplate abstract ideas, and to imagine the world as it could be. Rathus (2006:518) refers to Piaget’s stage of formal operations, indicating that adolescents, having reached cognitive maturity, should be able to

- Classify objects and ideas,
- Engage in logical thought,
- Hypothesise,
- Think about abstract ideas and concrete objects,
- Classify symbols, statements, and theories,
- Follow and formulate arguments from their premises to their conclusions, and
- Engage in deductive reasoning.

The abovementioned cognitive abilities make it possible for adolescents affected by trauma to conceptualise their trauma in ways that would be nearly impossible for younger children. The ability to engage in logical thought can, in some instances, lead adolescents to the conclusion that the traumatic event they experienced was the result of a specific chain of events. In the same way, an adolescent’s capacity for deductive reasoning makes it possible to view the traumatic incident as a specific conclusion to a variety of circumstantial, environmental or behavioural factors. Furthermore, the ability that adolescents have to hypothesise may lead to questions about their traumatic experience. They may ask what would have happened under different circumstances, or what they could have done to prevent the traumatic incident from occurring. An adolescent also has the ability to hypothesise about what their life could have been like had they never experienced the traumatic event. It is clear that the cognitive state of adolescents influences the way they experience and deal with trauma. Treatment should therefore take the cognitive characteristics of adolescents into consideration in order to be effective.

2.2.4 Treatment of trauma in adolescence

Considering the current challenges faced by many adolescents across the world, it can be argued that treatment should be prioritised, in the interests of increasing the emotional well-
being of these adolescents. According to Perry (2001, 2009), in Black et al. (2012), it is imperative that juveniles who have suffered a trauma and exhibit trauma-related symptoms be treated as quickly and efficiently as possible, to reduce the likelihood of any permanent harm. If we accept that trauma should be treated sooner rather than later, questions about the goals and the purpose of interventions arise. If the goal is increased understanding on the part of the client, and not just the expression of emotions, art therapy comes to mind as a therapeutic technique that fits both these criteria. After all, it was Freud (1910), in Hanes (2000), who pointed out that feeling must not only be expressed, but understood as well.

Crompton (1992:69) emphasised the fact that counselling should take place as soon as possible after the traumatic event has occurred, so as to avoid unnecessary psychological damage. For this research, the goal of providing immediate counselling is unachievable, since the participants in this study are adolescents that have been living with the effects of trauma for a considerable amount of time. A closer look at trauma counselling would be appropriate, however, since valuable information can be obtained, despite the fact that the approach of immediate intervention suggested by most trauma counselling models doesn’t apply to this research.

What is trauma counselling? Meichenbaum (1994:514) answers this question by describing trauma counselling as an intervention process led by a facilitator, where elements of the traumatic occurrence are discussed by the victim, with an emphasis on their thoughts and feelings regarding the event. Fullerton, Ursano, Vance and Wang (2000:260) provide us with another definition, describing trauma counselling as a systematic process of education, emotional expression, and cognitive reorganisation, accomplished through the provision of information and the fostering of meaningful integration and group support, through identifying a shared, or common, experience. When looking at the definition provided by Fullerton et al. (2000:260), certain key elements of the counselling process become clear. Referring to the counselling procedure as a “systematic process of education” and mentioning the importance of “emotional expression” supports the choice of art therapy as a suitable therapeutic method for adolescents affected by trauma.

Does the literature offer any additional support for art therapy as an effective method of trauma treatment? Can research in support of art therapy be identified? Johnson (2011), in Saltzman et al. (2013), answers this question by describing trauma as the antithesis of art. Trauma sucks the present into the unseen, the trauma schemas enveloping larger and larger portions of the person’s life. Saltzman et al. (2013:227) explain this as follows:

Accessing the creative self through art-making pulls the unseen and the incommunicable to the present moment. Untouchable topics and unspeakable
memories can be represented by form and shape within artwork. Creative arts therapies allow the survivor to face the terror of his or her experience in a manageable and tolerable way.

A further argument in support of art-making as a therapeutic method is made by Anderson (1995), in Hanes (2000), where the image-making process is described as being useful in diffusing traumatic memories, thereby promoting self-control over the accompanying affect. Malchiodi (1998), in Hanes (2000), supports this view, by asserting that children can use drawings to gain symbolic control over overwhelming circumstances, and to establish an inner sense of security. The artwork may serve as the object of transference. It allows the adolescent to separate or distance themselves from the experienced trauma, while re-enacting parts of the crisis through art.

Considering the apparent value of art therapy as a therapeutic technique, the following question needs to be answered: “How will I use art therapy in the treatment of adolescents affected by trauma?” Hanes (2000) refers to the inherent ability of the art-making process to summon emotional rather than intellectual responses as being central to the usefulness of art as a therapeutic medium. The above view has both informed and guided my approach towards the use of expressive visual therapy for the purposes of this research.

2.3 ART THERAPY

2.3.1 Art therapy defined

The artist has been given the ability to express his most secret mental impulses, which are hidden even from himself, by means of the works that he creates. (Freud, 1910:107)

Although a narrow view of the above statement is possible, I believe that anyone choosing to engage in a process of expressive visual art-making becomes the artist referred to by Freud, thereby benefiting from the exploration of unconscious influences on their day-to-day functioning and emotional well-being. Before looking at any specific definitions of art therapy, more information on its therapeutic value is required.

Kahn (1999: 2:4, 291) asserts that the goals of art therapy are to support the ego, foster the development of identity, and promote maturation. These goals are important, considering that, according to Herman (1997), in Saltzman et al. (2013), the gravity and the terror of the trauma often silence the survivor, which makes therapies that rely exclusively on verbal communication too demanding and challenging for the survivor to engage in. Saltzman et al. (2013) maintain that creative art therapies, however, provide a non-threatening entry into
traumatic memories, which tend to be inaccessible after a traumatic experience. With these goals in mind, certain definitions of art therapy can be explored.

Ulman (1961) provided an early description of art therapy, when she suggested that anything that is to be called art therapy must genuinely partake of both art and therapy. This statement summarised her view that “the realm of art therapy should be so charted as to accommodate endeavors where neither the term art nor therapy is stretched so far as to have no real meaning” (Ulman, 1961: 1:2, 11). Many years later, Malchiodi (2007:47) defined art therapy as a modality for self-understanding, emotional change, and personal growth. Rubin (2010:1) adds to the above definition of art therapy by reminding us that art therapy is, always has been, and will continue to be a multifaceted field. There is a multitude of ways in which art therapy can be used for either understanding (assessment) or helping (therapy). Rubin proceeds by referring to art therapy as a paradox, asserting that it is both very old and very young. Art for healing is as ancient as the drawings on the walls of caves, yet the profession itself is still a “youngster” in the family of mental health disciplines. Riley (1999:20) refers to art therapy as a non-exclusive modality that offers positive opportunities for clients and therapists, by becoming a way to get past the initial wall that surrounds troubled adolescents. Riley (1999:21) also refers to art therapy as an excellent therapeutic tool that encourages adolescents affected by trauma to tell their stories through images.

What key concepts can be identified when studying the above definitions of art therapy? Firstly, they define both art and therapy. Secondly, the concepts of self-understanding, emotional change, and personal growth are emphasised as important parts of the therapeutic process. Thirdly, we find that engagement in artistic activities as a means of creative expression and symbolic communication forms part of the foundation of art therapy. Finally, to ensure that we have a comprehensive understanding of art therapy, we find that art therapy is a versatile, multifaceted, and non-exclusive modality, which can be used for assessment or therapy, offering positive opportunities for both therapists and clients. In my personal experience as an educational psychology intern, I have witnessed all of the above elements, as well as the positive effect that art therapy has had on troubled adolescents. This research, however, will explore the use of art therapy with adolescents that have suffered continuous emotional trauma.

2.3.2 A brief history of art therapy

According to Hinz (2009:21), art therapy is a unique profession, in that it was founded by persons from varied backgrounds, experiences, and occupations. After the Second World War, there were large numbers of returning US veterans requiring mental health services.
From the late 1940s, many artists and art educators working under the supervision of psychiatrists offered patients various types of therapeutic art services in large hospital settings. Adrian Hill (1945), in Hinz (2009:22), described how he singlehandedly designed, implemented, and advertised a new art therapy programme at a rehabilitation hospital during the Second World War. Hinz (2009:22) asserts that Florence Cane’s book, *The Artist in Each of Us* (1952), is widely considered to be the first art therapy textbook.

With regard to other historical role players, Edith Kramer, one of the pioneers of art therapy, credits Margaret Naumburg for already having introduced the term “art therapy” in published books by the time she (Kramer) initiated her first art therapy programme at Wiltwyck School for Boys in 1950 (Kramer, 2000:20). Kramer also refers to being influenced by Ernst Kris, author of *Psychoanalytic Explorations in Art*, a book that combined the disciplines of art history and psychoanalysis. While Naumburg and Kramer started their work in the United States, Adrian Hill wrote *Art versus Illness* in England. In *Art versus Illness*, written in 1945, Adrian Hill “evolved a practical scheme of art therapy as a very real aid to recovery” (Hill, 1946). The abovementioned individuals were very influential, but many years would pass before official institutions were created with the aim of controlling structured art therapy.

Edward Adamson, a contemporary of Adrian Hill, developed his art therapy approach to treatment of psychiatric hospital patients, and Hogan (2000) notes the Jungian influences that led him to concentrate on providing a safe space in the hospital setting, in which an unprecedented level of self-expression and self-exploration could take place. As a result of his contributions, Adamson is seen as one of the most important figures in the history of art therapy. Naumburg (1950), in Khan (1999), confirms that the roots of art therapy are grounded in traditional psychoanalytic theory from the 1940s. Naumburg (1966), in Khan (1999), also explains that initially, the art therapy process encouraged the expression and interpretation of the unconscious experience; students drew spontaneously, and they were encouraged to free-associate in their pictures. Khan (1999) adds that the counsellor served as an interpreter in this art-in-therapy approach. Considering the past history of art therapy, questions can be raised as to the purpose of contemporary art therapy.

Art therapy has developed as a therapeutic strategy with the aim of reaching clients with various problems through artistic expression of what lies within, and to fulfill the human need for self-expression in a society that is becoming increasingly mechanised (Snyder, 1997). Expressive art therapy is a vehicle for awakening dormant creativity, assisting clients in verbalising their unspoken and unresolved conflicts. Another goal of art therapy is for clients to have a cathartic experience while creating art in a therapeutic context. For the purposes of
this research, Hanes (2000) defines “catharsis” as a process that alleviates tension and anxiety through the expression of emotions that have been hidden or restrained, or the existence of which has been unrecognised. Nichols and Efran (1985), in Hanes (2000), proposes that the process involves partial or full expression of a previously restrained sequence of affect, which is subsequently discharged in a “substitute setting”. For the purposes of this research, painting (with watercolours) and drawing (with pastels, crayons, pencils, felt-tip pens, and charcoal) were selected for their cathartic potential as expressive visual media.

2.3.3 The role of the art therapist

Before exploring the role of the art therapist, it makes sense to start with a definition of the term “art therapy”. Shostak (1985), in Kahn (1999), defines art therapy as a psycho-educational therapeutic intervention that focuses on art media as primary expressive and communicative channels. Kahn (1999) states that adolescents explore personal problems and developmental potential through an art therapy process of verbal and non-verbal expression. It can therefore be concluded that an art therapist is an individual that has received the necessary formal training to accept responsibility for the therapeutic process, with the aim of promoting appropriate social behaviour and facilitating healthy affective development. Another important aspect that should be explored is the relationship between client and therapist.

When I was working as an educational psychology intern, I was constantly reminded of the importance of the client-therapist relationship. I soon realised that this relationship required constant nurturing and attention if a therapeutic environment of warmth, trust, respect, and acceptance was to be maintained. Rubin (1984:54) asserts that therapy has to be a partnership if it is to endure the inevitable stresses and strains of any internal change process:

Both therapist and patient are likely to experience anxiety, frustration, discouragement, and even despair over the course of any sustained treatment. The alliance enables both to endure such strains, and also defines the relationship, even in its darkest hours, as a mutual partnership based on a fairly high level of trust and commitment on both sides. (Rubin, 1984:54)

For the purposes of this research, the development of trust will be an integral but challenging part of the process, since the participants in the study are adolescents that have been harmed or neglected by people they have trusted to protect them. Rubin (2010:75) informs
us of Freud’s suggestion that the critical relationship between client and therapist provides the “anaesthetic” that makes possible the sometimes painful “surgery” of an interpretation.

Another connection should be mentioned, even though a full investigation of this link would be beyond the scope of this research. This connection is the relationship between the client and their artistic creation. This relationship is mentioned because therapists can facilitate the client’s experience, even though the rapport in question doesn’t involve them directly. Saltzen et al. (2013) shed light on the relationship between client and artwork, by asserting that as the client’s brain activates the multiple systems involved in the storage of a traumatic memory, the artwork serves as containment of the recollection. Clients engage with the traumatic memories captured within their artworks to the extent of their ability to tolerate resulting symptoms, which usually leads to desensitisation of the memory. Saltzen et al. (2013) refer to a point in time when the art product and the art process become the transitional space for the projection of interpersonal meaning creation and social investment. At this point, the skills, functions, and responsibilities of an art therapist come into question.

Therapists have an opportunity to decode therapeutic connections while the client is engaged in the art-making process (Saltzen et al., 2013). A therapist should therefore develop skills of observation, as this will add to the accuracy of therapeutic interpretation. Other skills include active listening and the objective analysis of information. These skills enable an art therapist to fully embrace the part of planner, organiser, and analyst during therapy, but what does the role of facilitator entail? As facilitator, unconditional acceptance of the client, respectful empathy for internal processes, and an approach that allows for the client to interpret their own artworks creates a foundation for constructive therapy.

The art therapist assumes several roles to facilitate the therapeutic process. One of these roles is that of observer. Saltzen et al. (2013) refer to this role, saying that the involvement of the observer in the art-making process provides an interpersonal meeting place for the lifeworld and the trauma narrative. Snyder (1997) adds to our understanding of the art therapist as facilitator, when she asserts that the primary function of an art therapist is to create a sacred space in which internal dramas can unfold safely. It is therefore clear that the process of facilitation involves the creation of a safe environment, where the therapist engages in a process of discreet involvement and observation.
2.3.4 The value of art therapy

The therapist’s approach to therapeutic art-making plays an important role whenever an assessment is made of the value of art therapy. Malchiodi (2012:216) follows an eclectic approach to art therapy that blends humanistic and existential approaches. Garai (2001), in Malchiodi (2007), asserts that a humanistic approach emphasises art therapy as a shared journey, and underscores the need for the therapist to create a non-judgemental setting. According to Moon (1995), in Malchiodi (2007), an existential approach to art therapy considers four ultimate concerns common to living: death, freedom, isolation, and meaninglessness. Malchiodi (2012:217) asserts that an existential approach to art therapy also values art as a medium that leads to mindfulness.

While the above approaches have their place in therapeutic art-making, I have often witnessed times during therapy when clients should be allowed to override the therapist’s preselected methods or premeditated strategies, finding their own process in their search for meaning or understanding. Providing clients with an opportunity to assert themselves during the creative process could restore a sense of control in a world where their experiences may have left them feeling powerless. Snyder (1997:117) describes art-making as a procedure that involves the client in the invention of their own world during an egocentric process:

The art product, whether it is a self-portrait, a family sculpture, or a drawing of the client’s house, contains parts of the client’s self-identity. At times, aspects of the self that are portrayed visually may cause a confrontation with oneself. The client’s pathology may become more self-evident. Failures and conflicts may arise during the creative process.

It therefore becomes clear that a significant measure of the value of art therapy lies in the personal nature of self-expression through therapeutic art-making.

While the value of art therapy has been argued and confirmed through the ages, questions about the efficacy of this form of therapy have also been asked, and the therapeutic application of art-making has not been without its critics. According to Rubin (1984:185), the hardest thing to measure with regard to art therapy is the effectiveness of this form of therapy. It is also desired that this therapy be effective. Other criticism relates to the fact that art therapy, as a form of psychological treatment, was developed in the West. Corey, Corey and Callanan (1998:320) refer to this difficulty as “cultural tunnel vision”. Moon (2000:192) explains the dangers of cultural tunnel vision as follows:
Among the attributes of cultural tunnel vision are the tendency to view one’s reality as the reality, insensitivity to differences among people, and an underlying belief that one’s way of thinking is correct and need not be subject to adaptation to alternative ways of thinking. To greater or lesser degrees, all art therapists suffer from cultural tunnel vision.

Art therapists should therefore be aware of the inherent challenges of providing art therapy, and should constantly evaluate their own beliefs and preferences. The assumption can be made that the efficacy of art therapy will correlate with the art therapist’s level of awareness and insight.

Despite the above challenges, art-making is increasingly used as a therapeutic method that yields positive results for clients with a range of emotional challenges, including trauma. According to Snyder (1997:58), expressive art therapy can lead clients of all ages to a better understanding of their unconscious, through interpretation of their developmental phase and their psychic structure, as shown through their artwork: “Expressive art therapy is a means for accessing hidden resources and provides clients with a vehicle for expressing their internal conflicts and to do so throughout their life span”. Malchiodi (1998:119), in Hanes (2000), adds to the above description by postulating that the field of art therapy continues to explore the idea that children’s artistic expressions are containers for feelings, that the expression of emotion through art has inherent therapeutic value, and that experiences such as catharsis (the expression of suppressed feelings) are thought to be an important part of the art therapy process.

2.3.5 The therapeutic alliance

A constructive therapeutic relationship in the treatment of traumatised adolescents is important for various reasons. Cultivating and nurturing a relationship of mutual trust and respect can, however, be a challenging task. Ormhaug, Jensen, Wentzel-Larson and Shirk (2014:53) explain that the experience of trauma may alter core assumptions about the world as a safe place and other individuals as benign and trustworthy, with the consequence that youths affected by trauma may be reluctant to engage in a therapeutic relationship. Being able to overcome this reluctance is critical for treatment success. Since participants in this research are adolescents that experience perpetuated negative emotions related to the traumatic events they have experienced, they may attempt to avoid activities that evoke emotions that cause them pain. This challenge will be dealt with discreetly, and the best
interests of the client will remain the first priority. For the purposes of this research, it makes sense to remain aware of the nature and characteristics of adolescence.

Hinz (2009:103) explains that adolescents have not yet developed full control over their emotions, and that they can use art to provide a socially acceptable release for the intensity of feeling that they experience. An art therapist should therefore strive to create a non-threatening space, where an adolescent can express their feelings without concern about negative criticism. According to Riley (1999:38), the desire to develop an individual personality is another characteristic of adolescence, and therapeutic art-making can be used to create a foundation for an adolescent's gradual self-discovery. Cochran (1996), in Kahn (1999), states that art therapy encourages the adolescent's use of art for self-actualisation, through self-expression and integration of perception with an understanding of self and the environment. A thorough understanding of adolescence is required for an art therapist to achieve the above goals, and the client will benefit from the therapist's insight, knowledge, and experience in this regard.

2.4 CONCLUSION

In an attempt to design a psycho-educational programme that aims to utilise art therapy with adolescents affected by trauma, it was required that a literature review of trauma and expressive visual art therapy be undertaken. With the aim of designing the abovementioned psycho-educational programme, literature about aspects of using visual art therapy with traumatised adolescents was reviewed.

In this chapter, the constructs of crisis and trauma were examined. Pierre Janet’s model of trauma was used to understand trauma in adolescence more closely. The definition, causes, effects, and treatment of trauma during adolescence were discussed. Art therapy was defined and explained in a developmental framework. The value and suitability of using art therapy with adolescents who have experienced trauma was investigated. Related to these considerations, the role of the therapist and the importance of the therapeutic alliance were discussed.

Against this background, the following question is posed: “How can visual art as a therapeutic technique be meaningfully applied with adolescents who experience the effects of trauma?” In the following chapter, the research design of the study will be discussed.
CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

3.2 Research design
   3.2.1 Background
   3.2.2 Research paradigm
   3.2.3 Strategy of enquiry
   3.2.4 Research methodology

3.3 Data collection
   3.3.1 Sampling method
   3.3.2 Site selection
   3.3.3 Data-collection phases

3.4 Data analysis

3.5 Ethical considerations

3.6 Conclusion
CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The purpose of this research was to explore and describe the use of visual art therapy techniques with adolescents affected by trauma. This purpose was derived from the following research question: “How can visual art therapy be used with adolescents affected by trauma?” The preceding question was approached by addressing the following questions: “What are the characteristics of psychological trauma? How does trauma affect adolescents? What is visual art therapy? How do adolescents who have been affected by trauma interpret their emotions, self-concept, relationships, and motivation before and after having participated in visual art therapy sessions?” The purpose of this study was to answer these questions, with the aim of creating a descriptive and meaningful picture of visual art therapy and its use with adolescents affected by trauma.

In order to begin answering the research questions, and as background to the research, a literature review was conducted in the preceding chapter. The literature review included information on the therapeutic use of visual art therapy with adolescents affected by trauma. The creation of visual art was discussed as a process that could provide both researcher and participant with valuable information regarding thoughts, feelings, and patterns of behaviour. In the current chapter, the research design, data collection, data analysis, and ethical considerations of the study will be discussed.

3.2 RESEARCH DESIGN

3.2.1 Background

Creswell (2009:5) describes a research design as the intersection of philosophical world views, strategies of inquiry related to these world views, and the specific methods or research procedures that translate these approaches into practice. Terre Blanche et al. (2006:34) define a research design as a framework for action that serves as a bridge between the research questions and the execution of the research. A research design can therefore be described as a broad strategy that will be followed while the study is being conducted.

The purpose of a research design is to indicate the plan that will be implemented to obtain information, with the aim of answering the research question. According to Cohen, Manion
and Morrison (2007:78), the problem that is to be investigated, the aims of the research, and the nature of the data dictate the research design and methodology that will be employed. In this research, I have integrated interpretivist principles and a qualitative research approach with the appropriate research methods, namely questionnaires, interviews, and observation, to form a bridge between the research question and the practical implementation of the study.

3.2.2 Research paradigm

Given (2008:591) defines a paradigm as a set of assumptions and perceptual orientations shared by members of a research community: “Paradigms determine how members of research communities view both the phenomena their particular community studies and the research methods that should be employed to study those phenomena.” A research paradigm can therefore be defined as an interpretive framework that is guided by beliefs about the world and how it should be studied. In an empirical investigation, certain methods are selected to answer questions within a specific context, and these methods are guided by the research paradigm.

For the purposes of this research, an interpretivist paradigm was adopted. Interpretivism is the belief that reality is socially constructed, and that it is understood by means of subjective interpretation. According to Schwandt (1994:118), the interpretivist paradigm provides deep insight into complex lived experience, from the perspective of those who live through the experience. Terre Blanche et al. (2006:346) define interpretivism as a research paradigm that seeks to empathically understand phenomena from within their context.

The preceding definitions of interpretivism indicate the relevance and suitability of this paradigm for qualitative research, which this study utilised. According to Breakwell, Smith and Wright (2012:441), in interpretative phenomenological analysis, individuals are actively engaged in interpreting the events, objects, and people in their lives, in order to make sense of their lived experiences. In this study, I made use of the interpretivist paradigm, since it provided insight into the life experience of the participants, and the ways in which they subjectively interpret their thoughts and emotions.

3.2.3 Strategy of enquiry

Creswell (2009:6) describes qualitative research as a means of exploring and understanding the meaning individuals or groups ascribe to a social or human problem. According to Terre Blanche et al. (2006:272), qualitative research seeks to describe and interpret people’s feelings and experiences in human terms, rather than through the quantification and
measurement approach of quantitative research. Popay, Rogers and Williams (1998:341) summarise the above descriptions by stating that qualitative research explores the meanings people attach to their experiences, while simultaneously identifying and describing the social structures and processes that shape these meanings.

It is generally asserted that qualitative studies are distinguishable by their commitment to inductive analysis, which is usually defined as working from the data of specific cases to a more general conclusion (Schwandt, 2007:146). In all natural and social scientific disciplines, inductive reasoning in qualitative research is used to develop generalised propositions, hypotheses and theory from empirical observation (Given, 2008:430). For the purposes of this research, interpretivism and inductive reasoning were used as part of a qualitative approach which focused on “observing, describing, interpreting and analysing the way that people experience, act on or think about themselves and the world around them” (Bazeley, 2013:4).

In this study, I made use of qualitative research to create a clear and descriptive picture of the use of art therapy with adolescents affected by trauma, and, to this end, the study focused on the adolescents’ thoughts and feelings as expressed through visual artworks. The interpretivist approach allowed me to approach the research participants as individual human beings with unique challenges and characteristics, rather than as mere objects of study with several variables. I made use of inductive reasoning, as I did not want to formulate hypotheses and gather data to prove or disprove pre-formulated hypotheses. For this research, I wanted to be open to new ways of understanding, and inductive data analysis allowed behavioural, cognitive and psychological patterns in the lives of participants to emerge from the data I gathered, rather than being imposed on them prior to data collection.

3.2.4 Research methodology

Hofstee (2006:107) describe the research methodology chapter of a dissertation as a map that readers will rely on when they reach the body of a dissertation. The primary goal of this chapter is to provide the reader with a clear explanation of the research strategies, procedures and techniques that will be utilised to investigate the use of visual art therapy with traumatised adolescents.

McMillan and Schumacher (2010:6, 16) define research methods as the procedures used to collect and analyse data reliably and validly with measurement techniques, interviews or observation. They describe research methodology as follows:
Research methodology is systematic and purposeful. Procedures are not haphazard; they are planned to yield data on a particular research problem. In a broader context, the term methodology refers to a design whereby the researcher selects data collection and analysis procedures to investigate a specific research problem. (McMillan & Schumacher, 2010:16)

3.2.4.1 Questionnaire

McMillan and Schumacher (2010:195) define a questionnaire as a relatively economical set of written questions that can ensure anonymity. According to McMillan and Schumacher (2010:198), open-ended items “exert the least amount of control over the respondent and can capture idiosyncratic differences”. I developed a questionnaire (see Annexure D), with the aim of obtaining information about the psychological state of the participants before and after the implementation of a visual art therapy programme. Questions centred on the thoughts and feelings participants have in relation to their self-concept, relationships, emotions, and motivation.

The rationale for the choice of questions was twofold. Firstly, the questions were constructed in such a way that answers would provide the researcher with valuable information about the psychological state of the participants. Secondly, the process of answering the questions would provide participants with the opportunity to observe and reflect on their own thoughts and feelings. The questionnaires were subjected to qualitative interpretation, and participants were assured that confidentiality and anonymity would be prioritised.

3.2.4.2 Observation

Observation can be defined as a way for the researcher to see and hear what is occurring naturally in the research site with the aim of obtaining a rich understanding of the phenomenon being studied (McMillan & Schumacher, 2010:350). Schwandt (2007:211) defines observation as a method of generating data about human experience, and he highlights the following characteristics of this method, which I endeavoured to apply in my study:

- It views events, actions, meanings, and norms from the perspective of the research participants;
- It places a premium on attention to detail;
- It observes with the understanding that events and actions can be understood only when they are set within a particular social and historical context;
• It regards social action as a dynamic process, rather than as a set of discrete events; and
• It does its best to avoid premature imposition of theoretical notions on participants’ perspectives, although a general theoretical framework initially shapes the making and interpretation of observations.

Merriam (2009:119) mentions the researcher’s purpose in conducting a study as the most important factor in determining what to observe, and states that this purpose is informed by the theoretical framework, the research problem, and the research question. For this research, observation was selected as a data-collection procedure for the following reasons:

• The nature of observation is that it is comprehensive, in the sense that it is continuous;
• Observation is open to whatever may be significant; and
• Observation facilitates a deep understanding of the context and the participants’ behaviour, which allows for a more complete set of data. (McMillan & Schumacher, 2010:350)

For the purposes of this study, an observation schedule was used to observe the following:

Body language, gestures, facial expressions, or physical approach during the art-making process. Rationale: The participants shared information about their thoughts and feelings through non-verbal messages. Observing, documenting, and interpreting these messages provided me with valuable information about the participants’ psychological well-being. Observing actions taken during the process also provided me with useful information about the participants’ thoughts and emotions. Destroying a piece of paper or deliberately breaking a pencil indicated signs of tension or aggression, while obsessive use of an eraser indicated emotional insecurity.

• Emotional state and ego strength. Rationale: Signs of aggression, sadness, confusion, detachment, or frustration indicated psychological difficulties, including low self-esteem, and were used to determine the emotional state of the participants. The fact that it would have been wrong to assume that participants have low ego strength and self-esteem as a result of experiencing trauma formed part of the rationale for observing emotional state.

• Development of trust in the visual art therapy process and the researcher. Rationale: The level of trust shown in the researcher and the visual art therapy process indicated the participants’ relational approach to socialisation and communication. The fact that I was, at first, an unfamiliar presence emphasises the importance of observing communicative and behavioural changes throughout the visual art therapy process.
• Reactions to comments made during the visual art therapy process. Rationale: The participants’ reaction to comments and statements about their art during the visual art-making process indicated whether they were defensive about their work or themselves. Where a participant would not accept positive feedback, or experienced all comments as negative criticism, it indicated a negative self-concept.

• Any audible expression of feelings. Rationale: Participants used words and sounds to express certain emotions, even though they may not always have been consciously aware of these utterances. These messages were observed as part of the data-gathering process of the study.

Observation included the use of field notes. Wilkinson and Birmingham (2003:135) define field notes as an expanded account of information obtained through observation. They emphasise the importance of being unobtrusive when taking such notes (Wilkinson & Birmingham, 2003:135). Merriam (2009:131) mentions the reflective component of field notes, stating that comments can include the researcher’s feelings, reactions, hunches, initial interpretations, and speculations. According to Merriam (2009:131), field notes should include

• Verbal descriptions of the setting, the people, and the activities,
• Direct quotations, or, at least, the substance of what people have said, and
• The observer’s comments.

For this research, I made field notes by inconspicuously making written notes in a small notebook. I didn’t want participants to become overly aware of being observed, since this would interfere with their art-making process. I therefore tried to be as descriptive, concise, and unobtrusive as possible while documenting important observations, including the participants’ verbal expressions, gestures, body language, and approach to the art-making process.

3.2.4.3 Interviews

“The key to getting good data from interviewing is to ask good questions; asking good questions takes practice.” (Merriam, 2009:95)

Cohen and Swerdlik (2005:423) define an interview as a means of collecting data by asking questions and noting the client’s responses. Merriam (2009:90) defines semi-structured interviews as a data-collection method where either all of the questions are more flexibly worded or the interview is a mix of more or less structured questions. For the purposes of this research, semi-structured interviews were used for the purpose of determining how the
individual participants perceive their world, and how they explain or make sense of the important events in their lives (McMillan & Schumacher, 2010:355).

Wilkinson and Birmingham (2003:45) assert that semi-structured interviews are flexible and allow the interviewee an opportunity to shape the flow of information, while McMillan and Schumacher (2010:2006) explain that semi-structured questions are open-ended and phrased to allow for individual responses. For this research, I used semi-structured questions with no pre-set written answers from which the participants could select a response.

The reasons I used interviews, as described by Wilkinson and Birmingham (2003:63), are as follows:

• Because of my involvement as a researcher, I could achieve a 100% response rate for my questions if I used interviews;
• They enabled me to decide on follow-up questions, and to consider whether they are appropriate, and whether I could glean any further useful information by asking them;
• I expected to obtain more information than that conveyed through the spoken word. Interviews would enable me to observe body language and interpret the tone of a response to a question;
• Participants often see interviews as an opportunity to voice opinions and “let off steam” about subjects;
• In most cases, interviews provide vast amounts of rich and useful data for further analysis; and
• Interviews would also allow participants to reflect on their thoughts and feelings with regard to the art-making process.

The interviews were conducted at the termination of the therapy, after completion of the second round of questionnaires. The psychological state of the participants was investigated, and participants had the opportunity to discuss their therapeutic experience. I conducted these interviews individually in a private consultation room with no interruptions. Questions were constructed as the interview progressed, and they were centred on the individual experience of the participants. Careful note was taken of the responses given by the participants. At the end of each interview, the participants were also afforded the opportunity to make comments, ask questions, and share their thoughts on any topic they wished. I concluded each interview by thanking the participants for their time, and assuring them that personal information, including any changes that may have taken place as a result of therapy, or for any other reason, would be treated with confidentiality.

3.3 DATA COLLECTION
3.3.1 Sampling method

McMillan and Schumacher (2014:6) define a sample as the group of subjects from whom data is collected, and they describe sampling by case type in qualitative research as a process that depends on the type of participant that is selected. For the purposes of this study, purposive sampling was used. The sample consisted of seven adolescents that have been affected by trauma. These adolescents live in a children’s home in Gauteng.

According to Merriam (2009:77), purposive sampling is based on the assumption that the investigator wants to discover, understand, and gain insight, and therefore must select a sample from which most can be learnt. Patton (2002:230) states that the logic and power of purposive sampling lies in selecting information-rich cases, from which one can learn a great deal about issues of importance to the research purpose, for in-depth study.

To be selected as research participants, candidates had to be adolescents between the ages of 13 and 17 that had experienced psychological trauma. Culture, religion, gender, and artistic ability did not form part of the selection criteria. The principal at the children’s home, acting as legal guardian, identified seven adolescents according to the above selection criteria. The selection process described was conducted with the unbiased assistance of a social worker who is actively involved in the lives of adolescents at the children’s home.

3.3.2 Site selection

“Choosing a site is a negotiation process to obtain freedom of access to a site that is suitable for the research problems and feasible for the researcher’s resources of time, mobility and skills.” (McMillan & Schumacher, 2010:351)

The site that was selected for this study is a children’s home in Gauteng Province that accommodates children of all school going ages. I approached various institutions, and the children’s home where the study was conducted agreed, which was the primary reason for its selection as research site. Other reasons for selection included the fact that the home had a private consultation room, a space where the participants could create art without disruption, I was allowed regular access to the participants, and I received support from the principal and the social worker at the home.
3.3.3 Data-collection phases

McMillan and Schumacher (2010:329) identify five phases in the collection and analysis of qualitative data, and they assert that these phases are interwoven and occur in overlapping cycles. For this research, the five phases were implemented as follows:

Phase 1: Planning

During this phase I analysed the problem statement and the initial research questions, so as to determine what type of setting and respondents would yield the most information. During this phase I located and gained permission to use the research site.

Phase 2: Beginning data collection

This phase included the first days in the field, in which I established rapport, trust, and reciprocal relations with the individuals to be observed. I obtained data primarily to become oriented and to gain a sense of the whole, so as to enable purposeful sampling. I also adapted my interviewing and recording procedures to suit the site and the persons involved.

Phase 3: Basic data collection

During this phase I began to hear and see what was happening, which went beyond just listening and looking. Choices with regard to data-collection strategies and informants continued to be made. Tentative data analysis began, as I mentally processed ideas and facts while collecting data. Initial descriptions were identified and summarised for later corroboration.

Phase 4: Closing data collection

During this phase I left the field, after conducting the closing interviews. Attention was given to possible interpretations, as well as verification of emergent findings, using key informants, the interviews that remained, and certain documents.

Phase 5: Completion

Completion of active data collection occurred concurrently with formal data analysis and conception of meaningful ways to present the data. Integrative diagrams, time charts, frequency lists, process figures, and other graphics helped to indicate relationships between the parts and the whole.
3.4 DATA ANALYSIS

Merriam (2009:175) defines data analysis as the process of making sense of the data, by consolidating, reducing, and interpreting information obtained through various methods of data collection. Merriam (2009:175) explains the process of data analysis as follows:

Data analysis is a complex process that involves moving back and forth between concrete bits of data and abstract concepts, between inductive and deductive reasoning, between description and interpretation. These meanings, understandings or insights constitute the findings of a study.

For the purposes of this research, an inductive method of data analysis was used, allowing me to work from the particular to the general, using data gathered through interviews and observation to build concepts, hypotheses, or theories (Merriam, 2009:15). Information gathered through the various data-collection methods was analysed to answer the primary research question, namely “How can visual art therapy be used with adolescents affected by trauma?”

The data analysis for the questionnaire, the observation schedules, and the interviews was guided by the data-analysis process as proposed by Terre Blanche, Durrheim and Painter (2006:322).

The steps that I took in analysing the data were as follows:

Step 1: Familiarisation and immersion: I read through the data and reflected on the meaning thereof, so as to deepen my understanding of the interpretation that was likely to occur.

Step 2: Inducing themes: While I was reading and reflecting, themes started to emerge and were identified.

Step 3: Coding: Pieces of qualitative data were broken up into the identified themes.

Step 4: Elaboration: Sections of text that appeared to belong together were compared, so as to elaborate on existing themes.

Step 5: Interpretation and checking: The gathered information was reviewed into appropriate interpretations for each participant.

The data in the questionnaires served as a source of information on the participants’ thoughts and feelings with regard to communication, relationships, motivation, and their
experience of life before and after the art therapy intervention. The data from the first and second questionnaire, and that from the therapeutic observation will be analysed separately. Each participant’s data will also be analysed on an individual basis. After the two applications of the questionnaire, each participant’s data from before the artwork intervention will be compared with their data from after the intervention, so as to note any differences in attitude regarding the constructs or any other theme which may have emerged from the data. The comparison will be made qualitatively. The data from the field notes will also be analysed, so as to add more insight into the respondents’ experiences during the intervention.

3.5 ETHICAL CONSIDERATIONS

Ethical clearance for this research was obtained from the Research Ethics Committee of the College of Education of the University of South Africa (Unisa). The ethical clearance certificate is attached as Annexure A.

Stake (2005:459) asserts that qualitative researchers are “guests in the private spaces of the world”, and that “[t]heir manners should be good and their code of ethics strict”. McMillan and Schumacher (2010:15) state that psycho-educational research focuses primarily on human beings, and that the researcher is ethically responsible for protecting the rights and welfare of the subjects that participate in a study. The following ethical issues were considered in this study.

3.5.1 Informed consent and assent

McMillan and Schumacher (2010:339) inform us that when gaining permission to conduct a study, most researchers give participants assurances of confidentiality and anonymity, including an explanation of the intended use of the data. For this study, informed consent and assent were obtained from all relevant parties, including the participants, and expectations, procedures, and possible risks were explained. The principal at the children’s home, acting as legal guardian of the participants, consented to the research, and the adolescents that participated in the study signed assent forms. The parties involved were provided with information pertaining to the research schedule, the study plan and time frame, researcher and supervisor credentials, and information about Unisa as the responsible academic institution. Participants were also informed of their right to withdraw from the study at any time and for any reason.
3.5.2 Confidentiality and anonymity

For this research, all possible steps were taken to maintain confidentiality and anonymity. Research participants were ensured that their identities would not be disclosed, and that information provided during sessions would be treated discreetly. According to McMillan and Schumacher (2010:339), researchers have a dual responsibility, namely to protect the participants' confidences from other persons in the setting, and to protect the informants from the general reading public”.

3.5.3 Observation

According to Merriam (2009:232), participant observation raises ethical questions for both the researcher and those being studied. Merriam (2009:232) explains this dilemma as follows:

On the one hand, the act of observation itself may bring about changes in the activity, rendering it somewhat atypical. On the other, participants may become so accustomed to the researcher’s presence that they may engage in activity they will later be embarrassed about, or reveal information they had not intended to disclose.

The abovementioned issues were noted for the purpose of this research, since the participants will engage in the creation of artworks that may be of a personal nature.

3.5.4 Caring and fairness

Protection from emotional injury was prioritised during the research process. To this end, the principal at the children’s home provided the researcher with a written declaration as assurance that a dedicated and involved social worker would provide emotional support and guidance to the research participants for the duration of the study.

3.6 CONCLUSION

This chapter provided the reader with a structure of the empirical research process, including the purpose of the study, a description of the qualitative research design that was employed, the research instruments that were used, the interpretivist research paradigm that was adopted, and the ethical considerations that were observed. A discussion of the sampling method, the site selection, and the data-collection and data-interpretation strategies was provided, so as to identify the contextual parameters in which the research was conducted.
Ethical considerations were also explained. The findings of the research will be presented and discussed in the following chapter.
CHAPTER 4

FINDINGS OF THE EMPIRICAL STUDY

4.1 INTRODUCTION

The current chapter focuses on the therapeutic value of visual art therapy through an interpretation and discussion of the findings of the research. An interpretation will be presented of each participant’s emotions, self-concept, relationships, and motivation before and after having participated in the visual art therapy sessions. This chapter will present and discuss the data obtained from the questionnaires, the observation, and the interviews.

The data gathered through the abovementioned methods was interpreted and shared in three stages. The first stage involved presentation of the raw data. The second stage offered an identification of themes, with special emphasis on the emotions, self-concept, relationships, and motivation of the participants. The third stage presented a discussion of the abovementioned themes.

4.2 QUESTIONNAIRES

The participants completed two questionnaires. One questionnaire was completed at the beginning of the process, and the other questionnaire was completed after the art therapy was terminated. All participants received and answered the same questions. The first and second questionnaires (Annexure D) contained the same questions. The questions were designed and asked to explore the lifeworld of adolescents who have been affected by trauma. The responses were subjected to qualitative interpretation, so as to ensure a better understanding of the participants' thoughts and feelings.

4.2.1 Data from the questionnaires

Fred

Questionnaire 1

Fred wants to be a soccer player with his own company, employing people and helping homeless children. He dislikes gambling, and describes himself as a talkative person that likes to communicate in a “proper” way, that is, to say the “right” things. If he were to say something to someone he has lost contact with, he would apologise politely and “ask for them again”. He would like to change his relationship with others by listening to their opinions. He likes people, and he believes that people see him as “funny and naughty”. If he
was Spiderman, he would save people from danger, and he thinks of his life and God before he falls asleep at night. Fred describes himself as a happy person, who enjoys spending time with people that “love being around [him]”.

Questionnaire 2

Fred expresses himself by praying, or doing something that will get his mind “out of that emotion”. He loves people, and he would like to serve his country as a proud soldier, giving orders in the military. He likes competing and winning, and having fun helps him forget about his past. People see him as a friendly person that enjoys playing around. He wishes he had the ability to help his country and his loved ones. Fred thinks about his family before he falls asleep at night, wondering whether they are safe or in danger. Not having answers to certain thoughts makes him feel sad.

Tony

Questionnaire 1

Tony loves sports, girls, showing hospitality, and acting. He views himself as a friendly person that loves people, and he says he would be happy if he could speak to someone he has lost contact with. He would also like to make new friends, and he describes himself as talkative, lazy, helpful, and kind (if you are kind to him). If he was Spiderman, he would help people. Before he falls asleep, he imagines things about his future and the expression of his dreams. Tony described his feelings by saying, “Anger. There is only anger. I can’t control it.” He would do anything to express himself, and says that self-control is an issue in his life.

Questionnaire 2

If Tony could do anything to change his relationships, he would start by changing his behaviour. He described himself as a talkative person that likes sports, girls, and acting. Tony also responded that people see him as a “weird boy”. Describing his feelings, he mentioned anger and love, saying, “I bring myself into the emotional feelings.” He said he expresses his feelings any way he can.
Pam

Questionnaire 1

Pam would like to save the world, help the homeless, take care of others, and make the world a better place by working in the military. She gets up in the morning to learn and make choices, but sometimes she prefers to stay in bed, avoiding people she doesn’t like. She is talkative, likes socialising, and views herself as a good communicator. If she were to speak to someone she has lost contact with, she would say, “What have you been doing these past years without seeing you?” She wouldn’t do anything to change her relationships, and she sees to the needs of others before her own. If she was Superman, she would protect the world by taking “the bad stuff” away. Before falling asleep, she thinks of the events of the day, asking herself whether it was “worth it”. She enjoys laughing, and is “always happy”. At times she experiences “emptiness”, feeling like she “[doesn’t] have any emotions to express”.

Questionnaire 2

Ten years from now Pam would like to be married and successful. She would also like to help people. Her communication is “comfortable, hyper and enjoyable”. She gets up to start a new day, “going on in life”, and stays in bed to avoid seeing the “same old nasty people”. If she could speak to someone she has lost contact with, she would say, “How have you been all these years? It’s great to see you again.” She perceives all her relationships as good, and she usually looks forward to the following day. She expresses herself by “smiling and laughing all the time”.

Daisy

Questionnaire 1

Daisy wants to help others, create trust, and travel the world. She states that her communication is “great”, and that she is a good listener. What would she say if she could speak to someone she has lost contact with? She would say, “Where have you been all my life?” In terms of relationships, she would like to change the way people “show respect for one another”. Daisy describes herself as “always cheerful and there for someone”. She said that she “has a good heart”, and that people thought she was “weird and crazy”. She would like to have the power to “freeze all problems”. Before falling asleep at night she thinks about “food and peace”. She said, “I face too many problems.” She described herself as confused and happy, and said that she expressed herself through laughter.
Daisy would like to help and cure animals, and she would also like to travel. She likes “laughing while talking”. When asked whether she would change anything about her relationships, she said, “I would like them [people] to trust me more.” She described herself as “the crazy one”, and as “the non-stop speaker”. She would like to be able to “fly over all the world to see on top”. What does she think about before falling asleep at night? She responded, “What I did through the day and where I went wrong.” She also said that she normally just hides away, so people won’t know how she feels.

Lewis

Lewis would like to be the “best rapper”, performing as a “man with respect for the public”. He prefers “straight from the brain guy talk”. If he could speak to someone he has lost contact with, he would say, “Why did you leave our family so fast?” He wouldn’t like to change any of his relationships. Lewis also views himself as “awkward”, because he “[thinks] more than [he talks]”. He said, “People see a boy who thinks he is really smart but not, but that is only how they want to know me.” He would like to use his brain to “create stuff”. Other things that he said were “Why can’t I sleep as easy as yesterday?”, “This world is only preparation for the next”, and “I think too much”. Lewis expresses himself through rap.

Joan

Joan would like to be good at art. She would like to obtain a “master’s degree and job”. She also said that her communication is good. If she could speak to someone she has lost contact with, she would ask how they have been doing. She would like to improve her “communication skills and interaction”. She would also like to improve “other’s reaction
towards life”. Joan described herself as “fun, outgoing, creative, responsible and well known
by many people”. She said that people see her as “unique”. She would like the powers of
“strength and flight to get there faster and remove obstacles”. Some people “irritate [her]
nerve”, while others make her smile. She expresses happiness by smiling, and shows that
she is in a bad mood by “being silent”. Joan described herself as a happy person that enjoys
laughter. She mentioned “happy” and “sad” as two frequent emotions of hers.

Questionnaire 2

Joan wrote, “I express my feelings by using art.” She would like to have her own business in
the art world. She “loves to socialise and see friends”. If she could speak to someone she
has lost contact with, she would say, “Hi, how are you, and how is life?” She would like to
change the way she sees people, and the way they see her. She describes herself as a
person that is good at art. She also believes that people think she “[stands] out” as a unique
individual. She would like to be able to fly, and to control the way people think about her. The
ability to fly would help her “get to places faster”. She usually plans ahead, thinking of the
next day, and expresses herself through “smiling, frowning, not talking and being alone”.

Devon

Questionnaire 1

Devon said, “I am as good as I am.” He would like to own Apple, he loves sleeping, and he
looks forward to seeing his friends every day. What would he say if he could speak to
someone he has lost contact with? He would say, “I love you. I miss you.” He will do
anything for his friends, and before falling asleep, he usually thinks about the things he didn’t
do during the day. Devon enjoys music, swimming, sleeping, and eating gum. He would like
to be able to “become rich”.

Questionnaire 2

Devon wants to be himself, not somebody else. He would also like to be the CEO of Apple or
Samsung. He enjoys getting up to do his “own thing”. Devon described his communication
as “awesome”, and said that respect is “not given it’s earned”. What would he say if he could
speak to someone he has lost contact with? He would say nothing; he would just “hug them”.
He said, “I’m awesome just the way I am.” Devon would like to able to “get out of this land”. He
mentioned love and happiness as the predominant emotions in his life, and he said, “God
made me feel this way.”
4.2.2 Identification of themes from the questionnaires

Fred

In both questionnaires, Fred was asked what he would say if he could speak to someone he has lost contact with, and in response to both questionnaires he said that he would “apologise politely and ask for them again”. Feeling partly responsible for losing contact seems to form part of Fred’s emotional state. The fact that Fred gave the same response before and after the art-making process indicates possible feelings of guilt, including a sense of apologetic regret. The theme of relationships also emerged at various points in the questionnaires. Fred said that he liked people, and that he enjoyed the company of others. He believes that people see him as “funny” and “friendly”.

With regard to Fred’s relationships, it also became clear that Fred was confronted by certain challenges, when he said that he thinks about his family, wondering whether they are safe or in danger. This statement, made in the second questionnaire, also suggests possible feelings of loss, longing, and concern. In the second questionnaire, he also referred to a feeling of sadness. He stated that he didn’t have answers to the thoughts that came into his mind, describing intrusive thoughts as a source of frustration. The revealing nature of the above statement indicates increased honesty on the part of Fred in expressing his thoughts and feelings, many of which surfaced during the art-making process. Fred's desire to help others and serve his country with pride suggests a sense of purpose, motivation, and a positive self-concept.

Tony

Tony described himself as a friendly person that loves people, which shows a positive self-concept. He does, however, experience certain emotional difficulties, as indicated by the following statement of his: “There is only anger. I can’t control it.” This statement suggests difficulties with relationships. In the second questionnaire, Tony stated that he would like to change his behaviour. When mentioning anger in the second questionnaire, however, he also mentioned love. The statement “I like to bring myself into the emotional feelings” indicates a process of emotional development that seems to have taken place during the art-making process, including an exploration of his thoughts and feelings as they emerged during the creation of personal images.

Pam

Pam is motivated to be a positive influence in the lives of others. This is evident from her statement that she would like to “save the world, help the homeless and take care of others”.
She seems to have a positive self-concept, but acknowledged a feeling of “emptiness” in the first questionnaire. She stated that she often felt that she didn’t “have anything to express”, which suggests an inability to verbalise her feelings. Pam stated that all her relationships were good, and that she wouldn’t change anything, but she also mentioned in the first questionnaire people that she “disliked”. In the second questionnaire, she mentioned “seeing the same old nasty people”. It is therefore possible that all her relationships may not be as positive as initially described.

Daisy

Motivation is evident from Daisy’s statement that she would like to “travel”. She also seems to have a positive self-concept, describing herself as a good listener with “great” communication skills and a “good heart”. In the first questionnaire, Daisy stated that she “faced too many problems”, which indicates emotional and relational challenges. She also described herself as “confused” and “happy”, stating that she expressed herself through laughter. She believes that people see her as “weird, crazy and outgoing”, and she said that she would like others to trust her more, which may suggest relational challenges.

In the second questionnaire, Daisy described herself as “the crazy one”, which may suggest that she is misunderstood. She also mentioned that she would like to be able to “fly over all the world to see on top”. This statement, combined with her earlier wish to “freeze all problems”, shows a need to remove herself from the challenges in her life. In the second questionnaire, she stated that she “normally just [hides] away so people don’t know how [she feels]”, which suggests that self-realisation took place during the art-making process. Dealing with complex emotions by creating visual art has guided Daisy towards the realisation that her excessive laughter is used to distract her and others from painful thoughts and feelings.

Lewis

In the first questionnaire, Lewis referred to a music artist known as “Li’l Wayne”, saying that this artist achieved success despite having experienced stress and anxiety in his youth. This statement indicates motivation on Lewis’s part to be successful, despite the emotional difficulties that confront him in his life. The emotional difficulties referred to in the previous sentence include feelings of being awkward and excluded. Lewis confirmed this statement by saying that people see him as “a boy who mistakenly thinks he’s really smart”. Lewis added that “that is only how they want to know me”, which suggests relational challenges. Lewis doesn’t seem to have a negative self-concept, but he clearly struggles with his perception of what others think of him. The above statement is confirmed by Lewis’s view
that people think that he is “dumb” and “crazy”. Lewis shed further light on his emotional state when he said that he was “frustrated”.

Joan

Joan is motivated to be “good at art”, and she stated that she would like to “achieve good things through art”. She also said that she would like to obtain a master’s degree and a job. She seems to experience relational difficulties, as indicated by her statements that she would like to change “other’s reaction towards life”, and that “some people irritate [her] nerves”. Joan has a positive self-concept, and described herself as “fun, outgoing, creative, unique, responsible and well known by many people”. In the second questionnaire, Joan stated that she loved to socialise and learn about people, which further promotes the impression of a positive and motivated individual. In the second questionnaire, she also stated that she started expressing her feelings through art, which indicates the positive effect that the therapeutic art-making process has had on the way she deals with challenging thoughts and feelings.

Devon

In both questionnaires, Devon repeatedly made reference to his “friends”, which creates the impression that he values positive relationships. He stated that he loves his friends, and that he would do anything for them. When asked about his relationships, however, he seemed to suggest that he didn’t care what other people think of him, which indicates that some of his relationships may be problematic. Devon is motivated to amass great wealth in his future, as is shown in some of his statements, such as his statement that he would like to be able to “become rich”. He seemed reluctant to share in the questionnaires information about his emotions.

4.2.3 Discussion of themes from the questionnaires

Fred

The art-making process seems to have put Fred in touch with his feelings. Where in the first questionnaire he said that he liked people and fun, in the second questionnaire he added that he also felt the need to forget about his past. In the first questionnaire, Fred also said that he thought about his life and God before falling asleep at night, while in the second questionnaire he gave a more specific and informative response, stating that he thinks about his family, wondering whether they are safe or in danger. In the second questionnaire, Fred said that he felt sad, and that he didn’t have answers to the thoughts that came into his mind. The art-making process seems to have helped Fred realise and share his sadness
and concern regarding his family. It has also guided him towards contemplation of intrusive thoughts that have influenced his emotional well-being. He referred to his need to deal with these thoughts. The increased level of honesty and disclosure seen in the second questionnaire could have been the result of having had art as a medium to become aware of and acknowledge his feelings, which is a step in emotional development.

Tony

In the first questionnaire, Tony displayed a positive self-concept, referring to himself as a friendly and kind person that liked helping people. He also referred to anger as a predominant emotion, saying that he didn’t know how to control it. With regard to relationships, he said that he would like to make new friends. In the second questionnaire, Tony stated that he would like to change his relationships by changing his behaviour. This created the impression that he had learnt to accept responsibility for the consequences of his actions. In the second questionnaire, he still referred to anger, but this time he also mentioned love. He stated that he “[brings himself] into the emotional feelings”. Instead of saying that he can’t control his anger, he seemed to suggest that he has obtained a greater sense of control over his actions, by confronting his feelings. The art-making experience provided participants with the opportunity to discover and confront their emotions, and this process of honesty appears to have had a very positive effect on Tony with regard to the way he acknowledges and deals with his anger.

Pam

Pam displayed a positive self-image, when she described herself as a good communicator. She also described her relationships as good. In the first questionnaire, she said that she laughed a lot, because she is always happy. She did, however, also refer to “emptiness”, saying that she didn’t have any emotions to express. In the second questionnaire, Pam stated that she looked forward to the following day, further creating the impression of emotional well-being and a positive self-concept. Notwithstanding her initial attempts to create the impression of emotional well-being, she acknowledged that her constant smiles and laughter were rather aimed at distracting those around her, and, to a certain extent, herself, from her true underlying feelings, described concisely as “emptiness” in the first questionnaire.

Daisy

Daisy described herself as a happy and cheerful person. She also referred to herself as a good listener. These statements indicated a positive self-image. She did, however, reveal
challenges with regard to functioning, when she said that she “[faced] too many problems”.
Daisy described herself as confused, which may have indicated her experience of joy and
happiness despite the emotional difficulties that she faced on a daily basis. She said that she
expressed herself through laughter, and she added that she laughed “at everything”. In
terms of emotional development, it can be assumed that Daisy's constant and excessive
laughter was used as a defence mechanism to distract her from her true feelings. In the
second questionnaire, she stated that she normally just “[hides] away so people won’t know
how [she feels]”. It is possible that the art-making process helped Daisy to reach a level of
self-realisation, which enabled her to make such an honest and revealing statement. The art-
making process seems to have guided Daisy towards insight into her own thoughts and
behaviours, by providing her with an opportunity to explore, confront, and express her
emotions in a non-threatening and creative way.

Lewis

Lewis described himself as awkward, because he “[thinks] more than [he talks]”. He also
stated that people see him as “a boy who thinks he is really smart but isn’t”, but he added
that “that is only how they want to know [him]”. These comments indicate relational
difficulties and a sense of being misunderstood. He stated that he wouldn’t want to change
his relationships, but his statement that people see him the way they want to see him
creates the impression that he doesn’t think that people’s opinions of him are a fair reflection
of who he really is. Lewis’s comments seem to suggest a strong desire to be accepted and
understood.

Joan

Joan has a realistically positive self-concept, with belief in her own abilities and the future.
She stated that she would like to improve her communication skills and the way other people
react to life, which seems to indicate that she has experienced occasional negativity from
others. In the first questionnaire, she stated that she is well known by many people, which
suggests that she places a high premium on relationships. She also stated that some people
“irritate [her] nerves”, while others make her smile. In the second questionnaire, she stated
that she had learnt to express her feelings through art. She also said that she would like to
have her own business in the art world. The two preceding statements indicate clear positive
development resulting from the therapeutic art-making process.
Devon

In the first questionnaire, Devon expressed his complete disregard for what others may think of him, while in the second questionnaire, he described himself as “awesome just the way [he is]”. This seems to suggest a changed emphasis in Devon’s self-talk. In the second questionnaire, he stated that “God made [him] this way”, which may indicate increased self-acceptance. Saying that he will do anything for his friends suggests the importance of relationships in his life, but this is not uncommon in the life of an adolescent. The responses that Devon gave suggest an unwillingness to cooperate.

4.3 OBSERVATION

Participants were observed to gather data on specific themes, including emotions, self-concept, relationships, and motivation. Observable elements included body language, facial expressions, behaviour patterns, and verbal communication. The participants’ approach towards and response to the art-making process was also observed. I didn’t want to interfere with the participants’ creative process, and steps were taken to ensure that the observation wasn’t intrusive or disruptive. These steps included the discreet taking of notes, which were later studied and analysed for information.

4.3.1 Data and themes from the observation

Fred

At the start of the therapeutic process, Fred seemed angry and apprehensive, although the cause of these feelings was still unclear. During the first two art therapy sessions, he behaved aggressively, making loud remarks about the other participants and their artworks. The way he approached the creation of his own artworks contrasted with the negative attitude he projected. From the first instant he worked with focus and determination, revealing an interest in the creative process. I observed that he paid a lot of attention to detail in his artworks. It was also noted that he displayed a remarkable talent for drawing, as can be seen in Figure 4.1. During the first two sessions, Fred lost his temper when encouraging comments were made about his artworks, and he responded by saying that any positive remarks made about his art had to be lies. He also had a tendency to make occasional loud noises, which may have been an attempt to relieve tension.

Before the third session, an interesting event occurred. Fred brought several pictures that he had drawn in his own time in the week following the second session. He seemed to have discovered an interest in art. I observed a change in attitude, and he seemed more friendly and relaxed. He wanted me to look at the pictures he had drawn, and this time he
appreciated the positive comments I had about his work. In the remaining sessions I observed various changes in Fred’s approach to the sessions and the other participants. He became more communicative, and he seemed to enjoy the process. He displayed an affinity for charcoal, and he expressed himself through the medium. One of Fred’s charcoal drawings was a sketch of a lion (see Figure 4.2). When asked about the image, he responded by saying that the lion was “thinking about food”. I observed a sense of tremendous pride in his artwork. Fred couldn’t stop looking at the artwork he had created.
I'M A SLAVE
OF
MONEY

I work for money

Figure 4.1: Fred artwork A
Tony

From the onset of therapy, Tony participated enthusiastically. He was friendly, cooperative, and talkative. After the first art session, he remarked that the “art session was good”. Tony seemed to derive pleasure from the art-making process, without too much concern for the end result of his creations. During the second session, he stopped working and looked around, as if searching for something. During this same session, Tony held up the artwork that he was creating (see Figure 4.3) and said, “I am a champion.” After making this unexpected statement, he immediately continued with his artwork. Surprised by this comment, Daisy and Pam started laughing, after which everyone continued with their artworks. During the last two art sessions, Tony started becoming so immersed in the art-making process that he seemed to lose awareness of his surroundings, engaging in what seemed to be a deeply personal internal process of discovery and reflection.

Pam

Pam approached the art therapy sessions with remarkable confidence, creating colourful artworks that reflected her outward happiness (see Figures 4.4 and 4.5). During the first session, she stopped working and said, “I am not afraid.” During the first two sessions, she made jokes and was continually laughing. I observed that this was her way of dealing with the psychological challenge that therapeutic art-making sessions posed. During the sessions that followed, she seemed to be increasingly subdued, with occasional outbursts of laughter. I observed that Pam became aware of her own inclination to alleviate nervous tension and anxiety through laughter. The source of her anxiety clearly wasn’t a lack of confidence in her artistic abilities. Rather, it seemed to be an increasing awareness that the creation of therapeutic artworks would open a door to thoughts and feelings that were usually obscured by excessive laughter. As the sessions progressed, it became clear that she was dealing with unresolved emotional issues through her art (see Figure 4.6), and that a positive degree of self-realisation was achieved through the experience. Jokes and laughter were gradually replaced by moments of visible sadness and anger, as honest reflection became part of her artistic experience.
Figure 4.3: Tony artwork A
Figure 4.4: Pam artwork A

Figure 4.5: Pam artwork B
Daisy

During my first meeting with Daisy, I observed that she was inclined to smile and laugh all the time. I also observed a stark contrast between the look of apparent sadness in her eyes and her outwardly joyful demeanour. Daisy was talkative throughout the entire process, and seemed to use her artworks as a means of communicating thoughts and feelings she couldn't verbalise. She also seemed to sense the therapeutic value of the art-making process from the very start, engaging in the challenge with a sense of hope and purpose. During the watercolour session, I observed that she regularly cleaned her brush in an aggressive way, by sticking it in the water and forcefully hitting it against the rim of a rubbish bin that was placed by her side. During this session, Daisy created an abstract painting (see Figure 4.7), but as the therapeutic process progressed, she started making use of increasingly meaningful and definite subject matter (see Figure 4.8).
Figure 4.7: Daisy artwork A

Figure 4.8: Daisy artwork B
Lewis

During the art therapy sessions, I observed that Lewis was quiet, reserved, and detached. He always started working on his artworks with a sense of urgency, and seemed to ignore the other participants. On several occasions the other participants spoke to him, without any response. When he did respond, he made use of relatively short sentences, avoiding eye contact. An exception to his withdrawn behaviour occurred during the third session of the programme. I observed that he was more approachable, and my assumption was that this was the result of the art session taking place on his birthday.

What I also observed was that Lewis always carried on working long after all the other participants had finished. I decided to let him take each artwork to its natural conclusion, making a point of not disrupting the artistic and emotional process he was experiencing. After the fourth session, Lewis told me that he had enjoyed the session, and that he was looking forward to the next session. During the charcoal session, Lewis unexpectedly spoke about his image (see Figure 4.9), saying, “This is Jesus on the cross, then the wind comes, and whoosh!” Lewis waved his hands in the air as he imitated the sound of a storm. The other participants seemed surprised by his sudden exclamation. I observed something else, when Lewis took a unique approach to drawing a person (see Figure 4.10). In the making of this artwork, he was the only participant that started by tracing the outlines of his own shadow.

Figure 4.9: Lewis artwork A
Figure 4.10: Lewis artwork B
Joan

In each session, Joan started working immediately, drawing and painting with confidence (see Figure 4.11). I observed that she was comfortable using various art media. I also noticed that the only times she appeared agitated was when other participants laughed, made jokes, or said things that she found childish. She took the art-making process seriously, and wanted to make the most of each opportunity to express herself. I also observed that she repeated certain visual themes (see Figures 4.12 and 4.13). However, an exploration of the reasons for this is beyond the scope of this research.

Figure 4.11: Joan artwork A
Figure 4.12: Joan artwork B

Figure 4.13: Joan artwork C
Devon

At the start of the first art therapy session, Devon told me that he “[hated] art”, and that he didn’t have “any talent”. We had a confidential conversation about his experience of art at school. During this conversation, he expressed the dislike he felt for his art teacher. At the end of the conversation, he reached the conclusion that the aversion he had towards making art was the result of feelings he had about his teacher, and that art itself was not to be blamed for the difficulties he experienced in the art class at school. I observed a change in Devon’s attitude with regard to the art therapy sessions. His verbalisations about art and his own artistic abilities still remained negative, but his artworks were created with such care and attention to detail that he couldn’t hide the pride he felt in creating them.

Although it was not the purpose of this research to subject the artworks to interpretation or evaluation, I noticed that the artworks that Devon created were of a very high standard in terms of technical execution (see Figure 4.14). During the creation of Figure 4.15, Devon asked whether I knew what “N.W.A” stood for. I replied that I didn’t, and he informed me that it was an abbreviation for “no whites allowed”. As he said this, he pointed at himself. Devon, having recently discovered his interest in art, seemed to enjoy asking me questions about his artworks. The questions he asked about the subject matter he chose created the impression that he didn’t want to be misunderstood in his newfound alternative means of communication. While working on Figure 4.16, he asked whether I knew what house he was drawing. I replied that I didn’t, and he informed me that it was the house he was going to live in one day. At a later stage, during the interview, the house was discussed again. He referred to it as “Newlands”, the “big house where Michael Jackson used to live”.
Figure 4.14: Devon artwork A
Figure 4.15: Devon artwork B

Figure 4.16: Devon artwork C
4.3.2 Discussion of themes from the observation

Fred

Fred entered the research process with an aggressive attitude, and asserted himself by making negative comments. By the third session, his initial anger was replaced by a sense of calmness, and he seemed to develop pride in his work. The ever-increasing confidence with which he worked, and the space he allowed himself for emotional and artistic growth, was an indication of an increasing positive self-concept. His relationships were characterised by a demand for respect on his part. A sense of mistrust of others was observed in his initial reluctance to accept positive comments as truthful. Fred's first artwork (see Figure 4.17) showed remarkable talent, but he treated with suspicion the compliments that he received. As the art-making process continued, his communication with the other participants improved, as he started to share his thoughts in a welcoming manner. Fred showed signs of intrinsic motivation, creating his own art projects between sessions, and taking responsibility for his own emotional and artistic growth. A sense of focused determination was observed during the last couple of sessions.

Figure 4.17: Fred artwork C
Tony

Tony seemed to enjoy the art-making process from the outset, approaching each session with enthusiasm and a sense of expectation. A high level of confidence and trust in his own abilities was observed. His relationships seemed to be characterised by friendliness and an acceptance of others. It also became clear that Tony enjoyed communicating with the other participants, sharing ideas and opinions. Tony gave his full cooperation throughout the entire process, and he made use of the charcoal session to draw the house that he had lived in before being placed in the children’s home. Tony tried to verbalise his feelings about this house he had shared with his family, but he couldn’t seem to find the words. After finishing the drawing in question (see Figure 4.18), he spent several minutes looking at it in contemplative silence.

Figure 4.18: Tony artwork B
Pam

Pam’s display of outward happiness coincided with feelings of anxiety, tension, sadness, and anger. A gradual increase in awareness of her own coping mechanisms, including her seemingly continual friendliness, was observed. After the first two sessions, her constant gregariousness was systematically replaced by a sense of withdrawn seriousness. She started to become more subdued, and seemed to start dealing with unresolved issues. A strong sense of motivation was also observed, and her statement that she was “not afraid” indicated a confident approach to the challenges that she faced. Pam’s initial display of happiness was reflected in her art (see Figure 4.19), where, despite the seemingly uplifting subject matter, an apparent need to escape in what seemed to be a hot-air balloon certain painful thoughts and feelings could be observed. The decision not to analyse the participants’ artworks for purposes of data collection meant that no further analysis was conducted of the artwork in question.

Figure 4.19: Pam artwork D
Daisy

Through laughter, Daisy appeared to create the impression of happiness, but emotions of sorrow and grief seemed to pervade everything that she said and did. During the art therapy sessions, I observed the emotions of sorrow and loss, despite Daisy’s tendency to laugh and make jokes. These emotions could also be seen in the artworks that she created (see Figure 4.20). After several sessions, she said that she tried her best to “hide [her] pain”, which indicated an openness to acknowledge her use of laughter as a coping mechanism. This honesty about her behaviour indicates a realistic and positive self-concept. I also observed that Daisy was a talkative individual, with a genuine interest in the well-being of others. Despite the emotional challenges she faced, I noticed a sense of purpose, hope, and determination in the way she approached the exploration of her thoughts and feelings through art-making.

Figure 4.20: Daisy artwork C
Lewis

Lewis seemed to enjoy the art-making sessions. On more than one occasion, he stated that he looked forward to the next session. He also seemed burdened, and at times it looked as if he was carrying the weight of his emotional challenges one step at a time. His belief in his own intelligence and capabilities was clear, which indicates a positive self-concept. With regard to his peers, it soon became clear that he perpetuated his isolation by constantly separating himself from the interactions of those around him. I observed that he often paid close attention to the conversations of his fellow participants, but that he usually chose not to join in any discussions. Lewis was quiet, reserved, and detached, but became more forthcoming and sociable in the final two sessions. I also noticed that Lewis had a need to be understood, accepted, and respected, which is not uncommon for a person of his age. This need posed interesting questions, since Lewis projected himself as a misunderstood and disrespected outsider. During the art-making sessions he worked with a sense of urgency, and often continued painting or drawing long after the other participants had finished. The fact that Lewis tended to keep drawing and painting led to detailed artworks of visual depth and complexity, as can be seen in Figures 4.21, 4.22 and 4.23.

Figure 4.21: Lewis artwork C
Joan

My first impression of Joan was that she was a confident person that approached the challenges in her life with determination. She spoke clearly and with purpose, and seemed to have a strong sense of her own identity. I also noticed that she seemed to be agitated whenever any of the other participants said or did something that she thought was immature. Her tone of voice, choice of words, and body language created the impression that she continually had to bear with the other participants. At times she seemed to view herself as an adult surrounded by children. Joan also displayed a particularly strong desire to overcome the challenges she was faced with. Her motivation to create art of a high quality reflected her desire to achieve success in life.

Devon

Devon appeared to do his best to maintain a calm exterior despite the emotions that seemed to be a source of frustration and anxiety in his life. He was initially reluctant to participate, and made no secret of his disinclination towards producing art. I reminded him that participation was voluntary, and he chose to take part in the process. Nevertheless, I observed a sense of pride and belief in his capabilities. I also noticed that he had high expectations of himself. Devon expressed a need for strong relationships of trust and acceptance, and frequently referred to the importance of friends in his life. He was highly motivated, and seemed determined to overcome the challenges in his life. Despite his negative statements about art and his own artistic ability, Devon created several detailed and aesthetically interesting artworks, including Figure 4.24. He seemed to derive a lot of value from the art-making process, but he didn’t want to discuss the process of creative and emotional development that he experienced.
4.4 INTERVIEWS

4.4.1 Discussion of themes from the interviews

At the end of the art therapy process, interviews were conducted, during which the participants had the opportunity to answer questions, make comments, or ask questions. What follows is a summary of the information shared during these interviews.

Fred

Fred indicated a strong sense of motivation when he said “you must give all you have”, and “life is full of surprises and challenges”. He also showed signs of a positive self-concept when he said “you must never underestimate yourself”, and “don’t tell yourself that you can’t do something”. Fred’s statement that one should “expect the unexpected from a person” points to an increasingly positive outlook on relationships, as well as increased self-confidence. It would seem that Fred developed trust as a result of the art-making process, as is indicated by his request that I return to the children’s home the following year.

Tony

Tony’s statement that working with charcoal “gives passion” points to the personal expression that he engaged in while he was using the medium. A sense of longing was also observed when he said that he drew a house because he “thought of [his] house before it was renovated”, and that he “used to live there with [his] family” (see Figure 4.18). Tony’s statement that he “learned to be a patient person” suggests that he had motivation to find positive ways to deal with his anger. This statement also indicates feelings of progress and
an awareness of development with regard to Tony’s expression of his emotions. Tony also stated that he thought of love when he was drawing, which indicates the positive experience he had during the creative process.

Pam

During the interview, Pam stated that she experienced the freedom to express herself through art. She also said that she enjoyed the art-making process, and the possibilities it offered in terms of personal expression. Sadness is mentioned as an emotion that Pam expressed through art on more than one occasion. Pam referred to a specific day, saying that she felt “anger”, but that she made use of the art-making session to vent her anger on paper, rather than on those around her. This statement points to a process of emotional development, as well as Pam’s belief in the possibility of improved interpersonal relationships.

Daisy

During the interview, Daisy said that she learnt to express herself through art. She also stated that she chose “death” and “injured hearts” as subject matter (see Figure 4.25), because of experiencing severe emotional pain. She added that she usually “put a smile on her face” to prevent concern for her well-being on the part of others. Her tendency to smile despite her feelings of sadness also indicates a possible lack of authentic and truthful interaction and communication in relationships. When asked whether any of the artworks that she created had special relevance in her view, she referred to a specific drawing she had made of a house (see Figure 4.26). In this artwork, she drew a house in charcoal, and she rubbed the surface with her hand. During the interview she referred to the artwork as a house that was “faded away”, which pointed to feelings of grief, loss, and longing. When asked whether she had experienced any change since the end of the art-making process, she responded that she had started to spend more time making art, which suggests that she derived value from the creative process. Daisy added that she found the process of creating a self-portrait interesting (see Figure 4.27).
Figure 4.27: Daisy artwork F

Three wishes

★ Make the world a better place...
★ To achieve all my dreams...
★ Help all the abused women...
Lewis

Despite several problematic emotions, including feelings of apparent rejection and separation, Lewis appeared to have a positive self-concept. Lewis displayed a strong need for acceptance, but seemed to isolate himself for his own protection, possibly thinking that one who is isolated cannot be rejected, since they already experience self-imposed isolation. Because of the way he distances himself, he said that people view him as “weird”. Lewis described his art-making experience as exciting and educational, which indicates a sense of enjoyment, growth, and discovery.

Lewis also mentioned that he was under a lot of stress when the art sessions started, and he said that expressing himself through art helped him to relax. In addition, Lewis stated that he had undergone a change in perspective, saying that art helped him “see life differently”. When asked about the thoughts and feelings he experienced while making art, he responded that he felt anger during each session. Lewis also expressed feelings of isolation and resentment while describing a physical altercation he had been involved in at the children’s home. His statement that several of his peers laughed at him points to a sense of being disrespected and misunderstood. The feelings of anger and anxiety that Lewis mentioned were reflected in an artwork that he created during the charcoal session (see Figure 4.28). An in-depth analysis of the artwork in question is beyond the scope of this study, but it is clear that Figure 4.9 and Figure 4.28 share the same personal narrative through the depiction of religious imagery in the context of a raging storm.

Figure 4.28: Lewis artwork D
Joan

Joan said that she enjoyed working with charcoal because it “brings things out”. She also said that art helped her express herself and gave her a sense of freedom. She showed a special affinity for drawing and painting eyes (see Figures 4.12 and 4.13), saying that a person’s emotions can be seen in their eyes. When asked whether she had experienced any change since the sessions began, she answered that she had expanded her artistic horizons, making the most of her newfound interest in art. She also shared her opinion that a person needs to be honest while making art.

Devon

The identification of themes, including emotions, self-concept, relationships, and motivation, posed a significant challenge when analysing Devon’s interview. Despite his positive approach to the physical creation of art, he seemed reluctant to answer questions posed during the interview, sharing as little information as possible. As stated earlier in the study, the aim of this research was to provide adolescents that had experienced trauma with the opportunity to express thoughts and feelings that may be hard to verbalise. In the context of this research aim, Devon seemed to fit the criteria for participation, deriving great benefit from the process and making good use of art as a necessary and vibrant means of communication. Despite his verbal reticence, he did make an interesting and insightful comparison saying that “art is like life, everyone makes mistakes, and you have to try and fix the errors you make”.

4.5 OVERVIEW OF THEMES FROM THE QUESTIONNAIRES, THE OBSERVATION, AND THE INTERVIEW

The purpose of Table 4.1 is to indicate the change that the participants displayed with regard to their self-concept, motivation, relationships, and emotions. The colours in the table indicate the estimated change that occurred, according to the researcher’s observations. All changes indicated can be seen as positive, since negative change was not observed during the therapeutic process. The colours can be interpreted as follows:
Table 4.1: Significance of the colours

<table>
<thead>
<tr>
<th>Change</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No visible change</td>
<td>No discernible progress made with regard to the participant’s self-concept, motivation, relationships, or emotions</td>
</tr>
<tr>
<td>Slight change</td>
<td>An insignificant positive improvement observed with regard to the participant’s self-concept, motivation, relationships, or emotions</td>
</tr>
<tr>
<td>Moderate change</td>
<td>A significant positive development observed with regard to the participant’s self-concept, motivation, relationships, or emotions</td>
</tr>
<tr>
<td>Remarkable change</td>
<td>The participant displayed outstanding growth with regard to self-concept, motivation, relationships, or emotions</td>
</tr>
</tbody>
</table>

Table 4.2: Changes observed with regard to psychological themes

<table>
<thead>
<tr>
<th></th>
<th>Self-concept</th>
<th>Motivation</th>
<th>Relationships</th>
<th>Emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fred</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Observation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Questionnaires</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interview</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tony</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Observation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Questionnaires</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interview</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pam</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Observation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Questionnaires</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interview</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Interpretation of the table

During the process the following changes were observed with regard to the self-concept, motivation, relationships, and emotions of the participants. Observation, questionnaires, and interviews were used as data-collection methods, and each will be discussed individually.

Observation

Two participants displayed no visible change, three displayed a slight change, and two displayed a moderate change with regard to self-concept. Two participants displayed a slight change, three displayed a moderate change, and two displayed a remarkable change with regard to motivation. Two participants displayed a slight change, four displayed a moderate change, and one displayed a remarkable change with regard to relationships. Four participants displayed a moderate change, and three displayed a remarkable change with regard to emotions. Overall, the change discerned through observation can be seen in the chart in Figure 4.29.
Questionnaires
Two participants displayed no visible change and five displayed a slight change with regard to self-concept. One participant displayed no visible change, four displayed a slight change, and two displayed a moderate change with regard to motivation. Three participants displayed no visible change, one displayed a slight change, and three displayed a moderate change with regard to relationships. Three participants displayed a slight change, three displayed a moderate change, and one displayed a remarkable change with regard to emotions. Overall, the change discerned through the questionnaires can be seen in the chart in Figure 4.30.

Interview
One participant displayed no visible change, four displayed a slight change, and two displayed a moderate change with regard to self-concept. Two participants displayed no visible change, three displayed a moderate change, and two displayed a remarkable change
with regard to motivation. One participant displayed no visible change, two displayed a slight change, three displayed a moderate change, and one displayed a remarkable change with regard to relationships. One participant displayed no visible change, two displayed a moderate change, and four displayed a remarkable change with regard to emotions. Overall, the change discerned through the interview can be seen in the chart in Figure 4.31.

Figure 4.31: Change discerned through the interview

4.6 DISCUSSION OF THE SUB-QUESTIONS

What are the characteristics of psychological trauma?

The results of this study show that trauma can occur without completely overpowering an individual’s coping mechanisms. Despite being affected by trauma, the participants in this study seemed to have developed coping mechanisms that allowed them to function on a day-to-day basis. Despite the abovementioned coping mechanisms, the study also shows that trauma has the potential to impinge upon a person’s hopes and beliefs regarding their lives. Several of the participants responded to the trauma they had experienced by adapting to a new reality, and seemed to be left with unanswered questions, regardless of how long ago the traumatic event or events in their lives took place. One of the predominant characteristics of trauma, as confirmed by this study, is the threat it poses to an individual’s mental and emotional health. In this research it was clear that several participants were perpetually struggling with emotional difficulties, despite displaying a positive self-concept and outwardly functional coping strategies.

How does trauma affect adolescents?

Adolescents have various ways of responding to trauma, and the adolescents that participated in this study developed unique and distinctive coping mechanisms, with varying
degrees of effectiveness. All the participants displayed different degrees of anger, sadness, regret, longing, and grief. Despite these shared responses, each participant displayed reactions unique to their personality.

What is visual art therapy?

In this study, visual art therapy was defined as a creative process through which participants expressed their thoughts and emotions, including sadness, fear, anger, confusion, and hope. The media used to create artworks included charcoal, felt-tip pens, paint, and pencils. The results of this research emphasised the remedial elements characteristic of visual art therapy, as signs of healing and emotional development, to varying degrees, were evident in all the participants. This study also emphasised visual art therapy as a process that enabled participants to take control and assert themselves by making decisions during the creation of their own artworks. Drawings and paintings created during this study seemed to lead to positive change with regard to the participants’ world view, relationships, and approach to the challenges of everyday life.
4.7  COMPREHENSIVE DISCUSSION OF THEMES

In this section, the themes will be discussed, by presenting the data in table form, followed by a discussion of significant information.

4.7.1 An exposition of the participants’ emotions, based on data obtained from the questionnaires, the observation, and the interviews

The emotions experienced by the participants, as obtained through the questionnaires, the observation, and the interviews will now be presented in a table, and will then be discussed.

Table 4.3: An exposition of the emotions of the participants, based on data obtained from the questionnaires, the observation, and the interviews

<table>
<thead>
<tr>
<th>Emotions</th>
<th>Fred</th>
<th>Tony</th>
<th>Pam</th>
<th>Daisy</th>
<th>Lewis</th>
<th>Joan</th>
<th>Devon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happiness</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sadness</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anger and resentment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of self-control</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Love</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apprehension</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Unresolved emotional issues</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Agitation and frustration</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings of rejection</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling misunderstood</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased patience</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress and anxiety</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discussion of participants’ emotions

Most of the words that the participants used to describe themselves were negative, which is understandable when taking into consideration the assumption that traumatic experiences
can lead to feelings of anger, resentment, and anxiety (see section 2.2.3). Participants also seemed to deal with feelings of sadness, grief, and longing while creating their artworks, and at times these emotions were shared verbally. The process of dealing with unresolved issues for a prolonged period of time, and not having a means to express these feelings, could have led to perpetual unease and frustration, exacerbating the anxiety and confusion so characteristic of adolescence.

A number of participants also felt that they weren’t always able to express their individuality, which is a general need in the lives of adolescents. To what extent the effects of trauma were responsible for this concern is hard to assess, but art therapy, and the assumption that it can help by creating a foundation for self-discovery (see section 2.3.5) through the exploration and expression of unique thoughts, provided the adolescents in the study with the motivation to create personally meaningful art (see section 2.1). I attempted to provide the participants with a safe space for the exploration of their feelings (see section 2.3.3), by creating an atmosphere of warmth, kindness, and acceptance. The participants responded to the safe space that I provided by selecting personally meaningful subject matter, drawing and painting with a sense of freedom. Even when topics were suggested, the participants found ways to express themselves within the framework provided.

When looking at Table 4.3, it becomes clear that certain observed emotions on the part of the participants were more prevalent than others. Anger, resentment, and sadness were identified as emotions that influenced the participants’ life experience on a daily basis. It also became clear that all of the participants dealt with unresolved issues that consisted of a set of challenges as unique as the participants themselves. The creative process provided the participants with the opportunity to deal with their emotions in ways that they may not previously have had access to. I was constantly reminded of the therapeutic value of art-making, while observing the happiness and enjoyment that the participants derived simply from drawing and painting. I also became aware that the sadness that certain participants experienced during the creative process had just as much value, in that it marked the first steps along a path of emotional recovery.

4.7.2 An exposition of the participants’ self-concept, based on data obtained from the questionnaires, the observation, and the interviews

Aspects regarding the self-concept of participants which became evident through questionnaires, observation and interviews will now be discussed by presenting the data in a table, followed by a discussion.
Table 4.4: An exposition of the self-concept of the participants, based on data obtained from the questionnaires, the observation, and the interviews

<table>
<thead>
<tr>
<th>Self-concept</th>
<th>Fred</th>
<th>Tony</th>
<th>Pam</th>
<th>Daisy</th>
<th>Lewis</th>
<th>Joan</th>
<th>Devon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funny</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naughty</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unique</td>
<td></td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friendly</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weird</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Crazy</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Dumb</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td></td>
<td>✔</td>
</tr>
</tbody>
</table>
I see myself as:

<table>
<thead>
<tr>
<th>Trait</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Friendly</td>
<td>✓</td>
</tr>
<tr>
<td>Creative</td>
<td>✓</td>
</tr>
<tr>
<td>Responsible</td>
<td>✓</td>
</tr>
<tr>
<td>Happy</td>
<td>✓</td>
</tr>
<tr>
<td>Confused</td>
<td>✓</td>
</tr>
<tr>
<td>Awkward</td>
<td></td>
</tr>
<tr>
<td>Opportunistic</td>
<td>✓</td>
</tr>
<tr>
<td>Paranoid</td>
<td>✓</td>
</tr>
<tr>
<td>Frustrated</td>
<td>✓</td>
</tr>
<tr>
<td>Well known</td>
<td>✓</td>
</tr>
<tr>
<td>Proud</td>
<td>✓</td>
</tr>
<tr>
<td>Talkative</td>
<td>✓</td>
</tr>
<tr>
<td>Lazy</td>
<td></td>
</tr>
<tr>
<td>Helpful</td>
<td>✓</td>
</tr>
<tr>
<td>Kind</td>
<td></td>
</tr>
<tr>
<td>Fun</td>
<td>✓</td>
</tr>
<tr>
<td>Outgoing</td>
<td>✓</td>
</tr>
<tr>
<td>Articulate</td>
<td>✓</td>
</tr>
<tr>
<td>Confident</td>
<td>✓</td>
</tr>
</tbody>
</table>

Discussion of participants' self-concept

Traumatic events often result in emotional regression, and adolescents affected by trauma usually do their best to avoid thoughts, situations, places, and individuals that serve as a reminder of the trauma they have experienced (see section 2.2.3). Adolescents who have suffered trauma live in perpetual fear of the traumatic event recurring (see section 2.2.3), which has an adverse effect on their self-concept. Although none of the participants displayed a negative self-concept, negative words were used when they described the perceived view that others have of them, including words such as “naughty”, “weird”, “crazy”, and “dumb”. It was interesting to note that the words that the participants used to describe themselves were of a more positive nature than the words that they used to describe their perceptions of others’ view of them.

Despite the adverse influence that trauma had on the self-concept of the participants, it should be noted that other factors could have led to the negative self-descriptions noted in the paragraph above. Adolescence can be demanding and perplexing at the best of times. Life for children in a children’s home poses considerable challenges, even though measures are taken to keep the children as safe and comfortable as possible. One of the participants described as extremely challenging his experience of sharing a house in the children’s home with 14 other boys. Other participants referred to a perceived lack of freedom and an environment of distrust. While it is difficult to distinguish between past traumatic experiences and current problematic life circumstances as factors contributing to a negative self-concept,
the assumption remains that visual art therapy can be used to help adolescents express their emotions regarding aspects of their lives, including trauma.

Through art therapy, the ego can be strengthened, while identity development is encouraged (see section 2.3.1), and this, in turn, can lead to an improved self-concept. Maturation is also promoted (see section 2.3.1), leading participants to a place where they can function with pride, confidence, and responsibility. The words “frustration” and “confusion” were also used in the self-description of certain participants. Art therapy can promote self-understanding, emotional change, and personal growth, which will lead to a decrease in frustration and confusion in the lives of adolescents affected by trauma.

4.7.3 An exposition of the participants’ relationships, based on data obtained from the questionnaires, the observation, and the interviews

Aspects regarding the relationships of the participants which became evident from an analysis of the questionnaires, the observation, and the interviews will now be discussed, through presentation of the data in the form of a table, followed by a discussion.
Table 4.5: An exposition of the relationships of the participants, based on data obtained from the questionnaires, the observation, and the interviews

<table>
<thead>
<tr>
<th></th>
<th>Fred</th>
<th>Tony</th>
<th>Pam</th>
<th>Daisy</th>
<th>Lewis</th>
<th>Joan</th>
<th>Devon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affinity for people</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggression towards others</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidant behaviour</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Values friendship</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Enjoys socialising and communicating</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>A sense of grief and longing</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Views relationships as positive</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cares for others</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Issues with trust</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quiet, reserved, and detached</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negatively affected by problematic relationships</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Discussion of participant’s relationships

All the participants seemed to have problematic relationships in various areas of their lives. For some of the participants, relationships with teachers were a source of emotional anxiety, while others experienced problems with peers at the children’s home and at school. Contributing factors in their relational difficulties included aggressive, avoidant and distrustful behaviour. To what extent do the effects of trauma influence the relationships of participants? The literature tells us that the experience of trauma may change assumptions about people as trustworthy beings (see section 2.3.5). Although the past of each participant is unique, betrayal of trust is an experience they have in common. In the past of each participant there is the perception that one or more individuals betrayed their trust, where their disappointment was compounded by the fact that those undependable individuals had trustworthy roles in the lives of the participants, which may have led to feelings of betrayal. For these reasons, it is understandable that adolescents that have been placed in a children’s home for reasons of safety would have a predisposition for distrust in relationships.

In spite of the abovementioned relational challenges, the participants expressed an affinity for people. Even those participants that displayed quiet, reserved, and detached behaviour seemed to view friendship as an important part of their lives. An approach of general kindness and caring was observed in the behaviour of the participants, and the majority described their relationships as positive. The value of art therapy as a method of addressing the negative relational consequences of trauma in the lives of the participants was explored, and the observed response was remarkably positive. Participants that displayed aggressive behaviour at the onset of therapy became increasingly calm and approachable (see section 2.1). It was also noted that participants that were initially withdrawn and reserved started to share their thoughts and feelings through art (see section 2.1), and became more verbally communicative as the therapeutic process progressed.

Another positive outcome of the art therapy was that for some participants, it seemed to open a door to the exploration of long-suppressed emotions. For a number of participants, their relationships were influenced by seemingly superficial and insincere communication that was characterised by excessive laughter and friendliness. Safe entry to traumatic memories was provided as the therapy progressed, and the participants became increasingly serious and contemplative. Exaggerated laughter and friendliness were gradually replaced by earnest reflection. The participants seemed to develop a deeper sense of self (see section 2.1), which led to a greater level of honesty in their relationships. The increased self-understanding and emotional growth experienced by the participants (see
section 2.1) made it easier for them to maintain genuine relationships based on respect, honesty, and acceptance. Even though this outcome of the therapy was anticipated, the rate at which participants started to confront their true thoughts and feelings, with determination and honesty, was remarkable. It soon became clear that the participants were dealing with problematic emotions related to relationships, including feelings of grief, loss, and longing. These emotions were the result not only of the participants’ current relationships, but also of the relationships they have been deprived of, through events beyond their control.

4.7.4 An exposition of the participants’ motivation, based on data obtained from the questionnaires, the observation, and the interviews

Aspects regarding the motivation of the participants which became evident from an analysis of the questionnaires, the observation, and the interviews will now be discussed, through presentation of the data in the form of a table, followed by a discussion.

Table 4.6: An exposition of the motivation of the participants, based on data obtained from the questionnaires, the observation, and the interviews

<table>
<thead>
<tr>
<th>Motivation</th>
<th>Fred</th>
<th>Tony</th>
<th>Pam</th>
<th>Daisy</th>
<th>Lewis</th>
<th>Joan</th>
<th>Devon</th>
</tr>
</thead>
<tbody>
<tr>
<td>A strong urge to succeed</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>A desire to help others</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>A need to learn</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>A yearning to travel</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>A wish to serve their country</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A desire to be the owner of a company</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
A desire to help and care for animals
Artistic aspirations
Aspirations to sporting success
A desire to compete

Discussion of participants' motivation

The fact that the participants in this study showed high levels of motivation, albeit in different aspects of their lives, was significant. All the participants showed a strong will to succeed, notwithstanding their personal circumstances, and a desire to help others was prominent. Other categories of motivation included a desire to travel, a need to learn, and a desire to be of service to their country. Artistic and sporting aspirations were also mentioned as life ambitions. The question of whether such remarkable levels of motivation are normal for adolescents affected by trauma was beyond the scope of this study, and the small sample size precluded generalisation of the findings. It should, however, be noted that the participants in the study seemed determined to make the most of their lives, despite, or perhaps as a result of, traumatic experiences in their past.

With regard to motivation, any change experienced as a result of art therapy would be difficult to measure, since the participants started the process with great life aspirations. What could be established, however, were new motivational factors that took root in the lives of several participants. Several participants expressed their motivation to spend more time creating art, and artworks created between sessions were often proudly displayed. For some participants, the creation of art became a challenging and rewarding activity they could engage in whenever they felt the need, while others seemed motivated to develop their artistic skills to the best of their ability.

Throughout the therapeutic process I observed that the motivation of the participants was manifested in various forms, including the need to be independent and unrestricted in the way they live their lives. The participants shared their dreams for the future, and some were very specific about their desires and ambitions. The participants also demonstrated an understanding of the fact that success would require hard work, determination, and overcoming of obstacles. Adolescents affected by trauma often have their cognitive functioning disrupted by intrusive thoughts about the traumatic event, and even though the
creative process helped the participants to explore past issues, it also made them think about the future with courage and expectation. At times an atmosphere of excitement and hope could be felt during the art-making sessions, as the participants gave expression to both their brightest and their darkest emotions.

The chart in Figure 4.32 indicates the psychological themes as areas of growth, according to the change that was observed during the therapeutic process.

![Figure 4.32: Psychological themes as areas of growth](image)

The chart in Figure 4.32 indicates that the most significant change involved emotional development. The participants experienced equal growth in motivation and relationships. The least growth was observed with regard to self-concept, and the reason for this may be that self-concept is a relatively stable attitude regarding oneself, which will not show significant change over a short period of time. At this point, an overview of the change observed during the therapeutic process will provide a summary of the apparent value that the participants derived from the art-making process.

The chart in Figure 4.33 is based on the data in Figures 4.1, 4.2 and 4.3, and it provides a summary of the degree of change participants experienced with regard to self-concept, motivation, relationships and emotions during the art-making process as indicated by the data gathering techniques, including observation, interviews and questionnaires.
In Figure 4.33, the numbers next to the vertical axis represent percentages indicating that predominantly moderate positive change occurred with regard to the self-concept, motivation, relationships, and emotions of the participants. It can therefore be concluded that the art therapy used in this study helped the participants in their emotional growth and gradual recovery from the effects of trauma.

4.8 CONCLUSION

In this chapter, the therapeutic value of visual art therapy was explored through a presentation, discussion, and interpretation of the research findings. Data gathered from the questionnaires, the observation, and the interviews was presented and interpreted in two stages. The first stage consisted of an identification of themes from the raw data, including emotions, self-concept, relationships, and motivation. The second stage involved a discussion of the abovementioned themes. The limitations of the study were explained, followed by a final discussion of the research findings.

The following chapter contains a summary of findings from the literature and the empirical investigation in this research. Limitations of the study and recommendations for further research are included, followed by a conclusion and reflections.
CHAPTER 5: SYNOPSIS OF THE STUDY

5.1 Introduction

5.2 Findings from the literature review

5.3 Findings from the empirical research

5.4 Limitations of the study

5.5 Recommendations for further research

5.6 Conclusion and reflections
CHAPTER 5

SYNOPSIS OF THE STUDY

5.1 INTRODUCTION

The research problem in this study was the use of visual art therapy with adolescents affected by trauma. Reasons for selecting this topic include a personal interest in the therapeutic use of visual art that developed while I was working as an educational psychology intern at a high school. The aforementioned internship afforded me the opportunity to utilise visual art in a therapeutic setting, where I gained first-hand experience in the treatment of trauma through art therapy. This experience left me with numerous questions about the cathartic potential of art, which motivated me to make use of the opportunity to conduct research on the therapeutic nature of art.

In this chapter I will endeavour to bring to a conclusion what was begun in chapter 1. To this end, I will summarise the discoveries made during the research process, with an emphasis on the value of the study. The research findings have already been analysed, and any graphic representations of data in this chapter will serve as visual summaries of information for the reader’s convenience. The goal of this chapter will be to close this study with a coherent and well-structured conclusion that is clearly validated by first-hand research. A summary of the research findings will be presented, during which the participants’ experiences will be discussed. The limitations of the study will then be discussed, followed by a discussion of the possible contributions and implications of the research. The chapter will end with a conclusion and reflections.

5.2 FINDINGS FROM THE LITERATURE REVIEW

The purpose of the literature review was to establish a theoretical framework for research on the use of art therapy with adolescents affected by trauma. Another aim of the literature review was to establish the relevant area of research, through a definition of key terminology, including the terms “trauma” and “art therapy”. Previous studies related to my topic of research were also identified in the literature review.
5.2.1 Characteristics of art-making

The literature review, which informed us that the creation of art is a universal activity that is present in all cultures, described art-making as a means of communication and emotion regulation practised since the time of the earliest humans (see section 2.1). The literature review also described art-making as a foundation for self-discovery (see section 2.3.5).

![Characteristics of Art-Making](image)

Figure 5.1: The characteristics of art-making

5.2.2 The therapeutic value of art

The literature review informed us that the creation of art has therapeutic value, facilitating self-actualisation through creative expression, and promoting the development of a deeper sense of self (see sections 2.2.1 and 2.3.5). The literature review also described art-making as a therapeutic process that engages body and mind, evoking trauma narrative in a safe
environment (see section 2.1), where artworks become containers for the expression of emotions (see section 2.3.4).

THE THERAPEUTIC VALUE OF ART

- Facilitates creative expression (see section 2.1)
- Develops a deeper sense of self (see section 2.1)
- Self-actualisation through self-expression (see section 2.3.5)
- Engages body and mind, evoking trauma narrative in a safe environment (see section 2.1)
- Addresses trauma reactions through psychotherapeutic approaches (see section 2.1)
- Artworks become "containers" for the expression of emotions (see section 2.3.4)

Figure 5.2: The therapeutic value of art

5.2.3 Trauma defined

In the literature review, trauma was defined as a terrifying, shocking, and sudden incident threatening life, safety, or integrity (see section 2.2.1). Trauma was further defined as a crisis in which a person, unprepared for the emotional result, is overwhelmed with affective information, which triggers a strong emotional shock, causing feelings of intense horror and helplessness (see section 2.2.1).
5.2.4 The effects of trauma in adolescence

The literature review informed us that trauma often causes developmental regression in the lives of adolescents, causing them to block certain thoughts, while avoiding certain situations, places, and individuals, out of fear that the traumatic event may occur again (see section 2.2.1). The effects of trauma were further described as adverse effects impacting on all dimensions of a person’s being, sporadically disrupting cognitive functioning and affecting brain development (see section 2.2.3). Another effect of trauma stated in the literature review is that adolescents' assumptions about trustworthy people in a safe world can be negatively affected (see section 2.3.5).
5.2.5 The goals of art therapy

The goals of art therapy include supporting of the ego, fostering of identity development, and promotion of maturation. Art therapy also aims to provide safe entry into traumatic memories (see section 2.3.1).
5.2.6 Definitions of art therapy

In the literature review, art therapy was defined as a modality for self-understanding, emotional change, and personal growth (see section 2.1). Art therapy was also defined as a multifaceted field used for assessment or therapy that often gets past the initial wall that surrounds adolescents, encouraging them to tell their stories through images (see section 2.3.1).
5.2.7 The role of the art therapist

Various roles for the art therapist were cited in the literature review, including the decoding of therapeutic connections and the creation of a space for the safe unfolding of internal dramas (see section 2.3.3). A further role mentioned in the literature review pertains to the observation and provision of an interpersonal place for the exploration of trauma narratives (see section 2.3.3).

5.3 FINDINGS FROM THE EMPIRICAL RESEARCH

Due to the small sample size used in this study, the research design did not include generalisation of results. What follows is a description of the participants' reaction to art therapy with regard to their emotions, self-concept, relationships, and motivation before and after participating in the visual art sessions.
At the onset of therapy, certain participants seemed to deal with the trauma they had experienced by building relationships that demanded respect. The message that these participants were sending to those around them seemed to be a warning that disrespect would lead to unwanted consequences. At the beginning of the art-making process, the participants in question asserted themselves by making unfriendly comments, while doing their best to control the way others spoke to them. In one participant, threatening body language, which seemed to suggest that people should approach with caution, was observed, and in some instances this participant didn’t seem open to positive comments, treating kindness and encouragement with a sense of cynical distrust.

As indicated in the literature review, it is not uncommon for adolescents affected by trauma to show mistrust (see section 2.3.5) when it comes to the intentions of others. It is my contention that comments about an artwork created by an adolescent affected by trauma will be treated with greater levels of suspicion, since the creation in question will be the result of deeply personal internal processes. In my experience, adolescents have often tended to treat remarks about their artworks as comments about themselves as individuals, finding it difficult to see their artworks as external objects. The literature review shed light on this phenomenon by informing us that artworks created by adolescents affected by trauma become “containers” for their thoughts and feelings (see section 2.3.4). In the art-making sessions, I observed that in the case of all the participants, their artworks became “containers”, in which various emotions, including sadness, grief, and longing, were placed, having been carried since their first encounter with the trauma.

The last couple of sessions marked a noteworthy change in the behaviour of several participants, as they became more approachable, and started to display a need for positive interaction. One participant, in particular, stopped making undesirable comments about those around him, and started creating art in the time between sessions, proudly showing it on the days that we met, and revealing the increasing value derived from the creative process. This participant demonstrated a gradual development of trust in his own abilities, and the fact that he asked whether the art-making sessions would continue the following year confirmed my belief that art had brought about positive change in his life. Overall, the emotional state, relationships, self-concept, and motivation of all the participants seemed to improve markedly as a result of participating in the art therapy process. The positive change mentioned above is not surprising, as the literature review indicates that the creation of art is a therapeutic activity that facilitates self-actualisation and a deeper development of self through the creative expression of emotions (see section 2.1).
A number of participants seemed to deal with the trauma they had experienced through expressing anger, resentment, or frustration. The comment by one participant that he had learnt to be a “patient person” through his participation in the art therapy process was confirmed by his behaviour. As this participant’s anger gradually decreased, he started to display an increasingly relaxed approach to the art-making sessions. Several of the other participants also discovered a capacity for self-control and emotional tolerance through art. Being able to take control of their own creative processes, and making artistic decisions, motivated several participants to do the same in their lives. Experiencing a sense of empowerment in an environment where they normally experienced a lack of control became the first step in improving their interpersonal relationships. All the participants allowed themselves to experience the art-making process positively, and most of the participants made a conscious decision to draw and paint personally meaningful images. For some participants, the abovementioned meaningfulness included the depiction of religious beliefs (see Figure 5.8), while others seemed to find the process of drawing houses meaningful (see Figure 5.9). Certain participants also seemed to enjoy the use of colour and symbolism (see Figure 5.10). Despite the variety in approaches and preferences, the self-concept and levels of motivation of the participants showed clear improvement as the art-making process progressed, leading to the development of positive coping strategies.

Figure 5.8: Tony artwork C
Figure 5.9: Fred artwork D

Figure 5.10: Lewis artwork E
The majority of the participants approached the opportunity to participate in the study with excitement and enthusiasm. The friendly demeanour and kindness that certain participants showed towards their fellow participants created the impression that they found constructive ways of dealing with the trauma they had experienced. It soon became clear, however, that some participants were inclined to engage in a continual display of exaggerated friendliness. These participants also seemed to use laughter and humour to distract themselves, and those around them, from hurtful feelings that had resulted from the trauma they had experienced. Verbally they described themselves as happy, but signs of sadness and despair were visible in the non-verbal messages they conveyed.

Through art, these participants gradually developed an increasing awareness of their tendency to use regular displays of superficial happiness and laughter as defence mechanisms. One participant said that she found a way to express her true emotions through art, which indicates the value that she derived from the art-making process. Increased self-honesty seemed to lead to more sincere relationships with others. As the displays of superficial laughter of this participant decreased, she became increasingly serious and contemplative, exploring long-hidden emotions through progressively personal art. She appeared to be motivated to deal with unresolved emotional issues in her life. In the case of certain participants, moving from pretended happiness to genuine sadness through the honest creation of art was an important step towards emotional recovery. Art therapy guides adolescents affected by trauma along a path of psychological healing, by strengthening and supporting the ego, while providing a non-threatening gateway to confrontation of painful trauma-related memories (see section 2.3.1).

Certain participants seemed to deal with the effects of the trauma they had experienced by distancing themselves from others. A strong need for acceptance, though not unusual for adolescents in general, was immediately visible in the way they communicated and behaved. These participants paid very close attention to their surroundings, including the behaviour and communication of other participants, and a feeling of distrust seemed to prevail. One of the participants appeared to be engaged in a constant struggle with his perception of the way his peers viewed him, but despite these difficulties, he showed signs of having a positive self-concept, including confidence in his own abilities.

This participant also mentioned feelings of stress, and he said that art provided him with the opportunity to express himself, thereby alleviating a lot of tension and anxiety. This reaction to the creative process is indicative of the therapeutic nature inherent in the creation of visual art (see section 2.1). This participant described the source of his anxiety as problematic relationships, including feelings of distrust, resentment, separation, and ridicule. As the
therapy progressed, this participant became more communicative, but the need to constantly define the boundaries of communication seemed to persist. The fact that he always kept working on his artworks long after the other participants had completed theirs suggests that he found value in the art-making process. The literature study informed us that art therapy is a therapeutic tool that encourages the telling of stories through images (see section 2.3.1). It is therefore not surprising that the adolescents in the study would often move from communication through images to verbal sharing of emotions once they realised that there would be no criticism, judgement, or ridicule in response to their verbalisations.

5.4 LIMITATIONS OF THE STUDY

A limited number of art therapy sessions were conducted. Additional sessions would have provided a more comprehensive picture of the effect that art therapy had on the participants. More sessions would also have allowed the use of a greater variety of art materials and techniques.

The findings of this qualitative study are specific to the sample group, namely the small sample size of seven participants aged 14 to 17, and generalisation of the findings to a larger population is therefore not possible. A larger sample size and a wider age range among participants would have greater potential for generalisation of the findings.

The use of visual art therapy for the treatment of psychological aspects other than trauma fell beyond the scope of this research, and it was therefore not explored or investigated.

5.5 RECOMMENDATIONS FOR FURTHER RESEARCH

According to the findings of this study, it would be reasonable to suggest further research on the use of visual art therapy with adolescents affected by trauma. In this regard, the following recommendations are made:

- Participants in this study used various art materials to create their artworks, including felt-tip pens, pencils, crayons, charcoal, and paint. Further research, as one participant suggested, could include sculpting clay as a medium, thereby adding three-dimensional expression to the art-making programme.
- This study focused on the use of art therapy with adolescents affected by trauma. Art can be included in an intervention programme designed to address challenges other than just trauma.
- Despite yielding positive results, the study was not long in duration. Further studies could be conducted over a longer period of time, as this would, in all likelihood, benefit the participants, while providing the researcher with more data. A longer study
would also allow for the use of a greater variety of art media in the creation of artworks.

- The participants in this study were between the ages of 14 and 17. Further research could include participants that fall outside this age range.

5.6 CONCLUSION AND REFLECTIONS

This study focused on the use of visual art therapy with adolescents affected by trauma. I focused on the nature of emotional trauma, and the creation of visual art as a therapeutic process. For adolescents affected by trauma, day-to-day functioning can be challenging, and the need for appropriate intervention and management of symptoms resulting from trauma persists. The trauma that the participants experienced in the past seems to have led to difficulties in the way they have viewed themselves, their behaviour patterns, the way they interact with others, and the motivation required to deal with the challenges of everyday life.

To explore the challenges faced by adolescents affected by trauma, I focused on specific themes, including the participants' self-concept, emotions, motivation, and relationships. The use of visual art was explored to establish its therapeutic efficacy in the context of trauma in adolescence, and any behavioural, communicative or emotional change that the participants displayed was carefully documented for further examination. The empirical research conducted for this study included art-making sessions that provided participants with the opportunity to express their thoughts and feelings through various art media. The art materials used included paint, pencils, charcoal, and felt-tip pens, and care was taken not to disrupt the creative process.

A qualitative approach was followed, and data-collection methods used included questionnaires, observation, and interviews. The visual art therapy used in this study yielded positive results in the lives of the participants, albeit with varying degrees of success. Despite the fact that generalisation of the findings of this study is not possible, the findings and their confirmation by existing literature suggest that use of art therapy could have value in the lives of adolescents affected by trauma. It is clear, however, that further research is necessary to confirm this hypothesis.
REFERENCES


Hofstee, E. (2006) Constructing a good dissertation: A practical guide to finishing a Master’s, MBA or PhD on schedule, Sandton: EPE.


Dear Mr Venter

Decision: Ethics Approval

Researcher:
Mr HAJ Venter
Tel: +2783 321 7869
Email: hajventer@gmail.com

Supervisor:
Prof H E Roets
College of Education
Department of Educational Psychology
Tel: +2731 302 0590
Email: roetsho@unisa.ac.za

Proposal: The use of visual art therapy with adolescents affected by trauma

Qualification: M Ed in Guidance and Counselling

Thank you for the application for research ethics clearance by the College of Education Research Ethics Review Committee for the above mentioned research. Final approval is granted for the duration of the research.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the College of Education Research Ethics Review Committee on 14 October 2015. The proposed research may now commence with the proviso that:

1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.

2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the College of Education Ethics Review Committee. An amended application could be requested if there are substantial changes from the...
existing proposal, especially if those changes affect any of the study-related risks for
the research participants.

3) The researcher will ensure that the research project adheres to any applicable
national legislation, professional codes of conduct, institutional guidelines and
scientific standards relevant to the specific field of study.

Note:
The reference number 2015/10/14/33500138/44/MC should be clearly indicated on all
forms of communication [e.g. Webmail, E-mail messages, letters] with the intended
research participants, as well as with the College of Education RERC.

Kind regards,

Dr M Classens
CHAIRPERSON: CEDU RERC
modtc@netactive.co.za

Prof VI McKay
ACTING EXECUTIVE DEAN
Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

The first page of your submissions is displayed below.

Submission author: Herman Venter
Assignment title: HAJVenter_MEd_Dissertation
Submission title: HAJVenter_MEd_Dissertation
File name: HAJ_Venter_dissertation_without...
File size: 1.11M
Page count: 108
Word count: 30,773
Character count: 179,050
Submission date: 27-Jul-2016 11:11AM
Submission ID: 692091012

THE USE OF VISUAL ART THERAPY WITH ADOLESCENTS AFFECTED BY TRAUMA

---

HAJ VENTER

Submissions accordance with the requirements for the degree of Master of Education with specialization in Guidance and Counselling at the University of South Africa.

SUPERVISOR: PROF B.J. ROBERTS

Nov, 2016
ANTHONY SPARG
Language practitioner

MA *cum laude* in African Languages (isiXhosa), MA *cum laude* in Linguistics

*Language editing, isiXhosa-to-English and Afrikaans-to-English translation, and transcription*

14 Nahoon Valley Place
Nahoon Valley
East London, 5241
South Africa
Tel: +27 43 735 4397
Cell: +27 79 106 8179
Email: p.a.sparg@telkomsa.net

14 July 2016

To whom it may concern

LANGUAGE DECLARATION

I, Anthony Edward Sparg, language practitioner, undertook language editing of the MEd minor dissertation titled “The use of visual art therapy with adolescents affected by trauma” for Mr Herman Venter.

Anthony Edward Sparg
D: Questionnaire

Headings of categories, namely motivation, relationships, self-concept and emotions, were removed from the final questionnaire.

Dear Participant

The questions below are about your life. If possible, answer all the questions in as much detail as possible. There are no right or wrong answers.

Motivation

What would you like to be really good at? Give reasons.

……………………………………………………………………………………………………………
……………………………………………………………………………………………………………
……………………………………………………………………………………………………………
……………………………………………………………………………………………………………

Where would you like to see yourself in ten years? Please describe.

……………………………………………………………………………………………………………
……………………………………………………………………………………………………………
……………………………………………………………………………………………………………
……………………………………………………………………………………………………………

What makes you feel like getting up in the morning, and what makes you feel like staying in bed?

……………………………………………………………………………………………………………
……………………………………………………………………………………………………………
……………………………………………………………………………………………………………
……………………………………………………………………………………………………………
Relationships

How would you describe your communication with other people? Please elaborate.

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

What would you say if you could speak to anyone you have lost contact with?

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

Is there anything that you would like to change in your relationships with other people? Please elaborate.

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

Self-concept

Describe yourself in two or three sentences.

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
How, according to you, do people normally see you?

..............................................................................................................................................
..............................................................................................................................................
..............................................................................................................................................
..............................................................................................................................................

You may choose the power of any Superhero. Which one will it be and how will you use this power?

..............................................................................................................................................
..............................................................................................................................................
..............................................................................................................................................
..............................................................................................................................................

Emotions

What do you think about before you fall asleep? Elaborate.

..............................................................................................................................................
..............................................................................................................................................
..............................................................................................................................................
..............................................................................................................................................

Choose two emotions that you often experience. Why do you think you experience them?

..............................................................................................................................................
..............................................................................................................................................
..............................................................................................................................................
..............................................................................................................................................
How do you normally express your emotions? Please elaborate.