

**Investigating how art therapy delivered through e-therapy
influences the resilience in adolescents experiencing high
psychological stress**

by

MARNA SAUNDERS

Submitted in accordance with the requirements for
the degree of

DOCTOR OF PHILOSOPHY

in the subject of

PSYCHOLOGY

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: Dr H Olivier

November 2022

DECLARATION

Name: **Marna Saunders**

Student number: **4099 3647**

Degree: **PhD Doctor in Philosophy in the subject of Psychology**

Exact wording of the title of the thesis as appearing on the electronic copy submitted for examination:

Investigating how art therapy delivered through e-therapy influences the resilience in adolescents experiencing high psychological stress

I declare that the above thesis is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the thesis to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

(The thesis will not be examined unless this statement has been submitted.)



SIGNATURE

01 November 2022

DATE

ACKNOWLEDGEMENTS

I wish to acknowledge and express my sincere gratitude to the following people who significantly contributed to the completion of this study:

- All the special people in my life, including family, friends, colleagues, and acquaintances, for their interest and support in the completion of this work.
- My husband, Drian Saunders, for his unconditional love, encouragement, patience, and constant reassurance throughout this whole process and for especially taking on extra responsibilities without question to support our children and the household.
- My amazing parents, Cassie and Liset, for walking every step of the way with me with unwavering enthusiasm, support, and interest shown in my progress.
- My father-in-law, Phillip Saunders, for his belief in my capabilities and all his support that enabled me to see this project through.
- My children, Roux and Kai, for their hugs and cuddles when mamma needed it the most.
- My supervisor, Dr Hermina Olivier, for her guidance, encouragement and professional input throughout the research study process.
- My language and technical editor, Dr Lee-Anne Roux. Your editing was exceptional and done with so much care, patience, and precision. Your willingness to assist and encouragement was invaluable during the final stages of this thesis. You went over and above with your excellent suggestions and ideas.
- Professor Deirdré Krüger, my initial lecturer and supervisor, who inspired me in my journey to become an educational psychologist. For her mentorship during my initial professional years and her supervision and input during the start of my doctoral study process. I could not have asked for a more dedicated and inspiring guide who shaped my professional and research conduct.
- The principal and school governing body for allowing me to contact parents and use voluntary learners from the school to participate in my study.
- My warm and genuine appreciation goes to all the participants who enthusiastically

and willingly took part in this research project. You all inspired me by allowing me to share your progress during the study and to participate in your life journeys.

ABSTRACT

The purpose of this study was to investigate how art therapy delivered through e-therapy can influence the resilience of adolescents experiencing high levels of psychological stress. The use of technology has permeated society's daily functioning in all aspects, especially with the younger generations. Digital devices are then often used in the mental health field either for administrative purposes or incorporated in therapy with clients.

Art therapy can be described as the use of creative processes (e.g. visual arts, as applied in this study) in therapy to meet the specific needs of the client. Resilience is a broad concept referring to an individual's ability to cope with stress or adverse events. Today's adolescents are exposed to several stressors such as navigating their developmental phase, academic expectations, establishing social and family relationships, future expectations as well as global societal issues. The researcher therefore found it important to investigate how adolescents can be assisted in improving their resilience skills when experiencing high psychological stress levels. As they are also a technological confident generation who has shown to generally respond positively to art therapy, the researcher found it significant to combine the above-mentioned concepts and investigate the use of art e-therapy sessions to enhance the resilience of adolescents experiencing high psychological stress levels.

A literature review was conducted to explore all relevant concepts such as e-therapy, art therapy, adolescence, psychological stress, resilience as well as the theoretical framework consisting of positive psychology theory, strength-based approach theory, resilience theory in the psychological field, and art therapy theory. An empirical research process was then conducted using an interpretive, qualitative, bounded single-case study design from which data were collected, interpreted, analysed and presented to gain insight into the participants' lifeworlds and collective experience of the intervention phase, namely the art e-therapy sessions.

The findings indicated that art e-therapy can be considered a useful therapeutic method to enhance the resilience of adolescents experiencing high levels of psychological stress and thereby improve their mental well-being and daily functioning. The researcher also identified contributions, limitations, and areas for further research in this field.

KEY WORDS

Art therapy, e-therapy, adolescence, resilience, psychological stress, positive psychology theory, strength-based approach theory, resilience theory, art therapy theory, online therapy

LIST OF ABBREVIATIONS AND ACRONYMS

3D	Three-Dimensional
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactive Disorder
AI	Artificial Intelligence
APA	American Psychological Association
Apps	Applications
ASQ	Adolescent Stress Questionnaire
BAAT	British Association of Art Therapists
COVID-19	Coronavirus
EST	Educational Support Team
HIPAA	Health Insurance Portability and Accountability Act
HPCSA	Health Professions Council of South Africa
ISASA	The Independent Schools Association of Southern Africa
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
OPA	Ontario Psychological Association
POPI	Protection of Personal Information
PSS	Perceived Stress Scale
PTSD	Post-Traumatic Stress Disorder
RSCA	The Resiliency Scale for Children and Adolescents
UNISA	University of South Africa
USA	United States of America
WHO	World Health Organisation

LIST OF FIGURES

Figure 1: Overview of the research methodology	13
Figure 2: Conceptual Framework.....	74
Figure 3: Data collection phases.....	119
Figure 4: Data collection phases and strategies	121
Figure 5: Participant A’s Resiliency profile results before intervention.....	142
Figure 6: Participant B’s Resiliency profile results before intervention	144
Figure 7: Participant C’s Resiliency profile results before the intervention	147
Figure 8: Participant D’s Resiliency profile results before the intervention	150
Figure 9: Participant E’s Resiliency profile results before the intervention	153
Figure 10: Participant F’s Resiliency profile results before the intervention.....	156
Figure 11: Participant G’s Resiliency profile results before the intervention	158
Figure 12: Participant H’s Resiliency profile results before the intervention	161
Figure 13: Participant A’s Resilience profile results after the intervention	215
Figure 14: Participant B’s Resiliency profile results after the intervention	218
Figure 15: Participant D’s Resiliency profile results after the intervention	226
Figure 16: Participant E’s Resiliency profile results after the intervention	229
Figure 17: Participant F’s Resiliency profile results after the intervention	233
Figure 18: Participant G’s Resiliency profile results after the intervention.....	236
Figure 19: Participant H’s Resiliency profile results after the intervention.....	240

LIST OF TABLES

Table 1: Main concepts related to interpretivism.....	109
Table 2: Summary of the qualitative research method and application to this study	111
Table 3: Demographic details of the participants	117
Table 4: Depiction of scores from the Perceived Stress Questionnaire	122
Table 5: Depiction of RSCA scale measurements.....	124
Table 6: The proposed structure of the art e-therapy sessions	127
Table 7: Steps of the data analysis process	131
Table 8: Participant information and results of the PSS	140
Table 9: Participant A’s subscales of the Resiliency Scale before intervention	142
Table 10: Participant B’s subscales of the Resiliency Scale before the intervention .	145
Table 11: Participant C’s subscales of the Resiliency Scale before the intervention .	147
Table 12: Participant D’s subscales of the Resiliency Scale before intervention.....	151
Table 13: Participant E’s subscales of the Resiliency Scale before the intervention .	154
Table 14: Participant F’s subscales of the Resiliency Scale before the intervention..	156
Table 15: Participant G’s subscales of the Resiliency Scale before intervention	159
Table 16: Participant H’s subscales of the Resiliency Scale before the intervention .	162
Table 17: Participant A’s subscales of the Resilience Scale after the intervention	215
Table 18: Comparison of Participant A’s before and after intervention Resiliency profile.....	217
Table 19: Participant B’s subscales of the Resiliency Scale after the intervention	219

Table 20: Comparison of Participant B’s before and after intervention Resilience profile.....	220
Table 21: Participant C’s subscales of the Resiliency Scale after the intervention....	222
Table 22: Comparison of Participant C’s before and after intervention Resiliency profile.....	224
Table 23: Participant D’s subscales of the Resiliency Scale after the intervention....	226
Table 24: Comparison of Participant D’s before and after intervention Resiliency profile.....	228
Table 25: Participant E’s subscales of the Resilience Scale after the intervention	230
Table 26: Comparison of Participant E’s before and after intervention Resiliency profile.....	232
Table 27: Participant F’s subscales of the Resiliency Scale after the intervention	233
Table 28: Comparison of Participant F’s before and after intervention Resiliency profile.....	235
Table 29: Participant G’s subscales of the Resiliency Scale after the intervention....	237
Table 30: Comparison of Participant G’s before and after intervention Resiliency profile.....	239
Table 31: Participant H’s subscales of the Resiliency Scale after the intervention....	241
Table 32: Comparison of Participant H’s before and after intervention Resiliency profile.....	243
Table 33: Comparison between Resiliency profiles before and after the intervention	244
Table 34: Illustration of the changes in the participants’ Resiliency profiles, psychological stress levels, and perceptions of the intervention sessions	265

LIST OF ADDENDA

Addendum A: Ethical letter of clearance from the University of South Africa.....	324
Addendum B: Information letter pertaining to the research study.....	325
Addendum C: Permission letter to Association of Independent Schools (ISASA).....	327
Addendum D: Permission letter to the principal of the independent school.....	328
Addendum E: Consent letter to parent or guardian.....	329
Addendum F: Assent letter to participant.....	331
Addendum G: Before-intervention semi-structured interview.....	335
Addendum H: After-intervention semi-structured interview.....	337
Addendum I: Example of complete Perceived Stress Scale.....	344
Addendum J: Example of answers to the before intervention semi-structured interview.....	345
Addendum K: Examples of responses to before intervention RSCA.....	347
Addendum L: Participants A’s artworks created during intervention sessions.....	350
Addendum M: Participants B’s artworks created during intervention sessions.....	356
Addendum N: Participants C’s artworks created during intervention sessions.....	361
Addendum O: Participants D’s artworks created during intervention sessions.....	366
Addendum P: Participants E’s artworks created during intervention sessions.....	370
Addendum Q: Participants F’s artworks created during intervention sessions.....	375
Addendum R: Participants G’s artworks created during intervention sessions.....	380
Addendum S: Participants H’s artworks created during intervention sessions.....	385
Addendum T: Example of answers to the after-intervention semi-structured Interview.....	389
Addendum U: Examples of responses to after-intervention RSCA.....	391
Addendum V: Editor’s Letter.....	393

TABLE OF CONTENTS

DECLARATION	II
ACKNOWLEDGEMENTS	III
ABSTRACT	V
LIST OF ABBREVIATIONS AND ACRONYMS	VII
LIST OF FIGURES	VIII
LIST OF TABLES	IX
LIST OF ADDENDA	XI
TABLE OF CONTENTS	XII
CHAPTER 1	1
INTRODUCTION TO THE STUDY	1
1.1 INTRODUCTION	1
1.2 MOTIVATION FOR THE STUDY	3
1.3 CONTEXT & BACKGROUND	3
1.3.1 <i>E-therapy</i>	3
1.3.2 <i>Art therapy</i>	4
1.3.3 <i>Adolescence</i>	5
1.3.4 <i>Psychological stress</i>	6
1.3.5 <i>Resilience</i>	6
1.3.5.1 Psychosocial facets of resilience	7
1.3.6 <i>Art therapy and resilience</i>	7
1.3.7 <i>Art therapy and adolescents</i>	8
1.4 THEORETICAL FRAMEWORK	8
1.4.1 <i>Positive psychology theory</i>	8
1.4.2 <i>Strength-based approach theory</i>	9
1.4.3 <i>Resilience theory in the psychological field</i>	9
1.4.4 <i>Art therapy theory</i>	10
1.5 PURPOSE OF THE STUDY	10
1.6 RESEARCH QUESTIONS	11
1.7 AIM	12
1.8 OBJECTIVES.....	12
1.9 RESEARCH DESIGN & METHODS	12
1.9.1 <i>Research methodology</i>	13

1.9.1.1	Research paradigm: Interpretivism	14
1.9.1.2	Research approach	14
1.9.1.3	Research design	15
1.9.2	<i>Research methods</i>	15
1.9.2.1	Participant selection and sample size	16
1.9.2.2	Data collection	17
1.9.2.3	Data analysis	18
1.10	TRUSTWORTHINESS	19
1.10.1	<i>Credibility/Authenticity</i>	19
1.10.2	<i>Transferability</i>	19
1.10.3	<i>Dependability</i>	19
1.10.4	<i>Conformability</i>	19
1.11	ETHICAL CONSIDERATIONS.....	20
1.11.1	<i>Ethical clearance</i>	20
1.11.2	<i>The principle of non-maleficence</i>	20
1.11.3	<i>Informed parental/guardian consent and participant assent</i>	20
1.11.4	<i>No dishonesty towards participants</i>	20
1.11.5	<i>Confidentiality & anonymity</i>	20
1.11.6	<i>Considerateness, equality, and debriefing</i>	21
1.11.7	<i>Credibility and possible publication of findings</i>	21
1.12	CLARIFICATION OF KEY CONCEPTS	21
1.12.1	<i>Art therapy</i>	21
1.12.2	<i>E-therapy</i>	21
1.12.3	<i>Art e-therapy</i>	21
1.12.3	<i>Adolescence</i>	22
1.12.4	<i>Resilience</i>	22
1.12.5	<i>Psychological stress</i>	22
1.13	CONTRIBUTIONS & LIMITATIONS	22
1.13.1	<i>Contribution</i>	22
1.13.2	<i>Limitations</i>	22
1.14	OUTLINE OF CHAPTERS.....	23
1.15	CONCLUSION	24
CHAPTER 2		25
LITERATURE REVIEW OF E-THERAPY.....		25
& ART THERAPY		25
2.1	INTRODUCTION	25
2.2	E-THERAPY.....	25
2.2.1	<i>Technology & mental health services</i>	25

2.2.2	<i>Definition and types of e-therapy</i>	26
2.2.3	<i>Benefits & limitations of e-therapy</i>	29
2.2.3.1	<i>Benefits of e-therapy</i>	29
2.2.4	<i>Ethical considerations specifically concerning e-therapy</i>	36
2.2.5	<i>Videoconferencing software for e-therapy</i>	39
2.3	ART THERAPY	41
2.3.1	<i>The construct of art</i>	41
2.3.2	<i>What constitutes as art therapy</i>	43
2.3.2.1	Theoretical approaches to art therapy.....	44
2.3.2.2	The concepts of symbolism and meaning making in art therapy	47
2.3.2.3	The triad relationship between the art psychologist, client, and artwork	48
2.3.3	<i>The role of the art psychologist</i>	49
2.3.4	<i>The value of art therapy</i>	50
2.4	TECHNOLOGY AND DIGITAL MEDIA IN ART THERAPY	52
2.4.1	<i>Digital media and imagination</i>	53
2.4.2	<i>Digital media and connection to the senses</i>	55
2.4.3	<i>Digital media and creativity</i>	57
2.4.4	<i>Other aspects to consider when using digital media in art therapy</i>	59
2.5	ART THERAPY AND E-THERAPY	63
2.5.1	<i>The use of art therapy as e-therapy</i>	64
2.5.2	<i>Art materials and artmaking software applicable to this study</i>	68
2.6	CONCLUSION	71

CHAPTER 3 73

THEORETICAL FRAMEWORK AND FURTHER LITERATURE REVIEW OF THE STUDY 73

3.1	INTRODUCTION	73
3.2	CONCEPTUAL FRAMEWORK.....	72
3.3	THEORETICAL FRAMEWORK	74
3.3.1	<i>Positive psychology theory</i>	75
3.3.2	<i>Strength-based approach theory</i>	76
3.3.3	<i>Resilience theory in the psychological field</i>	77
3.3.3.1	Description of resilience theory	77
3.3.3.2	Psychosocial facets of resilience	79
3.3.4	<i>Art therapy theory</i>	82
3.4	PSYCHOLOGICAL STRESS.....	84
3.5	ADOLESCENCE	85
3.5.1	<i>Adolescence as a developmental phase</i>	85
3.5.2	<i>Adolescence and psychological stress</i>	89

3.5.2.1	Some stressors linked to adolescence focused on in the study	90
3.6	ART THERAPY WITH ADOLESCENTS AND RESILIENCE WITHIN THE THEORETICAL FRAMEWORK.....	94
3.6.1	<i>The therapeutic process with the adolescent to promote resilience</i>	94
3.6.2	<i>The value of art therapy with adolescents</i>	96
3.6.3	<i>The use of e-therapy with adolescents</i>	98
3.6.4	<i>Art therapy focusing on aspects of resilience</i>	99
3.7	STRUCTURE OF THE ART E-THERAPY SESSIONS –FOCUSING ON PROMOTING RESILIENCE	102
3.7.1	<i>General framework of the art e-therapy sessions</i>	102
3.7.2	<i>Aspects of proposed model of intervention and the adaptation to this study</i>	103
3.7.3	<i>Exploration of psychological stress of participants</i>	104
3.7.3.1	Personal strengths.....	104
3.7.3.2	Constructing methods/skills to build resilience	105
3.8	CONCLUSION	106
CHAPTER 4		107
RESEARCH METHODOLOGY.....		107
4.1	INTRODUCTION	107
4.2	RESEARCH METHODOLOGY.....	107
4.3	SAMPLING PROCEDURES.....	114
4.4	DATA COLLECTION TECHNIQUES	118
4.5	DATA COLLECTION STRATEGIES.....	121
4.6	DATA ANALYSIS & INTERPRETATION	130
4.7	RESEARCH ETHICS.....	134
4.8	CONCLUSION	136
CHAPTER 5		138
EMPIRICAL FINDINGS OF THE STUDY.....		138
5.1	INTRODUCTION	138
5.2	DATA REDUCTION AND DISPLAY.....	139
5.3	PARTICIPANTS’ BIOGRAPHICAL INFORMATION INCLUDING SCREENING RESULTS.....	140
5.4	BEFORE-INTERVENTION RESULTS OF EACH PARTICIPANT	141
5.4.1	<i>Participant A</i>	141
5.4.1.1	RSCA results before the intervention.....	142
5.4.1.2	Semi-structured interview (qualitative) feedback.....	143
5.4.2	<i>Participant B</i>	144
5.4.2.1	RSCA results before the intervention.....	144
5.4.2.2	Semi-structured interview (qualitative) feedback.....	145
5.4.3	<i>Participant C</i>	146
5.4.3.1	RSCA results before the intervention.....	147

5.4.3.2	Semi-structured interview (qualitative) feedback.....	149
5.4.4	<i>Participant D</i>	149
5.4.4.1	RSCA results before the intervention.....	150
5.4.4.2	Semi-structured interview (qualitative) feedback.....	152
5.4.5	<i>Participant E</i>	152
5.4.5.1	RSCA results before the intervention.....	153
5.4.5.2	Semi-structured interview (qualitative) feedback.....	154
5.4.6	<i>Participant F</i>	155
5.4.6.1	RSCA results before the intervention.....	156
5.4.6.2	Semi-structured interview (qualitative) feedback.....	157
5.4.7	<i>Participant G</i>	158
5.4.7.1	RSCA results before the intervention.....	158
5.4.7.2	Semi-structured interview (qualitative) feedback.....	160
5.4.8	<i>Participant H</i>	161
5.4.8.1	RSCA results before the intervention.....	161
5.4.8.2	Semi-structured interview (qualitative) feedback.....	163
5.5	INTERVENTION RESULTS OF EACH PARTICIPANT.....	163
5.5.1	<i>Participant A</i>	165
5.5.1.1	Session 1.....	165
5.5.1.2	Session 2.....	166
5.5.1.3	Session 3.....	167
5.5.1.4	Session 4.....	168
5.5.1.5	Session 5.....	169
5.5.1.6	Session 6.....	170
5.5.2	<i>Participant B</i>	171
5.5.2.1	Session 1.....	171
5.5.2.2	Session 2.....	172
5.5.2.3	Session 3.....	174
5.5.2.4	Session 4.....	175
5.5.2.5	Session 5.....	176
5.5.2.6	Session 6.....	177
5.5.3	<i>Participant C</i>	178
5.5.3.1	Session 1.....	178
5.5.3.2	Session 2.....	179
5.5.3.3	Session 3.....	180
5.5.3.4	Session 4.....	181
5.5.3.5	Session 5.....	182
5.5.3.6	Session 6.....	182
5.5.4	<i>Participant D</i>	183
5.5.4.1	Session 1.....	183
5.5.4.2	Session 2.....	185
5.5.4.3	Session 3.....	186

5.5.4.4	Session 4.....	187
5.5.4.5	Session 5.....	188
5.5.4.6	Session 6.....	189
5.5.5	<i>Participant E</i>	190
5.5.5.1	Session 1.....	190
5.5.5.2	Session 2.....	191
5.5.5.3	Session 3.....	192
5.5.5.4	Session 4.....	193
5.5.5.5	Session 5.....	195
5.5.5.6	Session 6.....	195
5.5.6	<i>Participant F</i>	196
5.5.6.1	Session 1.....	196
5.5.6.2	Session 2.....	197
5.5.6.3	Session 3.....	199
5.5.6.4	Session 4.....	200
5.5.6.5	Session 5.....	201
5.5.6.6	Session 6.....	201
5.5.7	<i>Participant G</i>	202
5.5.7.1	Session 1.....	202
5.5.7.2	Session 2.....	203
5.5.7.3	Session 3.....	204
5.5.7.4	Session 4.....	205
5.5.7.5	Session 5.....	206
5.5.7.6	Session 6.....	207
5.5.8	<i>Participant H</i>	208
5.5.8.1	Session 1.....	209
5.5.8.2	Session 2.....	209
5.5.8.3	Session 3.....	210
5.5.8.4	Session 4.....	211
5.5.8.5	Session 5.....	212
5.5.8.6	Session 6.....	212
5.6	CONCLUSION	213
CHAPTER 6		214
EMPIRICAL FINDINGS CONT'		214
6.1	INTRODUCTION	214
6.2	THE PARTICIPANTS' ATER-INTERVENTION RESULTS	214
6.2.1	<i>Participant A</i>	215
6.2.1.1	RSCA results after the intervention.....	215
6.2.1.2	Semi-structured interview (qualitative) feedback.....	216
6.2.1.3	Comparison of before and after intervention Resiliency profile.....	217

6.2.2	<i>Participant B</i>	218
6.2.2.1	RSCA results after the intervention	218
6.2.2.2	Semi-structured interview (qualitative) feedback	220
6.2.2.3	Comparison of before and after intervention Resiliency profile	220
6.2.3	<i>Participant C</i>	222
6.2.3.1	RSCA results after the intervention	222
6.2.3.2	Semi-structured interview (qualitative) feedback	223
6.2.3.3	Comparison of before and after intervention Resiliency profile	224
6.2.4	<i>Participant D</i>	226
6.2.4.1	RSCA results after the intervention	226
6.2.4.2	Semi-structured interview (qualitative) feedback	227
6.2.4.3	Comparison of before and after intervention Resiliency profile	228
6.2.5.1	RSCA results after the intervention	229
6.2.5.2	Semi-structured interview (qualitative) feedback	231
6.2.5.3	Comparison of before and after intervention Resiliency profile	231
6.2.6	<i>Participant F</i>	233
6.2.6.1	RSCA results after the intervention	233
6.2.6.2	Semi-structured interview (qualitative) feedback	234
6.2.6.3	Comparison of before and after intervention Resiliency profile	235
6.2.7	<i>Participant G</i>	236
6.2.7.1	RSCA results after the intervention	236
6.2.7.2	Semi-structured interview (qualitative) feedback	238
6.2.7.3	Comparison of before and after intervention Resiliency profile	238
6.2.8	<i>Participant H</i>	240
6.2.8.1	RSCA results after the intervention	240
6.2.8.2	Semi-structured interview (qualitative) feedback	242
6.2.8.3	Comparison of before and after intervention Resiliency profile	242
6.3	OVERALL COMPARISON BETWEEN ALL OF THE PARTICIPANTS' RESILIENCE PROFILES AND SEMI-STRUCTURED INTERVIEWS	243
6.3.1	<i>Comparison of general profiles of RSCA</i>	243
6.3.2	<i>Comparison between before and after-intervention semi-structured interviews</i>	244
6.4	EMERGENT THEMES FROM THE DATA FINDINGS IN THE STUDY	245
6.4.1	<i>Themes regarding the positive psychology theory</i>	245
6.4.1.1	Focusing on positive aspects of life	245
6.4.1.2	Reflecting on past experiences to find meaning in the present	246
6.4.1.3	Fostering hopefulness for the future	247
6.4.2	<i>Themes regarding the strength-based approach theory</i>	248
6.4.2.1	Internalised strength recognition as personal resources	248
6.4.2.2	Personal empowerment	249
6.4.3	<i>Themes regarding resiliency theory in the psychological field</i>	250
6.4.3.1	Sense of mastery: Optimism, self-efficacy, adaptability	250

6.4.3.2	Sense of relatedness: Trust, support, comfort and tolerance	251
6.4.3.3	Sense of Reactivity: Sensitivity, recovery, sense of impairment	252
6.4.4	<i>Themes regarding art therapy theory</i>	253
6.4.4.1	Art activities for improvement in mental and general well-being	253
6.4.4.2	Self-expression, exploration, and creativity	255
6.4.4.3	Art therapeutic relationship to find meaning in creative processes and foster a sense of accomplishment	256
6.5	ADDITIONAL THEMES FROM DATA FINDINGS	258
6.5.1	<i>The online therapeutic format: Art therapy as e-therapy</i>	258
6.6	CONCLUSION	259
CHAPTER 7		260
SUMMATION, CONTRIBUTIONS, LIMITATIONS & RECOMMENDATIONS.....		260
7.1	INTRODUCTION	260
7.2	SUMMATION OF THE CHAPTERS	260
7.2.1	<i>Chapter 1</i>	260
7.2.2	<i>Chapter 2</i>	261
7.2.3	<i>Chapter 3</i>	262
7.2.4	<i>Chapter 4</i>	263
7.2.5	<i>Chapter 5</i>	263
7.2.6	<i>Chapter 6</i>	264
7.3	REVISITING THE RESEARCH QUESTIONS	266
7.3.1	<i>What can be considered essential aspects of e-therapy and the art therapy process?</i>	267
7.3.2	<i>How can psychological stress influence adolescents' overall functioning?</i>	270
7.3.3	<i>What factors mainly contribute to the concept of resilience and how can resilience be fostered in adolescents?</i>	271
7.3.4	<i>How can resilience enhancing techniques be incorporated in art e-therapy sessions?</i>	272
7.3.5	<i>What are the benefits and limitations of the use of art therapy through the delivery of e-therapy?</i>	274
7.3.6	<i>How does art therapy delivered through e-therapy influence the resilience of adolescents experiencing psychological stress?"</i>	275
7.4	CONTRIBUTIONS OF THE STUDY	276
7.5	LIMITATIONS OF THE STUDY	277
7.6	RECOMMENDATIONS FOR PSYCHOLOGISTS INTERESTD IN UTILISING ART E-THERAPY WITH ADOLESCENTS.....	
7.7	RECOMMENDATIONS FOR FUTURE STUDIES.....	279
7.8	FINAL REFLECTION & CONCLUSION	281
REFERENCES.....		283

ADDENDA..... 326

ADDENDUM A:	ETHICAL LETTER OF CLEARANCE FROM THE UNIVERSITY OF SOUTH AFRICA	326
ADDENDUM B:	INFORMATION LETTER PERTAINING TO THE RESEARCH STUDY.....	327
ADDENDUM C:	PERMISSION LETTER TO ASSOCIATION OF INDEPENDENT SCHOOLS (ISASA)	329
ADDENDUM D:	PERMISSION LETTER TO THE PRINCIPAL OF THE INDEPENDENT SCHOOL	330
ADDENDUM E:	CONSENT LETTER TO PARENT OR GUARDIAN.....	331
ADDENDUM G:	PERCEIVED STRESS SCALE (PSS)	335
ADDENDUM H:	PRE-INTERVENTION SEMI-STRUCTURED INTERVIEW	335
ADDENDUM I:	POST-INTERVENTION SEMI-STRUCTURED INTERVIEW	337
ADDENDUM J:	RESILIENCY SCALES FOR CHILDREN AND ADOLESCENTS (RSCA)	339
ADDENDUM K:	EXAMPLE OF COMPLETED PERCEIVED STRESS SCALE (PSS)	339
ADDENDUM L:	EXAMPLE OF ANSWERS TO THE BEFORE INTERVENTION SEMI-STRUCTURED INTERVIEW	340
ADDENDUM M:	EXAMPLES OF RESPONSES TO BEFORE INTERVENTION RSCA.....	342
ADDENDUM N:	PARTICIPANTS A’S ARTWORKS CREATED DURING INTERVENTION SESSIONS	345
SESSION 1:	<i>Stress</i>	345
SESSION 2:	<i>Weaknesses & Strengths</i>	345
SESSION 3:	<i>Monster (Part 1 & 2)</i>	346
SESSION 4:	<i>Lighthouse (Part 1 & 2)</i>	347
SESSION 5:	<i>Superhero/Warrior</i>	348
SESSION 6:	<i>Crystal ball and Words to live by</i>	349
ADDENDUM O:	PARTICIPANTS B’S ARTWORKS CREATED DURING INTERVENTION SESSIONS	350
SESSION 1:	<i>Stress</i>	350
SESSION 2:	<i>Weaknesses & Strengths</i>	350
SESSION 3:	<i>Monster (Part 1 & 2)</i>	351
SESSION 4:	<i>Lighthouse (Part 1 & 2)</i>	352
SESSION 5:	<i>Superhero/Warrior</i>	353
SESSION 6:	<i>Crystal ball and Words to live by</i>	354
ADDENDUM P:	PARTICIPANTS C’S ARTWORKS CREATED DURING INTERVENTION SESSIONS	355
SESSION 1:	<i>Stress</i>	355
SESSION 2:	<i>Weaknesses & Strengths</i>	356
SESSION 3:	<i>Monster (Part 1 & 2)</i>	356
SESSION 4:	<i>Lighthouse (Part 1 & 2)</i>	357
SESSION 5:	<i>Superhero/Warrior</i>	358
SESSION 6:	<i>Crystal ball and Words to live by</i>	359
ADDENDUM Q:	PARTICIPANTS D’S ARTWORKS CREATED DURING INTERVENTION SESSIONS	360
SESSION 1:	<i>Stress</i>	360
SESSION 2:	<i>Weaknesses & Strengths</i>	360
SESSION 3:	<i>Monster (Part 1 & 2)</i>	361

<i>Session 4:</i>	<i>Lighthouse (Part 1 & 2)</i>	362
SESSION 5:	<i>Superhero/Warrior</i>	363
SESSION 6:	<i>Crystal ball and Words to live by</i>	363
ADDENDUM R:	PARTICIPANTS E'S ARTWORKS CREATED DURING INTERVENTION SESSIONS	364
SESSION 1:	<i>Stress</i>	364
SESSION 2:	<i>Weaknesses & Strengths</i>	364
SESSION 3:	<i>Monster (Part 1 & 2)</i>	365
SESSION 4:	<i>Lighthouse (Part 1 & 2)</i>	366
SESSION 5:	<i>Superhero/Warrior</i>	367
SESSION 6:	<i>Crystal ball and Words to live by</i>	368
ADDENDUM S:	PARTICIPANTS F'S ARTWORKS CREATED DURING INTERVENTION SESSIONS	369
SESSION 1:	<i>Stress</i>	369
SESSION 2:	<i>Weaknesses & Strengths</i>	370
SESSION 3:	<i>Monster (Part 1 & 2)</i>	371
SESSION 4:	<i>Lighthouse (Part 1 & 2)</i>	372
SESSION 5:	<i>Superhero/Warrior</i>	373
SESSION 6:	<i>Crystal ball and Words to live by</i>	373
ADDENDUM T:	PARTICIPANTS G'S ARTWORKS CREATED DURING INTERVENTION SESSIONS	374
SESSION 1:	<i>Stress</i>	374
SESSION 2:	<i>Weaknesses & Strengths</i>	374
SESSION 3:	<i>Monster (Part 1 & 2)</i>	375
SESSION 4:	<i>Lighthouse (Part 1 & 2)</i>	376
SESSION 5:	<i>Superhero/Warrior</i>	377
SESSION 6:	<i>Crystal ball and Words to live by</i>	378
ADDENDUM U:	PARTICIPANTS H'S ARTWORKS CREATED DURING INTERVENTION SESSIONS	379
SESSION 1:	<i>Stress</i>	379
SESSION 2:	<i>Weaknesses & Strengths</i>	379
SESSION 3:	<i>Monster (Part 1 & 2)</i>	380
SESSION 4:	<i>Lighthouse (Part 1 & 2)</i>	381
SESSION 5:	<i>Superhero/Warrior</i>	382
SESSION 6:	<i>Crystal ball and Words to live by</i>	382
ADDENDUM V:	EXAMPLE OF ANSWERS TO THE AFTER-INTERVENTION SEMI-STRUCTURED INTERVIEW	383
ADDENDUM W:	EXAMPLES OF RESPONSES TO AFTER-INTERVENTION RSCA	385
ADDENDUM X:	EDITOR'S LETTER	387

CHAPTER 1

INTRODUCTION TO THE STUDY

“It is the function of art to renew our perception. What we are familiar with we cease to see” (Anais Nin 1968:1).

1.1 INTRODUCTION

The above quote illustrates the need to re-examine our approach to psychological services and to renew our perceptions of the use of art in online therapy. The main focus of the study will be on utilising art therapy through the delivery mode of online therapy (e-therapy) specifically with adolescents experience high psychological stress levels in order to improve their resilience skills. Art therapy is therefore the main focus of the study although the need to examine e-therapy is introduced first as it creates a foundational premise from which the study evolved. The researcher therefore structured the sequence of concepts as such, however art therapy was studied more in depth.

Universal innovations in technology have influenced every part of society including the manner in which people communicate, conduct themselves, and exchange information. This is also true in South Africa, where society is increasingly using technological devices, including mobile phones, tablets, and laptops (Beyers 2013:551; Shava & Chinyamurindi 2018:827).

Wireless technology, known as the Internet, is specifically used for daily socialising, connecting, administrative purposes, information gathering, and socialising. This is evident in the practice of internet-based therapy, which can be denoted as e-therapy, which has significantly impacted the delivery of mental health services (Thompson 2016:6). E-therapy can primarily be defined as the interface between a client and mental health professional, such as a psychologist, using Internet amenities for various purposes in order to meet therapeutic goals (Fairburn & Patel 2017:20-21; Békés & Aafjes-van Doorn 2020:238; Zubala & Hackett 2020:161).

These technological advances can also be witnessed in the practice of art therapy, which involves the usage of creative activities for therapeutic means (Bitonte & De Santo 2014:53-54; Rubin 2016:11). As the field of art therapy expanded into the technological age, the use

of traditional media as well as digital media can be considered as valuable tools for the art psychologist to achieve therapeutic outcomes in client sessions (Swanepoel 2013:115; Evans 2018:167). This study therefore combined the two terms; art therapy through the use of e-therapy as a shortened term, art e-therapy, which will be used in the rest of the study.

1.2 MOTIVATION FOR THE STUDY

Working within the mental health field, the researcher believes it is vital to explore and investigate the possible uses of e-therapy in South Africa as it can lead to an expansion of various therapeutic services specifically aimed to foster resilience in individuals. A thorough literature search highlighted a dearth of information in the current literature on the use of art therapy as e-therapy, specifically in South Africa. The researcher therefore feels there is a need for further investigation which may benefit registered psychologists and the methods they use to deliver their services.

The topic of this research study is specifically significant for the researcher as she has a profound interest in art processes and completed a degree in BA Fine arts before embarking on the study of Educational Psychology. The topic of her master's dissertation as an intern studying towards becoming an Educational Psychologist also concerned the use of digital art therapy with traumatised female adolescents (Swanepoel 2013:115). During the completion of this study, she experienced first-hand the valuable outcomes that can be gained by using creative approaches in therapy. She was especially enthralled by the results she achieved with adolescents by incorporating digital media in art therapy sessions (Kruger & Swanepoel 2017:102). During the course of the research study the outbreak of COVID-19, a global pandemic (World Health Organisation [WHO] 2020), also promoted social isolation practices and there was a worldwide need to expand tele-health services. Thus, the researcher experienced first-hand how psychologists, including those who use art practices need to adapt and extend their services to include e-therapy (Potash, Kalmanowitz, Fung, Anand & Miller 2020:1-2; Barker & Barker 2022:67-69).

1.3 CONTEXT & BACKGROUND

As a backdrop to contextualising the study, the following is discussed in the section below: e-therapy; art therapy; adolescence; psychological stress, the concept and factors contributing to resilience; art therapy and resilience; art therapy and adolescents.

1.3.1 E-therapy

According to Barack and Grohol (2011:155), digital culture and the use of the internet has influenced the manner in which relationships are conducted, affecting emotional experiences, perceptions, and creating virtual social worlds in which people interact and connect. Given the accessibility and frequent use of technology and digital media, it is therefore expected to

be utilised in mental health care practices. In the South African context, *e-therapy* can then be defined as any online/internet-based therapeutic act or intervention that is administered either individually or in a group by a Health Professional Council of South Africa (HPCSA) registered mental health professional (HPCSA 2022:1-2).

With the use of e-therapy it is possible to increase accessibility to therapy services and to reduce the stigma which still exists around needing mental help (Fairburn & Patel 2017:21-22; Evans 2018:166; Gerlitz, Regev & Snir 2020:2-3). Further benefits and limitations of e-therapy will be discussed in Chapter 2.

The use of Internet-based psychological services does however require the careful consideration of ethical principles, practice standards, policies, as well as laws and regulations. These include that the standard of care should be maintained, and that the psychologist should be registered under the relevant regulatory body (HPCSA 2022:8-10). The psychologist should also be competent in their provision of providing e-therapy and this mode of delivery should fit with the needs of the specific client (Ontario Psychological Association [OPA] 2015:4; HPCSA 2022:8-10). All reasonable measures must be taken to protect information and confidentiality, and professional boundaries need to be maintained between the psychologist and client (Gamble, Boyle & Morris 2015:293). Financial agreements and the use of secure payment methods should be explained before therapy commences, and proper informed consent should be obtained before the commencement of therapeutic services (Evans 2018:169). The psychologist also needs to safeguard that the trustworthiness and validity of the psychometric tests and its requirements (OPA 2015:6; Evans 2018:169). As a researcher and practicing educational psychologist, the researcher was mindful and took all ethical and legal guidelines into consideration when conducting the empirical research of this study. A detailed exploration of the ethical guidelines of e-therapy will be outlined in Chapter 2.

1.3.2 Art therapy

Art therapy can be described as the use of artistic expression and the creative process to facilitate a process of creating a better understanding of emotions, thoughts, and experiences which will be delivered with the use of e-therapy as discussed in the above section. The British Association of Art Therapists (BAAT) defines art therapy as therapy through any form of art expression. Art therapy is based on that notion that through the creation of art and

reflecting on the art products and processes, psychologists or art therapists can assist people by improving their mental health and functioning in several ways (Bitonte & De Santo 2014:53; Rubin 2016:26).

Art therapy, using various art processes, promotes clients to express and distinguish emotions which might be challenging to express in verbal terms, it may lead to a sense of exploration and freedom of expression using images (Rubin 2016:25-26; Cohen 2018:1). The psychologist utilising art practices, however, needs to be knowledgeable and skilled in the various art processes and the tools used, whether these are traditional mediums or digital tools such as computer software (Choe & Carlton 2019:15-16).

As stated by Zubala, Kendell and Hackett (2021:1-2), a number of art therapists have proved the usefulness of incorporating digital media in art therapy and can be beneficial for both the psychologist and the client if integrated in a constructive manner (Zubala et al 2021:2-3; Kruger & Swanepoel 2017:102-103). Therefore, the researcher wishes to extend this notion to implement art therapy e-therapy sessions, and evaluate the effectiveness thereof on improving the resilience of adolescents experiencing high psychological stress levels.

1.3.3 Adolescence

Adolescence can be defined as a developmental stage ranging from about 12 to 18 years; it is a phase characterised by many transitions (Jaworska & MacQueen 2015:291; Kaneshiro & Zieve 2019:1). During this phase of shifting from childhood to maturity, rapid physical, psychological, cognitive, social, and emotional developmental changes take place – often simultaneously (Van Rooyen, Naude, Nel & Esterhuysen 2014:340; Brady 2017:60). As it is a phase marked by complex cognitive and physical developmental processes, it can often include disorganised feelings, mood swings, and a concern about developing an identity and sense of self which may often lead to a multitude of new challenges. Societal norms or the systems in which the adolescent function do not adequately prepare the adolescent to cope as they navigate their self-exploration (Anthony, Williams & LeCroy 2014:487; Rubin 2016:4-5; Kaneshiro & Zieve 2019:1).

In today's fast-paced world Most adolescents experience psychological stress regarding physical changes, identity and self-concept formation, academic and scholastic pressure/challenges, as well as navigating peer, family, and romantic relationships (Evans-

Whipp & Gasser 2018:109; Holland-Hall 2020:132). However, it can be said that South African adolescents are also exposed to stressors such as the country's' history of apartheid, unequal infrastructures, strained race relations, fragmented family structures, and prevalent crime and violence in the society, which may lead to heightened psychological stress levels (Van Rooyen et al 2014:340; Harrison, Loxton & Somhlaba 2021:72-73).

1.3.4 Psychological stress

Psychological stress in this study refers to emotional, cognitive, or perceptual stress in response to perceived stress factors which have an undesirable impact on the person's general functioning and mental well-being (Schneiderman, Ironson & Siegel 2005:607; Cooper & Quick 2017:1-3; American Psychological Association [APA] 2019:1). Psychological stress, if not managed effectively or if it is prolonged over a period of time, may then cause a wide range of negative effects such as decreased mental and emotional well-being, poorer physical health, lower self-esteem and self-concept, and symptoms of anxiety and depression (Troy & Mauss 2011:30; Harrison et al 2021:72-73). It can therefore be assumed that we are dealing with a population of South African adolescents, many of whom might experience high levels of psychological stress and will therefore benefit from assistance in coping with it. The focus of this study is on psychological stress caused by factors such as social or family relationships, the school or performance related factors, or a low self-concept and/or self-esteem.

1.3.5 Resilience

One of the essential skills that human beings, especially adolescents, need to develop is the ability to cope with difficulties and stressors and grow from it. This is referred to as *resilience* – the ability to overcome negative life events and adapt accordingly (Worrall & Jerry 2007:36; Theron 2019:325-326; Pillay 2020:1-2). As adolescence is a period characterised by brain plasticity, it is the ideal time to learn skills and adaptive practices to help promote their overall well-being which can be solidified in adulthood (Anthony et al 2014:488). Research indicates that resilience can be viewed as a framework or dynamic developmental construct of multi-dimensional factors interacting to promote a person's capability to manage challenges and to restore positive functioning (Worrall & Jerry 2007:48; Pasiali 2012:36; Pillay 2020:1-2). During different life stages an individual will experience diverse vulnerabilities which will affect their ability to cope and adapt, belief in themselves, and their

ability to cope despite overwhelming stressors (Pasiali 2012:36; Evans-Whipp & Gasser 2018:109; Theron 2019:325-326).

1.3.5.1 Psychosocial facets of resilience

This study is mainly concerned with the psychosocial facets of resilience and strength-based interventions to practice strategies and evaluate experiences to promote the participants' competence and empower their self-belief in their own ability to overcome stressors (Greene, Galambos & Lee 2004:76-77; Theron 2020:1-2). Psychosocial factors of resilience can be conceptualised into three components, namely: cognitive, behavioural, and existential (Iacoviello & Charney 2014:2). According to Iacoviello and Charney (2014:2), *cognitive components* can be defined as patterns of thinking and beliefs which include a person's personal sense of competence and ability to tolerate negative stress. Behavioural components include the individual's action patterns and the cultivation of secure peer and family relationships. Existential components refer to the individual's sense of purpose and include spiritual influences or belief in a bigger power (Iacoviello & Charney 2014:2). These components can be summarised and measured by the Resiliency Scales for Adolescents and Children (Prince-Embury 2013:19-40) and therefore the study focused on the resilience factors specifically referred to as a personal sense of mastery (optimism, self-efficacy, adaptability); a sense of relatedness (trust, support, comfort, tolerance) and a sense of emotional reactivity (sensitivity, recovery, impairment). The general promotion of these skills take place during art e-therapy sessions by focusing on cognitive flexibility, positive thinking, exploring inner strengths, and developing coping skills to improve the participants' resiliency components.

1.3.6 Art therapy and resilience

There is evidence indicated in research studies that art therapeutic practices can be used as a successful approach to improve resilience and encourage emotional growth (Malchoidi 2015:143-145; White 2018:112:113). As stated by leading art therapist and author Cathy Malchoidi (2015:144): "The resilience-enhancing capacities of art expression are not found in any one particular art-based activity, but within the characteristics of art making itself and also the relational dynamics between the individual and therapist". Creative processes are especially powerful in creating protective mechanisms and positive experiences, especially using images and metaphors, thereby contributing to the process of fostering resilience (Padesky & Mooney 2012:286-287; Kruger & Swanepoel 2017:93-94).

1.3.7 Art therapy and adolescents

Art therapy can be considered as a meaningful therapeutic method to use with adolescents as it might be easier for some to express themselves in a visual way. Therefore, certain adolescents may find it as an easier, less intrusive manner to communicate through creative processes, images, art making, and expressions than verbalising their emotions and thoughts through methods of more traditional verbal therapy approaches (Riley 2001:55; Moon 2012:5; Linesch 2015:252). The goal of this practice is then to empower the adolescent with other coping skills to deal with tension and stressors which might eventually lead to ego strength reinforcement, and conceivably more emotional maturation and understanding of their own perceptions and experiences (Briks 2007:2-3; Moon 2012:8; Linesch 2015:252-253).

Adolescents are also part of a technological competent generation, who grew up within a digital culture with technology readily available (Tapscott 2009:46; Gardner & Davis 2013:7; Boyd 2014:176). Digital media is by now ubiquitous in adolescents' lives and forms part of how they communicate, build identities, form friendships, learn, and socialise (Boyd 2014:7-8; O'Reilly, Levine & Law 2020:18-20). The working assumption from this study is then that art therapy may be considered as a useful tool to improve factors of resilience in adolescents who experience high levels of psychological stress.

1.4 THEORETICAL FRAMEWORK

The theoretical framework of a study can be described as the map that will help guide the process which the researcher will follow when designing and implementing a research study (Athanasou, Mporfu, Gitchel & Elias 2012:2). The theoretical framework of the study will be based on positive psychology theory, a strength-based approach theory, resilience theory in the psychological field, and art therapy theory.

1.4.1 Positive psychology theory

Positive psychology can be described as the systematic study of optimal human functioning (Linley, Joseph, Harrington & Wood 2006:8). The theory centres on appreciating past experiences, focusing on present emotional consciousness, and cultivating optimistic views of the future (Wilkinson & Chilton 2014:4). It therefore mainly tries to utilise harnessing positive emotions and exploring flexible cognition to build resilience to a positive outlook

on an individual's life, his/her meaning/purpose in life and, in the process, aim to improve mental well-being (Dominguez, Bobele, Coppock & Peña 2015:177; Wilkinson & Chilton 2018:220-222). Furthermore, it complements the use of art in therapy in which the client can engage in an empowering creative process to access these qualities within themselves and their own daily functioning (Hinz 2018:220). Positive art therapy, which forms the basis of the approach used in this study, therefore makes use of using the creative flow and activities in order to make the client aware of their own creativity, personal strengths, accomplishments, and potential for possible mental growth.

1.4.2 Strength-based approach theory

A strength-based approach in therapy then has its roots in humanist psychology approaches which emphasises the importance of focusing on the individual's internal strengths and positive attributes, which can therefore be seen as a form of positive psychology (Jones-Smith 2014:13-14). A strength-based therefore focuses on making the individual aware of their inner strength, and that it is within their power to harness it for positive coping skills rather than dwelling on the negative or aspects in their life which cannot be changed/improved currently (Pasaili 2012:38; Koydemir & Sun-Selişik 2016:434-435). The approach used in this study will thus work from the premise that each participant possesses various inner strengths and positive qualities, and additionally have the internal ability to find strength in various activities and daily experiences to enhance their own resilience using self-expression in creative activities (Padesky & Mooney 2012:283-284; Koydemir & Sun-Selişik 2016:434-435).

1.4.3 Resilience theory in the psychological field

As discussed, earlier resilience theory was developed with the view that each individual possesses within themselves the capacity to overcome stressors and adversity. It can be defined as specific set out processes and behaviours which indicate how well an individual can adapt in order to overcome that which causes them discomfort or trauma (Worrall & Jerry 2007:35; Ungar & Theron 2019:442; Ungar, Theron, Murphy & Jeffries 2021:1-2).

Adolescence can be seen as a developmental stage which is especially vulnerable to feeling that they cannot overcome adversity as they face daily stressors, and often do not possess the cognitive maturity or emotional regulation to feel they can cope adequately (Fritz, Stochl, Fried, Goodyer, van Borkulo, Wilkinson & van Harmelen 2019:2-3; Hölzge, Theron, van

Rensburg, Cowden, Govender & Ungar 2021:587-588). The researcher therefore underscores the need to provide adolescents with the proper mental health care in order to assist them in developing the skills, and therefore resilience, in coping with daily stressors.

1.4.4 Art therapy theory

Art therapy theory can in broad strokes be defined as the use of creativity in therapy in order to help the individual gain insight into their own behaviour, emotions, and thoughts, and to solve inner conflict by working through an indirect basic creative process (Worrall & Jerry 2007:41; Malchiodi 2012:6-8). It gives the psychologist and individual the chance to unpack inner turmoil and past experiences in a meaningful manner that do not always have the same trepidation as having to verbalise personal thoughts which can be daunting to many people (Pasiali 2012:41; van Rensburg, Theron & Rothmann 2018:76-78). This theory then fits in especially well as a tool to foster resilience as it creates a safe space for the individual to analyse past experiences and present emotions and process it using creativity and imagination with the purpose of creating something with personal meaning and purpose.

The theories where chosen as Positive psychology and Strength based approach used in therapy is the technique which was used during the art e-therapy session as it was proven to help with improving resilience factors and reduce stress. As the adolescent participants are at a stage where they cope with many difficulties it was decided to approach the sessions with a positive, strength enhancing approach which emphasises self-esteem building qualities. Resilience theory and art therapy theory where selected as it form part of the purpose of the study and contributes to the farmwork which underlies the structure of the study. The theories contributing to the theoretical framework will be discussed in more detail in the literature review in Chapters 2 and 3.

1.5 PURPOSE OF THE STUDY

To summarise the positioning of this study, given the phenomenal advances in technology and its influence on communication and daily interaction, the researcher deemed it necessary to investigate the use of digital medial through e-therapy in a South African context (Barack & Grohol 2011:160; Dalton 2018:18-21). Furthermore, since current adolescents have grown up in the digital age, it was especially insightful to investigate the use of e-therapy with this age or developmental group (Boyd 2014:7-8; O'Reilly, Levine & Law 2020:1-2). As discussed, art therapy can be considered a very successful medium of therapy with

adolescents and was therefore used as the therapeutic intervention in this study (Riley 2001:55-57; Moon 2012:11-13). Many adolescents experience high levels of psychological stress due to various factors. They may therefore benefit from receiving support to help build their resilience skills in order to cope better with their daily lives (Evans-Whipp & Gasser 2018:109-110).. The study was specifically narrowed down to a Cape Town, Western Cape, South Africa independent¹ school environment. The possible use of e-therapy in the practise of art therapy is also then significant for therapeutic practices and there is a need to examine the effectiveness of this mode of therapy delivery, especially in the context of South Africa as psychological services are extending modalities of therapeutic service delivery (Dalton 2018:20-22; Shava & Chinyamurindi 2018:827). The question of whether e-therapy can be used in art therapy practices then formed the motivation for this study regarding fostering resilience in adolescents who experience high levels of psychological stress.

The purpose of the study was thus to fill the existing gap in the body of knowledge in the field, particularly in the South African context since there are no similar studies to the researcher's knowledge.

1.6 RESEARCH QUESTIONS

The research questions that guided the researcher are presented below:

The main research question of this study was:

“How does art therapy delivered through e-therapy influence the resilience of adolescents experiencing psychological stress?”

The sub-research questions of the study were:

1. What can be considered essential aspects of e-therapy and the art therapy process?
2. How can psychological stress influence adolescents' overall functioning and would it be able to improve through participating in art e-therapy?
3. What factors mainly contribute to the concept of resilience and how can resilience be fostered in adolescents through use of art e-therapy?

¹ An independent school in South Africa is privately governed and not part of the public school system. They must however be state registered and provide standards of education comparable to those of public school institutions (Independent Schools Association of Southern Africa [ISASA] 2021:1).

4. Which factors contributes to the benefits and limitations of art e-therapy sessions.
5. Can art e-therapy be used to improve adolescents' resilience to improve coping with high psychological stress?

1.7 AIM

The aim of this study was to investigate how art therapy delivered through e-therapy can influence the resilience of adolescents experiencing high levels of psychological stress.

1.8 OBJECTIVES

The objectives of this study were to:

- 1) Investigate e-therapy, the practice of art therapy, its use of digital media as well as art therapy's delivery through e-therapy.
- 2) Look at how psychological stress can influence adolescents' functioning and whether it can improve through participating in art e-therapy.
- 3) Explore factors contributing to resilience specific to adolescents and discover how resilience can be fostered in adolescents using art e-therapy.
- 4) Gather empirical research with the aim of establishing the benefits and limitations of art e-therapy sessions.
- 5) Determine whether art e-therapy can be used to improve adolescents' resilience to improve coping with high psychological stress.

1.9 RESEARCH DESIGN & METHODS

Considering that the aim of the study was to investigate the use of e-therapy in art therapy to determine its effect on the resilience levels in adolescents, the research method consisted of a literature review and a research design that suits the research questions.

This study made use of a qualitative design embedded in an interpretivist framework. This section provides a brief overview of the research design and methods. Figure 1 presents an overview of the research design and methods, which is elaborated on in more detail in Chapter 4.

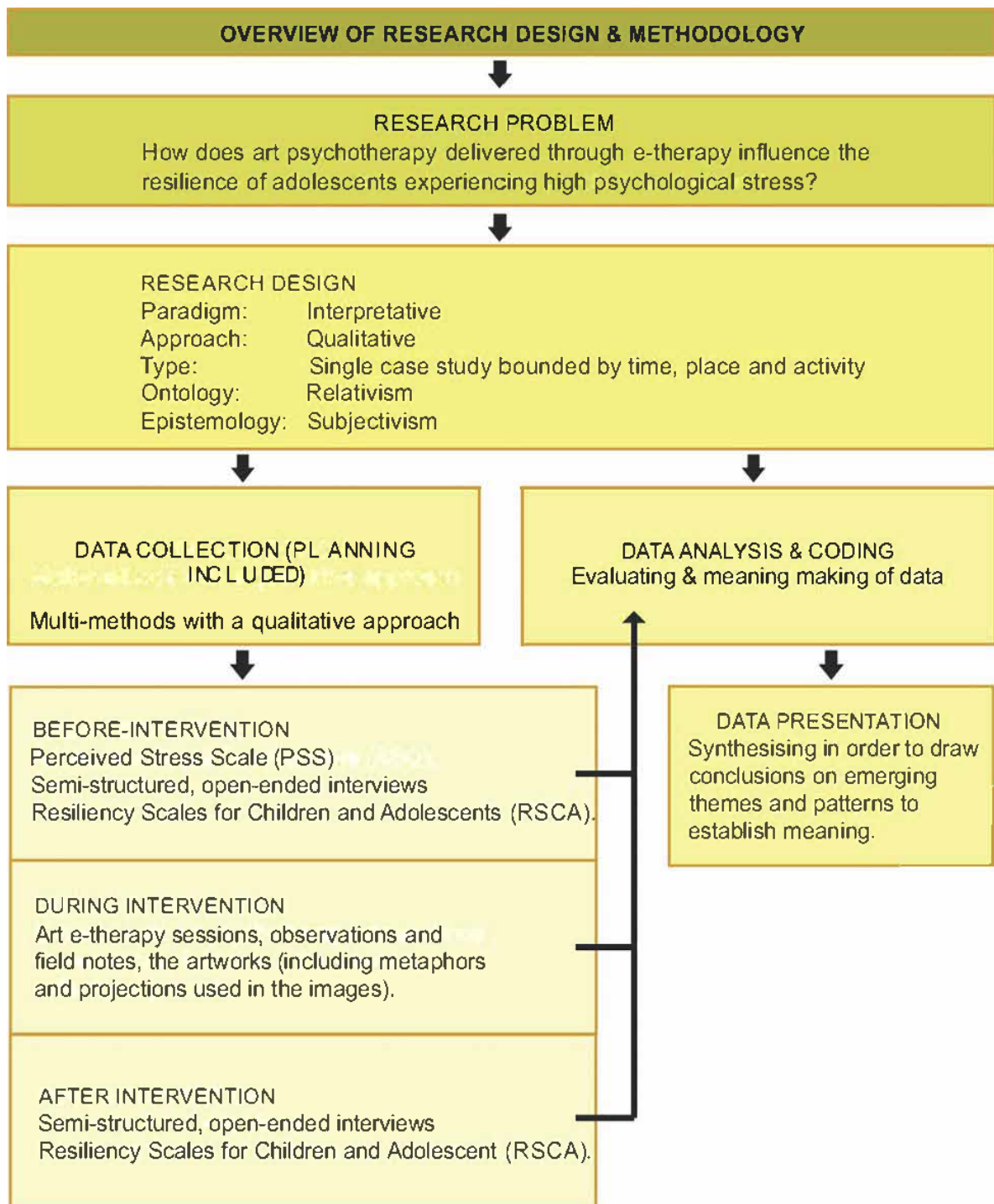


Figure 1: Overview of the research methodology

1.9.1 Research methodology

Research methodology indicates the chosen procedures and techniques utilised to explore the information to support and investigate the main aim of the study. The research design outlines the procedure that was followed to conduct the empirical study to address the research questions and obtain the aim of the study (McMillan & Schumacher 2010:20; Delpont,

Fouché & Schurink 2011:297-298). The research design can be outlined by the following description of the research paradigm, research approach, as well as type of study.

1.9.1.1 Research paradigm: Interpretivism

A *research paradigm* encompasses the context into which the theories, beliefs and ideas about the ideologies of society, and our information regarding it, fits into (Delpont et al 2011:298; Scotland 2012:9; Khaldi 2017:17-18). This also include the ontology, therefore, the categorisation of the being or entity, and epistemology, the concept of how we understand knowledge (Scotland 2012:9; Khaldi 2017:17-19).

The focus of this study was that all interpretations of meaning are associated with the specific social construct of each participant (Cohen & Crabtree 2006:2-3; Amineh & Asl 2015:10; 13). The research paradigm for this study was therefore chosen to be *interpretivism*, which infers that the reality of individuals depends on their social construction and context which is influenced by variable factors (Mack 2010:7-8; Amineh & Asl 2015:13-14). Therefore, the ontological assumption, thus the view of reality, underpinning the study was *relativism*. Grounded on the ontology of relativism, it was therefore indicated that the researcher conducted the study with the intent to explore and describe the personal experience of each participants' reality with their own contextual meanings (Scotland 2012:11-12; Killam 2013:7, 16).

The epistemology of the research, which involves the view of how knowledge is acquired, was then based on the notion that the fundamental significance of certain emotional, thought, and behavioural patterns needs to be interpreted subjectively according to each individual's constructed reality (Mack 2010:7-8; Jackson 2013:53). The epistemology of this research design could then be defined as *subjectivism*, which is based on trying to understand the experience of real-world phenomena by the participants (Scotland 2012:11; Killam 2013:8, 45).

1.9.1.2 Research approach

Guided by the notion of the study being directed from an interpretivist paradigm, a qualitative research design was selected. This indicated that it would be a study into a naturally occurring phenomenon with a context sensitive approach, which will be discussed in more depth in Chapter 4. An important aspect of qualitative research which guided this study, is that the

researcher must consider the importance of contextual factors and its influence on the study. Involvement with the participants are therefore necessary to gain understanding of their lifeworld while ensuring subjectivity is maintained (McMillan & Schumacher 2010:322; Killam 2013:23-24).

1.9.1.3 Research design

For this study the researcher selected a *case study design* in order to collect in-depth data about the use of art e-therapy with adolescents with high psychological stress levels in order to improve their resilience. The goal of a case study design is to explore the lifeworld of individuals (participants) to gain a better understanding of their experience and reality, and the significance they attach to their experiences (Fouché & Schurink 2011:320-321; Ramlo 2022:108). A descriptive case study approach was followed, which means that an intervention on a specific phenomenon was studied in a specific context (Maree 2018:82).

The main purpose or decision of choosing to follow a case study design includes that it offers the researcher an opportunity to establish a relationship with the participants, and thereby significant insights with a high construct rationality can be construed (Yin 2011:6-7; Keutel, Michalik & Richter 2013:256). This links with the interpretivist paradigm and qualitative approach which is applicable to this study as it focused on the individual experiences of each participant regarding the effectiveness of art e-therapy in order to help them foster resilience to cope more adequately with psychological stress (Baxter & Jack 2008:544-545; Keutel et al 2017:256). The study was an in-depth single-case study research design bounded by the time frame, place, participant characteristics, and activity of the study. The researcher therefore investigated the significance given to experiences and perceptions and attempted to structure these according to specific aspects which align with the meaning attached to it (Fouché & Schurink 2011:308; Keutel et al 2017:258). The use of a single-case study will be discussed further in Chapter 4.

1.9.2 Research methods

Research methods refer to the procedures, tools, and techniques that were used to gather and analyse the data of the study. This section describes the process for selecting the participants, along with the data collection strategies, data analysis methods, trustworthiness, and ethical considerations.

1.9.2.1 Participant selection and sample size

This study focused on selecting eight information-rich participants to shed light on the research topic. A single-case study was carried out by the researcher – in the role of both an educational psychologist and researcher – in an attempt to gain information about the possibility of using art therapy withing an e-therapy modality specifically aimed at improving the resilience of adolescents who experienced high levels of psychological stress.

The participants of a study are referred to as a *sample* and was selected from a specific societal group which meet specific criteria fitting to the research study. This group from which the participants are selected is referred to as the *population* of the study. In this specific study, the chosen population focused on South African adolescents ranging from the ages of 14 to 18 years who attend an independent high school in Cape Town. They were chosen specifically if they experienced high levels of psychological stress who will benefit from a therapeutic intervention to increase their resilience. *Non-probability sampling* within a convenient setting was then used in this study (Baker, Brick, Bates, Battaglia, Couper, Dever, Gile & Tourangeau 2013:93-94; Etikan & Bala 2017:215-217).

Criterion based purposeful sampling was employed when choosing the participants. This meant that the researcher selected participants who could provide detailed information and data about the chosen phenomenon of the research study, at a location where she worked previously and is therefore known to her (Palinkas, Horwitz, Green, Wisdom, Duan & Hoagwood 2016:533-536). A set of criteria and specific boundaries were employed to select participants who supported the purpose of the study and attempted to answer the research sub-questions. This is discussed further in Chapter 4.

The site selection was based within a convenient setting, namely at a school which has a pre-primary, primary, and high school campus, where the researcher worked as the head of the learning support team on the primary campus. Since she was employed in a leadership position at the primary school campus with no contact with the adolescent on the high school campus, conflict was avoided regarding the dual roles of psychologist versus researcher. Since the advent of COVID-19, the school also offers an online schooling option which continued as an option for learners – therefore the researcher worked with adolescents who chose to remain in the online system as well as some who chose to return to the traditional

school system of classroom attendance. A detailed description of the sample selection process and criteria are comprehensively discussed in Chapter 4.

1.9.2.2 Data collection

The purpose of qualitative data collection is to gain knowledge and in-depth understanding of a specific phenomenon in the context of the focus of the study. Specific data collection instruments were therefore chosen to select the participants, with the purpose of gaining in-depth information about the specific aims outlined by the study and to answer the research problem and sub-questions (Killam 2013:25-26).

Data collection took place in five phases, namely: planning the strategies for data collection, various data collections strategies before, during, and after the intervention and analysis of the data. The following procedures were followed:

1) Planning data collection strategies:

- The researcher obtained ethical clearance from the University of South Africa's (UNISA) Ethical Review Committee (See Addendum A) as well as written consent from all the relevant professional bodies concerned with the research study (See Addenda B, C and D).

2) Before the intervention:

- Interested parents and participants were contacted and the Perceived Stress Scale (PSS) was used as a screening tool to determine participant suitability as well as obtain parental consent (Manzar, Salahuddin, Peter, Alghadir, Anwer, Bahammam & Pandi-Perumal 2019:2).
- During the first meeting session with each of the eight participants, the researcher conducted a semi-structured interview which consisted of open-ended questions to gain background information, build rapport, and gain an understanding of the participants' emotional well-being and functioning.
- In the same session, the researcher asked the participants to complete The Resiliency Scale for Children and Adolescents (RSCA) (Prince-Embury 2007:1). This was then used as a qualitative measuring tool to compare after the completion of the art therapy e-therapy session to determine whether the intervention made a difference to the resilience of the specific participant.

3. During the intervention:

- The researcher had individual art e-therapy sessions (six sessions for each of the eight participants) which utilised a directive-based intervention approach through an e-therapy platform.
- Artworks, either with digital or traditional media, were created during these sessions by each participant. The process was thoroughly documented by recording the session and by the researcher making observations and notes to document relevant information. The participants' expression during the creative process as well as the created artworks from the participants were used in the data findings (Curtis & Curtis 2011:10-12, Vaismoradi & Snelgrove 2019:2, 6).

4. After the intervention:

- After the conclusion of the art therapy e-therapy sessions, the researcher conducted an online semi-structured, open-ended interview with each participant in order to gain information about their experience of the process, their perceived psychological stress levels, and belief about their own resilience capabilities after the intervention.
- In the same online meeting, the researcher asked them to complete The RSCA (Prince-Embury 2007:1) again in order to measure whether changes took place in the participants' perception of their resilience levels.

5. Formal data analysis procedures as discussed below and in detail in Chapter 4.

1.9.2.3 Data analysis

The data were then evaluated by an inductive approach (letting the data determine themes) by recording it, evaluating it, and integrating the findings to enable the researcher to make certain reliable assumptions and inferences (Caulfield 2019:1). Main findings were identified, investigated, and outlined in order to interpret the data.

Data analysis entailed the following steps: (1) familiarisation with the data, (2) coding, (3) generating possible themes, (4) reviewing the themes, (5) defining the themes, and (6) summarising the data (Caulfield 2019:1). The data findings were then displayed and presented in a precise, logical manner to ensure understanding of the information derived from the research process. It was also appraised by the researcher's study supervisor to ensure correct interpretation and that the findings are reliable and trustworthy. The process of data analysis is extensively discussed in Chapter 4.

1.10 TRUSTWORTHINESS

Trustworthiness in a qualitative research study ensures that data findings are sound and that the conclusions made from the summarised results are valid and accurate (LaBanca 2010; Lincoln, Lynham & Guba 2018:108-109). The following four criteria proposed by Lincoln and Guba (Schurink, Fouché & De Vos 2011:419-420) were used to safeguard the trustworthiness of this study:

1.10.1 Credibility/Authenticity

Credibility infers that the understanding and the representations of the findings which the researcher concluded has the same meaning as understood by the participants (Schurink et al 2011:419-420). For example, the researcher interpreted the experience of creating a specific piece of artwork or meaning to the specific imagery by conferring with each participant afterwards (McMillan & Schumacher 2010:330-335).

1.10.2 Transferability

Transferability refers to whether the data findings can be applied to another context, sample, or population group, or even research study (Lincoln et al 2018:13). Transferability would be obtained if the findings are applied in further contexts or research studies as recommended in Chapter 7.

1.10.3 Dependability

Dependability is obtained by how the research process and empirical data is recorded and reviewed. It should be logical, precise, and presentable for revision (Schurink et al 2011:419-420). This criterion was met by ensuring all communication with participants, questionnaires, sessional notes, reflections, artworks, and online sessions were recorded and saved with password protection so that it could be reviewed in depth at any stage.

1.10.4 Conformability

Conformability concerns whether the study was conducted objectively and if the researcher could present adequate data findings to substantiate the interpretations and conclusions of the study (Schurink et al 2011:421; Lincoln et al 2018:14). This was achieved in this study by collaborating with the researcher's supervisor and other professional peers when necessary.

1.11 ETHICAL CONSIDERATIONS

In addition to the ethical guidelines specific to e-therapy the following ethical principles for research were adhered to in this study:

1.11.1 Ethical clearance

Before commencing with the study, the researcher obtained the necessary ethical clearance from UNISA's Ethical Review Committee (Addendum A) which provided approval to conduct the empirical study.

1.11.2 The principle of non-maleficence

This ethical principle refers to the most essential rule of ethical research, to not harm any of the participants during the study (Marshall & Rossman 2016:145-148). In this regard, the researcher endeavoured to make sure that each participant did not suffer any negative consequences by participating in this study and intervened appropriately when necessary.

1.11.3 Informed parental/guardian consent and participant assent

The consent and assent process of a research study includes relaying all relevant information of the study to the participant, including the purpose, nature, and process of the study (Marshall & Rossman 2016:145-148; Fleet, Burton, Reeves & DasGupta 2016:329-331). The researcher ensured to relay all relevant information to all involved in the study at all times.

1.11.4 No dishonesty towards participants

This involves being disingenuous to the participants in any way, including concealment of certain information from the participant (Strydom 2011:118-119; Fleet et al 2016:230-232). In this regard, the researcher communicated honestly with all the participants during the selection and the whole research process.

1.11.5 Confidentiality & anonymity

Confidentiality of all participants was guaranteed, and for the sake of anonymity, the researcher used pseudonyms and changed and any other identifying information to safeguard the participants' identity and thereby avoid psychological harm or distress (McMillan & Schumacher 2010:339; Killam 2013:16-17).

1.11.6 Considerateness, equality, and debriefing

The researcher also endeavoured to implement an approach of consideration and fairness to guide her actions and interactions with all the participants (McMillan & Schumacher 2010:339). The researcher felt like she handled challenging emotional experiences during the art therapy e-therapy sessions as well as the semi-structured, open-ended questionnaires, in a professional and empathetic manner. If further therapeutic intervention was needed after the conclusion of the study, the researcher offered to continue working with the participant or offered to refer them to other mental health professionals.

1.11.7 Credibility and possible publication of findings

The research findings and conclusions are required to be accurate and reflect the actual experience of the topic that formed part of the research study (McMillan & Schumacher 2010:339-140). In this study, the findings from the research process were properly analysed and clearly articulated to reduce the risk of bias interpretations. All participants agreed for the findings to be used in the research project in agreement to their identities remaining confidential (Strydom 2011:126; Creswell & Poth 2018:260).

1.12 CLARIFICATION OF KEY CONCEPTS

The key concepts used in this study are defined below:

1.12.1 Art therapy

Art therapy can be described as utilising various creative processes, with a variety of visual art making tools and processes to engage therapeutically with a client. There are several techniques that can be used, and it normally combines several therapeutic approaches (Malchiodi 2009:1; Rubin 2016:6-8; Malchoidi 2018a:1).

1.12.2 E-therapy

E-therapy mainly refers to the conveyance of mental health services using wireless connections, therefore mostly the Internet. Although it can also encompass therapeutic programmes (for instance an online programme completed by the client in their own time), it mostly refers to a simultaneous interaction between the psychologist and the client as an alternative to traditional in-person therapeutic services (Abbott, Klein & Ciechowski 2008:360-365; Travers & Benton 2014:40).

1.12.3 Art e-therapy

Art e-therapy is the term used in this study to define the use of art therapy techniques and practices through the online modality of e-therapy.

1.12.4 Adolescence

Adolescence typically refers to the developmental stage which starts with the onset of puberty and ends with the guardian independence, roughly between the ages of 12 to 18 years. It is a period of physical, cognitive, and socio-emotional changes and explorations of the individuals' sense of self and identity (Jaworska & MacQueen 2015:291).

1.12.5 Resilience

Resilience can be defined as an individual's capability to overcome adversity. It can be seen as a dynamic framework of outcomes, behaviours, and psychological processes that show mental well-being despite factors which cause difficulties or threats to adaptations (Worrall & Jerry 2007:35; Pillay 2020:1-2).

1.12.6 Psychological stress

Stress can be defined as the body's response to any change or factor that may cause physical, emotional, or psychological tension or strain which can be due to external or internal influences and its effects may differ from person to person (Cooper & Quick 2017:1-2).

1.13 CONTRIBUTIONS & LIMITATIONS

This section mentions the possible contributions and limitations at the start of the study.

1.13.1 Contribution

The hoped-for outcome of the study is that it would contribute to the field of art therapy to shed light on how e-therapy can be utilised in building the resilience of adolescents. The underlying assumptions were that e-therapy interventions may be useful methods to employ when working with adolescents, and that they may add to the tools and skill sets of psychologists who wish to employ art processes in their practice.

1.13.2 Limitations

Some limitations which were considered as a possibility during the course of the study included:

- The possible withdrawal of participants from the study and/or unwillingness to participate in some of the sessions.
- Participants might have shown some resistance to the art therapy, e-therapy process or the empirical research methods that were used.
- It was also a concern that some participants might not feel comfortable with specific/personal information to be included in the study.
- Only a small sample of participants were used.
- Only qualified psychologists will be able to use the methods and recommendations of this study.

1.14 OUTLINE OF CHAPTERS

The following chapter division provides a framework for the study:

Chapter 1: Introductory orientation

This chapter included an introduction to the specific research field and the theoretical framework of the study, the main research problem and sub-questions as well as the aim and objectives of the study. It also included a brief outline of the research design and methodology, ethical considerations, clarification of key concepts, and possible contributions and limitations of the study.

Chapter 2: Literature review of e-therapy and art therapy

This chapter focused on describing and discussing the definition and use of e-therapy as well as art therapy in the field of mental health.

Chapter 3: Literature review of theoretical framework and relating factors

This chapter consisted of a description of the theoretical framework of the study. Psychological stress, adolescence and resilience were also defined and described. The specific use of art therapy with adolescents and how art e-therapy sessions may work with adolescents with high psychological stress to improve their resilience were also outlined.

Chapter 4: Research methodology

This chapter presented a comprehensive exposition of all the elements of the research design and methodology of the empirical study.

Chapter 5: Findings of empirical research study

This chapter discussed the results of the empirical study. It specifically focused on the background information of the participants, the before intervention findings, and a detailed presentation and discussion of each participant's art e-therapy sessions.

Chapter 6: Continued findings of empirical study

This chapter presented the data analysis of the after-intervention findings. This included a summary of all the participants and the intervention process's results. It then discussed the themes and sub-theme that emerged from the data analysis and findings according to the theoretical framework of the study.

Chapter 7: Conclusions and recommendations

This chapter presented a synopsis of all the chapters as well as summary of the study in a format that outlined the data findings according to the main and sub-research questions. It then discussed the limitations, contributions, and recommendations of the study, followed by a final summary which focused on the main purpose of the research study.

1.15 CONCLUSION

This research study aimed at investigating the concept of e-therapy and its possible collaboration with the practice of art therapy specifically with South African adolescents. The focus was on improving the resilience of adolescents experiencing high psychological stress using art e-therapy sessions. To provide a foundation for the research study the initial awareness and brief outline of the research field, as well as theoretical framework leading to the main research question, were outlined. The objectives and aim of the study were then identified.

The research design and methods were also briefly described as well as the process of data collection and analysis. The ethical considerations and key concepts specific to the study were defined as well as possible contributions and limitations which were considered. The chapter concluded with an outline of the chapters including in the study.

CHAPTER 2

LITERATURE REVIEW OF E-THERAPY & ART THERAPY

“The art challenges the technology, and the technology inspires the art”
(John Lasseter 2012:1).

2.1 INTRODUCTION

As is eloquently put in the quote above, art can be seen by some as a form of human expression, and through the researcher’s own experience, it can be combined with technology to inspire new creative ventures. In this chapter the researcher will endeavour to explore and describe two of the essential concepts that form the theoretical background of this study, namely e-therapy as a mode of delivery of the main concept art therapy, referred to as art e-therapy.

The structure of this chapter is as follows. Following the introduction, the concept of “e-therapy” is unpacked in detail. Specific issues given consideration here include: technology and mental health services; a definition and explanation of the different types of e-therapy; benefits and limitations of e-therapy; ethical considerations related to e-therapy; and videoconferencing software for e-therapy. The second main concept is then unpacked, namely “art therapy”. The topics discussed related to this concept include the construct of art; what constitutes art therapy; the role of the art psychologist; and the value of art therapy. The focus then shifts to technology and digital media in art therapy. This section looks at digital media and imagination; digital media and connection to the senses; digital media and creativity; and several other aspects related to the topic. The penultimate section discusses art therapy and e-therapy, looking at the use of art therapy through the means of e-therapy. The next sub-section looks at art materials and artmaking software applicable to this research study. Finally, a brief conclusion brings the chapter to a close.

2.2 E-THERAPY

2.2.1 Technology & mental health services

Innovations in technology have expanded rapidly in recent years, and communication technology has infiltrated the professional as well as personal lives of most individuals.

Technology is such an integral part of our daily functioning that it cannot be separated from our relationships and interactions with others (Hertlein & Ancheta 2014:313). The use of technology has changed the way people interact and communicate with one another and has permeated most professional services (Hertlein 2010:117; Fantus & Mishna 2013:466).

With global advances in communications technology, the delivery of mental health services remotely is becoming increasingly common (Fantus & Mishna 2013:467; Thompson 2016:5-6). It is essential for healthcare providers to realise that modern day technology is linked to the way people experience connection with themselves, as well as with others, and to consider the opportunities to facilitate that expression in the therapeutic process (Hertlein & Ancheta 2014:315; Fairburn & Patel 2017:19-20). The innovative use of telecommunication technology in mental health services can be referred to as “telehealth”, and mostly indicates the use of communication software between the client and psychologist (Sucala, Schnur & Constantino 2012:110); Joint Task Force for the Development of Telepsychology Guidelines 2013:791-792; Zubala & Hackett 2020:161). Various forms of technology such as the telephone, mobile devices, email, chat messages, and videoconferencing are included in this communication method, and these types of strategies and/or interventions are often used in combination with each other to optimise the therapeutic process (Bischoff 2010:178-183; Haig-Ferguson, Loades, Whittle, Read, Higson-Sweeney, Beasant, Starbuck & Crawley 2019:44; Fairburn & Patel 2017:21). This study mainly focused on art therapy delivered through the Internet and will use the term “e-therapy” as the researcher has experienced the necessity to incorporate technology in mental health services. The aim of the study is then to investigate the use of art therapy in e-therapy and whether it can be successfully utilised with adolescents who experience high psychological stress to build resilience, specifically in a South African context.

2.2.2 Definition and types of e-therapy

There has been a dramatic increase in handheld devices and access to the Internet across all demographics of the population (Barack & Grohol 2011:155; Fantus & Mishna 2013:468; Haig-Ferguson et al 2019:45). The Internet has had a dramatic impact on the way information is delivered and people are linked (Man-Hal Baugaus 2001:552-553). Online communication has changed and added strategies that mental health therapists can use to connect with their clients, thus opening more avenues to explore in mental health practices (Fantus & Mishna 2013:467; Barker & Barker 2022:67). The use of the Internet and technology can therefore

be seen as a vehicle for channels of information, interactions, research, and exploring new concepts (Barack & Grohol 2011:156; Knechtel & Erickson 2020:24; Potash et al 2020:1). The Internet and wireless connectivity can be seen as having the potential to create and facilitate aspects of bonding and closeness between people when utilised appropriately (Hertlein & Ancheta 2014:317; Potash et al 2020:1-2). One of the biggest influences of the Internet on the mental health field is that it has provided people with access to therapeutic services that they would otherwise not have been able to access (Barack & Grohol 2011:155; Knechtel & Erickson 2020:24; Potash et al 2020:1).

Online interventions can be divided into various categories depending on the goals of the mental health service provided. As outlined by Dowling and Rickwood (2013:4), this includes online counselling and therapy, web-based interactions, Internet-operated therapeutic software and online support groups, assessments, and smartphone applications which are referred to as “apps” (Evans 2018:166; Haig-Ferguson 2019:44). Online counselling or therapy can be described as using technology as a medium of communication to provide a mental health service by a registered professional to an individual or group (Barack & Grohol 2011:157; Fairburn & Patel 2017:21). This form of therapy can be *asynchronous* with a time delay, for instance, email and forums; or *synchronous*, meaning in real-time, and includes chat programmes, audio calls, or videoconferencing (Dowling & Rickwood 2013:6; Fairburn & Patel 2017:21). “Web-based interactions” refer to mainly self-guided, prescriptive online programmes which can seek to improve an individual’s mental and health state through either self-help or therapist assisted interventions (Dowling & Rickwood 2013:6; Evans 2018:166; Andersson, Titov, Dear, Rozental & Carlbring 2019:19). Internet-operated therapeutic software makes use of more advanced software programming using artificial intelligence (AI) to create algorithms to mimic computer recreations of therapeutic responses. The last category outlines online support groups, assessments, and apps. Online support groups provide a space where individuals can communicate and support each other’s mental health, with or without the support of mental health professionals. Assessments may include screening tools like questionnaires which assess certain concerns/needs or mental health status; and there are various apps which may focus on the promotion of mental health, for example, daily affirmations, or tracking and transforming negative thoughts (Gamble et al 2015:292; Andersson et al 2019:20; Békés & Aafjes-van Doorn 2020:238).

As outlined above, the Internet has then specifically been adapted to mental health services in many ways, and although this study will make use of audio phone calls and emails, the focus will mainly be on the use of Internet-based, real-time therapeutic strategies, thus e-therapy through videoconferencing.

According to Abbott et al (2008:362), e-therapy can be defined as the interactions between a client and psychologist via the Internet to provide mental health services using a web-based treatment programme under the e-therapist's guidance. The focus is normally on providing a structured therapeutic service to treat specific concerns and may include chat-based exchanges, emails, videoconferencing, and/or virtual reality technology (Gamble et al 2015:292; Evans 2018:167; Andersson et al 2019:20).

The use of videoconferencing as a communication medium originated in the 1960's, with a gradual growth in usage (Andersson et al 2019:20; Haig-Ferguson et al 2019:144; Bekes & Aafjes-van Doorn 2020:238) and interest in e-therapy specifically over the past couple of years. This is due to technology becoming more accessible, sophisticated, and affordable, and well as the overall population growing more comfortable with using it in interactions (Bischoff 2010:174; Thompson 2016:6, Zubala & Hackett 2020:161). When considering e-therapy, the main deciding factor is whether both the client and the psychologist have the adequate hardware, software, as well as access to enough connectivity so that transmission (the communication quality) is adequate, and the quality of the service is maintained (Bischoff 2010:175; Haig-Ferguson et al 2019:44). It is also essential that both the parties receive all the information necessary for the correct treatment to be implemented, to the same extent as it will be obtained before the commencement of in-person therapy (Bischoff 2010:176; Evans 2018:166; Barker & Barker 2022:67).

With the start of the COVID-19 pandemic (WHO 2020:1), social distancing was mandated by governments across the globe, and many psychologists of all modalities and levels of experiences had to transition to online services, more specifically videoconferencing, despite limited experience or aptitude. There has thus been a drastic influx in the use of e-therapy by psychologists to assist clients with various needs (Zubala & Hackett 2020:161; Barker & Barker 2022:67).

2.2.3 Benefits & limitations of e-therapy

It is essential for all health practitioners to be informed about the possible benefits and limitations of e-therapy in order to inform the best course of practice. It can be noted that some of the factors overlap and have positive as well as negative aspects. Below is an outline of the most essential considerations of e-therapy:

2.2.3.1 Benefits of e-therapy

1) Availability, flexibility, and client access

E-therapy can improve ease of access and provide continual treatment of clients despite location, thereby greatly enhancing the ability to provide mental health services to more of the population. It also allows for the reduction of travelling costs and travel times for both the psychologist and client, implying that more people will be able to take advantage of these services (Békés & Aafjes-van Doorn 2020:238-239; Knechtel & Erickson 2020:24; Barker & Barker 2022:67). It is also able to provide a mental health service to underserved rural or urban populations who would otherwise not always have access to mental health services, due to either geographic, socio-economic, or limited resource areas (Bischoff 2010:274, Dowling & Rickwood 2013:2; Dalton 2018:20; Potash et al 2020:1-2). It therefore allows for greater flexibility as it can be accessed from anywhere with Internet connectivity and is not as strictly bound to time as traditional in-person therapy (Stoll, Müller & Trachsel 2020:5). It can also allow for more frequent contact between the psychologist and client and the range of services which can be available are increased (Wodarski & Frimpong 2013:32-33; Potash et al 2020:1-2). E-therapy can therefore be seen as providing more equal access to the population and empowering those who live in underserved areas (Chakrabarti 2015:289; Shava & Chinyamurindi 2018:827). E-therapy also gives a degree of security to the therapist by reducing the need to enter risky environments or engaging in-person with potentially unstable or threatening clients (Stoll et al 2020:6).

2) Therapeutic benefits and enhanced communication

Various sources indicate that e-therapy compares favourably and can be just as effective in meeting therapeutic goals as in-person therapy (Dowling & Rickwood 2013:2; Chakrabarti 2015:286; Haig-Ferguson 2019:44). Multiple therapeutic approaches and modalities can be adapted into e-therapy, making it a useful resource for practitioners of most therapeutic approaches either as a supplement or adjunct service (Johnson 2014:292; Potash et al 2020:1). Online interventions or provision of mental health services do not need to be complicated or

intricate in order to be beneficial to the client, and it has been proven that even simple tasks such as completing a questionnaire and receiving feedback or even minimal communication from a psychologist can be a positive experience for individuals (Barack & Grohol 2011:264; Fairburn & Patel 2017:21). Additional online material and websites can also be integrated into the therapy, allowing for innovative and informative approaches to be used in the process (Stoll et al 2020:5; Andersson et al 2019:19). The online therapeutic process can also be easily recorded and documented, with informed consent, allowing the goals and process to be revisited and reviewed by the psychologist and/or client (Stoll et al 2020:5; Gamble et al 2015:293). This may add to a sense of empowerment and control for the client and, in some cases, makes the therapeutic interaction more collaborative. It also enhances the accountability of both the psychologist and the client and may reduce the potential of malpractice (Evans 2018:266-267; Stoll et al 2020:5). Furthermore, the client also has the option to choose from a range of therapeutic services as well as various psychologists based on their personal preference, which adds to feeling more empowered in decisions regarding their own therapeutic treatment (Bauman & Rivers 2015:28-29; Potash et al 2020:1-3).

3) Convenience and acceptance

E-therapy also has the advantage of convenience – almost anyone with a compatible device can have access to e-therapy services. Thereby, allowing the convenience for psychologists and clients to have access to the service from any place, at any time, making it easier to fit into schedules, lessen travel time, and affording overall greater flexibility (Bischoff 2010:174; Evans 2018:167; Békés & Aafjes-van Doorn 2020:238-239). E-therapy has also increased in acceptance in the mental health field, and demand and interest has expanded greatly to classifying it as a viable mode of therapeutic service (Stoll et al 2020:5). As mentioned in Chapter 1, with the advent of the COVID-19 pandemic, most mental health services had to adapt to online practices. There is thus worldwide acceptance of using online services, especially videoconferencing, as a mode of therapy delivery (Békés & Aafjes-van Doorn 2020:238-239; Carlier, Powell, El-Halawani, Dixon & Weber 2020:202; Zubala & Hackett 2020:161).

4) Economic advantages

The cost of hardware, software, and Internet services has also become more affordable as technology develops and advances, therefore making it more accessible to a bigger part of the population (Andersson et al 2019:20; Békés & Aafjes-van Doorn 2020:238-239). E-

therapy allows the psychologist to reach more patients which can lead to the provision of more services to more of the community and society. This has the potential to reduce healthcare costs and address the undersupply of mental services in various regions (Evans 2018:167; Shava & Chinyamurindi 2018:827; Stoll et al 2020:5).

5) Anonymity, privacy and reducing stigma

This mode of delivery offers a degree of anonymity for those who may seek it and is more accessible for otherwise isolated or stigmatised groups (Abbott et al 2008:364; Andersson et al 2019:20-21). Moreover, some clients may find it easier to express themselves online than in-person; they might feel more secure communicating from a digital distance, or choose to express themselves in written format via emails or blog platforms (Fantus & Mishna 2013:470; Fairburn & Patel 2017:21; Schuster, Pokorny, Berger, Topooco & Laireiter 2018:11). The degree of privacy/anonymity may also allow clients to feel less inhibited which leads to greater self-reflection and expression (Barack & Grohol 2011:156; Andersson et al 2019:20-21). E-therapy also reduces barriers to in-person therapy, such as fear of social stigma, which gives the opportunity for individuals who would not consider face-to-face therapy to reach out for online mental health services (Kramer, Mishkind, Luxton & Shore 2013:84-85; Schuster et al 2018:11-12).

6) Online teaching and supervision

Online technology allows opportunities for inter-professional communication which gives opportunities for worldwide exchanges of information, thereby increasing the access to online teaching and supervision (Schuster et al 2018:11-12; Stoll et al 2020:6). As written communication is stored and videoconferencing sessions can be recorded, with consent, it can be used for supervision which may benefit the overall quality of the delivery of e-therapy services (Mallen, Vogel & Rochlen 2005:780; Evans 2018:16; Zoom 2021:1).

7) Emergencies

E-therapy can be essential in crisis intervention, for instance if a client experiences suicidal or homicidal tendencies they can have more immediate access to services which may assist with prevention and the necessary care. An example of emergency and preventative care is telephonic assistance such as suicide hotlines or 24-hour text messaging counselling services (Situmorang 2020:167; Stoll et al 2020:6).

8) Therapeutic relationship

According to Bischoff (2010:175), one of the greatest determinants of a positive outcome of therapy is the client's perception of the therapeutic relationship. It is essential that the client resonate with the psychologist and can put personal trust in their professional capabilities as well as the therapeutic process (Schuster 2018:11-12; Andersson et al 2019:20-21). Although some might find it more challenging to connect (discussed with limitations), it seems there is evidence demonstrating that it is possible to build a constructive therapeutic relationship with online communication, reflecting the same qualities as in-person relationship building (Holmes & Foster 2012:14; Andersson, Cuijpers, Carlbring, Riper & Hedman 2014:293; Fantus, Mishna & McInroy 2017:52). Some individuals may even prefer an online relationship and find it easier to share their thoughts and emotions on a digital platform, whether through videoconferencing, instant messaging, or written formats (Schuster 2018:12; Situmorang 2020:168).

2.2.3.2 Limitations of e-therapy

1) Possible breaches of confidentiality and security

E-therapy has certain limitations with regards to confidentiality and privacy as online information can be breached and has the potential to influence both the psychologist and client negatively (Lee 2010:3; Schuster et al 2018:11-12). As digital information is stored online, the client must be informed that there is a risk for online information to be accessed and although all precautions to protect data will be taken, complete confidentiality cannot be guaranteed (Fantus & Mishna 2013:470; Evans 2018:167). There is also the risk for human error and care must be taken when sharing devices and physical space with other people – in case personal information can be accessed or overheard (Lee 2010:3; Békés & Aafjes-van Doorn 2020:239). For instance, extra effort must be taken to keep email inboxes private, especially when sharing a computer, and ensuring that data such as emails are sent to the correct recipient's address with the appropriate information (Evans 2018:167). The Internet server must also be secure with firewalls and encrypting services, and all files should be password protected (Abbott et al 2008:366; HPCSA 2022:12-14).

2) Lack of competence with technology

Not all psychologists and clients are sufficiently proficient with the use of technology and the software that is required for the use of e-therapy. If one or both parties are not comfortable and at ease with digital devices, it can cause distractions, lead to frustration, and negatively

impact the therapeutic process (Mallen et al 2005:780; Schuster et al 2018:11-12). Competence with technology must be discussed during the consent process and it is the psychologist's responsibility to ensure they can manage the digital requirements if they want to undertake e-therapy (Regueiro, McMartin, Schaefer & Woody 2016:293; HPCSA 2022:12-14). If the client is not technologically skilled, it must be discussed whether they can seek technical assistance and receive support where necessary and whether the psychologist can assist them effectively (Evans 2018:167).

3) Technological malfunctions and negative use of Internet

Technological glitches and challenges with hardware, software malfunctioning, or Internet connectivity issues may also add to frustration and hinder the goals of the therapeutic relationship and process (Regueiro et al 2016:293; Stoll et al 2020:7-8). Although care can be taken to lessen interruptions, unforeseen circumstances like loss of electricity or connectivity to the service provider remain a concern, especially in a country such as South Africa that experiences regular electricity outages (Chipise, Wassenaar & Wilkinson 2019:348). The overuse of the Internet can also have negative effects as it may lead to screen time burnout, further social isolation, and in some cases even add to Internet addiction (Rizq 2020:342; Stoll et al 2020:7-8). These challenges and the possible interruption of services need to be outlined and discussed before the commencement of e-therapy (Chipise et al 2019:342-348).

4) Psychologist technological incompetence, lack of training, and regulation of standards

It is essential to note that general therapeutic skills utilised in in-person therapy does not automatically translate into adequate online therapeutic skills (Schuster 2018:11-12; Stoll et al 2020:7). Many psychologists have not been officially trained in the use of online intervention and could potentially be lacking in technology-related proficiency (Bèkés & Aafjes-van Doorn 2020:238). E-therapy's ethical standards and legislative matter have also not been as well defined as traditional in-person therapy. It is therefore difficult to monitor the delivery of all online services (Chipise et al 2019:247-348; Stoll et al 2020:7). The limitations in competence might include uncertainty in how to engage with clients online, how to build therapeutic rapport, how to problem solve digital challenges, how to overcome the possible lack of visual and non-verbal cues, and how to create an online structure in which a client will feel safe (Gratzer & Goldbloom 2019:233). It is essential for the psychologist to

ensure they have the necessary knowledge in best online practices, that they develop skills to cope with specific e-therapy demands, and that they know and apply the appropriate ethical and legal regulations.

5) Communication issues and dehumanisation

There are also limitations with regards to the communication process in online interactions. E-therapy cannot provide a multi-sensory experience, meaning including all five senses in the communication/therapy process (Schuster 2018:11-12). Behavioural observation and non-verbal information and cues might also be incomplete and even missed by the psychologist due to the digital distance, leading to inaccurate communication and misinterpretations (Bischoff 2010:176; Stoll et al 2020:7-8). The same applies to the client who also needs to gather information and non-verbal cues from the psychologist to build a constructive therapeutic relationship, which might be hindered or restricted by the spatial distance of a digital mode of delivery (Stoll et al 2020:7-8).

Some psychologists might also be concerned that it is difficult to foster the same therapeutic climate and atmosphere than in-person contact and struggle to convey emotions such as empathy which is essential for building a positive therapeutic relationship (Rizq 2002:336; Chipise et al 2019:346-348). Additionally, some psychologists may also feel more tired, less connected, and authentic, and in doubt of their level of competence. Psychologists and clients might also experience the constant use of technology overwhelming and feel as if they are losing touch with the more “human”, personal component of interaction. The barrage of online communication can lead to feeling emotionally and physically drained; the psychologist thus might be required to implement self-care in the form of lessening screen time and receiving emotional peer support when necessary (Békés & Aafjes-van Doorn 2020:238-239, Rizq 2020:336; Stoll et al 2020:7-8).

6) Possible lack of care or access with emergency situations

Providing adequate emergency care remains a big concern in the provision of e-therapy. In the case of a risk situation, the psychologist might not be privy to all information such as the client’s correct identity or location to impose the correct interventions. It is therefore essential that the psychologist outline possible safety procedures to the client when obtaining consent before e-therapy commences (Evans 2018:167; Chipise et al 2019:346-348). Proper contact information is then also required as well as the provision of contact information for other

mental health specialists to the client, who can assist if a risk situation arises (Lee 2010:2; HPCSA 2022:11-12).

7) Restrictions with regards to practicing across country or provincial borders

Practising across state, provinces, or country borders may have legislative, licensing and cultural limitations of which the psychologist must be aware and adhere to (Stoll et al 2020:7). If the psychologist resides in a different country from the client, it may result in different governing licencing, practice ethics, and law requirements. This may be especially concerning when emergency situations or other practice issues or violations occur. Psychologists must ensure they act and practise under the correct legislative framework and within their scope of practice (Regueiro 2016:293). The psychologist must also be aware of cultural differences and the potential of misunderstanding culturally specific references especially in online communication. If necessary, the client can rather be referred to a local mental health specialist or psychologist to ensure they receive the best care for their needs (Schuster et al 2018:11; Chipise et al 2019:346-348; Stoll et al 2020:7-8).

8) Possible crossing or lapse of professional and personal boundaries

As e-therapy has evolved and added avenues for the psychologist and client to communicate, it also has the potential to influence perceived professional boundaries in the therapeutic relationship (Lee 2010:3; Fantus & Mishna 2013:473). One specific consequence is the psychologist's accessibility, and clear boundaries must be stated regarding communication availability, expectations, and response times (Fantus & Mishna 2013:473; Schuster et al 2018:11; Chipise et al 2019:346-348). A psychologist must also be aware of personal information that is readily accessible, for instance, social media profiles, and necessary precautions such as privacy filters must be used. The psychologist must also be conscious how the access to social media information might influence the therapeutic relationship for both parties, and therefore a social media policy discussion with clients is recommended (Fantus & Mishna 2013:473; Stoll et al 2020:7-8).

9) Constraints due to financial costs

Although digital technology and online communication is more accessible and affordable for part of the population, it must also be kept in mind that many will remain without access to these services (Chipise et al 2019:346-348). This is especially true for low-income communities where individuals do not have the financial means to purchase smart devices,

wireless connection, or mobile data. In addition, clients may live in impoverished areas without electricity or wireless coverage (Naslund, Aschbrenner, Araya, Marsch, Unützer, Patel & Bartels 2017:496). Moreover, low-income communities tend to have underdeveloped health care systems, fewer available mental health psychologists as well as treatment options, and many of the community members suffer from the effects of poverty, stigmatisation, and diminished mental health (Chipise et al 2019:346-348). Lower income communities can therefore be seen as a vulnerable group which would especially benefit from the availability of e-therapy (Naslund et al 2017:486; Fu, Burger, Arjadi & Bockting 2020:851).

2.2.4 Ethical considerations specifically concerning e-therapy

As discussed in Chapter 1, it is essential to consider the ethical principles, practice standards, policies, laws and regulations when practising e-therapy to ensure adherence to the professional code of practice for mental health care professionals (HPCSA 2022:1-15). Below follows an outline of the most significant factors to consider in the delivery of therapeutic e-therapy:

1) Standard of care in the delivery of e-therapy

The delivery of e-therapy should meet the same standard of ethical and professional care as in-person therapy, and the psychologist should constantly evaluate the appropriateness and efficacy of this mode of service delivery (OPA 2015:4; HPCSA 2022:7-8). In South Africa, the core ethical values outlined in the *Health Professions Council of South Africa's ethical guidance document (Booklet 1)* include the following: respect for persons, best interest of well-being maleficence and beneficence, human rights, integrity, autonomy, truthfulness, confidentiality, compassion, tolerance, justice, professional competence, and community orientated (HPCSA 2022:1-4). It is essential to ensure that all e-therapy provided adheres to the standard of care as outline in the ethical values of the HPCSA (HPCSA 2022:8-10).

2) Registration and authorisation

In South Africa, mental health care professionals, and in the case of this study educational psychologists, providing e-therapy must be registered with the HPCSA in the appropriate category, and it must be ensured that the professional scope of practice as outlined by the HPCSA's policy documents are observed (HPCSA 2022:8-9). Only mental health professionals who are registered in their relevant category of expertise and deemed competent according to the regulating body (HPCSA) are permitted to provide therapy regardless of the

mode of delivery (in-person or e-therapy). When providing care to clients outside country borders, the psychologist must ensure that they are allowed to practice in both locations under the correct legislative framework guiding the mental health field in that country as well as South Africa (HPCSA 2022:8-9).

3) Competence

Quality of care is essential for clients and all mental health care practitioners. It is thus the responsibility of the individual psychologist to ensure that they are competent and up to date in providing mental health care services and in using communicative software necessary in e-therapy practice (Fantus & Mishna 2013:474). The responsibility of providing services within the boundaries of their professional competence resides with the psychologist (for this study, educational psychology specifically) and that they engage in the necessary training and skills development to remain competent in the services they provide (Evans 2018:167). The psychologist must also ensure that the most appropriate technology is chosen to suit the therapeutic needs and that both parties are comfortable utilising it (Regueiro et al 2016:293; Stoll et al 2020:6).

4) Best interests of the client

The best interest of the client's needs and well-being is always of utmost importance. It is therefore essential to determine whether a client is suitable for e-therapy and fulfils all the requirements to be able to benefit from this mode of therapy delivery (Stoll et al 2020:5-6). Although e-therapy has been adapted and utilised as a successful therapeutic tool for various needs and difficulties, such as depression, panic disorder, post-traumatic stress disorder (PTSD), and anxiety, it still depends on the individual client whether they will benefit more from in-person therapy or e-therapy (Chipise et al 2019:346-348; Stoll 2020:5-6). However, some disorders should be treated with supreme caution and e-therapy might be less suitable than in-person therapy. For instance, clients diagnosed with specific psychiatric disorders characterised by a distortion of reality, suicidal ideation, or other comorbid psychiatric disturbances might not be ideal for e-therapy. In this case they may benefit or respond better to other interventions as determined by their specific health care professional (Schuster et al 2018:10-12; Chipise et al 2019:346-348). In terms of the latter, the individual should rather be referred to appropriate mental health services, and existing clients must be monitored for developing barriers to e-therapy in which case the treatment process should be reconsidered (HPCSA 2022:7-10).

Therefore, when considering the suitability for e-therapy, the client's competence and comfortability with technology and videoconferencing software should also be considered (Schuster et al 2018:10-12; Chipise et al 2019:346-348; Stoll 2020:5-6).

5) Confidentiality and security

All online data has the risk of being compromised, either deliberately through a directed hacking effort or accidentally, for instance, by sharing an incorrect link or folder, or using shared equipment (Evans 2018:2; Chipise et al 2019:346-348; Stoll 2020:5-6). Therefore, it is the mental health professional's duty to take all necessary precautions to safeguard the client's confidentiality. This includes using secure passwords on all devices, making use of proper antivirus software, only using encrypted services for online communication, password protecting all documents sent via email or chat services, and making sure that communication is sent to the correct recipient (Schuster 2018:10-12; Stoll 2020:5-6). Data storage and records must also be kept on a secure password-protected platform, and all efforts should be made to use private devices and a confidential environment to minimise third-party access (HPCSA 2022:8-10; Evans 2018:167-168).

6) Maintaining professional boundaries

The mental health professional must set up and maintain appropriate professional boundaries which follows the same guidelines as in-person boundaries with regards to therapeutic relationships (Stoll et al 2020:1; HPCSA 2022:10-12). Care must be taken with social media platforms, and client access to the psychologist's personal social media should be restricted. Boundaries must also be set with regards to contact and response time as well as the ability of the psychologist. The educational psychologist must also be aware of the setting they use for videoconferencing, and it is recommended to use a neutral, private, consistent environment for the delivering of e-therapy sessions (Regueiro 2016:298). Clear outlines for the purpose of different communication mediums must also be given; for instance, email only for administrative purposes, and videoconferencing for therapeutic sessions (Evans 2018:168; HPCSA 2022:7-10).

7) Financial arrangements

Fee structure may differ from in-person services and all financial as well as insurance (medical aid claims and the claiming procedures) aspects must be clearly discussed and outlined before the commencement of e-therapy (Schuster et al 2018:10-12; Stoll et al

2020:9). Care must also be taken to use secure payment methods for all financial transactions (Evans 2018:169).

8) Informed consent

It is essential to give the necessary information about the therapeutic services and process to the client to gain informed assent from a client, or parental consent for a minor for e-therapy (Abbott et al 2008:377; Stoll et al 2020:9-10; HPCSA 2022:12-14). Information relayed to the client must include the psychologist's credentials; details about the e-therapy process, including possible risks, benefits, and limitations; and what will be expected from the client as well as the psychologist (Abbott et al 2008:377; Evans 2018:4-5, Schuster et al 2018:10-12). Possible confidentiality risks as well as risk management strategies also need to be discussed as well as the technology and skills required to participate in the process. Appropriate guidelines such as the structure, timing, and financial charges as well as professional boundaries should also be clearly outlined and documented in a comprehensive informed consent form (Evans 2018:4-5; Stoll et al 2020:9).

9) Maintaining psychological assessment validity and reliability

It is essential to maintain the validity and reliability of psychometric assessments when conducting online communication, and psychologists must be aware of the risks and limitations associated with online test administrations. All possible care must be taken to ensure test conditions are conducive to the goal of the assessment and that psychometric properties of the tests are maintained appropriately (Evans 2018:169; HPCSA 2022:12-14).

2.2.5 Videoconferencing software for e-therapy

There are many available platforms to use for videoconferencing, all with their own format and features. It really depends on the individual mental health professional and client's preference for which platform to use. This study mostly made use of videoconferencing to connect and communicate with the participants as the aim was to investigate the possible use of art therapy in an e-therapy mode of delivery with adolescents in order to promote their resilience levels. Videoconferencing can be described as a technological procedure for communicating where the participant can view/hear one another via a monitor, making use of a webcam and microphone (mostly built into devices) and wireless connectivity (Germain, Marchand, Bouchard, Drouin & Guay 2009:42). This study utilised the Zoom platform due its ease of use and user familiarity with it. Zoom, which is a cloud-based form of

communication, uses video and audio conferencing for individual or group interactions and is HIPAA (Health Insurance Portability and Accountability Act) compliant – which indicates that the information exchanged during a videoconferencing session complies with confidentiality regulations (Hirst 2020:1; Zoom 2021:1).

In addition to being widely used for personal as well as professional purposes, Zoom is also adaptable to most smart devices and all operating software platforms (Antonelli 2020:1). This platform is relatively user-friendly and easy to use; its free version is easy and quick to download and requires little hardware space or data usage. Support for the platform is also offered in the form of live training, video tutorials, instant messenger chat, and demos (Hirst 2020:1; Zoom 2021:1). Another benefit of Zoom is that it offers high quality video and audio transmission even with low bandwidth; thus, it can be utilised effectively regardless of low data transfer rate in the Internet connection, and its features allow for collaborations by file sharing, screen sharing, and annotations capabilities (Zoom 2021:1). Furthermore, it allows for unlimited meetings.

Moreover, Zoom is easy to navigate after initial setup which involves downloading an extension and setting up an account with an email address and password. It can be used on any digital smart device which has a microphone, speaker, and camera capabilities. Zoom is also adequately secure, and data is encrypted which protects the confidentiality and integrity of personal data (HIPAA Compliance Datasheet 2021:1). As stated on their Zoom for healthcare webpage: “It achieves HIPAA (signed BAA) and PIPEDA/PHIPA compliance with data in motion encrypted at the application layer using Advanced Encryption Standard (AES)” (Zoom 2021:1). The sessions can also be recorded for review or consultation if necessary; however, the participants must be informed of the reason for recording, and security measures to keep it confidential and clear written consent will need to be obtained (Hirst 2020:1). Zoom sessions also have a waiting room function enabled and is password protected which adds an additional layer of security and control for the participants of the meeting (Zoom 2021:1). Based on the above, the researcher was confident that it is a suitable platform to utilise for the semi-structured interviews, art therapy via e-therapy sessions, as well as any other communication needed for this study.

2.3 ART THERAPY

The construct of art therapy is deconstructed below, starting with the view that art can be seen as a human form of expression, and then exploring how it can be considered as a mode of psychological intervention or therapy. Art therapy can therefore be seen as the use of creative arts in therapy as a means of assisting an individual in various context. As is stated on the HPCSA's website: "The aim of the arts therapies is the intentional and systemic use of the arts to achieve the therapeutic goal of symptom relief, emotional, cognitive and physical integration and personal growth" (HPCSA 2022:1).

2.3.1 The construct of art

Art can be broadly defined as a human activity to express conceptual ideas, imagination, technical and creative skills through visual, auditory, or performing creations (Isrow 2017:84-85). This study mainly involved the practice of visual art which encompasses the creation of products which are visual in nature such as painting, drawing, ceramics, photography, and so forth (Tyler & Likova 2012:1-2).

Expression through art is a fundamental part of human existence as it gives the opportunity to make meaning of experiences and express emotions and thoughts into tangible objects (Tyler & Likova 2012:1-2; Rubin 2016:1-2; Isrow 2017:84-85). Art and the creative process can be a powerful medium to express and give form to internal thought, feelings, desires, and fears, and can be an outlet for an individual's inner world in the outside reality (British Association of Art Therapists 2015:1; Rubin 2016:93). It is a complex process that can give the creator a way to channel their inner processes and to escape reality to a place where imagination is the only limit. It can therefore be seen as a journey of self-expression which involves levels of the body, mind and spirit, where the ordinary can be expressed into something meaningful and extraordinary (Bitonte & De Santo 2014:53-54; Cohen 2018:1).

Art practises can also be characterised by a correlation between the artist, the art product, and the viewer, as it invites the audience to understand the artwork as well as attach their own meaning and perception to it. The artist, artwork and viewer therefore interact in sharing the experience of attaching meaning to a symbolic form (Barnes & Peters 2002:158; Serlin 2007:107-108). Creative arts and expression also have the power to reinterpret reality through a different viewpoint and give a platform to connect with your senses, body, and mind (Eliasson 2016:1; Hu et al 2021:1-2).

It can then be argued that art is a central part of a child's development as it involves a fundamental way of learning, knowing, and exploring. A child learns to know the world through sounds, images (symbols), and movement to which they respond (Cutcher & Boyd 2016:5-6; Hu et al 2021:1-2). The use of art in various forms is thus the most basic form of communication as connotations are made from images before specific meanings are assigned to sounds or verbal skills are developed (Eliasson 2016:1). The process of engaging in arts can have the power to transcend boundaries of culture and language and can be either universal or culturally specific at the same time. It can create awareness of the self – assisting with the development of social-emotional skills as well as fine motor skills (Eliasson 2016:1; Cohen 2018:1-2). Expression through art form also serves as an outlet for experiences, cultural aspects, and societal commentary, and can therefore be seen as being intricately linked to what it means to be human (Serlin 2007:108; Cutcher & Boyd 2016:6-7).

Art is created for many reasons in various contexts, and it can be deliberate and mindful and/or it can be part of a more integral, unconscious process (Kruger & Swanepoel 2017:102). Using any creative form can be a profoundly personal expression or serve as a statement for ideologies, political or social commentary (Cutcher & Boyd 2016:6-7; Cohen 2018:1). As has been found over the span of humankind, it can be created with a specific external drive or to serve an internal appreciation for finding beauty, rhythm, and harmony (Isrow 2017:85). The purpose of art is thus determined by the creator and the context in which it was created, either as a personal expression of the self or as a response to elements in the universe (Cutcher & Boyd 2016:6-7; Isrow 2017:85). Reasons for creating art may include self-expressions of identity, depiction of imagination, or in order to create aesthetically pleasing images for others to perceive. Additionally, artmaking may also be used for ritualistic or symbolic depictions for religious, cultural, or other meaningful uses, and at times it is passed down from generations as part of tradition (Kruger & Swanepoel 2017:103; Rolling Jr 2017:4-5).

Functions of art can therefore include but is not limited to art as communication, to expand psychological barriers and consciousness, social commentary, entertainment, commercialism, or advertisement (Pagani 2016:160-161; Asadi & Salimi 2013:2-4). It can be used as a personal expression of ideologies or a commentary of political/social agendas or even for propaganda, inquiry, and subversion (Pagani 2016:160-161; Asadi & Salimi 2013:2-4). All these functions can overlap and may have cognitive and emotional aspects that it

portrays – echoing the notion that it is a powerful medium of expression that is present in humans and in global communication (Asadi & Salimi 2013:2-4; Pagani 2016:160-161).

This study is concerned with a significant aspect of art, art for healing or for therapeutic purposes, specifically then the use of art for therapeutic treatment, namely art therapy, which will be defined and explored in detail in the next section. The researcher will attempt to define art therapy and investigate the therapeutic use of art e-therapy and the impact on the resilience of adolescents who experience high levels of psychological stress.

2.3.2 What constitutes as art therapy

Renowned psychiatrist Carl Jung made the following comment about the emotional significance of the creative process to externalise internal reflections: “Often it is necessary to clarify a vague content by giving it a visible form. This can be done by drawing, painting, or modelling. Often the hands will solve a mystery that the intellect has struggled with in vain” (Jung 1970:180). This quote sums up the power of using the creative process to give shape to emotions and thoughts, and acts as an expression of internal musings and turmoil. As stated by Rubin (2016:5), creating is a natural part of human nature and by using materials to create shapes in art making, the client experiences their own existence and impact on the physical world. Therefore, the aesthetic qualities of art making have the potential to be seen as significant and healing. Art makes use of visible lines, space, shapes, and compositions to embody the symbolic which may contain ideas, perceptions, the imagination, emotions, and experiences which may have multiple levels of meaning (Reznick 2009:2; Malchoidi 2015:144). The aesthetic aspect of creating art can influence a client’s moods, facilitate self-expression, and even improve self-awareness as well as self-esteem (Asadi & Salimi 2013:1-3; Hu et al 2021:1-3). Moreover, art used for healing can also provide opportunities to access different aspects of the individual’s cognitive functions such as thinking, reasoning, communicating, and problem solving (Asadi & Salimi 2013:1-3). Reznick (2009:2) adds that the physical act of creation stimulates brain wave patterns which may stimulate the nervous system, hormonal balances, and influence brain neurotransmitters which may lead to an actual physiological shift to a more tranquil state.

These qualities of art describe the basis on which the use of art for therapy operates. Art therapy can be summed up as the therapeutic process that involves using natural creative expression via various art materials and techniques (Bosgraaf, Spreen, Pattiselanno & van

Hooren 2020:1-3). It can be practised with various approaches in a different setting, and the process enables the client to express inner thoughts and feelings through a creative outlet which is especially useful when articulation of emotions or verbalisation of expressions might be more challenging for the client (Choe & Carlton 2019:15-16). The essence of art therapy can then be seen as utilising a creative expressive activity, combined with reflections – verbal or non-verbal – about the process and its connected emotions, thoughts, and overall evoked feeling of the experience (Rubin 2016:1-8). It can be adjusted to suit the purpose of the therapeutic interaction and can be used as an assessment, projective tool, or as a treatment programme for the client's therapeutic needs (Choe & Carlton 2019:15-16; Bosgraaf et al 2020:2-3).

The beginnings of art therapy lie in the combination of therapy and art making which developed from the field of psychiatry in the first half of the 20th century (Malchiodi 2012:2-3; Asadi & Salimi 2013:1-2). It involves an active form of therapy that engages the client in a process to create images that conveys emotions, inner thoughts, and experiences to reframe and gain perspective on these inner processes (Choe & Carlton 2019:15-16; Bosgraaf et al 2020:2-3). It involves all senses and clients participate visually, tactilely, kinetically, and aurally in the tasks aimed at creating images to reflect and redefine self-awareness and acceptance of their lifeworld (Moon 2000:16-17; Bitonte & De Santo 2014:53). The premise of art therapy is that in the creation process the artwork and symbols may generate awareness, assist in processing the client's inner dialogue and even transform viewpoints of the world, and promote an understanding of the client's individual place in their lifeworld (Cohen 2018:1).

2.3.2.1 Theoretical approaches to art therapy

Art therapy can be seen as originating from various theoretical and philosophical perspectives. Thus, psychologists utilising art therapeutic principles in their work with clients should be aware of the broad spectrum of ideologies and theoretic principles in order to be able to determine the most meaningful approach in their own art therapeutic services (Rubin 2016:5-10; Van Lith 2016:9-10; Huet & Kapitan 2021: xiii). Some therapeutic perspectives include, but are not limited to, the following theories and modalities from which art therapy as we know it today has been derived:

- 1) Psychoanalytic and psychodynamic theories focus on finding the cause of behaviour rooted in the unconscious and are mostly thought to be formed by perceptions in childhood. In art therapy it can be explored by focusing on creating symbols of unconscious imagery (Huss 2016:23-24; Rubin 2016:5). The focus is primarily on spontaneous art processes to reflect insentient emotions and beliefs to express negative feelings and identify and attempt to address individual self-defence barriers and previously unconceived perceptions (Serlin 2007:113; Van Lith 2016:11-12). The focus is on self-discovery by the client. In this regard, art therapy can be utilised as a very useful therapeutic medium as it allows the client to express insights which they might not be able, or find challenging, to verbalise (Smriti, Ambulkar, Meng Kaimal, Ramotar, Young Park & Huh-Yoo 2021:2-3). The analysing and interpretation of symbolism in the created artworks is also an important aspect of psychoanalytic art therapy (Case & Dalley 2014:219; Rubin 2016:15-18).

- 2) Humanistic approaches to therapy focus on empathy and a positive regard for the client with an emphasis on a partnership between the client and the psychologist (Farokhi 2011:2088-2089; Abrams 2015:148-150). This type of approach is guided by the notion that all humans have the strength and potential to participate in and change their life course (Huss 2016:53-55; Smriti et al 2022:3-4). Humanistic approaches are person-centred and focus on giving the client the opportunity and responsibility to attempt to increase self-worth and a sense of achievement through self-expression (Van Lith 2016:11-12). As stated by Riley (2001, cited in Rubin 2016:6), the psychologist needs to become a co-therapist with the client and not impose their personal meaning on the process – this can be referred to as social constructivism where a narrative is created by the client for their own therapeutic healing (Moon 2016:204-205). Subcategories of humanistic approaches which encompasses many of the same characteristics and overlap in some respects include person-centred therapy, gestalt therapy, narrative therapy, and solution-focused therapy (Garai 2016:149-150; Rogers 2016:164-165). In art therapy, from a humanistic approach, the focus is then on the process of creating and self-discovery and exploring a sense of achievement as being a powerful therapeutic form (Moon 2016:206-208; Cohen-Liebman 2021:77).

- 3) Psycho-educational approaches combine systematic, structured learning with therapy and provide the client with educational information about their behavioural, cognitive, developmental, and adaptive functioning aspects (Bäumel, Froböse & Kraemer, Rentrop & Pitschel-Walz 2006:1; Huss 2016:68-69; McConnell 2021:304-305). Behavioural aspects focus on measurable behaviour and include the process of how learning occurs (Aach-Feldman & Kunkle-Miller 2016:435-438). Cognitive aspects investigate the effect of thought processes and how it may affect behaviour as well as emotions (Huss 2016:101-103; Rosal 2016:210-211). Developmental factors take into consideration the developmental process and maturation level from childhood to adulthood, and adaptive aspects relate to investigating adaptive measures which are adopted into a client's functioning (Bäumel et al 2006:1; Aach-Feldman & Kunkle-Miller 2016:226-227; Roth 2016:196).

- 4) An open studio approach emphasises the importance of artmaking as the absolute core of art therapy over the adoption of other therapeutic processes in a community setting (Moon 2015:113; Finkel & Bat Or 2020:14). This approach focuses on the informal creation process as flexible and not guided by a psychologist or intervention programme (Huet & Kapitan 2021:2-3). It is often set in a physical setting conducive for creative explorations where a facilitator will “hold” the therapeutic space and enable the creative process while encouraging interactions between others (Huss 201:105, 109-110, Van Lith 2016:18-20). It places a lot of emphasis on the social and community aspects of art as therapy and encourages members of the artmaking space to interact with one another (Moon: 2015:114; Finkel & Bat Or 2020:14; Belity & Domany 2021:241-242).

- 5) Other approaches worth mentioning include family and group art therapy, art/image focused art therapy, spiritual art therapy, and integrative approaches to art therapy (Huet & Kapitan 2021:2-3; McConnel 2021:305; Smriti et al 2022:2-3).

The researcher will conduct the empirical research mainly from a humanistic framework focusing on a positive, strength-based therapeutic approach which will be discussed further in Chapter 3.

2.3.2.2 The concepts of symbolism and meaning making in art therapy

There are two fundamental principles underlying the basis of art therapy which are noteworthy regardless of the theoretical approach, namely: symbolism and perceived seeing by those involved in the creation. The use of symbolism and seeing contribute to the ways of creating as well as finding significant meaning in the creative process (Huss 2016:127-128; Rubin 2016:32).

Language forms the basis of human communication, which is essential in the individual's development and experiences. However, at times the use of language is physically inaccessible, or it is too difficult to psychologically verbalise what is needed to be expressed. This is where the significance of visual imagery and the use of symbolism is essential, specifically in art therapy (Wilson 2001:33; Rubin 2016:5-6; Smriti et al 2022:2-3). As stated by Wilson (2001:33-35), the capacity to make use of symbolism forms part of related ego functions such as perception, memory, conceptualisation, reality function, and organising, which contributes to the normal development and functioning of a person (Huet & Kapitan 2021:1-2; Regev & Snir 2021:158-160; Schofield 2021:120-122). The capacity to use symbols as recognisable forms is an indication of the individual's' developmental level and proficiency to deliberate and create intentional creative works (Bat Or & Zilcha-Mano 2018:84-86). The use of symbols is also flexible and is specific to the meaning attached to it by the client (Morrell 2011:28-29; Nuttall & Pelletier 2020:154-155). Symbolism in artworks and art therapy can therefore be seen as a powerful tool of expression and communication which can be utilised by both the client and art psychologist as a therapeutic tool to express internal thoughts, feelings, and perceptions (Morrell 2011:28-29; Bat Or & Zilcha-Mano 2019:84-86; Nuttall & Pelletier 2020:154).

Betensky (2001:36) emphasises the act of inviting the client to step back and properly see their artwork as an essential part of the art therapeutic process. When a client produces the artwork, they are having their first direct experience in the creation process, and when they take some distance and perceive consciously what they created, it leads to their second direct experience in the process. The art psychologist can guide the client to be receptive to look at all the elements which they created with intention and without judgement (Regev & Snir 2021:158; Schofield 2021:122). The distancing from the artwork gives it an entity of itself with its own properties which can be objectively reviewed with a certain degree of emotional separation (Huss 2016:130-132). This opens possibilities for the art psychologist to guide the

client to explore the messages they embedded in the artwork which may lead to new observations, realisations, and a consciousness about the elements and process of creation of the artwork (Betensky 2001:36-37; Rubin 2016:18-20). It is essential for the client to realise that they are viewing (seeing) it as their subjective depiction, and new facets of their reality can become apparent. This can serve as a catalyst to assist them to realise what they can perceive, connect to, and possibly articulate as their inner thoughts and emotions (Rubin 2016:20; McNiff 2016:320; Bosgraaf et al 2020:2-3; Huet & Kapitan 2021:2-3). This process of seeing is thus an essential part in the process of actively exploring facets of identity, taking responsibility, and participating in the process of art therapy (Lachman-Chapin 2016:66-67; Rubin 2016:32; Wilson 2016 40-42).

2.3.2.3 The triad relationship between the art psychologist, client, and artwork

Art therapy is also characterised by the existence of a triad or interrelating relationship between the psychologist, the client, and the artwork, whereas traditional therapies mainly focus on the dialogue/interaction between the client and psychologist (Case & Dalley 2014:4; Rubin 2016:22-23). The artwork can exist as a concrete, tangible product which may serve as a reproduction of the therapeutic process on which the client can reflect, draw conclusions, and integrate with their true self (Avrahami 2006:10-12; Huss 2016:130-132; Wilson 2018:42-43). The artwork can be used as a non-threatening, external object which may create opportunities for discussions for the psychologist and client about unconscious processes which may indicate the client's inner as well as external reality (Rubin 2016:20-22). The creative process and subsequent artwork thus create opportunities for dialogue and exploration which might be more difficult to access via more traditional talk-therapy methods (Rubin 2016:15; Van Lith 2016:16-17).

In traditional art therapy, the method used as well as the choice of art materials can be significant in the creative process, and the art psychologist can take it into account when reflecting on the client's mental process as well as their psychological space in the therapeutic process (Wilson 2018:42-43; Malchiodi 2018a:21-22). For example, it is common for clients to select easily managed material which they can consciously control in the beginning, such as clay and acrylic paint, whereas more spontaneous materials like watercolour and ink might be selected when the client feels more at ease and ready to explore deeper processes (Avrahami 2000:28-29; Cohen 2018:1-2; Malchoidi 2018:22-23).

2.3.3 The role of the art psychologist

The forerunners of art therapy are Adrian Hill, Florence Cane, Margaret Naumburg, and Edith Kramer, to name a few. They can quintessentially be seen as artists who combined their expertise with psychological tools (Malchiodi 2012:8-10; Huss 2016:8-10; Rubin 2016:42). It is important to acknowledge the being of an artist, in other words, the part that makes up the identity of the art psychologist (Lachman-Chapin 1993:141; Rubin 2016:16-18). The personal creative tendencies of being an artist must not be neglected. Furthermore, for creative needs to be met, the artist must partake in personal art making to debrief, release tension, and build ego-strength, which is essential in the practice of the art psychologist (Lachman-Chapin 1993:142; Rogers 2016:163-164).

The psychologist utilising art processes facilitates the natural creative tendencies of the client in the art therapy process in an ethical manner, thereby ensuring that the process is in the best interest of the client (Carr & McDonald 2019:149-150). The art psychologist can thus be described as a mental health professional who combines the mastery of artistic and creative skills within the field of therapy with the aim of treating clients with specific therapeutic needs (Rubin 2010:69; Carr & McDonald 2019:149-150; Finkel & Bat Or 2020:8-10). The role of the art psychologist therefore encompasses several skills and qualities to ensure the product delivered to the client meets all regulatory and ethical standards.

The art psychologist needs to be a trained mental health professional registered with the relevant statutory body (in South Africa this is the HPCSA). He/she also needs to have extensive knowledge of psychodynamics, pathology, and therapeutic approaches and developments (HPCSA 2008:2-3). Knowledge and understanding of the therapeutic process, the development of treatment plans, the importance of the therapeutic relationship, and all ethical manners pertaining to specialising in this field, are essential (Rubin 2016:18-20; Carr & McDonald 2019:150). The art psychologist also then needs expertise about art making processes, materials, and products, as well as how to best utilise each material for the required goals and product. It is pivotal that the art psychologist is knowledgeable and comfortable with the use of art materials and can guide the process in a productive manner conducive to the goals of the session (Malchiodi 2018a:205-206; McNiff 2019:162-163). It is also vital for the art psychologist to be able to create a warm supportive environment that is conducive for creativity, artmaking, and therapy, which thus includes a space suitable for physical activities

as well as a safe space for the psychological well-being of the client (Carr & McDonald 2019:150).

Some art psychologists prefer to participate in artmaking alongside the client which can either be beneficial or detract from the art therapeutic process. It must therefore be exercised with caution and professional expertise (Lachman-Chapin 1993:143; Bosgraaf et al 2020:28-30; Hu et al 2021:1-2). An advantage is that it could put the client more at ease as they are not alone in the creative process and they might feel less observed; additionally, it may also promote the establishment of a creative, inviting environment (Rubin 2016:20-22; Bosgraaf et al 2020:28-29). The art psychologist must, however, guard against influencing the client with their subjective efforts and subtracting from the client's therapeutic process (Lachman-Chapin 1993:143; Huss 2016:128-130). This leads to the important concepts of *transference* and *countertransference* which always form part of the therapeutic process. Nevertheless, the art psychologist must always be conscious of this when creating alongside clients (Coles, Harrison & Todd 2019:8-10; Bosgraaf et al 2020:28-29; Nuttall & Pelletier 2020:155-156). *Transference* refers to the symbolic ways in which the client perceives and responds to the psychologist, whereas *countertransference* refers to the psychologist's views and reactions to the client (Malchiodi 2012:2012:8-9 Rogers 2016:163-164; Shentser 2018:58).

The researcher personally prefers to partake in her own creative process while the participant is working on their creation to make them feel more comfortable and at ease. During this process, the researcher will indulge in informal conversation or ask questions where she feels it is needed to guide the participant. She will also share her artwork with the participant so that they feel she is partaking in the process with them and am not just an outsider observing them. The researcher as the therapist has found that this approach helps to build rapport and establish a beneficial therapeutic relationship (Swanepoel 2013:113; Kruger & Swanepoel 2017:102).

2.3.4 The value of art therapy

With many available traditional modalities and various approaches to therapy, the following question may arise: why is art therapy considered a worthwhile delivery of therapeutic services? Art therapy has many qualities which allow for unique possibilities for the client to freely express themselves in a safe, contained environment under the guidance of a professional psychologist (Rubin 2016:15-16; Malchiodi 2012:1-5; McNiff 2019:318). The

process involves the whole person and makes use of all senses leading to a holistic integrated approach and, as much of our thinking and perceptions are visual, it makes it more accessible for some to express themselves in a visual format (Malchiodi 2015:1; Rubin 2016:15-16). Some memories and associated emotions may also be pre-verbal, or very challenging to process and put into words, and therefore might be easier to express through a creative outlet than through verbal talk therapy.

The art product might also act as a catalyst to stimulate self-reflection and assist in reducing self-consciousness as it acts as a transitional and transactional object for the psychologist and client to engage it (McNiff 2019:318; Moon 2016:189). It can therefore normalise discussions with the client which might otherwise not be easily accessible for the psychologist. As the process of creating art is also a flexible and versatile medium, it can be adapted throughout the sessions and treatment plan to suit the setting and client's specific needs (Huss 2016:12-14; Rogers 2016:163-164). Furthermore, creating art can be an immensely empowering act as the client creates a product which is new and unique to them – it can become their own space in which they can assert themselves and explore their own identity (Smriti et al 2022:1). As stated by Judith Rubin (2004:1-2), in both art and therapy people are guided and assisted in finding, exploring, and accepting their true self which they might feel the need to hide with others as self-protective measures (Rubin 2016:15-16; Nash 2021:103-204). In addition to being an intrinsic universal language, art can also be used with clients from diverse backgrounds including various socio-economic contexts, ages, cultures, and mental health needs (Rubin 2016:5-6).

Although art therapy can be an incredibly useful mode of therapy, there are also limitations that need to be considered. Since the principles of art therapy originate from psychoanalysis, there is an emphasis on the interpretation of presented content which makes the process and end product vulnerable to misinterpretations (Carr & McDonald 2019:149-150; Regev & Snir 2021:157-158). The psychologist must take this into account and be wary of making misguided interpretations. Furthermore, the psychologist must rather be guided by the client and allow them to formulate their own discoveries and understanding about the meaning of their art (Wilson 2018:42). Different approaches might also be used by art psychologists as there is not a defined specific approach as in other therapeutic modalities. For this reason, the standards and results might lack consistency; thus, the art psychologist is responsible for

practising according to professional and ethical standards in the best interest of the client (Manfredi 2010:1; Rubin 2016:22-23; Schofield 2021:120-122).

Other limitations include that it could be more time-consuming and may require longer periods of time to reach treatment goals as it is not always specifically guided and as goal-directed as other modes of therapy (Case & Dalley 2014:60; Huss 2016:128-130). Additionally, some clients might also be more resistant to the idea of using art; they might feel self-conscious about artistic abilities or view it as unrelated to their idea of what therapy should be. They might feel intimidated by the materials and feel debilitated when asked to create or express something with a medium they do not feel naturally comfortable with. In cases such as these, it is the art psychologist's role to adjust the approach and techniques in order to guide the client to a process and mode of delivery they can feel comfortable with (Case & Dalley 2014:70; Carr & McDonald 2019:149-150). Another aspect to consider is the physical setting which must be suitable for artmaking as well as the specific materials used. Various materials have different qualities and knowledge of their effective use is required of the art psychologist (Malchiodi 2012:10-12; Rubin 2016:22-23). Costs of art materials, which can be expensive, and the physical setup are also considerations which must be considered when practicing art therapy (Bosgraaf et al 2020:1-3; Hu et al 2021:7).

It is therefore of the utmost importance to take every client's personal narrative, frame of reference, and needs into account before deciding on the best therapeutic approach. Art therapy might not be the most effective modality with certain clients and therefore the clients' needs, and expectations must be assessed and constantly reviewed when deciding which goals and techniques to use (Rubin 2016:22-23; Malchiodi 2012:10-12; Zubala et al 2021:1-3). A preference for the practice of art therapy may not influence the psychologist's decision about the best discourse for the client, and it is therefore the art psychologist's ethical duty to advise and assist the client in determining the best course of action for his/her treatment (Rubin 2018:8-9; Zubala et al 2021:18).

2.4 TECHNOLOGY AND DIGITAL MEDIA IN ART THERAPY

In visual arts, traditional artmaking mainly used tools that could be physically touched and manipulated such as paint, clay, printmaking, pen, ink, and so forth. As technology started to infiltrate every area of our functioning, visual art was no exception and the art world started to experiment with digital media in the creative process (Carlton 2014:41, Malchiodi

2018a:21-22). It is not possible to determine when exactly the use of digital art originated as many types of digital media started being utilised in various ways at different times (Malchiodi 2018b:204-205). Artists have, however, been experimenting with the use of computers since the late 1970s, specifically in the form of digital photography and video art (Choe & Carlton 2019:15-16). *Digital art* can be defined as art created with digital processes or technologies which can include using software to draw, alter images, video editing, or any other multimedia technology (Vaidyanathan 2013:1; Wang & Wang 2021:62). Initially, digital art was met with some resistance by the art world as it was believed that art which is engrained in human communication and emotions need to be created by a human agency rooted in the human experience (Boden 2007:4; Wang & Wang 2021:62-63). However, in contemporary society digital processes are utilised by many artists and designers, and it has been proven that digital media is a medium like any other which can express line, form, colour, composition, and symbols (Kruger & Swanepoel 2017:102; Storjohann 2019:4). In the art world it can be used to express the imagination, vision, and emotion of the maker to give a tangible form to the envisioned, similar to other art material, and can be used to achieve most desired creative goals (Cohen 2018:1-2; Malchiodi 2018a:22-23; Wang & Wang 2021:62).

The field of art therapy was also initially hesitant to include the use of digital media as it was concerned with the impact of technology on the creative process and emotional expression; in addition, many art psychologists did not feel competent to include digital media in their usual practices (Austin 2009:83; Malchiodi 2018b:22-24; Evans 2018:168-169). However, as technology became increasingly part of our daily lives, art therapy was compelled to consider how best to connect with clients whose interactions and experiences are influenced by the interactive technology and virtual social worlds which form such a huge part of their connections and functioning (Kapitan 2009:50; Storjohann 2019:4; Kruger & Swanepoel 2017:102-103). Some themes which underlie the concerns about the inclusion of digital media in art therapy which might still bear some consideration included the influence of technology and digital media on imagination, connection to the senses, and creativity (Austin 2009:83; Malchiodi 2018a:22-23; Zubala et al 2021:2-3).

2.4.1 Digital media and imagination

The apprehension about the influence on digital media on imagination entails that the precise nature and process of digital media overtakes the spontaneity of art creation and negatively

impacts the use of imaginings (Choe 2014:154). This concern was echoed by many art psychologists who felt that the technology component overtakes the creative process leading to a disconnect between the natural emotional response to artmaking and the more meticulous use of technology (Malchiodi 2018a:22-24; Wang & Wang 2021:62). Many professionals also have a concern about the over dependence on technology, as they felt that some clients can become so focused and reliant on the use of digital media that they neglect to access their more unconscious imaginative processes (Kapitan 2009:50-51; Zubala et al 2021:2-3). Younger generations are also used to having easy and constant access to technology and the Internet which may lead to the expectation of instant gratification when it comes to digital processes (Zubala et al 2021:2-3). This might create an expectation that all aspects of life can be as readily accessed and resolved without going through the necessary creative process and putting in effort to access your individual imagination (Kapitan 2009:50-51; McNiff 2016:319-320). It is also mentioned by an art psychologist (Kapitan 2009:50-51) that it can be difficult to engage younger clients solely in the creative process as they are multitasking with their cell phones or tablets while conversing with her or busy with their art making. The distraction of digital media and the expectation for instant solutions found with technology might then possibly lead to a lack of effort and energy invested in the creative process and in engaging with the art psychologist. Many art psychologists are thus reluctant to include technology as they find it a distraction from the real purpose of creating and engaging in the therapeutic process (Kapitan 2009:50-51; Van Lith 2016:10-12). Due to these factors, many art psychologists still prefer in-person interaction with their clients using traditional hands-on materials which can be seen as a more humanising experience.

In response to this concern, it can be argued that art lacking imagination and meaning can be created by any medium, as it rather depends on the effort and intent of the client/artist rather than digital media specifically (Parker-Bell 1999:180-181; Malchiodi 2018b:205-206). The limits of the material therefore depend on the vision of the client, and the quality of the art therapeutic process hangs on the guidance provided by the art psychologist, the effort of the client, and other therapeutic elements of the process (Van Lith 2016:10-11; Malchiodi 2018b:205). Therefore, it can be argued that the art process and use of imagination is not dependent on the materials but more on the engaged efforts and healing aspects which take place during the art therapy sessions (McNiff 1999:127-200; Malchiodi 2018a:27-28).

The researcher is of the opinion that digital media and technology are so omnipresent in our lives that art psychologists will benefit from exploring ways to employ it effectively in their sessions without disturbing the therapeutic process taking place (Kruger & Swanepoel 2017:102-103). The psychologist needs to guide and facilitate the process and therefore ensure that digital media is not a distracting tool but rather aiding in the therapeutic process. Through personal experience the researcher found that with the correct guidance the use of digital media is able to pique the client's interest, while still engaging with their creative potential, accessing their imagination and connecting to the emotional aspect of the therapeutic goals. Therefore, effectively using it as a tool to access creativity and shape the artwork to the user's intent to create meaningful visual artworks (Swanepoel 2013:112; Kruger & Swanepoel 2017:101-103).

2.4.2 Digital media and connection to the senses

With the advanced use of technology and the younger generation's proficiency of its procedures, it is almost easy to dismiss the impact of reducing the involvement of the senses, specifically tactile functions, in the creative process (Thong 2007:53; Wang & Wang 2021:61-62). There is certainly significance in this consideration as most people who have been exposed to the use of traditional art materials can attest to the satisfaction, for example of physically manipulating a pen, pencil, or paintbrush, or shaping and experiencing the texture of clay (Malchiodi 2018a:22-24). There is arguably a lot to be said for the holistic experience of this actual creative, tactile act by hand, smelling the various materials and emerging oneself in the creative process fully with all senses involved (Moon 2015:113-114; Nash 2021:103). It can also be a powerful process to introduce a client to a new medium and let them physically explore all the actual qualities of the material as well as what their hand might shape, after all this is the basis on which art therapy is grounded (Rubin 2016:16-17).

However, many clients in today's world are more at ease with computer technology and digital tools than traditional art mediums, and the art psychologist can use their familiarity to motivate and involve the client in an artistic process in a digital manner that could be seen as less intimidating to some clients (Thong 2007:53; Kruger & Swanepoel 2017:93; Malchiodi 2018b:205-206). It is therefore essential for the art psychologist to be able to determine the client's needs, interests, and capabilities before commencing with the art therapy session to ensure the best treatment method or materials are used (Parker-Bell 1999:182; Malchiodi 2018b:205-206). This can include selecting the appropriate hardware and software

programmes when considering digital media. It can also be noted that some clients with specific cognitive or neuro-diverse conditions may prefer the use of digital media as they might find the sensory and specifically the tactile component of traditional art mediums overwhelming (Alders, Beck, Allen & Mosinski 2011:166; Bosgraaf et al 2020:1-3; Nash 2021:103). The art psychologist also needs to familiarise the client with the options available and demonstrate the properties and values of the tools (Thong 2007:56; Kruger & Swanepoel 2017:102-103). A mixed media approach combining traditional art materials and digital media can also be used according to the goal of the session. Examples of this include scanning in artworks or images created with traditional media and further manipulating it with digital software, or vice versa (Kruger & Swanepoel 2017:102; Zubala et al 2021:2-3). With the range of software as well as traditional mediums available, the possibilities are endless (Zubala et al 2021:2-3). It is also up to the art psychologist to determine the amount of guidance and structure required for the treatment plan – some sessions might involve organised tasks with specific goals whereas others can follow a more open, free approach by letting the client determine the materials, process, and level of engagement with the art psychologist (Case & Dalley 2014:4-5; Malchiodi 2018a:27-28).

Another aspect noted by McNiff (1999:177) is that there is still tactile and kinaesthetic involvement in the use of digital media. The tools and materials, whether a digital pen, mouse, keyboard, or touchscreen, are still manipulated by the hand, and the client is then effectively still employing his/her sense of touch and sight in the creation of the artwork (Malchiodi 2018a:27-30; Kruger & Swanepoel 2017:103). An interesting point is noted by Clarke (cited in Austin 2009:83-85) who explains that when an individual is learning to use a new material or equipment, the mind uses neurotransmitters for transformative restructuring in order to integrate the new skills/use of the tool into existing thinking and behavioural systems. Therefore, when a client becomes or is familiar with a technological tool it later becomes an extension of the existing creative internal processes and is used with the same ease or consideration as traditional media (Malchiodi 2018a:20-207; Wang & Wang 2021:62). Just as skills involved in using a pencil or pen become an extension of the mind and hand when drawing or writing, the same experience can occur with technology hardware such as a keyboard, computer mouse, touchscreen tablet, or other digital tool (Austin 2009:83-85; Kruger & Swanepoel 2017:102; Malchiodi 2018a:20-207).

2.4.3 Digital media and creativity

Creativity has many definitions, but most share the characteristic that it includes the practise of thinking of new ideas and then producing it into reality (Naiman 2011:1; Tyler & Likova 2012:3-4). As is summed up effectively by Ford and Harris (1992:186),

Creativity is defined as a modifiable, deliberate process that exists to some degree in each person. It proceeds through an identifiable process and is verified through the uniqueness and utility of the product created (Asadi & Salimi 2013:2-3; Eliasson 2016:1). For the most part, educators agree that creativity can be learned.

In simple terms it concerns the process of making something new, using your interpretations of an idea of experience and processing it to become something that can be seen, no matter what the perceived aesthetic quality of the product is (Eliasson 2016:1; Farnworth 2021:1).

The ability to be creative is a fundamental aspect of artmaking and it can serve as a motivator for people to believe in and feel involved in what they are doing (Bosgraaf et al 2020:1-2; Finkel & Bat Or 2020:1-2). It can lend a sense of achievement to the artist/client as they feel they are creating something worthwhile which has not existed previously. This quality of creativity forms one of the main principles from which art therapy operates – that every client can access their innate ability to be creative and produce any product which can be seen as an accumulation and expression of their inner processes (Carlton 2014:43-44; Rubin 2016:17-18). Using creativity to express ideas into something concrete might lead to a great sense of achievement, even if it reflects negative emotions or thoughts; it is a process that contributes to a sense of achievement and progress and might even promote aspects of self-worth (McLeod 1999:101-102; Huss 2016:40-42; Rogers 2016:165).

It is also a common misperception that only certain people with artistic tendencies can be creative; however, creativity is used in in daily life when thinking of solutions or applying new ideas to any concept (Tyler & Likova 2012:2-3; Rubin 2016:10-12). Modern day concepts of creativity have moved away from only alluding to aesthetics to include practices in, for instance, business, science, and technology, with the central focus on an effective, novel, and relevant product (Cropley 2011:511; Belity & Domany 2021:241-242). The emphasis, however, remains on the fact that it is a process of thinking that requires effort and innovation to bring it into effect (Malchiodi 2015:1-3). Within every person then, is the

capability to be creative – it is a skill which can be acquired, developed, and nurtured by experimenting, practising, and exploring (Farnworth 2021:1). For certain people it comes more easily and is a fluid process, however the researcher is of the opinion that the aim of art therapy is to tap into every individual client's potential for being creative and to channel the process into producing products for therapeutic purposes (Kruger & Swanepoel 2017:102).

As discussed in the previous section, the question that comes to the fore is whether digital tools are just as effective as traditional artmaking materials in the creative process. It was noted that the expressive process, access to imagination, and tactile components are not negatively affected by using digital media. Nevertheless, it might be argued that traditional materials which can be instantly manipulated and transformed might facilitate more spontaneous, unconscious creative expressions (Austin 2009:53; Malchiodi 2018a:24,204). The researcher, being from a generation that did not grow up with technology, experiences this in her own artwork, where traditional art materials can be used in an almost unconscious effort without preconceived thoughts overshadowing the creative effort, whereas the digital creation process requires a more thoughtful, precise process. The researcher finds that even in software programmes simulating fine arts processes, the selections of tools, precise colours, width, and so forth, leads to a much more deliberated effort which can be reversed immediately and edited if so desired. Similarly, Thong (2007:55) argues that digital media can facilitate a more experimental approach since actions can be reversed and undone immediately, allowing the creator not to become too concerned or pedantic about their creation but more willing to take risks and explore various options (Wang & Wang 2021:61-62). It may also allow for opportunities for easy manipulation or art elements and the combination of a variety of art forms such as image, sound, and movement, which might encourage a greater expression of creativity (Choe 2014:146; Malchiodi 2018a:20-27).

Moreover, the client's previous experience and expertise with digital media will influence the perceived qualities as well as preference of the digital media tools and how fluid or structured their approach is (Choe 2014:145; Malchiodi 2018a:27-28). This concept will therefore be explored further in the empirical research to determine the effects of spontaneous expression in digital art therapy.

2.4.4 Other aspects to consider when using digital media in art therapy

2.4.4.1 Spatial distance between artwork, client, and psychologist

As mentioned earlier, art therapy consists of a triadic relationship between the client, psychologist, and the artwork itself (Huss 2016:32-34). In traditional in-person art therapy, being in the same physical setting implies that the art psychologist might feel more involved in the actual physical act, for instance, sharing the same sensory experience, assisting with materials, and being able to observe non-verbal behaviour in the creation process (McNiff 1999:198; Zubala et al 2021:2-3). Although, it can be observed that at times the client could move physically closer to the artwork or block the psychologist from viewing the process, which leads to a buffer in observations in sharing in the triad relationships between client, psychologist, and artwork (Huss 2016:32-34). Digital art takes this into a new dimension, however, where the image stands apart from the creator to a certain extent and, although the process of creating is connected to the creator through their movements on the technological device, the tools used for creation can be viewed as having a more independent presence (Malchiodi 2018a:22-23; Zubala et al 2021:2-3). This aspect of spatial separation of the artwork presented on a screen might lead to a possible different, negative, or positive experience for the client and psychologist (Gussak & Rosal 2016:2-3; Kaimal, Rattigan, Miller & Haddy 2016:2-4). One of the positive attributes described by McNiff (1999:198) is that the actual artwork can be more accessible and visible to all parties which might bring a more definite or clearly guided quality to the therapeutic interactions (Gussak & Rosal 2016:2-3; Zubala et al 2021:3; Smriti et al 2022:9-10).

The researcher was initially concerned about the impact of the spatial separation on the therapeutic process and questioned whether it would lead to a less connected approach where the technological device distracts from the interactions between the client and psychologist (Kruger & Swanepoel 2017:102). She was especially concerned that the client will focus so much on the use of digital tools that the guidance of the psychologist and the emotional component of the creation will diminish. From a limited small scale empirical research study, the researcher found that the spatial separation from the artwork did not negatively impact the art therapeutic approach and she was still able to actively engage with the clients and the therapeutic elements of the process (Swanepoel 2013:113; Kruger & Swanepoel 2017:101). However, this research was still conducted in-person in the same physical setting. This led the researcher to further question the impact which e-therapy will have on the separation of the client, artwork, and art psychologist. Thus, the researcher investigated the effect of spatial

separation in the empirical research of this study. She wanted to determine whether there is an influence on the connectedness to the client and artwork, and whether the same therapeutic qualities will be maintained through the use of distance instead of in-person therapy.

2.4.4.2 Additional advantages and disadvantages of digital media in art therapy

1) Advantages

A significant advantage of using digital media is that copies can be made to experiment with various techniques without destroying the original effort (Malchiodi 2018a:22-23). The client might feel freer to explore different options as the original artwork can be saved and re-accessed and used in a variety of ways to be edited and altered as well as restored (Kruger & Swanepoel 2017:102). This can be a powerful benefit as the client does not feel as protective over their creation which might hinder them from exploring other options (Thong 2007:55; Wang & Wang 2021:62-62).

Another advantage is the accessibility of the artwork which is not limited to the physical space of the art therapy studio. The client (and art psychologist if shared by the client) will be able to access it from their devices from various locations. Sessions can thus be conducted more easily from various spaces, for instance, home environments, hospitals, mental health institutions, or any other convenient safe space (Choe 2014:146; Zubala et al 2021:18-20). This might lead to more opportunities for the client to access their artwork when they feel the need or inspiration to work on it. This might allow for more creative and/or emotional expressions which might be beneficial to the art therapeutic goals (Carlton 2014:42-43; Zubala et al 2021:18-20).

There is also a plethora of software available for every artistic inclination including programmes orientated towards fine arts, design, photography, filmmaking, and three-dimensional (3D) animation, to name a few. This enables the client to use a programme they prefer with options available such as a variety of effects and inventive creations, leading to unlimited possibilities which might be beneficial for art therapeutic programmes (Carlton 2014:41-42; Malchiodi 2018b:206). The opportunities for interaction and connections between different communication modes and forms of digital media can be referred to as *multimodality*. Multimodality includes the use of digital media as well as more traditional ways of practising art therapy, and its extensive creative options can be seen as another benefit (Choe 2014:146; Malchiodi 2018b:206-208).

As will be discussed further in Chapter 3, the use of digital media in art therapy can be especially advantageous for younger technology driven generations such as adolescents. Their familiarity with digital media and such interventions have been found to have empowering qualities which may benefit the strengthening of the ego and self-identity in children and adolescents (Austin 2010:84; Choe 2014:146; Malchiodi 2018a:28-29).

2) Disadvantages

A disadvantage of the use of digital media is that it depends on the client's abilities and needs, and whether they will prefer more tactile stimulation or find that they are better able to emotionally express themselves with traditional artmaking materials (Parker-Bell 1999:183; Malchiodi 2018a:22-23). There is also a limit on the size of the working space, and the client is restricted to the size of the screen, whereas some clients might prefer bigger spaces such as can be provided by paper and canvas (Choe 2014:148; Zubala et al 2021:2-3). Clients might feel that they don't have as much fine control and are not able to depict small details in digital forms, and they also cannot work as physically aggressive or expressively as they would with traditional art materials (Choe 2014:148; Kaimal et al 2016:2-3). Overuse of digital media can also be another concern as it can be habit forming as well as lead to technological burnout, which the psychologist must monitor in their clients (Choe 2014:146).

Another disadvantage is the cost of hardware and software programmes, as well as access to the digital tools needed, which might not be accessible to all clients and psychologists. This places a limit on the demographic of the population which will be able to benefit from the use of this specific therapeutic intervention. There is also currently no existing software available that is effective for art therapy, and it is the psychologists utilising digital art processes responsibility to adapt the chosen digital media to suit the client's therapeutic needs (Carlton 2014:43-44; Choe 2014:145-146).

2.4.4.3 Ethical considerations specific to art therapy and digital media

All ethical rules of conduct for the profession of psychology as stipulated by the Health Professions Act (HPCSA 2008:1; 2022:1-10) also applies to psychologists using creative processes, who must ensure that they have upheld the standard of care provided as expected from a trained mental health professional. There are then also ethical topics that specifically relate to the field of art therapy and digital media which must be considered (Evans 2018:168-172). Some of the guidelines overlap with the ethical guidelines for the provision of telehealth

(e-therapy) and must always be considered when providing art therapy as e-therapy. One of the most significant factors to consider is the client's vulnerabilities which links with providing the best care for the client and informed consent. The various options of technology and digital media as well as its benefits and limitations need to be clearly outlined and explained to the client as well as assessing their technical skills when using digital media (Evans 2018:168-169; Zubala et al 2021:3). Although it is not a prerequisite to be highly proficient and skilled in the use of the various digital media, it might lead to frustration or prove intimidating to the client which in turn will hamper the therapeutic process. Therefore, assessing the needs of the client before commencing with the therapeutic process is vital to the success of the intervention (HPCSA 2022:2-6).

Another point to take into consideration is the use and interpretation of the artwork as it represents a concrete product which depicts the clients' internal dialogue as well as their therapeutic process (Kaimal et al 2016:22-23; Rubin 2016:8-10). It must then be treated with care and respect by the psychologist. Since psychologists can be trained in different modalities as discussed earlier in the chapter, a psychologist using visual art practices may put more emphasis on the psychoanalytical approach which relies heavily on the interpretation of the image, whereas a humanistic approach will prioritise the process of creation (Serlin 2007:114-115; Finkel & Bat Or 2020:1-2). Careful and appropriate interpretations guided by the standards of ethics of interpretation therefore need to be applied in order to guide the appropriate intervention employed by the psychologist (Evans 2018:169; HPCSA 2022:5-8).

Another ethical responsibility of the art psychologist is to guide the client in their use and display of the artwork (Evans 2018:169; Malchiodi 2018a:28-30). Although the client can be considered as the owner of the artwork, it remains part of a therapeutic tool and process, and the client needs to be informed about the implications of using the artwork outside of the boundaries of the therapeutic space (Moon 2000:58-59; Evans 2018:169-170). The psychologist also needs to obtain the proper consent from the client if the specific artwork is to be used as part of a presentation or in research. In today's digital world, a very significant point to discuss with the client specifically involves posting artworks online, especially on social media or any other easily accessible online platform (Alders et al 2011:168-169; Choe & Carlton 2019:19). The client might feel such a sense of achievement of their creation that they might not consider the emotional, reflective, and revealing nature of the artwork. This

is especially true of the younger generation who lives out much of their socialisation and construction of identity online, specifically on social media (Boyd 2014:7-8; Kaimal et al 2016:18-19; O'Reilly et al 2020:1-2). Posting the artwork online may have drastic repercussions such as negative or destructive comments from viewers which might prove very detrimental to the clients' overall psychological well-being as well as the therapeutic process (Alders et al 2011:169; Malchiodi 2018a:28-30; 206-207). It might even escalate to cyber or real-life bullying, especially if the identity of the client is available. It is thus of the utmost importance to discuss the risks of sharing artworks with others, especially online, before and during the art therapeutic sessions (Evans 2018:169; Evans-Whipp & Gasser 2018:110).

Additionally, the psychologist using art for therapy purposes needs to consider boundaries when touching or interacting with the client's artworks (Malchiodi 2018b:218-220). Moon (2000:87) mostly referred to traditional artmaking whereby touching the physical artwork may seem intrusive, disturbing, as well as disruptive to the client. The client, the creator in this scenario, may view it as an invasive gesture to their personal psychological space and the artistic process which is taking place (Malchiodi 2012:8-9, Rubin 2016:18-19). This notion can be transferred to the use of digital media as well, where the touching of the artmaking tools, e.g. a digital pen, or mouse, or even the screen, can be construed as intrusive and an interruption in the creative process (Peterson, Stovall, Elkins & Parker-Bell 2005:139-140; Kaimal et al 2016:18-19; Zubala et al 2021:17-19).

The researcher experienced this concern when conducting the small research case study using digital media with adolescents. Thus, care had to be taken when demonstrating the use of tools in a manner which does not disrupt or disempower the client (Swanepoel 2013:110-113; Kruger & Swanepoel 2017:102). The artworks created were also intensely personal and a reflection of complex emotions; thus, permission was sought before touching the concrete work, which in many cases referred to artwork on the computer screen, which was observed as having the same emotional properties as physical artworks (Kruger & Swanepoel 2017:102-103).

2.5 ART THERAPY AND E-THERAPY

The use of e-therapy during art therapy and all related aspects involved are discussed in depth in this section.

2.5.1 The use of art therapy as e-therapy

As discussed in the previous section, technology has been incorporated into the field of art therapy with more and more psychologists using art and choosing to include digital media and artmaking software into their daily practices (Kaimal et al 2016:2-3; Zubala et al 2021:1-2). Digital art therapy has also proven to have a number of advantages and can be used just as successfully as traditional art practices and materials (Kaimal et al 2016:2-3; Kruger & Swanepoel 2017:102-103).

The practice of facilitating art therapy online was pioneered almost two decades with noteworthy results; however, in general, the field of art therapy has been more reluctant to include e-therapy than other therapeutic modalities (Miller & McDonald 2020:1). Many art psychologists preferred in-person sessions in order to be able to build a constructive therapeutic relationship, to observe the creative process and use of materials, as well as to be able to interact with the client about the end product (Carlton 2014:42; Storjohann 2019:7-8).

2.5.1.1 Review of previous studies art therapy using e-therapy

Although there is a wealth of information about the use of e-therapy, there seems to be far fewer published studies focusing specifically on the use of online practices, namely e-therapy with art therapy (Storjohann 2019:5; Snyder 2021:1). A few studies about the use of e-therapy as art therapy are therefore worth mentioning to understand the value of this mode of therapeutic delivery.

Collie and Čubranić (2008:156-158) outlined their study which concerned investigating the use of computer communication systems to conduct group art therapy sessions with terminally ill clients in Canada. They used communication software with an audio and visual format, and a simple art programme which required no training. The first session focused on fostering group cohesion to instil confidence in all group members to use the digital format. Subsequent sessions involved more complicated activities with the psychologist/facilitator talking throughout the session. The researchers feared that the use of computers might be too impersonal and lack the essence of face-to-face art therapy sessions. However, they found that it is a feasible method of therapy and that the people involved felt supported and engaged in the process; all reported having a positive experience (Collie & Čubranić 2008:167).

In another Canadian study, the researchers focused on developing an online group art therapy programme for young patients with cancer and invited several art psychologists to participate in some of the online sessions to give collective feedback (Collie, Hankinson, Norton, Dunlop, Mooney, Miller & Giese-Davis 2017:1-2). The results indicated that the participants experienced the process as comforting with a sense of connectedness and ability for creative and personal expression. The participants enjoyed the process of facilitation, group support as well as the opportunity to discuss the art, and overall provided positive feedback about the process of online art therapy groups (Collie et al 2017:9-12).

Another noteworthy study that was conducted in the United States of America (USA) involved the use of telehealth services through videoconferencing from clinic-based professionals to at-home veterans, with the purpose of improving a variety of mental health concerns and providing services to remote locations (Levy, Spooner, Lee, Sonke, Myers & Snow 2017:20). This study showed that the interventions were perceived to be of the same quality of care as provided by in-person therapy. Overall, the participants experienced e-therapy as a positive alternative to traditional in-person therapy and would choose to continue with this mode of delivery (Levy et al 2017:20, 24-25; Spooner, Lee, Langston, Sonke, Myers & Levy 2019:12, 17-18).

Furthermore, Lloyd and Usiskin (2020:132-142) also outlined their work with refugees on the France-UK border at Calais where they needed to create a safe therapeutic space in a crisis and needed to consider digital platforms and various visual art tools. They created a digital community blog and make use of social media in which they utilised digital photos and repurposed maps to engage members of the refugee camp. Through this online blog they were able to create a virtual space for people to communicate, share experiences, foster imagination, and even instil a sense of hope in people marginalised by society (Lloyd & Usiskin 2020:141).

2.5.1.2 Current trends and considerations for art e-therapy

As stated above, it seems that the use of e-therapy was more readily accepted by psychologists practicing other forms of therapy than by art psychologists (Kaimal et al 2016:2-3; Malchiodi 2018b:204; Snyder 2021:1). The reluctance to practice online seems to be mostly due to art psychologists' perceived lack of experience and technical training in digital as well as online practices, and the concern for the maintenance of high ethical and

professional standards (Zubala & Hackett 2020:162). This changed dramatically during the COVID-19 pandemic as social distancing was mandated by most governments and there was a collective shift for art psychologists to move their practices online (Miller & McDonald 2020:1, Potash et al 2020:1). As discussed earlier in the chapter, all the factors such as the advantages, limitations, and ethical considerations for the use of e-therapy applies to the use of online art therapy. With the added consideration of how to effectively navigate the physical act of working creatively with the client (Snyder 2021:1).

When looking at the key issues of providing art e-therapy, the following considerations should be kept in mind:

- 1) Creating a safe psychical as well as psychological space

It is essential in art therapy to create a metaphoric safe space where the client feels comfortable, supported, and free to explore their creative potential, as referred to by Snyder (2021:2) as the “magic circle” between the client, art psychologist, and the artwork. Art psychologists therefore need to be able to create this space digitally while taking into consideration physical space options and material considerations (Malchiodi 2018a:22-23; Shaw 2020:213-214; Zubala & Hackett 2020:162). The client as well as art psychologist therefore needs to find a private space within their environment which will optimise confidentiality and reduce interruptions. If the process requires it, there is also a need for space for the use of physical art materials such a desk or table for creative efforts (Kruger & Swanepoel 2017:92; Zubala & Hackett 2020:162).

Furthermore, Snyder (2021:2-3) suggested using the same framework for each therapy session which might assist the client to feel secure in knowing what to expect and to feel more prepared for each session. This includes having time to converse with the client about their current well-being, then the creative engagement and process period, and ending with a review and closure process to help guide the client from moving from the creative and digital space back to their “real world” and reality (Kaimal et al 2016:18).

Creating a safe space also includes security and privacy concerns and a discussion about confidentiality as well as the process of storing artworks need to be clearly outlined with the client. The process of storing their own artworks and how best to ensure privacy (password protection) as well as the art, and the psychologist’s procedures for record keeping needs to

be conversed and agreed on in the informed consent process (Shaw 2020:213; Zubala & Hackett 2020:169).

2) Accessibility and connection

Art therapy through e-therapy has the same benefit of providing easier accessibility to services and creating opportunities for connection as other e-therapy modalities. Carlier et al (2020:202-203) outline how the use of e-therapy has reduced stigmatisation and created opportunities to connect to and empower clients who prefer the privacy of online interactions. It has also afforded opportunities for connection for clients who were socially isolated; provided a sense of belonging and participation for the client (Collie et al 2017:9-12; Miller & McDonald 2020:160); and provided a method for art therapy practices for the continuation of services which would have otherwise been interrupted due to the COVID-19 pandemic (Miller & McDonald 2020:159; Zubala et al 2021:2-3). Additionally, Datlen and Pandolfi (2020:192-193) also emphasised the increased benefit of connection options which would otherwise have not been possible. In their study they created an online art therapy group for learning-disabled young adults making use primarily of the instant messaging service, WhatsApp².

Additional factors to consider when using art e-therapy are highlighted by Snyder (2021:3) who suggests that the psychologist in some cases needs to take measures to improve the connection to the client by increasing physical and facial expressions, and ensuring that the client could perceive their virtual engagement, attention, and presence. Another significant aspect to consider in connection is the dual picture on the computer screen in which the client can view him-/herself as well as the art psychologist (Zubala et al 2021:2-4). The researcher has found through personal experience that one tends to look at oneself and at times finds it difficult to focus on the other members of the discussion. This can then prove challenging with clients when they observe themselves and lose interest in the communication process, thereby making eye contact and the ability to convey facial expressions and actively engaging more difficult (Snyder 2021:2). Another factor that the researcher experiences is that some clients prefer to turn the camera off as they feel intensely self-conscious, as is echoed in Shaw's (2020:216) online therapy group with adolescents with anorexia nervosa. This will

² International instant messaging software using data connectivity (Internet).

need to be navigated by the psychologist, and the best course of action will need to be decided by taking into consideration the client's needs as well as the therapeutic goals and process.

The establishing of a connection could also be hindered by technological issues such as described in the limitations of e-therapy, and the psychologist needs to discuss the procedure with the client should a technical glitch or disruption occur (Kaimal et al 2016:22-23; Snyder 2021:6)

3) Support and guidance

In a survey conducted in the UK about the experience of online art therapy practice (Zubala & Hackett 2020:169) many of the art psychologists stated that they will benefit from additional training from professional associations, as well as support from other colleagues in their profession. Chilton, Gerity, LaVorgna-Smith & McMichael (2009:71) also argued the value of virtual communities for artists and art psychologists in order to exchange ideas and bond with other professionals. The researcher is of the opinion that it is the psychologist's responsibility to ensure they upskill their skill set by participating in professional training to enable them to ensure they can provide e-therapy with digital tools with confidence. Experience with technology and various tools is also invaluable (Kaimal et al 2016:3-4; Zubala & Hackett 2020:169) and the psychologist can ensure that they explore different digital tool options by practicing and experimenting themselves. In this regard, the researcher of this study as a therapist also involves her clients in this online exploration. She has found that doing so improves her own confidence as a psychologist, and therefore suggests that other psychologists could also possibly experience it as an opportunity for rapport building with their clients as they navigate this space together (Zubala et al 2021:18-19). Furthermore, the psychologist can also then join virtual support platforms to allow them to connect with and seek guidance from other art psychologists and mental health professionals (Malchiodi 2018b:208).

2.5.2 Art materials and artmaking software applicable to this study

The researcher of this study focused on using a multimedia approach in the art e-therapy sessions where the participants could choose between using digital applications, traditional art materials, or a combination of both. The decision of which media to use was made by the participants and the researcher provided guidance where necessary. She also suggested

certain materials to meet the specific participants' therapeutic needs and goals for that session as well as the tools which the adolescent preferred or had access to.

2.5.2.1 Features needed for mental health in art therapy application programmes

There has been an immense increase in the use of apps³. To illustrate this point, in 2017 there were approximately 325,000 apps geared towards mental health such as mindfulness and self-affirmation apps (Storjohann 2019:3). When searching for “art therapy” apps, the researcher found a number of apps such as “Art Therapy”, “Art Therapy Toons”, “Colour Therapy for Adults”, and “Free coloring: Art Therapy”. These seemed to be mostly colouring in based applications without the facilitation of a guided therapeutic element. There is also “activity geared art apps” which include aspects such as relaxation and mental stimulation; however, the focus of this study did not include these focused more on image-making software programmes and apps.

As has been outlined by Choe (2014:150), there are six factors to consider when creating features for a specifically geared art therapy app. These include: (1) The therapist will need control over various options and tools such as types of art materials (pens, brushes, paint rollers, etc.); tool sizes and effects; and other advanced digital artmaking tools. (2) A feature to be able to create a digital portfolio/folder to access various clients' artworks is also preferable. (3) A feature which involves the ability to record the art production process is needed. (4) Another necessary feature concerns the use of mixed media and the ability to incorporate photos, stock images, as well as collage making features in the app; it may also be beneficial to include multimedia elements such as sound and video. (5) A useful feature would also include the ability to analyse graphical data such as the use of colours for assessment features. (6) The final factor to consider is the privacy and security control which is essential in such an app (Choe 2014:150-151; Malchiodi 2018b:205).

There have been two attempts to create specific art therapy apps, although both do not fulfil all the clinical and ethical features to be considered as stand-alone, viable, options for the use of art therapy. Matteson developed a mobile art therapy app named “The Art Therapy Draw!” app which contains a portfolio and security options and, as with other apps in development, more features can and need to be added to maximise its potential as an art therapeutic app

³ Abbreviated word for applications which refers to software programmes designed to fulfil a specific function.

(Malchiodi 2018b:205). “Computer Art Therapy” is an app created by the Artificial Intelligence Applied Statistics, Art Therapy lab in Seoul, South Korea, which attempts to measure the graphic aspects of drawing (Malchiodi 2018b:207). It was not within the scope of this study to further explore the development of these possible apps, so the researcher rather focused on existing image-making apps used for art therapeutic purposes as there is currently no single app that can fulfil the needs of all art psychologists or clients.

2.5.2.2 Characteristics of art apps useful in the use of art therapy

When considering which digital tools and software to use, it is important to choose programmes in which the client can express their creative thoughts and emotions into art adequately, for therapeutic purposes. There are programmes available which produce artwork according to an algorithm which can then be seen as computer produced art which is not reflective of the creative efforts of the client or as part of the art therapeutic process (McNiff 2019:164; Malchiodi 2018b:220-221). The software programme or app needs to be suitable to the client’s competence, communication style, their cognitive and technological capabilities, and their wants and needs in what they want to achieve from the creative process (Choe 2014:146; Kruger & Swanepoel 2017:92). As outlined in a study by Choe (2014:149-150), characteristics which are required of apps to be valuable in the use of art therapy include intuitive user-friendliness, simplicity, and high responsiveness. A significant quality to consider when choosing an art app is whether it is intuitive and user-friendly with an easy to navigate interface. It should also have various options and choices to explore for art materials while remaining simplistic in its navigation. High response time without time lags and glitches in the app is also essential. Users participating in digital artmaking want to experience sensorial input, speed, control and provide immediacy in expression, which is similar to traditional artmaking efforts (Choe 2014:149-50; Malchiodi 2018b:204).

This study focused on image-making apps which include drawing, painting, photography, and collage making (Malchiodi 2018b:205). If the participant wished to explore multimedia apps which included animation, 3D sculpting, movement and sound, the researcher would have supported the process and worked collaboratively with the client, although this is not the researcher’s main area of expertise. However, most participants chose to either make use of traditional pencil and paper or image-making software, similar to painting or drawing digitally.

2.5.2.3 Examples of art apps and multimedia methods

There are far too many image-making and art apps to discuss all the applications' programmes and their properties in the scope of this study (Learning Hub 2017:1; TheraNest 2017:1). The researcher personally uses several image-making apps which mimic fine art materials and processes. The apps available to the participants depended on the device which they used – which differed depending on the laptop or tablet model they had access to, as well as their technological skill set. She presented and suggested possible options to the participants, and then it was mostly a collaborative effort to decide which programmes or art materials to utilise at each stage of the art therapeutic process. She was also considerate to explore options presented by the participants if they wished to only make use of one material or to use other tools in their artmaking process.

The researcher gave each participant several options to consider and presented the basic programmes available on most devices as an option. If the participant showed interest in further exploring software applications, she guided them to user-friendly tools which she has either personally used to create artworks or utilised successfully in art therapy sessions (Kruger & Swanepoel 2017:102). Many of the fine art apps, such as ArtRage, for example, mimic real-life traditional artmaking procedures and the user can determine the surface on which they work ranging from paper to different textured canvas, the type and thickness of the brush, pen or pencil they use, as well as the type and thickness of paint, ink or other medium. The techniques used to apply the materials also include different brush and pencil strokes, blending, paint rolling, layering, and so forth, thereby entirely mimicking the materials and methods used in traditional art practices. It can also be used on all hardware operating systems including Android and Apple laptops as well as iPads, other brand tablets, and mobile devices (ArtRage6 2021:1). If the client did not like a specific software programme, the researcher suggested additional programmes which they could explore to fit their preference (Choe 2014:149).

2.6 CONCLUSION

The expanse of digital technology has a significant influence on mental health services and, as adequately stated by Ehinger (2017:155), “As our human consciousness expands, therapists must be able to meet evolving challenges, and the concept of continuing to meet the patient there they are developmentally, as well as technologically, must be renegotiated”. This is then also true for the field of art therapy in which the psychologist must be willing to

explore digital media and e-therapy to stay up to date to the demands of the general public on this valuable form of therapeutic intervention.

This chapter then outlined the concept of e-therapy, its processes, benefits, and limitations, as well as ethical and legislative frameworks. The concept of art therapy, its various approaches, fundamental principles, and values as well as the role of the art psychologist was also then discussed. Digital art, the use of digital media, conducting art therapy via means of e-therapy, and the use of possible digital programmes were explored in depth.

The next chapter will outline the conceptual framework of the theoretical framework underpinning this study which includes positive psychology theory, strength-based approach theory, resilience theory in the psychological field, and art therapy theory which will be discussed separately. The chapter will then define psychological stress; discuss adolescence as a developmental phase; explore adolescent psychological stressors; and investigate adolescence and the various facets of resilience relevant to their developmental phase. The possible use of art e-therapy with adolescents who experience high levels of psychological stress to impact their resilience levels will also be explored.

CHAPTER 3

THEORETICAL FRAMEWORK AND FURTHER LITERATURE REVIEW OF THE STUDY

“Resilience isn’t a single skill. It’s a variety of skills and coping mechanisms. To bounce back from bumps in the road as well as failures, you should focus on emphasizing the positive” (Jean Chatzky 2017:1).

3.1 INTRODUCTION

The previous chapter explored existing literature on e-therapy and art therapy relevant to this study. The current chapter presents the conceptual framework from theoretical framework that underpins the study. The theoretical framework that will be discussed include positive psychology theory, strength-based approach theory, resilience theory in the psychological field, and art therapy theory. The concepts of ‘psychological stress’, ‘adolescence as a developmental phase’, ‘adolescence and psychological stress factors’, and ‘adolescence with a specific resilience component’ are also unpacked herein. After a discussion of the concepts an explanation then follows to link the process study to the theoretical framework of using art therapy with adolescents in an e-therapy format with a focus on reducing psychological stress to promote resilience levels.

3.2 CONCEPTUAL FRAMEWORK

For the purpose of this study it was essential to investigate art therapy theory as it was the main intervention used in the empirical study. It was also essential to explore e-therapy as a mode of delivery in the literature study as well as adolescence, psychological stress, resilience and methods of improving resilience. The researcher believed structuring the art e-therapy sessions from a positive psychological, strength-based approach would be most valuable in improving resilience with adolescents. As this approach focus on positives, strengths future prospects and the past a opportunity to learn from to better oneself in the search for enhanced mental well-being. The theories of Positive Psychology, Strength-based approach, Resilience theory and Art therapy theory was therefore chosen to be used as the theoretical framework which provides the unique basis from which the study was conducted. Figure 2 below illustrates the researchers conceptual thinking which determined the theoretical framework which guided the researcher through the research process.

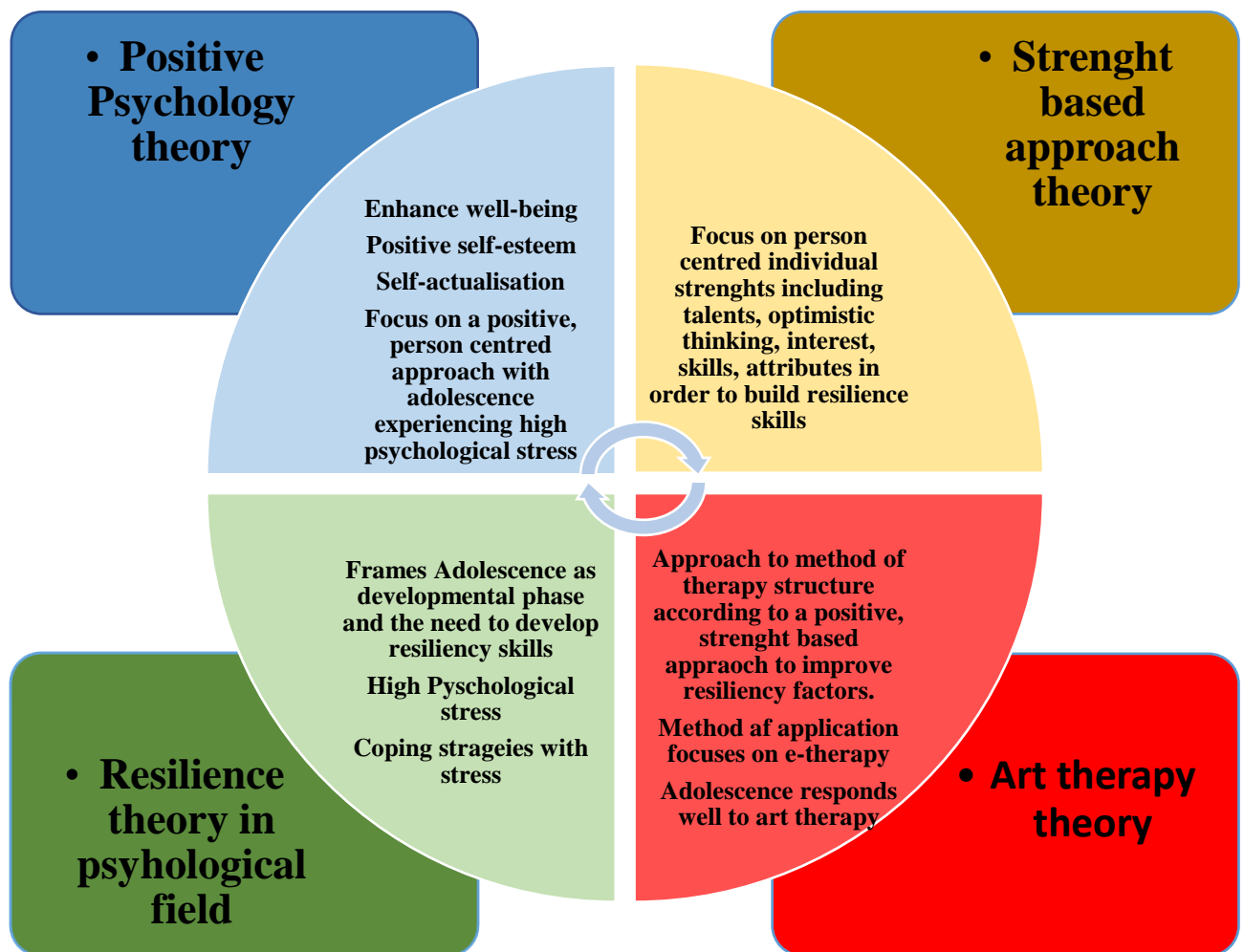


Figure 2: Conceptual Framework

The theories which determined the theoretical framework is discussed in detail below.

3.3 THEORETICAL FRAMEWORK

The theoretical framework is the structure that explains and supports the theories that underpin the research (Sinclair 2007:39; Athanassou et al 2012:3-4). The theories selected for the theoretical framework thereby guide the approach to the study. In qualitative research, theories mostly focus on personal experiences and how individuals make meanings of their lives and perceptions. Therefore, meanings are constructed by human beings and, while interacting with their lifeworld and experience, the findings based on these are interpreted

and described by the researcher (Athanasou et al 2012:3-4; Adom, Hussein & Adu-Agyem 2018:438).

The theoretical framework of this study is based on the aim of the study which concerns the possible promotion of resilience in adolescents experiencing high psychological stress levels using art e-therapy. The following theories were therefore selected for this study: positive psychology theory, strength-based approach theory, resilience theory in the psychological field, and art therapy theory. These are described in more detail below under their own respective sub-headings.

3.3.1 Positive psychology theory

Positive psychology theory was developed from a need for the mental health field to study the positive aspects of life and the human experience more scientifically (Seligman 2012:2-3; Pocinho, Garcês & Popa 2022:1-2). Its founder is often credited as Martin Seligman who believes that people prosper more when they acknowledge their own strengths which in turn impacts their lives positively (Seligman 2012:2-3). The theory/approach thereby focusses on investigating and promoting the positive aspects of humans such as their characteristics, behaviour, and communities in order to enhance development (Linley et al 2006:8; Wilkinson & Chilton 2014:4). The focus of positive psychology theory is hence on assisting people in reflecting and appreciating past experiences, finding meaning and satisfaction in the present, and fostering hopefulness and positivity for their future instead of focusing on repairing weaknesses and flaws (Peterson 2006:5; Koydemir & Sun-Selişik 2016:435). The theory's emphasis is therefore on the advancement of the individual's well-being, promoting emotional intelligence and insight, developing a positive self-esteem, and stimulating resilience with the use of scientific investigations and professional support (Wilkinson & Chilton 2014:4; Koydemir & Sun-Selişik 2016:435).

Positive psychology practices also concentrate on the individual's capacity to utilise optimistic thought processes and flexible cognitive reasoning and adaptation to improve the individual's ability to cope and their protective mechanisms which may lesson distress in psychological and physical health (Gable & Haidt 2005:104; Wilkinson & Chilton 2018:220-22). The emphasis is consequently on positive emotions, engagement with oneself and others, relationships, feelings of contributing or creating meaning in life, and accomplishments, which can also refer to self-actualisation (Seligman 2018:333-335; Pocinho et al 2022:1-2). This approach therefore does not want to minimise the importance of dealing with

psychopathologies but rather wants to focus on the conceptual structure which contributes to healthy daily functioning and mental toughness (Gable & Haidt 2005:105; Hinz 2018:220). Positive psychology was chosen as part of the framework as it accentuates personal well-being through focusing on empowerment strategies, positive thoughts, and personal strengths which might lead to the improvement of resilience and overall functioning of the individual, which in this study refers specifically to adolescents experiencing high psychological stress levels (Jones-Smith 2014:12-13).

3.3.2 Strength-based approach theory

The *strength-based approach theory* accentuates that humans direct their own life paths, and that optimistic thinking can alter perceptions and experiences and thus enhance opportunities to experience personal fulfilment and success (Rashid 2015:25-26; Stoerkel 2022:1). The theory focuses on internalised strength recognition within the individual and highlights which positive aspects they want present in their lives rather than negative aspects (Linley et al 2006:8; Jones-Smith 2014:13). The approach highlights the importance of self-appraisal and working towards improving personal strengths to enhance the relationship with the self as well as others (Rashid 2015:26; Isis 2015:92).

The strength-based approach theory resonates with the context of this study which is concerned with promoting resilience through focusing on personal strengths and altering emotional, thought, and behaviour patterns, in order to achieve a better sense of well-being, especially when experiencing high psychological stress levels. The researcher particularly wants to put more focus onto the resources that the participants must encourage to promote resilience rather than what capabilities they are lacking. This approach to the art e-therapy sessions is reflected in the use of the strength-based approach (Pulla 2017:97-98). All individuals in this study were guided and given support to take responsibility for developing their own strengths to benefit themselves as well as their immediate community while at the same time assisting them in gaining an understanding of the meaning of their lives and personal value (Stoerkel 2022:1-2).

The strength-based approach theory in therapy naturally lends itself to the person-centred theory of Carl Rogers which emphasises the internal inclination for human beings to attempt to explore and improve their abilities to enrich their experience of existence (Rogers 1959:180-186; Koydemir & Sun-Selişik 2016:434). This instinctive inclination to develop as

a holistic human being can be attributed to an internal drive aimed at self-sufficiency and to constructive social-emotional behaviour (Joseph 2004:102-103; Seligman 2012:11; Koydemir & Sun-Selişik 2016:434). The person-centred theory aligns with a strength-based approach as it focuses on the process of the client's development and it emphasises the flexible nature of human progress which includes the development of emotional, thought and behavioural patterns (Rogers 1959:180-183; Joseph 2004:102-103; Seligman 2012:11).

The strength-based approach theory and person-centred theory resonate with the goals of art therapy, especially when focusing on using creative processes to investigate strengths, purpose, and meaning, while increasing positive emotions to contribute to resilience and overall well-being (Wilkinson & Chilton 2014:5; Girardin 2019:115). The strength-based approach theory was then utilised in this study as the art therapy process attempted to create an awareness of the client's own emotions and cognitive processes which hopefully led to the development of an awareness of personal skills and aspects needed for promoting resilience (Wilkinson & Chilton 2014:8; Galloway 2020:1-3). It also supported the methodology of the empirical study approach in which the researcher/educational psychologist collaborated with the participants during the art e-therapy sessions which entailed facilitating a process in which they could search for their own conclusions, insights, and course of actions for their own personal lives (Galloway 2020:1-3).

3.3.3 Resilience theory in the psychological field

3.3.3.1 Description of resilience theory

Resilience can be described as the ability to cope, positively adjust, and adapt when faced with adversity often associated with challenging events of change, transition, or hardship (De Villiers & Van den Berg 2012:93; Whittington, Budbill & Aspelmeier 2016:4). The concept of resilience has roots more in a positive approach to psychology rather than the pathological aspects associated with adversity due to its emphasis on positive aspects and the individual's ability to enhance personal strengths and optimism instead of negatives attributes ascribed to pathologies (Bensimon 2012:782; Ungar & Theron 2019:422). Resilience can be seen as a mixture of traits or characteristics which can be determined by internal as well as external factors. The ability to make use of resilience resources depends on the individual's personal characteristics and coping skills as well as the outside environment and social surroundings (De Villiers & Van den Berg 2012:93; Pasiali 2012:36; Sulimani-Aidan 2018:44). According to Padesky and Mooney (2012:283), it can also be described as a process which can change

and develop over the individuals' stages of life. It is consequently seen as the ability to utilise resources in order to cope adequately with stressors, respond positively to negative events, and to adapt and overcome hardship despite challenges (Ahern, Kiehl, Sole & Byers 2006:104-105).

The resources employed to cope with stressful factors can be described as skills which the individual can develop and use as protective mechanisms which can contribute to psychological toughening and empowerment (Clough & Strycharczyk 2012:24-25; De Villiers & Van den Berg 2012:93). These protective factors can include the use of insight into personal strengths and weaknesses, the use of initiative when faced with challenges, creativity in problem-solving, humour as well as external supportive relationships (Jackson & Watkin 2004:14, Van Breda 2018:1-3). The degree of resilience is also determined by the individual's self-belief, persistence, and ability to recognise their patterns of thinking and behaviour as well as the frame of reference from which they operate (Evans-Whipp & Gasser 2018:109). Individuals may also be more resilient in some respects than others, and it is important to note that adaptation and regulation is not constant in all capacities of functioning (Pasiali 2012:39).

The understanding and use of flexibility of internal thinking and emotional regulation can empower an individual to assist him/her in redirecting their emotions and thoughts and thereby exercise greater control over their behaviour and coping strategies (Ungar & Theron 2019:441-442). Theron and Theron (2010:1-2) also highlight the importance of contextual and culturally specific factors which then alludes to social-culture resources from the individual's environment and community which can contribute to the person's particular strengths and ability to cope. A psychologist can therefore assist individuals in developing better resilience levels by focusing on creating awareness of the factors contributing to resilience (Pasiali 2012:38; Ungar & Theron 2019:441-442). During the therapeutic approach and/or intervention, the psychologist can therefore empower the individual and encourage their healing process by focusing on the strengthening of aspects of the client's resilience (Waibel-Duncan & Whitehouse Yarnell 2011:168-171; Van Breda 2018:1-3). This theory encompasses the aim of improving the adolescents' coping skills and possibly reducing high psychological stress levels through positivity focused art e-therapy sessions, and thereby assisting to enhance the participants' resilience levels.

As mentioned in a previous chapter, the COVID-19 pandemic introduced societies worldwide to social distancing and isolation, which in effect impacted global mental health well-being and might have impacted individuals' resilience levels (Silveira, Hecht, Matthaeus, Adli, Voelkle & Singer 2022:3290; Tseliou & Ashfield-Watt 2022:1-13). The researcher has noticed a decline in coping mechanisms, and an increase in mental fragility and burnout when working with clients as well as in personal social circles. She therefore deems it necessary to investigate methods, especially with vulnerable adolescents who are in a transformative developmental stage, with the aim of improving their resilience levels (Ungar & Theron 2019:442; Bauer, Stevens, Purtscheller, Knapp Fonagy, Evans-Lacko & Paul 2021:1-3).

3.3.3.2 Psychosocial facets of resilience

As discussed in Chapter 1, the focus of the concept of resilience in the study will focus on the scope of the adaptive psychosocial facets that have been identified in the promotion of resilience when responding to a stressor (Höltge et al 2021:581). These factors do not include psychiatric disorders but rather focus on potential responses and interventional psychosocial guidance to the participants. These aspects include cognitive, behavioural, and existential components (Iacoviello & Charney 2014:1; Ungar et al 2021:1-2). *Cognitive components* include thought patterns, and inherent values and beliefs; *behavioural components* refer to forms of conduct; and *existential components* denote to the individual's sense of purpose of existence in the world (Sulimani-Aidan 2018:45; Ungar & Theron 2019:442).

The scope of this study will mainly concentrate on components used to deal with psychological stress, therefore thoughts, emotional regulation, core beliefs, support structures, coping skills, and empowerment (Bauer et al 2021:10-11). The focus of the study will also emphasise cognitive components such as the use of optimism, which includes the belief in personal competence and the value of self-esteem; the acceptance of stressful events with the belief that it can be overcome with personal strengths; and a sense of control over one's thoughts, views, and life path (Connor & Davidson 2003:77-79; Ungar & Theron 2019:441-332; Silveira et al 2022:3290).

The study specifically focused on the cultivation of optimism and a positive self-esteem by looking at the personal strengths and adaptive skills of individuals. It endeavoured to encourage the individuals to employ more flexible processes in their thinking patterns with

the aim of promoting cognitive flexibility to foster adaptability and problem-solving techniques. Various options for coping skills when faced with challenging situations were explored collaboratively with the participants/clients (Fritz et al 2019:223).

Optimism refers to the ability to retain an encouraging outlook on future components, even when facing difficulties in current circumstances (Carver, Scheier & Segerstrom 2010:879; Tseliou & Ashfield-Watt 2022:605). It can be classified as part of an individual's personality composition, rather than a characteristic, which can and will most likely fluctuate across time with different circumstances (Iacoviello & Charney 2014:3). The use of optimistic thinking has been shown to foster psychological well-being and can contribute to the individual's ability and state to endure hardship by maintaining hope for the future, which is an essential, although not the only determining aspect of resilience (Iacoviello & Charney 2014:3; Tseliou & Ashfield-Watt 2022:605). According to Iacoviello and Charney (2014:4), a focus on the core beliefs about the self and the individual's reality as well as setting of realistic expectations of the future are strategies which can be employed to boost optimism in therapy. The use of optimistic thinking can also add value to the individual's sense of self-worth and focus on personal character strengths, which are significant elements of the construct of resilience (Brtis, McEvilley & Pennock 2021:570). These can include, for instance, social skills, cultivating tolerance, emotional regulation, and a willingness to experience new things, to name just a few (Padesky & Mooney 2012:283). The use of character strengths may also then involve identifying weaknesses and it will serve as a focus point in the art e-therapy sessions to accentuate developing emotional intelligence, facing fears, establishing moral integrity as well as coping with psychological stressors and social-emotional skills (Worrall & Jerry 2007:36; Iacoviello & Charney 2014:5; Bauer et al 2021:10). Supportive, constructive relationships with others can be seen as a personal strength as it may contribute to maintaining optimism and positive self-esteem. A social support network comprising of family members, peers, or any trusted adult or mentor can also aid in developing coping strategies. Additionally, it may help establish a sense of control (as discussed below) which in turn contributes to resilience (Iacoviello & Charney 2014:5; Silveira et al 2022:3291).

Cognitive flexibility refers to the capability of using various strategies of thinking to gain diverse perceptions of one's reality and situation which may add to a different experience of the difficulties faced (Keller & Chang 2022:3-4). Iacoviello and Charney (2014:3) outline how these skills involve acknowledging the traumatic and negative elements of a situation

but still finding meaning and possible growth opportunities out of adversity, thereby gaining more control over the consequences of events (Fritz et al 2019:223-234). If cognitive flexibility can be utilised to gain a different perception and acceptance of a difficult situation the individual might be able to feel more in control and therefore accept and integrate the experience into their own life story that can allow for personal development (Bauer et al 2021:10-11; Ungar et al 2021:1-2). The use of optimism and cognitive flexibility might promote the individual's positive thought patterns as well as highlight their own strength to overcome their own hardship and cope with their reality which contributes greatly to the cultivation of resilience (Roghanchi, Mohamad, Mey, Momeni & Golmohamadian 2013:180; Iacoviello & Charney 2014:3).

In this study, coping skills involved in cognitive thinking as well as behaviour elements focused on the use of active mindfulness over thinking processes to appraise adverse events, without minimising their threat. The idea was to encourage the use of problem-solving skills and find a sense of control over one's own reactions and personal feelings (Sulimani-Aidan 2018:45; Bauer et al 2021:10-11). Acknowledging and analysing individual fears and using practice tactics to face these fears, thereby inoculating fears in a supportive environment can also help to manage stressors and increase one's sense of control over strain, inducing situations (Iacoviello & Charney 2014:5; Huang, Chen, Jin, Stringham, Liu & Oliver 2020:3). Seeking active support with coping skills, which is a behavioural component, was also addressed by providing the art therapy sessions with the researcher/educational psychologist through e-therapy in this study. The building and maintaining of support structures and relationships with peers as well as family members, promotes the experience of not feeling alone in a difficult situation. This is an essential element in the promotion of resilience which was also addressed and encouraged in the sessions (Iacoviello & Charney 2014:3; Roghanchi et al 2013:180; Silveira et al 2022:3290).

All the above discussed components are measured by RSCA, a standardised measurement of adolescent resilience, as the following scales: Sense of mastery (optimism, self-efficacy, adaptability); Sense of relatedness (trust, support, comfort, tolerance); and Emotional reactivity (sensitivity, recovery, impairment). The results of the before and after-intervention measurement of this standardised scale will therefore yield a good notion and measure of comparison of the variance in each participant's resiliency components which the study focused on.

Support was provided by the researcher as a psychologist (HPCSA registered educational psychologist) and facilitator of the therapeutic interventions throughout all phases of the data collection phase of the research study when any of the art e-therapy sessions addressing the resiliency components made a participant experience distress or depressive symptoms.

3.3.4 Art therapy theory

Art therapy theory forms an essential part of the theoretical framework of this study and its definition and processes are extensively outlined in the literature review of Chapter 2. A broad all-encompassing description of art therapy is that it involves mental health practices that integrate active art-making and creative processes while applying psychological theories to process the human experience and perception (Farokhi 2011:2089; Cohen-Yatziv & Regev 2018:100-102). It is suitable for all ages and most mental health difficulties and can be incorporated into most settings with all types of sessions whether one-on-one therapy, or group, family or couple counselling (Edwards & Wilkins 2016:1-3; Cohen-Yatziv & Regev 2018:100-102). The main goal of art therapy is to use the creative process in a safe environment to affect growth on a personal level and improve the individual's well-being and overall functioning (British Association of Art Therapists 2022:1).

The American Art Association expands on the practice of art therapy with the following quote:

“Art Therapy effectively supports personal and relational treatment goals as well as community concerns. Art Therapy is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change” (American Art Therapy Association 2017:1).

The essence outlined in the above quote perfectly indicates why art therapy fits into the theoretical framework of this study and was chosen as the modality of therapeutic delivery in this study. Although art therapy as an official practice first flowed from psychoanalytical practices to address psychopathologies, it was soon adapted to humanistic practices which form the basis of positive psychology theory, and therefore strength-based approaches and resilience theory (Case & Dalley 2015:15-20; Huss 2016:55-56; Edwards 2016:37, 42).

Humanistic approaches to art therapy can be described as concentrating on aspects of self-expression, exploring emotional experiences and conflict, reviewing internal perceptions, and encouraging personal growth and development of strengths and potential (Moon 2016:204-205; Rubin 2016:11-12; IvyPanda 2022:1-2). This ties in with positive psychology theory and the strength-based approach which emphasises the need to focus and explore individual's personal strengths to improve their mental well-being and functioning (Seligman 2018:333-334). Art therapy's potential use of creativity and the creative flow process to express oneself and explore emotions, thoughts, and feelings reflect positive psychology's ideals of searching for engagement and exploring positive emotions (Wilkinson & Chilton 2015:4-5). The process of attempted meaning finding and exploration to guide and inform an individual's life and path is reflected in both positive art theory, strength-based approach, and art therapy.

Thereby, by working consciously with a client, engaging positively, and building a solid therapeutic relationship in order to find meaning in creative processes and indirectly the client's lifeworld, as well as exploring the client's strengths, can foster positive emotions and optimism (Wilkinson & Chilton 2015:6-7; Hinz 2018:220-221; Girardin 2019:115-116). These factors can also then lead to a sense of accomplishment and encourage identifying resilience and support networks. Art therapy can therefore be seen as a very useful tool to utilise and frame in a positive psychology background with a strength-based approach (Wilkinson & Chilton 2015:6-7; Hinz 2018:220-221; Girardin 2019:115-116). The description above then ties in with resilience theory which focused on optimism, searching for strengths, and encouraging self-belief and a sense of purpose as well as utilising of coping skills (Girardin 2019:115-116; Hölzge et al 2021:582).

As outlined above, positive psychology theory, strength-based approach theory, resilience theory in a psychological setting, and art therapy theory, were therefore viewed as a suitable theoretical framework for the study, as it fits in with the aim of the study of exploring if art e-therapy can be utilised to promote the resilience levels of adolescents experiencing high psychological stress levels.

3.4 PSYCHOLOGICAL STRESS

Mental well-being can be described as an individual's psychological state and their ability to employ their potential, cope with stressors, function productively, and contribute to their community (Evans-Whipp & Gasser 2018:110). Psychological stress often can have a profound effect on the individual's overall mental-well-being and ability to function as a productive member of society (Cooper & Quick 2017:1-3).

Psychological stress can be roughly defined as an individual's personal and internal response to an external factor, the stressor, which places a physical and/or psychological burden on the person (Sue, Sue & Sue 2010:201; APA 2019:1). As stated by Clough and Strycharczyk (2012:17), psychological stress can be described as an individual's adaptive reaction to an outside action, experience, or circumstance which puts the individual under physical or psychological strain. Psychological stress also occurs when there is a discrepancy between the individual's resources or capability of coping with the perceived stressor (Manzar et al 2019:1-2). Psychological stress can broadly be categorised into three perspectives or triggers: biological – which will trigger a physiological response; environmental – which is caused by life events; or psychological – which refers to subjective stress perceptions and consequent reactions (Lee 2012:121; Manzar et al 2019:1-2). The response is determined by several factors, including the individual's personal characteristics and psychological processes (Clough & Strycharczyk 2012:17; Evans-Whipp & Gasser 2018:109). Individuals' specific reactions to stress will vary and it will depend on the person's perception and interpretation of the stressor, their ideological belief system, their coping strategies as well as overall mental well-being at that stage (Sue et al 2010:202; Clough & Strycharczyk 2012:14,18; APA 2019:1-2).

The effects of psychological stress can exhibit through both physical as well as psychological reactions in an individual's body. Physical responses might manifest as increased heart rate or palpitations, dry mouth, excessive sweating, a raise in blood pressure, difficulty to maintain focus as well as dizziness (Cooper & Quick 2017:1-3). Psychological responses might include anxiety, aggression, depression, changes in sleeping and eating patterns, social isolation, or irrational thought patterns (Sue et al 2010:202; Clough & Strycharczyk 2012:12; Manzar et al 2019:2). Each of these responses are subjective, and the symptoms and behavioural changes might occur singly or simultaneously in various degrees of intensity. Some might find it a minor inconvenience and are able to still successfully function and

motivate themselves to cope, whereas others might experience the effects as overwhelming or even debilitating (Roos, Du Toit & Du Toit 2002:3,15; Clough & Strycharczyk 2012:14,18; Pillay 2020:1-2).

Psychological stress is hence not necessarily always harmful or destructive, it depends on the level and duration of the stressor and the individual's personal psychological ability to adapt, cope with, and overcome the effects that stress provokes (Roos et al 2002:15; Clough & Strycharczyk 2012:14,18). However, long term and extended exposure to stress can have more profound effects on the physical and psychological health/well-being of children and adolescents specifically. It is therefore essential to implement proper support and management of stressors and coping skills when necessary (Terzian, Moore & Nguyen 2010:2; Bauer et al 2021:10). The study therefore focused on assisting adolescents experiencing high levels of psychological stress to ascertain if they would benefit from art e-therapy as a means to improve their resilience and overall emotional well-being.

3.5 ADOLESCENCE

3.5.1 Adolescence as a developmental phase

As mentioned in Chapter 1, the definition of adolescence may differ depending on culture, but it is generally agreed that it is the developmental stage which occurs from roughly round about 12 to 18 years (Jaworska & MacQueen 2015:291). Although chronological age is part of the characterisation of adolescence, other factors that influence the concept of adolescence include cognitive, social and moral development, as well as the integration of the self-concept and understanding of identity (Schalkwijk 2015:31; Wilson & Wilson 2015:193). Although the concept of puberty forms a part of this stage, it is not analogous with the definitions of adolescence. Adolescence can be said to begin with puberty and end when the individual assumes a stable independent role in society as an adult (Dumontheil 2015:118-119; Holland-Hall 2020:132). Puberty can be seen as a biological occurrence and is defined by neuro-endocranially and physiological terms whereas adolescence refers more to the transitional stage between childhood and adulthood marked by neurodevelopment which is not necessarily linked with the hormonal development linked with puberty (Berk 2013:115; Jaworska & MacQueen 2015:291).

Adolescence can be described as a period of psychical, cognitive, and emotional-social growth and maturation in which the individual seeks to developed clearer understandings of

their own identity, social integration, and self-concept (Wilson & Wilson 2015:195; Umana-Taylor 2016:112-116). These changes occur at a different rate for each individual as the growth period is influenced by a number of factors including unique characteristics and the degree of maturation in the developmental processes of the adolescent (Gouws, Kruger & Burger 2008:44,77; Wilson & Wilson 2015:194; Brady 2017:60). The process of moving from adolescence to adulthood can be different in intensity, time period, and growth levels as every human is unique and does not exhibit the same behavioural and personality traits (Coleman 2011:30; Mandarino 2014:469). This is especially true in a complex, modern society where the process can be influenced by cultural and environmental factors and might take longer with more complexity and turmoil for some (Mandarino 2014:470; Kaneshiro & Zieve 2019:1).

Adolescence is a developmental phase marked by biological developments which can be challenging, and is marked by insecurity as physical, sexual and physiological changes take place (Anthony et al 2014:489; Bluth & Blanton 2014:219). During this period the adolescent is trying to navigate his/her physical and neuro-developmental changes and might experience and display powerful emotions and mood swings (Gouws et al 2008:117; Bluth & Blanton 2014:219). As significant brain development occurs during the adolescent stage at different maturation rates, it can explain why adolescence is a stage marked by intense emotional turmoil, behavioural challenges, and a preoccupation with understanding the self. As their sensory system is not fully matured yet, decisions are still guided mostly by emotions and at times can be lacking in rational thinking (Curtis 2015:8; Tucker, Poulsen & Luu 2015:325-327). During this time, they also start to develop more advanced abstract thinking skills but often still lack flexible decision-making skills and the realisation of long-term consequences of actions (Bluth & Blanton 2014:219; Kaneshiro & Zieve 2019:1-2).

The process or reorganisation of brain patterns and developing of the rational brain which happens during this phase may then manifest in emotional instability, mood inconsistency, risk taking, or divertive behaviour, and it might also indicate the onset of psychological disorders such as anxiety or depression (Curtis 2015:10; Jaworska & MacQueen 2015:292; Bauer et al 2021:10-11). As various parts of neurodevelopment take place at different growth speeds there can also be a mismatch between emotionally driven actions and decisions in contrast with the development of appropriate judgement and decision-making skills (Brady 2015:179; Tucker et al. 2015:328-329). This imbalance in maturation in neurodevelopment

explains the changes and shifts in adolescent behaviour, cognitive thinking skills, as well as physical, psychological and social-emotional development (Anthony et al 2014:490; Holland-Hall 2020:132).

The development of a self-concept, which refers to the individual's perception of themselves in relation to the significant aspects in their lives are also essential in the adolescent developmental stage. The self-concept can be seen as a complex set of cognitive schemata which include the individuals' attributes, characteristics, and view of their own personality (Coleman 2011:76; Smith, Cowie & Blades 2015:215). It can thus be seen as related to self-esteem which can be described as the adolescents' personal perceived view of their value to others as well as society, which may influence their emotions, thoughts, and behaviours (Schalkwijk 2015:29). Furthermore, the self-concept is essential in determining the individual's attitude, perception and experiences, and guides the potential and motivation which the adolescent might explore and attain (Gouws et al 2008:100). A good self-concept may lead to acceptance of the self, positive emotions regarding personal value and performance, and better relationships with others (Gouws et al 2008:100; Schalkwijk 2015:35). Conversely, a poor self-concept might lead to pathological difficulties, isolation, and risky behaviour, which will influence all aspects of the adolescent's mental well-being and functioning (Gouws et al 2008:26, Wild & Swartz 2012:234; Evans-Whipp & Gasser 2018:109). Therefore, the self-concept plays an important role in peer connections, family interactions, academic performance, and the ability to cope with stressors (Coleman 2011:77).

Adolescence is also a time when the individual focuses on developing their personal as well as social identity and tries to actively gain more autonomy and independence (Holland-Hall 2020:133; Bauer et al 2021:10-11). In today's society we often see a more prolonged period in which the adolescent must remain financially and often emotionally dependent on their parents which also influences the adolescent's formation of a sense of self and independence (Mandarino 2014:468-469; Holland-Hall 2020:133). It might also be challenging for the adolescent to establish their own goals and differentiate between their personal values and aspirations with the reality and possible juxtaposition of their parents' expectations. Peer acceptance and influence also starts to play a bigger role in their decision-making and behaviour than their parents' influence, which can contribute to feelings of loss and insecurity (Mandarino 2014:468-469; Van Rooyen et al 2014:340-342). Additionally, it might also

increase the tendency of risky behaviour such as substance abuse, excessive gaming, sexual promiscuity, and/or online addiction (Dooley & Fargher 2010:91; Evans-Whipp & Gasser 2018:110). The importance of romantic and social relationships may also start to play more of a role than familial relations, and consequently the adolescent might struggle to find their place in this complex, multi-role society (Brady 2017:58; Bauer et al 2021:10-11).

As in the development of all skills, the mastery of one concept leads to readiness to attempt the next task and area of mastery, which implies that all areas of development are linked to and influence each other (Kaneshiro & Zieve 2019:1-2). When an adolescent finds the mastery of tasks challenging or not within the same time frame as their peers, it can lead to anxiety, physiological stress, and social difficulties (Schalkwijk 2015:29; Brady 2017:60-61). It is a stage of exploration as well as frustration which in turn influences the adolescent's perception and ability to integrate their emotional and social experiences (Bluth & Blanton 2014:219; Holland-Hall 2020:133). Adolescence can therefore be seen as an intense period of "Sturm und Drang" (storm and impulsiveness/stress) as it is called in German psychological studies (Gouws et al 2008:77). It is a life period of intense changes and challenges. This sentiment is echoed by Schalkwijk (2015:30) who describes adolescence as a period of intense inner confusion, conflict, psychological challenges, and precarious and often risky behaviour. Brady (2017:60) reiterates that adolescents might struggle to express themselves and/or even isolate themselves as they experience the biological, physical, and emotional turbulence that accompanies this stage of their lives. This can have a negative psychological impact on the mental well-being of the adolescent.

How an adolescent defines their social role and acceptance by peers not only plays a major role in their development but also influences their emotional well-being and self-esteem formation (Anthony et al 2014:487-488; Brady 2017:60-610). In the process of trying to establish a clear identity, adolescents may seek social integration and support, along with a caring, understanding environment. Consequently, the home, school, and their social circle may exert an enormous influence on the individual's self-acceptance and overall well-being (Bauer et al 2021:10-11). Appropriate support structures are thus crucial for establishing peer relationships and social skills, forming an individual identity, positive self-concept, and independence (Umana-Taylor 2016:112; Harrison et al 2021:72).

3.5.2 Adolescence and psychological stress

Mental well-being of children and adolescents is a global concern (Bauer et al 2021:10-11). In South Africa there are many factors hindering the emotional and mental well-being of adolescents. These include violence, crime, poverty, and family conflict, to mention a few examples. Issues such as social relationships, academic pressure and expectations, romantic involvements, and identity crises might also influence the adolescent's welfare (Evans-Whipp & Gasser 2018:109; Harrison et al 2021:72-72). As mentioned earlier in this chapter, mental well-being is a multifaceted concept that includes the adolescent's perception of their own value, contribution and meaningfulness of life and whether they experience a sense of purpose (Cooper & Quick 2017:2). An individual's mental well-being includes the degree to which they can cope with stressors, experience positive emotions, engage in relationships, feel a sense of accomplishment and purpose, and resilience. All these factors influence the adolescent's mental well-being (Schulte, Guerin, Schill, Bhattacharya, Cunningham, Pandalai, Eggerth & Stephenson 2015:38-39; Theron 2019:90; Pillay 2020:1-2).

Adolescence is a stage especially vulnerable to the exposure of stressors as this specific developmental phase which is characterised by physical, emotional, cognitive and social changes is navigated (Byrne, Davenport & Mazanov 2007:393-394; Pillay 2020:1-2; Bauer et al 2021:10-11). There are factors which can cause adolescents to experience psychological stress. These will affect their overall well-being and ability to cope with their daily functioning, which includes their home situation and family relationships, educational environment and academic obligations, social and romantic relationships, and concerns about future prospects (Blanca, Escobar, Lima, Byrne & Alarcon 2020:261). As the neurodevelopment of an adolescent is still in a state of plasticity, and they are in a stage of developing cognitive functions as well as emotional regulation, their ability to cope with stressors is not as developed as mature adults yet (Lee 2012:122; Evans-Whipp & Gasser 2018:109-110).

According to Terzian et al (2010:2) and Blanca et al (2020:266), it is therefore essential to recognise signs of stress in adolescents which may manifest in several ways. Physical signs manifest as changes in appetite, lack of energy, sleeplessness, complaints of headache or stomach pains, or any other signs of bodily tension. Emotional signs comprise a multitude of symptoms such as anxiety, lack of interest in previous enjoyable activities, signs of depression, aggression, social withdrawal, or feelings of hopelessness (Anthony et al

2014:488-489; Pillay 2020:1-2). Behavioural changes can include reactions towards others including family members or peers, inability to exhibit coping strategies or problem-solving skills, self-blame, weight changes, and isolation from others (Terzian et al 2010:2; Blanca et al 2020:266).

Therefore, it is essential for those in a caring or guardian role to promote the necessary support structures and implement an intervention programme to assist adolescents in dealing with stressors when necessary (Theron 2019:325-326; Blanca et al 2020:266). A support intervention may especially focus on assisting the adolescent with adaptive coping and problem-solving skills, positive thinking patterns, communication strategies, goal setting, and managing future expectations (Blanca et al 2020:266; Bauer et al 2021:10-11). It is significant to note that programmes focusing on increasing mindfulness and resilience have proven especially successful in reducing perceived psychological stress levels of adolescents (Díaz-González, Pérez, Sánchez-Raya, Moriana & Sánchez 2018:166-167; Blanca et al 2020:266).

Professionals working with adolescents also need to keep in mind that every individual experiences psychological stress on some level or in some situations and their reactions to stressors may differ (Pillay 2020:2). Therefore, every adolescent must be acknowledged as unique and the specific factors which will trigger their psychological stress levels must be kept in mind when conversing with them (Bauer et al 2021:10). As mentioned in Chapter 1, the scope of this study does not include stressors caused by traumatic events or abuse. Instead, the focus is on psychological stress due to social connections, family relationships, school and/or academic performance related factors, or future expectations, with the overarching goal of improving the adolescent's sense of self-worth, as this is believed to have an overall impact on their everyday interactions and general functioning.

3.5.2.1 Some stressors linked to adolescence focused on in the study

- 1) Adolescents and social connections (peers) form one of the most essential aspects of an adolescent's well-being; this encompasses their relationship to others, and their connection and status amongst some of their peers (Smith et al 2015:646). The value of peer relationships including aspects such as trust, communication, and cohesion/inclusion, might have an influence of the adolescent's self-esteem, internal dialogue, and formation of identity (Dvash & Shamay-Tsoory 2014:283-284).

Formulating friendships depends on the development of higher functioning social-emotional skills and the ability of affective processing to understand the emotions and actions of others. This includes the ability to interpret feelings, as well as the behaviour and thought processes of their peers, and then to react appropriately in social situations (Bluth & Blanton 2014:219; Brady 2015:179). Adolescence is also a time where physical appearance is important to many adolescents, and they compare themselves directly to their peers which can lead to self-consciousness and low self-esteem (Bluth & Blanton 2014:220; Wilson & Wilson 2015:198). Many adolescents experience these factors as challenging, and therefore interactions with peers and the ability to relate to others might cause severe psychological stress to adolescents (Lewis & Doorlag 2011:147; Dvash & Shamay-Tsoory 2014:283-284; Bauer et al 2021:10-11).

- 2) Adolescents and family relationships, the home environment, and the relationships with which the adolescent lives, have a huge impact on the levels of psychological stress they experience. Early developmental years and nurturing care by parents or guardians have an enormous influence on the development of the adolescents' neuro pathways, emotional regulation, thought patterns, and behaviour (Giedd 2015:33). The intimate home environment is the child's first experience of their immediate lifeworld, and it influences their reference and perception about other people and society in general (Wilson & Wilson 2015:55). Adolescence is thus a sensitive period in terms of the need for acceptance, positive input, support, and empathy in order to promote positive mental health and a strong self-esteem (Coleman 2011:64; Wild & Swartz 2012:234). Dysfunctional family connections or conflict have a direct negative impact on the individuals' emotional development and psychological well-being (Dooley & Fargher 2010:64). The lack of a caring and safe home, and turbulent relationships with family members, may thus have a significant impact on the psychological stress experienced by adolescents.
- 3) School and academic performance can also be a major factor causing stress for an adolescent. According to Bluth and Blanton (2014:220), the school environment, and academic pressures and expectations, may also play a large role in the mental well-being of an adolescent. This can be due to performance expectations from the adolescent personally, their parents or specific teachers, and the school itself (Bester

2019:25). In the researcher's experience, this may especially be the case in schools which place immense value on academic achievements and the end results of Grade 12's. These expectations can lead the adolescent to doubt their own ability and lose motivation when they are not able to achieve the same results as their peers (Coleman 2011:69; Miller 2011:154). This might also place adolescents who experience learning difficulties or lack the cognitive ability to achieve higher academic accolades under extreme pressure, exacerbating their anxiety levels and psychological stress, which in turn may influence the individual's self-concept (Chantrell 2009:157; Smith et al 2015:10).

- 4) Adolescents also experience stress for their future prospects and expectations, created either by themselves, society, or their social or family systems (Holland-Hall 2020:132-133). Adolescence is also a period where the individual is in the development phase striving to establish their autonomy and attempting to define their own career and life goals, which might be a confusing process difficult to navigate (Schalkwijk 2015:32). The process of moving from childhood to adulthood with its accompanying responsibilities might also be challenging for some adolescents and they might experience feelings of apprehension and anxiety as well as doubts about their own prospects (Coleman 2011:69; Brady 2017:58). Moreover, they may compare themselves with their peers' future aspirations and opportunities, and thus experience despondence with regards to their own forecasts due to various factors such as socio-economic circumstances, learning difficulties, and academic achievement as well as poor further education and/or work opportunities (Gouws et al 2008:94; Bauer et al 2021:11-12). Additionally, negative self-esteem might also contribute to the adolescent not feeling confident enough to explore certain opportunities or career options (Smith et al 2015:671). In her work as an educational psychologist, the researcher has also experienced that adolescents are conscious and concerned about future events which concern greater global issues such as the environment and global warming, and societal issues such as gender and racial equality, discrimination against sexual preferences, and freedom of identity expression (Miller 2011:205-206; Smith et al 2015:11). All these factors pertaining to uncertainties about the future and structure of society might cause heightened psychological stress levels in the adolescent (Evans-Whipp & Gasser 2018:109; Theron 2019:325-326).

3.5.2.2 Measurement of psychological stress for this study

This study made use of the PSS to assess and screen adolescents who might be experiencing high levels of psychological stress for possible participation in the research study. The PSS is a commonly used psychological instrument for determining the individual's perception of stress and will be discussed further in Chapter 4 (Cohen 1994:4; Lee 2012:126). Once adolescents were identified as experiencing high psychological stress levels and were selected for the study, the focus of the art e-therapy sessions were on enhancing components associated with their resilience to lessen their perceived high psychological stress.

3.5.3 Adolescents and resilience

Resilience in adolescents can therefore refer to the individual's ability to cope with stress, obstacles, and setbacks in order to promote their emotional well-being (Pillay 2020:1-2). Resilient adolescents tend to have a positive self-esteem, self-belief in their own worth, self-efficacy, and the ability to have realistic goals and expectations (Evans-Whipp & Gasser 2018:109). Adolescents with resilience are therefore emotionally capable and strong enough to cope effectively with adversity and challenges (Whittington et al 2016:4-5; Theron 2019:326-327). Contributing factors to an adolescent's resilience therefore include individual, biological and psychological features, as well as relationships, and their environmental system (Evans-Whipp & Gasser 2018:109). Personal aspects such as temperament, cognitive ability, and emotional regulation skills also contribute to the ability to have resilience; however, the environment, support structures, and nurturing relationships are just as essential (Cole & Knowles 2011:56; Tseliou & Ashfield-Watt 2022:603).

As mentioned above, adolescence is characterised by rapid development and brain plasticity which implies that it is a significant period in their ability to learn new skills and adaptive practices which they can then utilise effectively in adulthood (Anthony et al 2014:488). It is therefore vital to support adolescents who are dealing with high levels of psychological stress in order to promote resilience and contribute to their emotional well-being as well as daily functioning, which is the aim of this study through their participation in art e-therapy.

3.5.3.1 Measurement of adolescent resilience used in this study

As a before and after-intervention measurement the RSCA was used. The RSCA can be described as an assessment tool to measure the personal capabilities of a child or adolescent to function with resilience based on adaptive functioning (Prince-Embury 2013:20).

The subscales used as descriptors of the factors measured by the RSCA include the following:

- Sense of Mastery Scale: assesses optimism, self-efficacy, and adaptability.
- Sense of Relatedness Scale: assess trust, support, comfort, and tolerance.
- Emotional Reactivity Scale: assess sensitivity, recovery, and impairment.

The RSCA is a broad, all-encompassing measurement of the various components contributing to an individual's resilience. The researcher obtained valuable information and findings from implementing the measurement before and after the intervention (Prince-Embury 2013:20-21).

3.6 ART THERAPY WITH ADOLESCENTS AND RESILIENCE WITHIN THE THEORETICAL FRAMEWORK

This section discusses various aspects related to art therapy with adolescents. Specific attention is given to the therapeutic process with adolescents; the value of art therapy with adolescents; the use of e-therapy with adolescents; and art therapy focusing on aspects of resilience.

3.6.1 The therapeutic process with the adolescent to promote resilience

As mentioned in Chapter 2, the therapeutic relationship between the client and psychologist is of utmost importance and contains a combination of relational aspects which need to be developed (Bischoff 2010:175; Dalton 2018:17-18). Building a relationship of trust with adolescents in therapy can be especially challenging and the psychologist can experience resistance and an unwillingness to cooperate. As discussed under the heading 'Adolescents from a Developmental Viewpoint' (section 5.5), adolescence is a period of rapid physiological changes that involve turbulent emotions, concern over self-esteem and body-image concepts, as well seeking to establish their own identity (Rubin 2010:58; Wilson & Wilson 2015:196). Adolescents also start to redefine their own individuality and seek to establish their own values and goals while still experiencing societal, family, and peer pressure to fit into a mould (Riley 2001:54-57; O'Reilly et al 2020:1-2). At this developmental stage, as they seek their own position in relation to the adults in their life, they

might exhibit an absorption with themselves and a withdrawal and unreasonable hostility towards adults (Linesch 2015:253). This might be the result of anxiety concerning all the changes they are experiencing and may especially be due to conflicting emotions between the need to prove their independence versus the desire to retain aspects of childhood (Linesch 2015:254; Wilson & Wilson 2015:196-197).

The adolescent's view of the psychologist (which in terms of this study refers to the researcher who is an educational psychologist registered with the HPCSA) as a neutral figure is then of utmost importance (HPCSA 2008:10). The therapeutic alliance will be influenced if the adult is viewed as an authority figure such as a parent or teacher who can reprimand or punish the adolescent (Campbell & Simmonds 2011:196-197; Linesch 2015:254). According to Berg (2015:112), the psychologist must portray qualities of genuineness, trustworthiness, and a non-judgment attitude, and must be sensitive to the adolescents' lifeworld and perceptions. Adolescents also value honesty and openness, an understanding of their worldview, paired with an intuition of what is needed in the therapeutic moment/process in order to relate to what the adolescent is experiencing (Campbell & Simmonds 2011:198; Dalton 2018:17-18). It is therefore imperative for the psychologist to be able to remain neutral and objective when faced with the behaviour, revelations, and reactions which the adolescent may exhibit during therapeutic sessions (Berg 2015:114-115).

Campbell and Simmonds (2011:198) also highlighted the importance of the adolescents' view of the psychologist as a collaborator in their therapeutic process. Adolescents experience the opportunity to tell their personal narrative and outline their reality from their own perceptions as a significant part of a therapeutic relationship and process, and the psychologist must be attentive to listen and provide a safe atmosphere for the adolescent to feel comfortable (Boyd 2014:7-8; Linesch 2015:254; Dalton 2018:18). Giving the adolescent the opportunity to project their multidimensional reality by constructing their narrative is a significant therapeutic technique as it gives the adolescent insight into themselves and assists with the construction of their individual identity and independence development (Campbell & Simmonds 2011:198; Moon 2012:12-13; Linesch 2015:254). All these aspects were kept in mind as the researcher facilitated the art e-therapy intervention sessions with the participants.

3.6.2 The value of art therapy with adolescents

Art therapy can be utilised as a very successful therapeutic mode of delivery that resonates with adolescents and this stage of development. Adolescence can be a very creative phase for some, as they give self-expression to their inner thoughts, emotions, and experiences through art. The forms of art may vary from visual arts, writing, music, or even alternative art forms such as “graffiti” to more modern digital creative software (Appleton 2001:7-8; Dalton 2018:17-18). The use of creativity and fantasy plays a big part in adolescent development and fosters maturation and self-expression (Briks 2007:2; Moon 2012:8-9). As mentioned earlier, adolescence can be a challenging age to engage with therapeutically as they have outgrown play therapy methods which would be used with children, however they have not yet developed the self-analysis strategies or cognitive processes used in traditional adult psychoanalytical therapy (Briks 2007:2; Cook & Monk 2018:2039-2040).

Art therapy allows for a non-threatening vehicle of expression as it gives the adolescent a chance to explore different materials to express their inner world without the need to articulate verbal communication throughout the process (Appleton 2001:8). It is also activity-driven which allows for the adolescent to experiment with and develop their own personal style which is an important part of exploring and establishing their own individuality as well as identity (Briks 2007:3; Rubin 2010:24; Linesch 2015:252-253). It can also be stated that in some cases the spontaneous and flexible nature of art therapeutic activities to express themselves through visual imagery also suits the developmental phase and needs of most adolescents (Briks 2007:3; Cook & Monk 2018:2039-2040).

As stated previously, the use of symbols and imagery has proven to be a very powerful form of communication, especially when verbal questioning and constructing a verbal narrative might be too intrusive or difficult (Nigmatullina & Gerasimenko 2017:2039-2040). Art therapy gives the adolescent the opportunity for engagement, however with the option to determine how much they share about their creation, and it gives them a feeling of ownership over their own creative process (Riley 2001:55, Linesch 2015:259; Harpazi, Regev, Snir & Raubach-Kaspy 2020:2.7-8). The spatial distance from the artwork also allows the adolescent to separate themselves from their creation and gives them the opportunity to reflect on and analyse what they are trying to process. It thereby provides a safe mode of expression for the adolescent to use images to set boundaries and structure through which they can express their

turmoil in a trusted, safe environment (Appleton 2001:8; Riley 2001:57; Rubin 2010:24-27; Nigmatullina & Gerasimenko 2017:2039-2040).

The process of art therapy involves giving the adolescent the choice of what materials and media to use as well as the option of what specifically to depict (although a dedicated theme might be guided by the psychologist). This process allows for the adolescent to experience feelings of empowerment, and the stance of neutrality also allows the opportunity for the therapeutic relationships to develop organically while building trust in the art psychologist (Rubin 2010:24-27; Harpazi et al 2020:8-9). The adolescent might be reluctant to participate at first, due to general insecurity, fear of having their artwork judged or assessed, or out of inexperience with creative materials or the process (Appleton 2006:8-9; Harpazi et al 2020:8-9). This process must be navigated by the art psychologist by explaining the use of art and the materials, the process and aims of the art therapeutic process, and providing emotional support throughout each session. Various expressive tasks can also be suggested and guided by the art psychologist while respecting and giving the adolescent the chance to explore creativity and meaning-making in their own way (Harpazi et al 2020:6-8). Taking all of this into account, art can be a powerful medium in which to engage and give a sense of empowerment to the adolescent (Linesch 2015:260). The art psychologist must ensure that they explore themes and topics that significant to the adolescent. This will ensure that they experience the art psychologist as viewing them as unique and keep them invested and interested in their artmaking (Riley 1999:21-22; Harpazi et al 2020:8-9).

As the artwork becomes a tangible object and entity on its own, it may stimulate conversations about symbolism, metaphors, and meanings, which may increase the opportunity of communicating in a non-threatening manner. The adolescent might feel more comfortable to discuss the process, their creation, and their feelings associated with it, instead of feeling pressurised to articulate themselves just through verbal channels (Riley 1999:21-22; Appleton 2001:8-9; Moon 2012:5). It is also always important for the art psychologist to not assume meanings attached to the artwork but be guided by observing the creative process and the adolescent's use of imagery to provide disclosure. Providing art therapy might at times prove challenging, especially if the adolescent is unwilling to participate or has a negative approach to the process (Dalton 2018:17-18; Zeevi 2021:1). However, by providing a supportive environment; a collaborative, trustful therapeutic relationship; genuine interest in the individual; and various means of self-expression, art therapy might provide a very

powerful medium of communication and therapeutic value, which might not otherwise have been available to be accessed (Riley 1999:22; Briks 2007:3-4; Rubin 2018:18; Harpazi et al 2020:8-9).

3.6.3 The use of e-therapy with adolescents

As mentioned in Chapter 1, the last decade has seen an immense advancement in the permeation of technology in our everyday lives, especially with the beginning of the Covid-19 pandemic in 2019. The outbreak of the pandemic forced many into social isolation globally and compelled the population to adapt to technology for work, schooling, socialising, and other services (Snyder 2020:104; Zeevi 2021:1). This has created a culture of technology, and the use of digital media is so entwined in our daily functioning that it forms part of regular communication and expression on all levels (Storjohann 2019:2; Snyder 2021:104-105). To some degree, especially with the vast increase in the use of social media, it could foster and influence an individual's identity, creativity, self-esteem, and self-concept, which is again directly linked to the individual's resilience levels and ability to cope with psychological stress (Storjohann 2019:2; Snyder 2021:105; Zeevi 2021:1). This phenomenon has had an enormous impact on today's youth who have grown up with digital media. Hence, they can be defined by numerous terms including "digital natives", the "i-Generation", the "net-generation", and the "app-generation" (Tapscott 2009:46; Choe 2014:146; Zeevi 2021:2).

Digital media forms part of the daily life of adolescents, which includes their social as well as educational aspects. It influences how they interact with their peers and socialise, and often online friendships can be a significant part of an adolescent's social connections (O'Reilly et al 2020:1-2). Technology also forms part of a learners' academic career as digital media is often utilised at school and at home with some schools completely operating as online faculties (Nigmatullina & Gerasimenko 2017:1-2; Kiili, Leu, Marttunen, Hautala & Leppänen 2018:535).

Adolescents therefore are familiar with and feel at ease with the use of digital media and transition mostly seamlessly from the online "virtual" world to their external "real" reality (Moon 2012:11-13; Linesch 2015:252-257). Choe (2014:146), Austin (2010:210) and Thong (2007:57) have also noted that adolescents find the usage of technology in therapeutic interventions a positive and empowering experience and will make use of it through choice

and a readiness to master the techniques involved. This notion is echoed by Snyder (2021:6) as she noted that most adolescents in her in-person practice transitioned seamlessly to the use of e-therapy, and most are skilled with the technology required for the process. She also noted that most adolescents were able to create a safe space for their session, schedule their timetables, and were prompt for appointments; they were also clear about what they expected from their sessions (Snyder 2021:6).

Exceptions were adolescents with challenges with executive functioning skills and whose households were not conducive for creating personal space (Choe 2014:153; Snyder 2021:6). Solutions to this could be negotiated by offering various communication platforms that could still provide a level of support to the adolescent (Snyder 2021:6). An interesting point to note is that Snyder (2021:6) found it useful when the adolescents shared their interests via social media which could contribute to building a trustful relationship and engaging with their interests during sessions. It should however be noted that, as mentioned in Chapter 2, that the psychologist should be considerate of the ethical guidelines when sharing information online and ensure to set professional boundaries during the e-therapy sessions (Evans 2018:164).

Nevertheless, given the enormous role that digital media plays in the construction of the adolescent's lifeworld, the researcher finds it essential to investigate how it can be utilised in therapy, specifically in art therapy, with the goal of promoting resilience.

3.6.4 Art therapy focusing on aspects of resilience

Visual art contributes to our understanding of our perceptions and processing of visual aspects of our experiences, thereby enhancing the perceptual qualities of the brain by making the invisible tangible (Zeki 2001:51; Rani 2018:61). By visualising the abstract, the brain externalises the inner domain of the client and expands knowledge of themselves as well as the world around them (Rosal 2016:210; Rani 2018:61-62). Some research studies have investigated the use of creativity as a protective mechanism which helps an individual cope with adversity; therefore, the use of the creative process can be used in promoting resilience (Harms 2005:83; White 2018:112-113). Creativity can also be considered as a tool to focus on personal strengths and gives an individual a sense of purpose and self-mastery which can contribute to building a positive self-esteem (Harms 2005:84; Malchiodi 2015:144). Using art can consequently be seen as having the power to transform an individual's internalised

thoughts, emotions, and perceptions, which indicates that creative therapies such as art therapy can therefore be considered as an effective therapeutic method to increase a client's resilience (White 2018:112; Kometiani & Farmer 2020:3). As stated by Stepney (2001:201): "[A]rt therapy provides the positive cognitive, emotional, and social growth fostering opportunities for creative self-expression than can enhance the student's consciousness of self, others and the environment".

As described above, under the psychosocial factors to be developed in promoting resilience, the art e-therapy sessions mainly focused on fostering finding strengths, optimism, cognitive flexibility, empowerment, and coping skills (Roghanchi et al 2013:180; Iacoviello & Charney 2014:3). This involved examining and reframing perceptions and working on modifying expectancies and beliefs about oneself and the future (Theron 2020:1-2). Art therapy has been proven to use creativity as a protective process as an outlet for expressing oneself and gaining a better understanding of one's lifeworld (Worrall & Jerry 2007:45; White 2018:112-113). Although the art e-therapy sessions were adapted to each participant's current mental well-being and happenings in their lives, it was also attentive to developing an acceptance of stressors as well as creating an awareness of the thoughts and feelings experienced in certain circumstances. Active coping skills were also a main focal point to, first of all, examine automatic thoughts and emotional reactions, and secondly, concentrate on developing a positive perception of the self and personal strengths (Padesky & Mooney 2012:286-287; Nigmatullina & Gerasimenko 2017:2040).

Furthermore, art therapy is useful to help the client face the meaning attributed to perceptions and experiences; it can also increase the awareness between thoughts and feelings that these evoke, which can then be processed by expressing it through creative processes and possibly enabling the client to verbalise their specific meanings (Iacoviello & Charney 2014:6; Nigmatullina & Gerasimenko 2017:2040). The goal is thus to challenge and reframe the negative aspects associated with the perception and experience, and then to reframe it into optimism, focusing on personal strengths, cognitive flexibility, and coping skills (Iacoviello & Charney 2014:3; Harpazi et al 2020:7-8). Art therapy can be considered a valuable therapeutic tool in this regard as the tangibility and visibility of the client's emotions, thoughts, and perception in an art creation often leads to more insight into the experience. Consequent reactions thus often facilitate a better comprehension of the holistic self (Adler 2011:2-3). As stated by Padesky and Mooney (2012:289), the use of positive images and

metaphors has a more powerful impact on evoking and changing regulation of emotions than processing thoughts through words or verbal processes. Images can therefore help in improving emotional resources and emphasising personal strengths which add to the promotion of resilience (Zeki 2001:51; Padesky & Mooney 2012:289; Kruger & Swanepoel 2017:102; Zeevi 2021:2-3).

All of the factors discussed above were at the forefront when planning the structure of the art e-therapy sessions. The researcher was mindful of employing the techniques tailored to each participant's therapeutic needs.

3.7 STRUCTURE OF THE ART E-THERAPY SESSIONS –FOCUSING ON PROMOTING RESILIENCE

3.7.1 General framework of the art e-therapy sessions

As there is currently no specifically tailored method or therapeutic programme to promote resilience in art therapy in particular, the researcher drew on some aspects of modified strength-based cognitive-behavioural therapy programme guidelines combined with art therapy practices (Padesky & Mooney 2012:284; Kalmanowitz 2016:82-83). This framework emerged upon investigation into art therapy practices and resilience as well as the specific psychosocial factors of resilience which the study was motivated by (Connor & Davidson 2003:77-79; Silveira et al 2022:3290). The conceptualisation was then formulated by the researcher while also considering the use of e-therapy as a mode of delivery with adolescents experiencing high levels of psychological stress.

The art e-therapy sessions, which formed part of phase three, the intervention phase of the data collection process of this study, did not concentrate exclusively on the participants' created and completed artworks, but instead focused on their well-being, thought processes, and the creative process. Possible realisations during the process, focusing on strengths rather than repairing weaknesses in the participants/clients, was also reflected upon. The approach was mainly a collaboration between the researcher practicing as an educational psychologist and the participant, and the researcher actively connected with each participant to foster engagement, mutual exploration, and growth (Padesky & Mooney 2012:284; Malchoidi 2015:16-17). Although a general format was used, the activities were also reviewed constantly and adjusted, when necessary, in order to meet the goals of each participant's therapeutic process. Each session was structured as follows:

- 1) Greeting the client and enquiring after their well-being. The researcher referred to this as "check-in time". This time was also used to establish the therapeutic space and to share essential information about the participant's well-being, current happenings in their lives, and emotional state at the time.
- 2) Engaging in the chosen creative process. The researcher explained the art activity and its aim to the participant, and then followed their cues as to how they wanted to approach and create the artwork. She was also guided by the participant during the creative process, gauging whether they wanted to engage with her or preferred to work silently. Often the participants enjoyed having her create an artwork

simultaneously with them, which she then shared with them. Doing this promoted a sense of rapport and collaboration.

- 3) After the creation process, the researcher and the participant had a verbal discussion about the process and the artwork. During this time, they discussed their thoughts and feelings while they were creating. These reflections often led to significant realisations from the participant which added to the therapeutic value of the session.
- 4) The sessions ended by asking the participant if there is anything else they would like to share and discuss. Ending with enough time to ensure the client is calm and ready to leave the “virtual” therapeutic space and enter their “real” lifeworld again.

Padesky and Mooney (2012:284) developed four-step strengths-based cognitive-behaviour therapy approach with the goal to build up and focus on the client’s positive qualities in order to promote resilience. Some aspects of this model were used in the empirical study, although it was extensively modified to suit the art e-therapy process and factors of resilience the researcher wanted to address during the research study.

3.7.2 Aspects of proposed model of intervention and the adaptation to this study

The four-step model proposed by Padesky and Mooney (2012:284) include the following aspects/steps:

- 1) Searching for strengths which are depicted visually in an artwork and reflected upon continuously.
- 2) Constructing a personal model of resilience metaphorically – this entails looking for areas in which the participant experiences weaknesses and fears, and then finding possible ways to overcome these, which are again depicted in various art activities.
- 3) Applying the personal model of resilience to areas of difficulty – in other words, emphasis is on cognitive flexibility and coping skills that the participant can utilise in overcoming their difficulties. This was applied during all the sessions and in various activities.
- 4) Practicing resilience by incorporating the skills we discussed in the sessions in their everyday lives. Doing so will hopefully help with their overall mental well-being and functioning, which was also done throughout the intervention process.

In this study the researcher used some of the aspects of the steps outlined by Padesky and Mooney (2012:284). She combined these with an investigation of the source of the

adolescent's high psychological stress levels and attempted to find ways to help them cope. She also incorporated an exploration of some of the psychosocial facets of resilience discussed earlier in the chapter. The approach followed was thus fluid and flexible, with goal-directed art activities in order to reach the overarching goal of each session. This main goal was to increase the adolescent's self-worth and help them to cope more resiliently with psychological stress rather than follow a rigid programme (Roghanchi et al 2013:180; Iacoviello & Charney 2014:3).

The art e-therapy sessions also addressed the concept of stress and how to deal with it effectively. Attention was also given to the character strengths, beliefs, and weakness of each individual participant. The researcher further guided them to consider and apply cognitive flexibility by discussing the monitoring and altering of thoughts, perceptions, and behaviour patterns (Sulimani-Aidan 2018:45; Ungar & Theron 2019:442). A sense of control over their experiences and emotional regulations were referred to throughout the sessions and they discussed different coping strategies with and for various stressors. The importance of social relationships and support structures were also considered and emphasised (Padesky & Mooney 2012:284-285; Roghanchi et al 2013:180).

Below is a summary of the format that was applied in the art e-therapy sessions. It combines an investigation into individual psychological stress factors and the concepts which may assist in fostering resilience.

3.7.3 Exploration of psychological stress of participants

3.7.3.1 *Personal strengths*

- 1) *Optimism and a search for strengths*: Current processing of thoughts and emotions, negative as well as positive, were explored (Tseliou & Ashfield-Watt 2022:605). Their experience with stress and coping mechanisms were also examined coupled with discussions of core beliefs of how they view themselves. The researcher and the participant extensively explored character strengths and how the participant could use it to their advancement. Attention was given to perceived weaknesses and the importance of optimism and positive thinking. Future expectations and fostering hopefulness also formed part of the sessions (Roghanchi et al 2013:180; Iacoviello & Charney 2014:3-6).

- 2) *Cognitive flexibility*: This aspect involved the manner in which the participant perceived themselves and how they cope with difficult situations. The researcher then linked this with stress and the various coping mechanisms mentioned above (Bauer et al 2021:108). Perspectives of difficult situations and the influence of negative thinking and coping mechanisms were also explored. Different strategies on how to monitor and process thoughts, emotions, and reactive behaviour were scrutinised further (Roghanchi et al 2013:180; Iacoviello & Charney 2014:3-6).
- 3) *Sense of control and coping skills*: Current coping skills and the concept of mindfulness were also covered extensively (Huang et al 2020:3). The status of the participants' current social relationships with peers and family formed part of the search in the strengths phase, and the focus was on the value of establishing supportive systems (Roghanchi et al 2013:180; Iacoviello & Charney 2014:3-6).

3.7.3.2 Constructing methods/skills to build resilience

- 1) *Optimism and a search for strengths*: The process of fostering positive emotions and managing negative emotions was explored, along with possible obstacles when dealing with stress and alternative reactions (Tseliou & Ashfield-Watt 2022:605). Character strengths, and how to accept and cope with possible character weaknesses, was a continuous theme that was used to empower the participants and build their self-esteem and confidence (Roghanchi et al 2013:180; Iacoviello & Charney 2014:3-6).
- 2) *Cognitive flexibility*: Possible different perceptions and the strategies for monitoring and regulating negative emotions was deliberated on in many of the sessions (Bauer et al 2021:108). Methods on regulation thought processes and emotions were also extensively explored (Roghanchi et al 2013:180; Iacoviello & Charney 2014:3-6).
- 3) *Sense of control/coping skills*: The different aspects of mindfulness and self-care were constant topics during all the sessions. Attention was given to different types of coping skills, the acceptance of difficult situations, and possible positive reactions to stressors (Suliman-Aidan 2018:45; Huang et al 2020:3). The importance of fostering relationships was also discussed throughout the sessions. If necessary, discussions included possible solutions to current social difficulties (Roghanchi et al 2013:180; Iacoviello & Charney 2014:3-6).

All these factors, namely reactions to psychological stress, optimism, personal strengths, cognitive flexibility, and sense of control and coping skills, form part of building resilience levels (Roghanchi et al 2013:180; Iacoviello & Charney 2014:3-6). These factors and practices overlap and were investigated, addressed, and discussed throughout the art e-therapy sessions. Possible implementations of the discussed aspects and coping skills into the participants daily lives, especially when they experience psychological stress, was explored and action plans were devised for when a participant experiences adverse events (Suliman-Aidan 2018:45; Huang et al 2020:3).

The participants were continuously encouraged to apply their newly acquired skills on a regular basis.

3.8 CONCLUSION

The current chapter presented the theoretical framework underpinning this study. The theories discussed included positive psychology theory, strength-based approach theory, resilience theory in the psychological field, and art therapy theory. A detailed description of psychological stress and the factors contributing to this phenomenon was provided. Adolescence as an important developmental stage that is characterised by biological, physical, emotional, and behavioural changes was also reviewed. Another focal point was the influence of psychological stress on an adolescent. Some of the stressors particularly focused on in this study included relationships with peers, family relationships, school performance, and future expectations. This was followed by a description of the psychological stress measurement used in this study. Adolescents' capacity for resilience as well as the measurement of resilience used in this study were also defined.

The therapeutic process with adolescents in order to promote resilience was then discussed with a focus on using art therapy specifically with adolescent individuals. The use of e-therapy with adolescents, and art therapy focusing on promoting resilience, were also investigated. The chapter ended with an exploration of the structure of the art e-therapy sessions with the participants which focused on promoting their resilience and reducing their high psychological stress levels. In light of the above discussion, the next chapter will discuss the research methodology employed in this study.

CHAPTER 4

RESEARCH METHODOLOGY

“Persistence and resilience only come from having been given the chance to work through difficult problems” (Gever Tulley 2012:1).

4.1 INTRODUCTION

Chapter 2 reviewed literature on e-therapy and art therapy and Chapter 3 presented the theoretical framework as well as a discussion on the other significant concepts which is involved in the study. Attention now shifts in Chapter 4 to the methodology employed to conduct the research. The topics covered include the research methodology, paradigm, approach, and design, as well as the research methods, data collection process, and steps used to analyse the data. The ethical considerations adhered to are also noted. The final section discusses the steps followed to ensure the trustworthiness of study.

4.2 RESEARCH METHODOLOGY

Research methodology can be referred to as the system of methods and procedures used to address the research problem and answer the research question of the study in a reliable manner (Jansen & Warren 2020:1). The methodology of this research study is based on an exploratory, qualitative method which will be discussed below.

This section also discusses the research paradigm, namely interpretivism, along with the research approach (qualitative) and design (case study) used in this study which constitutes as the overarching research methodology.

4.2.1 Research paradigm

A *research design* has often been described as the “blueprint” of the study; in other words, as the plan and strategy of the procedures to be followed including the methods of data collection, analysis, interpretation and presentation (Nieuwenhuis 2010:47). The research methodology uses the research problem as a starting point to determine how to gather the necessary data evidence to answer the sub-research questions and ultimately the main research problem (Nieuwenhuis 2010:47; Abutabenjeh & Jaradat 2018:235-236). Its purpose is therefore to specify the strategies that will be utilised to gather and evaluate the empirical

data with methods that are trustworthy and can lead to quality conclusions regarding the research topic (McMillan & Schumacher 2010:20-25; Abutabenjeh & Jaradat 2018:235-236). This study focused on using a qualitative design set in an interpretivist, small case study framework. A schematic representation of the research design is presented in Chapter 1 (see Figure 1).

The *research paradigm* refers to the unit of beliefs, values, and assumptions of a certain group of researchers. Thus, the research paradigm of this study can be defined as *interpretivism* (Antwi & Hamza 2015:218-219; Kivuna & Kuyini 2017:27-28). This forms the focus of the following sub-section.

4.2.1 Interpretivism

Interpretivism implies that reality can be constructed from the individual's perceptions and the meaning of their social constructions (Cohen & Crabtree 2006:1-2; Delpont et al 2011:297; Ryan 2018:15-16). Interpretivism also suggests that all aspects of the individual such as past experiences, current circumstances, and perceptions of daily realities, must be taken into account (Kivunja & Kuyini 2017:27-28). As this study focuses on the participants' personal experiences, emotions, and thoughts, as well as their own perceptions of individual psychological stress levels and levels of resilience, it can be deemed a suitable research paradigm.

Using an interpretive framework indicates that the principles, ideologies, and viewpoints about the way the world functions can be investigated and understood a bit more through the participants' and researcher's viewpoints (Dash 2005:1; De Vos et al 2011:523-513; Ryan 2018:2-3). Interpretivism therefore provides an interconnected structure in which the research questions specific to this study can be formulated to suit the aim of answering the main research question. Interpretivism also specifies that reality is subjective, and that the researcher interacts with the research process which is bound to certain values and context. The appropriate research methodology and data collection strategies could therefore be formulated to assist in understanding the research field, namely the effectiveness of using art therapy using e-therapy to improve the resilience levels and reduce their perceived psychological stress levels of a certain group of adolescents (Dash 2005:1; Alharahsheh & Pius 2020:40-41). The interpretivist paradigm could therefore be considered a suitable ontology and epistemology for the study as it accepts that realism is personal, and that the

researcher creates their own interpretation of the data through collaborating with the participants to form suitable conclusions (Kivunja & Kuyini 2017:28-29).

Table 1 below outlines the main features and most significant guidelines for using an interpretivist approach (Salkind 2010:1159-1163).

Table 1: Main concepts related to interpretivism

Interpretivism: Concepts related to utilising an interpretivist approach		
<i>Concepts</i>	<i>Characteristics of concepts</i>	<i>Application to this study</i>
Definition & characteristics	<ul style="list-style-type: none"> • Reality is subjective and socially constructed. • It is essential to investigate and understand the beliefs and motivations of individuals to understand their point of view and experience of reality. • The participant is an active collaborator in the research whose actions are understood by their own perceptions. 	<ul style="list-style-type: none"> • During the data collection and analysis process the researcher was mindful that each participants' reality and perception is interpreted from their individual viewpoint. • She also strove to understand the underlying behaviour, thoughts and emotions that direct their beliefs and motivations. • She actively shared her viewpoint and finding with the participants to minimise misunderstanding and ensure the accuracy of her interpretation.
Aims	<ul style="list-style-type: none"> • To gain in-depth insight into the individual's experiences and to achieve a better understanding of possible explanations of patterns of thought, emotions, and behaviour. • To understand that individuals are unique and to gain insight into their perceptions that are time, context, value and culture bound. 	<ul style="list-style-type: none"> • The aim was gained by a triangulation of a variety of data which were gathered by different means including semi-structured interviews, completion of the informal PPS questionnaire, administration of the standardised RSCA scale, individual art therapy sessions, observations, reflections on the visual artworks, and reflections of the process by both the researcher and the participants.
Ontological assumption	<ul style="list-style-type: none"> • <i>Relativism:</i> Research includes investigations, interpretations, forming understandings and possible conclusions to the subjective reality and lifeworld of observed by the participants (Dash 2005:1; Alharahsheh & Pius 2020:40-41). 	<ul style="list-style-type: none"> • The relativist ontology which links with the interpretivist paradigm was used in the study as the researcher studied various personal realities and the perceptions from the participants. Thus, the researcher recognised that there are multiple interconnected meanings attached to experiences and its influence (Kivunja & Kuyini 2017:28-29).

Epistemological assumption	<ul style="list-style-type: none"> • <i>Subjectivism/constructivism:</i> Knowledge of a real-life phenomenon is understood through interacting with the participants to discover the underlying meaning of how their thoughts, emotions, and behaviour are shaped by their lived experiences (Kivunja & Kuyini 2017:28-29). 	<ul style="list-style-type: none"> • The researcher attempted to understand the emotions, thoughts, and behaviours of the participants' and how it influences their psychological stress levels and ability to cope with resilience. • Processing the data was done with checked clarification from the participants to ensure the interpretations that were formed are a valid understanding of their lifeworld.
Methodological assumption	<ul style="list-style-type: none"> • The process of the research is inductive, and an emerging design is identified as the study of multiple context-bound factors which shape the research process. • Patterns, themes, and/or theories are identified with the hopes of forming conclusions about predictions of that phenomenon. 	<ul style="list-style-type: none"> • Qualitative research was used in this study to focus inductively on identifying themes and to apply successful intervention methods according to each participant's context and current constructed reality. • The researcher was thus consciously aware of relational and contextual factors which are interlinked and took this into consideration when the data were evaluated.
Methods	<ul style="list-style-type: none"> • Mostly qualitative methods which involve participant interactions such as observations, open-ended questionnaires, and more unstructured interviews. • Single case-study design. 	<ul style="list-style-type: none"> • This study made use of a range of data collection techniques which ensured that an in-depth analysis of the data could take place. • Empirical data were collected from single in-depth case studies which gave a detailed understanding of each participant's experience of the therapeutic process.

4.2.2 Research approach

The research approach encompasses the specific types of procedures, i.e. for data collection and analysis that fit with the aim and philosophical underpinnings of the study (Chetty 2016:1). This study utilised a qualitative approach.

4.2.2.1 Qualitative research

As mentioned in Chapter 1, the researcher decided on a qualitative research approach due to the nature and aim of this study. Qualitative research focuses on the individual person (reflective of a specific population) to gain information about his/her experience and lifeworld which is often not able to be measured and converted to numerical data on a scale

(Nieuwenhuis 2007:51; Cropley 2021:5-6). If a qualitative data research design is employed successfully it can be viewed as being just as systematic as statistical studies and it gives valuable insight into natural occurring phenomena as it is context sensitive.

Another noteworthy characteristic is that the researcher has direct contact with the participants and the context in order to collect the data. Inductive reasoning is then utilised to interpret the data in order to determine overarching themes concerning the research questions (McMillan & Schumacher 2010:320-325; Salkind 2010:1159-1163). The main aim of the use of qualitative research is then to investigate the qualities, perspectives and characteristics of the participants in a specific context in order to understand their reality or the occurring phenomenon better (Flick, Von & Steinke 2004:256-260; Silverman 2020:7). The researcher attempted to gain an understanding of the participants' inner lifeworld according to a qualitative approach as it was able to offer valuable insight into the possible use of art e-therapy with adolescents to attempt to decrease psychological stress and increase each individual's ability to apply resilience to perceived stressful factors.

Table 2 below illustrates the advantages and disadvantages of using a qualitative approach.

Table 2: Summary of the qualitative research method and application to this study

Qualitative research method	
Advantages	Disadvantages
<ul style="list-style-type: none"> - Relay the original meaning and perceptions of the participants/individuals. • It enabled the researcher to give an accurate account as confirmed by the participant of their interpretations of their current lifeworld and their experience of the effectiveness of the art e-therapy intervention. 	<ul style="list-style-type: none"> - Challenging to link and generalise the findings to other contexts. • The context in this study can mostly be seen as linked to higher socio-economic groups (with access to proper technology) which then exclude other population groups. The study also focused on adolescents and therefore did not provide findings for other age groups.
<ul style="list-style-type: none"> - Can provide in-depth and authentic insight into occurrences as techniques are more open-ended and less structured with specific protocols. Therefore, providing a more holistic view. • The researcher was guided by the responses from the participants on how to proceed with the art therapeutic process and was able to adapt it as needed. Various data collection methods were used and 	<ul style="list-style-type: none"> - Appropriate data collection and analysis is crucial, and methods can be debated. • The researcher was aware that the interpretation of the data can be scrutinised and debated, and therefore ensured proper documentation, confirmation by the participants, and analysis strategies for the research findings to be reliable. The researcher also ensured that their own subjective

triangulated to ensure data findings were trustworthy.	viewpoint did not interfere with the interpretation of the results.
<ul style="list-style-type: none"> - The techniques are more interactive as the researcher interacts with the participants' which can lead to a better understanding of the process and data. • The data collection techniques used in this study are tools used by the researcher regularly and interactions with participants are an integral part of the therapeutic process. The value of personal interactions with participants were then judged to be invaluable in order to gauge their experience of this specific art therapy therapeutic process through e-therapy delivery. 	<ul style="list-style-type: none"> - Researcher must get involved with the participants while managing to maintain a disciplined objective view. • The researcher is a trained and experienced educational psychologist and is therefore skilled and able to maintain the proper boundaries and objective viewpoint needed to evaluate the process and data results. (It was kept as an option to refer a participant to another health care provider if it was felt that the relationship has been compromised).
<ul style="list-style-type: none"> - Can provide valuable awareness and understanding into needed research environments. • As discussed in Chapters 1, 2 and 3, art therapy can be considered a valuable tool to utilise with some clients. Presently, not many South African therapists are necessarily aware or experienced to use these creative methods of therapy. E-therapy, especially since the outbreak of the COVID-19 pandemic, has become essential for every mental health practitioner. There is also currently a need for mental health services as our society's adolescents struggle more and more with psychological stress and utilising resilience skills. The researcher therefore thinks this study is invaluable for the South African mental health profession. 	<ul style="list-style-type: none"> - Researcher must be open for self-reflection and analysis of biases and preconceptions • Being a visual artist herself and having completed previous art therapy studies and utilised creative practices in her own work with adolescents, the researcher was consciously aware of the need for reflection and maintaining objectivity during the research process.

Using qualitative research methods in this study ensured that the researcher was able to use words and descriptions in order to create an understanding and to observe whether art e-therapy sessions can be considered a successful tool in order to promote the resilience levels of adolescents with psychological stress (Aspers & Corte 2019:140; Maxwell 2022:380-382).

4.2.3 Research design

4.2.3.1 Case study

A case study was utilised to gain information and understand the aims of the study (Lichtman 2014:8-10). Case study designs include both the process of inquest as well as the product. The latter refers to the way data are presented which suited the purpose of gaining an in-

depth understanding of whether an art therapy programme delivered through e-therapy can improve resilience in adolescents who experience high levels of psychological stress (Gagnon 2000:11-15; Tobin 2010:771-773; Hott, Limberg, Ohrt & Schmit 2015:2-3).

Case study research strategies are mostly grounded in theory approaches and make use of various sources of data which are context specific in order to make analytic inductions. Its purpose can be described as gaining descriptive information to understand the case to enable theoretical considerations (Tobin 2010:711-773). It usually includes a small number of participants to gain insight into their lifeworld and meaning making. Additionally, each participant can be considered a source of information from which general patterns and themes about a phenomenon might be discovered (Fouché & Schurink 2011:320-321; Yin 2014:321-322).

4.2.3.2 Strengths of the case study strategy

Strengths of the case study strategy can include the following:

- 1) *High construct validity*, as a lengthy case study approach provided the researcher with the opportunity to examine each participants' lifeworld, experience, thoughts and emotions in-depth. It ensured that the data collected correlates with their perception which the researcher felt elevated the validity of the empirical data collected within their specific context (Yin 2014:322).
- 2) *Comprehensive insight*, as the researcher established rapport and worked intensively with each individual participant to gain an understanding of their reality and the therapeutic process which she applied. It also helped to provide insight into the techniques and media which the researcher employed and whether it can be deemed a useful therapeutic approach (Gustafsson 2017:2-3).
- 3) *Critical importance of multiple perspectives* which is essential in a qualitative study. It gave researcher the opportunity to identify themes in this context-specific case study design and review different views in the therapeutic process (Harrison et al 2017:8).
- 4) *Establishment of rapport*, as the researcher worked one-on-one over an extensive period with each participant. This gave her the opportunity to gain an intensive view of their experience and lifeworld (Gustafsson 2017:2-3).
- 5) *Gain valuable insight* from the participants' perspective about their experiences, with authentic feedback which was essential to achieve the aim of this study. The aim was

to gain information about the possibility of using an art e-therapy intervention to help improve the resilience of adolescents who experience high psychological stress (Yin 2014:324).

- 6) *Detailed accounts and interpretation of data* were possible when the researcher worked systematically and compared the data gained within each case (Harrison, Birks, Franklin & Mills 2017:8).

This study was based on a collective approach in order to investigate a single-case study which was bounded by time, place, participant features, and the activity/interventions of the study (Salkind 2010:116; Creswell 2014:465). According to Creswell (2014:465), a bounded system can be constricted/limited by time, activities, events, processes, places or individuals, based on the aims of the study. The case study approach can be described as a methodological framework that can be used to understand and find meaning in the lifeworld as experienced by specific participants and the populations they represent, which then fitted the aim of this study. The researcher therefore used a *descriptive case study approach* to explore certain context-specific phenomena and a specific intervention, whilst finding themes and meaning in the elements that shape the experiences of the participants (Tobin 2010:771-773; Gustafsson 2017:2-3; Maree 2018:52).

This study specifically focused on a bounded single-case design as the researcher aimed to study a single phenomenon based in a single group, namely how e-therapy art therapy can influence the resilience of adolescents experiencing high levels of psychological stress.

4.3 SAMPLING PROCEDURES

The research methods include the procedures followed to select the participants and the research instruments. These include the techniques used to gather, interpret, and present the research data in a credible manner. These topics are discussed in more detail below under their own respective sub-headings.

4.3.1 Population & the sample

The population, which refers to the group which can be characterised according to certain criteria, from which the researcher selected the participants (the sample). The researcher focused on South African adolescents between the ages of 14 to 18 who are currently experiencing high levels of psychological stress. She therefore made use of non-probability

sampling with a convenient setting (Baker et al 2013:93; Palinkas et al 2016:535). Criterion-based purposeful sampling was used to choose participants who can provide information-rich in-depth data about the research questions.

Eight participants were selected from the research population to participate in this study. They were selected for their ability to participate in the study and to give insight and information pertaining to the research problem. The focus was therefore on selecting participants who experienced high levels of psychological stress and could possibly benefit from taking part in art e-therapy sessions to improve their resilience. The advantages of purposeful sampling include that it (i) is less time-consuming in searching for participants; (ii) assures a higher participation rate, (iii) allows for generalisations to be made for that specific population; (iv) and it almost guarantees the provision of the needed data. The disadvantages include that (i) it is less representative of a larger population; (ii) the results depend on specific criteria of the sample; and (iii) there could be data errors due to subjective research bias (McMillan & Schumacher 2010:140; Stake 2010:114-115). The researcher was aware of these challenges, and therefore ensured to adhere to trustworthy data collection techniques.

The site selection involved deciding on a location that best suited the researcher to easily locate information rich participants (Stake 2010:112-115). According to McMillan and Schumacher (2010:351), the site should be practical and suit the aims of the study. The researcher therefore made use of convenience when choosing an independent school in Cape Town. The school she selected is privately governed and not part of the government school system, and it is where she previously worked and is known to the staff. Her role at the school was not as a counsellor to the learners, but she held a managerial role as the Head of Therapy. This role entailed managing the therapy staff and working with the teachers and parents on the primary school campus. There was thus no conflict regarding the role of researcher versus therapist (educational psychologist) as the learners did not know the researcher personally. The school has a high school with approximately 600 learners as well as primary school on adjacent locations, and is situated in the centre of Cape Town, Western Cape, South Africa. With the advent of the COVID-19 pandemic, the school also opened an online school which gave some learners the opportunity to continue with schooling remotely while others could choose to return to a traditional classroom setup.

The participants were eight high school learners ranging from Grade 8 to Grade 12 and between 14–18 years of age. The learners who attend the school are mostly from higher socio-economic groups and the school itself provides adequate funds, technological tools, and resources to all learners. It is an inclusive school which means it has learners with a range of academic abilities. Thus, the school has learning support teams to support the learners' educational as well as emotional needs. The EST consists of an educational psychologist, a social worker, a counsellor, remedial therapists, occupational therapists, speech therapists, and physiotherapists. Permission forms to conduct the study were approved by both The *Independent Schools Association of Southern Africa* (ISASA) and the head/principal of the school (See Addenda B, C & D).

After obtaining permission from the principal and board of independent schools (ISASA), the researcher identified suitable participants by contacting the parents of the learners of School by sending a general email introducing herself and providing an outline of the research study. She specified the area from which she was working and requested that the participants reside within in a 70-kilometre radius from her location. Although the whole research study was conducted online, the researcher wanted to be close enough to reach out to a participant and meet with them face-to face if an emergency arose. She created a separate email address specifically for the use of this study and asked the parents to contact her directly if they felt their child was experiencing high psychological stress that is affecting their well-being, specifically if caused by social, family, academic or future concerns.

If a parent contacted her, she sent them more details regarding the study. Information was provided on the aim and process as well as the criteria, confidentiality, and possible benefits or discomfort their child might experience from participating in the study. If the parent (after discussion with the adolescent) then chose to proceed with the process and the adolescent fitted the necessary criteria, the researcher supplied the documentation and consent for participation (See Addendum E). She then contacted the adolescents and outlined the purpose, what participation in the study involved, explained that their identity will be anonymous, and mentioned the potential risks and benefits that they might experience. She also explained that they could withdraw from the study at any time with no repercussions. If at any stage they required further assistance, they were informed that professional help would be made available. Assent forms were sent to those who agreed to participate. These adhered

to the Protection of Personal Information (POPI) Act regarding the sharing of information online (POPI Act of Compliance 2021:1).

It was not necessary to meet in-person with any of the parents who contacted the researcher in person, and all communication occurred through email or videoconferencing via Zoom or telephone. If a parent contacted the researcher and she felt that the adolescent was not a suitable participant for the study, she referred them to the head of the EST at the school to receive the assistance they require.

4.3.2 Inclusion criteria

Participants were selected for participation based on the following criteria. The adolescent had to:

- 1) Be between the ages of 14 to 18 years
- 2) Be experiencing high psychological stress levels
- 3) Reside within 70km of the researcher
- 4) Be a student at the school under study
- 5) Have knowledge of technology, the Internet and computer software.
- 6) Have access to their own technological equipment such as a computer/laptop/tablet with Zoom installed.
- 7) Have adequate server connection with Internet connectivity strong enough to run videoconferencing sessions.
- 8) Possess basic fine motor skills only, e.g. able to hold a pencil, manipulate a computer mouse or paintbrush, etc.
- 9) Be able to download some of the creativity software on their computer or have access to traditional art making materials.
- 10) Have access to an appropriate meeting space where they could converse confidentially with the researcher (ideally with a desk if needed for art making was also required and all participants had their own room space with privacy).
- 11) Be free from undergoing any other form of therapy (as this would interfere with the trustworthiness of the study).

Table 3 outlines the demographic details of all the participants.

Table 3: Demographic details of the participants

CASE	PARTICIPANT	AGE	GENDER	STRESS FACTORS
1	Participant A	17	Male	Academic achievements, family relationships, future expectations, anxiety/panic attacks.
2	Participant B	17	Female	Future expectations, academic and sport achievements, anxiety/panic attacks.
3	Participant C	16	Female	Future expectations, academic and sport achievements, anxiety/panic attacks, attention deficit.
4	Participant D	16	Female	Family relationships, academic achievements, social relationships, depression and anxiety.
5	Participant E	16	Female	Family relationships, future expectations, social relationships.
6	Participant F	16	Female	Social relationships, academic achievements, self-esteem.
7	Participant G	16	Female	Health issues, future expectations, social and romantic relationships and anxiety.
8	Participant H	14	Female	Family relationships and severe conflict.

4.4 DATA COLLECTION TECHNIQUES

The data collection techniques are presented in this section. The five stages of data collection followed in this study are outlined below.

4.4.1 Data collection phases

Data collection phases in a research study depend on the research problem and is the most significant factor in providing the necessary data that is essential to analyse and understand the processes used to obtain the observed and presented results (McMillan & Schumacher 2010:319-320). Qualitative studies are characterised by making use of multiple methods to collect and substantiate data with the main aim to be able to provide an in-depth representation about the specific research aim and phenomenon. Research in qualitative data can be characterised mostly by five different stages of data collections which were used in this study. These stages can often overlap and link to each other (Gagnon 2000:57-62; McMillan & Schumacher 2010:329). The five stages of data collection are demonstrated in Figure 3 below:

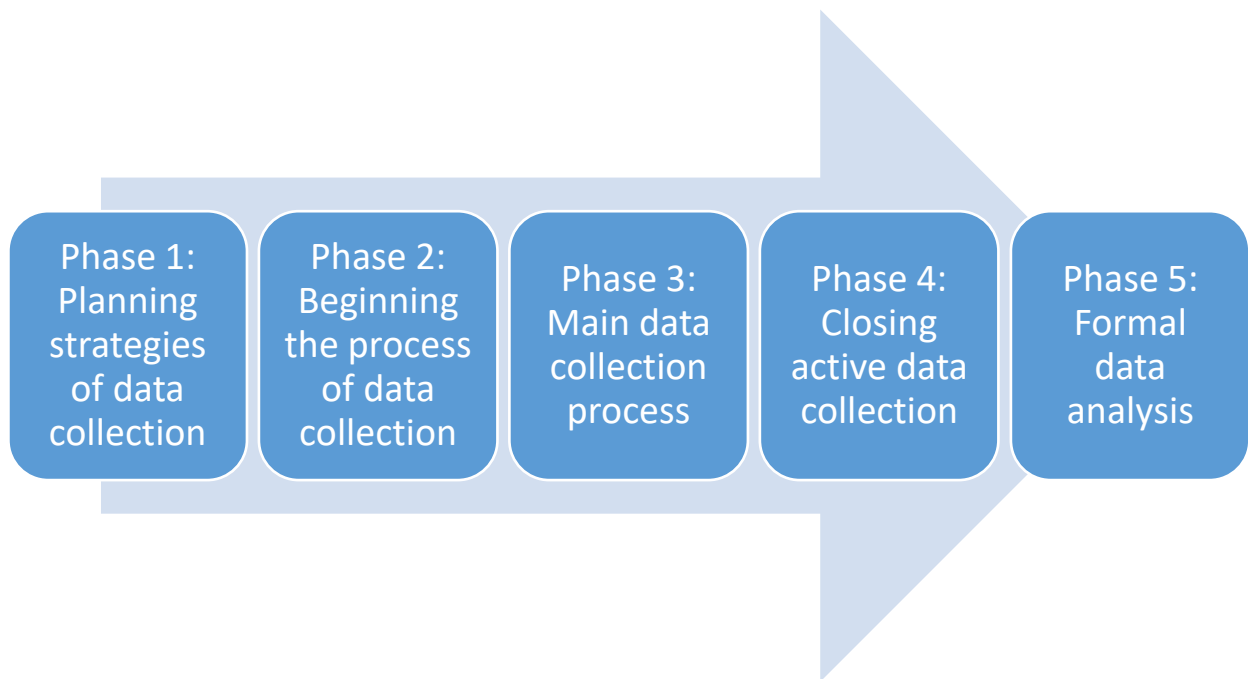


Figure 3: Data collection phases

Phase 1

- Phase 1 comprised of outlining the strategies proposed for data collection including the sampling procedure and detailing all the tools that were utilised for data collection (Vaismoradi & Snelgrove 2019:3-6; Cypress 2018:302). In this study the research question and aims were addressed, and the School was selected for the convenience and information rich participants. Data collection strategies were chosen to elicit comprehensive data to deliver trustworthy findings.

Phase 2

- Phase 2 involved the before intervention process and starting with the data collection process and identifying possible participants, screening them, outlining the study procedure, and obtaining the proper written consent forms as well as other information that could be valuable to the researcher. This phase entailed the researcher meeting the participants through email and videoconferencing; obtaining their assent; and establishing a relationship of trust (Sutton & Austin 2015:228-229; Lester, Cho & Lochmiller 2020:96-97). Open-ended, semi-structured interviews with

the participants as well as the administration of the RSCA were also conducted to establish their current perception of their personal resilience level.

Phase 3

- Phase 3 refers to the data collection during intervention which focused specifically on the individual art e-therapy sessions which took place. The researcher continually monitored the process and adjusted strategies and techniques where necessary to fit with the participant's specific profile (Sutton & Austin 2015:229-230).

Phase 4

- Phase 4 refers to concluding the data collection process after the intervention process. This entailed conducting semi-structure, open-ended interviews with the participant to discuss their experience and perception of the process. The participants also re-took the RSCA to determine whether there were changes in their resiliency profiles. After concluding this phase, the data interpretation and analysis process officially started (McMillan & Schumacher 2010:329; Lester et al 2020:95-98). The researcher also determined whether sufficient data had been collected in order to leave the field and whether the therapeutic sessions can be terminated without causing discomfort to the participants and to verify findings concerning the data.

Phase 5

- Phase 5 referred to the process of analysing and presenting the gathered data and findings from the data collection process.

The data collection strategies and phases (divided into before, during, and after the intervention) are illustrated in Figure 3 below.

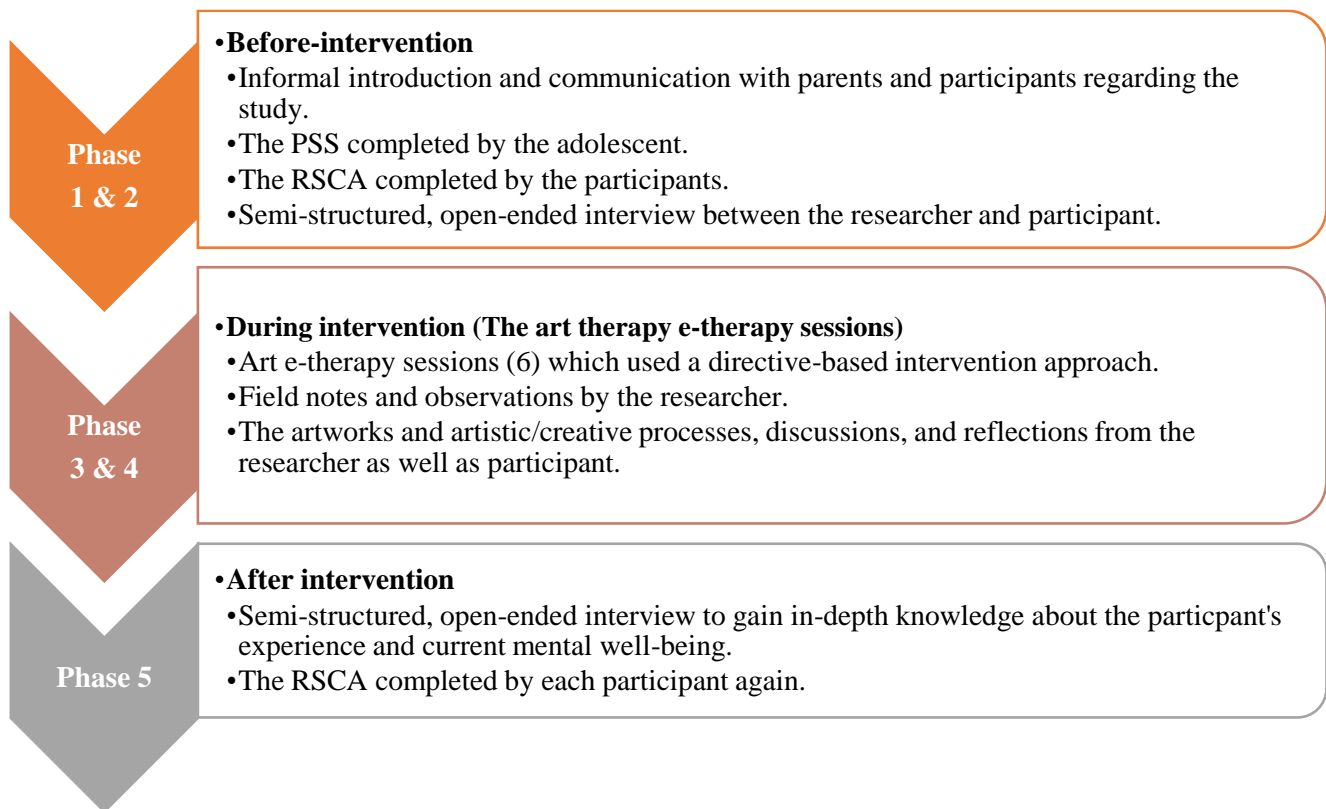


Figure 4: Data collection phases and strategies

4.5 DATA COLLECTION STRATEGIES

The data collection strategies are presented here, namely: the PSS, semi-structured open-ended interviews, RSCA, art e-therapy sessions, field notes and observations of the researcher, and visual artworks. Each are discussed in more detail under their own respective sub-headings.

4.5.1 PSS

Questionnaires such as the PSS can be defined as a series of questions or statements utilised as a research instrument in order to gain information about a range of factors including attitudes, values, perspectives, experiences, and so forth (McMillan & Schumacher 2010:423-450; Stake 2010:90-94).

During Phase 2 of the data collection of this study, the before-intervention stage, the PSS was sent to the adolescents to complete to gauge their perceived psychological stress levels. Although the PSS can be used as a formal measure to determine stress levels, the researcher

also used the answers in a qualitative manner to gain more insight into the participant’s current psychological stress level.

The PSS is one of the most widely used measures to determine the psychological stress level and the perceived extent/influence of its influence on the life of the individual completing the scale (Manzar et al 2019:2). In this study, the 10-item *Perceived Stress Questionnaire-10* was employed as it is easy to use and has adequate psychometric validity and reliability qualities across many populations (Lee 2012:125). The aspects covered in the PSS are ordinal in nature with each item measuring on a scale from 0 (never) to 4 (very often) with a range of 0 to 40 for the total score of the scale (Cohen 1994:4). The higher the total score the more elevated the levels of perceived stress in the individual are (Lee 2012:121; Manzar et al 2019:3). The interpretation of the total scores, categories, and level of intervention needed is demonstrated in Table 4 below.

Table 4: Depiction of scores from the Perceived Stress Questionnaire

Interpretation of PSS scores		
Score	Category	Qualitative interpretation
0-13	Low stress	Can be seen as experiencing “normal” levels of stress and coping adequately.
14-26	Moderate stress	Could benefit from some coping skills and intervention strategies.
27-40	High perceived stress	Needs assistance in coping with the high levels of perceived stress.

The scale provided the researcher with an indication of how much current stress the participant is experiencing and if they could benefit from the art e-therapy intervention. In order to have qualified for the study the participant had to show through the Questionnaire that they experience high perceived stress levels.

4.5.2 Semi-structured, open-ended interviews

Interviews are often part of data gathering strategies in a qualitative study as it provides insight into the participants’ lifeworld. Interviews were therefore conducted in Phase 2 and Phase 5 of this study, therefore before and after the art e-therapy sessions took place. Interviews can be described as a method of collecting information by asking certain questions and noting the participants’ responses (Johnson, Scheitle & Ecklund 2021:1142-1145). The researcher focused on the content of the participants’ answers as well as other as non-verbal

cues (Cohen & Swerdlick 2005:423-425). The verbal information was then just as essential as the presented non-verbal behaviour, and implied meanings. The process was context sensitive with conversational flexibility (Roberts 2020:3188-3190).

Although there are various types of interviews, for the purpose of this study, open-ended semi-structured interviews were conducted with the participants online (via ZOOM). The interviews were scheduled at a time that suited both parties. A semi-structured interview is characterised by its flexible, fluid nature and is often utilised in qualitative research. A list of open-ended questions was prepared beforehand which were tailored around specific factors and aspects that needed to be discussed). The goal of the questions was to obtain detailed information about the participants' perceptions, experiences, emotions, thoughts, behaviour and opinion concerning the research topic and their experience of the intervention. It was also used to build rapport between the researcher and the participant and assisted in guiding the intervention plan/activities for the participant (See Addendum G).

An after-intervention semi-structured, open-ended interview then followed in Phase 5 towards the end of the data collection process. The purpose of this phase was to conclude the art e-therapy intervention, gain insight into the participants' experience of the art therapy process, its effects on their perceived psychological stress levels, and whether their ability to make use of their resilience skills changed. The interview was used to determine the participants' experience of the intervention sessions, their perception of their current level of psychological stress and aspects of resilience, and whether they perceived any changes to have taken place (See Addendum H).

4.5.3 RSCA

The RSCA was used in Phase 2 and Phase 5 of the data collection process with each participant. Some of the participants completed this at home privately and sent the researcher their results while others chose to complete it with her during a videoconferencing session, mostly in conjunction with the semi-structured interview.

The RSCA is grounded in developmental theories to provide a theoretically and empirical measurement of the fundamental characteristics associated with resilience. This test consists of three core developmental systems which formulates an individual's sense of resilience (Sætren, Sütterlin, Lugo, Prince-Embury & Makransky 2019:4). These are reflected in the

subscales used for measurement including Sense of Mastery, Sense of Relatedness, and Sense of emotional Reactivity, which consists of a range of 19-24 questions each. The main purpose of the subscales is to determine the individual's perception of their qualities associated with resilience in children and adolescents ranging from the age of 8 to 18 years (Prince-Embury 2007:1). The measure of each item of the RSCA is based on 5-point 62 Likert-type scales (ranging from 1 being 'never' and 5 being 'almost every time'). The full measure of the items then yields two scores, namely: Resource and Vulnerability (Sætren et al 2019:4). The Resource Index combines the strength-based subscales into one score whereas the Vulnerability Index showcases the difference between the participants' Emotional Reactivity and Resource Index Scores (Prince-Embury 2013:22-25).

The researcher was able to use the test to measure whether there has been a change in the participants' resiliency scores. The data was also used qualitatively, therefore the participants' specific responses were used to gain a better understanding of their strengths and perceptions. This was combined with information from the semi-structured interview to gain a more holistic view of the participants' state of well-being and daily functioning.

The subscales and motivation of each scale are demonstrated in Table 5 below (Sætren et al 2018:3-4; Prince-Embury 2007):

Table 5: Depiction of RSCA scale measurements

The RSCA: Subscales description		
Subscales	Focus of subscale (Characteristics measured)	Description
Sense of Mastery	Optimism Self-efficacy Adaptability	A sense of mastery involves the self-perceived belief in their capabilities of coping with adverse events which can challenge their self-regulatory processes and influence emotions, thoughts, and decision-making abilities. <ul style="list-style-type: none"> • Optimism: Positive attitude concerning life and own competence • Self-efficacy: Problem-solving strategies • Adaptability: Ability to learn from mistakes
Sense of Relatedness	Trust in others Support	Relationships that can offer support are an essential factor in recovering from stress. These include peers,

	Social comfort Tolerance	parents, and other significant figures in the adolescent's life. <ul style="list-style-type: none"> • Trust: Perceiving others as reliable and being able to be authentic • Support: Belief that support can be gained from others • Social comfort: Ability to be in the presence of others without discomfort • Tolerance: Belief that differences can be expressed in relationships
Emotional reactivity	Sensitivity Recovery Impairment of daily functioning	This reflects the adolescent's ability to handle stress and the level of affectivity, vulnerability, and time impact on an adolescent's emotional well-being and functioning. <ul style="list-style-type: none"> • Sensitivity: Threshold and intensity for reactions • Recovery: Ability to bounce back from disturbance of emotional equilibrium • Impairment of functioning: Ability to maintain emotional equilibrium when aroused, i.e. losing control, not thinking clearly under stress.
Personal Vulnerability Index		This index shows the discrepancy between the adolescent's perceptions of their personal resources (protective factors) and his/her emotional reactivity/regulations experiences.

The RSCA was completed either by the participant privately in their free time or during the scheduled interviews in Phase 2 (before the intervention) and Phase 5 (after the intervention) of the data collection process. The responses were used to give some indication of whether there has been a change in the participants' perception of their own resilience levels which informed the analysis, interpretation, and presentation of the results.

4.5.4 Art e-therapy sessions

During Phase 3 and Phase 4 of the data collection phase, each participant had six individual art e-therapy sessions with the researcher (a registered educational psychologist). In addition to the two semi-structured, opened-ended interview sessions. The sessions were recorded and detailed observations notes by the researcher were kept. The hour-long sessions followed a directive-based approach with activities specifically formulated to assist the participant with expressing their thoughts and emotions especially regarding the issues that cause them stress. The sessions were conducted weekly in one-hour sessions to allow enough time if the participant wanted to talk more, or extra discussions were required. A week also allows adequate time for to process the therapeutic process and give enough time to start

implementing strategies or skills that were suggested. Activities to enhance their optimism, cognitive flexibility, and coping skills/sense of control to foster their resilience skills were thus also conducted. The number of sessions were determined by the individual needs of each participant and whether they required more contact time with the researcher or not.

As discussed in the literature review in Chapter 2, expressive creative processes and techniques can be seen as a form of communication that will show some insight into the participants' current emotional and cognitive state which might also indicate their perception of their sense of self, their relationships with others, and their environment (Rubin 2010:122-125). The creative process used in art therapy and use of art materials, for instance, the use of lines, shading, shapes, and placement of objects/people can be seen as just as important as the end result and the depicted subject matter (Rubin 2010:127-128).

The researcher therefore looked for projections and metaphors, and observed the participants' behaviour during the creative process, as well as the created artwork during each session through observation, note keeping and discussions with each participant. As discussed in Chapter 2, projective techniques can therefore be a powerful tool for the researcher as a psychologist to gain more understanding of the underlying emotional state and thought processes of the participant than that which they can express themselves verbally.

Metaphors are also powerful methods to employ in art therapeutic techniques as they can be used in imaginative ways to give expression to content which the participant might not be ready to voice through verbal communication (Malchiodi 2018a:22-23).

4.5.4.1 Outline of the structure of the art e-therapy sessions

The specific goals of the activities in the art therapy sessions are described in Table 6 below. Various art processes and materials, creative elements, projective media, and metaphors were used in these strategies:

The structure of the sessions was based on the modified steps of building resilience as discussed in Chapter 3 combined with the factors of resilience on which this study focused. It also described in detail the topics that were explored in the art therapy sessions alongside the specific art therapy activities which were used during Phase 3 and Phase 4 of the data collection process which coordinated with the activities in Table 6. The specific intervention methods of the art e-therapy intervention which were delivered were selected specifically in

an attempt to answer the research questions posed by this study (Padesky & Mooney 2012:284; Art Therapy Resources 2020:16-22).

Table 6: structure of the art e-therapy sessions

Phase	No	Goals and themes of the sessions and aspects of resilience explored	Methods used (Different options are given to be adjusted according to the client)
Before-intervention <i>To inform the sub-research question.</i>	1	To gain background information about the participant. Establish rapport and start building a therapeutic relationship with the client.	- Semi-structured interviews - The RSCA
Intervention Phase: Search for strengths and construct methods to help build resilience: Using optimism, cognitive flexibility, and sense of control/ Various coping skills	2	Still focusing on building a therapeutic relationship with the client. Discussion of stress factors and possible coping skills.	- Create an artwork of things that causes stress (could be a metaphor of or depictions of the feelings stress causes). - Reflect on the stressors and discuss possible coping strategies.
	3	Exploration of personal strengths and weaknesses.	- Reflect on your strengths and weaknesses. Create an artwork depicting your strengths and reflect how your strengths can be used to overcome weaknesses.
	4	Negative and positive emotions and thoughts, and how to regulate emotional responses. Discuss thought patterns and how to foster positivity and possible coping skills.	- Create a monster that reflects your negative feelings, fears and thoughts. - Depict ways in which to disempower and overcome the monster – therefore inspiring the ideas that internal strengths, regulating emotions, and positive thoughts and coping skills can assist in overcoming negative aspects.
	5	Negative emotions and events and how social relationships and support structures as well as a sense of purpose can assist in elevating stress factors.	- Lighthouse activity. Depict a scene where one is lost and overwhelmed (for instance, alone and lost on a boat in the middle of the ocean). Discuss how it feels and how it is applicable to one’s own life. - Add a lighthouse or source of direction, e.g. light and purpose to the lighthouse, to guide and anchor you. Being a metaphor for that which adds value to one’s life can give support and guidance.
	6	Future expectations in combination with strengths, sense of purpose and acceptance of personal limitations.	- Warrior/Superhero technique: Depict yourself as any warrior or superhero type of figure. In any form that represents a powerful, brave, and strong person that you would like to see yourself as.

			<ul style="list-style-type: none"> - Discuss how strengths, coping skills, and positive thoughts can help achieve this in daily functioning.
	7	Future expectations, coping skills, aspects of mindfulness and self-care.	<ul style="list-style-type: none"> - Crystal ball activity: Depict aspects of what you want present in your future. - Words to life by: Reflect on your uniqueness and demonstrate this in an artwork (metaphor can be used). Use a meaningful quote or sentence as words to live by and guide you.
After Intervention <i>To inform the problem statement</i>	8	To gain information about the participant's experience of the process and their current level of functioning and resilience after the intervention.	<ul style="list-style-type: none"> - Open-ended interview - Administer the RSCA to compare to the baseline measurements before the intervention to determine changes in the perceived resilience of the participants.

4.5.5 Field notes and observations

Field notes and observations refer to the researcher focusing on significant details during the sessions which can be described as the foundation of good research – how to determine what to look for and how to see it (Holly, Arhar & Kasten 2005:142-143; Yin 2014:321). By observing what is happening naturally in the session, such as behaviour, reactions, and non-verbal cues, are significant capabilities. These are especially required in qualitative research in order for the researcher to obtain comprehensive knowledge about the participants and the process (McMillan & Schumacher 2010:350; Marshall & Rossman 2016:221).

The researcher was part of the intervention strategy and therefore can be referred to as a participant-observer rather than a distance/removed-observer (Oswald, Sherratt & Smith 2014:3-4). The researcher kept a written record of observations throughout the research process (Phase 2, 3, 4 and 5) which included the semi-structured, open-ended interviews as well as art e-therapy sessions.

These session notes and observations helped to guide the researcher's intervention to suit the individual participant and serve the purpose of the research study (Johnson et al 2021:1145). Therefore, the observations and personal notes which served as a personal reminder for the researcher were used to enhance the art e-therapy sessions and semi-structured, open-ended interviews.

During the process, which included the semi-structured, open-ended interviews; the art e-therapy sessions; as well as after concluding each session, the researcher reflected on the content and information obtained in each session in order to form a comprehensive holistic view of each session and how the art e-therapy sessions progressed. The reflections included establishing the well-being of each participant at the beginning of the sessions, the art activities which were used and the outcome of each specific art activity, and any significant reflections on the process, materials, or techniques used. There was an informal reflection at the end of each art e-therapy session between the researcher and the eight participants which included a discussion about the creative process and dealing with any emotions and thoughts that came up during the session.

4.5.6 Visual artworks

The artworks which were created in the process were also be deliberated on in detail, including the process, materials utilised, participant behaviour during the process, and the end product. The whole process was recorded (with the participants assent) and if in doubt the interpretations were verified and agreed on with the participant. Copies or representations of the artworks are included in the addenda and will be referred to in a later chapter when presenting the findings of the data (See Addenda N to U).

As described earlier in this chapter, the researcher specifically observed the use of projections, metaphors, or other meanings depicted behind the participant's artwork. Emotions and behaviour during the creative process were also observed and noted. The image created in the end was analysed according to the meaning or expression depicted as discussed in collaboration with each participant (Van der Riet, Jitsacorn & Thursby 2021:493-494).

Projections in artworks often give more insight into the participant's unconscious and could point to unexpressed emotions and thoughts which might be protected by the participant's mental defence mechanisms (Waiswol 2005:244;). Projections can be depicted as symbols, images, and can have multiple layers of meaning which may indicate the participant's frame of reference and experiences (Van der Riet et al 2021:493-494). The researcher especially looked for the use of projections in the participants' artworks to shed light on their current perception and emotional state and whether they would be able to continue with more challenging emotional therapeutic work or not. It was therefore a therapeutic tool that was used in an unstructured way in this study for the researcher to gain better insight into the

participants' root cause of their psychological stress and the motivation behind their thoughts and behaviour (Miri 2006:520; Glaw, Inder, Kable & Hazelton 2017:6-8). A metaphor has the same multi-layered characteristics as a projection and can be seen as an image to which a comparison can be made to express the individual's emotions, thoughts, or perceptions. It can be effectively used in art therapy for the participant to depict their experience in an unthreatening, non-verbal manner, and the process of creating it can be guided and channelled by the art therapist to encourage healing and growth (Moon 2007:8-9; Glaw et al 2017:6-8). The use of metaphors was therefore encouraged and used in the art e-therapy sessions in order to gain an understanding of the participants' lifeworld as well as to guide the therapeutic process in order to address the participants' psychological stress and resilience skills.

The completed artworks were then discussed in collocation with each participant, and the visual image which they created will be presented and interpreted in the data analysis and conclusions.

4.6 DATA ANALYSIS & INTERPRETATION

4.6.1 Process of data analysis and interpretation

In qualitative research studies unanimity about the data is sought by triangulation, various collection strategies, and a range of sources in order to reach trustworthy and credible conclusions (Gagnon 2000:70-75; Sullivan 2005:42-46). The purpose of qualitative research is therefore to reach understanding rather than concrete explanations, and meanings and themes are constructed in the process (Sullivan 2005:45). These concepts and interpretations must be both meaningful to the researcher as well as the participants, and the researcher must collaborate with the participants when interpreting the data (Gagnon 2000:71-75; Maree & Pietersen 2012:171-181).

Inductive reasoning was used to organise the data of this study. This meant that the researcher started with specific data, and then attempted to find meaning by identifying patterns and themes to describe and understand the data. Inductive analysis and reasoning allowed for themes, patterns, and conclusions to emerge as the data was collected from various sources through an investigative process (Gagnon 2000:83-87; Stake 2010:151-155).

Table 7 below summarises this process even further by indicating the six steps that were followed to analyse the data (McMillan & Schumacher 2010:367-370; Clarke & Braun 2013:120-123; Creswell 2014:230-235; Glaw et al 2017:7).

Table 7: Steps of the data analysis process

Steps to analyse the data and find meaningful themes and patterns	
Data analysis steps	Techniques employed to assist in interpretation
Step 1: Familiarise yourself with the data (recording it)	Re-reading and reviewing all the sessions, art works, observations, notes, and recordings of the sessions.
Step 2: Organising and streamlining the data	Eliminating unnecessary data that does not aid the purpose of the study or assist in answering the research questions and organising it for analysis.
Step 3: Coding	Distribute data into meaningful units and use themes from previous studies as a guideline but also investigate new themes that may emerge. Collect all data referring to these themes (Nieuwenhuis 2010:47-51; Glaw et al 2017:8).
Step 4: Analysing and synthesising the data by identifying themes and patterns	Ensure that all the themes and patterns discussed are significant and relevant to the aims of the study. Identify sub-themes where relevant.
Step 5: Outlining/interpreting the themes and patterns	Ensure the most prominent and repetitive themes are identified and focus on the significance of each theme. Reject those that do not contribute to the purpose of the study.
Step 6: Present the data in a concise logical manner	Assimilate the data and present the research findings, conclusions, benefits, and limitations of the study in a succinct and coherent manner.

The purpose of the data analysis process was to ensure all attempts possible were made in order to gain more understanding and answer the problem statement of this research study successfully. Below is an outline of the quality assurance of the research study.

4.6.2 Trustworthiness

In qualitative research the quality of the data and findings can be referred to as the trustworthiness of the empirical data and the findings. This includes the notion that the results obtained pre- and post-intervention are due to research involvements and not outside influences (Schurink et al 2011:418; Creswell 2014:235-240; Lincoln et al 2018:13). The trustworthiness is also then linked to the methods used to gather evidence for the research which enhances the triangulations of the data. This includes using a variety of sources, methods, theories, and types of data to confirm the results (Flick et al 2004:256-260; Di Fabio

& Maree 2012:136-137; Creswell & Poth 2018:259). *Crystallisation* refers to when the researcher considers varying perspectives and different interpretations that involve more than just reading the data. Further exploration of the field as well as self-reflection by the researcher increased her comprehension of the research topic and increased the trustworthiness of the study (Di Fabio & Maree 2012:136-144; Creswell & Poth 2018:259).

The following four criteria were used to ensure the trustworthiness of study:

4.6.2.1 Credibility/Authenticity

Credibility/authenticity refers to the extent to which the results are believable and whether the participant and the researcher agree on the meanings ascribed to the data (Bloomberg & Volpe 2016:165-166). Furthermore, credibility encompasses the steps the researcher took to ensure that the data were accurately presented. It is of importance that the chosen research design reflects the notion of authenticity and researcher integrity (Yin 2014:333; Bloomberg & Volpe 2016:165). This can be done through self-monitoring and constant inner reflections which will reveal any subjectivity and help the researcher to remain objective. Doing so will allow for the interpretations of the data to accurately presented (Bloomberg & Volpe 2016:165).

During the empirical phase of this study, the researcher was constantly mindful of remaining objective and did not react emotionally during the participants' disclosures or the creative process. The various measures of data collection and confirmation of the interpretations verified the authenticity of the findings (Flick 2018:10). All the data findings were compared and the convergence and links between the data findings were correlated (Yin 2014:332-333). In this study, the use of the PSS, the semi-structured interviews, the field note, observations and reflections during the art e-therapy sessions, the completed artworks, and the attached meanings to the created images and the results of the RSCA, were all taken into consideration when interpreting and presenting the findings.

4.6.2.2 Transferability

Transferability refers to whether the research findings can be generalised to different contexts and are adaptable to other situations, cases, samples, populations, or research studies. To increase transferability, it is important for the researcher to outline the exact context in which the research study took place, and the reader can then decide whether the study's results can

be generalised to the context they participate, work, or do research in (Korstjens & Moser 2018:121). Transferability is more difficult in qualitative research as the studies mostly make use of small case studies in a very particular context, which in this study was a higher-economic class adolescent based in a specific area of Cape Town who experience psychological stress. However, transferability can be enhanced by basing the research study on a solid research design with detailed descriptions, thorough holistic findings, interpretations and representations, which hopefully can be used and adapted to other contexts and research studies (Korstjens & Moser 2018:122).

The researcher ensured transferability in this study by giving a detailed account of all the research participants, their relationships, environments as well as psychological stress factors and resilience levels. The context in which the participants' experiences were had as well as the context of the art therapy sessions and semi-structured interviews were also considered and described in detail, supported by evidence from the sessions. Data findings were confirmed by the researcher with the participants and alternative conclusions were explored if necessary.

4.6.2.3 Dependability

Dependability refers to the whether the research process was precise, logical, and well documented and reviewed, which enhances the chances that the research finding might be re-used with similar participants in comparable contexts (Bloomberg & Volpe 2016:126). Proper recording and analysis of the various data collected can assist by keeping a track record that can be referred to and reflected upon at a later stage. This also ensures that interpretations are accurate and can be reviewed by the study's supervisor or other researchers which provides transparency to the research and data analysis and interpretation of findings (Marshall & Rossman 2016:222-224).

In this study, all contact with the participants and their parents were recorded (either in written or audio/visual format) and was reviewed, if necessary, by the researcher's study supervisor in order to verify the study's findings.

4.6.2.4 Conformability

Conformability indicates whether the findings, interpretations, and conclusions of the study can be confirmed and verified by others (Marshall & Rossman 2016:222-224). This indicates

whether the research provided enough evidence in order to be objectively reviewed by another person/s to substantiate and support the findings. This involves checking, reviewing and inspection of the study by non-involved peers or supervisors (Lincoln et al 2018:123-124).

Conformability might also be compromised by the researcher's past experience and bias. Being aware of this, the researcher constantly reminded herself to remain objective. Having a background and experience in using creative processes, the researcher made sure not to let it affect her attitude or approach to the research study so as not to influence the findings. The researcher further ensured this by recording all communication with the participants and reflecting on her role and reactions during the sessions. Doing so facilitated self-awareness of her verbal and non-verbal reactions. Furthermore, she committed to staying true and conscious and precise to the research design and steps outlined in her data collection process, solely with the aim of finding answers to the specified research questions and achieving the aim of the study.

4.7 RESEARCH ETHICS

Ethical considerations are especially important to safeguard the participants and the researcher as well as maintain the quality of the findings. This is especially applicable to qualitative research as the researcher interacts personally with the participants who are involved in the whole research process (MacFarlane 2010:21-24; Sanjari, Bahramnezhad, Fomani, Sho & Cheraghi 2014:2-6; Marshall & Rossman 2016:145-148). It is therefore pivotal for the researcher to adhere to all the ethical guidelines when conducting the research, and in particular for this study, the ethical guidelines for e-therapy, which were presented in Chapters 1 and 2.

The role of the researcher plays a very significant part in case study research as the researcher becomes involved in the process and has contact with the participants – it is therefore not a neutral role (Tobin 2010:771-773; Fleet et al 2016:329-331). Researchers should be aware of their role and influence. This includes being cognisant of their observational skills as well as verbal and non-verbal communication. Furthermore, the researcher should remain focused on the research purpose and make sure their perceptions do not influence the process (Fleet et al 2016:230). (MacFarlane 2010:21-24; Stake 2010:36-42). These ethical guidelines include the following:

Ethical clearance and approval from the University's Research Ethics Committee was applied for and obtained after the completion of the first four chapters of the study. Permission to continue with the study was sought before any contact was made with the relevant boards, people, or participants. The information gained from compiling these four chapters enabled the ethical guidelines to be compiled and agreed upon with the University. This ensured that the researcher adhere to the code of conduct that is required and monitored for all research done via the University. An ethical clearance certificate was granted and thereafter the empirical data collection could begin.

Informed consent and assent were obtained from all the participants (i.e. school board, parents, and research participants) involved in the study. Additionally, confidentiality and anonymity were maintained throughout the research process (MacFarlane 2010:21-24; Strydom 2011:117; Marshall & Rossman 2016:145-148). Furthermore, the data were stored following all required protocols to maintain confidentiality. Digital information was stored on a password-protected computer accessible only to the researcher. All other relevant paper documents were stored in locked cabinets adhering to HPCSA requirements. The data will be stored and kept for 10 years as outlined by the UNISA Research Policy and disposed of in an appropriate manner (UNISA 2021:6-7). The participants were informed that only the researcher, and at times, if necessary, the researcher's study supervisor (a registered educational psychologist employed at UNISA) will have access to the data in which their identifying information such as facial features would be obscured. The participants were also informed that the data will be published in the research study document and form part UNISA's repository. The possibility of additional publications was also discussed and all ethical guidelines in line with the protection of confidentiality and maintaining anonymity will be adhered to (UNISA 2021:5-10)

The researcher functioned as a researcher as well as an educational psychologist administering art e-therapy to the participants. This double role was explained to the participants. Additionally, the researcher also ensured that no participation or sharing of information was coerced. The researcher has not worked at the school in some time and never in a therapeutic role. There was therefore no previous affiliation or conflict of interest with the participants. She also endeavoured to create a warm trusting atmosphere in which the participants felt safe to take part and share in the art therapeutic process (Fleet et al 2016:230-

232). Respect from as well as for the researcher and the participants was also communicated as one of the grounding principles of the sessions. The boundaries and rules of the sessions and art therapeutic process were also outlined and discussed before and if necessary, during the sessions. This included the channels and times of communication as well as practical guidelines associated with the use of technology during the art e-therapy sessions.

Respect, compassion, and fairness were present during all interactions with the participants and directed all the researcher's actions (McMillan & Schumacher 2010:339). She made a conscious effort to deal with any discomfort experienced during the art e-therapy sessions which influenced the participants' emotions, thoughts, and behaviour. Termination of the sessions at the end of the therapeutic process and data collection phase was also managed appropriately (Strydom 2011:122; Fleet et al 2016:232). Moreover, care was taken so that the participants were aware of the emergency procedure if needed (for example, if they felt severely depressed or suicidal). Avoidance of harm and voluntary participation form the most important basis of research study (Creswell 2016:8-9; Creswell & Poth 2018:260). During the sampling process, the parents who contacted the researcher but whose adolescent did not fit with the inclusion criteria were referred to the school's EST to make sure their mental well-being is looked after. The school's psychologist and counsellor were available should further intervention or assistance be required.

Ethical principles for a mental health professional as outlined by the HPCSA were also adhered to. As discussed in Chapters 1 and 2, all ethical guidelines concerning the use of e-therapy as well as therapy as outlined by the HPSCA were enforced.

4.8 CONCLUSION

Chapter 4 discussed the methodology that was employed to conduct the research. This included restating the purpose of the research with its specific aims. The discussion commenced by focusing on the research methodology, which included the research paradigm, approach, and design. The specific research methods that were used, including the selection of the sample, the data collection process, and the specific data collection strategies, were outlined. The steps followed to analyse the data were mentioned along with the criteria used to ensure the trustworthiness of the findings. The ethical considerations adhered to were also delineated.

The results of the research findings are presented next in Chapter 5.

CHAPTER 5

EMPIRICAL FINDINGS OF THE STUDY

“We are in a time once again where our need for the arts is growing more and more apparent. Controversy and anger and fear seem to swirl around us these days in large supply. This has happened plenty of times in our history. We have needed and sought the healing and teaching power of the arts for resilience for a long time, perhaps forever” (Robert Lynch 2016:1).

5.1 INTRODUCTION

The empirical research study was undertaken to investigate how art therapy delivered through e-therapy can influence the resilience of adolescents experiencing high levels of psychological stress. As expressed in the quote above, we live in turbulent times. Thus, the researcher strongly felt that the therapeutic quality of art can be explored further. The goal of this chapter is then to provide feedback on the participants and analyse the results of the pre-intervention strategies and intervention process. The data were specifically interpreted in order to answer the research question that focused on discovering the benefits and limitations of art sessions delivered through e-therapy with the goal of determining whether this method of therapeutic intervention can be used to improve adolescents’ resilience in order to cope with high psychological stress levels.

The chapter begins with a summary of the process followed to reduce the data and display the findings. This is followed by the research sample, consisting of the biographical information of the eight participants as well as the results of the PSS screening tool. It then proceeds to outline the results of each participant’s RSCA and the semi-structured interview before the intervention, which is illustrated in a figure, table, and summary format. Detailed descriptions of the therapeutic intervention, which includes the goal, activity, and outcome/reflection of the participant of each session, are also presented.

The data during the intervention process were interpreted according to the experiences and perceptions of the researcher and the participants. This included significant accounts, conversations, projections and/or possible underlying meaning. The visual depictions via the artworks, as well as its context and the significance that the participants attached to the visual artworks, were also analysed. The rest of the empirical data study is then discussed in Chapter 6.

5.2 DATA REDUCTION AND DISPLAY

Data were gathered during Phase 1 to Phase 4 of the data collection process using numerous data collection strategies. Thereafter, during phase 5 qualitative data analysis was employed to interpret the data meaningfully so as to answer the research questions. As detailed in Chapter 4, an inductive process of organising and reducing the data was utilised and the researcher started with specific data from which meaning was derived and confirmed by the participants in order to find overarching patterns and themes within the theoretical framework of the study. The data were reduced with the specific aim of identifying, understanding, and explaining the specific use of art e-therapy with adolescents who experience high psychological stress in order to understand if their resilience levels can be improved by using this therapeutic method. The data collected were reduced and presented in this chapter in the following methods, and examples of all the data collected are presented as addenda at the back of the study.

Background information and data from the sampling screening tool, namely the PSS, were displayed in a table format followed by a short summary. The before intervention strategies, namely the results of the RSCA and the semi-structured interviews with each participant's content, was then analysed and displayed in table format, followed by a summary containing some verbatim quotes from the interviews to enhance data reliability. The intervention process with each participant was then discussed according to each art e-therapy session and activity. The researcher used their responses, visual artworks, possible metaphors and projections, and her own observations and reflections during the process in order to interpret the data meaningfully and to derive important therapeutic elements and possible overarching themes which presented during the process. All the artworks completed during the sessions are also included as addenda at the back of this study.

In Chapter 6, the after-intervention strategies, namely the results of the re-administration of the RSCA and the semi-structured interviews with each participant's content was then analysed and displayed in figure and table format followed by a summary once again focusing on the participant's experience of the process and their perception of their psychological stress levels and their personal resilience capabilities.

The data obtained from the before and after intervention results from the RSCA of all the participants were then compared and discussed in table format to understand the influence of

the intervention. The information obtained during the before and after intervention semi-structured interviews from all the participants was then also analysed and discussed. The led to a discussion of the themes which emerged during the process according to the theoretical framework of the study.

5.3 PARTICIPANTS' BIOGRAPHICAL INFORMATION INCLUDING SCREENING RESULTS

The sample of participants selected according to the sampling criteria discussed in Chapter 4 are summarised in Table 8 below. The researcher refers to “Participants A to H” to safeguard anonymity and maintain confidentiality. Several participants celebrated their birthdays during the therapeutic intervention process and therefore the researcher noted both ages (from the initial interview to the end of the process – the ages did not however affect the standardised test results used in the study).

Table 8: Participant information and results of the PSS

	AGE	GRADE	GENDER	PERCEIVED STRESS SCALE RESULTS	SPECIFIC PSYCHOLOGICAL STRESS FACTORS
A	17/ 18	12	Male Transexual	30 – High perceived stress category	Academic achievements, family relationships, future expectations, anxiety/panic attacks
B	17	12	Female	28 – High perceived stress category	Future expectations, academic and sport achievements, anxiety/panic attacks
C	16/ 17	10	Female	29 – High perceived stress category	Future expectations, academic and sport achievements, anxiety/panic attacks, attention deficit difficulties
D	17	11	Female	35 – High perceived stress category	Family relationships, academic achievements, social relationships, low self-esteem, depression and anxiety
E	16/ 17	11	Female	28 – High perceived stress category	Family relationships, academic and future expectations, social relationships, low self-esteem, health issues, feelings of depression.
F	17	11	Female	27 – High perceived stress category	Social relationships, academic achievements, low self-esteem

G	15/ 16	10	Female	34 – High perceived stress category	Health issues, future expectations, social and romantic relationships, low self-esteem and anxiety.
H	14	9	Female	30 – High perceived stress category	Severe conflict and stress withing family relationships, feelings of powerlessness and low self-esteem

Although not specifically set as sampling criteria, seven out of the eight participants who volunteered for participation in the study are female with one participant being a female to male transexual (identifying as male). All the participants scored in the high perceived stress category with the main overarching psychological stressors including future expectations, academic pressures, relationships (either within the family unit or with peers) as well as low self-esteem. Experiences of anxiety, panic attacks, and depression were also noted by most of the participants. Examples of the completed PSS responses are presented in Addenda K.

5.4 BEFORE-INTERVENTION RESULTS OF EACH PARTICIPANT

Before-intervention refers to the first e-therapy session with participant to build rapport, conduct the semi-structured, open-ended interview and complete the RSCA. Below is a presentation of each participant’s results from the RSCA that was used for qualitative purposes to gain a better understanding of the adolescent’s current well-being and functioning. Some examples of the completed Resilience scales are provided in Addendum M. All information gained from the test and its subscales was analysed and interpreted according to the RSCA Manual (Prince-Embury 2007:3-54). A summary of each semi-structured, open-ended interview is also presented which was used to build rapport with the participant, gain more information from their lifeworld, and to understand their specific psychological stress level; some examples are showcased in Addendum J.

5.4.1 Participant A

Participant A is a 17/18-year-old transexual male who is currently in Grade 12. He is an only child, and his parents are still married. He is mostly living with his father with whom he has a conflicted relationship. His mother travels for work and he reports to have a good relationship with her. He is currently in the process of transitioning and is taking hormones under the care of an endocrinologist. He has seen a psychiatrist as well as other mental health professionals in the past. He indicated that he has high psychological stress levels mainly due

to academic achievements, future expectations, and family relationships, and that he experiences high anxiety levels and periodic panic attacks.

5.4.1.1 RSCA results before the intervention

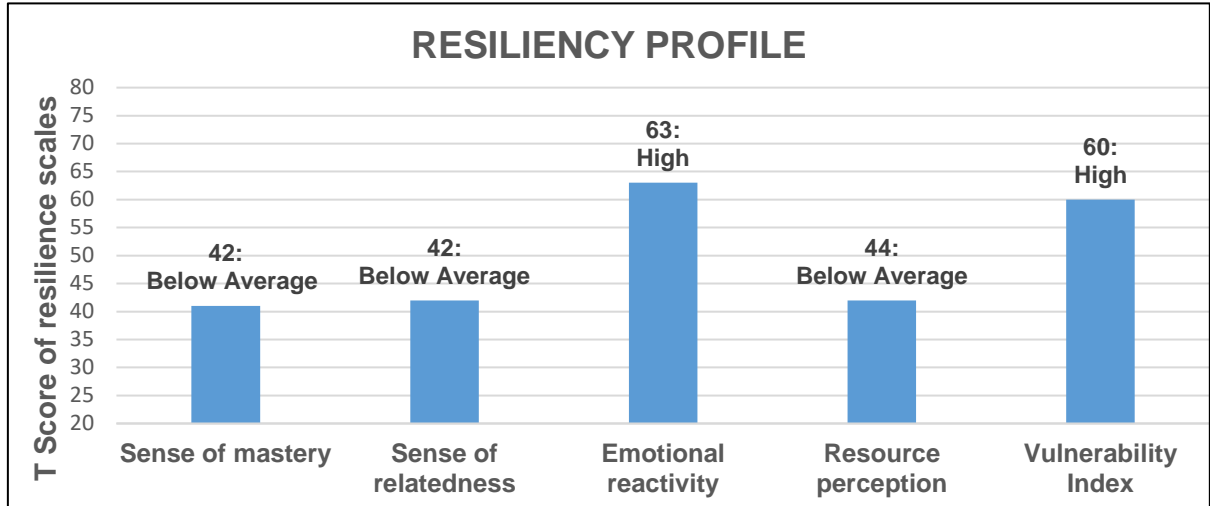


Figure 5: Participant A’s Resiliency profile results before intervention

Participant A scored Below Average in the Sense of Mastery scale. This indicated that he did not necessarily always have self-belief in his capabilities and own strengths, and that he struggled with self-regulating his emotions and thoughts at times. He also indicated a Below Average score in his Sense of Relatedness which could have meant that he did not always feel he had the necessary personal support from other relationships in his life. His high score in Emotional Reactivity revealed that he struggled to handle stress and at times felt vulnerable, especially with his own emotional well-being. These indications were enforced by his Below Average score in his Resource Perceptions coupled with a high score in his Vulnerability Index. This signalled that he did not have the perception of being able to use his own strengths and protective factors to cope with emotionally regulating his emotions or experiences.

Table 9: Participant A’s subscales of the Resiliency Scale before intervention

SUBSCALE	FOCUS: MEASURED CHARACTERISTICS	SCALED SCORE OUT OF 19	CATEGORY	AREA OF CONCERN
Sense of Mastery	Optimism	3	Low	Concern
	Self-Efficacy	6	Below Average	Concern

	Adaptability	9	Average	Neutral
Sense of Relatedness	Trust	9	Average	Neutral
	Support	10	Average	Neutral
	Comfort	7	Below Average	Concern
	Tolerance	5	Below Average	Concern
Emotional Reactivity	Sensitivity	14	Above Average	Concern
	Recovery	17	Above Average	Concern
	Impairment	12	Average	Neutral

Analysing Participant A's subscales in the RSCA showed that he had difficulty with optimism in his own well-being and functioning and in his self-belief in his own competence. He also demonstrated not always feeling comfortable in the presence of others, and experienced social anxiety when dealing with differences in opinion or conflict. Furthermore, he also indicated that he is sensitive, especially when coping with his stressors and emotions, and at times takes a long time to recover from adverse events or any stressful situation.

5.4.1.2 Semi-structured interview (qualitative) feedback

Participant A's responses to the RSCA were emphasised during the initial semi-structure interview. He mentioned:

“I am dealing with a lot of difficulties in my life. I am very stressed and concerned about my academic achievement and future, especially in getting accepted into a tertiary institute”.

He also highlighted his complicated and strained relationship with his father whom he feels does not know or understand him. Participant A also mentioned that it is extremely challenging for him when his mom is away for work. When asked how he copes with stress at the moment as well as with his emotions, he stated,

“I do not talk about it, and I avoid conflict at all costs, which means I procrastinate, get frustrated, and bottle things up until I explode”.

He did however state that he can be more assertive in a “work setup”, when he directs short-feature movies for school projects, competitions, or his online channel. He also stated that

although he can at times be resilient, he suffers from severe imposter syndrome to the point where he breaks down and experiences panic attacks. At times he also felt that he does not “judge or read” situations or people very well, which has caused him to feel lost and frustrated. He feels comfortable with being transexual and did not feel that it influences his peer relationships, although he remarked:

“I struggle with my body image at times – it is constantly in flux and a work in progress”.

He has supportive friends, and he felt he is a good listener that is passionate about his hobbies.

5.4.2 Participant B

Participant B is the oldest of two daughters and lives with both her parents. She is 17 years old and is currently in the main leadership role in Grade 12 at the school. She has close and mostly supporting relationships with her family and peers. She experiences high stress levels due to her leadership responsibilities, academic and future expectations, and sport achievements. She is a perfectionist who puts a lot of personal pressure on herself and her performances in all spheres of her life. She has seen a psychologist previously and reportedly experiences high levels of anxiety at times and has had panic attacks in the past.

5.4.2.1 RSCA results before the intervention

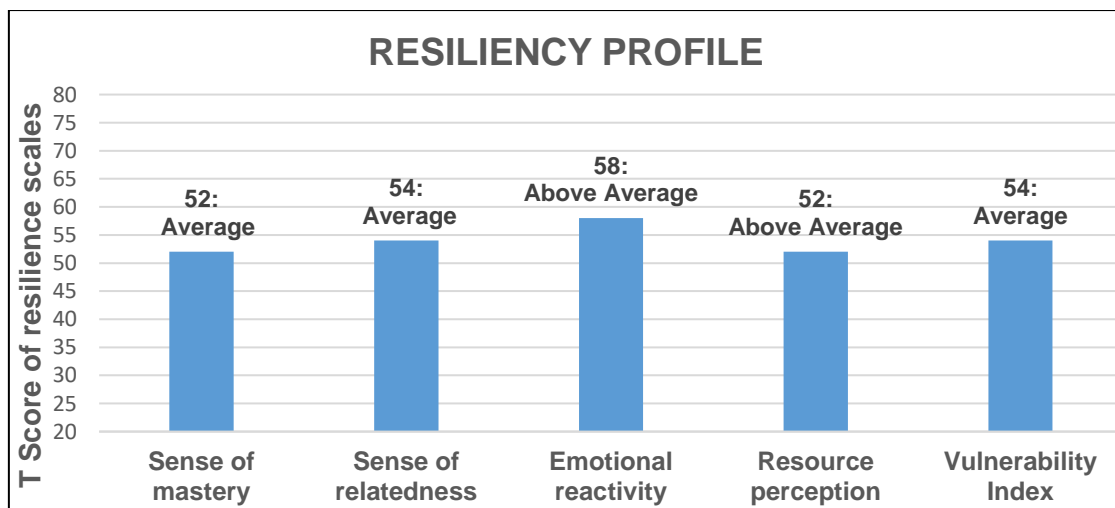


Figure 6: Participant B’s Resiliency profile results before intervention

Participant B scored in the Average categories for her Sense of Mastery skills as well as Sense of Relatedness. This indicated that she believes in her own capabilities and ability to make use of self-regulation processes; also, she confirmed having supportive relationships in her life. She scored Above Average for her Emotional Reactivity scale which indicated that at times she might struggle to handle stress, which influenced her emotional well-being. Her Resource Perception score also indicated an above average score. This signalled that she felt that she possessed personal resources to cope with most difficulties and did not necessarily feel vulnerable in her daily functioning or ability to cope with stressors.

Table 10: Participant B’s subscales of the Resiliency Scale before the intervention

SUBSCALE	FOCUS: MEASURED CHARACTERISTICS	SCALED SCORE OUT OF 19	CATEGORY	AREA OF CONCERN
Sense of Mastery	Optimism	11	Average	Neutral
	Self-Efficacy	12	Average	Neutral
	Adaptability	6	Below Average	Concern
Sense of Relatedness	Trust	11	Average	Neutral
	Support	12	Average	Neutral
	Comfort	10	Average	Neutral
	Tolerance	11	Average	Neutral
Emotional Reactivity	Sensitivity	14	Above Average	Concern
	Recovery	12	Average	Neutral
	Impairment	11	Average	Neutral

Investigating the subscales of Participant B’s RSCA scales revealed that she struggled specifically with adaptability; in other words, to accept abrupt changes and to overcome adverse events, and that she felt that although she has the ability to cope with and learn from mistakes, it might take her a long time to overcome negative experiences. She also expressed being quite sensitive and experiencing emotions and reactions intensely, which might lead to a degree of not being able to cope well with her normal daily functioning.

5.4.2.2 Semi-structured interview (qualitative) feedback

In her semi-structured interview, Participant B mentioned several factors which influence her resilience and at times her ability to cope with stressors. She stated that she finds Grade 12 and her leadership position very stressful. She was also very anxious about her future

expectations (getting accepted into a tertiary institution of her choice) and mentioned that the school and her teachers were/are putting a lot of pressure on her. She was also concerned about global events such as climate change, war, gender inequalities, and other current events. She regularly had panic attacks, and it was mostly related to academical and/or future expectations.

Furthermore, she acknowledged having a good support system with peers and family – people upon which she can rely and relate well to. However, she divulged the following:

“I don’t like change and need to plan everything out beforehand. I do not cope well at if things do no go according to plan which leads to me feeling freaked out and overwhelmed and frustrated”.

She also felt that she took a lot of strain during the COVID-19 pandemic which led to feelings of burnout. She was not able to pursue her sporting activities, for which she has received provincial colours, and she felt like her opportunity to perform well in her sports was “taken away from her”. Moreover, she also often used physical activities for stress release and to help her cope and as she hasn’t done it regularly; she felt self-conscious about her body image which led to her feeling insecure and focusing obsessively on her perceived bodily flaws. During the interview, she remarked:

“I often feel negative, which makes me feel burned out, strained and overwhelmed over which I feel I have no control. My anxiety has escalated, and I feel immense pressure on myself and on my performances. I can be very hard and perfectionist on myself”.

She also expressed worrying continually about little things and could be impatient and “pedantic”. When talking about her strengths, she mentioned she is caring, helpful and considerate, while still having good confidence and being able to converse well with people.

5.4.3 Participant C

Participant C is a 16/17-year-old. She is the oldest of two daughters and lives with both her parents. She describes her relationship with her parents as supportive. Furthermore, although she has experienced severe bullying and conflict with peers in her past, she confirmed that

she currently has a close-knit group of friends. Participant C is currently in Grade 10 and has been diagnosed with attention deficit disorder (ADD) for which she is taking medication. She experiences high levels of stress regarding her academics and future expectations. She is also a keen dancer and experiences high levels of stress regarding her time management and pressure from her dance commitments and her own perception of her performance. She has seen a psychiatrist and psychologist in the past and also reported that she suffers from episodes of high anxiety levels and has panic attacks occasionally.

5.4.3.1 RSCA results before the intervention

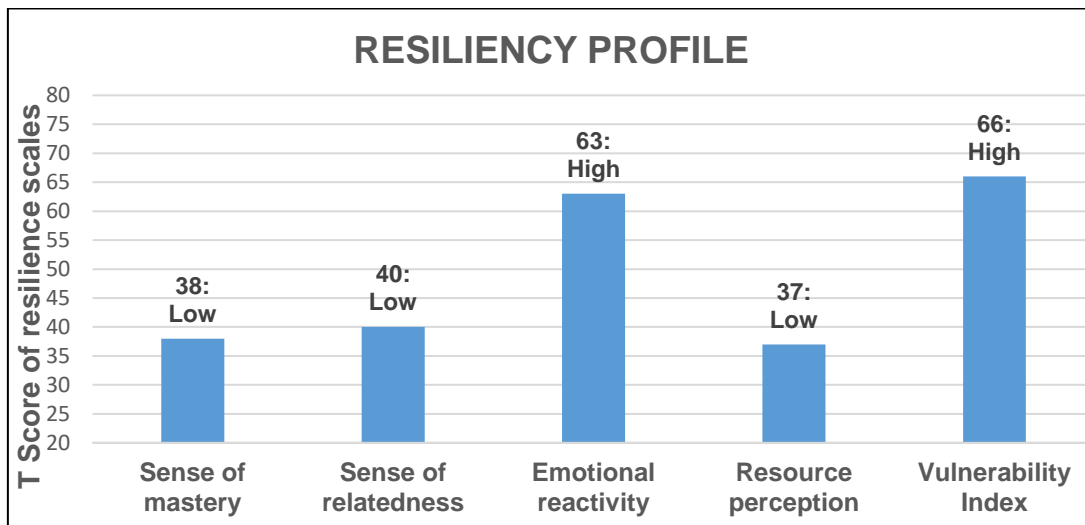


Figure 7: Participant C’s Resiliency profile results before the intervention

Participant C scored Low on both her Sense of Mastery and Sense of Relatedness scales. This points to her doubting her own potential and her ability to cope with stressors and explains why she has struggled to control her emotions and thought patterns. Additionally, she might also have had trouble in connecting with others and could have felt a lack of support from others at the time. Her Emotional Reactivity scale scored High which indicated that she did not feel able to handle stress well at that time which might have impacted her emotional well-being. She experienced her Resources scale as Low, which indicated a lack in her self-belief that she had protective factors to help her overcome stressors, and she scored High in her Vulnerability Index which indicated that she felt she does not have the ability to protect herself adequately from that which caused her psychological stress at the time.

Table 11: Participant C’s subscales of the Resiliency Scale before the intervention

SUBSCALE	FOCUS: MEASURED CHARACTERISTICS	SCALED SCORE OUT OF 19	CATEGORY	AREA OF CONCERN
Sense of Mastery	Optimism	9	Average	Neutral
	Self-Efficacy	7	Below Average	Concern
	Adaptability	3	Low	Concern
Sense of Relatedness	Trust	9	Average	Neutral
	Support	7	Average	Neutral
	Comfort	8	Average	Neutral
	Tolerance	7	Below Average	Concern
Emotional Reactivity	Sensitivity	15	Above Average	Concern
	Recovery	13	Above Average	Concern
	Impairment	12	Average	Neutral

Participant C’s resilience subscales revealed that she struggled to believe in her own ability to handle her emotions and make use of problem-solving strategies. Additionally, she struggled to adapt to change and overcome and learn from them, and therefore gain some positive insight from mistakes or negative experiences. Her tolerance levels were Below Average which means she struggled to express her opinion and accept and cope with differences of opinions in some relationships. Moreover, she measured Above Average in sensitivity which specified that she struggled with the intensity of her emotions and certain reactions in stressful situations, and that her Below Average score with recovery echoed that she did not perceive herself as having the ability to bounce back easily after an emotional disturbance.

5.4.3.2 Semi-structured interview (qualitative) feedback

Many of the responses indicated in the RSCA scale were echoed in her semi-structured interview. She stated that she experienced anxiety and extreme highs and lows during the time of the interview. This is echoed in the excerpt below:

“I get stressed when I am alone with my thoughts and then I overthink and get very overwhelmed which makes me struggle to interact with people. ... I also overreact, even about small things and then I will react grumpy or rudely which affects all my relationships and makes me very insecure”.

She didn't cope well with change which caused her to become very agitated and withdrawn. Although she has good peer relationships at the moment, she has been bullied in the past. Additionally, she has struggled academically which has been ascribed to her ADD and diagnosed anxiety disorder. She laments the following:

“I am very sensitive and need reassurance from others, and I tend to overreact completely, although I will not always verbalise it however, I will internalise it and make myself more upset. I would like to be able to reassure myself, be strong and be able to step back and reflect appropriately when needed”.

When talking about her strengths, she mentioned that she is a good dancer, a caring and compassionate person, and works well with little children. In her future she would like to teach, be content, and have a clear path on what will make her happy.

5.4.4 Participant D

Participant D is 17-year-old female and lives with both her parents and younger brother. She is currently in Grade 11 and scored the highest levels of perceived psychological stress from all the participants. She has very conflicted relationships with all her family members and does not feel supported or understood in her family unit. She has a few close friends but also experiences conflict with her peers especially at school. Academic and future expectations are also a stressor for her, and she experiences severe low self-esteem. She struggles with morbid thoughts and feels that she suffers from depression and anxiety, although she has not previously been to a mental health professional nor been formally diagnosed. Furthermore, she experiences night terrors and irrational thoughts of fear.

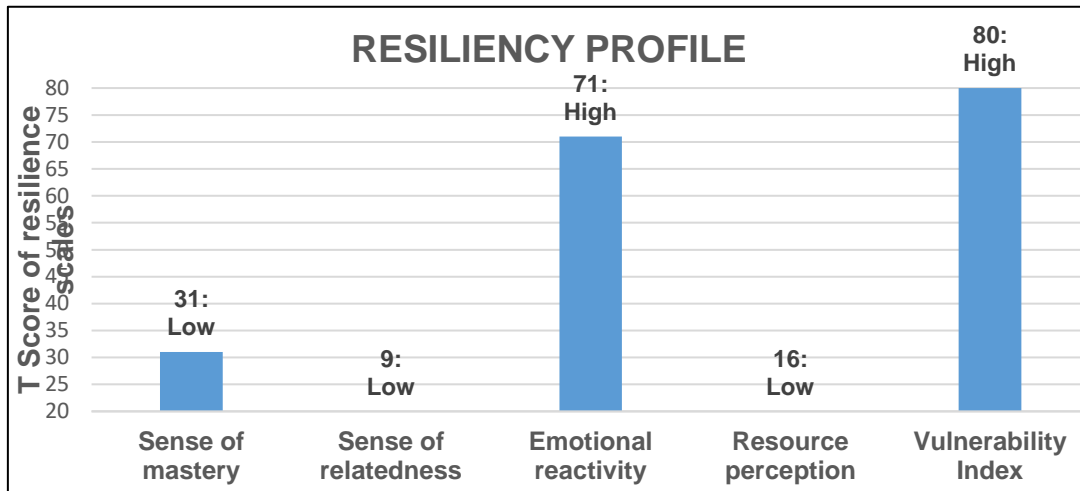


Figure 8: Participant D's Resiliency profile results before the intervention

Participant D scored Very Low in her Sense of Mastery scale which signified that she lacked belief in herself and her own capabilities, which influenced her moods, emotions, and thoughts very negatively. She also scored extremely Low in her Sense of Relatedness scale which indicated that she believed she does not have any supportive relationships or significant figures in her life who could assist her with her difficulties. She scored High for her Emotional Reactivity scale which showed she is not really able to cope with stressors and it affects her emotionally. She scored Extremely Low on her Resource Perception which means that she does not believe that she has the ability or protective factors needed to protect herself from adverse events or to help her reclaim emotional equilibrium after something stressful. Her vulnerability index also scored very high with a huge discrepancy between her perception of her available resources and her feelings of vulnerability. This revealed to the researcher an adolescent who needs urgent intervention to help her build up her emotional resources and all components contributing to her resilience levels and overall well-being.

Table 12: Participant D’s subscales of the Resiliency Scale before intervention

SUBSCALE	FOCUS: MEASURED CHARACTERISTICS	SCALED SCORE OUT OF 19	CATEGORY	AREA OF CONCERN
Sense of Mastery	Optimism	4	Low	Concern
	Self-Efficacy	6	Below Average	Concern
	Adaptability	2	Low	Concern
Sense of Relatedness	Trust	1	Low	Concern
	Support	1	Low	Concern
	Comfort	1	Low	Concern
	Tolerance	1	Low	Concern
Emotional Reactivity	Sensitivity	11	Average	Neutral
	Recovery	15	Above Average	Concern
	Impairment	18	High	Concern

When analysing Participant D’s subscales of the RSCA, it was clear that she experienced a lot of difficulties in her emotional well-being, daily functioning, ability to cope with stressors and her overall resilience. She was very negative about her own life and competence; she felt that she lacked the ability to overcome and solve problems, or to deal with and learn from mistakes, challenging events, or situations. She did not really feel connected to anyone including peers and her family members and did not feel she could trust a lot of people or that she can get support from others. She experienced social anxiety and discomfort in the presence of others. Additionally, she did not feel that she was tolerated for her differences, nor was she tolerant of other’s variances from what she expected from people. Moreover, she expressed being sensitive and reacting very intensively to situations and the evoked emotions and thoughts. She also stated feeling unable to recover from stressors easily and that it would take her a long time to regain her emotional equilibrium and move away from very negative thoughts and feelings.

5.4.4.2 Semi-structured interview (qualitative) feedback

During the semi-structured interview, Participant D stated that she has gone through a very difficult past two years in which she was very depressed and detached from her emotions. She stopped eating and drinking and isolated herself as she felt she couldn't connect to other people. Her parents are not supportive, and when she requested help, they voiced that they do not believe in therapists, mental health issues, or medications. Instead, they told her that the challenges she experienced/felt were hormonal and could be solved by taking vitamins.

The excerpt below relays her feelings on the matter:

“I felt like I was clawing against a metal wall, and I couldn't get out. I felt like a failure and started to self-harm and became very anxious with dark thoughts and night terrors”.

Her horse and dog passed away during this time, and she also experienced a home invasion which was all very traumatic. She remarked the following:

“I felt like I was being punished by the universe and I received no support from anyone. I hated looking in mirrors and my face sometimes became distorted when I looked at myself. I experienced episodes of extreme anger, but I kept it all inside and thought of gory situations instead. I also experience irrational fears for instance I would think if somebody touched me it would kill me”.

She also felt like she doesn't know herself as she can appear outwardly very calm but be in turmoil on the inside. School and academics are at times stressful for her, especially is she fell behind with her work. When asked about her future she stated she does not like to think about it at the moment, as it feels *“blank, scary and overwhelming”*.

5.4.5 Participant E

Participant E is 16/17-year-old female in Grade 11; she is the youngest of two daughters and lives with both her parents. She has a good relationship with her mother but reportedly does not feel supported or understood by her father. She experiences high levels of psychological stress due to academic and future expectations and low self-esteem, especially as she compares herself to her high-achieving older sister. She also has some health issues which

adds to her stress levels, and experiences episodes of lethargy and feelings of depression (although not formally diagnosed). She has however been diagnosed and is medicated for ADD and dyslexia. She mostly has a good relationship with her romantic partner and close friends, although during the intervention she reported times of severe conflict. She has not seen a mental health professional previously.

5.4.5.1 RSCA results before the intervention

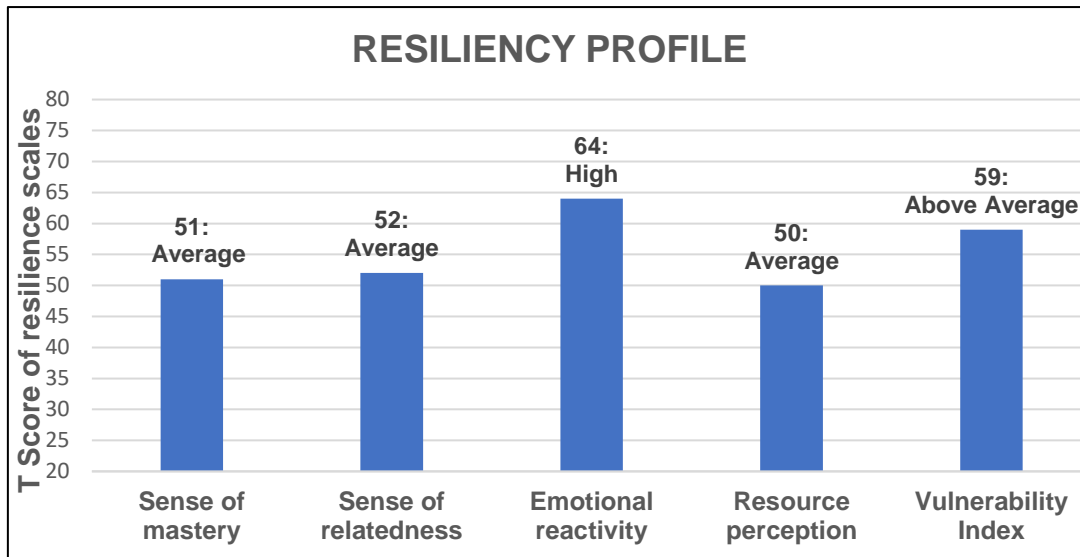


Figure 9: Participant E’s Resiliency profile results before the intervention

Participant E scored within the average categories for her Sense of Mastery and Sense of Relatedness. This indicated that she felt able to cope with adverse events and had a degree of self-belief in her own capabilities and self-regulation skills. She also felt connected to others and that she had a healthy romantic relationship and supportive relationships with her family members and peers. Her Emotional Reactivity scale scored High which revealed that she did not feel always able to deal well with stress and that it affected her emotionally and her overall functioning. Her Resource Perception fell within the Average category which indicated that she felt she has some ability and supportive resources to cope with stressors although her Vulnerability Index scored Above Average. This could have meant that there was a discrepancy in her perception of her own coping skills and her emotional reactivity, leading to struggles with regulating her own emotional well-being.

Table 13: Participant E’s subscales of the Resiliency Scale before the intervention

SUBSCALE	FOCUS: MEASURED CHARACTERISTICS	SCALED SCORE OUT OF 19	CATEGORY	AREA OF CONCERN
Sense of Mastery	Optimism	10	Average	Neutral
	Self-Efficacy	10	Average	Neutral
	Adaptability	12	Average	Neutral
Sense of Relatedness	Trust	11	Average	Neutral
	Support	11	Average	Neutral
	Comfort	9	Average	Neutral
	Tolerance	10	Average	Neutral
Emotional Reactivity	Sensitivity	12	Average	Neutral
	Recovery	15	Above Average	Concern
	Impairment	14	Above Average	Concern

Most of the subscales of Participant E’s results fell into the Average category indicating that her resilience levels and coping levels at that time was comparable to other resilient adolescents in her age group. She did, however, score Above Average for two of her Emotional Reactivity subscales, namely: Recovery and Impairment. This showed that she struggles to adapt to and bounce back from stressors and difficult situations that upset her emotionally. Additionally, that she battles to maintain her emotional balance which leads to feelings of losing control, not being able to think clearly or solve problems adequately.

5.4.5.2 Semi-structured interview (qualitative) feedback

During the semi-structured interview with Participant E, she tended to talk only about light-hearted subjects at the beginning, but towards the end of the interview and during the intervention phase, she shared a lot more. During this interview she stated that she needed a safe space to talk about her feelings and frustrations as she tended to bottle everything up and then had massive meltdowns where she would not get out of bed for days. She also had friendship challenges and had to remove a few people from her life who tended to display

bullying behaviour. In addition to the above, she was stressed about school, especially during assessment times and her future career and/or life options. She also mentioned a few health issues that she was concerned about, mostly female reproductive and hormonal issues as well as severe leg surgery that she was still recovering from. She has been diagnosed with attention deficit hyperactive disorder (ADHD) and takes medication for it.

Participant E gets along well with her family members although sometimes she feels diminished and ignored by her father – she is under the impression that he favours her sister more. She remarked the following:

“I tend to overthink constantly and blow things up hugely in my head. It then snowballs into a lot of negative emotions, and I can become very jealous and stubborn and an asshole”.

Moreover, Participant E mentioned that she has some PTSD symptoms from a past armed high jacking which left her anxious, panicky, and with reoccurring nightmares. She commented the following:

“I don’t necessarily have specific triggers, but I get episodes of extreme downness and lethargy where I don’t have the mental or physical capacity to do anything or cope with anything”.

She described her strengths as being supportive, empathetic, open-minded, and accepting.

5.4.6 Participant F

Participant F is a 17-year-old female and the youngest sibling with two older brothers. She lives with both her parents and has supportive relationships with all her family members. She experiences high psychological stress levels due to her academic performance and future expectations. She is also extremely shy and quite isolated socially with very limited social peer relationships which is a cause of concern for her. At times she experiences low self-esteem issues. She has not seen a mental health professional previously.

5.4.6.1 RSCA results before the intervention

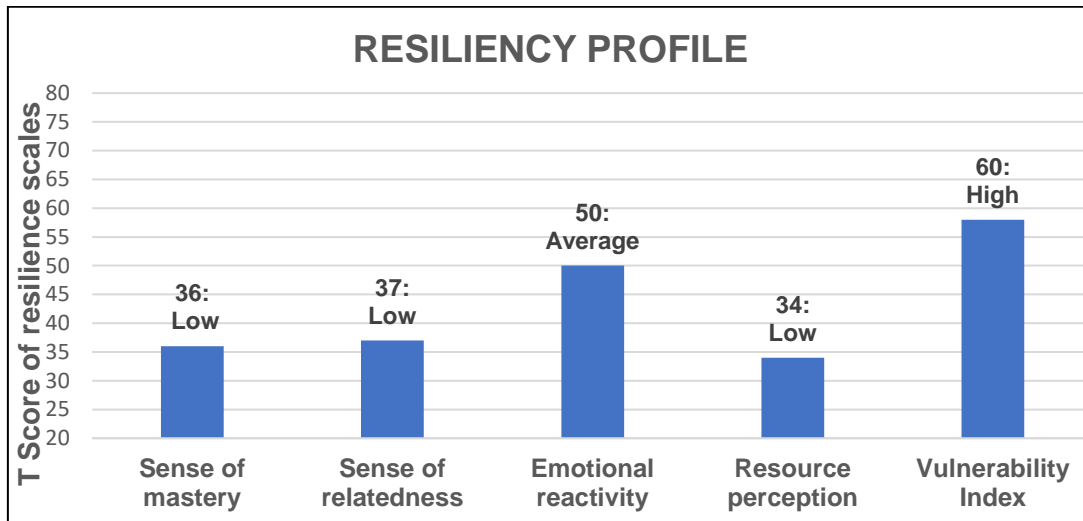


Figure 10: Participant F's Resiliency profile results before the intervention

Participant F's Resiliency profile showed a Low score for the Sense of Mastery and Sense of Relatedness scales. This indicated that she struggles with her self-belief in her own abilities to cope with stressors and that she doubted her ability to self-regulate her emotions, behaviour, and thoughts. She also expressed not having as many supportive relationships as she would like to help her through difficult times or give overall support. Her Emotional Reactivity score was in the Average category indicating that she can control her emotional well-being and continue functioning even though she might feel a bit of psychological stress. Her Resource Perception scored Very Low however, which showed that she doubts her perception of her own capabilities to regulate her reaction and emotions. This Low score highlighted a significant discrepancy with her high Vulnerability Index score which again signified that she does not feel that she has the resources to help her cope when she experiences vulnerability due to stressors or adverse events.

Table 14: Participant F's subscales of the Resiliency Scale before the intervention

SUBSCALE	FOCUS: MEASURED CHARACTERISTICS	SCALED SCORE OUT OF 19	CATEGORY	AREA OF CONCERN
Sense of Mastery	Optimism	8	Average	Neutral
	Self-Efficacy	6	Below Average	Concern

	Adaptability	5	Below Average	Concern
Sense of Relatedness	Trust	6	Below Average	Concern
	Support	7	Below Average	Concern
	Comfort	3	Low	Concern
	Tolerance	9	Average	Neutral
Emotional Reactivity	Sensitivity	9	Average	Neutral
	Recovery	10	Average	Neutral
	Impairment	11	Average	Neutral

Participant F's subscales indicated a Below Average score for her Self-efficacy and Adaptability subscales. This means that she might have struggled with adapting to and utilising different thinking and problem-solving skills, and that she could have found it difficult to move on and accept a mistake or stressful situation as a learning situation and as an obstacle to overcome. She also scored Below Average for three of the four categories in the Sense of Relatedness scale. Her Low score in Trust indicated that she found it difficult to trust others and to accept that they are reliable and trustworthy. Her Support score also indicated that she does not believe that she has a lot of support from others in her life. Finally, her Low Comfort score showed that she had some difficulties with social anxiety and the ability to feel comfortable in the presence of others.

5.4.6.2 Semi-structured interview (qualitative) feedback

The first thing Participant F mentioned to the researcher during the interview was:

“I needed to talk to someone else from outside the house. Someone I don't know and that I can talk to freely about anything controversial”.

She explained that she is an extreme introvert and socially very awkward, and that she does not really have any friends. She also gets very anxious about schoolwork, especially during assessment time. Furthermore, she tends to procrastinate, which adds to her stressors and makes her feel angry with herself. She gets along well with her mother and father but those are the only people she has a close relationship with. Moreover, Participant F described her self-esteem as not great. Although she can do certain things, she is not confident with most things. This in turn causes her to withdraw more. Her strengths include being caring, cheering others up, being a good person, liking to give gifts, and making others feel comfortable. She

mentioned that she would like to work and travel after school but does not think about it a lot yet – she is only focusing on the here and now and making it through the year.

5.4.7 Participant G

Participant G is 16 years old, in Grade 10, the oldest of two daughters, and lives with both her parents. She gets along well with her parents but at times has conflict with her sister. She also has several health issues, including epilepsy and a birth deformity in her left hand which has a negative effect on her self-esteem. She identifies as bi-sexual which is a source of conflict with other relatives especially from a religious standpoint. She does well academically but does experience stress with regards to her future studies and/or occupation. She also experiences conflict within her romantic and social relationships. At times she feels anxious and then makes use of coping strategies such as severe age regression which causes her embarrassment with her peers. Age regression involves reverting to a younger psychological/behavioural state of mind than one’s biological age (Lokko & Stern 2015:1-2). She has seen an educational psychologist previously and paediatric neurologist who diagnosed and addressed her health challenges (epileptic seizures).

5.4.7.1 RSCA results before the intervention

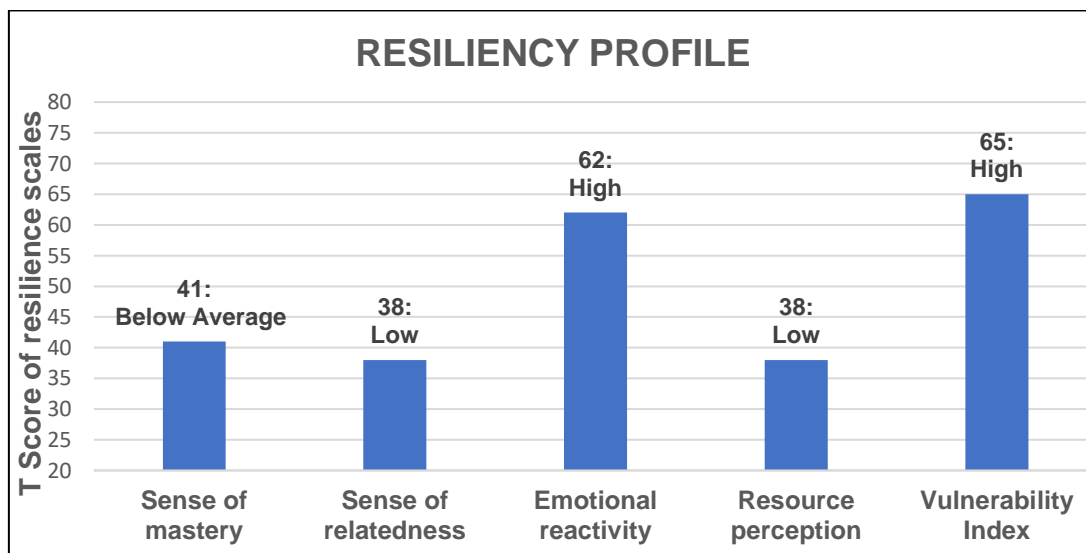


Figure 11: Participant G’s Resiliency profile results before the intervention

Participant G’s score for Sense of Mastery fell into the Below Average category indicating that she doubts her ability to cope with adverse events and that she was unsure about her self-regulation abilities when faced with stressful situations. She also scored Low for her Sense

of Relatedness which showed that she did not necessarily have relationships or people that she felt she could rely on and get support from. Her Emotional Reactivity score was High which is an indicator of the ability to handle stress without being too much effected. Her High score suggested that the reacted very emotionally to stressors which affected her emotional well-being and functioning. Her Resource Perception also scored Low and her Vulnerability Index High which suggested that she does not feel she possessed the personal resources and skills to protect herself against stressful events. This left her feeling more vulnerable.

Table 15: Participant G’s subscales of the Resiliency Scale before intervention

SUBSCALE	FOCUS: MEASURED CHARACTERISTICS	SCALED SCORE OUT OF 19	CATEGORY	AREA OF CONCERN
Sense of Mastery	Optimism	8	Average	Neutral
	Self-Efficacy	7	Below Average	Concern
	Adaptability	6	Below Average	Concern
Sense of Relatedness	Trust	6	Below Average	Concern
	Support	8	Average	Neutral
	Comfort	2	Low	Concern
	Tolerance	9	Average	Neutral
Emotional Reactivity	Sensitivity	12	Average	Neutral
	Recovery	14	Above Average	Concern
	Impairment	13	Above Average	Concern

Participant G’s results on the subscales signified a Below Average score for her Self-efficacy and Adaptability subscales which highlighted that she might have struggled with utilising and implementing various self-regulatory processes, thought processes, and problem-solving skills. She might have also found it difficult to accept a mistake or stressful situation, and

thus recognise it as a learning situation or a challenge to overcome. Additionally, she also scored Below Average in Trust in the Sense of Relatedness scaled which revealed that she found it challenging to trust others and to believe that they might be reliable and truthful. Her Low score on the Comfort subscale further implied that she could experience social anxiety and might not feel comfortable in the presence of all others.

Moreover, she scored Above Average for her Emotional Reactivity subscales, namely Recovery and Impairment. Recovery refers to the capability to adapt to something and bounce back from stressors to return to a sense of emotional well-being. Participant G's Above Average score showed that she would have trouble with this area. Impairment of functioning refers to her ability to compose her emotions even when she gets upset. Her Above Average score shows that she struggled to maintain her emotional balance which might lead to feelings of not being in control, or reason adequately, or being able to solve problems logically.

5.4.7.2 Semi-structured interview (qualitative) feedback

Participant G began her interview by saying that she needed to talk to someone objectively from outside her lifeworld, without judgement or fear of abandonment. She stated:

“I overthink a lot and then I say sorry all the time which irritates people and I try and overcompensate and only makes it worse”.

Her main sources of psychological stress were her academic achievements, possible career aspects, security and money, and the future. When she gets very stressed, she has epileptic seizures (for which she takes medication) which leaves her feeling very drained and tired. She also doesn't sleep or eat when experiencing stress and makes use of a coping mechanism called age-regression, which is a protective voluntary mechanism of sometimes involuntary, and involves the use of baby talk, etc. She has also self-harmed in the past but has stopped now. She has only one or two close friends, and there seems to be a lot of conflict between them as well as with her younger sister. She has a long-distance romantic partner who lives in England and at times caused her to feel insecure and in doubt about her own value. Her parents are supportive however, and she can talk to them about most stressors. Her self-esteem fluctuates although her hand deformity (a birth defect) makes her self-conscious and

evokes feelings of inadequacy at times. She does like to put on make-up and dress up, and feel all pretty. She describes herself as empathetic, caring, involved, and helpful.

5.4.8 Participant H

Participant H is a 14-year female in Grade 9 who lives with her baby brother and her mother in a shared household. She has an older half-sibling/sister who does not reside with them. Her father is a drug addict whom she sees occasionally. She gets along with her mother except when her mother uses alcohol. The latter causes conflict and arguments with the father as well as with Participant H who feels she must protect her baby brother. She experiences stress regarding her family and living situation and has feelings of disempowerment and low self-esteem. She views school positively and does not really experience academic or social relationship stressors at the moment. She has not seen a mental health professional prior to this study. The school has however been in contact with social services, and their social workers have confirmed that she forms part of their caseload and that they are monitoring her home situation.

5.4.8.1 RSCA results before the intervention

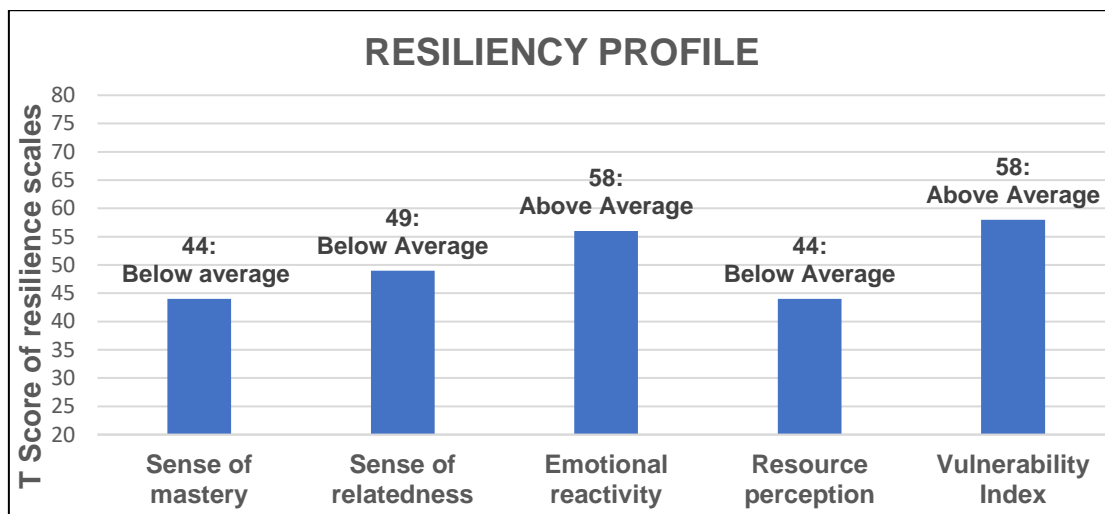


Figure 12: Participant H’s Resiliency profile results before the intervention

Participant H scored Below Average for both her Sense of Mastery and Sense of Relatedness scales. Although it scored Below Average it is in the higher range of the category therefore almost in the average range. This indicated that she finds it challenging to have confidence in her own abilities to cope and mastery over her own perceived coping skills with adverse events. She also indicated some difficulty in believing that others can support her and that she can trust in others to assist her with difficult times. Her Emotional Reactivity scale scored

Above Average which showed she might find it difficult to believe she has the capability to maintain her own affectivity in dealing with her emotions and that she is capable of handling stressors. Her Resource Perception scored Below Average and her Vulnerability Index Above Average which signified that there is an inconsistency between her own perception of her personal resources to help her cope and her emotional reactivity and feelings of vulnerability.

Table 16: Participant H’s subscales of the Resiliency Scale before the intervention

SUBSCALE	FOCUS: MEASURED CHARACTERISTICS	SCALED SCORE OUT OF 19	CATEGORY	AREA OF CONCERN
Sense of Mastery	Optimism	7	Below Average	Concern
	Self-Efficacy	7	Below Average	Concern
	Adaptability	14	Above Average	Neutral
Sense of Relatedness	Trust	10	Average	Neutral
	Support	7	Below Average	Concern
	Comfort	10	Average	Neutral
	Tolerance	8	Average	Neutral
Emotional Reactivity	Sensitivity	16	High	Concern
	Recovery	6	Below Average	Neutral
	Impairment	12	Average	Neutral

Her scores on the subscales indicated that Optimism and Self-efficacy in the Sense of Mastery scale are Below Average and could be an area of concern. This suggested that she found it difficult to remain optimistic and trust in her own competence and that she did not think she could always handle her own problems or think of strategies to solve dilemmas. Her perception of Support – that she can get support from others and rely on them to assist her

scored Below Average, highlighting an area of concern, as did her Sensitivity score in the Emotional Reactivity scale. She scored High which means she is/was very sensitive in terms of emotional reactions, and she perceived that she does not have the emotional resources to deal with the emotions evoked by stressful situations.

5.4.8.2 Semi-structured interview (qualitative) feedback

It must be noted that the researcher found it difficult to get Participant H to engage with her and to build rapport as well as to encourage her to open up about her inner world and emotions and thoughts. The researcher found her quite detached and wondered if she dissociated from her experiences and emotions (which is a common characteristic when trauma has been experienced) or did not possess the vocabulary to adequately understand and express her emotions. The researcher thus assured her that we are in a safe space and that she can share anything. Participant H responded:

*“It makes me angry to keep stuff inside and I feel angry and sad every day.
Mostly I just withdraw and avoid the situation by going away or sitting outside.
Sometimes I think it would help to just cry and let it out”.*

Furthermore, she noted that these feelings mostly concerned her mother and father’s relationships and it occurred when they fought or when her dad partook in drug use and her mother consumed alcohol. She felt that she had to be responsible for taking care of her baby brother (6 months) which made her feel angry and resentful. She did not feel that this affected her other relationships and noted that she was/is close to her friends, grandmother, and older sister (22 years old). She liked school and it felt like a haven for her; she also wasn’t too concerned about any of her subjects or academic achievements. Moreover, she feels “okay” about herself and feels she is caring. She did not really think about the future and just mentioned that she wants her mother and father to get well and take better care of her brother.

5.5 INTERVENTION RESULTS OF EACH PARTICIPANT

The overall goals and techniques/activities used in the six-intervention art e-therapy sessions were described in detail in Chapter 4. Each session started by enquiring about the participant’s well-being and happenings in their lives. This was followed by the activity of the session; some participants chose to talk and interact while creating the artwork whereas others chose to focus and remain silent. The researcher and the participant continued to talk

about the artwork. The discussion focused on the image projected, the colours used, possible meanings and feelings it evoked, and a reflection on the emotions that arose during the activity. Each session ended by ensuring that the participant is not distressed and is in a calm or tolerable mental state before organising the date and time of the next session. The researcher always ensured that the participant knew they could contact her at any time when they had something to share or felt discomfort/stressed, which some of them chose to do. The goal and art therapy activity for each session were then as follows:

1. *Session 1:*

- Goal: Exploration of stress factors and the emotions it evokes coupled with a discussion of possible coping skills.
- Technique: Created an artwork depicting stress and the emotions experienced.

2. *Session 2:*

- Goal: Exploration of individual personal strengths and weaknesses, and a discussion on how strengths can be utilised to overcome stress and counter perceived weaker areas of functioning.
- Technique: Created an artwork depicting strengths and weaknesses followed by a reflection/discussion.

3. *Session 3:*

- Goal: Investigation into fears and negative emotions and thought patterns and how to regulate emotional responses or utilise optimism in order overcome stressors.
- Technique: A two-part monster technique as a metaphor for fear/negativity and how to render it harmless with positivity/healthy coping techniques.

4. *Session 4:*

- Goal: Focusing on negative thought patterns or stressful situations and how support structures and positive relationships can assist when feeling overwhelmed.
- Technique: A two-part lighthouse technique where they first created an image depicting themselves lost at sea and then a second image where they added a lighthouse or any support structure that can help guide them.

5. *Session 5:*

- Goal: To focus on personal strengths, sense of purpose, and acceptance of personal limitations.

- Technique: Designed an artwork depicting oneself as a superhero or warrior or any form that represents the self as powerful, brave, and strong.

6. Session 6:

- Goal: To explore future expectations and to visualise self-affirmations to empower oneself.
- Technique: Crystal ball activity and Words to live by; Created an artwork that represented elements that would ideally be part of the visualised future and added words which served as self-affirmations that represent personal meaning/wants or needs.

Significant aspects of each session with each participant are discussed below. Verbatim from the participants are indicated in brackets. It is important to note that as indicated in Chapter 4, although the sessions mostly followed the same format, some of the activities differed to fit each individual participants' need and their well-being during that specific session. The material/medium used was also indicated/guided by the participants according to their comfortability level and preference, therefore it differs from pen on paper to digital artwork and so forth. All the artworks created by all the participants during the intervention sessions are presented in Addenda M to T.

5.5.1 Participant A

See Addendum O for the artworks created during each art e-therapy session discussed below.

5.5.1.1 Session 1

Participant A began the session by saying that he had quite a stressful week and that he was very anxious and experienced a “*mini-meltdown/panic attack*” about tertiary education – mainly about the financial limitations that he has in going to an institution of his choice (he aspires to be a film director and therefore wants to go to a private film/art institute). His mother was back for that week which alleviated his stressed, although he experienced conflict with his father. However, he chose not to react and escalate the conflict further – which the researcher pointed out to him as positive behaviour from his side (in this specific situation). He also stated that he has a lot of work to catch up from school and he feels pressured as he does not want to disappoint his teachers or “*tarnish*” his reputation as a good student. He also admitted that his mental health is not in a “*good space*”, however he is receiving support from his friends.

Participant A chose to create digital art with a specific art making software. For the stress depiction he chose to depict a black-line face that seems to be crying coupled with a black outline of a heavy-looking figure. He used a mainly orange background with red scribbles over it, and in the left bottom corner he used blue that looked like water with a green object on it that resembles a boat. When discussing the artwork, he stated that he was nervous because he tends to overthink his art and was nervous about creating something that he perceives as “*technically good*”. The researcher emphasised that the process is not on the technical aspects of artmaking but that the focus was more on depicting moods, emotions, and thoughts that come up while creating.

The researcher and Participant A then explored the imagery he used, and he stated that both the face and figure depict himself, feeling downcast and dark and heavy. Especially because he is feeling stressed, which he experienced at that moment and that he feels a lot of pressure from the expectations placed on him by himself as well as others. Furthermore, he used the orange as he feels it is a busy, unsettling colour, and the red scribbles depict the feelings of being overwhelmed and the restlessness he feels when stressed. When asked about the blue he said he felt he needed to add water as something to evoke calmness juxtaposed to the busy orange, and that he placed the boat there as he knows there is hope “*at the end of the tunnel*”. He then stated that he created “*controlled chaos*” to depict his current well-being, as he felt stressed but that he can control it to some extent. When questioned about how he felt afterwards, he emphasised that he felt “lighter” and that it helped him to voice his frustrations, stressors, and to depict it visually. He also said the activity helped him to sort through his “jumble” of thoughts and feelings and that he feels more in control and positive at the end of the session.

5.5.1.2 Session 2

Participant A was in a much better mental health state than the previous session. He stated that his relationship with his father has been okay at the moment and that there has not been further conflict. He was just very busy with schoolwork and working on creative projects during that time. He was busy with creating and directing a short film which he was submitting for a film competition, and he was feeling positive and encouraged by his creative capabilities. He shared with the researcher his online platform on which he posts his films and other creative work, and he opened up that he liked talking to the researcher about his work and sharing it with her to hear her opinion. The researcher took this as a very positive

comment for their therapeutic relationship – it indicated that Participant A could trust her and that they have built a good rapport and affinity.

For the Weaknesses artwork, he created a doodle/scribble type image with sharp pointy triangle-like shapes and sharp straight lines, using different shades of red and purple. For the Strengths artwork, he also used doodles but with more rounded organic shapes, softer lines, and almost flowery like imagery and two-line faces. He also used blue and green which created a direct contrast to the red and purple of his weakness image. In the discussion after he finished the artwork, he explained that his weaknesses are that he tends to overthink and does not easily let go of things or emotions. He also feels that he is awkward at times and that he struggles to express what he is feeling. He is also under the impression that he does not give good advice to others and mentioned that he hates routine which makes functioning in a school structure very difficult for him. For his strengths, he stated that he is creative, passionate, and a good listener.

When we reflected further on the artworks, he said it made him uncomfortable as he does not always like to do introspections, and that it made him self-conscious as he also does not like to feel like he “*boasts*” about his strengths. He confirmed that he used red as an angry, uncomfortable colour with sharp strong angles to depict his “sharp edges and limitations”. For the strengths, he used blue and green as he associated with a “*more free flowing vibe*” and that he would like to feel calmer like the feeling that the strengths artwork evoked in him. The discussion then focused on the importance of realising and utilising one’s own strengths and that it not pompous to acknowledge it, but it can be a very empowering process and tool in coping with stressors. We also discussed the importance of balance – how one can remain humble while having confidence in one’s own strengths and capabilities. At the end of the session, he stated that he although the activity was difficult for him, he now feels that he can look at the aspects discussed from a different viewpoint and that it was valuable for him.

5.5.1.3 Session 3

Participant A was sick during the time of this session but felt well enough to proceed. He told the researcher that he was home alone as both parents were away but that he was okay, and additionally, that he had the animals with him which was a source of comfort to him. He informed the researcher that exams are coming up but that he is not too stressed about it at

the moment. We also talked about his film project and how he is handling the tension between two of his “*casting members*”. Overall, he felt “*busy but okay*”.

For the first part of the monster artwork, he created two images both in red, which he clarified again, saying: “*it is my go-to colour when I feel stressed or anxious*”. He explained that the artworks depicted how overwhelming his anxiety and stress can get and that it creeps/sneaks up on him. In the first image he depicted it as a tentacle monster looming over a figure (confirmed as himself) sitting at a desk. He emphasised that it feels very big and all-consuming. In the second image the same monster is coming out of the person symbolising how he internalises his negative emotions and thoughts until it comes out when he has a “*meltdown*”. He also drew how it grips and squeezes him which is a metaphor for the pressure he feels and how “trapped and claustrophobic” it can make him feel.

For the second part of the activity, he created a blue image of a face with tentacle-like shapes around it. He explained that he is the figure and he bit off all the tentacles of the monster which is “*all the essential limbs that it needs to function*”. He voiced that he enjoyed the activity and that he is happy with this image as he is finally getting rid of the negative monster. He also added that the monster was shocked and surprised and that it empowers him to think that he can render his fears and negativity a bit less frightening. Various coping skills that he can utilise when he feels the fear and negativity taking over his emotions and thoughts were discussed. He remarked that he can use music, writing, and creating art to calm himself down. He also mentioned that he can use breathing, counting, and awareness of his senses as well as focusing on concrete objects as coping skills when he feels panicky or anxious. Moreover, he mentioned that he enjoyed this activity much better than the previous week and that he feels “*lighter*” and more positive. Overall, the researcher felt that it was a very constructive and insightful session for both of them.

5.5.1.4 Session 4

The session started by discussing Participant A’s week including school, his film projects, and his relationship with father. The researcher and Participant A talked about the school system and how Participant A feels it is not really addressing important current issues including sexual assault or discrimination, bullying, and harassment, and so forth. Discussing his experience further, he stated that he has never experienced bullying or harassment. The researcher felt relieved and comforted by hearing this as she feared that he as a transsexual

person could have been a target for prejudice, misunderstood opinions, and just overall a more difficult social experience than a heterosexual person. He did however elaborate on his relationship with his father and told her that his father finds it difficult to accept him for who he is and that they have a very complicated relationship. He stated that he has accepted that his father will never fully understand or support him, however the researcher could see that it was still a sensitive/hurtful experience for him. His mother, however, is very supportive and guided him throughout his transitioning process, ensuring that he gets the professional medical and mental health support that he needed.

For the first part of the lighthouse activity, he created blue water with a brown boat and a very distressed looking person with a speech bubble saying, *"I am fine"*. He elaborated by telling the researcher that he has a massive fear of the ocean and that this is literally his "worst panic nightmare". She guided it back to metaphoric imagery and that he must imagine it as when he is feeling very overwhelmed, stressed, or negative. She then asked him to add something to support him when he feels like this, it can either be a lighthouse which is a metaphor for providing guidance, or anything which gives him hope. He then added a big green island with a traditional white and red striped lighthouse containing a bright, guiding light. He also changed the figure to look relieved and happy while looking at the lighthouse. He stated that his support and guidance can come from his friendships and his mother. He can also use his creative passions to help calm him and make him feel purposeful and significant. He also added that when he feels uncertain and *"lost"*, he does tarot card reading which he finds comforting and to help him feel more *"settled"*. The researcher responded that she is grateful to hear that he has supportive relationships and people that he can rely on and that he has activities that makes him feel that he has a purpose as well as strategies which can calm him. At the end he reflected that he found the activity fun, comforting, and that it was nice to focus on something that wasn't work related or stressful.

5.5.1.5 Session 5

At the start of the session Participant A told the researcher that he is doing *"just okay"*. He didn't do very well in his exams, and especially his Maths results were apparently very low. He also felt mentally and physically very tired and experienced muscle spasms in his back. He also had conflict with his father which ended in a screaming/verbal fight. Luckily there was a school holiday coming up in which he planned to relax and do a part-time job to which he looked forward.

With the superhero artwork he created two figures in blue lines. The first one was a figure doing a magic trick with overturned cups on a table. The second figure was playing guitar and looking very content. When discussing the imagery, he stated that he based his superheroes on characters from the game “Dungeons and Dragons” (which is a fantasy-based board game). He stated the following:

“It is not always the person who appears the most powerful who has the most power. It is usually the one at the bottom or behind the scenes who is pulling the strings and I resonate with that. It requires a different skillset and charisma is very important. It is something that I would like to have – a confidence in my skillset and good people skills”.

He then stated that it is a quality he would like to possess but he is not there yet, and he would like to work towards acquiring more confidence and especially when conversing with other people. The discussion then focused on confidence and the different ways in which it can be improved and represented. His strengths were revisited and how he can incorporate these into acquiring more confidence and social skills. Attention was given to his academic art portfolio which he shared with the researcher and his future logistic plans as well as dreams. This was a significant part of the session for the researcher as well as it felt he really opened up, shared with her, and valued her input. The session ended on a positive note, and he voiced that he felt a bit more energised and looked forward to the holiday.

5.5.1.6 Session 6

Participant A felt a lot more positive, rested, and relaxed during this session. He was on holiday and celebrated his 18th birthday. He looked forward to his driving licence appointment and was enjoying the part-time job he was doing to earn some money. There was nothing too stressful during this time as he was getting along with his friends, his father, and felt positive about the next term at school and his plans for the future (studying at a film school).

With the crystal ball artwork activity, he depicted many different elements which represented dreams and aspects that he would like in his future. He drew an Oscar academy award (Film award) which he said symbolises his passion for moviemaking and directing which he would like to pursue as a career. The drawing also included a film theatre, and he would love people

to experience his filmmaking one day. It would be his ultimate dream to have people enjoy his work and resonate with his creative expressions. He also drew city building as he would love to live in a big city internationally and experience the energy and night-time activities that such a city would offer.

Furthermore, he depicted a cat and a sofa as the home comfort and security he would like to have – “*a safe, friendly haven*”. The image also included two people conversing over a table which he said portrayed his connection with his friends, which really feels like his “*found family*” at the moment. His words to live by were illustrated in blue and read: “@Participant A, thank you for creating” followed by a heart symbol. He explained it as follows:

“I want to live through my creativity, and I want to hold onto myself and my passions, and I want people to see it and feel seen themselves. I want them to resonate with my creation and think – this is me as well”.

He enjoyed the activity and felt excited to visualise all the elements he would like to have present in his life and future.

The researcher felt it was a very empowering session with a lot of positive aspects and optimism about his relationships, skills, talents, and future expectations. She was of the view that they made a lot of progress in Participant A’s overall mental well-being and his self-esteem and confidence. She especially found his “Words to live by” significant, and that he would like people to connect to his work and that he emphasised his positive/supportive friendships. Furthermore, she felt it was a very mature and powerful statement and expression of his values, vision, and perceived social reality.

5.5.2 Participant B

See Addendum P for the artworks created during each art e-therapy session discussed below.

5.5.2.1 Session 1

Participant B started the session by saying she is busy and stressed mostly about academic pressures and future expectations as well as her leadership position and sport commitments which adds additional responsibilities and strain to her. As we continued to talk, she shared more and admitted that she has been very emotional which manifests as irritability and

involuntarily crying and feelings of being overwhelmed. She also said she has been sick (flu symptoms) which could have had an influence on her emotional well-being as she feels fatigued and constantly drained.

Participant B decided to use a digital software programme for her artmaking and enjoyed playing around and exploring with the different functions of the programme. She is not creatively inclined and has never really experimented with visual art techniques, so it was a completely new experience for her.

For her artwork depicting stress, she used a lot of red and orange, and she said she feels these colours have angry and frustrating connotations for her. She then used black to add “*swirly things*” which she explained is an imagery or a metaphor for a whirlwind which is how she feels when stressed. She elaborated by stating that when she is in a stressful state, she feels lost and out of control as if she is caught up in a tornado or whirlwind and she is powerless to fight it. The discussion then focused on possible coping techniques which appeal to her personally that she can utilise when feeling stressed such as writing/journaling, talking to someone supportive, listening to music, breathing exercises, or doing a physical activity. When reflecting on the session and the activity, she realised that she felt better and articulated that it really helped her to have the space to talk to someone. She also enjoyed the art activity a lot and said she feels like it helped her to express her inner turmoil and emotions. Overall, it was a very productive session and the researcher felt positive about her willingness to share and experiment as well as the therapeutic relationship and rapport.

5.5.2.2 Session 2

At the beginning of session 2, Participant B expressed that she is feeling better than in the previous session although she is still stressed about upcoming academic assessments. She also mentioned that she has been struggling with time management and to juggle all her responsibilities including academic work, leadership duties, sports, and so forth.

The discussion focused on personal strengths and weaknesses, and that this would be explored in the art activity. Participant B chose to start with her weakness and once again enjoyed playing around with all the different tools. She created a mostly abstract artwork with different layers of grey and black to form a semi-roundish shape with black scribbles over it. She then proceeded to choose a thick black paintbrush to create jagged, sharp edges

around the shape which she filled in with red. She then also scribbled with a fine red line over the bigger grey/black shape. When we talked about her specific personal weaknesses, she commented that she avoids conflict even when she feels she should speak up. Furthermore, she feels she is too nice and sometimes doesn't have enough "*backbone*" or confidence; she can also be very impatient and quick to judge. Participant B also noted that she can be too competitive which leads to rivalry with others and too jealous at times. Her fears are mostly performance and academic related as well as that her plans for the future and expectations do not work out as she would like them to. When talking about her artwork, she stated that she used grey and black as those are the colours which she associates with darkness and anxiety which reflect her weaknesses. Moreover, she used red which she associated with anger which she sometimes feels about her perceived weaknesses and at herself, especially when she acts in a manner she does not want to. Participant B also commented that the sharp, jagged edges are supposed to demonstrate her "*rough edges*" which she equates with her weaknesses in her personality.

The artwork depicting her strengths was again an abstract work wherein she used and experimented with several different artmaking tools. She used softer, hazy colours like purple, pink, and blue to create a cloud like atmosphere with blue scribbles here and there. In the bottom right-hand corner, she used shades of orange and reds but worked some of the purple, white, and blue colours over it in various shapes including spots. When speaking about her strengths, Participant B named the following: good social skills, caring, hard-worker, responsible, academically strong, and a people person. When the researcher and Participant B reflected on the artwork, she said she started by depicting her strengths using colours that she perceives as "*calming, happy and pleasant*". However, her weaknesses that they discussed were still in the back of her mind, therefore she brought in the orange and red to illustrate that side of her as it is still a part of who she is as a "*holistic person*". She then chose to actively work her "*strength*" colours and shapes over the weaknesses, thereby indicating that if she focuses on her strengths, she can balance out her weaknesses. This observation illustrated a sense of maturity and understanding of herself to the researcher. It also indicated that she has a good grasp of who she is as a person and her self-esteem is strong enough that she believes her strengths can balance out her weaknesses – which can be described as a very positive expression during this activity.

As the researcher and Participant B reflected on the session and the activity, Participant B stated the following:

“I did not like art at all, but I love these sessions and playing around with the artmaking programme and discovering new things. It feels empowering to make it and I feel really good creating it. I feel so much better after our sessions, I definitely feel a huge difference in my mood”.

This revealed that she experienced the art e-therapy sessions as a positive therapeutic intervention so far.

5.5.2.3 Session 3

Participant B started the session quite visibly agitated and as the researcher and her spoke, she talked about her past weeks having been *“really emotionally taxing and rough”*. She wrote exams which were stressful. There were also a few incidents at school which involved activities planned by her leadership committee which caused drama with the teachers. She felt the events were exaggerated and taken out of context. This caused her to feel angry and disappointed by the whole experience. She felt mentally drained and spent a lot of the session outlining aspects of the schooling system which she finds frustrating. Participant B also discussed behaviours by teachers which are inappropriate and that she does not feel are being addressed or handled correctly. This makes her and the other learners feel powerless and *“voiceless”* which frustrates and angers her. She expressed the need for changes to take place in South African schools to keep up with modern notions and practices. Moreover, she also spoke about her concern over her boyfriend’s mental well-being and that he is not in the best mental space. Otherwise, her social relationships and family relationships have been good and her interviews with universities have been going well so far.

The next activity was the Monster art activity. Participant B created a red, angry-looking monster with red jagged claws and ears, black sharp teeth, and big black circled eyes. She also included a black background and yellow splotches to make him *“stand more out”*. She reflected that she created

“The little demon inside of me that feels so angry and frustrated and that she just wants to be able to speak out and voice all her anger and emotions”.

In the second part of the activity, the researcher asked her to find ways in which to render the monster more harmless. She proceeded to make the background and the monster pink which she perceives as a happy, joyful colour. She also added flower bows over his horns, coloured his eyes blue, and made his nails/claws pink and yellow. She then removed his black mouth and teeth and gave him a white and red smile. She reflected that she wanted to make him “*cute, lighter and joyful*” and specifically chose the colours and flowers to express that. Participant B then stated that he is cute now, and that by doing that, she “*felt nice and energising*”. She also added that it made her feel more “*grounded*”, and it was great to have an opportunity and space to let out all of her feelings, especially by talking about it and depicting it visually. The researcher felt that her images were very powerful this week and a lot of therapeutic value and empowerment was achieved by working over the negative monster and turning it into a more positive, approachable, and friendly creature.

5.5.2.4 Session 4

Participant B was in a very good mood for this session. She heard that she got provincially accepted at two of the universities which were her top choices. She therefore felt more secure about her future plans. She also told the researcher that although she is starting with assessments the following week, she has been working hard the whole term and feels in control and confident about it. This indicated a huge shift in her levels of stress and anxiety from the initial semi-structured interview before the intervention.

We then proceeded with the Lighthouse activity. She created a background in shades of red as she explained that red to her equals “*negative*” emotions like fear and frustration. She mentioned that one of her biggest fears is being lonely and abandoned. She tried to depict this with her image and the red ocean with a bit of blue and just the solitary brown boat stuck in the middle of all “*these overwhelming swells and thoughts and feelings of loneliness and complete isolation*”. For the second part of the activity, she decided to add the word “*Mom*” in big yellow letters as her guiding lighthouse. She stated that her mother is her greatest support, and she can always count on her to guide, support, and mentor her. Therefore, for her personally, her mom served the purpose of a metaphorical lighthouse. The researcher questioned who she would rely on if her mother was not there or available, and she responded that she then had her “*amazing*” friends and the rest of her family. The researcher then moved the focus to herself, as she wanted her to realise that she does not necessarily always need others or that there could be instances in her life where others are not available or where she

is in fact alone in a destressing situation. The discussion then focused on Participant B's own strengths and her level of independence and maturity, and all her coping skills which will enable her to cope with stressful situations. She was very receptive and responded and participated enthusiastically in this discussion. The session ended on a very encouraging note, and the researcher felt that she was in a confident mental well-being space.

5.5.2.5 Session 5

Participant B was in a more subdued mood for this session. She has finished her academic assessments and had received some subject feedback. She did exceedingly well in a lot of her subjects but was stressed about her Maths marks in particular which she had not received yet. She felt like she has a mental block during her Maths assessments which caused her great anxiety and at times to “*blank out*” during the assessments. The researcher and Participant B spent some time on exercises to help her relax during these times like breathing, making use of visualisation, and so forth, which she mentioned has been helping her. She mentioned that she was looking forward to the holidays and will use the time to relax, “*recharge*”, and just rest so that she can feel ready for the rest of the year.

The next activity was the superhero activity. As she was working on her artwork, she kept talking and sharing with the researcher. She made the following significant remarks/reflections on her past few months:

“Sometimes I doubt myself a lot. The school thinks I did a good job this year, but I am not sure. I don't think I would have done leadership if I could choose again. It was way too stressful to fit everything in and I felt out of control a lot of the time. This made me so anxious as I hate feelings not in control”.

For her superhero artwork she created a Wonder woman image holding a shield. She stated that she drew her from the back as she is “*not so good with art and did not know how to make a face*”. She drew her clothes and shield in red as it a “*powerful and fierce*” colour. She commented:

“This year I felt a bit like Wonder woman – just with juggling everything and everyone and I feel like I come out stronger despite all the challenges”.

She also remarked that she enjoyed the activity, found it fun and good way to express her emotions. She added that the superhero activity made her feel “*good, confident and powerful*”. Overall, the session ended on an optimistic note, and the researcher felt positive about the therapeutic process and progress that was made.

5.5.2.6 Session 6

Session 6 was the last therapeutic session with Participant B. Participant B was on holiday and feeling relaxed and in a good mental well-being space. She had received all her academic marks and had done very well, including with her Maths which she was so concerned about. Her leadership duties were also winding down and she was ready to start focusing on her last Grade 12 exams and finish with her school career. She was looking forward to next year and the next phase of her life.

For the Crystal ball art activity, she created a basic image with three clouds that symbolise the three important aspects she wants present in her future, namely: success, love, and family. She shared that she wants to remain close to her own family and would want a family of her own one day. She also doesn't want any “*toxicity*” in her life, but she wants to have a house with a calm, secure atmosphere. She also desires success in her career, and she wants to be independent financially and not have to “*worry about money*”. Moreover, she reiterated wanting a “*loving, safe environment*” in which she feels secure. She endeavours to be inspired by her career and seeks to give back to the community in the form of “*supporting various charities*”. Her Words to live by read as follows:

“If you can't love yourself, how in the hell are you gonna love somebody else”.

She summarised this in her artwork as: “*You are loved*”. This served as a reminder that she must love and trust in herself and her own capabilities, and that she must accept the love and support from other relationships in her life.

The session ended by establishing that she is in a good emotional state and that she does not feel the need to continue therapeutic sessions for now. It was arranged to conduct the final semi-structured interview in a week's time and then discuss the way forward.

5.5.3 Participant C

See Addendum Q for the artworks created during each art e-therapy session discussed below.

5.5.3.1 Session 1

The first therapeutic session started by catching up and enquiring about Participant C's well-being and how she was coping with everything in her life at that stage. She was busy preparing for the school concert in which she had a major dancing part while also continuing with her regular dance classes (in which she receives instruction as well as classes which she teaches to smaller children). She expressed that she has been extremely busy and because she is one of the senior dancers, she has a lot of responsibility and things to do. Dancing was taking up most of her time and energy at this stage and she just mentioned that her family and friends have been fine, there has been no drama, and that she feels "okay" about her schoolwork.

For her Stress artwork she chose to use pencil and paper and drew herself with a dark cloud/whirlwind swirling around her head. She was surrounded by lots of little stick figures with two speech bubbles circled in turquoise, that contained an exclamation and question mark: "!?". She also repeatedly wrote the word "tired" above her head and circled it a few times. At the bottom of the page, she wrote: "There is only so much I can do" and "I'm overwhelmed by all of it". She underlined some of the words. She also wrote in a block which she circled with turquoise: "mentally & physically exhausted". The top and bottom of the page she encircled with black pencil lines to create an enclosed space but also created the effect of being "caught up in the middle of everything that is going on". She pressed quite hard with the pencil and used harsh bold lines illustrating the negative emotions and thoughts which stress evokes in her. As we reflected on the artwork, she said that it expresses how she feels when she is stressed and overwhelmed. That there is a lot of expectations on her from herself as well as from others, and that she sometimes feels she doesn't even have time or space to think or spend any time by herself. Coping skills, the importance of setting personal boundaries, and creating time for oneself to support one's own mental well-being and functioning before it leads to anxiety, panic, or burnout, were topics also discussed. In this regard, Participant C volunteered a few techniques she could try like saying 'no' to certain things, doing breathing exercises when she feels stressed, and listening to music, and so forth. When asked how she felt during the activity, she said she experienced it as "very therapeutic and it actually made her feel more relaxed and focused". She said she is not visually artistic

so she was trying not to think how the result would look but just to focus on expressing what she feels within her and let it flow – and she enjoyed the process. The next session was then arranged, and the researcher confirmed with her that she can contact her at any time if she feels anxious or stressed.

5.5.3.2 Session 2

At the beginning of session 2, Participant C confided that she has felt mentally and physically exhausted in the past four weeks and that it has been an immensely draining time for her. It has been manifesting physically as she is feeling sick and constantly tired. She has also been very emotional, tearing up, and crying a lot. She also said she has not been feeling like herself and that others could notice as she has not “*been herself*” or very talkative. When asked how her friends and family have been treating her, she noted that they have been understanding and supportive and giving her space when needed. She also mentioned that she has had trouble focusing on her schoolwork and staying up to date with everything. It was discussed that she probably overextended herself and pushed herself beyond the limits of what can be expected from her. She agreed and further communication ensued about personal boundaries and time management. She also said at least now that the concert is finished, she can relax a bit more.

The discussion then shifted to personal strengths and weaknesses and how it can be beneficial to explore these aspects to utilise in one’s functioning and to one’s advantage when coping with stressors. She reflected on what she considered to be her strengths and mentioned that she is a good listener, empathetic, motivated, committed, responsible, and passionate. For weaknesses, she thought that she tends to overthink matters, overreacts at times before thinking first, and allows people to take advantage of her.

She chose to use a digital artmaking programme this time and created her artwork depicting the factors that her and the researcher spoke about. It was her first time using such a programme and she experimented with the different functions. She then created an image with a red side and a blue side which merged and blended in the middle to create a “*soft*” purple blend of the two sides. When reflecting, she stated that the red side represented her weaknesses which are constantly in flux, and which are “*competing*” with her strengths (the blue side), and it clashed in the middle to create purple. She then mentioned that she realises that both sides make up her personality and who she is. She would like the purple area to

grow a “*bit bigger*” as it is a “*nice colour*”, and she would like to have a balance with utilising her strengths more. When reflecting on the how she experienced the activity, she stated that it was “*really fun*”. She articulated:

“I enjoyed working with all the colours and I could really express myself”.

She also noted that she has not really been in touch with her emotions as she felt to tired and just attempted to cope with daily life but that the session calmed her and she found it “*good and fulfilling, almost like I have more energy to face everything again*”. The researcher also enjoyed the interaction during the session and felt that progress with the therapeutic intervention was being made.

5.5.3.3 Session 3

Participant C was a lot more relaxed, less tired, and had more energy during this session. She told the researcher that she has been pacing herself a lot more and that she is giving more attention to her schoolwork which is good because assessment week was coming up in two weeks’ times. She reported that there were no other stressors at present, and that all seemed to be okay with her friends and family.

The researcher then explained the Monster art activity and she seemed to enjoy getting started on it. She created a face-like shape consisting of different shades of red with a frowning face (black eyebrows and eyes) and a black open mouth with sharp white teeth. She explained that she used red as she sees it as an “*angry*” colour and the colour the monster was in her mind. She said the monster she created is “*loud, yelling and screaming, and super overwhelming*”. She mentioned that the teeth are “*threatening*”, and she reiterated that she sees the monster yelling, screaming loud noises. She then made the observations that the monster is “*in her own head when a lot is going on and it freaks me out. All the noise becomes too much*”. The focus was then on methods to counteract these feelings and how to “*make the monster less harmful*”.

Participant C then reworked the image by taking away the teeth, mouth, and eyebrows. She changed the mouth to a white smile and moved the eyes higher up and changed the angle of the eyebrows to form a friendlier face. She also added pink around the face which perceived as a “*happier*” colour. Practical ways to implement this in her daily life were discussed

further to improve her own well-being. She mentioned that she likes writing as it is in her control, she can delete it and move on or change it and try and find other solutions. She also mentioned that she can acknowledge her accomplishments more and try positive thinking techniques. We also discussed the importance of taking care of herself – either by doing something meaningful, or relaxing, or anything that can feel “*recharging and positive*”. The session ended on an optimistic emotional state.

5.5.3.4 Session 4

At the start of the session, Participant C seemed more agitated, and she told the researcher about happenings at the school. She shared that one of the teachers was accused of voicing racist remarks which led to learners protesting as they felt it wasn't addressed properly when it was first mentioned and it made most learners feel unheard, angry, and frustrated. She also shared that there is a “*weird energy at school which feels volatile and unsettling*”, however she was glad that action was being taken.

The discussion then shifted to other aspects of her life. Participant C said she realised that she did too much dancing and that she was very close to burnout. She decided to cut back on classes and put more personal boundaries in place. She felt proud of these actions and as if she finally has the confidence to voice her feelings maturely and to realise that she needs to look after herself firstly.

The researcher then explained the Lighthouse activity and how it can be used as a metaphor for when we feel overwhelmed and need something to give us hope and guidance. Participant C created an image of blue water with a brown boat and a tiny black figure with red exclamation and question marks above the head. She stated that the concept of being lost in an ocean is a very scary feeling and that it reminds her of when she feels panicky and overwhelmed, anxious, and lost. With the second part of the activity, she added an island with a palm tree as a beacon of hope and removed the red exclamation and question marks. She stated that the island reminded her that there are places of safety and things that can be done to feel more stable and hopeful. When the conversation delved deeper into this metaphor, Participant C reflected that she could go to her dance teacher and mother for support and guidance. She also feels more comfortable with spending alone time and finding ways to relax and comfort herself. She shared that she would talk or write herself through scenarios and thereby process it before letting it affect her too much. She was in a more

positive mood at the end of the session, and the researcher asked her to see if she can think of more ways to give herself stability and hope. The next session was then arranged.

5.5.3.5 Session 5

Session 5 started by enquiring about Participant C's well-being and activities since the researcher saw her last. Participant C shared that she had broken her toe which was painful, however, it was giving her more free time as she couldn't dance during the healing time. She also said that the assessment period was coming closer and that she was feeling more stressed, but still "okay" about it. She said everything else was fine and nothing significant or particularly stressful was going on at that moment.

The researcher then explained the Superhero art activity and Participant C started enthusiastically. She created a smiling female figure, wearing a red dress flying through the blue sky with white clouds in the sky and tall buildings in the background. She mentioned that she found it a bit difficult to draw as she is not "very arty", but she tried her best. She pictured herself flying as that would be the superpower that she would choose – as it would feel "empowering, strong and free of stress". She mentioned that she has wanted to fly since she was a small child and would find it immensely "freeing". Her constant use of the word "free" made the researcher reflect that she could perhaps experience feelings of being trapped to a certain degree between all her activities, expectations, and responsibilities. The researcher mentioned it to her, and she did agree, although she felt that she is addressing it by making a constant effort to live more balanced. At the end of the session, she said the activity was actually fun as she could laugh at herself and her artistic efforts which made her feel "lighter and more relaxed".

5.5.3.6 Session 6

The last therapeutic session was right before the start of the exams, and although the researcher offered to postpone it, Participant C wanted to continue as she said she found the sessions relaxing and calming. She said she feels a bit stressed about the assessments but not too much as she has been studying and preparing for it.

The session started with the Crystal ball and Words to live by art activity. Participant C created an artwork with a light pink background and blue water at the bottom with added pink hearts and yellow stars above it. She included the words:

“If you love what you do, you will never have to work a day in your life”.

While discussing her artwork and vision for her future, Participant C emphasised that she wants *“calmness in her life”*. She would like to live in a beautiful place close to the ocean and nature. She chose the light pink background as she experiences it as a calming, peaceful colour. The hearts and stars are metaphors for the people she loves and values that she wants to have continued meaningful relationships within her future. She would also like to have a job that she loves and that she feels is important because she desires to make a difference. At this stage her passion is dancing, and she would love to teach it as a future career, however she is still exploring different options. She enjoyed the activity, and she said while creating it she felt peaceful, and she realised that it only needs to make sense to her and that is all that is significant – in her artwork as well as in her life and future. When reflecting on her process and progress, the researcher felt that she has come a long way in her ability to cope with stressors and in her maturity and confidence levels. Participant C agreed when the researcher mentioned her observations. The exit semi-structured interview was scheduled in which the way forward would be discussed.

5.5.4 Participant D

See Addendum R for the artworks created during each art e-therapy session discussed below.

5.5.4.1 Session 1

The researcher started the first session with Participant D by enquiring about her overall well-being and functioning. The conversation continued about some of the aspects that were discussed during her initial semi-structured interview. Participant D stated that it has been going well at school and that she feels on *“top of her work”*. However, her parents have been arguing which bothers her a lot as they talk to her about each other which she hates as it puts her in the middle of their conflict. The researcher observed that Participant D seemed quite anxious which she confirmed. She said is mainly due to this being her first therapeutic experience or contact with a therapist/mental health professional and that she felt nervous about what to expect. The researcher talked a bit to her about the process and the structure of the sessions and everything else they had already discussed; for instance, this being a safe, non-judgemental space where everything she says will remain confidential. This seemed to put her at ease, and she was ready to start with the first art activity.

The researcher explained the Stress activity and when she seemed unsure, the researcher confirmed she can just draw what it feels like when she is stressed – it doesn't matter how it looks or it doesn't even need to present an actual image. She chose to work in grey pencil on paper (for all her sessions). She did not want to experiment with digital programmes or any other materials. For her artwork she drew herself kneeling and clutching her hands over her ears with the words: *"it's too loud"*. She also used harsh, scribbled lines to create a bubble around her figure, thereby isolating herself figuratively. Furthermore, she explained that if *"she feels stressed and anxious she feels stuck in a bubble with a lot of noise and she will do anything to make the noise stop"*. She also offered that she prefers not to draw faces as she does not like to look at herself or see herself very clearly. This indicated to the researcher possible self-image, confidence, and body image/dysmorphia difficulties which she might experience. When asked about her choice of material, Participant D said she chose pencil and paper as it is dull and black and white which reflects the pain she can feel when she experiences stressors. She expressed feeling very tense while doing the drawing, but feeling a sense of relief and much more relaxed and calmer afterwards.

Participant D also said that when she used to self-harm it was one technique, she used to distract her. Now, however, she would rather begin drawing or writing something to get the same sense of relief that self-harm would bring. When questioned more about this, she said that she managed to stop; it was mostly during the COVID-19 lockdown and that she has found other ways to channel her pain or distract herself. *"She tries to put the focus outside instead of inside"* and goes horse riding, or listens to music, and so forth. The conversation then shifted to her aversion to loud noises, which made the researcher question if she has auditory sensitivity or sensory processing difficulties. She said it was never further investigated by a health professional, but loud noises put her into a *"flight or fight responsive mode"*. She also mentioned that she sometimes experiences nightmares and what she perceives as possible panic attacks at home. We spoke about possible coping skills like using noise cancelling headphones and making use of breathing techniques or zoning in on her senses. A lot of these she is already utilising and finding very helpful which was encouraging for me to hear.

When the researcher asked if she could speak to her parents at some point about some of her challenges, she refused and asked the researcher rather to keep a safe space for her in which

she can talk. She did agree that if the researcher was ever worried about her harming herself, the researcher would have to speak and voice her concerns directly to them.

When concluding the session, Participant D stated that she was feeling a lot less anxious and more comfortable and less tense – almost relaxed. She also stated that she looked forward to the next session.

5.5.4.2 Session 2

Participant D seemed much calmer when session 2 started and expressed having a lot less anxiety. Her parents had not been fighting and she managed to keep up to date with all her academic assignments. Her friendships were also stable and supportive at the moment. She did say at times she struggled to express and identify emotions which led the researcher to question (to herself) whether she has been dissociating from her emotions as a coping technique.

The researcher then proceeded to explain the goal of the Strengths and Weaknesses art activity, and what she hoped to achieve by reflecting on her strengths (acknowledging and utilising them) and accepting and working on her weaknesses. Participant D verbalised that her weaknesses or areas that she can function better in included anger, internalising dark thoughts, feelings of depression, being easily irritated, and anticipating impending doom without any reason (leads to anxiety). Her strengths included remaining calm and not reacting to conflict, thinking about the consequences before acting, being a peacekeeper, refraining from gossiping, and excelling in sports like horse riding and academics.

She drew her weaknesses as another person talking at/to her and her having dark thoughts and getting irritated. She stated again that she can't draw her face as she is unable to see herself clearly as a person (the researcher noted this point in her reflections). Could it possibly point to dissociation or even a pathology? Or could it be adolescent angst and/or the tendency to dramatise interactions, events, thoughts, and emotions at that age/life stage?).

Participant D drew her strengths as a metaphor of an octopus that can juggle a lot of things and people. When communicating about her drawing, she said she at first thought the octopus indicated a strength, however now she wonders if it represents her as clingy and that *“I can't let go of things”*. She reiterated enjoying working in grey colours as it *“as colour leaves me*

room for imperfections and that makes me worried that people will judge me". When reflecting on her feelings while completing the drawing, she said she felt an immense sense of understanding coming over her and that she feels comfortable to express herself in this manner *"even if it isn't perfect"*. Attention again shifted to utilising and focusing on her strengths as positive attributes, and she stated that she feels more relaxed, calm, and less anxious after the session.

Although Participant D mentioned a lot of concerning thoughts, feelings, and behaviours, the researcher was still unable to make a judgement on whether there could be underlying personality difficulties, or a pathology, or whether it is typical adolescent expressions of their reality – which they experience as very intense. She researcher felt glad that Participant D could express herself safely during the sessions and that she felt positive about it. The researcher decided to keep monitoring it closely.

5.5.4.3 Session 3

Participant D started the session much more relaxed and in a good mood. She stated that she is fine and had a busy, fun weekend. School had been quiet and although exams were in a month's time, she felt fine about it. Nothing noteworthy or too stressful had been happening, and she felt that she was coping well with everything at this stage.

After explaining the Monster activity artwork, Participant D completed it quietly. She drew in grey pencil a monster type torso with five arms and horns. She also covered his body with lots of eyes and a grinning mouth full of sharp teeth. She clarified that he is holding different face masks in his hands. When reflecting on the artwork, Participant D said:

"It felt like it could be me or a creature wearing different masks as I feel I wear masks with different people, and I do not have my own personality".

She also remarked that she almost feels like an imposter at times, especially in social situations (indicating possible social anxiety). Furthermore, she drew lots of eyes as she feels at times *"that I see everything without verbalising it and just internalising it"*. The conversation focused on how she needs to process and release that which she internalises and different ways to express herself were discussed. Participant D then completed the second part of the activity by *"making the monster harmless"*. She used a red pen to cross out all his

eyes and to scribble over his face and mouth/teeth. She stated she is making him less harmful by crossing out the eyes so that he can see less, and she also scribbled out the masks as a “*form of containment*” that he is not able to use it to disguise himself. She used red as she views it as “the most powerful colour which reflects *“strength and confidence”*, qualities which she confessed she would like to cultivate and possess. The researcher emphasised that she already has strengths and confidence which she can access, and that the researcher has observed it in their interactions, she just needs to acknowledge it and learn to accept that she can have those qualities. Participant D confirmed that she felt confident doing the activity and enjoyed the second part as it was “*empowering*”.

Healthy coping skills and the power of positive thoughts and habits were topics discussed further. The session ended on an optimistic note, and Participant D expressed enjoying the sessions a lot more than she thought she would.

5.5.4.4 Session 4

Session 4 started out with Participant D telling the researcher that she has been sick but otherwise everything is fine. She has been a bit stressed about school because exams are coming up. Her friends have also been supportive and there has been no drama. She then proceeded to ask the researcher how she would diagnose depression and anxiety, and the researcher explained the concepts of both terms, its associated symptoms, and how it is diagnosed. Participant D explained that she has been wondering if she has it as her parents feels she is overreacting, and it is just normal teenager angst. She then proceeded to share a lot about her complicated relationships with her parents and that she feels very isolated and that she cannot talk to them at all – she emphasises that she has felt like this since childhood. Participant D also admitted that she thinks this is hindering her from forming other relationships and from connecting with her emotions as her parents are both very unemotional and unresponsive. She stated that “*sometimes I feel like I am ghost and that nobody sees me*”. The researcher assured her that her feelings, experience, and personal reality are valid. The session continued with intense verbal therapeutic work. She expressed that it is the first time she feels she can express herself and that it feels strange to be/feel comforted like this and she is very grateful to have this space with the researcher. After this discussion Participant D continued with the art activity.

After explaining the Lighthouse activity, Participant D quickly proceeded to draw a rough ocean with waves (in grey pencil) and a small boat, with a figure in the middle. She clarified that it perfectly expresses her feelings of being isolated, alone, and scared. The researcher mentioned the purpose of the metaphors and how she wants Participant D to add something that can give her purpose, guidance, and help her to cope with her emotions. Participant D illustrated a traditional type of lighthouse with a shining light. She mentioned that her horse and horse riding are a great comforting presence and light to her. She also talked about friends who can support her and the coping skills she already utilises to help her when she feels very down. The researcher felt positive after this session as she felt that Participant D shared and released a lot of pent-up emotions, thoughts, and experiences, which the researcher hoped would help her to process it. A lot of the skills she already uses will help her to overcome her stressors and cope in more resilient ways. The researcher agreed to keep talking to Participant D about possible depression and anxiety, and the possibility of referring her to a medical mental health professional should her symptoms escalate.

5.5.4.5 Session 5

As this session was during the exam time, Participant D was feeling anxious over some of the academic assessments; however, she said she can do the work and does not feel overwhelmed. Topics discussed included her relationships, particularly her relationship with her mom whom she feels she cannot connect with at all. There was also some tension between her friendships due to gossiping, and she mentioned that she feels stuck between two groups. The researcher enquired how she feels after their conversation about depression and anxiety and if she feels she needs some additional intervention, perhaps starting by speaking to her father as he suffers from an anxiety disorder as well. She responded that she is feeling okay at the moment, and she doesn't require me to address it further right now. She seemed in a much better space than the previous session, so the researcher decided to still keep monitoring it.

The Superhero art activity took place next. After explaining the concept and goal behind the visual artwork, Participant D decided to rather draw a dragon bending down to a girl figure giving it a flower. She explained that a dragon is the most dangerous, mythical, and magical creature that she can think of, and that a woman befriending it can be seen as a very powerful gesture from the woman's point of view. She stated that she would like to be that empowered woman who is not destroying something by brute force but acting in a calm, yet powerful

manner. She also expressed that she sees it as a metaphor for regulating her own emotions and utilising the coping skills she has acquired during the sessions. Furthermore, she mentioned that it is more powerful than self-destructive or negative habits, and that is what she wants for herself. Although the researcher felt like slow progress was being made, she could see some improvement in the ways Participant D explained and expressed her emotions and thoughts. Overall, Participant D thought the session ended on a positive note.

5.5.4.6 Session 6

Participant D started the session by exclaiming that she passed all her exams and did especially well in Maths, to which the researcher congratulated her. She then started talking about more drama with her friends and that she is trying to remain neutral and mediate. She again spoke about her difficult relationship with her parents and mentioned that she is very scared of repeating her parents *“behaviour and cycles”* and causing trauma to others. The researcher responded by explaining that, just by the fact that she is consciousness of this, is already a positive. The researcher expressed further that she views Participant D as self-aware and in touch with her own emotions, and that she is aware of the effect of her actions on other people. She appreciated the researcher’s expression of what she sees as some of her strengths, and they continued with the last art e-therapy activity for the research study.

This activity entailed the Crystal ball and Words to live by activity. After the researcher explained the goal and purpose of the artwork, Participant D drew a representation of an actual crystal ball with aspects/symbols and metaphors inside the ball that she wants present in her life and future. This included money and security, a house which will also give her a sense of safety, her own happy family, a relationship with someone who understands her, a bow and arrow to represent her sports achievements, and her dream job which involves playing and designing video games. She also wrote in the base of the crystal ball her words to live by, which were:

“Even if you are not ready for the day, it cannot always be night”.

She stated that she found it inspirational as it symbolises *“no matter how dark things can get there will always come light again”*. She reflected that the activity made her realise that she already has a lot to be thankful for. There are also many goals and dreams that she wants to

work towards and achieve. She found the activity to be motivating and felt excited about what the future may bring.

Session 6 was the last therapeutic session for Participant D for the purpose of the study. After further deliberation, they decided to continue with the therapeutic sessions although in a different format than was dictated for the research purposes.

5.5.5 Participant E

See Addendum S for the artworks created during each art e-therapy session discussed below.

5.5.5.1 Session 1

Participant E started the first session cheerfully and very chatty. She told the researcher that she has been sick but is feeling better now. There were no big issues or stressors at this point. She found school to be going well and was not causing her anxiety at that stage. She was also getting along well with her friend and helped one friend who is in a conflict situation. She was also being supportive to her boyfriend who was dealing with family issues. When the researcher asked whether she found it taxing to deal with other's problems, she stated:

“No, I am a caring person, and I am a good friend who likes to be there for others when they need it”.

The Stress artwork activity followed next. Participant E chose to use a basic digital artmaking programme. She drew seven speech bubbles all with a different colour and wrote: *“Different thoughts and feelings for me while dealing with stress”* in the middle of all the speech bubbles. When discussing the work, she expressed that to her, personally, stressors manifest as various thoughts and emotions. At times everything she thinks and feels can feel like a different type of stress. When the researcher asked if there is significance to the variety of sizes and colours of the speech bubbles, she replied that the grey one is the biggest as it contains all the negative emotions and stressors such as past trauma, anger, hurt, and so forth. The others differed to indicate that some stressors are school or future related; some are relationship based; and some are personal issues, such as her health and/or tendency to experience periods of being extreme *“downcast/depressed”*. She commented that she did not assign or think of specific colours linked to specific stressors and only did so spontaneously as she was drawing.

The researcher then discussed coping skills for Participant E to utilise when she feels stressed. She suggested taking a break from the situation, talking to someone, writing things down and discarding it, and engaging in physical activities like horse riding and/or going to the gym, etc. When asked how she found the session and art activity, Participant E emphasised that she was nervous at the beginning but soon relaxed and found it very enjoyable to talk with the researcher and share her thoughts and feelings. She also stated that she is not artistic at all and therefore was worried about the art activity but ended up finding it fun, calming, and pleasant. The researcher felt like they built a good rapport with each other and that it was a good start to their therapeutic sessions and the intervention strategies.

5.5.5.2 Session 2

Participant E felt a bit more dejected and negative at the start of this session. She said she is still not physically feeling hundred percent and that she is having an emotional week. Additionally, she was looking after her boyfriend who was also sick. Furthermore, she had an altercation with her mom who messaged her to tell her she is disappointed in her and her behaviour. She shared the messages with me and verbalised that she always feels *“I have to be and do everything for everyone and that feels like too much”*. Participant E shared her responses to her mom and stated that she is proud of how she handled it. The researcher also thought she replied maturely and thoughtfully and thus congratulated her on formulating a proper thought-out response instead of replying *“in the heat of the moment”* when she felt emotional.

After explaining the Weaknesses and Strengths art activity, Participant E got started right away. She created two interlinking diagrams next to each other. The one on the left was in black and she wrote in the middle block: *“All my strengths leading into each other and helping each other”*. The diagram on the right was black and in one of the top blocks she wrote: *“weaknesses leading into one another”*. She stated that she feels her strengths are that she is a good listener, she is open-minded, supportive, helpful, and self-assured. She also reflected that in her artworks the black blocks symbolise all these strengths that are interlaced and connected, and they all lead into and formulate her personality and who she is. She used black as she felt it is a *“strong colour”* to represent that which is *“strong within me”*.

Participant E then expressed what she viewed as weaknesses, which included: she gets annoyed and irritated easily, she can be stubborn and jealous, and she is spiteful if she feels

someone is taking advantage of or not appreciating her. She used red as it is also a “*strong*” colour, although she feels it is also an aggressive colour which can depict areas that she needs improve on. Furthermore, she also mentioned that all of it is interlinked and although she can “*work*” on improving her weaknesses, she does appreciate that it makes up part of what makes her unique and is individual to her specifically. With more reflection, she again reiterated that it has been an emotionally draining week but that the session left her feeling relieved after being able to share her emotions and thoughts, and the process of drawing and the activity helped to calm her. Although she felt tired, the researcher once again thought it was a positive session with a lot of valuable insights and aspects to it.

5.5.5.3 Session 3

This session started by catching up and Participant E shared a lot about her life and happenings. She had been busy with school and activities but stated that everything has been fine. Her conflict with her mother had also been resolved. She told the researcher about the dynamics of the friendships at her school and some of the conflict that her friends have been involved in. She mentioned that there have been times that she has been bullied online on social media, however it has not happened recently, and friends helped her to cope/deal with it. She also spoke at length about the challenges that her boyfriend experiences in terms of his family relationships and work. She indicated that she really enjoys the sessions and the space it gives her to talk about everything as she feels she cannot share everything with the people in her life.

The Monster activity artwork followed next. She chose to use pen and paper for this artwork and drew an image that is reminiscent of a buck skull with horns and big eyes. Participant E did not use any colour, only a black pen. She explained that she drew the big eyeballs as that is how she feels she looks/gets when she gets stressed and anxious. Again, Participant E mentioned that she feels people overlook her feelings and diminish them. She then reflected that her despair can be seen in her eyes, even if she does not voice it. Next, she drew a branch coming from the monster head – again using the analogy of all the “*bad things*” coming from different directions and then merging/interconnecting into one big thing (the same metaphor she used in her Strengths and Weaknesses image). She stated when she is tense, she does not know how to show it, therefore her monster does not really have a mouth as she feels she “*can’t always verbalise or voice what I feel*” and therefore emphasised the eyes.

With the second part of the activity, Participant E used colour and added pink flowers over the branch and covered the skull/face with it. She reflected that flowers have positive connotations, and that pink is a “*happy colour*” for her. She also put green vines around the head to symbolise that she feels “better and safe” when she is listened to, helped, and contained. According to her, green is also a “*calm colour*”. She specifically mentioned that she gets asthma and panic attacks at times and then it helps her if someone close to her, specifically her boyfriend, mother, or sister holds her.

The researcher found her ability to depict her monster and voice her emotions, thoughts, and fears very significant, and she told Participant E that she thinks it shows progress that she can articulate these specific experiences and feelings. The researcher acknowledges the positivity of having people you can rely on and the how relatedness to others can help with coping and resilience. However, she also wanted to help Participant E see that she can use her own coping skills when she is alone or cannot rely on others. The conversation therefore also focused on personal techniques she can employ, such as showering, breathing, writing, thinking about tangible objects, and counting or utilising her senses. She also mentioned that it helps her to cry and get all the “*cropped up emotions*” out – she feels better afterwards. Attention was also given to using optimistic thinking, physical exercise, and other self-esteem/confidence enhancing methods. Overall, the researcher felt that good progress had been made and that Participant E was committed to the therapeutic process.

5.5.5.4 Session 4

Before this session, Participant E had been in contact with the researcher and the researcher knew that Participant E had not been having a very good week. When meeting online for the session, Participant E shared extensively what had been bothering her and all her concerns. She expressed feeling very stressed, anxious, and emotionally drained, and that it had not been a goody day or week for that matter. She shared several health concerns, specifically regarding painful lumps in her breasts and very swollen glands. Her mother had taken her to several doctors and now answers have been found – she was very anxious as cancer is very common in her family. She also shared that she had been in a fight with her best friends which made her feel that she could just be replaced, and she also mentioned complicated issues in her friendship circle. Moreover, Participant E relayed details about her family dynamics which can be draining at times. She feels like her father dismisses her and favours her sister, and she does not feel like she can talk to him or have a relationship with him.

Participant E then concluded that she feels like she has been bottling everything up and that now it exploded a bit, therefore the crying and feeling utterly exhausted by her emotions. The researcher then spoke to her about positive aspects that she heard and can point out in her behaviour as she has been talking. The researcher highlighted for her that she has been putting healthy personal boundaries in place with friendships, that she has been voicing her frustrations and feelings, and that she has been utilising some of the coping skills and resiliency aspects that were spoken about in previous sessions. That helped her feel more validated and encouraged that she is making progress in her overall functioning.

The Lighthouse artwork activity followed next. She asked if she could do something else other than a lighthouse to which the researcher agreed. She was very calm while she was creating and seemed to enjoy it. She again used the digital artmaking programme. She drew a face with many different coloured thinking bubbles around its head. She also made speech bubbles that expressed:

“How tired and drained and stressed I feel and that everything feels like too much to cope with. I want to cry and scream and sleep”.

She scribbled over the image to show her feelings of “*overthinking*”, jumbled thoughts, and mood swings from very high to low. She also added that the scribbling symbolised her ADD and that it makes it difficult for her to focus and organise her thoughts at times. For the second part of the activity, she added another figure with a speech bubble stating:

“Hey, you are not perfect, and you are allowed to feel guilty and emotional and like it is too much. It is human and it is normal to feel all these things”.

Out of her own accord, she reflected that she added this to show that she knows what she experiences is normal at times and that she is strong enough to cope with it. The conversation then focused on her value and purpose and all the positive things and skills she is already using to self-regulate and lessen her reactivity to stressors and emotions. At the end of sessions, she stated that she feels much calmer and less agitated, and that it felt freeing to express everything and “empowering” to depict and process it visually.

5.5.5.5 Session 5

Participant E seemed in a better mental health space at the beginning of this session. She told the researcher about all the happenings in her life and shared some challenges that she is facing with her mother and sister as well as conflict with her boyfriend. She felt proud of herself for being able to express her emotions and verbalise her thoughts and feelings. She felt that she is handling things and her stressors maturely and felt that she is starting to feel better equipped to deal with adverse events without being too overwhelmed.

The Superhero art activity followed next. She was unsure of her artistic ability to be able to draw/depict such an image. The researcher and Participant E then searched for an online picture which she felt could represent herself and then she re-worked over it to make it more personal. She chose a picture of a “*Elf Warrior*”. She then added fiery red arrows, rings over her belt, and blonde hair to resemble herself. She also added colour flowers around the edges, green circles around the figure, and fiery flames at the bottom. She viewed all these aspects as empowering factors. She emphasised that the elf warrior has burdens on her back, but she is strong within and in her relationships, which makes her brave. She also added the flames and fire to show that she is in touch with nature and uses it as a superpower, “*thereby using my inner powers in a natural way to overcome obstacles*”. The researcher found this statement very significant of the emotional and resilient progress which she felt Participant E was discovering and utilising. She also mentioned that she added the rings as she wears a lot of rings, and it makes her feel “*badass*” and pretty. She stated that she felt this elf warrior could cope well on her own but also function well in an army of people which would make her stronger. Once again, the researcher felt like Participant E engaged enthusiastically in the session and in creating the artwork, and she felt like progress was being made in assisting Participant E to cope with stressors and improve her resilience levels.

5.5.5.6 Session 6

Participant E seemed in a good mental health space when this session started. She updated the researcher on the happenings in her life and just mentioned school and friend drama, although she was not directly involved in the conflict. She spoke about some issues in her relationship with her boyfriend but again felt proud of how she expressed her concerns and made herself “*heard*”. Academically, she was also coping, and she seemed overall optimistic with her current level of functioning and coping.

The last art activity followed next, that of the Crystal ball and Words to live by activity. Participant E chose to work with pen and felt pens on paper and drew a tree with a big trunk, many branches, and green leaves. She also drew some markings on the trunk which she referred to as *“scars and spots of hurt”*. She stated that it is her *“tree of life”* which shows her value and purpose. Each branch represented aspects she wants present in her life and future. The markings on the trunk represented the trauma and difficult events that she has gone through in her life, for instance, the high-jacking episode, her post traumatic stress reflexes, and nightmares, and mentioned that *“although these are bad things it is part of me and makes me who I am today”*. The researcher felt that this is a very significant and insightful statement about life and herself in general. She also mentioned that the tree symbolises growth, and that although she realised that she would go through *“seasons – up and down cycles”* and at times lose her leaves, and so forth, she will always *“grow and move forward”*. The words and aspects she included in her future were the following: *“money, health, good luck, stability, good job, animals, friends, smarts (i.e. intelligence), family and love”*. The conversation focused on how that is the important things to her, and how she will work to cultivate those aspects in her life. The session ended by her saying that she has been feeling and coping much better. The after intervention semi-structured interview was then arranged where the way forward regarding further therapy or sessions (and whether there is still a need to continue) would be discussed.

5.5.6 Participant F

See Addendum T for the artworks created during each art e-therapy session discussed below.

5.5.6.1 Session 1

Participant F is quite introverted and didn't converse as much as some of the other participants, although she still shared aspects of her life and her internalised lifeworld. At the beginning of the sessions, she mentioned she gets on very well with all her family members. The researcher was concerned, however, when she mentioned that she used to be more extroverted but is now very introverted and has lost touch with most of her friends. She said she still has one or two friends, but they don't see each other often or communicate much. She also stated that she does not always like to talk about what's bothering her and that she keeps everything inside. The researcher emphasised again that the sessions are a *“safe space”* to converse in and that they are confidential.

Participant F then shared that it is going fine with her academic work although she is a bit behind in some subjects and is working on catching up. Topics discussed included her interests and hobbies, and she mentioned that she likes watching movies, reading, and so forth. The researcher and Participant F also spoke about the importance of moving and physical activity, and she mentioned that she joined the gym and would start going. The researcher mentioned that she could also walk her dogs (she has two big dogs), but Participant F responded that she does not like going out, it is not safe, and that “*everything freaks me out*”. She fears crime and her own safety, although she lives in a very safe neighbourhood. When the researcher questioned this fear a bit more, she told her that something happened to her mother when she was younger (sound like an attempted kidnapping or something similar). The researcher thus thought that her mother could be projecting her own fears onto Participant F and is perhaps unaware of the impact her words have on her daughter and her fear of the “*outside world*”.

The Stress art activity followed next, and Participant F chose to use a digital artmaking programme which she enjoyed using. She made two images: one of a building about to be engulfed by a huge fire and flames with a grey background, and the other of one big bomb and two smaller ones with timers on it placed on a black harshly scribbled ground. When reflecting on the artworks, Participant F expressed that that is how she feels when stressed. She may seem calm and focused, however inside she feels like bombs are about to go off, or she feels overwhelmed like a fire can engulf her like the building. She said she especially feels like this when she feels stressed, but there is nothing in her power that she can do about it. Different kinds of stressors and the type of situations were discussed further with the goal of making her realise sometimes that she can act to improve her situation or emotional reaction. Additionally, that sometimes it is out of her control and that she can use coping strategies to deal with it. The researcher asked her to go and think about the things she can do to help her cope better and to improve her overall well-being and daily functioning. When reflecting on the session and the process of creating the images, she stated that she enjoyed it and found it nice and relaxing and that it took her mind off “things”. Participant F also mentioned that it helped her to focus and to go and reflect on her capabilities and strategies to cope better.

5.5.6.2 Session 2

Participant F seemed in a good mood at the start of session 2. She stated that everything had been going well and that nothing stressful had been happening. When questioned about her

academic work, she noted that she tends to procrastinate and can improve her time management. Her progress levels are therefore up and down, and she is especially concerned with her performance in accounting and business. The researcher gently brought up the issue of friendships, and she replied:

“I don’t feel like going out or to connect online and it doesn’t bother or worry me too much”.

The researcher briefly mentioned the importance of relating to others and that friendships can be very supportive and meaningful; however, the researcher did not talk too intensely or long about it so as not to make her self-conscious or worried about it.

Attention then shifted to strengths and weaknesses and how an awareness of these aspects within us can assist in utilising them positively in our lives. Her weaknesses were noted as being too introverted and isolated, procrastination (which wastes time and causes her stress), and lack of balance in her life and activities. Her strengths included caring and showing affection and appreciation to people. She is good at playing musical instruments, is smart, and has good relationships with her family. She then depicted it in an artwork, and she stated at the beginning that it is difficult for her to think of a way to visually represent these aspects of herself. She divided her artwork into two sides. On the left, she made a grey background with black shapes in which she wrote: *“self-esteem, procrastination and balance and time management, and losing communication”*. She additionally added in red letters introverted, losing touch, and academics. On the right, she created a light purple background for her strengths and in the same shapes wrote: *“caring, personality traits, music”*. She also added the words: funny, singing, loving, thoughtful, saxophone, and weird. She explained using grey and red for weaknesses as they are *“harsh colours”*, and purple and blue for strengths as they are *“happy and calm colours”*.

The discussion further focused on the goal of the sessions, how we utilise our strengths to overcome stressors, and how we can work on improving our weaknesses in order to improve our mental well-being and functioning. The researcher explained how all these factors are present in everyone and that is what makes us who we are as unique beings. She too mentioned to Participant F that she finds it positive that Participant F added the word *“weird”* as a strength. Doing so acknowledges that she could be a bit different from others, but that it

can be a positive attribute and it makes her special and unique. The researcher asked her to reflect about everything they had discussed and to maybe think of ways it can be used to help her cope better when she is feeling overwhelmed.

5.5.6.3 Session 3

Participant F spoke a lot more in this session and shared her insecurities and characteristics that bother her, which could have been triggered by the reflections noted in the previous session. She lamented feeling very isolated and not always being so introverted. She mentioned that she feels like she could suffer a bit from social anxiety and that it takes a lot of energy from her to socialise. She feels like she has a “*low social battery*”, and it could be that she feels drained and maybe has a bit of burnout from COVID-19 and home-schooling. She also brought up her mother out of her own after stating several times that her mother is very introverted and never goes out. Furthermore, Participant F expressed feeling anxious about going out and that it borders on paranoia as she thinks of everything that can go wrong. When the researcher asked her for examples, Participant F stated that it is not just crime that she worries about but possible scenarios of things that could go wrong, even though they are unrealistic fears. She is unsure about where it comes from and thinks it is in her subconscious thinking. The researcher made a mental note that she will discuss the matter with her mother if Participant F gives her consent and that they could perhaps do a session together later to create an awareness of how the mother’s fears and social behaviour unknowingly could be affecting her daughter. The focus then shifted to Participant F’s future, and she mentioned that she does not really think about it a lot and she does not really have any aspirations besides working online.

The Monster art activity followed next, and Participant F was eager to start. She drew a “*sea monster*” with an orange body and black/grey head, with horns and fish wings. She also made a grey/red background. He also has a big open black mouth with teeth and looks angry. She added black spots on him and outlined some of his body with red. She said she used “*angry colours – dark and red*” to symbolise that he is menacing and furious. He symbolises all her fears and stress and “*everything bad*”. The researcher then asked her to make him harmless or visualise a way to make him less menacing. She did so by reworking the image and using lighter colours like yellow, blue, and pink. She added a blue hat with a red heart on it to hide his horns and she made him smile using white. She also covered him in “*happy pink and blue stripes*”. She added a yellow sun, grass, and flowers, and made the background yellow and

blue. She reflected by saying that he doesn't always have to be angry or "*keep everything inside*" and that there are good things that he can enjoy and make him happy. Here the researcher thought that she is connecting this to herself and could be projecting the realisation that it is within her power to change some aspects which cause her unhappiness, feelings of isolation, and psychological stress. She said she enjoyed the session, that it was entertaining, and she felt like she released a lot of tension and pent-up emotions.

5.5.6.4 Session 4

Session four was a shorter session as she was a bit worried about exams and had a lot of studying to do. The researcher offered to postpone the session, but Participant F wanted to continue. She said she feels okay and not too worried about the assessments although she had a lot of work to cover. Nothing else of significance happened and no other factors were specifically stressing her out at this time. Most of her focus was on preparing for the exams.

The researcher then explained the Lighthouse activity and she proceeded to create her artwork. She created an interesting image depicting the scene from a top view (a different perspective than was used by any of the other participants). She illustrated blue water with a red square float in the middle. There was then a blue circle in the middle of the float with white scribbles over it and a black dot. She mentioned that the black dot was her and that the white squiggly lines represented the chaos and stress she would experience if she was in an isolated, scary situation like being on a float in the middle of the ocean. The red black/float represented her scared feelings and the border around it indicated that it was not in her power to do anything into it. She stated that she felt a bit confused when creating the drawing, especially when trying to think of how to represent all those feelings visually. For the second part of the drawing, when asked to add a lighthouse or any type of light/guide/support, she added a big white light shining from the black dot (herself). This was very significant to the researcher as she was also the only participant who added the guiding light as coming from herself and not from an external source. She said that the dot is not touching any of the squiggle stuff to avoid the confusion and scared feelings, and that the light was trying its best to be bright and helpful. The researcher voiced to her that she found this extremely insightful and positive and that she is depicting her own strength without necessarily even realising it. The conversation then focused on her value and purpose in life, and the value that she adds to her family with her presence. The researcher felt at this point that is Participant F gaining more insight and confidence within herself and her own abilities.

5.5.6.5 Session 5

Session 5 was a shortish session. Participant F was busy with exams, and the researcher offered to postpone the session, but Participant F chose to continue as it helps her to talk, relax, and feel more focused. No other significant stressors or events happened during this time. She just mentioned that she was sick but feeling better. She was also worried about her accounting and practical computer subject assessments; however, her brother was helping her prepare and she said she was sure she would do fine.

The Superhero art activity followed next. She created a figure standing in a powerful pose, wearing a red shirt with the initials “SN” standing for “*super and her initial*”. She also had a cape which spelt this out “*Super N*”. She was holding a sign listing her superpowers as “*mind-reader, crime fighting, healing and invisibility*”. She also added a speech bubble which said, “*I know what you are thinking*”. Included were blocks depicting scenarios in which she would use her superpowers like being indivisible, helping someone, and fighting crime. She stated that this sums her up and the superpowers that she would like to have possessed. The researcher thought that it was interesting that she projected the power of invisibility given her social anxiety and mentioned difficulties with forming friendships. The researcher made a note to address it at a later stage. She found the depiction of a strong standing character and the other powers of healing and crime fighting and the emphasis on her name as “super N” very empowering.

5.5.6.6 Session 6

The last session for the purpose of the study began by catching up. She was feeling tired and drained after the academic assessments. On her own she expressed feeling alone, that she misses socialising, and that she feels isolated at times. The discussion at this point revolved around the decision that she is participating in the home-schooling option and talked about the pros and cons of online school versus traditional school. Although she does not get to interact in person daily, she did mention they have online group classes and chats, and that she still feels online schooling suits her best. Ways to create more opportunities for her to socialise with peers were discussed further, including that she can go visit her cousin or arrange to go see a movie with a friend. She seemed more optimistic after brainstorming various options of getting out a bit more and seeing her peers.

The Crystal ball and Words to live by activity followed next. She created separate symbols to depict the aspects she wants in her life. She drew a red heart with the word ‘family’, with two smiling and laughing faces to demonstrate that she wants happiness. Included were music notes to depict her love for music, and that she wants to keep on practicing her musical instruments and passion. She also sketched a robot (traffic light) to symbolise that she would like to travel, and she drew an ocean to show that she likes to live close to water and the beach. She added the words “*There is more happiness in giving than receiving*” which she has experienced in her life to be true and that she would like to live a caring, giving supportive life.

Further attention was given to career options that could incorporate and support her passion and values such as being a music teacher or therapist, etc. The discussion included the steps one must take to ensure that one creates a life with purpose and that it is a journey and process to enjoy – even the highs and lows. She enjoyed the conversation and stated that the activity gave her a lot to reflect on and think about. She seemed optimistic and upbeat when the session ended and a time for the after intervention semi-structured interview was also arranged.

5.5.7 Participant G

See Addendum U for the artworks created during each art e-therapy session discussed below.

5.5.7.1 Session 1

Participant G tended to talk enthusiastically in most of her sessions, however at times randomly about all kinds of subjects that she could think of. She almost appeared quite hyper and overexcited at times, and then it was difficult to get her to focus back on the present task and discussion. She has been assessed by a paediatric neurologist and educational psychologist, and she has been diagnosed and is on medication for epilepsy. Although no ADHD disorder has been diagnosed, it seemed like she intermittently displayed some of the symptoms. At other times she was quite lethargic and difficult to get motivated. She also presented a bit immature for her age and grade level.

The first half of the first session was spent catching up. The conversation revolved around subjects she likes, such as what she excels in academically. She mentioned having a fight

with her best friends which upset her a lot and spoiled her birthday celebrations. She also commented that she struggles to sleep and then feels very tired during the day.

The Stress artwork activity followed next. During all the sessions, Participant G insisted on using a pen and paper and was not keen to try any digital art or other art materials. The researcher wondered if her hand deformity (her finger growth was stunted in utero and therefore she only has a left fist) played a role in her reluctance or if she just did not feel inclined to experiment or try new materials. For her artwork, she drew a small stick figure sitting on a chair with an arrow pointing that said: “*me*”. Looming over her was a big black figure that looked menacing with a label that said: “*stress*”. She drew the stress figure using quite abrupt harsh pen strokes which almost indicated anger and frustration in the level of pressure she was drawing with. She then wrote the words: “*friends, meds, homework and school around her*”. By her head she wrote: “*sleep*”. When discussing the image, she said this is how stress feels to her, this big thing that hovers over her and makes her overthink everything while she struggles to function. She commented further: “*This little thing is me and the big stress just dumps shit all over me*”. The conversation shifted to different coping skills and strategies to try and lessen her stress. The researcher brought up her sleep routine and tried to impress on her that she will need to lessen her screentime and go to bed earlier, and so forth. She was not very receptive at this point to listen or contribute to brainstorming ideas which could assist her. However, she did say she enjoyed the session and is looking forward to the rest.

5.5.7.2 Session 2

Session 2 was much shorter as there was an unexpected clash – she needed to go to a doctor’s appointment as she was feeling sick. The researcher offered to postpone the session, but Participant G wanted to talk and continue. She told the researcher that she had made peace with her one friend and that nothing too stressful is happening at the moment. She was feeling a bit insecure about her boyfriend. He had been working long hours and their contact time was drastically reduced. This made her “*overthink but was scared of making a drama and spoiling things with him*”. The researcher spoke to her about utilising calm communication in a relationship and how to express one’s needs without making the other party feel “*under attack*”. She said she will see how it goes in the following week.

The Strengths and Weaknesses activity followed next. Participant G identified her strengths as empathy, being caring, smart, good at reading people's emotions, and making a lot of effort with those special people in her life. Weaknesses she identified as her physical defects, that she *"I care too much and get too involved in other's business"*, that she overthinks a lot and that she sometimes can be very moody and irritated. She illustrated it by drawing two sides of her brain. The Weakness side she filled with thunderbolts and clouds (which could have been a reference to her epilepsy). When questioned about it she said it is a storm which she dislikes and therefore is a metaphor for the things she doesn't like about herself. She also used some orange colours which she stated in her own words is a *"yucky"* colour. On the right side of the brain, she drew flowers and hearts because she likes it and it makes her happy, also using yellow as it is a *"sunshine"* colour. She added different compartments which she just said demonstrates her various strengths. When the researcher asked her if she chose the left- and right-hand side to depict strengths and weaknesses for a specific reason, she stated no – it just happened as she was drawing. With the session coming to an end, the researcher asked Participant G to think some more about her strengths and how she can utilise them to cope with stressors and improve her overall mental well-being.

5.5.7.3 Session 3

Session 3 was a challenging session as Participant G's attention wandered a lot during the session. She presented also as very hyperactive, and it was difficult to contain her and re-focus her on the current conversation or activity, especially over Zoom as the researcher was not with her to redirect her.

Participant G told the researcher that she was still sick and that nothing much of significance has happened. She was also still not talking to some of her friends, and she remained angry at them. Furthermore, she felt like she was trying to resolve the conflict, but they were not interested.

The researcher explained the next artwork activity to her, which was the Monster activity and the concept underlying the visual representation of "our monsters". She then proceeded to draw a monster which she called *"Squiggles"*. She drew *"him"* as a shape with sharp edges and a face. She explained that she was thinking of making him with sharp edges so he can represent sadness, anger, stress, and fear, and that he could be *"a monster with all kinds of different monsters inside of him"*. Participant G then remarked he is *"almost like me and he*

actually looks a little anxious if I look now again". The researcher felt that Participant G could be projecting, that she realised that Participant G's feelings of anger and fear could be due to her experiencing some anxiety and stressors. Participant G then decided to turn him into a cute cat as she loves cats. She drew big, cute eyes and whiskers, and a smiley cat face, and called him "*cute squiggles who is caring*". When the researcher asked what she can do when she experiences her monster/negative feelings to turn it into something she feels more capable of coping with, Participant G expressed that she lets out her anger and frustration by crying as she does not want to repress her emotions. She also takes naps and copes by going into an age regressive state. During these age regression episodes, she will talk in a baby voice, cuddle her stuffed bear, and watch cartoons and interact with other age regressive positive people on social media.

The researcher then spoke about other strategies she can try, especially when she feels overwhelmed, including a better sleep schedule routine as the researcher felt Participant G's sleeping habits are affecting her daily functioning and performance. Participant G also commented that she liked doing this drawing and that she can draw more to help distract her. She also mentioned that she writes letters to herself for the future, and the possibility of starting a journal to help her process her emotions, thoughts, and behaviour patterns was discussed further. Participant G was very excited by this idea and started listing things she could put in the journal and different colours she could use, and so forth. The session ended on a positive note.

5.5.7.4 Session 4

Session 4 started with a recap of how Participant G is doing and enquired about happenings in her life. Participant G stated that she is fine and not sick anymore. She also made peace with her friend, and they are "*creating a friendship book with rules in for our friendship*". Although positive, the researcher thought this to be a bit immature for 16-year-old friendships and more reminiscent of primary school friendships. However, the researcher did not voice the observation and responded positively that the friendship is fine again. Participant G added that school was okay, and that although assessments were coming up, she was not stressed about it. She mentioned again that she felt uneasy about her boyfriend as he is not making a lot of contact and she feels a lack of attention. Just to note again, the boyfriend is in England, and it has been a month-long online relationship; they have never met in-person. The researcher again noted that her approach to relationships seemed immature, although

harmless if she did not fall prey to online stalkers or inappropriate contact. Participant G is however clued up about online dangers and she has an open relationship with her mother who she can tell if anything ever happens that crosses a line or makes her feel uncomfortable.

The Lighthouse art activity followed next. Participant G expressed that she doesn't like storms or the ocean, and that she has a fear of dark water. She also added that she likes to work from left to right and hates to add things later to the left side when she has already started on the right side. This was quite interesting for the researcher, and she added it is probably a form of "*obsessive compulsiveness*" that Participant G has about certain things. Participant G also stated she only likes to work in black and white and that she did not really like adding colour to her Strengths and Weaknesses artwork. For her Lighthouse she drew an ocean with a shark and a crab and some seaweed. She also added a tiny boat with herself in it. In the sky she drew stars as well as lightning and rain. She also drew a planet which she said she added to look "*nice*". In the second part added a circular symbol with wings and the words "*Beam of hope*". She told the researcher that she read that angels can look different than we visualise it, and to her they can look like circles with wings. When discussing a sense of purpose and what can be a light or guide in her own life, Participant G reflected that she thinks her purpose is to help others and to take care of people. "*To bring light to others and maybe become a therapist*". The session ended positively, and Participant G said she enjoyed talking and drawing, exclaiming: "*it is a space in which I can just talk and be myself*".

5.5.7.5 Session 5

Participant G started the session irritated and not in a good mood. She didn't want to talk about friends or any of the usual discussion points. She just stated that she is busy with exams, feels tired, and is struggling to focus. She expressed disliking the traditional school system and that it is not an open-minded place. She found it too forceful about religion which she dislikes, and she also mentioned that they did not look after the LGBTQ (lesbian, gay, bisexual, transgender and queer) community and that she as a bisexual feels quite isolated. The researcher was unsure of how much of this was reality and how much she projected on what she thinks the environment should be or how a traditional school system is supposed to be, therefore negatively projecting preconceived ideas.

The Superhero activity followed next. Participant G drew herself as an Elf girl with fairy dust that can talk to insects (which she drew around herself and labelled). She would also like to

be able to fight with a sword and be invisible so that she can “*disappear from awkward situations*”. In addition to the above, she yearned to experience flying. How some of these characteristics can manifest in her own life were discussed by utilising her positive attributes and strengths. At this point, technological difficulties occurred due to an electricity outage. The researcher phoned her and ended the session telephonically, asking Participant G to reflect on everything that was discussed and how she can use her positive traits to help her cope with stressors.

5.5.7.6 Session 6

Participant G started the session by saying that she is still feeling tired and not really in the mood for anything. It was noted that this could be due to the exams and the term coming to an end, and that she will be able to rest during the upcoming holiday. Participant G seemed edgy and irritable and also stated that she could be hormonal due to her female cycle.

The researcher explained the Crystal ball and Words to live by activity, which Participant G found exciting. She started thinking of various song lyrics and proceeded to share some of her favourite lyrics and songs with the researcher. She then drew her artwork which depicted a house and herself and her boyfriend with a dog. She elaborated by saying it should be a modern, two-story black house with a wall of glass in a forest which she finds calming. The researcher asked about the rain clouds and lightning which she stated in earlier sessions she dislikes. Participant G emphasised that if she is in a safe, pretty environment with the person she loves, she would like it. She expressed being excited for the future, and desiring security and to feel loved. In the researcher’s personal reflections, she thought that this is her romanticised version of a reality she would like. The researcher personally reflected that she felt that in Participant G’s maturity level she is not yet at a stage where she thinks more practically about careers or financial means, or any other practical aspects of life.

For her Words to live by, Participant G wrote two quotes:

“One thing I like about me is that I am nothing like you and I never will be. Someone who loves how it sounds when they speak, you’re not telling the truth, no you’re just being mean”.

She explained that the quote is about bullying and that she will never behave like that. She reiterated that the quote resonated with her as she does not want to be like others, she wants to be unique. The second quote was:

“Oh, I used to say I will never fall in love again until I found her. I said: ‘I would never fall unless it’s you I fall into’. I was lost within the darkness but then I found her. I found you”.

Participant G expressed that she likes romance and love and would like to experience all those emotions. She emphasised again that she enjoyed this activity, and she wants security and to feel loved. In the researcher’s view, Participant G yearns for experiences and relationships that she idealises in her head as she has not really explored these in reality. The researcher did enjoy that she feels optimistic and looks forward to experiences and feelings that are yet to happen to her. She still has a lot to experience and learn, however she is positive, and the researcher felt she was feeling stronger in her own strengths and ability to express herself than when the sessions started.

The after intervention semi-structured interview was then scheduled, and Participant G expressed that she would still like to see the researcher for therapy sessions even if not weekly. Her mother later phoned to confirm that Participant G will continue a therapeutic relationship outside of the scope of this research study.

5.5.8 Participant H

As mentioned in the participant’s biographical information, the researcher found the therapeutic sessions with Participant H challenging as she did not speak easily or share freely. The researcher had to probe quite extensively while being aware and sensitive to not cause discomfort or additional trauma. The researcher struggled to determine whether she does not possess the emotional vocabulary to express herself or whether she has dissociated from her circumstances and emotions.

See Addendum V for the artworks created during each art e-therapy session discussed below.

5.5.8.1 Session 1

The session started with an enquiry about Participant H's well-being and circumstances. Participant H stated that everything is still the same as she discussed during the initial semi-structured interview. She mentioned that her mother was drinking again and hit her the previous day. Apparently, there was also verbal conflict with the father, and she verbalised that she feels angry and frustrated with both of them. While they were fighting, she went to her grandmother's house with her baby brother. Firstly, she stated that she is doing okay, but when the researcher asked her to rate her well-being on a scale of zero to ten, Participant H said she is at a four and she is not coping. She did mention she can talk to her older sister and grandmother for support and that she is a very caring sister.

Participant H chose to work digitally on an artmaking programme for the art therapy activity. She experimented with the different functions of the programme and then erased everything to start the Stress artwork. She used different tools to create black and grey abstract layers and then used a white spray can tool to write the word "*Stress*" over the black shapes. She mentioned that she feels angry and stressed, and that it reminds her of the colour black. She chose to write in white as "*it will stand out the most*". When reflecting on the activity, she said she feels "*dark*" inside when she feels stressed, frustrated, or angry, and that it is mostly due to outside factors (her mother and father). After she finished the activity, she said she enjoyed it, and she had a "*feeling of release*" when doing it. She expressed feeling "*happier than that morning*" after the session.

5.5.8.2 Session 2

At the start of the session, the researcher enquired about Participant H's well-being and circumstances. The session was scheduled on a Monday, and she told the researcher that there was drinking and fighting again over the weekend, although it apparently did not happen during weekdays. The researcher asked her whether she could talk to her mother about the situation, but Participant H asked her not to for the time being. The researcher informed her that she will respect that and give Participant H a safe space in which she can express herself, however if the researcher feels she is ever in danger she would ethically and professionally need to take it further in order to protect her. Participant H understood and said she will ask her grandmother to talk to her mother about the alcohol misuse and conflict.

The Strengths and Weaknesses art activity followed next. Participant H started by saying she is good at netball, is caring, and helpful. The researcher continued to guide her to explore her personal strengths, which included that she is a good friend, she is supportive, responsible, friendly, and good at her academic subjects. With weaknesses, she mentioned her family and that she feels out of control and angry. The researcher did not want to push the discussion too much and therefore just explained that it could be anything that she would like to improve in herself, or anything that is holding her back from reaching her potential or being fully herself. Participant H responded that she will think further about everything that was said. She then created her artwork which the researcher thought was quite insightful.

Participant H started by creating a lot of overlapping circles on the left which she coloured red, and then on the right, she drew trees that were taller than the circles and which started to lean/loom over the circles, and she made the background light blue. When discussing the artwork, Participant H mentioned that the circles represent rocks, and it is red to show all the things she does not like (weaknesses), and the trees were “*nice and green*” and starting to grow over it and become more than the rocks. The blue just represented a nice colour for her which reminded her of the sky. This artwork indicated to the researcher that she does internalise what is discussed during the sessions, and that she is able to visually express her internal emotions and thoughts in a metaphoric meaningful manner. Participant H reiterated that she feels happier after their discussions and doing the artwork, and that she really enjoys it. Possible coping skills that she can employ when feeling sad, angry, or so forth, were also discussed. These included listening to music, writing, and talking to a teacher, friends, or family members, to name a few.

5.5.8.3 Session 3

At the start of the third session, Participant H mentioned that she had a nice weekend where she just watched movies and relaxed with her mother, sister, and brother. She also spent some time with friends from school which she enjoyed. Her father also brought some money to help with the living expenses which made her mother happy.

The Monster art activity followed next, and she started immediately and enthusiastically to create it. The researcher noticed that Participant H didn't like to converse or talk while she was busy with any of the art activities. For the first part of the monster artwork, she coloured the whole screen black. Using a greenish pencil, she then drew a face with red eyes and sharp

teeth. She said the monster was angry and confused and that he “*didn’t know what was going on*”. His red eyes symbolised anger and the black symbolised frustration which could have been projections for what she experiences and feels. For the second part of the activity, when she had to think of ways to change the monster or make him less harmful, she made the background white. She coloured the eye purple to show that he is happy. She also added a person holding onto him and added a speech bubble in which the monster expressed “*thank you*” to the person helping him. She said that she feels she has people in her life who can help her and that can make her feel less angry and frustrated. Once again, she was quite detached and struggled to express her emotions. She did, however, state that she feels “*lighter*” after the sessions and that she enjoyed the artmaking activity.

5.5.8.4 Session 4

Participant H started the session by saying it is going better with her and that she feels fine. She mentioned that her mom had not been drinking recently; she was not sure why or whether her grandmother had spoken to her mom. She was also unsure of when/why her mother drinks; therefore, what could possibly be the triggers. She mentioned briefly seeing her father, saying that he seemed better; he gave her some presents, and they had a “good talk”.

The researcher then explained the Lighthouse activity to her and what the image represents/or can serve as a metaphor. Participant H created a stormy blue/black ocean with grey skies. She added a red boat and a tiny faint black stick figure in the boat. She expressed that once again the red boat signifies anger and that the figure is struggling as he/she can’t get out. He is cross/angry with himself for getting into the boat and now he was scared. When the researcher asked why he got into the boat in the first place, she stated, “*he was angry, and he wanted to get away from everything*” (possibly projection of her own need for escaping her emotions and circumstances).

For the second part of the activity, Participant H added a big pink lighthouse shape with a yellow light shining from it. She says she sees pink as a “*happy colour and that the yellow is a light which is telling the person where to go to get to safety*”. She also changed the grey skies to white and stated that it is not stormy anymore so he can see where to go. Some time was spent discussing the meaning behind the activity and how Participant H can apply it to her own life. The discussion focused on possible mentors, support structures, and activities that can provide guidance and support. It also explored her purpose in life and how she can

use her strengths to help her cope with stressors and difficult situations. She seemed to understand and process what was discussed and mentioned that the art activity was “*nice and I liked it*”.

5.5.8.5 Session 5

Participant H started the session with a smile and seemed to be happier than in her previous sessions. She stated that nothing happened over the weekend and that they just watched movies and chatted. She also played with her baby brother. When prompted she said that her father is fine and that her mom has not been drinking in a while. So that makes her happy. She also expressed that it is going well at school, and she understands and is doing well in most of her subjects. She feels she has good friendships and has one friend that she feels especially close to – she can share everything with her, and she feels supported by her when she feels stressed.

The Superhero art activity followed next. Participant H chose to depict a warrior because she sees them as brave “*as she would like to be in her own life*”. She also gave her warrior fire hair and swords for hands to protect herself with. When the researcher asked what or who the warrior must fight against, she gave a general answer of “war and fear”. She also stated that she gave her a happy face as she feels strong and capable. The discussion then focused on how Participant H can bring these feelings into her own life, once again highlighting strengths; coping skills; aspects of resilience, e.g. optimism; and the importance of having strong supportive relationships.

5.5.8.6 Session 6

In the last therapeutic intervention session with Participant H for the study, the researcher started the session by asking her how she is. Participant H replied that she is tired and has toothache. She indicated being busy with assessments at school, but that it was going okay with her, and she did not feel too stressed about it. Her friends and family (grandmother and sister) are also doing well. She also stated that her mom is fine, and she is not drinking. She did however mention that her father (he is not living with them) is still doing drugs “*Tik*” as she saw it in his pocket. When prompted further, she said he does not come to the house when he is on drugs. She also shared that when he is sober and talks to her, he tells her he is trying not to use, and he likes to joke. She enjoys spending time with him then as he is funny and makes her laugh.

The Crystal ball activity followed next. Participant H drew a house, car, and a sun (which symbolises light and happiness to her). For her Words to live by, she wrote “*Happy Love*” in pink, which she repeated is a happy colour. She expressed that she doesn’t think more about the future, she only wants a house, car, and to be happy and have love.

When ending the session, the researcher explained to Participant H that she will be doing an after intervention semi-structured interview, the same as when they started. She indicated that she would like to continue seeing Participant H and also have a family session with herself, her mother, and grandmother, to which she agreed. The therapeutic process is therefore continuing outside of the scope of this study to ensure she is properly supported and looked after.

5.6 CONCLUSION

This chapter explicated the empirical research study focusing specifically on the data reduction and display format. It also included a summary of the biographical information and screening results of all the participants. This was followed by a detailed figure, table, and summary description of the before intervention data collection strategies and results/information of each participation. The intervention phase, which consisted of the therapeutic process of using goal-directed art e-therapy sessions with each participant with the aim of attempting to reduce their psychological stress levels by potentially improving their resilience, was then detailed extensively with a summary of each session. Due to the qualitative nature of the study, the researcher focused on including a lot of detail in her descriptions to validate her findings. The session summaries included a description of the participants’ well-being, specific stressors, general functioning, and then followed by a description and analysis of the artworks they created, including the metaphors, projections, and meaningful visuals they used and created. The researcher added her own observations and reflections in the discussion of each session.

The next chapter presents the after-intervention results and compares each participant’s before and after-intervention profiles. An outline and discussion of the themes that emerged during the intervention phase in accordance with the theoretical framework of the study, along with the sub-themes that were deduced during the whole empirical research process, will also be presented.

CHAPTER 6

EMPIRICAL FINDINGS CONT'

“We share the importance of the arts, not only in society but also in building one’s self-esteem. And the kids really grasp that: They’re confident and proud of themselves and share art with the people in their lives” (Agnes Gund 2017:1).

6.1 INTRODUCTION

As illustrated in the quote above, empirical research was undertaken to investigate how art therapy delivered through e-therapy can influence the resilience of adolescents experiencing high levels of psychological stress. The goal of this chapter is then to further investigate the results of the empirical study, especially the after-intervention strategies, and the themes and patterns derived from the collected data. As mentioned in Chapter 5, the data were analysed to answer the research question that enquired about the benefits and limitations of art sessions delivered through e-therapy and to determine whether this method of therapeutic intervention could be used to improve adolescents’ resilience to help them cope with psychological stress.

The after-intervention information gathered from the re-administration of the RSCA as well as a concluding exit semi-structured interview is presented in a figure, table, and summary format. Examples of these responses can be viewed in Addenda U and V. Meaningful statements, projections or exchanges, along with each individual’s experience and the researcher’s own observations and reflections are explored in detail. The themes that emerged are discussed in terms of the theoretical framework, which included the resilience theory, positive psychology with a strength-based approach, and art therapy theory.

6.2 THE PARTICIPANTS’ AFTER-INTERVENTION RESULTS

This section details the findings of the participants’ resiliency profile as measured by the RSCA and their perceptions of the art-therapy sessions voiced during the semi structured, open-ended interviews (therefore the findings of the after-intervention data collection process). Each participant’s Resiliency profiles before and after intervention is also tabled and discussed.

6.2.1 Participant A

6.2.1.1 RSCA results after the intervention

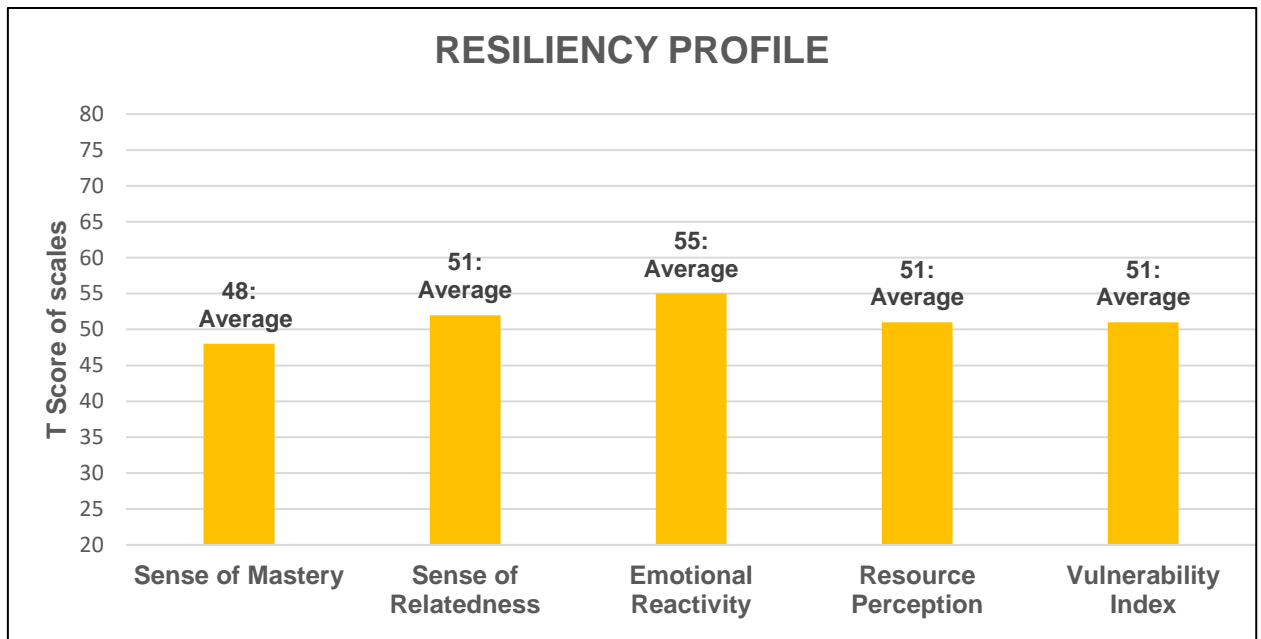


Figure 13: Participant A’s Resilience profile results after the intervention

Participant A scored in the Average categories for all the Resiliency indicator scales in his Resiliency profile after the therapeutic intervention. This is especially significant for his Resource Perception and Vulnerability Index which does not show any discrepancy between the scores and reveals that his perception of his personal resources is on the same level as his Emotional Regulation and Reactivity. This signifies that his Perceived Vulnerability is on par for what is expected from his age group and is not in a risk/concern category.

Table 17: Participant A’s subscales of the Resilience Scale after the intervention

SUBSCALE	FOCUS: MEASURED CHARACTERISTICS	SCALED SCORE OUT OF 19	CATEGORY	AREA OF CONCERN
Sense of Mastery	Optimism	8	Average	Neutral
	Self-Efficacy	10	Average	Neutral
	Adaptability	10	Average	Neutral
Sense of Relatedness	Trust	11	Average	Neutral/strength
	Support	12	Average	Neutral/strength
	Comfort	9	Average	Neutral
	Tolerance	9	Average	Neutral

Emotional Reactivity	Sensitivity	10	Average	Neutral
	Recovery	13	Above Average	Concern
	Impairment	11	Average	Neutral

Participant A obtained Average scores in all his subscales for the Sense of Mastery and Sense of Relatedness scale. This shows that his mastery of his optimism, self-efficacy and adaptability capabilities fall within the average range of what is to be expected for the resiliency measures of his age group. He also indicated that he experiences trust, support, comfort, and tolerance in his relatedness in his relationships to others. His perception of trust and support in his relationships scored high in the average category signifying that this might be considered a strength. The only concern is his sense of recovery, in other words his ability to bounce back from stressful events and restore his emotional well-being in his Emotional Reactivity scale. Further, his measurements for sensitivity and impairment of functioning when under stress are in the average categories and are therefore not a concern in his overall resilience profile.

6.2.1.2 Semi-structured interview (qualitative) feedback

Participant A stated that he found the sessions interesting and different from what he expected. He thought it would be more spontaneous and just expressing his emotions abstractly through art, but he found it easier to work more goal directed with specific themes. He mentioned that some of the activities were harder than others and all had challenging and easier aspects. The researcher explained that it was the aim of the study to work goal-directed in order to attempt to reduce stress and work on resilience levels/aspects. She also explained that art therapy in private practice can be a lot more flexible as it depends on the goal and therapeutic needs of the client. The participant then responded that he enjoyed it and would like to continue more with exploring art therapy at a later stage.

He then discussed his psychological stressors and perceptions of his personal resilience. In this regard he stated that he feels a lot less stressed now than we had started, and he feels that he has better coping strategies and hasn't had another panic attack. Additionally, he feels *“emotionally more stable and closer with his friends”*. When questioned about his resilience, he responded that he understands it better and he thinks it has improved as he is *“not letting things get to him so much anymore”*.

He added:

“I learned how to set better boundaries and live up to my own expectation and not that of others. I also feel more confident in my own decisions and in standing my ground for what I believe in and want”.

Furthermore, Participant A also mentioned that he has very supportive friends and that he feels he can rely on his mother and discuss his problems with her, although his relationship with his father has not improved. Additionally, he also feels positive about himself and thinks his overall level of functioning and self-esteem is *“pretty good”*. Moreover, he expressed feeling more collected about his academic results and is looking forward to finishing Grade 12 and next year. He is hopeful for his future while managing his expectations and emphasised this by saying: *“I am remaining positive but realistic”*.

6.2.1.3 Comparison of before and after intervention Resiliency profile

Following is a comparison between the categories of Participant A’s before and after intervention Resiliency profile scales:

Table 18: Comparison of Participant A’s before and after intervention Resiliency profile

Resiliency scales	Before intervention	After intervention	Comparison
Sense of Mastery	Below average	Average	Improved
Sense of Relatedness	Below Average	Average	Improved
Emotional Reactivity	High	Average	Improved
Resource Perception	Below Average	Average	Improved
Vulnerability Index	High	Average	Improved

Participant A has shown an improved level of resilience in all the scales, indicating marked growth in his overall resilience profile. He gave mostly positive feedback after each session and seemed to enjoy the therapeutic intervention and process. He did find some of the activities difficult which the researcher thinks were mainly because he is artistic, and has art as a subject, which made him prone to overanalyse and be critical of the image and the end result that he was creating. He was easily engaged, partly because he has undergone therapy before and knew how the process worked, and he was open to share his inner emotions, thoughts, and feelings. He is also very introspective and reflective and was able to give a lot

of insightful feedback on his well-being and functioning. In the researcher’s view, his age (17, he turned 18 during the intervention) made him more mature and easier to converse with on an abstract level.

Moreover, he enjoyed the online therapeutic format, and he was also comfortable with creating digital art. The creative aspect of the therapeutic sessions also suited his needs, interests, and personality, which the researcher thinks he appreciated. In summary, she felt the process created an awareness of certain aspects of himself which could assist him in coping with stressors more adequately and improve his overall resilience. As he stated in his after-intervention interview:

“I feel good, and I learned how to manage my expectations. I want to live up to my own expectations and ideals and I stopped caring so much about what others expect from me. I feel more confident and positive about my future”.

We decided that he does not currently need to continue with therapy, but the researcher will be available for him to make contact and continue with therapy if he feels the need to.

6.2.2 Participant B

6.2.2.1 RSCA results after the intervention

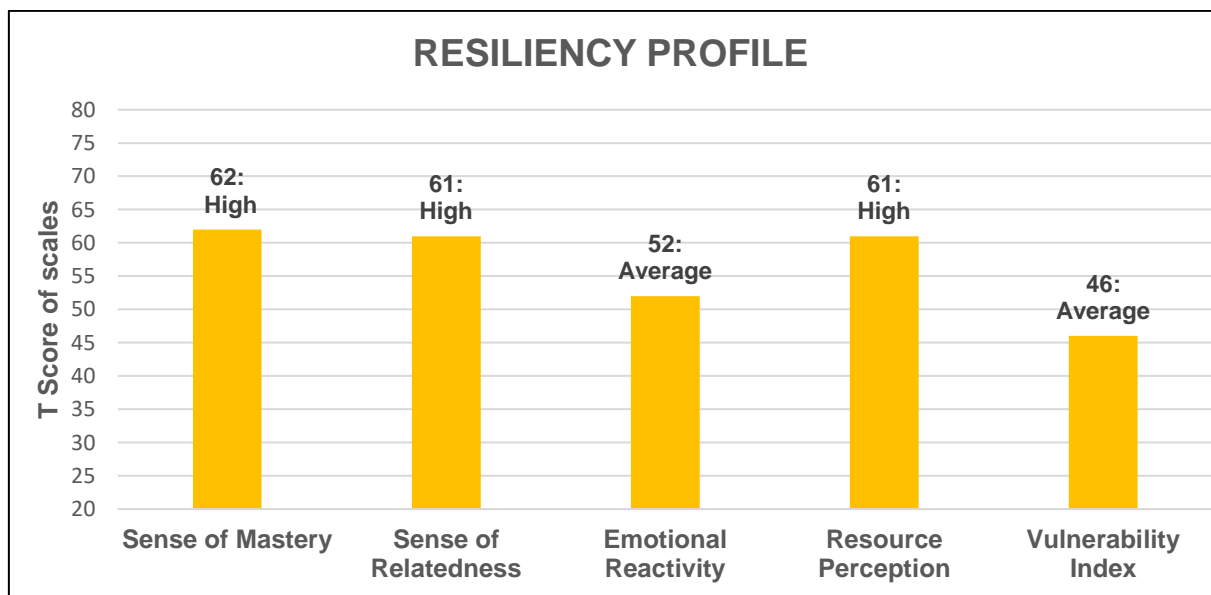


Figure 14: Participant B’s Resiliency profile results after the intervention

Participant B scored both her Sense of Mastery scale and Sense of Relatedness in the High category indicating that she views the aspects/capabilities measured in these scales as strengths. Her Emotional Reactivity scale scored in the Average category indicating that she does not experience her emotional reactions as problematic or a vulnerability, thus her emotional reactions can be expected to be measured and suitable to the situation. Her Resource Perception also measured in the High category showing that she believes herself to have the personal resources and personal capabilities available to deal effectively with stressors. Her Vulnerability Index measured in the Average category signifying that she is not at risk to react overtly emotional and that she has personal protective resources to display resilience and not feel vulnerable when exposed to adverse events.

Table 19: Participant B’s subscales of the Resiliency Scale after the intervention

SUBSCALE	FOCUS: MEASURED CHARACTERISTICS	SCALED SCORE OUT OF 19	CATEGORY	AREA OF CONCERN
Sense of Mastery	Optimism	14	Above Average	Strength
	Self-Efficacy	13	Above Average	Strength
	Adaptability	13	Above Average	Strength
Sense of Relatedness	Trust	12	Average	Neutral
	Support	13	Above Average	Strength
	Comfort	12	Average	Neutral
	Tolerance	13	Above Average	Strength
Emotional Reactivity	Sensitivity	12	Average	Neutral/strength
	Recovery	12	Average	Neutral/strength
	Impairment	10	Average	Neutral/Strength

Participant B indicated Above Average scores for optimism, self-efficacy, and adaptability in her Sense of Mastery scale indicating that these are areas of strength for her. She obtained Average scores for trust and comfort in her Sense of Relatedness scores demonstrating that she perceives others as reliable and does not feel anxious in the presence of others. She obtained Above Average scores for support and tolerance, thereby suggesting that she can rely on support from other individuals in her life and that she believes and is tolerant of difference in relationships. Furthermore, she also scored Average for her sensitive, recover

and impairment of functioning skills revealing that there is no concern about her personal ability to handle stress adequately without too much affecting her emotional state at this stage.

6.2.2.2 Semi-structured interview (qualitative) feedback

In her after-intervention, semi-structured interview, Participant B mentioned that she found the therapeutic intervention sessions very useful and that it introduced her to something new. She explained that her stress levels are much better; she is not so worried, feels much calmer, and is better able to cope when she gets stressed. Furthermore, she stated that she still experiences stress – her moods are still up and down; however, she feels much more stable, has more motivation, and overall feels calmer. Additionally, she expressed that she feels more resilient, and when she gets overwhelmed, she can keep “*herself grounded*” and she uses breathing exercises and other coping skills that we have discussed. She experienced the sessions differently to what she expected, in that she explained initially feeling apprehensive as she is not artistically inclined but she was amazed at how much she enjoyed it and was introduced to something that can help her with self-control. She also stated that she feels stronger and that her support system is solid at the moment. Moreover, she also felt as if her self-esteem had improved and that she has got her confidence back. She feels proud of all her progress and proclaimed that she is glad that school is almost finished as she feels optimistic about her future.

6.2.2.3 Comparison of before and after intervention Resiliency profile

Following is a comparison between the categories of Participant B’s before and after intervention Resiliency profile scales:

Table 20: Comparison of Participant B’s before and after intervention Resilience profile

Resiliency scales	Before intervention	After intervention	Comparison
Sense of Mastery	Average	High	Improved
Sense of Relatedness	Average	High	Improved
Emotional Reactivity	Above Average	Average	Improved
Resource Perception	Above Average	High	Improved

Vulnerability Index	Average	Average	Improved (When comparing actual point scores)
---------------------	---------	---------	---

When comparing Participant B’s Resiliency profile before and after the intervention, she markedly showed improved levels of functioning in all areas/capabilities measured by the RSCA. When comparing her answers in the before and after intervention semi-structured interviews, it was also clear that she has shown overall personal growth and progress. Participant B was an enthusiastic and responsible adolescent to work with and she shared information easily which made the art e-therapy sessions simple to navigate. She was also comfortable with the online format and was skilled with digital media, grasping the basics of the artmaking programme quite easily. Although the researcher thinks she already possessed intrinsic strengths and motivation, she was very overwhelmed and psychologically stressed and anxious when they first met. As the therapy progressed over the weeks, the researcher could see how her confidence and ability to articulate her emotions and thoughts adequately developed. In the researcher’s view, this was partly due to her hard work in her academics with her examination results being positive along with a strong support structure. However, as she stated in the after-intervention interview:

“My mental health is better, and I feel much more connected to myself”.

She also reiterated that she gained new tools and enjoyed exploring artistic activities as a new method to express herself. She detailed:

“When I feel very overwhelmed, I will doodle or take some time out and just play with the colours and breath, and then I feel stronger and as if I can think clearer”.

This statement demonstrated that she found art and the creative process calming and empowering. We decided that it is not necessary for her to continue with therapeutic sessions, however she will be in touch if she ever feels the need for further assistance.

6.2.3 Participant C

6.2.3.1 RSCA results after the intervention

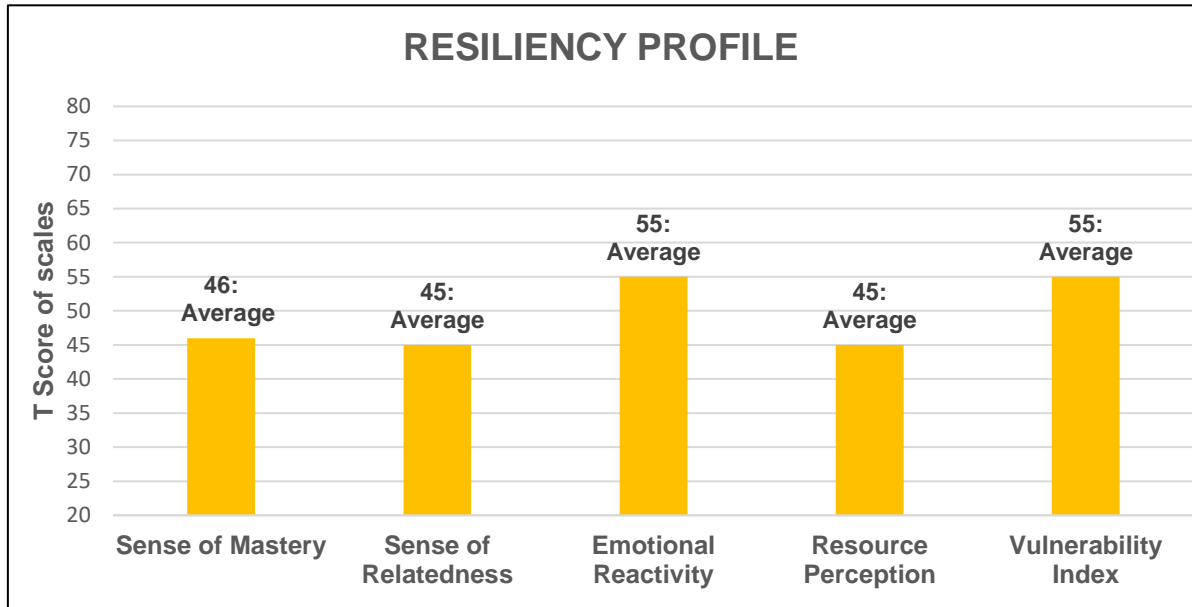


Figure 15: Participant C's Resiliency profile results after the intervention

Participant C measured in the Average categories for all her scales that encompasses her overall resilience profile. This average score in Sense of Mastery indicates that she feels able to cope better with stressors. She also feels that she has relationships which can assist her and offer support as indicated by her Average score in Sense of Relatedness. Her Emotional Reactivity Average score indicates that she feels she can regulate her emotions and level of affectivity better. Her Resource Perception also shows that she feels she does have personal assets which can assist her in her daily functioning, and she is feeling less vulnerable as indicated by her Vulnerability Index. Her scores therefore reflect that she feels she has the resiliency aspects needed to regulate her responses and assist her in coping with stressful factors.

Table 21: Participant C’s subscales of the Resiliency Scale after the intervention

SUBSCALE	FOCUS: MEASURED CHARACTERISTICS	SCALED SCORE OUT OF 19	CATEGORY	AREA OF CONCERN
Sense of Mastery	Optimism	10	Average	Neutral
	Self-Efficacy	9	Average	Neutral
	Adaptability	10	Average	Neutral
Sense of Relatedness	Trust	12	Average	Neutral/Strength
	Support	10	Average	Neutral
	Comfort	9	Average	Neutral
	Tolerance	8	Average	Neutral
Emotional Reactivity	Sensitivity	13	Above Average	Concern
	Recovery	10	Average	Neutral
	Impairment	11	Average	Neutral

Her scores for the subscales which indicate the specific characteristics and aspects needed to display resilience in stressful situations also mostly measured Average compared to others in her standardised age group. This shows that she feels she has the qualities of optimism, self-efficacy, and adaptability which form her overall Sense of Mastery. Furthermore, she also feels she has trust, support, comfort, and tolerance in her social as well as family relationships which is the measure for her Sense of Relatedness. Her trust score fell in the High range of the Average category implying that this might be an aspect of strength for her. The only concerning area she indicated is with her Emotional Reactivity and the subscale of sensitivity. This reflects that she might still have a sensitive threshold and might experience intensive reactions to emotional triggers or stressors. Her Average scores with recovery and impairment of functioning however indicate that she thinks she will have the ability to recover if something stressful occurs and that she will be able to maintain and return to her level of functioning after her emotional levels have been elevated.

6.2.3.2 Semi-structured interview (qualitative) feedback

Participant C was very positive and gave constructive feedback during her after-intervention semi-structured interview. She stated that she experienced the art e-therapy sessions as “*surprisingly relaxing and that it didn’t feel like a chore or draining, and I enjoyed it as it felt like taking a break from everything*”. When talking about her psychological stress levels, she reflected that she feels much better although it could also be circumstantial as when we

started, she was extremely busy with the school concert and all her dancing responsibilities. She did, however, emphasise that the art activities “*helped me a lot and assisted me in processing things better*”. She added that talking during the sessions, and the time she spent just participating and being aware in the sessions, helped to calm her a lot. Furthermore, she expressed learning a lot of good coping skills that she is using, such as taking mental breaks, enjoying little things more, making time for herself, and to breath and give herself time to process emotions. She also said the sessions helped her to let toxic people go from her life as she realised she has other, more supportive relationships that she can rely on.

Participant C also mentioned that before we started with the art e-therapy sessions, she was very nervous and expected to be uncomfortable; however, she felt at ease as soon as we started, and it became something she looked forward to. In addition to feeling like her self-esteem has improved, she also discovered more of her good qualities which she is trying to focus on more due to our discussions. She admitted that she still feels overwhelmed and stressed on some days (which the researcher told her is a normal reaction/feeling), but feels like she is less negative and much more positive. There was also an improved sense of being on top of her academics, implying that for the first time exams did not stress her out as she used calming techniques.

6.2.3.3 Comparison of before and after intervention Resiliency profile

Following is a comparison between the categories of Participant C’s before and after intervention Resiliency profile scales:

Table 22: Comparison of Participant C’s before and after intervention Resiliency profile

Resiliency scales	Before intervention	After intervention	Comparison
Sense of mastery	Low	Average	Improved
Sense of relatedness	Low	Average	Improved
Emotional reactivity	High	Average	Improved
Resource perception	Low	Average	Improved
Vulnerability Index	High	Average	Improved

As illustrated in the above table, there has been a significant change in Participant’s C overall Resiliency profile before and after the intervention process. It can therefore be deduced that her overall emotional well-being and general function and coping skills have also improved.

Although it was at times challenging to schedule her session due to conflicting appointments and her responsibilities, she was also keen and eager and enthusiastically participated in all the activities. When questioned during the process in our reflections and in the after-intervention semi-structured interview, she stated:

“I enjoyed the sessions a lot and the art activities has helped me a lot. I learned a lot about myself, and I now forgive myself for days/times when I take time out and re-focus my energy and emotions”.

She also stated that she feels:

“A lot more empowered and capable of looking after myself physically and mentally and that I feel a lot more in touch with my emotions and thoughts. I also learned the importance of giving myself a space to process things in”.

She detailed that she is *“recognising and utilising her strengths”*. She ended the interview by saying:

“I feel like all the puzzle pieces are coming together and although I am more realistic about things, I also feel more hopeful and positive”.

We decided together that she does not feel the need to continue with therapy at the moment, but the researcher reassured her that she will always be available if Participant C wants to resume or have another session.

6.2.4 Participant D

6.2.4.1 RSCA results after the intervention

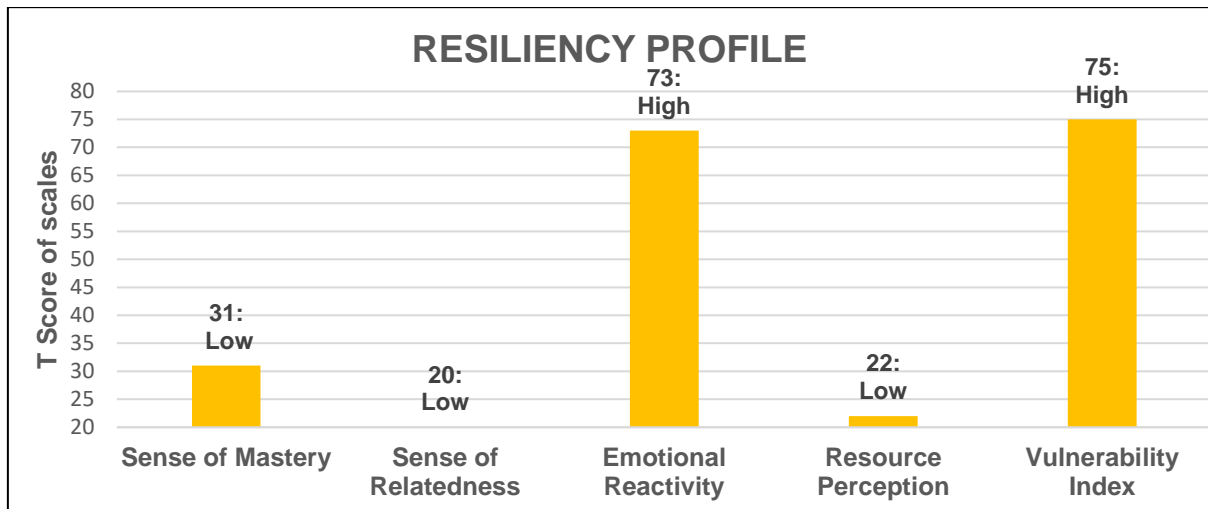


Figure 16: Participant D's Resiliency profile results after the intervention

Participant D scored within the Low categories for her Sense of Mastery and Sense of Relatedness scales. This reveals that she still finds it difficult to believe in her own capabilities to deal with stressors and may still find self-regulating her thoughts and emotions challenging. She scored in the High category for Emotional Reactivity which shows that she does not really consider the relationships she has as supportive or that they add any value to her functioning. Her Resource Perception is also in the Low category with her Vulnerability Index in the High category. This signifies that she does not believe she has the capabilities or personal resources to help her regulate emotional reactions, thus rendering her vulnerable on an emotional level.

Table 23: Participant D's subscales of the Resiliency Scale after the intervention

SUBSCALE	FOCUS: MEASURED CHARACTERISTICS	SCALED SCORE OUT OF 19	CATEGORY	AREA OF CONCERN
Sense of Mastery	Optimism	4	Low	Concern
	Self-Efficacy	7	Below Average	Concern
	Adaptability	2	Low	Concern
Sense of Relatedness	Trust	2	Low	Concern
	Support	2	Low	Concern
	Comfort	1	Low	Concern

	Tolerance	4	Low	Concern
Emotional Reactivity	Sensitivity	15	Above average	Concern
	Recovery	12	Average	Neutral
	Impairment	19	High	Concern

Participant D scored in the Low and Below Average categories for all the subscales in her Sense of Mastery scale of resilience. This signifies that she still finds it difficult to think optimistically, to feel and employ self-efficacy skills, and to adapt and learn from stressful events. She also scored low in all the subscales of her Sense of Relatedness scale of resilience indicating that she does not feel she can trust others, find support from others, feel comfortable in the presence of others, or tolerate differences expressed in relationships. In her Emotional Reactivity scale, she scored Above Average for sensitivity which shows she is sensitive for emotional disturbances and her threshold is low to cope with negative emotions.

She scored High for impairment which shows she does not feel able to regain her emotional equilibrium after being emotionally aroused (by stressors) and to function clearly again. She scored neutral for recovery indicating that she might recover emotionally in a timely manner after a disturbance in her emotional balance.

6.2.4.2 Semi-structured interview (qualitative) feedback

In the after-intervention semi-structured interview, Participant D stated that she was very apprehensive and nervous about the art e-therapy sessions as she takes a while to adjust to something. However, she found it very helpful especially for anxiety and to help her calm down. She stated that it also helped her with coping skills and that her psychological stress levels felt less overall. Furthermore, she found that she can cope better with stressors; is less forgetful, and it helped her to talk about and share some of her past trauma. Moreover, the art activities helped her to process and reflect on her emotions and thoughts and she is proud of her progress. When the researcher asked her how she would describe her life now, she replied:

“I switch between calm and neutral, but I feel happier and more accomplished. I also started a personal drawing project of which I am very proud. I felt inspired by the art activities”.

Participant D also shared that she has less dark intrusive thoughts and that she can cope better with her feelings of depression. She also reported not *“freaking out and panicking anymore and have more confidence”*.

She also expressed enjoying working on goal-directed art activities and that creating was easier than she thought it would be. There were also changes in her *“thought processes as it is more positive”*. Although she describes her relationship with her parents as very complicated and disconnected, she feels she has some friends that can help her. She also spoke about all the coping skills she uses when she feels anxious such as breathing, talking to a friend, using fidget toys, connecting with her senses, or manifesting positive things. Moreover, she journals and draws now to express and calm herself when feeling nervous.

6.2.4.3 Comparison of before and after intervention Resiliency profile

Following is a comparison between the categories of Participant D’s before and after intervention Resiliency profile scales:

Table 24: Comparison of Participant D’s before and after intervention Resiliency profile

Resiliency scales	Before intervention	After intervention	Comparison
Sense of Mastery	Low	Low	All of her scores improved in the points difference but not enough to change categories.
Sense of Relatedness	Low	Low	
Emotional Reactivity	High	High	
Resource Perception	Low	Low	
Vulnerability Index	High	High	

Although Participant D’s Resiliency profile did not change dramatically or show a marked increase, there was still a positive difference in the actual point allocation although the categories remained the same. She was very positive and optimistic in her after-intervention semi-structured interview, making statements such as: *“I found it very helpful, and I am so much calmer”* and *“I am very proud of my coping skills now and I cope better with everything in general”* and *“I feel more motivated and proud of myself”*. She also said:

“My resilience and confidence has definitely improved, and I have more sureness and can handle things better”.

Participant D also mentioned doing well academically and being happy at school at the moment. This made the researcher question the reliability of Participant D’s answers in the Resiliency scales or if she tended to answer more negatively or dramatically. The researcher is of the view that they made a lot of progress and built a good therapeutic alliance of trust and respect. She also feels Participant D had a lot of growth especially in her emotional well-being, thought patterns, and most definitely in utilising more positive coping skills. However, both the researcher and the participant decided to continue with the therapy as they felt Participant D could benefit from further therapeutic involvement, and the researcher would like to monitor whether she will need to refer Participant D to a medical health professional or other mental health professional.

6.2.5 Participant E

6.2.5.1 RSCA results after the intervention

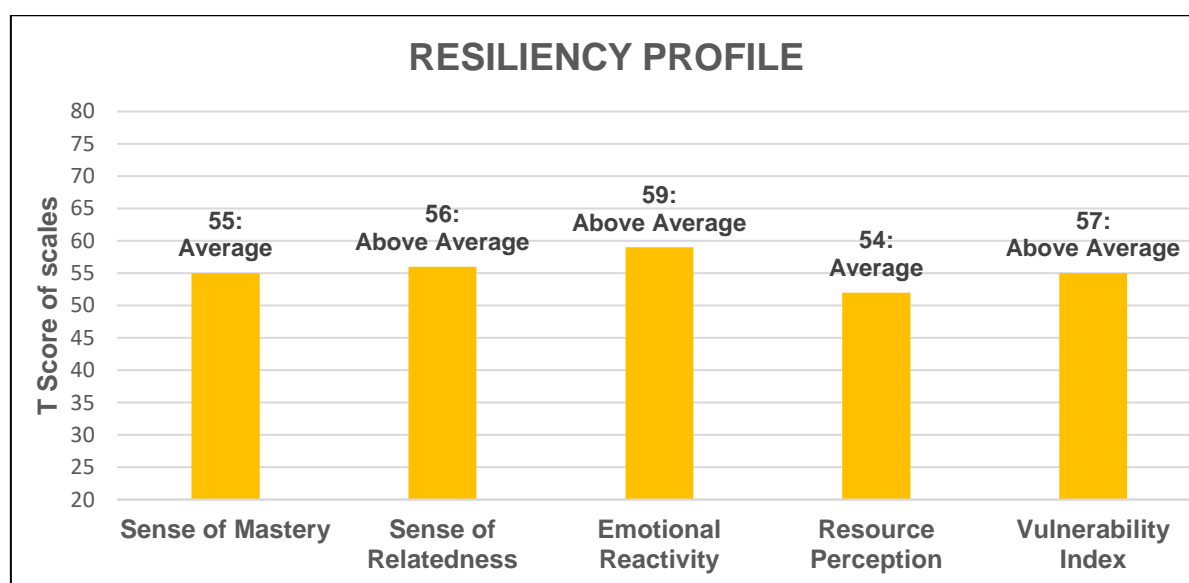


Figure 27: Participant E’s Resiliency profile results after the intervention

Participant E scored in the Average category for her Sense of Mastery scale which implies that she believes that she can deal with most stressors which may influence her emotions, thoughts, and behaviour. She obtained an Above Average score for her Sense of Relatedness which suggests that she finds her relationships with others and the support that they can offer significant in assisting her in coping with factors that she finds stressful. Her Emotional Reactivity scale measured as Above Average implying that she might still react intensively

and experience overwhelming emotions to certain perceived unpleasant happenings. She indicated an Average score in her Resource Perception indicating that this dimension of her resilience (sense of mastery and relatedness) can be seen as a strength in her coping abilities. Her Vulnerability Index scored Above Average suggesting that she feels she might still lack some personal resources and a sense of control over her emotional reactivity to not fall into a lower/average vulnerable category.

Table 25: Participant E’s subscales of the Resilience Scale after the intervention

SUBSCALE	FOCUS: MEASURED CHARACTERISTICS	SCALED SCORE OUT OF 19	CATEGORY	AREA OF CONCERN
Sense of Mastery	Optimism	13	Above Average	Strength
	Self-Efficacy	11	Average	Neutral
	Adaptability	12	Average	Neutral/Strength
Sense of Relatedness	Trust	11	Average	Neutral
	Support	11	Average	Neutral
	Comfort	12	Average	Neutral/Strength
	Tolerance	12	Average	Neutral/Strength
Emotional Reactivity	Sensitivity	12	Average	Neutral
	Recovery	13	Above Average	Concern
	Impairment	12	Average	Neutral

The above table indicates Participant E’s subscale scores and categories. In her Sense of Mastery subscale, optimism scored Above Average revealing that this is a personal strength for her. Self-efficacy measured Average, and she is therefore able to employ problem-solving strategies. Furthermore, her adaptability scored in the High range of Average, highlighting that it might be an area of personal strength for her to be able to learn and adapt from mistakes. In her Sense of Relatedness, all her subscales measured in the Average range signifying that she feels she can trust others to be reliable and render support when she is in need. Her comfort and tolerance scored in the high ranges of Average showing that she does not experience social discomfort and is able to tolerate differences expressed in relationships well. In her Emotional Reactivity scale, she measured Average for sensitivity and tolerance however in the high ranges of the measurement signifying that she might still experience intense emotional reactions to stress which might impair her ability to maintain/regain her emotional equilibrium when provoked/stressed. Her recovery subscale measured Above

Average which implies that she might still find it difficult to recover from emotional disturbances.

6.2.5.2 Semi-structured interview (qualitative) feedback

During the interview, Participant E stated that she found the sessions very helpful especially when she was trying to deal with pressure, and she found it easier than she expected. She did find some of the activities more difficult than others but mainly because she did not know how to depict her emotions or the aspects she wanted to express. She is still feeling quite psychologically stressed but emphasised that she thinks it is because she is tired from assessments and end of term “*burnout*”.

She then elaborated that she feels she can cope better with stress now as the sessions

“helped me to talk and process things. I feel as if I am much better at articulating emotions and feel stronger emotionally”.

Participant E added that her relationship with her dad is still complicated as she feels he favours her sister. Although she feels closer to her mother, she stated that she has “*learned to accept it*”. She feels overall more resilient although she still overanalyses things; additionally, she has more awareness of the coping skills that were discussed in the sessions, which she has implemented. She also confirmed that she feels more emotionally empowered and can rely on others to help her talk through her challenges. However, her self-esteem

“Fluctuates and she feels like she still needs validation from others although she tries to think more about her own strengths and how to deal with her weaknesses”.

6.2.5.3 Comparison of before and after intervention Resiliency profile

Following is a comparison of the categories of Participant E’s before and after intervention Resiliency Profile scales:

Table 26: Comparison of Participant E’s before and after intervention Resiliency profile

Resiliency scales	Before intervention	After intervention	Comparison
Sense of Mastery	Average	Average	Improved in points
Sense of Relatedness	Average	Above Average	Improved
Emotional Reactivity	High	Above Average	Improved
Resource Perception	Average	Average	Improved in points
Vulnerability Index	Above Average	Above Average	Improved in points

When comparing the results of Participant E’s overall Resiliency profile before and after the intervention, most aspects showed improvement. In her after-intervention semi-structured interview she confirmed that although she still has mood swings and feels tired/drained at the moment, she does feel better than before the art e-therapy started. She was very comfortable with using an online format and enjoyed talking. She loved some of the art activities, but it was more challenging for her than the other participants. The researcher also felt that she enjoyed the creative aspect less and will not be using it as a method of relaxation or soothing. She rather prefers to write, sleep, or spend time with others. She did, however, find the overall process pleasant, and feels positive about the experience. She stated:

“I am more accepting of my mental health and to discuss and process difficult things. I feel like I am emotionally in a better place with more coping skills”.

Participant E requested if she can still see the researcher if she feels the need for a therapeutic session, or just for a sporadic session to “check in with her and her emotional well-being”, to which the researcher agreed.

6.2.6 Participant F

6.2.6.1 RSCA results after the intervention

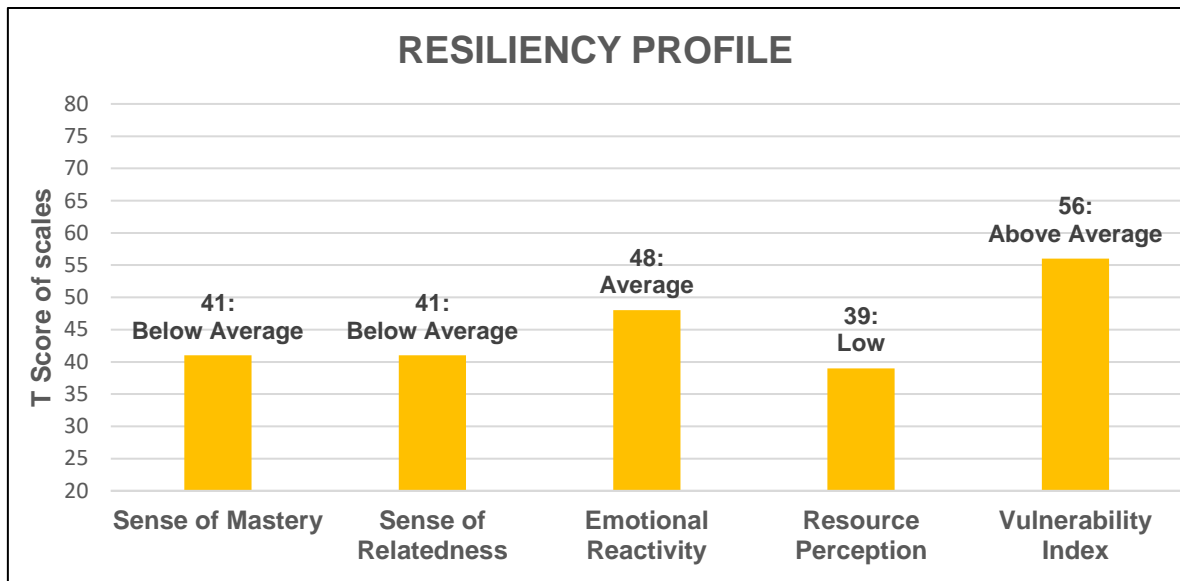


Figure 18: Participant F's Resiliency profile results after the intervention

Participant F scored Below Average for her Sense of Mastery and Sense of Relatedness subscales, indicating that she still experiences challenges in these skills. This includes that she does not always perceive that she can cope with stress and trust her decision-making abilities, and that she does not necessarily have as many relationships which she feels she can find comfort and support from than she would like. Her Emotional Reactivity score falls into the Average category signifying that she can modulate her reactions to emotions and can also adequately self-regulate her feelings as needed. Her Resource Perception scored low indicating that she might experience doubt in her personal protective factors and abilities to utilise to assist her to cope with adverse events. She also indicated an Above Average Vulnerability Index and the discrepancy between her perception of her resources and her emotional reactions/regulations leaves her feeling vulnerable to stressors.

Table 27: Participant F's subscales of the Resiliency Scale after the intervention

SUBSCALE	FOCUS: MEASURED CHARACTERISTICS	SCALED SCORE OUT OF 19	CATEGORY	AREA OF CONCERN
Sense of Mastery	Optimism	10	Average	Neutral
	Self-Efficacy	7	Below Average	Concern
	Adaptability	5	Below Average	Concern
	Trust	7	Below Average	Concern

Sense of Relatedness	Support	8	Average	Neutral
	Comfort	5	Below Average	Concern
	Tolerance	10	Average	Neutral
Emotional Reactivity	Sensitivity	9	Average	Neutral
	Recovery	10	Average	Neutral
	Impairment	10	Average	Neutral

In her subscales of her Resilience scales, Participant F indicated that her positive level of thinking is Average and is thus not a concern. She did however score Below Average for self-efficacy and adaptability, indicating that she doubts her own problem-solving abilities and learns from mistakes. In her Sense of Relatedness scale, she also scored Below Average for trust and comfort signifying that she does not always perceive others as reliable, and she experiences some discomfort in the presence of others and in social situations. Furthermore, she scored Average for support and tolerance revealing that she thinks she can get support from others (her family), and she is tolerant about expressed differences in relationships. She scored Average for sensitivity, recovery, and impairment in her Emotional Reactivity scale inferring that she does not have intensive emotional reactivity and is still able to regain and maintain her level of functioning after experiencing a stressful event.

6.2.6.2 Semi-structured interview (qualitative) feedback

In her semi-structured interview after the intervention, Participant F stated that she experienced the sessions as:

“Fun and it made me more aware of myself and what I can improve and self-aware about my own emotions”.

She felt that her psychological stress levels were less than when the sessions started as she also did well in her exams and feels good about her performance. Overall, she feels she can cope a bit better with stressors and is relying more on her positive aspects. She reflected the following:

“I really liked the strengths and weaknesses art activity as it made me so aware of things, I have not thought about myself before”.

Furthermore, Participant F was of the view that her general functioning and well-being had improved and that she is now implementing more of the coping skills that were discussed during the sessions. Participant F remains close to her mother and can talk to her about most things; additionally, she has reached out to communicate more with her cousins. She also informed the researcher that she is using the digital artmaking programme a lot to help her relax and doodle when she is watching a television series. Participant F also feels more confident, and her self-esteem is acceptable as there are good and bad days, however, *“it feels like there are more good days”*.

6.2.6.3 Comparison of before and after intervention Resiliency profile

Following is a comparison between the categories of Participant F’s before and after intervention Resiliency profile scales:

Table 28: Comparison of Participant F’s before and after intervention Resiliency profile

Resiliency scales	Before intervention	After intervention	Comparison
Sense of Mastery	Low	Below Average	Improved
Sense of Relatedness	Low	Below Average	Improved in points
Emotional Reactivity	Average	Average	Improved in points
Resource Perception	Low	Low	Improved in points
Vulnerability Index	High	Above Average	Improved

Participant F’s overall Resiliency profile has improved in most areas indicating that she has progressed with or developed some of the resiliency aspects more than her resilience was before the art-therapy e-therapy intervention. She was content and skilled in utilising the online format and using a digital art programme. The researcher also felt that she was less nervous and shared a lot more than at the beginning of the sessions. Additionally, Participant F expressed a lot of emotions in her artworks that she was not always able to necessarily express verbally. She emphasises that she found the art activities *“a lot of fun and a nice way to show things visually”*. Of significance to the researcher was that Participant F felt more self-aware and able to express herself and feel more confident, which are indicators of positive progress. She expressed:

“I opened up more than I thought; I did not want to but when I started to it was really good and nice, and I could share things I wouldn’t normally think or talk about”.

Overall, the researcher is of the view that therapeutic progress was made, which was evident in her observations as well as the improvement indicated in Participant F’s RSCA scores. It was thus decided that Participant F does not need to continue with therapy at the moment, however she will contact the researcher if she ever feels the need for some assistance or to connect again.

6.2.7 Participant G

6.2.7.1 RSCA results after the intervention

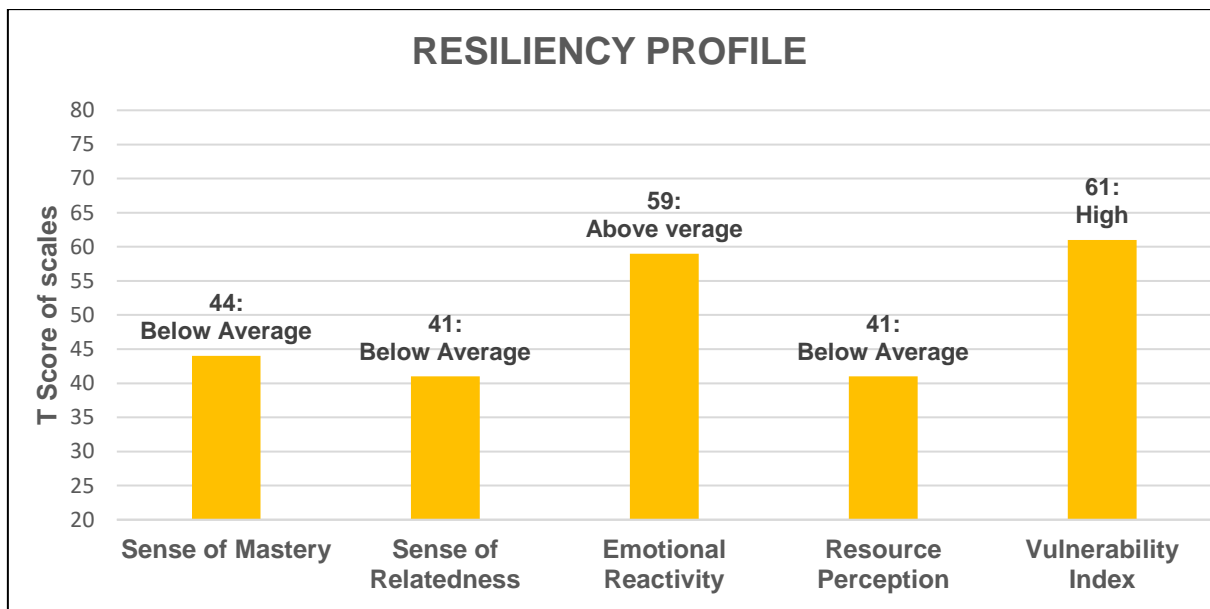


Figure 19: Participant G’s Resiliency profile results after the intervention

In the results of the after-intervention Resiliency Scales, Participant G scored Below Average for her Sense of Mastery and Sense of Relatedness subscales, indicating that she still has doubts about her own capabilities to handle stressors and use problem-solving techniques, and that she views her relationships as not providing all the trust, comfort, and support that she might require (from her perspective). Her Emotional Reactivity score was Above Average which implies her threshold of tolerance to the occurrence of adverse events or other stressors is still highly reactive, indicating that she responds very emotionally and struggles to regulate her emotions and thought patterns. She also views her Resource Perception as Below Average; therefore, she does not trust that she has enough protective factors in place

to support her. As a result, she experiences high psychological stress levels. Her Vulnerability Index also scored High; thus, the difference between her perception of resources and perceived vulnerability to stress perhaps explains her lack of feeling resilient.

Table 29: Participant G’s subscales of the Resiliency Scale after the intervention

SUBSCALE	FOCUS: MEASURED CHARACTERISTICS	SCALED SCORE OUT OF 19	CATEGORY	AREA OF CONCERN
SENSE OF MASTERY	Optimism	8	Average	Neutral
	Self-Efficacy	9	Average	Neutral
	Adaptability	6	Below Average	Concern
SENSE OF RELATEDNESS	Trust	6	Below Average	Concern
	Support	8	Average	Neutral
	Comfort	7	Below Average	Concern
	Tolerance	9	Average	Neutral
EMOTIONAL REACTIVITY	Sensitivity	12	Average	Neutral
	Recovery	14	Above Average	Concern
	Impairment	12	Average	Neutral

When analysing Participant G’s scores in the subscales of her Resiliency scale she scored in the Average category for optimism and self-efficacy indicating she is using some positive thinking and problem-solving techniques, although she scored Below Average for her adaptability indicating that she will struggle to cope well with criticism or to view mistakes as a learning curve. In her subscales of sense of relatedness, she scored Average in support and tolerance revealing that she does feel she has perceived access to supportive relationships, and she is also comfortable with tolerance and differences within herself and with various people and relationships.

Furthermore, Participant G scored Below Average for trust and comfort which might show that she still feels that not all people are inherently trustworthy or reliable and that she is also not always comfortable in the presence of others. The latter highlights a slight tendency for social anxiety. However, with her Emotional Reactivity subscales, she scored in the high range of Average for sensitivity and impairment, indicating that she still tends to feel strong emotional reactions or/and experiences which activates an emotive response. Her High Average score in impairment reveals that she sometimes finds it difficult to regulate and

regain her emotional balance after something upsets her. Her recovery score of Above Average highlights that she would take some time to return to normal functioning after she experienced intense emotional arousal which could add to feelings of nervous or anxiety.

6.2.7.2 Semi-structured interview (qualitative) feedback

During the post-intervention semi-structured interview, Participant G mentioned that she enjoyed the art e-therapy sessions. This was echoed in the following statement:

“It was really fun. I liked it a lot. It was easy and the activities were really good”.

She, however, was not really sure if her psychological stress levels have improved as she felt extremely tired and hasn't been sleeping. She nevertheless felt that she is using coping techniques a lot more and even *“draw random things when I feel agitated”*. She described her current functioning as tired and wanting to cry. She feels moody and her boyfriend has been very quiet. She did reflect that she could just be tired from completing exams and end of term weariness, using the word *“burnout”*.

Participant G thinks she could be more resilient as she uses various forms of coping strategies when she feels stressed like taking a nap, journaling, drawing, going for walks to the park, and so forth. She still has mood swings but feels good about herself and her self-esteem is positive on most days. She also said she can talk to her mother or her friend or sister if she feels agitated or tearful. When the researcher asked her about her feelings about her future, Participant G's response was:

“I do not like thinking of the future as I don't know what is going to happen”.

This was quite a contrast to her last session and the crystal ball activity where we spoke about her future goals, and she was very optimistic and excited. This could be because she was not functioning as well on the day of the interview and that she felt emotionally drained (due to tiredness and possibly the issues she mentioned with her boyfriend not contacting her).

6.2.7.3 Comparison of before and after intervention Resiliency profile

Following is a comparison between the categories of Participant G's before and after intervention Resiliency Profile scales:

Table 30: Comparison of Participant G's before and after intervention Resiliency profile

Resiliency scales	Before intervention	After intervention	Comparison
Sense of Mastery	Below Average	Below Average	Improved in points
Sense of Relatedness	Low	Below Average	Improved
Emotional Reactivity	High	Above Average	Improved
Resource Perception	Low	Below Average	Improved
Vulnerability Index	High	High	Improved in points

According to the RSCA, Participant G has shown growth in most aspects of her resiliency profile/aspects. She was enthusiastic to discuss and reflect on her life and general functioning in most sessions and she also specified:

“The sessions were exactly what I expected, and it was very good. I do feel stronger and positive on most days. ... The activities were really enjoyable”.

Participant G also handled the online platform well, indicating a good grasp on technology and a level of efficiency with online communication. However, she also seemed not sure of her growth/progress and coping skills at times during the after-intervention semi-structure interview. The researcher gathered that it could be due to her feeling tired and drained at that stage (after exams and end of term). As she also spoke about her concerns about her romantic relationship which could have had an influence on her emotional well-being during the time of the interview. Reflecting on the overall sessions and Participant G's creative attempts, the researcher feels that her self-awareness and emotional regulation skills did show some improvement. At the end of the interview, it was decided that Participant G would let the researcher know if she needs further therapeutic interventions or if she would like to carry on with therapy. The researcher was contacted by her mother at a later stage to request if Participant G could continue with the sessions once again as her mother felt she enjoyed it and benefitted from the sessions.

6.2.8 Participant H

6.2.8.1 RSCA results after the intervention

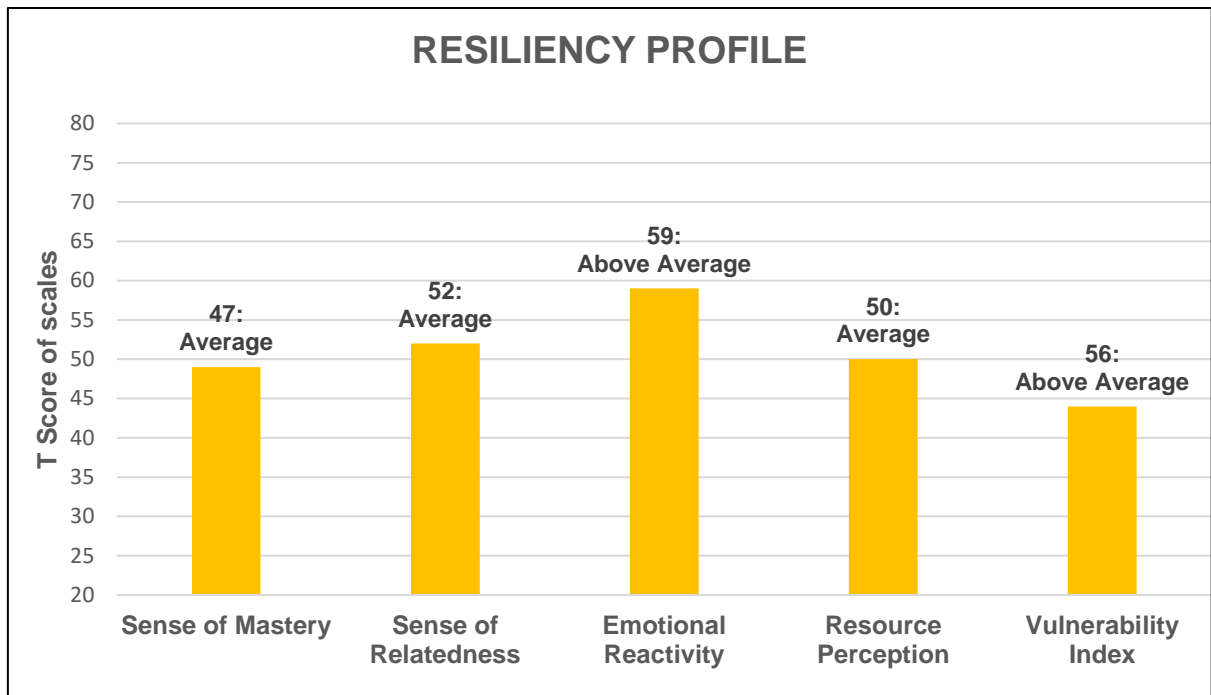


Figure 20: Participant H's Resiliency profile results after the intervention

In her measurement of her resiliency scales after the intervention, Participant H scored her Sense of Mastery in the Average category, indicating that she thinks she has some capability of dealing effectively with negative emotions or stressors. She also scored her Sense of Relatedness as Average which revealed that she feels she has supportive relationships that can help guide and assist her when she is experiencing stress. Her Emotional Reactivity scale scored Above Average showing that she still experiences strong emotional reactions and may struggle to self-regulate her emotions when in a state of “provocation/stressors or over-stimulation”. Her resource perception scored Average indicating that she perceives that she has some protective factors to utilise and assist her in coping with adverse events. Her Vulnerability Index was scored in the Above Average range which reveals a difference in her level of perception of available resources and levels of vulnerability which she might be exposed to or experience.

Table 31: Participant H’s subscales of the Resiliency Scale after the intervention

SUBSCALE	FOCUS: MEASURED CHARACTERISTICS	SCALED SCORE OUT OF 19	CATEGORY	AREA OF CONCERN
Sense of Mastery	Optimism	9	Average	Neutral
	Self-Efficacy	10	Average	Neutral
	Adaptability	12	Average	Neutral /Strength
Sense of Relatedness	Trust	10	Average	Neutral
	Support	9	Average	Neutral
	Comfort	13	Above Average	Strength
	Tolerance	9	Average	Neutral
Emotional Reactivity	Sensitivity	14	Above Average	Concern
	Recovery	14	Above Average	Concern
	Impairment	11	Average	Neutral

In her Sense of Mastery Scale, Participant H scored Average for her subscales of optimism, self-efficacy, and adaptability, indicating that she feels positive and that she can cope with competence and solve problems. She also indicated a high range Average core for adaptability. This demonstrates her belief that she can think flexibly and consider different options and be receptive to feedback in various situations and with various problems/stressors. She also scored Average for trust, support, and tolerance in her sense of relatedness scale, showing that she feels she can rely on others for trust and support, and she can also display tolerance for difference in various relationships. She indicated an Above Average score for comfort in the presence of others which might show that she does not really experience social anxiety. In her Emotional Reactivity scale, she scored Above Average for sensitivity and recovery which shows that she still experiences or displays strong emotional reactions to conflict or stressful events and then takes a while to recover and return to her normal level of functioning and emotional balance. She scored Average for her impairment subscale implying that she can maintain a level of balance even when she is emotionally provoked. She therefore does not lose control as easily or think unclearly or get into trouble according to her self-reflecting scores.

6.2.8.2 Semi-structured interview (qualitative) feedback

As during the other sessions with Participant H, she did not talk extensively during the after-intervention semi-structured interview. She said that she found the sessions helpful and although she was on her nerves at the beginning it got better as the sessions progressed. Although she found some of the art activities quite hard and also found it challenging to talk, she commented on feeling better afterwards. Overall, Participant H observed an improvement in her mother as she had not been drinking and there was no conflict within the home. She thinks the sessions have helped as it made her think she can talk to other people, listen to music, go for a walk, or write when she feels “down”. She thinks she is more resilient and emphasises that she can talk to her grandmother or older sister when she feels very stressed or if “things get too much”. Participant H opines:

“Things in my life have gotten easier, I do not know if I am handling it better or if other things changed”.

She concluded saying:

“I also know of my strengths now and I feel better. School is still nice, and my friends are nice to me. It is hard for me to imagine the future as I don’t know what is coming”.

6.2.8.3 Comparison of before and after intervention Resiliency profile

Following is a comparison between the categories of Participant H’s before and after intervention Resiliency profile scales:

Table 32: Comparison of Participant H’s before and after intervention Resiliency profile

Resiliency scales	Before intervention	After intervention	Comparison
Sense of Mastery	Below Average	Average	Improved
Sense of Relatedness	Below Average	Average	Improved
Emotional Reactivity	Above Average	Above Average	Remained the same
Resource Perception	Below Average	Average	Improved
Vulnerability Index	Above Average	Above Average	Remained the same

Some aspects in Participant H’s resiliency profile did show improvement although it was quite challenging to evaluate her true experience and how she perceived the sessions. It was also challenging as most of her psychological stress levels were caused by her circumstances and family relationships and conflict out of her control. The researcher tried to focus on intrinsic aspects which she could control, and thereby use other support mechanisms and coping skills to navigate a stressful/abusive home life. She also tried to empower Participant H with self-regulating techniques and opportunities to process and express the difficulties/stressors she experiences. Additionally, the researcher also ensured to keep the school and social services up to date and to raise concerns when she felt necessary. Participant H will continue to receive therapy and the researcher will refer the matter when she or other professionals/persons of significance in her life deem it necessary.

6.3 OVERALL COMPARISON BETWEEN ALL OF THE PARTICIPANTS’ RESILIENCE PROFILES AND SEMI-STRUCTURED INTERVIEWS

6.3.1 Comparison of general profiles of RSCA

Table 33 below summarises the resiliency profiles of all the participants before and after the intervention.

Table 33: Comparison between Resiliency profiles before and after the intervention

PARTICIPANT	COMPARISON BETWEEN RESILIENCY PROFILES BEFORE AND AFTER THE INTERVENTION
A	Resilience profile improved in all areas.
B	Resilience profile improved in all areas.
C	Resilience profile improved in all areas.
D	Resilience profile did not show much improvement although there were some positive changes in the allocated points and in her verbal feedback.
E	Resilience profile improved in all areas – some areas only marginally.
F	Resilience profile did not show as much improvement although it indicated positive changes in the allocated points and some of the categories. Her verbal feedback was positive and confirmed growth.
G	Resilience profile improved in all areas – when considering allocated point scores.
H	Resilience profile improved in some areas: Three out of 5 scales presented a perceived improvement.

All the participants of the research study indicated that they perceived to have improved in most of the factors compiling their overall Resiliency profile. Three participants indicated that they experienced big changes and improvements in their resilience components. All the others also indicated progress, although not all the categories changed positively; all the participants indicated increased resilience in the points allocated to each measurement. Two of the participants (Participant E and Participant G) completed the after-intervention RSCA on days which they felt tired and not in the best frame of mind, which the researcher feels influenced their results. However, they still indicated improvement in their capabilities despite experiencing a challenging personal day/time in their mental well-being and functioning.

6.3.2 Comparison between before and after-intervention semi-structured interviews

As outlined and discussed in Chapters 5 and 6, all eight participants voiced some challenging as well as positive aspects and experiences when sharing their experiences and reflections

during the intervention sessions. When the researcher reflected on the overall experience and the participants' expressed emotions and thoughts during the intervention process, she found the process therapeutically enhancing. She thus felt confident in the intervention activities and practices she used in an attempt to reduce their psychological stress levels and improve aspects of their personal resilience.

In their after-intervention semi-structured interviews, all of the participants indicated that they found the overall experience to have mostly positive effects. They were therefore motivated to explore aspects of their own mental well-being, coping abilities, and general functioning. Most indicated that they feel better emotionally, more positive/optimistic, and more empowered in their abilities to cope with stressors in their daily lives. Although psychological stress factors and challenging situations will always form part of life, based on the insight of the research the researcher is convinced that the art e-therapy intervention sessions had therapeutic benefits. This was evident in the participants' ability to handle and improve upon their perceived psychological stress and employ more resilience enhancing skills and factors in their personal lives.

6.4 EMERGENT THEMES FROM THE DATA FINDINGS IN THE STUDY

The themes that emerged from the data analysis and findings, as per each theory used in this study, are presented below.

6.4.1 Themes regarding the positive psychology theory

6.4.1.1 Focusing on positive aspects of life

Activities: Strengths and weaknesses, Monster, Lighthouse, Superhero, and Crystal ball/words to live by

Positive psychology theory is based on the premise that focusing on the positive aspects in life assists in empowering people, which in turn impacts their lives positively and enhances their development (Seligman 2012:2; Pocinho et al 2022:1-2). This notion formed the foundation of all the intervention sessions with the participants and the goals and aims of every creative activity. This was the overarching and underlying theme present in all the interactions with the participants and included addressing their stressors, coping abilities, strengths, support networks, and so forth. All the participants experienced high levels of psychological stress and the overall majority expressed feelings of anxiety, panic, stress, symptoms of depression or “*being down*”, and feelings of being overwhelmed and not being

able to cope. These specific feelings were expressed by all eight participants at some point during the researcher's interaction with them. She also thinks it is part of the collective experience of the times we live in – people, especially adolescents, feel overwhelmed and anxious (due to global, societal, and personal factors). The researcher therefore acknowledged these feelings during the therapy sessions by validating and discussing them at length, as it is justified and normal to experience these feelings in one's own reality. However, she then reframed or directed the discussions and art activities to explore a more positive outlook and prerogative to utilise optimistic thought processes and personal coping skills more. None of the participants were ever reluctant to engage in more positive thoughts and explore coping strategies. However, negative experiences and thoughts were nevertheless explored during the sessions, but this is part and parcel of the therapeutic process.

The researcher felt that at the end of every session and especially at the end of the whole therapeutic intervention process that all the participants were functioning more positively in their daily lives. This was confirmed by the following participants:

“I am relying much more on the positive side of things” (Participant B).

“I feel as if everything has improved now that I am looking more at positive things” (Participant C).

“Focusing on the positive has made me feel better physically and mentally and less overwhelmed” (Participant F).

The researcher therefore feels that the employment of a therapeutic approach that utilises positive psychology theories shaped the whole intervention process as a positive experience for most of the participants, especially when analysing the data results presented in Chapter 5 and the beginning of Chapter 6.

5.4.1.2 Reflecting on past experiences to find meaning in the present

Activities: Stress, Monster, Lighthouse, Superhero

Here, the sessions focused on reflecting on past experiences as it shapes current thoughts, behaviours and emotional processes, and influences the way in which an individual functions

and reacts to stressors (Koydemir & Sun Selşik 2016:435). When reflecting on difficult or meaningful past interactions or experiences, we tried to find meaning in it. This entailed “reframing” the experience to have a positive impact on the participant’s development. The goal of this approach was to create an awareness of the importance that past experiences have on our development, particularly on the way we cope with stressors. We then focused on ways it could be used positively, either by changing the way it is viewed, or processing and verbalising its challenges and using resiliency aspects to improve current coping skills and functioning.

Some of the participants found it difficult to recount past events especially if they were traumatic (for instance, but not limited to Participant D, E, H). Most found that expressing it visually as well as verbalising it assisted them a lot in understanding and processing it better. This sentiment was echoed by the participants as follows:

“The art and talking was hard but made feel a lot better thought” (Participant B).

“I understand everything better and I also think I process it better” (Participant C).

“In the beginning it made me feel anxious, but it helped me a lot to visualise it and express what I felt, especially about my past” (Participant D).

6.4.1.3 Fostering hopefulness for the future

Activities: Stress, Superhero, Crystal ball/Words to live by

Positive psychology emphasises focusing on hopefulness for the future by fostering a sense of meaning in life and striving for self-actualisation (Seligman 2018:333-334). A lot of the participants presented with high psychological stress levels about their future expectations and practical aspects that contribute to their future goals. Others expressed anxiety around their future and one participant did not think about the future at all (which the researcher mentioned previously could be a form of detachment/dissociation or coping with her current reality). A lot of the topics of the sessions therefore focused on possible future plans and prospects and how to cope with the practicalities and possible disappointment which can come with it. This was explored in our stress, superhero, and crystal ball/words to live by art

activities. During the intervention, Participants A and B got confirmation about their future plans for the following year after leaving school which left them feelings mostly positive, although a bit apprehensive about the unknown. Reflecting on her observations and the art-therapy e-therapy sessions, most of the participants expressed positive thoughts about their prospective futures; thus, the researcher opines that the discussions and goal-directed art activities assisted in creating a positive mindset among the participants.

This was confirmed by the participants as follows:

“I feel good about my future. I am managing my expectations but looking forward to it and making new connections; I feel very positive about moving on” (Participant A).

“I feel very positive about my future, and I do not want any toxicity” (Participant B).

“I feel hopeful and positive as if all the puzzle pieces are coming together and as if I am more realistic” (Participant C).

“I felt inspired by the art activities, and I feel a lot more confident, motivated for the future and my ability to cope” (Participant D).

“I feel pretty good about my future” (Participant E).

6.4.2 Themes regarding the strength-based approach theory

6.4.2.1 Internalised strength recognition as personal resources

Activities: Strengths and weaknesses, Monster, Lighthouse, and Superhero activity

Strength-based approach theory emphasises the importance of strength recognition and internalised self-appraisal and working on self-improvement by utilising personal strengths (Isis 2015:92), which was an overarching theme and goals throughout all the sessions. The strengths and weaknesses of art activity were explored during the second therapeutic art e-therapy sessions and was referred to during all the other sessions. The researcher explored and reflected on each participant’s personal strengths and how they can use it as resources when coping with stressors or difficult situations or people in their life. At the end of the

intervention process, the researcher felt that each participant had better insight into and a good grasp of their internal strengths and how they develop it more effectively and apply it within their coping capabilities to enhance their self-sufficiency and constructive functioning (White & Waters 2014:75).

The participants' realisation of how they can enhance and apply their inner personal skills and make use of coping skills developed and improved remarkably through the sessions. The researcher contends that the process was especially useful by giving them the space to explore these aspects without feeling self-conscious or boastful in an accepting therapeutic environment and through goal-directed art activities.

This was confirmed by the participants as follows:

"I understand my strengths better now and have more coping strategies"
(Participant A).

"I really liked the strength and weaknesses activity; it made me more aware of myself and a rely more on the strengths and what I can implement now"
(Participant C).

"I can recognise and use my strengths now" (Participant D).

"I am proud of strengths and coping skills" (Participant E).

6.4.2.2 Personal empowerment

Activities: Strengths and weaknesses, Monster, Lighthouse, and Superhero activity

Part of strength-based theory as well as resilience theory is in empowering the client/participant in order that they feel they can conduct themselves well enough socially and emotionally to cope with adverse events and functioning at optimal mental well-being (Girardin 2019:115). Most of the activities and interactions with the participants was therefore geared toward them realising their internal personal strength and how they can use it in their daily functioning. A lot of our interactions, discussions of past and current events and the art activities was thus aimed at empowering the client. Based upon my observations,

the after-intervention feedback and results of the data findings I think it can be concluded that most participants felt empowered by the process.

This was confirmed by the participants as follows:

“I do feel a lot stronger and confident” (Participant B).

“I do feel stronger and better” (Participant C).

“I feel more powerful” (Participant D).

“I feel a lot more capable” (Participant E).

“My thought processes changed, and I definitely feel more empowered”
(Participant F).

“I definitely feel more emotionally empowered” (Participant G).

6.4.3 Themes regarding resiliency theory in the psychological field

As mentioned earlier, many of the themes in the theoretical framework overlap and are repeated; this includes the themes discussed under positive theory, strength-based approach, and resiliency theory. Aspects that were explored in every session that concerns resiliency theory include personal resources, skills, problem-solving, supportive relationships, thought and behavioural patterns, sense of purpose, optimism, self-esteem, sense of control, flexible thinking, realistic expectations, emotional regulations, mindfulness, fears and how to manage stressors.

6.4.3.1 Sense of mastery: Optimism, self-efficacy, adaptability

Activities: Stress, Strengths and weaknesses, Monster, Lighthouse, Superhero, and Crystal ball/word to live by activity

Cultivating optimistic thought patterns, inherent values, and beliefs formed the basis of every intervention art e-therapy session and activity. We focused a lot on personal competence and the value of strengths and self-esteem which cultivates a sense of mastery in one’s ability to cope with stressors, which is an important aspect in cultivating resilience. All these factors

contributed to overall emotional well-being while maintaining realistic expectations for the future (Pennock 2022:1-2; Prince-Embury 2007:9). Acknowledging and exploring individual fears in a safe environment while brainstorming techniques to cope with the said fears can also help an individual to manage stress and increase their sense of self-control and self-belief in capabilities (Huang et al 2020:3). All these factors were explored in every session and aspects thereof in every art activity. We explored various kinds of stressors, personal strengths, and fears, coping techniques, sense of purpose, active mindfulness, problem solving techniques, and positive thinking during every session and activity. When analysing the data findings, every participant experienced a change and some fraction of improvement in these aspects and their overall sense of mastery.

This is demonstrated in the following verbatim quotes:

“I feel much better and positive” (Participant A).

“I feel 100% better, more stable and motivated” (Participant B).

“I feel it a lot more capable in coping” (Participant C).

“I found the sessions very calming and helpful especially to cope with anxiety and I can handle things better” (Participant D).

“I feel much more in control of my own thoughts and feelings and ability to handle them” (Participant F).

“I feel much more positive” (Participant G).

6.4.3.2 Sense of relatedness: Trust, support, comfort and tolerance

Activities: Monster, Lighthouse activity, and Superhero activity

A social support network which can aid with support and guidance when needed is also a significant aspect of resilience (Prince-Embury 2007:11). Most of the participants feel they have supportive peers and family or people they can their difficulties with. I worked with those who had challenges in this aspect and will continue to therapeutically support them in this area.

This was confirmed by the following participants:

“I have good friends I can talk to” (Participant A).

“I have a very good support network” (Participant B).

“My support system is good at the moment” (Participant C).

“I have some friends I can share with” (Participant D).

“I can talk to my mother and some of friends and mostly my boyfriend” (Participant E).

“It’s pretty good” (Participant F).

“I can talk to my friend and sister; my family is okay” (Participant G).

“They help me to talk more” (Participant H).

6.4.3.3 Sense of Reactivity: Sensitivity, recovery, sense of impairment

Activities: Stress, Strengths and weaknesses, Lighthouse, Monster activity

Aspects of resilience also include employing flexible thinking and problem-solving techniques as well as various coping skills when facing stressors (Fritz et al 2019:223). Gaining diverse perceptions of one’s realities and finding meaning out of adversity and thereby gaining control over the consequences of stressors, can also indicate resilience in an individual. (Evans 2021:10-11, Prince-Embury 2007:13-14). All these aspects and skills were discussed and practiced during the sessions especially during the Stress, Strengths and weaknesses, Lighthouse, and Monster activities (although all aspects were in some part explored in the other activities as well). When analysing the data, the researcher discovered an awareness of emotional reactivity, emotional control, and regulation and coping skills, were created in all the participants.

Different skills/aspects of resilience were reiterated by the participants:

“Learned how to live up to my own expectations and I have coping strategies”
(Participant A).

“I keep myself grounded and connected when I need to” (Participant B).

“I forgive myself for the days/times when I need to take time out” (Participant C).

“I can handle things better and I am proud of my coping skills” (Participant D).

“I am more accepting of my mental health and how to cope when I feel down”
(Participant E).

“I am much more self-aware and can implement things when I need to”
(Participant F).

“I can use coping things when I need to” (Participant G).

“I can do things to make it easier” (Participant H).

6.4.4 Themes regarding art therapy theory

6.4.4.1 Art activities for improvement in mental and general well-being

Activities: All activities

As stated earlier, not all the participants had previous experience with creative activities or were artistically inclined. There was thus a difference between the level of creative expertise and confidence between all the participants. All, however, attempted the activities without prompting and participated enthusiastically when given the goal and method of the activity. From the beginning the beneficial/encouraging attributes of attempting any creative activity was visible to the researcher, as the participants all visibly relaxed and became less anxious and/or nervous as we progressed with the first and subsequent activities.

The researcher specifically created the intervention programme with goal-directed art activities as we were working in a time constraint context to achieve the aim of the study. All sessions therefore had a specific goal and art activity which left room for artistic

interpretation, exploration, and spontaneity, but also had a clear direction for those who will benefit from such. Each had a precise goal and focused on various resilience building aspects. These activities then also specifically focused on rapport building; using a positive, strength-based approach in order to reduce psychological stress; and provide a platform to process, explore, and express emotions, thoughts, and behavioural patterns. The researcher also focused strongly on creating awareness of various coping techniques and skills in order to cope with stressors and to contribute to personal growth.

Goal-directed activities were therefore chosen to achieve the aim of the study as well as to provide a structure and departure point for the participants who were unsure of how to express them creatively. In some activities several participants chose to depict the specific imagery attached to the literal meaning of the activity, while others departed completely, creating their own interpretations of the meaning/symbolism of the activity. All were able to express their choices in imagery/metaphors and use of materials and colours very adequately, and the researcher found the process of their creations and completed artworks fascinating with a lot of expression and conscious or subconscious meaning attached (as discussed in Chapter 5 and shown in the Addenda).

In the feedback given during the after-intervention semi-structured interviews, all of the participants indicated that they enjoyed the activities and found an improvement in their psychological stress levels and general mental well-being. This was confirmed as follows:

- *Participant A: “All the activities had harder and easier aspects. I thought it would be more spontaneous but having a theme made it easier than just depicted abstract emotions. I enjoyed it and I feel a lot less stressed than we started”.*
- *Participant B: “It introduced me to something new and I found it very useful. It was different than I expected but in a good way, it helps me when I feel bad and give me self-control”.*
- *Participant C: “It was surprisingly relaxing and did not feel like a chore. It was easy and not scary at all”.*
- *Participant D: “I felt anxious at the beginning, but it calmed me down and I find it very helpful. It was easier to work goal-directed – I thought it was going to be much harder”.*

- *Participant E: “It was very helpful especially when trying to deal with stress. Some activities were hard as I did not know how to depict it, but it was fun, and I feel good about it”.*
- *Participant F: “It made me more self-aware, especially about my emotions and it helped me to open up a bit more which was nice”.*
- *Participant G: “It was fun. I liked it a lot and the activities were good”.*
- *Participant H: “I was on my nerves, but it got better as we went on and it helped me feel better”.*

6.4.4.2 Self-expression, exploration, and creativity

Activities: All activities

Throughout the intervention process the researcher could observe how the participants visibly relaxed through their verbal and non-verbal demeanours and how they grew more confident in their own capabilities and creative attempts. It was interesting to observe how materials were used and how the participants chose to utilise the artistic tools at their disposal. As described, some were adamant to use pen/pencil and paper, some digital art making tools, and some varied between the two depending on the activity or their mood on the day. It once again demonstrated that artmaking is a very personal process and depends on the individual’s personality, experience, and emotional state in what they and how they choose to express themselves.

During the process of artmaking, the researcher could also observe various emotional states, e.g. evident in techniques ranging from dark, hard, angry strokes to feather-light or airy colourings. Some participants opted to remain silent and focus on their creative work while others conversed freely about mundane subjects. Additionally, some chose to discuss quite traumatic, sombre subjects, thoughts, and feelings, while others wanted to be left alone to concentrate on their artwork and not be observed during the process. (With these participants we kept our digital camera on, but the researcher continued to work on her own personal artworks so that they would not feel uncomfortable with her sitting and observing them). Some participants wanted her to share her personal artworks with them. This led to shared creative explorations and talks, whilst others would just like to discuss their own creative efforts. The researcher let each participant guide her with their own process of self-exploration and what they required/wanted from the session.

The use of colours was also very interesting, and it was clear that each had their own personal emotional connotations to certain colours. The same ones, however, kept coming up in the discussions. Red was often used to depict anger, frustration, and stress. Yet it was also used in the superhero activity as a powerful colour. Black and grey were also often used to depict anger, weaknesses, and stressors. Pink and purple were mostly used as “*happy and calm colours*”. Green and blue also featured at times as “*calming and hopeful*” colours. Yellow was at times used as “*light*” to symbolise guidance, support, and hope. The participant who chose to work in chromatic pen/pencil or not colours were however just as expressive without necessarily using colours. They did so with the choice of techniques that they employed, e.g. short, angry pencil strokes to indicate stress or anger, or smudgy, lighter strokes for more positive feelings.

All participants also made strong use of various metaphors, predictions, and symbolism. For instance, to depict stress, hard edged shapes, bombs, figures with their faces closed, tentacle monsters, and looming figures, were used. To depict strengths, clouds, trees, and softer shapes were used. Monsters had horns, teeth, lots of eyes, claws, and angry expressions, whereas harmless/happy monsters were depicted with smiles, and different colours and happier eyes. Some also chose abstract imagery to depict ideas while others worked very literally. Once again showing the immense personal nature of the creative expression.

It was also interesting to note how the participants interacted verbally with the researcher versus their visual expressions. Some of the participants talked freely and found it almost easier to express themselves verbally, while others found it of equal value to talk verbally and then to express themselves visually. Conversely, some participants found it harder to express themselves verbally, and through the visual creative process the researcher could see them relaxing and it provided an avenue through which they could then talk easier afterwards. All expressed the value and calming benefits they found through the creative activities and that it provided a means of expression and processing which was invaluable.

6.4.4.3 Art therapeutic relationship to find meaning in creative processes and foster a sense of accomplishment

Activities: All activities

One of the main goals of using art therapy as a therapeutic modality is to use the creative process in a safe environment in order to build a therapeutic relationship to assist an

individual to explore personal growth and improve their mental well-being and overall functioning (British Association of Art Therapists 2022:1). Building a trustworthy, empathetic therapeutic relationship boundary within professional boundaries was therefore one of the researcher's main goals in this study. The researcher endeavoured to get to know each participant and to enquire about their well-being at the start and end of each session. She made sure that throughout the process the participants enjoyed the sessions and that they felt it was a calm, relaxing atmosphere in which they could share. As reiterated in the verbatim quotes from the participants in Chapters 5 and 6, all of them found it easier and more relaxing than they expected. They also confirmed that they enjoyed the activities, although some of it was hard and that the sessions created more self-awareness. Furthermore, the researcher thinks it gave some of the participants a new method of expression and all found a sense of accomplishment through their creations which assisted in fostering a sense of resilience. The researcher thoroughly explored each individual's strengths, the benefit of positive thinking, and a hopeful sense of purpose for the future. When reviewing the data and its analysis, it is clear that the intervention sessions, namely the art e-therapy sessions, succeeded in creating a therapeutic space in which the participants could explore their lifeworld's and focus on fostering aspects of their own resilience in order to attempt to lessen their psychological stress.

These sentiments were echoed in the following verbatim quotes:

"I feel less stressed now and more confident, the sessions were very positive"
(Participant A).

"It introduced me to something new and my stress levels are way less"
(Participant B).

"I found it surprisingly relaxing, and the activities helped a lot" (Participant C).

"It helped a lot with my anxiety and to share things I couldn't otherwise"
(Participant D).

“It was very helpful, and I feel better emotionally and with coping skills”
(Participant E).

“I am more self-aware and positive, it was nice” (Participant F).

“The sessions were very good, and I feel stronger” (Participant G).

“I was nervous but they [the sessions] made me feel better” (Participant H).

6.5 OTHER NOTEWORTHY THEMES FROM THE DATA FINDINGS

6.5.1 The online therapeutic format: Art therapy as e-therapy

One of the aims of the study was to explore e-therapy as a format to deliver art therapy. As was discussed in the previous chapters, due to the growth and ease of access to technology e-therapy is now considered one of the commonly used methods for delivery of mental health services. Some art therapists are, however, still reluctant to use it as they prefer traditional materials and working in an in-person setup with the client. Nevertheless, considering the online presence of our younger generation we do have to consider e-therapy as a valid therapeutic tool to utilise with clients (Fairburn & Patel 2017:19-20; Thompson 2016:6).

Upon reflecting on all the researcher’s online interactions with the participants during this research study, the ease of the whole process is highlighted. All communication with parents and the participants took place online via emails, phone messaging, and Zoom (videoconferencing), and there was never any need to meet in person (although there was an emergency plan of contact in place should the need arise). The participants found it extremely easy to interact and form a bond with the researcher online, sharing very personal details and experiences without hesitation. They also navigated digital tools with ease and sent her all their communication and created artworks without any challenges. Disruption of technological services due to electricity outages was a challenge during one week of the study; nevertheless, we managed to navigate through it by postponing sessions or switching to other devices with relative ease.

Personally, the researcher found it difficult at certain times not to be in the same space as the participant in certain sessions. This was mainly due to a frustration in the art therapy process itself. In some instances, the researcher would have preferred to be able to offer other

materials, or to demonstrate various techniques or to offer more guidance in the creative process when she felt it was needed. She is, however, from a different generation (born in the 1980s), and upon further reflection, she thinks that because she was taught in an in-person modality that is still her preference. Nevertheless, when she mentioned this to the participants in the after-intervention semi-structured interviews, none of them expressed the same concern or need that she felt. They were entirely comfortable with the e-therapy (distance/online) sessions and felt no need for additional assistance or experienced a lack in the quality of care provided due to not being in the same space as the researcher. The participants, being adolescents, especially during the time of COVID-19, are used to online communication, and it was not a concern or a perceived negative at all. Additionally, most stated that they found the process convenient and easy to navigate.

6.6 CONCLUSION

This chapter summarised the data gathered from the after-intervention phase of the research process to make comparisons of the results of the before and after interventions. Thereafter, the themes that emerged from the data were presented according to the theoretical framework of the study, along with sub-themes that were observed by researcher. The next chapter concludes the study by presenting a synopsis of the theoretical assumptions, theorising the primary research question of the study, analysing the theoretical contributions and limitations of the study, and exploring recommendations based on the insights of the research. It will also include a final reflection and conclusion to the research study.

CHAPTER 7

SUMMATION, CONTRIBUTIONS, LIMITATIONS & RECOMMENDATIONS

“The medical profession has come a long way in recognising the healing benefits of art. My hope is that someday the arts will be considered as significant in everyone’s lives as breathing fresh air” (Renée Phillips 2018:1).

7.1 INTRODUCTION

The above quote illustrates the researcher’s hope of creative therapy, specifically art therapy contributing efficiently to the professional field of mental health. To this end, the study aimed to investigate how art therapy delivered through e-therapy can influence the resilience of adolescents experiencing high psychological stress through a theoretical and empirical research process.

The structure of this final chapter is as follows. The section following the introduction provides a summation of the chapters of this thesis, discussing the findings from the theoretical and the empirical research to answer the research questions. Thereafter, the contributions and limitations of the study are acknowledged. Based on the insights of the research, recommendations for further studies are made. A final reflection and conclusion wrap up the study.

7.2 SUMMATION OF THE CHAPTERS

7.2.1 Chapter 1

Chapter 1 introduced the topic under investigation and provided a background to the study. This included a discussion of the influence of technology on society and the concept of e-therapy and its ethical considerations in the mental health field. The concept of art therapy was discussed and defined, and its significance of the research was explained. Included was an explication of the rationale and the researcher’s motivation for the specific research topic. Furthermore, adolescence as a developmental stage was outlined, followed by a definition of the concept of psychological stress. The concept of resilience and its psychosocial components were then unpacked, with a specific focus on the usefulness of art therapy in addressing resilience aspects in a therapeutic setting. The purpose of deciding on art therapy as a modality with adolescents was also mentioned. The theoretical framework underpinning

the study was noted, which included a combination of positive psychology theory, strength-based approach theory, resilience theory, and art therapy theory.

To recap further, the aim of this study was to investigate how art therapy delivered through e-therapy can influence the resilience of adolescents experiencing high levels of psychological stress.

Five objectives were formulated to achieve this aim, namely:

- 1) Investigate e-therapy, the practice of art therapy, its use of digital media as well as art therapy's delivery through e-therapy.
- 2) Look at how psychological stress can influence adolescents' functioning.
- 3) Explore factors contributing to resilience specific to adolescents and discover how resilience can be fostered in adolescents.
- 4) Gather empirical research with the aim of establishing the benefits and limitations of art therapy sessions delivered via e-therapy.
- 5) Determine whether art e-therapy can be used to improve adolescents' resilience in order to cope with psychological stress.

Chapter 1 also provided a brief overview of the methodology that was employed to conduct the research. Additionally, to avoid any misunderstandings, the key concepts used in this thesis were defined. Lastly, the forthcoming chapters were delineated in order to provide the reader with a 'road map' of what is to come.

7.2.2 Chapter 2

Chapter 2 reviewed existing literature on the topics of e-therapy and art therapy that were relevant for this study. This theory-driven chapter attempted to create an understanding of the importance of these concepts as central to the research study and as motivation for the empirical research data part of the study. Technology and its use in the mental health field was discussed followed by a definition of e-therapy and its numerous types of usage in a therapeutic setting. The various perceived benefits and limitations of e-therapy in a mental health setting, specifically as a psychologist, were then explored. This section also discussed the ethical considerations that should be applied when mental health professionals make use of e-therapy. Aspects related to the use of online platforms such as Zoom, as well as their confidentiality requirements for therapy, were also considered.

Subsequently, the concept of art therapy was then extensively discussed including a definition of art, specifically visual arts, and what constitutes as art therapy. Various theoretical approaches to art therapy were also outlined. This part explained that a humanistic approach in which positive psychology and a strength-based approach is rooted would be used in the empirical process. Other significant components of art therapy were noted, including the use of symbolism, meaning making, and the importance of the relationships between the psychologist/art therapist, the artwork, and the client. The role of the art psychologist was unpacked, and as it was the role that the researcher assumed for the empirical research process (i.e. therapeutic sessions).

Furthermore, the use of technology and digital media in art therapy was discussed extensively. The researcher specifically focused on investigating available global literature and all aspects to consider when using digital media in therapy sessions with clients. This part of the literature review informed the researcher about how to specifically employ digital media during the therapeutic sessions. She also explored the possible benefits and limitations as well as ethical considerations of using digital media in art therapy practices to give her a theory-driven basis from which to have all valuable information when structuring the art e-therapy sessions. The gathered literature informed the researcher's exploration of the specific use and all aspects essential to be aware of when facilitating art e-therapy sessions including possible programmes and media to consider. A brief conclusion summarised the key points of the chapter.

7.2.3 Chapter 3

Chapter 3 presented the theoretical framework of the study. This part reviewed literature on the theories of positive psychology and the strength-based approach and motivated the underlying notions supporting this approach for the empirical research. It then focused specifically on resilience theory and the components thereof, including psychosocial facets of resilience essential to the focus of the intervention and the structure of the art e-therapy sessions. The theoretical framework also included art therapy theory and motivated the use of this therapeutic approach when working with adolescents to improve their resilience and reduce their high psychological stress levels, therefore addressing the aim of this research study. The chapter then continued with a definition of psychological stress and its possible influence on an individual's overall well-being.

This was followed by an exploration of adolescence as a developmental phase and how psychological stress could affect an adolescent. The importance of promoting resilience with adolescents was explained, along with the measurement tool for resilience that was used in this study. The concepts were then combined to specifically investigate the possibility of using art e-therapy with adolescents to promote their resilience and lower their psychological stress levels within the theoretical framework of the study. The benefits of using art therapy methods to specifically assist with fostering resiliency components were also outlined. Lastly, the structure of the intervention sessions, namely the art e-therapy (empirical data process) sessions, was discussed in detail before concluding with a summary of all these concepts.

7.2.4 Chapter 4

Chapter 4 unpacked the methodology employed in this study. This included an outline of the motivation and characteristics of the interpretivist paradigm chosen, followed by a discussion of the qualitative research approach chosen specifically to meet the aim of the study. Motivation for choosing a single case study design was provided, along with a description of the sampling procedures and selection criteria for participation. Attention was also given to the data collection process and techniques that were used. The structure of the intervention phase (all sessions with the participants) with each specific goal and the methods/activities used were then tabled and discussed. Additional topics covered in this chapter included the interpretation and analysis process, methods to ensure trustworthiness, and ethical considerations. All these aspects were then summarised in the conclusion.

7.2.5 Chapter 5

Chapter 5 presented the empirical research findings, giving an account of the qualitative research gained and analysed from the before-intervention sessions and intervention (art e-therapy sessions with all the participants). The chapter started with a summary of the process of data reduction and the manner in which it is displayed. It then proceeded to give a detailed account of all the participants' before-intervention sessions. This included their biographical and background information as well as the results of the screening tool, namely the PSS to determine the perceived psychological stress levels for the sampling criteria of each participant. It also presented the results of the RSCA that was used to gain qualitative data about the participants and give a standardised measure of the participants' resilience levels before and after the intervention. The information and direct responses from the before

intervention semi-structured interviews were also presented in order to form a holistic view of each participant's general functioning and overall mental well-being at that stage and to guide the intervention sessions.

Each participant's intervention sessions, namely the art e-therapy sessions, were then discussed in detail for the purpose of describing the procedure and findings from each session accurately. This included a description of the participant's well-being during that session, the goal and activity completed during the session, and their experience and feedback during and after each activity and session. The researcher also included her own observations and reflections, and discussed the created artworks and possible imagery, metaphors, and meaning making attached to the creative process. She then referred to the artworks which are attached as addenda. In the researcher's view, the qualitative findings from the intervention process demonstrated that the participants found the sessions useful in reducing stress and improving their coping skills and other components of their resilience capabilities. The sessions focused on a goal-directed approach utilising positive thinking and a strength-based approach for most of the sessions which resonated well with all the participants. The chapter then concluded by presenting a summary of the before intervention and intervention (art e-therapy sessions).

7.2.6 Chapter 6

Chapter 6 presented, discussed, and connected the after-intervention findings of each participant with the theoretical framework and reviewed literature as described in Chapters 2 and 3. The chapter commenced with a presentation of each participant's after-intervention RSCA results, qualitative analysis of their scores for the main scale and subscales, and a discussion of the results. It then deliberated information from the after-intervention semi-structured, open-ended interviews, which was supported by participant verbatim quotes. The chapter also tabled a comparison between the participants' before and after-intervention. The RSCA results indicated whether there has been any improvement in the measurement of their resilience capabilities. The researcher ended this section with a comparison, discussion and summary of all the participants' resiliency profiles and perceptions/experiences about the intervention as indicated by their reflections during the semi-structured, open-ended interviews before and after the intervention. This was presented to find a triangulation and holistic view gained from all the participants' data findings.

The following table essentially summarises the participants’ variance in the before and after-intervention resilience levels, perceived stress levels, and their personal experience of the art e-therapy sessions.

Table 34: Illustration of the changes in the participants’ Resiliency profiles, psychological stress levels, and perceptions of the intervention sessions

Participants	Resilience levels (RSCA)	Perceived psychological stress levels (verbal feedback)	Experience of art e-therapy
Participant A	Improved	Lower	Positive feedback on most sessions
Participant B	Improved	Much Lower	Positive feedback after every session
Participant C	Improved	Lower	Positive feedback on most sessions
Participant D	Improved (marginally)	Lower	Positive feedback after every session
Participant E	Improved (marginally)	Lower	Positive feedback on most sessions
Participant F	Improved	Lower	Positive feedback on most sessions
Participant G	Improved	Lower	Positive feedback on most sessions
Participant H	Improved (marginally)	Lower although circumstantial – not in her control	Mostly neutral with some positive feedback

As displayed in Table 34 above, the findings from the before and after-intervention RSCA results and the perceived stress levels as indicated by the participants did improve positively. The feedback and reflections from all the participants during the after-intervention semi structured, open-ended interviews indicated that the art e-therapy sessions had a beneficial impact on their overall resilience components, and they mostly felt their psychological stress levels were reduced. All of the participants also reported that they found the art e-therapy sessions helpful and constructive and quite enjoyable.

The researcher then presented the themes that emerged from the data related to the positive psychology theory, strength-based approach theory, resilience theory in the psychological field, and art therapy theory. The qualitative findings from the positive psychology theory outlined the use of focusing on positive aspects in life, reflecting on past experiences to find meaning in the present and fostering hopefulness for the future. Themes regarding the strength-based approach theory included focusing on internalised strength recognition as personal resources and personal empowerment. The themes from the resilience theory were derived from the psychosocial components of resilience as discussed in Chapter 3 and measured by the RSCA. These include a discussion of the participants' Sense of Mastery: Optimism, self-efficacy, and adaptability; Sense of Relatedness: Trust, support, comfort and tolerance; and Sense of Reactivity: Sensitivity, recovery, and sense of impairment. Art therapy theory themes were derived from the literature review in Chapter 2. These included: Art activities for improvement in mental and general well-being; Self-expression, exploration, and creativity, and a review of the art therapeutic relationship to find meaning in creative processes to foster a sense of accomplishment. An additional sub-theme was explored, namely: The online therapeutic format: Art therapy as e-therapy.

Verbatim quotes were included to highlight specific feelings, thoughts, and reflections to demonstrate the aim of the theme and the conclusions obtained. Examples of the participants' completed Perceived Stress Scales, RSCA, their answers from the semi-structured open-ended interviews, and their completed artworks, are all included as addenda at the back of this study. Overall, the qualitative findings indicate that the art e-therapy sessions did have an influence on the adolescents' resilience levels. From the presented data it can be deduced that the participants (the adolescents) perceived lower psychological stress levels and an improvement in their overall resilience which was attributed to their participation in the art e-therapy sessions.

7.3 REVISITING THE RESEARCH QUESTIONS

The main research question addressed in this study was: "How does art therapy delivered through e-therapy influence the resilience of adolescents experiencing psychological stress?"

To answer this question, the following sub-research questions were formulated to guide the research process:

7.3.1 What can be considered essential aspects of e-therapy and the art therapy process?

This sub-research question was mainly answered by the literature review presented in Chapters 2 and 3. As discussed, e-therapy can be defined as a therapeutic service delivered through wireless technology (the Internet) between a mental health professional and a client to address various psychological needs mainly through interactions using videoconferencing technology (Gamble et al 2015:292; Andersson et al 2019:20). It is essential to consider this mode of therapy, especially for a registered psychologist, given the advancements that have taken place in communication technology. Additionally, this mode of communication has become more accessible and affordable to a growing part of the population (HPSCA 2014:11-12; Zubala & Hackett 2020:161). Essential aspects to consider when deciding on using e-therapy as a service providing modality is whether both parties have access to adequate hardware, software, and Internet connectivity in order that a standard of psychological practice can be maintained. Both parties also need to have access to the relevant information which includes the equipment required, needs of the clients, areas of speciality of the therapist/psychologist, the treatment process and goals, and an action plan for when there is a disruption in the session or service or if an emergency situation arises, such as dealing with certain pathologies (Barker & Barker 2022:67 Evans 2018:166).

Benefits include the availability and access to therapy; enhancement of communication; affordability; feasibility; allowance of anonymity; and reduction of stigma surrounding psychological services (Schuster et al 2018:11-12; Stoll et al 2020:5). It can also be a useful tool for online further education and supervision; lead to a closer therapeutic relationship with some clients; and aid better assistance with emergencies as it can provide instant access to a helpline or mental health care professional (Situmorang 2020:168; Stoll et al 2020 5-6).

On the other hand, limitations include possible breaches in security and confidentiality; lack of competence with technology by either the psychologist or client; technological malfunctions with devices or power outages; and a lack of training for psychologists of its usage as well as the regulations of psychological services provided. Clients might also feel dehumanised or unable to express themselves as well, and, in some cases, a psychologist might not possess all the client's information necessary to intervene in a crisis situation (HPCSA 2022:11-12; Chipise et al 2019:346). Psychologists must also ensure that they maintain their professional and personal boundaries, especially with regards to access to their

social media, as well as limitations due to their scope of practice, and thus ensure they are able to practice under their professional registration within the borders of the client and psychologist's location (Fantus & Mishna 2013:473; Schuster 2018:11; Stoll et al 2020:7-8). Some clients may lack access to the equipment or connectivity required which inhibits the use of e-therapy in low-income communities (Fu et al 2020:851).

Furthermore, as discussed in Chapter 2, the provision of e-therapy also has several ethical considerations that need to be considered. These need to be strictly followed to make sure that the standard of service delivery by psychologists adheres to the professional code of practice as set out by the HPCSA (HPCSA 2022:1-12).

Art therapy can be described as the use of creative processes. In this study, this entailed visual arts for therapeutic purposes in order to assist the client process their past experiences and address current thoughts, as well as emotional and behavioural patterns, to improve mental-well-being and functioning (Bosgraaf et al 2020:1-3). The process can be adjusted according to the needs of the clients and the goals which the psychologist wants to achieve in the treatment process. Art therapy therefore utilises the creative process as a means of processing and reflecting on inner perceptions and dialogues to create self-awareness and facilitate a process of utilising the artworks, its imagery projected, and the communication it might stimulate, to facilitate therapeutic interventions (Rubin 2016:5-; Van Lith 2016:11-12). There are various theoretical approaches to art therapy; however, this study mainly focused on using a humanistic, person-centred framework (Cohen-Liebman 2021:77), which is reflected in the theoretical framework of the study, namely: positive psychology, strength-based approach therapy, and resilience theory in combination with art therapy practices. The act of creation, which the art psychologist must facilitate, as well as the created imagery and possible symbolism and metaphors, forms part of the essential aspect of the sometimes non-verbal expression and communication that occurs during art therapy (Regev & Snir 2021:158; Schofield 2021:120-122). There then also exists a relationship between the art psychologist and client, as well as with their engagement with the artwork, which may lead to significant reflections, realisations, and further dialogue/interactions (Wilson 2018:42-43).

Benefits of art therapy include creating possibilities for the client to express themselves in a non-verbal manner which might otherwise not be possible for them due to protective barriers, sub-conscious mechanisms, embarrassment, or lack of vocabulary or self-awareness

(Shentser 2018:54). It is a holistic approach which uses all of the senses which might integrate more emotions, thoughts, and perceptions than might otherwise be expressed through verbal means. It is also a flexible and versatile process which can be adjusted to the client's needs and might also enhance self-reflection during the process or when observing the finished artwork (Rogers 2016:163). Furthermore, it may empower the client by teaching them new techniques and ways of expressing themselves in a manner which is unique to them (Smriti et al 2022:1). Additionally, it might be used with diverse clients from all socio-economic contexts, ages, genders, cultures, and with various mental health requirements (Rubin 2016:5-6).

Limitations include that the art psychologist must be aware of assumptions and misinterpretations of the client's non-verbal behaviour, and the imagery used in the artwork which must be verified by the client (Regev & Snir 2021:157). Art therapy can also be more time-consuming, and some clients might be resistant to try this mode of therapy due to self-consciousness, doubt in their artistic abilities, or dismissing it as a time-wasting process as it does not concede to the notions of what traditional therapy involves (Carr & McDonald 2019:149-150). The use of various materials can also be limiting as they are costly; additionally, the art psychologist requires knowledge of the characteristics and potential of various art tools and also needs to have an appropriate physical setup (if the therapy is in-person).

As discussed in Chapters 2 and 3, it is essential to consider the use of technology and digital media in art therapy as society is increasingly utilising online practices in their everyday lives. The researcher outlined the possible advantages and limitations of employing digital media in the literature review and is of the opinion that digital media can be employed as a useful art form for the use of therapeutic means. Digital media can engage with the imagination of the client and spontaneous creativity can still take place during the creation process (Kruger & Swanepoel 2017:117-118). It also possesses the ability to engage some of the senses (especially tactilely and kinaesthetically) and some clients with sensory processing challenges or physical limitations might even prefer using digital media (Malchiodi 2018a:27-28; Zubala et al 2021:2-3). Moreover, the use of digital media has proven to possess qualities that allow for creative expression to the same degree as traditional art therapy processes. And, with some younger clients, they might be even more proficient at exploring their creativity through digital media (Kruger & Swanepoel 2017:102; Malchiodi 2018a:27-

28). Other advantages include the potential to use copies of the artworks for various purposes without destroying or reworking the original; it is accessible online and not just in a physical space which might lead to more opportunities to access it; there is also unlimited software available to accommodate all preferences (Malchiodi 2018b:206-208; Zubala et al 2021:28-29). Other ethical considerations specific to art therapy and digital media are detailed in Chapter 2.

7.3.2 How can psychological stress influence adolescents' overall functioning and would it be able to improve through participating in art e-therapy?

As detailed in the literature review of Chapter 3, psychological stress can be defined as an individual's reaction to any factor, the stressor, which might cause physical or psychological distress and influence the individual's psychological state or mental well-being (American Psychological Association 2019:1). It might also then be classified as a biological stressor which will trigger a physiological response, environmental and/or psychological, which may cause physical or mental impairment in functioning, depending on the individual's personal capabilities. The effects of psychological stress are highly individual, and responses are subjective and depend on various factors of the person's psychological well-being and current state of functioning (Cooper & Quick 2017:1-3).

As discussed in Chapters 1 and 3, adolescence is a developmental stage characterised by many biological, emotional, cognitive, social, and physiological changes that may contribute to adolescents' vulnerability to psychological stressors (Pillay 2020:1-2). Specific factors include aspects concerning the ego and perception of self, a search for identity, and ego strengths. They might also have trouble with the physical changes such as fluctuating hormones and changing body identity and acceptance. Outside stressors might include social relationships, family relationships and environments, the academic environment and pressure, romantic relationships, and fear of the future and possible prospects (Evans-Whipp 2018:109-110). In South Africa, adolescents might also experience psychological stress due to societal constructs such as poverty, exposure to violence, crime, fear of violence and crime, gender violence, and family conflict (Van Rooyen et al 2014:340; Harrison et al 2021:21-22). As an adolescent, neurodevelopment and social skills are still developing; they also often do not possess the cognitive functions or emotional regulations to assist with coping skills to deal with these stressors. The consequences of psychological stress might manifest as physical symptoms such as changes in sleep patterns, appetite, lack of energy, headaches,

and so forth. Emotional symptoms can present as social withdrawal from peers and activities, anxiety, symptoms of depression or aggression, or expressed feelings of desperateness (Pillay 2020:1-2). Behavioural changes can include overreactions to situations; inability to cope with smaller inconveniences; and difficulty with regulating emotions (leading to outbursts), problem-solving, or adapting to changes (Blanca et al 2020:266).

Recognition of a distress and support intervention for adolescence coping with high psychological stress levels is therefore crucial. This might include therapeutic interventions, providing a more supportive home and social environment, assisting them with adaptive cognitive and coping skills, problem-solving skills, and positive thinking practices. Assistance can also focus on communication strategies, fostering optimism and adaptability, helping with goal setting, and managing current and future expectations (Manzar et al 2019:1-2).). Interventions focusing on resilience capabilities have then also proven very useful in assisting adolescents coping with high psychological stress levels (Diaz-González et al 2018:166-167, Blanca et al 2020:266).

7.3.3 What factors mainly contribute to the concept of resilience and how can resilience be fostered in adolescents through use of art e-therapy??

Resilience is an all-encompassing concept which can be described as the individual's ability to cope, adjust, and adapt when faced with adversity, changes, stressful events, or any kind of hardships (Ungar & Theron 2019:422). Resilience in an individual can fluctuate over time, and mostly focuses on the positive attributes and resources which can be utilised when dealing with stressors. The main factors contributing to resilience include self-belief, insight in personal strengths, initiative thinking, flexible problem-solving techniques, and supportive relationships. Social-cultural resources, flexible thinking, adaptability, and emotional regulation can also empower an individual to employ more resilient techniques (Jackson & Watkin 2004:14; Ungar & Theron 2018:144).

Resilience components can be enhanced and improved by assisting an individual to become more self-aware and to guide them toward developing and incorporating resilience qualities into their daily functioning. For this study, specific factors that encompass resilience were identified as *cognitive components* such as thought patterns, values, and beliefs; *behavioural components*, such as responses and code of conduct in certain situations; and *existential components* which include fostering a sense of purpose (Iacoviello & Charney 2014:2-6).

The research therefore specifically focused on finding individual strengths, thought patterns, and using flexible thinking, optimism and positive thinking, emotional regulations, support structures, core beliefs, self-empowerment, and coping skills when facing stressors (Brtis et al 2021:1-2).

Resilience in adolescents is mostly characterised by having a positive self-regard, an optimistic view of their self-worth and self-efficacy, and having the ability to employ flexible cognitive thinking. Problem-solving abilities, using healthy coping skills when faced with adversity, and cultivating realistic individual goals and expectations also contribute to adolescent resilience (Evans-Whipp & Gasser 2018:109). Resilience in adolescents can therefore be improved by helping them to find their personal strengths and then utilising it in optimistic and positive thinking when coping when stressed. The latter in turn facilitates their self-belief and confidence. Using adaptive thinking and flexible problem-solving techniques as well as introducing them to various coping skills can also foster resilience (Iacoviello & Charney 2014:2-6). Moreover, the building, maintaining, and ability to rely on supportive relationships and social skills are a significant part of resilience, especially with adolescents' peers, family, and romantic interests. Additionally, assistance with setting realistic goals and expectations of themselves and their futures can promote the construction of their resilience components (Cole & Knowles 2011:56; Tseliou & Ashfield-Watt 2022:603).

7.3.4 Which factors contribute to the benefits and limitations of art e-therapy sessions?

This sub-research question was first addressed in the literature review in Chapter 3 and then also further investigated in the empirical research in Chapters 4, 5 and 6.

The building of a therapeutic, trusting relationship with the adolescents was of utmost importance to successfully facilitate art e-therapy sessions and in turn address the resilience capabilities of the adolescents. Adolescents often try to assert their own identity and their own position in relation to adults which might lead to mistrust in adults, or they might have a stigma attached to therapy (Linesch 2015:254). Building rapport and creating a safe, trustworthy environment in which the adolescent feels safe to share their thoughts, feelings, perceptions and experiences was then the most significant aspect in the intervention process to promote resilience (Dalton 2018:17-19). The researcher also gave them the chance to outline their reality, and she was conscious to be understanding and attentive when they

shared the personal narrative of their lives throughout all phases of the data collection process (Chapters 5 & 6) as well as (Linesch 2015:254).

Art therapy assists the individual to visually depict their abstract internal perceptions and experiences, thereby making the invisible more concrete and expressive. It also gives the adolescent a chance to reflect and process their inner thoughts and emotions (Rani 2018:61-62). The use of creativity in art therapy can then be used as a safe process to address personal characteristics, stressors, past experiences, and thereby work on aspects which might promote resilience (Worrall & Jerry 2007:35; White 2018:112-113). Creative activities can also be used as a significant expressive tool with which to explore personal strengths, sense of purpose, self-mastery, and serve as a vehicle of empowerment (Malchiodi 2015:144). It can therefore help the adolescents to express their internalised thoughts and emotions, giving them an opportunity to reflect on it and create a personal awareness of their current skill level and areas of improvement, which can assist them with resilience (White 2018:112; Kometiani & Farmer 2020:3).

The goals and structure of the art e-therapy sessions then focused specifically on the aspects of resilience that directly influence adolescents, namely: finding and fostering personal strengths, focusing on optimism and positive thinking, employing cognitive thinking skills, exploring coping skills when facing psychological stressors, and giving opportunity for the self-empowerment of the adolescent (Stepney 2001:201; White 2018:112; Kometiani & Farmer 2020:3). Resilience with adolescents can also be enhanced by expressing negative aspects associated with their perceptions, past experiences, and thought processes, by creatively processing and reflecting on it within the artwork with the goal to reframe it by focusing on positive strengths and coping skills. The creative process of art e-therapy can then be used to give a tangible representation of the adolescent's inner-world, which might lead to a better comprehension of their own identity, and emotional regulations and thought processes (Padesky & Mooney 2012:289; Harpazi et al 2020:7-8). This opportunity to create self-awareness can then be extended to include an exploration of the component of resilience and how it can be utilised in their daily lives.

During the empirical study outlined in Chapters 5 and 6, the researcher made use of several resiliency enhancing techniques discussed above in the goal-directed art activities as well as the reflections afterwards. The main overarching goal of the art e-therapy sessions was to increase the adolescents' self-worth, and thereby increase their resilience abilities. The

researcher also discussed resiliency components and how it can be utilised by the adolescent during their interactions and at the beginning and end of the art e-therapy sessions.

The specific resiliency enhancing techniques used in the art e-therapy sessions therefore addressed and explored the concept of stress and possible coping skills. A focus on character strengths and weaknesses, and how strengths can be applied to the individual's functioning and perceptions of themselves, were also explored along with possible fears and factors causing stress. Various ways and skills were then considered regarding how to cope with it in an optimistic, positive way. The art activities also focused on utilising adaptive thinking and problem-solving skills as well as exploring negative and positive thought patterns and emotional regulation techniques. The researcher also focused on empowerment and giving the adolescents a sense of control over their own actions, emotions, and perceptions. The importance of support structures was also a theme throughout all the sessions, and the researcher and adolescent also explored realistic expectations and a sense of hope for the future – which all encompass resilience enhancing techniques.

7.3.5 Can art e-therapy be used to improve adolescents resilience to improv coping high psychological stress?

The benefits and limitations of the use of art e-therapy were investigated in the literature study in Chapter 2 and in the empirical study described in Chapters 4, 5 and 6.

The benefits and limitations are very similar to the aspects highlighted under sub-research question 1, which describes the characteristics of the concepts of e-therapy and art therapy. Benefits of art e-therapy include that most clients felt engaged and supported by the process which cultivated a sense of connectedness, the same as in-person therapy (Lloyd & Usiskin 2020:141). Another positive included that there is not a need to possess a physical creative space. This makes it easier to navigate, especially when working in a limited space or accommodating clients from different locations. The art psychologist should, however, be conscious of creating a metaphoric safe space in which the client feels they can work creatively and therapeutically, while maintaining a sense of containment and confidentiality (Malchiodi 2018a:22). It may also be more accessible for clients who cannot travel due to time or other practical or health constraints (Collie & Čubranić 2008:168). It therefore provided an opportunity for clients to have access to art therapeutic interventions which would otherwise be limited due to practical reasons.

Limitations of art e-therapy for the client may include financial constraints; lack of access to the necessary equipment; lack of Internet connectivity; and lack of access to a private space without interruptions, which will inhibit them from sharing freely with the art psychologist. They also might not have access to art materials or not feel confident enough to explore in their own space without in-person guidance about the creative process from the art psychologist (Shaw 2020:213-214). The psychologist and client also need to ensure that their sessions and artworks are stored confidentially and are password protected (Shaw 2020:213). Technological difficulties which include problems with the hardware, software, connections, or electricity are a further limitation affecting the art e-therapy process negatively. In this regard, it is useful to discuss a backup plan for an interrupted session with the client beforehand. Some non-verbal cues and behaviour exhibited by the client might also be missed due to not being in the frame of the web camera or not being in the actual room as the client, therefore the art psychologist must be conscious about actively engaging with the client and ensuring important cues are not missed (Snyder 2021:2). Other limitations might also include the lack of training for psychologists, and that a psychologist utilising creative processes might not feel confident enough with digital tools to facilitate e-therapy sessions with confidence. It is therefore the art psychologist's responsibility to upskill themselves and gain experience in the use of digital tools and technology that is available (Zubala et al 2021:18-19).

During the art e-therapy sessions conducted during the empirical research, the researcher found the physical online space at times challenging. This was because she would have liked to have been able to offer the participants more of variety of art materials than they had available, or to guide them more during the creative process. However, when this aspect was discussed with the participants, none of them shared her thoughts, and they all thought the process was easy to navigate and relaxing. As presented in Chapter 6, most of the participants experienced benefits from the art e-therapy sessions, finding it relaxing and helpful. The only notable limitation was technological issues due to electricity outages.

7.3.6 How does art therapy delivered through e-therapy influence the resilience of adolescents experiencing psychological stress?"

The answer to the main research question which explored how art therapy delivered through e-therapy can influence the resilience of adolescents experiencing high psychological stress levels is as follows:

Considering the data presented in the literature review and the empirical study, which was summarised in Table 34 and discussed in section 7.2, the researcher can confidently conclude that art therapy delivered through e-therapy can have a positive impact on the resiliency profiles of adolescents experiencing high psychological stress levels.

7.4 CONTRIBUTIONS OF THE STUDY

This section presents the contributions of this study.

This study illuminates the use of art e-therapy in the South African context. It therefore contributed to the understanding of as well as practical components of the usage of art e-therapy with adolescents. To this researcher's knowledge, this is the only available study that has solely focused on the use of art e-therapy with South African adolescents in the specific societal context.

The literature review and empirical research also explored the concept of resilience and its all-encompassing components, and how it can be enhanced with adolescents experiencing high psychological stress levels – again set in a South African context, although the aim and the study can be adjusted and used in international systems and practices as well.

The participants were also from diverse cultural and racial backgrounds, indicating that these aspects did not have an impact on the findings of the empirical research. The strategies can thus be used with diverse adolescents, given that they have access to the device or materials needed.

The participants felt comfortable and even preferred using online platforms for all communications and did not experience the digital distance as a limitation. The study thus confirmed that e-therapy is a useful medium to deliver therapeutic services.

The intervention programme, namely the specific goal-directed art e-therapy sessions, were structured to improve the resilience of adolescents experiencing high levels of psychological stress. More specifically, the structure set out in each session as well as the specific art activities used in each session, facilitated significant insight, reflection, and communication between the researcher and the participants. The researcher also believes that she structured the intervention art e-therapy sessions practically, and that they are easily adaptable and

applicable. Psychologists who then wish to work with some of the goals set out in the study can replicate the structure, goals, or art activities used in this study to achieve similar therapeutic aims in their clients' sessions. It may also serve as a departure point to gain some insight or ideas in structuring their own programmes or sessions with similar clients/adolescents.

As mentioned in Chapter 1, the researcher found an emerging body of literature on e-therapy and several studies on art e-therapy; however, none in combination with addressing resiliency in adolescents experiencing high psychological stress, and none specifically in South Africa. Therefore, it can be deduced that this study contributed to the body of knowledge on art e-therapy high psychological stress, and adolescents (individually and as a collective) specifically in the South African context.

The findings further revealed that the adolescents experienced positive changes in their resilience abilities and felt less psychologically stressed after the art e-therapy sessions. Therefore, it can be concluded that psychologists can use components of the structured sessions specifically when working with adolescents wishing to improve components of resilience, such as a sense of self-mastery, sense of relatedness, and emotional reactivity. This includes optimism, adaptable thinking, problem-solving and coping skills, realistic expectations of self and the future, and utilising/cultivating supportive structures.

The researcher was also pleased by the enthusiastic way the participants approached the art activities and how they began utilising creativity as a self-regulation technique. This study therefore contributed to the overall well-being and functioning of the adolescents under study. Based on the above, the researcher is convinced that other adolescents might enjoy such therapeutic activities in a similar way, and it can be more broadly utilised by mental health workers in a variety of settings and locations, both locally and internationally.

7.5 LIMITATIONS OF THE STUDY

Although this study presented a descriptive single-case study which provided insight into the experience of adolescents receiving art e-therapy to assist them to improve their resilience levels to help them cope with high psychological stress levels, limitations are present which influence and limit the results of the research findings.

The aim of the study was to provide insight into an interpretive representation of a specific phenomenon through descriptions of personalised experiences and findings. Given that the study was a single-case study design, the sample group that participated was limited and the findings are specific to that specific criteria and population from which the study was selected. This makes it challenging to generalise the findings to a larger population as it only focused on the specific participants' contexts.

Due to interest by potential participants in the research study and the specific selection criteria, the research study sample consisted entirely of a diversity of ethnic and culturally diverse female participants including one male to female transexual. This then limits the findings to mostly female gender identifying participants which limit the findings of the study to not include other genders. This could perhaps indicate that there is still a stigma attached to receiving therapy or art therapy in general by male adolescents.

The art e-therapy sessions were goal-directed and limited to a certain number; excluding the before and after-intervention sessions and contact time, the therapeutic sessions were implemented over six sessions, and upon reflection the researcher believes several of the participants could have benefited from a longer period of contact. It was also time constricted and could have perhaps been useful to have facilitated the sessions over a longer period. Once again, the researcher thinks this was appropriate for certain participants, however others would have preferred to have more lengthy sessions over a longer period of time.

The researcher was at times frustrated with the materials and software programmes used by the participants. At times she would have preferred to offer the participants a choice of other materials to what they were using. Some of the participants experienced challenges with their digital software and the researcher was only able to offer restricted assistance due to the online, e-therapy format and the difference in technological devices.

Technological difficulties, mainly due to electricity outages, and at times devices malfunctioning was also a limitation; however, this was overcome by postponing the sessions or phoning each other and problem-solving the technological difficulties.

The subjective nature of self-reporting in the use of the RSCA made the researcher question some of the results yielded by the measurement. For instance, two of the participant's

responses did not reflect the positive responses and feedback given in their semi-structured, open-ended interviews. Therefore, the researcher interpreted the results carefully seeking confirmation of the results and responses with the participants to ensure the accuracy of the findings.

Other psychologists, specifically psychologists utilising art or e-therapy, might not be skilled in the therapeutic methods or digital tools utilised during this study, thereby limiting the use of the therapeutic intervention by other psychologists.

The delivery of e-therapy is limited to those who have access to the hardware devices and good quality Internet connection. Art therapy is unavailable to those who do not have access to any art materials or digital software. A client who only possesses a mobile phone for instance will struggle to participate in an online creative process while managing the device. Therefore, the findings exclude clients from a lower socio-economic background or unstable home environment, or who do not have the tools to participate in the process as depicted in the research study.

However, despite these limitations, the researcher feels that the study yielded significant findings regarding the use of art e-therapy with the intention of enhancing the resilience of adolescents experiencing high psychological stress levels.

7.6 RECOMMENDATIONS FOR PSYCHOLOGIST INTERESTED IN UTILISING ART E-THERAPY WITH ADOLESCENTS

Based on the researcher's experience during the data study she can recommend the following guidelines for psychologist interested in using art-therapy with adolescents:

Explore various art making and creativity techniques – an online course or art classes might be a welcome additional to add to the artistic skillset or make the psychologist more comfortable with their own abilities and the creative process. Each individual will have a preference of materials or techniques and it is important to explore this facet of the individual's personality and comfort zone. It is also strongly recommended not to overthink the creative process too much – let go and explore. Often the most interesting projects come from just playing around with the process.

Currently art therapy does not have an accredited degree course with which a psychologist can register with the HPCSA as such. There are however many courses on art therapy available to introduce you to the practice guiding this psychological process, how to use it with clients and equip you with the right skills to administer it. There are currently numerous online courses with a high quality of standard for training purposes (only for learning purposes as it can not be used as a registration for an art therapist). Many ideas for activities with specific goals are also freely available on the internet – do research and experiment.

Knowledge about online tools and the use of technological devices are also important. Again an online computer proficiency course or a mentor can assist in helping one gain the necessary skills to navigate e-therapy.

Gain experience working with adolescents – the more experience you gain the easier it will get to engage with this developmental age group.

Lastly, do not be afraid and see it as a fun, exploratory way in engaging with your creative side as well applying it to your psychological skillset.

7.7 RECOMMENDATIONS FOR FUTURE STUDIES

The study's findings indicate that there might be scope for future research studies and the following is recommended:

The use of resilience and improvement of psychological and social well-being is extremely important, especially for more vulnerable developmental stages or other population groups. Therefore, research into using art e-therapy sessions to enhance resilience can be conducted with various age groups such as children and elderly people. This aspect then also includes populations from lower socio-economic backgrounds which would benefit from therapeutic interventions, specifically to improve coping skills and future aspirations. Research can therefore be used to evaluate how such sessions, specifically art e-therapy can be made available to clients from resource-restrained environments or in different contexts by, for instance, utilising resource or community centres.

Future research can also focus on the inclusion of other genders, specifically male identifying individuals, as it will be significant to determine whether they experience the same resilience

enhancing results as the participants of this research study. Further research with more diverse participants, including all genders, will therefore be significant.

The importance of social support and peer and family relationships formed a big part of the resiliency components investigated in this research. Further study can therefore be conducted on perhaps incorporating family or peer groups into the art e-therapy sessions to either participate in a supportive role to gain insight into the participant, or to learn about the specific skills addressed in the resiliency focused art e-therapy sessions.

As this study mainly used Zoom for the videoconferencing sessions and a mixed-media approach dictated by the participants and guided by the researcher, future studies may also focus on using different online platforms and software than used in the art e-therapy sessions with other or more diverse tools and materials.

Future studies can also be conducted over a greater time period with longer sessions to determine, firstly, if the participants will prefer lengthier interventions to participate in the art e-therapy sessions, and secondly, whether the findings of enhanced resilience profiles and reduced high psychological stress levels are then long-term.

Further research might also focus on either employing different measurement tools which may yield other significant results which highlight different aspects of the effect of art e-therapy sessions to enhance the resilience of adolescents experiencing high psychological stress levels. A different research design, such as a mixed-method approach, might also be useful to gain more empirical data on the specific aim of the research study.

It will also be interesting if a similar research study is replicated in another country to compare the effectiveness of art e-therapy with adolescents in another global setting who also experience high psychological stress and will benefit from enhancing their resiliency abilities.

7.8 FINAL REFLECTION & CONCLUSION

This chapter then presented the main findings from all the chapters which include the literature and empirical study which were then presented and summarised in order to answer

the sub-research questions and main research question in order to draw significant findings as the culmination of the research study.

The research study was undertaken with the purpose of investigating how art e-therapy can influence the resilience of adolescents experiencing high levels of psychological stress. Based on the analysis and findings, it is found to be a useful therapeutic intervention, specifically with adolescents in the context presented in this study. The data findings were then reliably explored, analysed, and interpreted by the researcher in order to answer the research questions and aims set for the study.

The limitations and contributions were acknowledged, and recommendations for future studies were presented.

The researcher found the study deeply evocative and expressive of the healing power of art, specifically when visual arts are used by a psychologist as a therapeutic intervention. When considering the many stressors experienced daily by all people across the globe and also specifically in a South African context, the researcher feels that the need to focus on enhancing resilience capability skills is very important for all mental health professionals, personally as well as when working with clients. She hopes that the usefulness of considering the creative process in addressing this specific area of therapeutic intervention will assist other professionals working in the mental health field.

To bring this study to a close, the following quote eloquently sums up the researcher's personal experience of the significance of art therapy:

“At the deepest level, the creative process and the healing process arise from a single source. When you are an artist, you are a healer; a wordless trust of the same mystery is the foundation of your work and its integrity” (Rachel Remen 2010:1).

REFERENCES

- Aach-Feldman, S, & Kunkle-Miller, C. 2016. 'Developmental art therapy', in Rubin, JA (ed). *Approaches to art therapy: Theory and technique*. 3rd edition. London & New York: Routledge Taylor & Francis Group:435-451.
- Abbott, JM, Klein, B, & Ciechomski, L. 2008. Best practices in online therapy. *Journal of Technology in Human Services* 26(2-4):360-375. <http://dx.doi.org/10.1080/15228830802097257>
- Abrams, B. 2015. 'Humanistic approaches', in Wheeler, BL (ed.). *Music therapy handbook*. London: The Guildford Press:148-150.
- Abutabenjeh, S, & Jaradat, R. 2018. Clarification of research design, research methods, and research methodology: A guide for public administration researchers and practitioners. *Sagepub* 36(3):235-240. <https://doi.org/10.1177/0144739418775>
- Adler, K. 2011. Art therapy and resilience: Drawing on our strengths. Available: https://www.academia.edu/32729554/Art_Therapy_and_Resilience_Drawing_on_our_Strengths (Accessed 10 April 2022).
- Adom, D, Joe, AA, & Hussein, EK. 2018. Theoretical and conceptual framework: Mandatory ingredients of quality research. *International Journal of Scientific Research* 7(1):438-441.
- Ahern, NR, Kiehl, EM, Sole, ML, & Byers, J. 2006. A review of instruments measuring resilience. *Issues in Comprehensive Pediatric Nursing* 29(2):103-125.
- Alders, A, Beck, L, Allen, PB, & Mosinski, B. 2011. Technology in art therapy: Ethical challenges. *Art Therapy* 28(4):165-170. <https://doi.org/10.1080/07421656.2011.622683>

- Alharahsheh, HH, & Pius, A. 2020. A Review of key paradigms: positivism VS interpretivism. *Global Academic Journal of Humanities and Social Sciences* 2(3):39-43.
- American Art Therapy Association. 2010. Frequently asked questions about art therapy. Available: <http://www.arttherapy-co.org/ataco/documents/whatis/AATA%20-%20Frequently%20Asked%20Questions%20about%20Art%20Therapy.pdf> (Accessed 10 February 2022).
- American Art Therapy Association. 2017. Definitions of art therapy. Available: <https://arttherapy.org/about-art-therapy/>
- American Psychological Association (APA). 2013. Guidelines for the practice of Telepsychology. *American Psychological Association* 68(9):791-800.
- American Psychological Association (APA). 2019. *Stress facts and tips*. Available: <https://www.apa.org/topics/stress/>
- Amineh, RJ & Asl, HD. 2015. Review of constructivism and social constructivism. *Journal of Social Sciences, Literature, and Languages* 1(1):9-16.
- Andersson, G, Cuijpers, P, Carlbring, P, Riper, H & Hedman, E. 2014. Guided internet-based vs face-to-face cognitive behaviour therapy for psychiatric and somatic disorders: A systematic review and meta-analysis. *World Psychiatry* 13(3):288-295.
- Andersson, G, Titov, N, Dear, BF, Rozental, A & Carlbring, P. 2019. Internet-delivered psychological treatments: from innovation to implementation. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)* 18(1):20–28. <https://doi.org/10.1002/wps.20610>
- Anthony, EK, Williams LR & LeCroy, CW. 2014. Trends in adolescent development impacting practice: How can we catch up? *Journal of Human Behaviour in the Social Environment* 24(4):487-498. <https://doi.org/10.1080/10911359.2013.849220>

- Antonelli, W. 2020. What is Zoom? A comprehensive guide to the wildly popular video-chatting service for computers and smartphones. Available: <https://www.businessinsider.com/what-is-zoom-guide?IR=T>
- Antwi, SK & Hamza, K. 2015. Qualitative and quantitative research paradigms in business research: a philosophical reflection. *European Journal of Business and Management* 7(3): 217-225.
- Appleton, V. 2001. Avenues of hope: Art therapy and the resolution of trauma. *Art Therapy: Journal of the American Art Therapy Association* 18(1):6-13. <http://dx.doi.org/10.1080/07421656.2001.10129454>
- Art Therapy Resources. 2020. *Developing resilience guidebook: Art therapy exercises*. Available: www.arttherapyresources.com.au
- ArtRage. 2021. ArtRage6: realistic painting tools textures & color blending. Available: <https://www.artrage.com/>
- Asadi, T & Salimi, E. 2013. On the function of art in modernism. *Research Scholar* 1(3):1-6.
- Aspers, P & Corte, U. 2019. What is qualitative in qualitative research. *Qualitative Sociology* 42:139–160. <https://doi.org/10.1007/s11133-019-9413-7>
- Athanasou, JA, Mpofu, E, Gitchel, WD, & Elias, MJ. 2012. ‘Theoretical-conceptual and structural aspects of thesis writing’, in Maree, JG. (ed). *Complete Your Thesis or Dissertation Successfully*. Pretoria: Juta: 40-54.
- Austin, B. 2009. Renewing the debate: Digital technology in Art Therapy and the creative process. *Art Therapy: Journal of the American Art Therapy Association* 26(2):83-85. <http://dx.doi.org/10.1080/07421656.2009.10129745>
- Austin, B. 2010. Technology, art therapy and psychodynamic theory: Computer animation with an adolescent in foster care in Moon, D (ed.), *Materials and media in art*

therapy: Critical understandings of diverse artistic vocabularies. New York, USA: Taylor & Francis Group: 199-213.

Avrahami, D. 2006. Visual art therapy's unique contribution in the treatment of post traumatic stress disorders. *Journal of Trauma & Dissociation* 6(4):5-38. http://dx.doi.org.10.1300/J229v06n04_02.

Baker, R, Brick, JM, Bates, NA, Battaglia, M, Couper, MP, Dever, JA, Gile, KJ & Tourangeau, R. 2013. Summary Report of the AAPOR Task Force on Non-probability Sampling. *Journal of Survey Statistics and Methodology* 1(2):90-143. <https://doi.org/10.1093/jssam/smt008>

Barack, A & Grohol, JM. 2011. Current and Future Trends in Internet- Supported Mental Health Interventions. *Journal of Technology in Human Services* 29(3):155-196. <http://dx.doi.org/10.1080/15228835.2011.616939>

Barker, GG & Barker, EE. 2022. Online therapy: lessons learned from the COVID-19 health crisis. *British Journal of Guidance & Counselling* 50(1):66-81. <http://dx.doi.org/10.1080/03069885.2021.1889462>

Barnes, H & Peters, D. 2002. Translating trauma: using arts therapies with survivors of violence. *South African Theatre Journal* 16(1):157-183. <http://dx.doi.org/10.1080/10137548.2002.9687747>

Bat Or, M & Zilcha-Mano, S. 2019. The art therapy working alliance inventory: The development of a measure. *International Journal of Art Therapy* 24(2):76–87. <https://doi.org/10.1080/17454832.2018.1518989>

Bauer A, Stevens M, Purtscheller D, Knapp M, Fonagy P, Evans-Lacko S & Paul, J. 2021 Mobilising social support to improve mental health for children and adolescents: A systematic review using principles of realist synthesis. *PLoS ONE* 16(5):1-23. <https://doi.org/10.1371/journal.pone.0251750>

- Bauman S & Rivers I. 2015. *Mental health in the digital age*. New York, NY: Palgrave Macmillan.
- Bäumel, J, Froböse, T, Kraemer, S, Rentrop, M, & Pitschel-Walz, G. 2006. Psychoeducation: a basic psychotherapeutic intervention for patients with schizophrenia and their families. *Schizophrenia Bulletin* 32(1):1–9. <https://doi.org/10.1093/schbul/sbl017>
- Baxter, P & Jack, S. 2008. Qualitative case study methodology: study design and implementation for novice researchers. *The Qualitative Report* 13(4):544-559. <http://www.nova.edu/ssss/QR/QR13-4/baxter.pdf>
- Békés, V, & Aafjes-van Doorn, K. 2020. Psychotherapists' attitudes toward online therapy during the COVID-19 pandemic. *Journal of Psychotherapy Integration* 30(2):238-247. <http://dx.doi.org/10.1037/int0000214>
- Belity, I, & Domany, Y. 2021. 'Intercultural Therapy: A Meeting Between the Inner Home and the Environment', in Huet, V, & Kapitan, L. (eds.), *International Advances in Art Therapy Research and Practice: The Emerging Picture*. London: Cambridge Scholars Publishing:241-242.
- Bensimon, M. 2012. Elaboration on the association between trauma, PTSD and posttraumatic growth: The role of trait resilience. *Personality and Individual Differences* 52:782-787. <https://doi.org/10.1016/j.paid.2012.01.011>
- Berg, M. 2015. 'The impact of internal and external authority figures in adolescence', in French, L & Klein, R (eds). *The contemporary adolescent: A clinical workbook for counsellors, psychotherapists and art therapists*. New York, NY: Routledge:111-118.
- Berk, LE. 2013. *Child development*. 5th edition. Boston, MA: Pearson.
- Bester, G. 2019. Stress experienced by adolescents in school: the importance of personality and interpersonal relationships. *Journal of Child & Adolescent Mental Health* 31(1):25-37. <https://doi.org/10.2989/17280583.2019.1580586>

- Betensky, M. 2001. 'Phenomenological art therapy', in Rubin, JA (ed). *Approaches to art therapy: Theory and Technique*. 3rd edition. London New York: Routledge Taylor & Francis Group:36-37.
- Beyers, C. 2013. In search of healthy sexuality: the gap between what youth want and what teachers think they need. *TD: The Journal for Transdisciplinary Research in Southern Africa*, 9(3):550-560. <http://dspace.nwu.ac.za/handle/10394/3605>
- Bischoff, R. 2010. Considerations in the use of telecommunications as a primary treatment medium: the application of behavioral telehealth to marriage and family therapy. *The American Journal of Family Therapy* 32(3):173-18. <http://dx.doi.org/10.1080/01926180490437376>
- Bitonte, RA & De Santo, M. 2014. Art therapy: An underutilized, yet effective tool. *Medical Illness* 5(1):53-54.
- Blanca, MJ, Escobar, M, Lima, JF, Byrne, D & Alarcon, R. 2020. Psychometric properties of a short form of the Adolescent Stress Questionnaire (ASQ-14). *Psicothema* 32(2):261-267. <http://dx.org/10.7334/psicothema2019.288>
- Bloomberg, LD & Volpe, M. 2018. *Completing your qualitative dissertation: a road map from beginning to end*. 4th edition. Los Angeles: Sage Publication:164-166.
- Bluth, K, & Blanton, P.W. 2014. The Influence of self-compassion on emotional well-being among early and older adolescent males and females. *The Journal of Positive Psychology: Dedicated to Further Research and Promoting Good Practice* 10(3):219-230. <http://dx.doi.org/10.1080/17439760.2014.936967>
- Boden, MA. 2007. Authenticity and computer art. *Digital Creativity*, 18(1):3-10.
- Bosgraaf, L, Spreen, M, Pattiselanno, K, & van Hooren, S. 2020. Art therapy for psychosocial problems in children and adolescents: a systematic narrative review on art therapeutic means and forms of expression, therapist behavior, and supposed mechanisms of

change. *Frontiers in Psychology* 11(584685):1-32.
<https://doi.org/10.3389/fpsyg.2020.584685>

Boyd, D. 2014. *It's complicated: The social lives of networked teens*. New Haven: Yale University Press.

Brady, M.T. 2015. 'Unjoined persons': Psychic isolation in Adolescence and its relation to bodily symptoms. *Journal of Child Psychotherapy*, 41(2):179-194.
<http://dx.doi.org/10.1080/0075417X.2015.1048126>

Brady, M.T. 2017. 'Sleeping beauties': Succession problems of adolescence. *Journal of Child Psychotherapy* 43(1):55-65.
<http://dx.doi.org/10.1080/0075417X.2017.1283850>

Briks, A. 2007. Art Therapy with adolescents. *Canadian Art Therapy Association Journal* 20(1):2-15. <http://dx.doi.org/10.1080/08322473.2007.11432288>

British Association of Art Therapists (BAAT). 2022. What is art therapy? Available: http://www.baat.org/art_therapy.html

Britis, J, McEvelley, M & Pennock, M. 2021. Resilience requirements patterns. *INCOSE International Symposium* 31(1):570-584. <https://doi.org/10.1002/j.2334-5837.2021.00855.x>

Byrne, DG, Davenport, SC, & Mazanov, J. 2007. Profiles of adolescent stress: The development of the Adolescent Stress Questionnaire (ASQ). *Journal of Adolescence* 30(3):393-416. <https://doi.org/10.1016/j.adolescence.2006.04.004>

Campbell, AF & Simmonds, J. 2011. Therapist perspectives on the therapeutic alliance with children and adolescents. *Counselling Psychology Quarterly* 24(3):195-209.
<http://doi.org/10.1080/09515070.2011.620734>

Canadian Art Therapy Association. 2022. What is Art therapy? Available: <https://www.canadianarttherapy.org/what-is-art-therapy>

- Carlier, NG, Powell, S, El-Halawani, M, Dixon, M, & Weber, A. 2020. COVID-19 transforms art therapy services in the Arabian Gulf. *International Journal of Art Therapy* 25(4):202-210. <https://doi.org/10.1080/17454832.2020.1845759>
- Carlton, NR. 2014. Digital culture and art therapy. *The Arts in Psychotherapy* 41:41-45. <http://dx.doi.org/10.1016/j.aip.2013.11.006>
- Carr, S, & McDonald, A. 2019. The power of the art: the importance of images in art therapy literature. *International Journal of Art Therapy* 24(4):149-150. <https://doi.org/10.1080/17454832.2019.1678252>
- Carver, CS, Scheier, MF & Segerstrom, SC. 2010. Optimism. *Clinical Psychology Review* 30:879-899. <http://doi.org/10.1016/j.cpr.2010.01.006>
- Case, C, & Dalley, T. 2014. *The handbook of art therapy*. 3rd edition. London New York: Routledge Taylor & Francis Group.
- Caulfield, J. 2019. *How to do thematic analysis*. Available: <https://www.scribbr.com/methodology/thematic-analysis/>
- Chakrabarti, S. 2015. Usefulness of telepsychiatry: A critical evaluation of videoconferencing-based approaches. *World Journal of Psychiatry* 5(3):286-304.
- Chantrell, S. 2009. Growth in Emotional Intelligence. Psychotherapy with a learning disabled girl. *Journal of Child Psychotherapy* 35(2):157-174. <http://dx.doi.org/10.1080/00754170902996080>
- Chatzky, J. 2017. BrainyQuote.com. Available: https://www.brainyquote.com/quotes/jean_chatzky_724871
- Chetty, P. 2016. Importance of research approach in a research. *Knowledge Tank; Project Guru*, 1-2. Available: <https://www.projectguru.in/selecting-research-approach-business-studies/>

- Chilton, G, Gerity, L, LaVorgna-Smith, M and McMichael, HN. 2009. An Online Art Exchange Group: 14 Secrets for a happy artist's life. *Art Therapy: Journal of the American Art Therapy Association* 26(2):66-72. <http://dx.doi.org/10.1080/07421656.2009.10129741>
- Chipise E, Wassenaar D, Wilkinson A. 2019. Towards new ethics guidelines: the ethics of online therapy in South Africa. *South African Journal of Psychology* 49(3):337-352. <https://doi.org/10.1177/0081246318811562>
- Choe, NS. 2014. An exploration of the qualities and features of art arts for art therapy. *The Arts in Psychotherapy* 41:145-154. <http://dx.doi.org/10.1016/j.aip.2014.01.002>
- Choe, NS, & Carlton, NR. 2019. Behind the screens: informed consent and digital literacy art therapy. *Art Therapy* 36(1):15-21. <https://doi.org/10.1080/07421656.2019.1565060>
- Clarke, V, & Braun, V. 2013. Teaching thematic analysis: Overcoming challenges and strategies for effective teaching. *The Psychologist* 26:120-123.
- Clough, P. & Strycharczyk, D. 2012. *Developing mental toughness: improving performance, wellbeing and positive behaviour in others*. United States: Kogan Page Limited.
- Cohen, S. 1994. Perceived Stress Scale. Available: www.mindgarden.com
- Cohen, D, & Crabtree B. 2006. Qualitative Research Guidelines Project. Available: <http://www.qualres.org/index.html>
- Cohen, RJ, & Swerdlik, ME. 2005. *Psychological Testing and Assessment, An introduction to tests and measurement*. 6th edition. New York: McGraw-Hill.
- Cohen, MA. 2018. *Creativity and recovery: The mental health benefits of art therapy*. Available: <https://www.rtor.org/2018/07/10/benefits-of-art-therapy/>

- Cohen-Liebman, M. 2021. 'Drawing to disclose: an art therapy-based investigative Interview process for children', in Huet, V, & Kapitan, L. (eds.). *International advances in art therapy research and practice: The Emerging Picture*. London: Cambridge Scholars Publishing:77-79.
- Cohen-Yatziv, L, & Regev, R. 2019. The effectiveness and contribution of art therapy work with children in 2018 -what progress has been made so far? A systematic review. *International Journal of Art Therapy* 24(3):100-112.
<https://doi.org/10.1080/17454832.2019.1574845>
- Cole, T & Knowles, B. 2011. How to help children and young children: A guide for practitioners working in educational settings. London, England: Jessica Kingsley:56-59.
- Coleman, J.C. 2011. *The nature of adolescence*. 4th edition. London: Routledge
- Coles, A, Harrison, F & Todd, S. 2019. Flexing the frame: therapist experiences of museum-based group art psychotherapy for adults with complex mental health difficulties. *International Journal of Art Therapy* 24(2):56-67.
<https://dx.dio.org/10.1080/17454832.2018.1564346>
- Collie, K, & Čubranić, D. 2008. Computer-supported distance art therapy: A focus on traumatic illness. *Journal of Technology in Human Services* 20(1-2):155-171.
https://dx.doi.org/10.1300/J017v20n01_12
- Collie, K, Hankinson, S, Norton, M, Dunlop, C, Mooney, M, Miller, Giese-Davis, J. 2017. Online art therapy groups for young adults with cancer. *Arts & Health* 9(1):1-13.
<https://0-doi-org.oasis.unisa.ac.za/10.1080/17533015.2015.1121882>
- Connor, KM & Davidson, JRT. 2003. Development of a new resilience scale: The Connor-Davidson Resilience Scale. *Depression and Anxiety* 18:76-82.

- Cook, D & Monk, L. 2020. 'Being able to take that mask off': adolescent clients' experiences of power in person-centred therapy relationships. *Person-Centred & Experiential Psychotherapies* 19(2):95-111. <https://doi.org/10.1080/14779757.2020.1717982>
- Cooper, CL & Quick, JC. 2017. *The handbook of stress and health: A guide to research and practice*. Wiley Blackwell:1-3. <https://doi.org/10.1002/9781118993811>
- Creswell JW. 2014. *Research design: Qualitative, quantitative and mixed method approaches*. 4th edition. Thousand Oaks, CA: Sage.
- Creswell, JW & Poth, CN. 2018. *Qualitative inquiry and research design choosing among five approaches*. 4th edition. Thousand Oaks: SAGE.
- Cropley, AJ. 2011. 'Definitions of creativity', in Runco, MA & Pritzker SR (eds.). *Encyclopaedia of creativity*. San Diego, CA: Academic Press:511-524.
- Cropley, AJ. 2021. *Qualitative research methods: A practice-oriented introduction for students of psychology and education*. 3rd edition. Available: <https://doi.org/10.13140/RG.2.1.3095.6888/1>
- Curtis, AC. 2015. Defining adolescence. *Journal of Adolescent and Family Health* 7(2):1-39. <https://scholar.utc.edu/jafh/vol7/iss2/2>
- Curtis, B & Curtis, C. 2011. *Social research*. SAGE Publications, Inc. <https://dx.doi.org/10.4135/9781526435415>
- Cutcher, A & Boyd, W. 2016. Children as artists: The preschool as a community of creative practice. *Journal of Curriculum and Pedagogy* 13(1):5-17. <https://doi.org/10.1080/15505170.2016.1143893>
- Cypress B. 2018. Qualitative research methods: a phenomenological focus. *Dimensions of Critical Care Nursing* 37(6):302–309. <https://doi.org/10.1097/DCC.0000000000000322>

- Dalton, EM. 2018. Beyond universal design for learning: Guiding principles to reduce barriers to digital & media literacy competence. *Journal of Media Literacy Education*, 9(2):17-29. https://doi.org/10.23860/JMLE-2019-09-02-02_17
- Dash, NK. 2005. Selection of the research paradigm and methodology. Available: http://www.celt.mmu.ac.uk/researchmethods/Modules/Selection_of_methodology/
- Datlen, G, & Pandolfi, C. 2020. Developing an online art therapy group for learning disabled young adults using WhatsApp. *International Journal of Art Therapy* 25(4):192–201. <https://doi.org/10.1080/17454832.2020.1845758>
- De Villiers, M. & Van den Berg, H. 2012. The implementation and evaluation of a resiliency programme for children. *South African Journal of Psychology*, 42(1):93-102. <https://doi.org/10.1177/008124631204200110>
- Delport, CSL, Fouché, CB & Schurink, W. 2011. Theory and literature in qualitative research in De Vos, AS, Strydom, H, Fouché, CB, & Delport, CSL (eds.). *Research at grass roots for the social sciences and human service professions*. Pretoria: Van Schaik:297-306.
- De Vos, AS, Strydom, H, Fouché, CB & Delport, CSL. 2011. Building a scientific base for the helping professions in De Vos, AS, Strydom, H, Fouché, CB & Delport, CSL. *Research at grass roots for the social sciences and human service professions*. Pretoria: Van Schaik:512-513.
- Díaz-González, MC, Pérez, C, Sánchez-Raya, A, Moriana, JA, & Sánchez, V. 2018. Mindfulness-based stress reduction in adolescents with mental disorders: A randomised clinical trial. *Psicothema* 30:165-170. <https://doi.org/10.7334/psicothema2017.259>
- Di Fabio, A, & Maree, JG. 2012. ‘Ensuring quality in scholarly writing’, in Maree, JG (Ed). *Complete your thesis or dissertation successfully: Practical guidelines*. Cape Town, South Africa: Juta:136-144.

- Domínguez, DG, Bobele, M, Coppock, J & Peña, E. 2015. LGBTQ relationally based positive psychology: An inclusive and systemic framework. *Psychological Services* 12(2):177–185. <https://doi.org/10.1037/a0038824>
- Dooley, H, & Fargher, M. 2010. *The adolescent storm. A handbook for parents.* Johannesburg: Penguin Books.
- Dowling, M & Rickwood, D. 2013. Online counseling and therapy for mental health problems: a systematic review of individual synchronous interventions using chat. *Journal of Technology in Human Services* 31(1):1-21. <https://doi.org/10.1080/15228835.2012.728508>
- Dumontheil, I. 2015. Development of the social brain during adolescence. *Psicologia Educativa* 21(2):117-124. <https://doi.org/10.1016/j.pse2015.08.005>
- Dvash, J, & Shamay-Tsoory, SG. 2014. Theory of mind and empathy as multi-dimensional constructs. *Topics in Language Disorders* 34(4).
- Edwards, D & Wilkins, P. 2016. *Art therapy. Creative therapies in practice.* 2nd edition. London: SAGE Publications.
- Ehinger, J. 2017. ‘Therapeutic technology re-envisioned’, in Gardner, RL (ed.). *Digital art therapy: Material, methods and applications.* London, UK: Jessica Kingsley Publishers:115-123.
- Eliasson, O. 2016. Why art has the power to change the world. Available: <https://www.weforum.org/agenda/2016/01/why-art-has-the-power-to-change-the-world/>
- Etikan, Í & Bala, K. 2017. Sampling and sampling methods. *Biometrics & Biostatistics International Journal* 5(6):215-217 <https://doi.org/10.15406/BIJ.2017.05.00149>

- Evans, S. 2012. Using computer technology in expressive art therapy practice: a proposal for increased use. *Journal of Creativity in Mental Health* 7(1):49-63. <http://dx.doi.org/10.1080/15401383.2012.660127>
- Evans, DJ. 2018. Some guidelines for telepsychology in South Africa. *South African Journal of Psychology* 48(2):166-170. <https://doi.org/10.1177/0081246318757943>
- Evans-Whipp, T & Gasser, C. 2018. Adolescents' resilience. *LSAC Annual Statistical Report chapter 2018*:109-120. Available: <https://aifs.gov.au/publications/adolescents-resilience>
- Fairburn, CG & Patel, V. 2017. The impact of digital technology on psychological treatments and their dissemination. *Behaviour Research and Therapy* 88:19–25. <https://doi.org/10.1016/j.brat.2016.08.012>
- Fantus, S & Mishna, F. 2013. The ethical and clinical implications of utilizing cyber communication in face-to-face therapy. *Smith College Studies in Social Work* 83(4):466-480. <http://dx.doi.org/10.1080/00377317.2013.833049>
- Fantus, S, Mishna, F, & McInroy, LB. 2017. Informal use of information and communication technology: adjunct to traditional face-to-face social work practice. *Clinical Social Work* 45(1):49-55.
- Farnworth, D. 2021. *What is creativity?* Available: <https://copyblogger.com/define-creativity/>
- Farokhi, M. 2011. Art therapy in humanistic psychiatry. *Procedia - Social and Behavioral Sciences* 30(1):2088-2092. <https://doi.org/10.1016/j.sbspro.2011.10.406>
- Finkel, D & Bat Or. 2020. The open studio approach to art therapy: A systematic scoping review. *Frontiers in Psychology* 11(568042):1-16. <https://doi.org/10.3389/fpsyg.2020.568042>

- Fleet, D, Burton, A, Reeves, A & DasGupta, MP. 2016. A case for taking the dual role of counsellor-researcher in qualitative research. *Qualitative Research in Psychology* 13(4):328-346. <https://doi.org/10.1080/14780887.2016.1205694>
- Flick, U. 2018. *Designing qualitative research*. London: Sage Publication.
- Flick, U, Von, KE, & Steinke, I. 2004. *A companion to qualitative research: Paradigms, Theories, Methods, Practice and Contexts*. London: Sage.
- Ford, DY & Harris, JJ. 1992. The elusive definition of creativity. *The Journal of Creative Behavior* 26(3):186–198. <https://doi.org/10.1002/j.2162-6057.1992.tb01175.x>
- Fouché, CB & Schurink, W. 2011. ‘Qualitative research designs’, in De Vos, AS, Strydom, H, Fouché, CB & Delpont, CSL. (eds.). *Research at grass roots for the social sciences and human service professions*. Pretoria: Van Schaik:307-326.
- Fritz, J, Stochl, J, Fried, EI, Goodyer, IM, van Borkulo, CD, Wilkinson, PO & van Harmelen, AL. 2019. Unravelling the complex nature of resilience factors and their changes between early and later adolescence. *BMC Medicine* 17(203):1-16. <https://doi.org/10.1186/s12916-019-1430-6>
- Fu, Z, Burger, H, Arjadi, R, & Bockting CLH. 2020. Effectiveness of digital psychological interventions for mental health problems in low-income and middle-income countries: a systematic review and meta-analysis. *Lancet Psychiatry* 7:851-860.
- Gable, SL & Haidt, J. 2005. What (and why) is positive psychology? *Review of General Psychology* 9(2):103-110. <https://doi.org/10.1037/1089-2680.9.2.103>
- Gagnon, Y. 2000. *The case study as research method: A practical handbook*. Quebec: Les Presses de l’Université du Québec.
- Galloway, R. 2020. Strengths-based teaching and learning approaches for children: Perceptions and practices. *Journal of Pedagogical Research* 4(1):1-15. <https://doi.org/10.33902/JPR.2020058178>

- Gamble, N, Boyle, C, & Morris, Z. 2015. Ethical practice in telepsychology. *Australian Psychologist* 50(4):249-312.
- Gardner, H, & Davis, K. 2013. *The app generation: How today's youth navigate identity, intimacy, and imagination in a digital world*. New Haven: Yale University Press.
- Garai, J. 2016. Humanistic art therapy in Rubin, JA (ed). *Approaches to art therapy: Theory and technique*. 3rd edition. London New York: Routledge Taylor & Francis Group:149-162.
- Gerlitz, Y, Regev, D, & Snir, S. 2020. A Relational approach to art therapy. *The Arts in Psychotherapy* 68(2):1-12. <https://doi.org/10.1016/j.aip.2020.101644>
- Germain, V, Marchand, A, Bouchard, S, Drouin, M & Guay, S. 2009. Effectiveness of cognitive behavioural therapy administered by videoconference for posttraumatic stress disorder. *Cognitive Behaviour Therapy* 38(1):42-53. <http://dx.doi.org/10.1080/16506070802473494>
- Giedd, J. 2015. The amazing teen brain. *Scientific American* 312(6):32-37. <https://doi.org/10.1038/scientificamerican0615-32>
- Girardin, E. 2019. Positive art therapy theory and practice: Integrating positive psychology with art therapy (Théorie et pratique de l'art-thérapie positive: intégration de la psychologie positive en art-thérapie), by Rebecca Ann Wilkinson and Gioia Chilton, *Canadian Art. Therapy Association Journal* 32(2):115-116. <https://doi.org/10.1080/08322473.2019.1638729>
- Glaw, X, Inder, K, Kable, A & Hazelton, M. 2017. Visual methodologies in qualitative research: Autophotography and photo elicitation applied to mental health research. *International Journal of Qualitative Methods* 16(1):1-8. <https://doi.org/10.1177/1609406917748215>
- Gouws, E, Kruger, N & Burger, S. 2008. *The adolescent*. Johannesburg: Heinemann.

- Gratzer, D & Goldbloom, D. 2019. Therapy and e-therapy—preparing future psychiatrists in the era of apps and chatbots. *Academic Psychiatry* 44:231–234. <https://doi.org/10.1007/s40596-019-01170-3>
- Greeff, M. 2005. ‘Information collection: Interviewing’, in De Vos, AS, Strydom, H, Fouché, CB. & Delport, CSL. (Eds). *Research at grassroots: For the social sciences and human service professions*. 3rd edition. Pretoria: Van Schaik Publishers:286-313.
- Greene, RR, Galambos, C, & Lee, Y. 2004. Resilience theory. *Journal of Human Behavior in the Social Environment* 8(4):75-91. https://doi.org/10.1300/J137v08n04_05
- Gund, A. 2017. The healing power of art and artists. Available: <https://www.healing-power-of-art.org/category/arts-in-education/>
- Gussak, D & Rosal, ML. 2016. *An introduction. The Wiley Handbook of Art Therapy*. West Sussex, UK: Wiley Blackwell:5-6.
- Gustafsson, J. 2017. Single case studies vs. multiple case studies: A comparative study (Literature review). Available: <https://www.diva-portal.org/smash/get/diva2:1064378/FULLTEXT01.pdf>
- Haig-Ferguson, A, Loades, M, Whittle, C, Read, R, Higson-Sweeney, N, Beasant, L, Starbuck, J, & Crawley, E. 2019. “It's not one size fits all”; the use of videoconferencing for delivering therapy in a Specialist Paediatric Chronic Fatigue Service. *Internet Intervention* 15(2019):43-51.
- Harms, L. 2005. *Understanding human development: A multidimensional approach*. South Melbourne, Australia: Oxford University Press.
- Harpazi, S, Regev, D, Snir, S & Raubach-Kaspy, R. 2020. Perceptions of art therapy in adolescent clients treated within the school system. *Frontiers in Psychology* 11(518304):1-11. <https://doi.org/10.3389/fpsyg.2020.518304>

- Harrison, C, Loxton, H & Somhlaba, NZ. 2021. Stress and coping: considering the influence of psychological strengths on the mental health of at-risk South African adolescents. *Child Care in Practice* 27(1):72-86. <https://doi.org/10.1080/13575279.2019.1604492>
- Harrison, H, Birks, M, Franklin, R, & Mills, J. 2017. Case study research: Foundations and methodological orientations. *Forum: Qualitative Social Research* 18(1):1-17.
- Health Professions Council of South Africa (HPCSA). 2008. *Ethical guidelines for good practice in the health care professions, Booklet 1*. Pretoria: Human Rights, Ethics and Professional Practice committee.
- Health Professions Council of South Africa (HPCSA). 2022. General ethical guidelines for good practice in telemedicine, Booklet 10, 1-15. Pretoria: Human Rights, Ethics and Professional Practice committee.
- Hertlein, KM. 2010. The integration of technology into sex therapy. *Journal of Family Psychotherapy* 21(2):117-131. <http://dx.doi.org/10.1080/08975350902967333>
- Hertlein, KM, & Ancheta, K. 2014. Clinical application of the advantages of technology in couple and family therapy. *The American Journal of Family Therapy* 42(4):313-324. <http://dx.doi.org/10.1080/01926187.2013.866511> [10]
- Hinz, LD. 2018. *Beyond self-care for helping professionals: the expressive therapies continuum and the life enrichment model*. London: Routledge.
- Health Insurance Portability and Accountability Act (HIPAA) Compliance Datasheet. 2021. *HIPAA compliance*. Available: <https://zoom.us/docs/doc/Zoom-hipaa.pdf>
- Hirst, C. 2020. Using zoom for your clients in therapy. Available: <https://therapists-network.com/using-zoom-for-your-clients-in-therapy/>
- Holland-Hall, CM. 2020. ‘Adolescent physical and social development’, in Kliegman RM, Geme JW, Blum NJ, Shah SS, Tasker RC, Wilson, KM (eds.). *Nelson textbook of pediatrics*. 21st ed. Philadelphia, PA: Elsevier: 1014-1020.

- Holly, M, Arhar, J, & Kasten, W. 2005. *Action research for teachers: Travelling the yellow brick road*. 2nd edition. Upper Saddle River, New Jersey: Pearson, Merrill Prentice Hall.
- Holmes, C & Foster, V. 2012. A preliminary comparison study of online and face-to-face counseling: Client perceptions of three factors. *Journal of Technology in Human Services* 30(1):14–31. <https://doi.org/10.1080/15228835.2012.662848>
- Höltge, J, Theron, L, van Rensburg, A, Cowden, R, Govender, K & Ungar, M. 2021. Investigating the interrelations between systems of support in 13- to 18-year-old adolescents: a network analysis of resilience promoting systems in a high and middle-income country. *Child Development* 92(2):586-599. <https://doi.org/10.1111/cdev.13483>
- Hott, B, Limberg, D, Ohrt, J, & Schmit, M. 2015. Reporting results of single-case studies. *Journal of Counseling & Development* 93(4):1-8.
- Hu, J, Zhang, J, Hu, L, Yu, H, & Xu, J. 2021. Art therapy: A complementary treatment for mental disorders. *Frontiers in Psychology*, 12(686005):1-20. <https://doi.org/10.3389/fpsyg.2021.686005>
- Huang CC, Chen Y, Jin H, Stringham M, Liu, C & Oliver C. 2020. Mindfulness, life skills, resilience, and emotional and behavioral problems for gifted low-income adolescents in China. *Frontiers in Psychology*. 11(594):1-9. <https://doi.org/10.3389/fpsyg.2020.00594>
- Huet, V & Kapitan, L. (eds.). *International advances in art therapy research and practice: the emerging picture*. London: Cambridge Scholars Publishing.
- Huss, E. 2016. *A theory-based approach to art therapy: implications for teaching, research and practice*. London: Routledge.
- Iacoviello, BM & Charney, DS. 2014. Psychosocial facets of resilience: implications for preventing post trauma psychopathology, treating trauma survivors, and enhancing

- community resilience. *European Journal of Psychotraumatology*, 5(1):1-5.
<https://doi.org/10.3402/ejpt.v5.23970>
- Independent Schools Association of Southern Africa (ISASA). 2022. *ISASA information*. Available: <https://www.isasa.org/what-is-isasa/> (Accessed 10 April 2022).
- Isis, PD. 2015. 'Positive art therapy', in Gussak, D & Rosal, ML (Eds). 2016. *The Wiley Handbook of art therapy*. West Sussex, UK: Wiley Blackwell:90-99
- Isrow, Z. 2017. Defining art and its future. *Journal of Arts and Humanities* 6(6):84-94.
<https://doi.org/10.18533/journal.v6i6.1207>
- IvyPanda, I. 2022. *Art therapy as a branch of psychotherapy*. Available: <https://ivypanda.com/essays/art-therapy-as-a-branch-of-psychotherapy/>
- Jackson, E. 2013. Choosing a methodology: Philosophical underpinning. *Practitioner Research in Higher Education Journal* 7(1):49-62.
<http://194.81.189.19/ojs/index.php/prhe>
- Jackson, R. & Watkin, C. 2004. The resilience inventory: Seven essential skills for overcoming life's obstacles and determining happiness. *Selection & Development Review* 20(6):13-17.
- Jansen, D & Warren, K. 2020. *What (Exactly) Is Research Methodology? A Plain-Language Explanation & Definition (With Examples)*. <https://gradcoach.com/what-is-research-methodology/>
- Jaworska, N & MacQueen, G. 2015. Adolescence as a unique developmental period. *Journal of Psychiatry and Neuroscience* 40(5):291-293. <http://doi.org/10.1503/jpn.150268>
- Johnson, DR, Scheitle, CP & Ecklund, EH. 2021. Beyond the in-person interview? How interview quality varies across in-person, telephone, and skype interviews. *Social Science Computer Review* 39(6):1142–1158.
<https://doi.org/10.1177/0894439319893612>

- Johnson, GR. 2014. Toward uniform competency standards in telepsychology: A proposed framework for Canadian psychologists. *Canadian Psychology/Psychologie canadienne* 55(4):291–302. <https://doi.org/10.1037/a0038002>
- Joint Task Force for the Development of Telepsychology Guidelines for Psychologists. 2013. Guidelines for the practice of telepsychology. *American Psychological Association* 68(9):791-800. <https://www.apa.org/pubs/journals/features/amp-a0035001.pdf>
- Jones-Smith, E. 2014. *Strength-based therapy: connecting theory, practice and skills*. California: Sage.
- Joseph, S. 2004. Client-centred therapy, post-traumatic stress disorder and post-traumatic growth: Theoretical perspectives and practical implications. *Psychology and Psychotherapy: Theory, Research and Practice* 77:101-119. <https://doi.org/10.1348/147608304322874281>
- Jung, CG. 1970. *The structure and dynamics of the psyche (Collected Works of C.G. Jung, Volume 8)*. Translated by G. Adler and RFC Hull. Princeton: Princeton University press:108.
- Kaimal, G, Rattigan, M, Miller, G & Haddy, J. 2016. Implications of national trends in digital media use for art therapy practice. *Journal of Clinical Art Therapy* 3(1):1-24. <https://digitalcommons.lmu.edu/jcat/vol3/iss1/6>
- Kalmanowitz, D. 2016. Inhabited studio: Art therapy and mindfulness, resilience, adversity and refugees. *International Journal of Art Therapy* 21(2):75-84. <https://doi.org.10.1080/17454832.2016.1170053>
- Kaneshiro, NK & Zieve, D. 2019. Medical encyclopaedia: Adolescent development. Available: <https://medlineplus.gov/ency/article/002003.htm>

- Kapitan, L. 1997. Making or breaking: art therapy in the shifting tides of a violent culture. *Art Therapy: Journal of the American Art Therapy Association* 14(4):255-260. <https://dx.doi.org/10.1080/07421656.1987.10759294>
- Kapitan, L. 2009. Introduction to the special issue on art therapy's response to techno-digital culture. *Art Therapy: Journal of the American Art Therapy Association* 26(2):50-51. <https://dx.doi.org/10.1080/07421656.2009.10129737>
- Keller, AC & Chang, CH. 2022. "Becoming comfortable with the uncomfortable: the paradoxical role of learning in the coping process". *Research in Occupational Stress and Well Being* 20:1-23. <https://doi.org/10.1108/S1479-355520220000020004>
- Keutel, M, Michalik, B & Richter, J. 2013. Towards mindful case study research in IS: a critical analysis of the past ten years. *European Journal of Information Systems* 23(3):256-272. <http://dx.doi.org/10.1057/ejis.2013.26>
- Khalidi, K. 2017. Quantitative, qualitative or mixed research: which research paradigm to use?. *Journal of Educational and Social Research* 7(2):15-24.
- Kiili, C, Leu, DJ, Marttunen, M, Hautala, J, & Leppänen, PHT. 2018. Exploring early adolescents' evaluation of academic and commercial online resources related to health. *Reading and Writing* 31(3):533-557. <http://dx.doi.org/10.1007/s11145-017-9797-2>
- Killam, LA. 2013. *Research terminology simplified: Paradigms, axiology, ontology, epistemology and methodology*. Sudbury, ON: Author.
- Kivunja, C & Kuyini, AB. 2017. Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education* 6:26-41. <https://doi.org/10.5430/ijhe.v6n5p26>
- Knechtel, LM & Erickson, CA. 2020. Who's logging on? differing attitudes about online therapy. *Journal of Technology in Human Services* 39(1):24-42. <http://dx.doi.org/10.1080/15228835.2020.1833810>

- Kometiani & Farmer, 2020. Exploring resilience through case studies of art therapy with sex trafficking survivors and their advocates. *The Arts in Psychotherapy* 67(2020):1-13. <https://doi.org/10.1016/j.aip.2019.101582>
- Koydemir, S & Sun-Selişik, ZE. 2016. Well-being on campus: testing the effectiveness of an online strengths-based intervention for first year college students. *British Journal of Guidance & Counselling* 44(4):434-446. <https://doi.org/10.1080/03069885.2015.1110562>
- Korstjens, I & Moser, A. 2018. Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice* 24(1):20-124. <https://doi.org/10.1080/13814788.2017.1375092>
- Kramer, GM, Mishkind, MC, Luxton, DD & Shore JH. 2013. ‘Managing risk and protecting privacy in telemental health: An overview of legal, regulatory, and risk-management issues’, in Myers K, Turvey CL (eds.). *Telemental health: Clinical, technical, and administrative foundations for evidence-based practice*. Elsevier: Amsterdam, Netherlands:83–107.
- Kruger, D & Swanepoel, M. 2017. Gluing the pieces together: Female adolescents’ construction of meaning through digital metaphoric imagery in trauma therapy. *The Arts in Psychotherapy* 55:92-104. <https://doi.org/10.1016/j.aip.2017.04.011>
- LaBanca, F. 2010. Trustworthiness in qualitative research. Available: <http://problemfinding.labanca.net/2010/05/24/trustworthiness-in-qualitative-research/comment-page-1/>
- Lachman-Chapin, M. 1993. the art therapist as exhibiting artist: messages from Joseph Beuys, Suzi Gablik, and Donald Kuspit. *Art Therapy* 10(3):141-147. <https://doi.org/10.1080/07421656.1993.10758999>
- Lasseter, J. 2012. Pixar’s John Lasseter weighs in on art and technology. Available: <https://www.fastcompany.com/1680857/pixars-john-lasseter-weighs-in-on-art-and-technology>

- Learning Hub. 2017. Best Drawings software for artists in 2019. Available: <https://learn.g2.com/drawing/free-drawing-software>
- Lee, E. 2012. Review of the psychometric evidence of the perceived stress scale. *Asian Nursing Research* 7(3):121-127. <https://doi.org/10.1016/j.anr.2012.08.004>
- Lee, S. 2010. Contemporary issues of ethical e-therapy. *Journal of Ethics in Mental Health* 5(1):1-5.
- Lester, JN, Cho, Y & Lochmiller, CR. 2020. Learning to do qualitative data analysis: a starting point. *Human Resource Development Review* 19(1):94–106. <https://doi.org/10.1177/1534484320903890>
- Levy, C, Spooner, H, Lee, J, Sonke, J, Myers, K & Snow, E. 2017. Telehealth-based creative arts therapy: Transforming mental health and rehabilitation care for rural veterans. *The Arts in Psychotherapy* 57:20-25. <http://dx.doi.org/10.1016/j.aip.2017.08.010>
- Lewis, RB & Doorlag, DH. 2011. *Teaching students with special needs in general education classrooms*. 8th edition. Upper Saddle River, New Jersey: Pearson Education, Inc.
- Lincoln, YS, Lynham, SA & Guba, EG. 2018. ‘Paradigmatic controversies, contradictions, and emerging confluences revisited’, in Denzin, NK & Lincoln, YS (eds.). *The Sage handbook of qualitative research*. 5th edition. Thousand Oaks, CA: Sage:108-150.
- Linesch, D. 2015. ‘Art therapy and adolescents’, in Gussak, D & Rosal, ML (eds). *The Wiley Handbook of Art Therapy*. West Sussex, UK: Wiley Blackwell:25-272.
- Linley, PA, Joseph, S, Harrington, S & Wood, AM. 2006. Positive psychology: Past, present, and (possible) future. *The Journal of Positive Psychology* 1(1):3-16. <https://doi.org/10.1080/17439760500372796>
- Lloyd, B & Usiskin, M. 2020. Reimagining an emergency space: practice innovation within a frontline art therapy project on the France-UK border at Calais. *International*

- Lokko, HN & Stern, TA. 2015. Regression: diagnosis, evaluation, and management. *The Primary Care Companion for CNS Disorders* 17(3):1-14.
<https://doi.org/10.4088/PCC.14f01761>
- Lynch, R. 2016. The arts don't just heal, they also unify and inspire action. *Americans for the Arts*. Available: <https://blog.americansforthearts.org/2019/05/15/the-arts-dont-just-heal-they-also-unify-and-inspire-action>
- MacFarlane, B. 2010. 'Values and virtues in qualitative research', in Savin-Baden, M, & Major, CH (Eds), *New approaches to qualitative research: Wisdom and uncertainty*. London: Taylor & Francis Group: 14-20
- Mack, L. 2010. The philosophical underpinnings of educational research. *Polyglossia* 10:5-11.
- Malchiodi, C. 2005. 'Art therapy', in Malchiodi, C (ed.). *Expressive therapies*. New York: Guilford Press:16-45.
- Malchiodi, C. 2009. *What is art therapy*. Available: <http://www.internationalarttherapy.org/What%20is%20Art%20Therapy.pdf>
- Malchiodi, CA (ed). 2012. *Handbook of art therapy*. 2nd edition. New York: Guilford Press.
- Malchiodi, C. 2015. Art is about resilience, it always has been. Available: <https://www.psychologytoday.com/za/blog/arts-and-health/201508/art-is-about-resilience-it-always-has-been>
- Malchiodi, C. 2018a. 'Introduction to art therapy and digital technology', in Malchiodi, C (ed.), *The Handbook of art therapy and digital technology*. London: Jessica Kingsley Publishers:21-30.

- Malchiodi, C. 2018b. 'There is an app for that', in Malchiodi, C (ed.). *The Handbook of art therapy and digital technology*. London: Jessica Kingsley Publishers:204-224.
- Mallen, MJ, Vogel, DL & Rochlen, AB. 2005. The practical aspects of online counseling: ethics, training, technology and competency. *The Counselling Psychologist* 33(6):776-818. <https://doi.org/10.1177/0011000005278625>
- Mandarino, K. 2014. Transitional-age youths: barriers to accessing adult mental health services and the changing definition of adolescence. *Journal of Human Behavior in the Social Environment* 24(4):462-474. <https://doi.org/10.1080/10911359.2013.835760>
- Manfredi, T. 2010. Art therapy explained. Available: <http://www.healthguidance.org/entry/15875/1/Art-Therapy-Explained.html>
- Manhal-Baugus, M. 2001. E-Therapy: Practical, Ethical, and Legal Issues. *Cyberpsychology & behavior: the impact of the Internet, multimedia and virtual reality on behavior and society*, 4(5): 551-63. <https://doi.org/10.1089/109493101753235142>
- Manzar, MD, Salahuddin, M, Peter, S, Alghadir, A, Anwer, S, Bahammam, AS & Pandi-Perumal SR. 2019. Psychometric properties of the perceived stress scale in Ethiopian university students. *BMC Public Health* 19(41):1-8. <https://doi.org/10.1186/s12889-018-6310-z>
- Maree, JG. 2018. *First steps in research*. 3rd edition. Pretoria, South Africa: Van Schaik:47-60.
- Marshall, C & Rossman, G. 2016. *Designing qualitative research*. 6th edition. London: SAGE Publication.
- Maxwell, JA. 2022. The importance of qualitative research for investigating causation. *Qualitative Psychology* 8(3):378–388. <https://doi.org/10.1037/qup0000219>

- McConnell, D. 2021. 'A Quiet Revolution: School-Based Art Therapy Transforms Lives and Unlocks Creativity', in Huet, V & Kapitan, L. (eds.). *International advances in art therapy research and practice: The emerging picture*. London: Cambridge Scholars Publishing:304-305.
- McLeod, C. 1999. Empowering creativity with computer-assisted art therapy: An introduction to available programs and techniques. *Art Therapy: Journal of the American Art Therapy Association* 16(4):201-205.
- McMillan, JH & Schumacher, S. 2010. *Research in education; evidence-based inquiry*. 7th edition. New Jersey: Pearson Education Inc.
- McNiff, S. 1999. The virtual art therapy studio. *Art Therapy: Journal of the American Art Therapy Association* 16(4):197-200.
<http://dx.doi.org/10.1080/07421656.1999.10129484>
- McNiff, S. 2019. Reflections on what “art” does in art therapy practice and research. *Art Therapy*, 36:162-165.
- Meyers, C. 2015. From essence to excellence: A strengths-based approach to talent management. *Doctor of Philosophy, S.I, 1-15*. Available:
<https://research.tilburguniversity.edu/en/publications/from-essence-to-excellence-a-strengths-based-approach-to-talent-m>
- Miller, G & McDonald, A. 2020. Online art therapy during the COVID-19 pandemic, *International Journal of Art Therapy* 25(4):159-160.
<https://doi.org/10.1080/17454832.2020.1846383>
- Miller, PH. 2011. *Theories of developmental psychology*. 5th edition. New York: Worth Publishers.
- Miri, L. 2006. Using projective techniques in the evaluation of groups for children of rehabilitating drug addicts. *Mental Health Nursing* 27(5):519-535.

- Moon, BL. 2000. *Ethical issues in art therapy*. Springfield, Illinois: Charles C Thomas Publisher Ltd.
- Moon, BL. 2007. *The role of metaphor in art therapy: theory, method, and experience*. Springfield, Ill: Charles C. Thomas.
- Moon, BL. 2012. *The dynamics of art as therapy with adolescents*. 2nd edition. Springfield, Illinois: Charles C Thomas Publisher Ltd.
- Moon, CH. 2015. 'Open Studio Approach to Art therapy', in Gussak, D & Rosal, ML (eds.). *The Wiley handbook of art therapy*. West Sussex, UK: Wiley Blackwell:1-12.
- Moon, B.L. 2016. *Art-based group therapy: Theory and practice*. 2nd edition. Springfield, IL: Charles C Thomas.
- Morrell, M. 2011. Signs and symbols: Art and language in art therapy. *Journal of Clinical Art Therapy* 1(1):25-32. <https://digitalcommons.lmu.edu/jcat/vol1/iss1/8>
- Mouton, J. 2011. *How to succeed in your master's and doctoral studies: A South African guide and resource book*. Pretoria: Van Schaik:56-60.
- Naiman, L. 2011. Creativity at work. Available: <http://www.creativityatwork.com/what-is-creativity/#.UaeHC9iW9aB>
- Nash, G. 2021. 'The Principles of an Art-Based Research Design: Response Art and Art Therapy Research', in Huet, V & Kapitan, L. (eds.). *International advances in art therapy research and practice: the emerging picture*. London: Cambridge Scholars Publishing:103-104.
- Naslund JA, Aschbrenner, KA, Araya, R, Marsch, LA, Unützer, J, Patel, V, & Bartels, SJ. 2017. Digital technology for treating and preventing mental disorders in low-income and middle-income countries: a narrative review of the literature. *Lancet Psychiatry* 4(6):486-900.

- Nieuwenhuis, J. 2010. 'Introducing qualitative research', in Maree, JG (Ed), *First steps in research*. 3rd edition. Pretoria, South Africa: Van Schaik:47-60.
- Nigmatullina, IA, & Gerasimenko, JA. 2016. Correction of school disadaptation of teenagers by art therapy methods. *International Journal of Environmental and Science Education* 11(8):2037-2045. <https://doi.org/10.12973/ijese.2016.576a>
- Nin, A. 1968. *The novel of the future*. New York: Macmillan Publishing.
- Nuttall, M & Pelletier, L. 2020. Understanding Symbol Repetition in Art Therapy. *Art Therapy: Journal of the American Art Therapy Association* 38(1):154-158. <https://doi.org/10.1080/07421656.2020.1816105>
- Ontario Psychological Association. 2015. *Guidelines for best practices in the provision of telepsychology*. Ontario: Communications and Member Services Committee. Available: <https://www.psych.on.ca/OPA/media/Public>
- O'Reilly, M, Levine, D & Law, E. 2020. Applying a 'digital ethics of care' philosophy to understand adolescents' sense of responsibility on social media. *Pastoral Care in Education* 1-11. <https://doi.org/10.1080/02643944.2020.1774635>
- Oswald, D, Sherratt, F & Smith, S. 2014. Handling the Hawthorne Effect: The challenges surrounding a participant observer. *Review of Social Studies* 1(1):53-74. <https://doi.org/10.21586/ross0000004>
- Padesky, CA & Mooney, KA. 2012. Strengths-based cognitive-behavioural therapy: a four-step model to build resilience. *Clinical Psychology and Psychotherapy* 19:283-290. <https://doi.org/10.1002/cpp.1795>
- Pagani, C. 2016. The role of art in society with particular reference to the problem of violence. *The Open Psychology Journal* 9:160-167.
- Palinkas LA, Horwitz SM, Green CA, Wisdom JP, Duan N, & Hoagwood K. 2016. purposeful sampling for qualitative data collection and analysis in mixed method

- implementation research. *Adm Policy Ment Health* 42(5):533-544.
<http://doi:10.1007/s10488-013-0528-y>
- Parker-Bell, B. 1999. Embracing a future with computers and art therapy. *Art Therapy: Journal of the American Art Therapy Association* 16(4):180-185.
- Pasiali, V. 2012. Resilience, music therapy, and human adaptation: nurturing young children and families. *Nordic Journal of Music Therapy*, 21(1):36-56.
<https://doi.org/10.1080/08098131.2011.571276>
- Peterson, BC, Stovall, K, Elkins, DE & Parker-Bell, B. 2005. Art therapists and computer technology. *Art Therapy: Journal of the American Art Therapy Association* 22(3):139-149. <http://dx.doi.org/10.1080/07421656.2005.10129489>
- Peterson, C. 2006. *A primer in positive psychology*. New York, NY: Oxford University Press: 5.
- Phillips, R. 2018. *Quotes about the benefits of art & art-making*. Available: <https://www.healing-power-of-art.org/benefits-of-art/>
- Pillay, D. 2020. Positive affect and mindfulness as predictors of resilience amongst women leaders in higher education institutions. *SA Journal of Human Resource Management/SA Tydskrif vir Menslikehulpbronbestuur* 18:1260.
<https://doi.org/10.4102/sajhrm.v18i0.1260>
- Pocinho M, Garcês, S & Popa, D. 2022. Editorial: positive psychology in everyday life. *Frontiers in Psychology* 13(913569):1-6. <https://doi.org/10.3389/fpsyg.2022.913569>
- POPI Act of compliance for therapists. 2021. *POPI Act Compliance*. Available: <https://www.popiaact-compliance.co.za/> and <https://cpdpod.co.za/course/template-8-2/>
- Potash, JS, Kalmanowitz, D, Fung, I, Anand, SA & Miller, GM. 2020. Art therapy in pandemics: Lessons for COVID-19. *Art Therapy: Journal of the American Art*

<http://dx.doi.org/10.1080/07421656.2020.1754047>

- Prince-Embury, S. 2007. *Resiliency scale for children and adolescents*. San Antonio, Texas: Pearson.
- Prince-Embury, S. 2013. 'Resiliency scales for children and adolescents: Theory, research, and clinical application', in Prince-Embury, S & Saklofske, DH (eds.). *The Springer series on human exceptionality. Resilience in children, adolescents, and adults: Translating research into practice*:19–44. https://doi.org/10.1007/978-1-4614-4939-3_3
- Pulla, V. 2017. Strengths-based approach in social work: A distinct ethical advantage. *International Journal of Innovation, Creativity and Change* 3(2):97–114.
- Ramlo, S. 2022. 'Conceptualizing Q Methodology as an integrated analysis'. in John H. Hitchcock, JH & Onwuegbuzie, AJ (eds). *The Routledge handbook for advancing integration in mixed methods research*. London: Routledge: 324-340.
- Rani, A. 2018. Digital technology: It's role in art creativity. *Journal of Commerce & Trade*. 13(2):61-65. <https://doi.org/10.26703/JCT.v13i2-9>
- Rashid, T. 2015. Positive psychotherapy: A strength-based approach. *The Journal of Positive Psychology* 10(1):25-40. <https://doi.org/10.1080/17439760.2014.920411>
- Regev, G, & Snir, S. 2021. *Integrating arts therapies into education*. A Collective Volume. London: Routledge:156-160.
- Regueiro, V, McMartin, J, Schaefer, C & Woody, JM. 2016. Efficacy, efficiency, and ethics in the provision of telepsychology services: emerging applications for international workers. *Journal of Psychology and Theology* 44(4):290-302.
- Remen, RN. 2010. AZQuotes.com. Available: <https://www.azquotes.com/quote/564916>

- Reznick, C. 2009. Healing power of children's art. Available: <http://www.psychologytoday.com/blog/the-power-imagination/200911/the-healing-power-childrens-art>
- Riley, S. 1999. *Contemporary art therapy with adolescents*. London Philadelphia: Jessica Kingsley.
- Riley, S. 2001. Art therapy with adolescents. *Western Journal of Medicine* 175(1):54-57.
- Rizq, R. 2020. What have we lost? *Psychodynamic Practice* 26(4):336-334. <https://doi.org/10.1080/14753634.2020.1845068>
- Roberts, RE. 2020. Qualitative interview questions: guidance for novice researchers. *The Qualitative Report* 25(9):3185-3203. <https://doi.org/10.46743/2160-3715/2020.4640>
- Rogers, CR. 1959. 'A theory of therapy, personality, and interpersonal relationships: as developed in the client-centred framework', in Koch, S (ed.). *Psychology: A Study of a Science. Formulations of the Person and the Social Context*. New York: McGraw Hill:184-256.
- Rogers, N. 2016. 'Person-Centred Expressive Arts Therapy', in Rubin, JA (ed.). *Approaches to art therapy: Theory and technique*. 3rd edition. London New York: Routledge Taylor & Francis Group:164-165.
- Roghanchi, M, Mohamad, AR, Mey, SC, Momeni, KM & Golmohamadian, M. 2013. The effect of integrating rational emotive behavior therapy and art therapy on self-esteem and resilience. *The Arts in Psychotherapy* 40(2013):179–184.
- Roos, V, Du Toit, R & Du Toit, M. 2002. *A counsellor's guide in dealing with trauma, death and bereavement*. Pretoria: University of Pretoria.
- Rosal, ML. 2016. 'Cognitive behavioural art therapy', in Gussak, D & Rosal, ML (eds.). *The Wiley Handbook of Art Therapy*. West Sussex, UK: Wiley Blackwell:210-211.

- Roth, E. 2016. 'Behavioural art therapy', in Rubin, JA (ed.). *Approaches to art therapy: Theory and Technique*. 3rd edition. London, New York: Routledge Taylor & Francis Group:196.
- Rubin, JA. 2004. *Art therapy has many faces [DVD]*. Pittsburgh PA: Expressive Media.
- Rubin, JA. 2010. *Introduction to art therapy: sources and resources*. New York: Routledge.
- Rubin, JA. 2016. *Approaches to art therapy: Theory and technique*. 3rd edition. London New York: Routledge Taylor & Francis Group.
- Ryan G. 2018. Introduction to positivism, interpretivism and critical theory. *Nurse Researcher* 2(4):14–20. <https://doi.org/10.7748/nr.2018.e1466>
- Sætren, SS, Sütterlin, S, Lugo, RG, Prince-Embury, S & Makransky, G. 2019. A multilevel investigation of resiliency scales for children and adolescents: The relationships between self-perceived emotion regulation, vagally mediated heart rate variability, and personal factors associated with resilience. *Frontiers in Psychology*, 10(438):1-12. <https://doi.org/10.3389/fpsyg.2019.00438>
- Salkind, NJ. 2010. 'Case Study', in Salkind, NJ (ed.). *Encyclopedia of research design*. Thousand Oaks, CA: SAGE Publications, Inc:116-119.
- Sanjari, M, Bahramnezhad, F, Fomani, FK, Sho, M & Cheraghi, MA. 2014. Ethical challenges of researchers in qualitative studies: The necessity of developing a specific guideline. *Journal of Medical Ethics and History of Medicine* 7(14):1-6.
- Schalkwijk, F. 2015. *The conscience and self-conscious emotions in adolescence. An integrative approach*. London: Routledge.
- Schneiderman, N, Ironson, G & Siegel, SD. 2005. Stress and health: psychological, behavioral, and biological determinants. *Annu Rev Clin Psychology* 1:607-628. <https://doi:10.1146/annurev.clinpsy.1.102803.144141>

- Schofield, S. 2021. 'Artwork in the art therapeutic relationship: a material–semiotic actor', in Huet, V, & Kapitan, L. (eds.), *International advances in art therapy research and practice: the emerging picture*. London: Cambridge Scholars Publishing:120-122.
- Schulte, PA, Guerin, RJ, Schill, AL, Bhattacharya, A, Cunningham, TR, Pandalai, SP, Eggerth, D & Stephenson, CM. 2015. Considerations for incorporating “well-being” in public policy for workers and workplaces. *American Journal of Public Health* 105(8):31-44. <https://doi.org/10.2105/AJPH.2015.302616>
- Schurink, W, Fouché, CB & De Vos, AS. 2011. 'Trustworthiness in qualitative Research', in De Vos, AS, Strydom, H, Fouché, CB & Delpont, CSL (eds.), *Research at grass roots for the social sciences and human service professions*. Pretoria: Van Schaik:419-423.
- Schuster, R, Pokorny, R, Berger, T, Topooco, N, Laireiter, AR. 2018. The advantages and disadvantages of online and blended therapy: survey study amongst licensed psychotherapists in Austria. *J Med Internet Res* 18(12):1-15. <https://doi.org/10.2196/11007>
- Scotland, J. 2012. Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English Language Teaching* 5(9):9–16. <http://dx.doi.org/10.5539/elt.v5n9p9>
- Seligman, M. 2018. PERMA and the building blocks of well-being. *The Journal of Positive Psychology* 13(4):333-335. <https://doi.org/10.1080/17439760.2018.1437466>
- Seligman, MEP. 2012. *Flourish: A visionary new understanding of happiness and well-being*. New York, NY: Free Press:5-19.
- Serlin, IA. 2007. 'Theory and practices of art therapies: Whole person integrative approaches to healthcare', in Serlin, IA, Sonke-Henderson, J, Brandman, R & Graham-Pole, J (Eds), *Praeger perspectives. Whole person healthcare, 3. The arts and health*. Praeger Publishers:107-119.

- Shava, H, & Chinyamurindi, WT. 2018. Determinants of social media usage among a sample of rural South African youth. *South African Journal of Information Management*, 20(1):827 <http://dx.doi.org/10.4102/sajim.v20i1.827>
- Shaw, L. 2020. 'Don't look!' An online art therapy group for adolescents with Anorexia Nervosa. *International Journal of Art Therapy* 25(4):211–217. <https://doi.org/10.1080/17454832.2020.1845757>
- Shentser, JM. 2018. Countertransference in Art Therapy. *Časopis za pitanja socijalnog rada i srodnih znanosti*, 1(5):55-70.
- Silveira, S, Hecht, M, Matthaeus, H, Adli, M, Voelkle, MC & Singer, T. 2022. Coping with the COVID-19 Pandemic: Perceived changes in psychological vulnerability, resilience and social cohesion before, during and after lockdown. *International Journal of Environmental Research and Public Health* 19(6):3290. <https://doi.org/10.3390/ijerph19063290>
- Silverman, D. 2020. *Qualitative research*. 5th edition. London: SAGE Publications Ltd:3-16.
- Sinclair, M. 2007. A Guide to Understanding the theoretical and conceptual frameworks. *Evidence Based Midwifery* 5(2):39.
- Situmorang, DDB. 2020. Online/Cyber counseling services in the COVID-19 outbreak: are they really new? *Journal of Pastoral Care and Counselling* 74(3):166-174.
- Smith, J & Marsh, J. 2009. Why we make art. Available: http://greatergood.berkeley.edu/article/item/why_we_make_art
- Smith, PK, Cowie, H & Blades, M. 2015. *Understanding Children's Development*. 6th edition. West Sussex: John Wiley & Sons, Ltd.

- Smriti, D, Ambulkar, S, Meng, Q, Kaimal G, Ramotar, K, Young Park, S, Huh-Yoo, J. 2022. Creative arts therapies for the mental health of emerging adults: A systematic review. *The Arts in Psychotherapy* 7(2022):1-12. <https://doi.org/10.1016/j.aip.2021.101861>
- Snyder, K. 2021. The digital art therapy frame: creating a ‘magic circle’ in teletherapy. *International Journal of Art Therapy*, 1-7. <https://doi.org/10.1080/17454832.2020.1871389>
- Spooner, H, Lee, J, Langston, D, Sonke, J, Myers, K & Levy, C. 2019. Using distance technology to deliver the creative arts therapies to veterans: Case studies in art, dance/movement and music therapy. *The Arts in Psychotherapy* 62:12-18. <https://doi.org/10.1016/j.aip.2018.11.012>
- Stake, RE. 2010. *Qualitative Research: Studying How Things Work*. New York: Guilford Publications.
- Stepney, S. 2001. *Art therapy with students at risk*. Springfield, IL: Charles C. Thomas Publisher.
- Stoerkel, E. 2022. What Is a Strength-Based Approach? (Incl. Examples & Tools). *Positive Psychology* 1(1):1. Available: <https://positivepsychology.com/strengths-based-interventions/>
- Stoll, J, Müller, JA & Trachsel, M. 2020. Ethical issues in online psychotherapy: a narrative review. *Frontiers in Psychiatry*, 10(993):1-16. <https://doi.org/10.3389/fpsyt.2019.00993>
- Storjohann, S. 2019. Integrating digital App technologies within traditional expressive arts therapy for children and adolescents. *Expressive Therapies Capstone Theses* 207:1-12.
- Strydom, H. 2011. ‘Ethical aspects of research in the social sciences and human service profession’, in De Vos, AS, Strydom, H, Fouché, CB & Delpont, CSL (ed.). *Research*

at grass roots for the social sciences and human service professions. Pretoria: Van Schaik:114-117.

Sue, D, Sue, DW & Sue, S. 2010. *Understanding abnormal behaviour*. 9th edition. New York, Boston: Houghton Mifflin Company.

Sucala, M, Schnur, JB, Constantino, MJ, Miller, SJ, Brackman, EH, & Montgomery, GH. 2012. The therapeutic relationship in e-therapy for mental health: a systematic review. *Journal of medical Internet research*, 14(4): 110. <https://doi.org/10.2196/jmir.2084>

Sulimani-Aidan, Y. 2018. Promoting resilience among adolescents in care from their social workers' perspectives. *Children and Youth Services Review* 94(2018):43–48. <https://doi.org/10.1016/j.chilyouth.2018.09.005>

Sullivan, G. 2005. *Art practice as research: inquiry in the visual arts*. Thousand Oaks: Sage Publications.

Sutton, J & Austin, Z. 2015. Qualitative research: data collection, analysis, and management. *The Canadian Journal of Hospital Pharmacy* 68(3):226-31. <https://doi.org/10.4212/cjhp.v68i3.1456>

Swanepoel, M. 2013. Digital art therapy and trauma: A psychoeducational perspective. Unpublished Master's Thesis. Pretoria: University of South Africa.

Talwar, S. 2016. Is there a need to redefine art therapy? *Art Therapy* 33(3):116-118. <https://doi.org/10.1080/07421656.2016.1202001>

Tapscott, D. 2009. *Grown up digital: How the next generation is changing your world*. New York: McGraw-Hill.

Terzian, M, Moore, KA & Nguyen, HN. 2010. Assessing stress in children and youth: A guide for out-of-school time program practitioners. *Child Trends* 2010(22):1-6.

- TheraNest. 2017. Great software tools for art therapy. Available: <https://theranest.com/blog/software-tools-for-art-therapy/>
- Theron, L. 2019. Championing the resilience of sub-Saharan adolescents: pointers for psychologists, *South African Journal of Psychology* 49(3):325–336. <https://doi.org/10.1177/0081246318801749>.
- Theron, L. 2020. Resilience of sub-Saharan children and adolescents: A scoping review. *Transcultural Psychiatry*. <https://doi.org/10.1177/1363461520938916>.
- Theron, LC & Theron, AMC. 2010. A critical review of studies of South African youth resilience, 1990-2008. *South African Journal of Science* 106(7/8):2-8. <https://doi.org/10.4102/sajs.v106i7/8.252>
- Thompson, RB. 2016. Psychology at a distance: examining the efficacy of online therapy. University Honors Theses. Portland: University of Portland. Available: <https://doi.org/10.15760/honors.292>
- Thompson, RB, Peura, C & Gayton, WF. 2015. Gender differences in the person-activity fit for positive psychology interventions. *The Journal of Positive Psychology* 10(2):179–183. <https://doi.org/10.1080/17439760.2014.927908>
- Thong, SA. 2007. Redefining the tools of art therapy. *Art Therapy: Journal of the American Art Therapy Association* 24(2):52-58.
- Tobin, R. 2010. ‘Quick start to case study research’, in Mills, AJ, Durepos, G & Wiebe, E (eds.). *Encyclopaedia of Case Study Research*. Thousand Oaks, CA: SAGE:771-773.
- Travers, MF & Benton, SA. 2014. The acceptability of therapist-assisted, internet-delivered treatment for college students. *Journal of College Student Psychotherapy* 28(1):35-46. <http://dx.doi.org/10.1080/87568225.2014.854676>
- Troy, AS & Mauss, IB. 2011. ‘Resilience in the face of stress: emotion regulation as a protective factor’, in Southwick, SM, Litz, BT, Charney, D & Friedman, MJ (eds.).

Resilience and Mental Health: Challenges Across the Lifespan. Cambridge, United Kingdom: Cambridge University Press: 30-44.

Tseliou, F & Ashfield-Watt, P. 2022. The association between resilience resources, contextual factors and mental health status: a national population-based study. *BMC Public Health* 22(602):1-13. <https://doi.org/10.1186/s12889-022-13013-2>

Tucker, D, Poulsen, C, & Luu, P. 2015. Critical periods for the neurodevelopmental processes of externalizing and internalizing. *Development and Psychopathology* 27(2):321-346. <https://doi.org/10.1017/S0954579415000024>

Tulley, G. BrainyQuote. Available: https://www.brainyquote.com/quotes/gever_tulley_559476

Tyler, C & Likova, L. 2012. The role of the visual arts in enhancing the learning process. *Frontiers in Human Neuroscience* 6(8):1-7. Available: <https://doi.org/10.3389/fnhum.2012.00008>

Umana-Taylor, AJ. 2016. A post-racial society in which ethnic-racial discrimination still exists and has significant consequences for youths' adjustment. *Current Directions in Psychological Science*, 25(2):111–118. <https://doi.org/10.1177/0963721415627858>

Ungar, M & Theron, L. 2019. Resilience and mental health: how multisystemic processes contribute to positive outcomes. *The Lancet Psychiatry* 7(5):422. [https://doi.org/10.1016/S2215-0366\(19\)30434-1](https://doi.org/10.1016/S2215-0366(19)30434-1)

Ungar, M, Theron, L, Murphy, K, & Jefferies, P. 2021. Researching multisystemic resilience: A sample methodology. *Frontiers in Psychology* 11(607994):1-18. <https://doi.org/10.3389/fpsyg.2020.607994>

UNISA ethical clearance. 2016. *Policy on research ethics*. Pretoria: UNISA.

UNISA. 2021. *Research Data Management Policy*. Pretoria: UNISA.

- Vaidyanathan, S. 2013. Digital Art for all: Creative technology education using free and open-source tools. Available: <http://www.digitalartforall.com/about/>
- Vaismoradi, M & Snelgrove, S. 2019. Theme in qualitative content analysis and thematic analysis. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* 20(3):1-15. <https://doi.org/10.17169/fqs-20.3.3376>
- Van Breda, AD. 2018. A critical review of resilience theory and its relevance for social work. *Social Work* 54(1):1-18. <https://dx.doi.org/10.15270/54-1-611>
- Van Der Riet, P, Jitsacorn, C & Thursby, P. 2021. Approaches to visual arts-based data collection with hospitalized children: A discussion of lessons learnt and suggestions for practice. *Journal of Advanced Nursing* 77(1):492–498. <https://doi.org/10.1111/jan.14615>
- Van Lith, T. 2016. Art therapy in mental health: A systematic review of approaches and practices. *The Arts in Psychotherapy* 47:9–22. <https://doi.org/10.1016/j.aip.2015.09.003>
- Van Rensburg, AC, Theron, LC, Rothmann, S. 2018. Adolescent perceptions of resilience promoting resources: The South African Pathways to Resilience Study. *South African Journal of Psychology* 48(1):73–85. <https://doi.org/10.1177/0081246317700757>
- Van Rooyen, M, Naude, L, Nel, L & Esterhuyse, K. 2014. The role of cognitive style in the stress and coping of black South African adolescents. *Journal of Mental Health* 23(6):340-346. Available: <https://doi.org/10.3109/09638237.2014.971146>
- Waibel-Duncan, MK. & Whitehouse Yarnell, J. 2011. The challenge model: Examining resilience in Pelzer's a child called "It". *Journal of Child and Adolescent Psychiatric Nursing*, 24:168-174. <https://www.doi.org/10.1111/j.1744-6171.2011.00291.x>
- Waiswol, N. 2005. Projective techniques in psychotherapy. *American Journal of Psychotherapy* 49(2):244-259.

- Wang, V & Wang, D. 2021. the impact of the increasing popularity of digital art on the current job market for artists. *Art and Design Review* 9:242-253. <https://doi.org/10.4236/adr.2021.93019>
- White, J. 2018. Art Therapy with students at risk: fostering resilience and growth through self-expression (3rd edition) (L'art thérapie auprès d'étudiants à risque: favoriser résilience et croissance à travers l'expression de soi), by Stella A. Stepney. *Canadian Art Therapy Association Journal* 31(2):111-113. <https://doi.org/10.1080/08322473.2018.1512033>
- White MA & Waters LE. 2015. A case study of 'The Good School': Examples of the use of Peterson's strengths-based approach with students. *The Journal of Positive Psychology*, 10(1):69–76. <https://doi.org/10.1080/17439760.2014.920408>
- Whittington, A, Budbill, NW & Aspelmeier, JE. 2016. Promoting resiliency in adolescent girls through adventure programming. *Journal of Adventure Education and Outdoor Learning* 16(1):2-15. <https://doi.org/10.1080/14729679.2015.1047872>
- Wild, L & Swartz, S. 2012. 'Adolescence', in Hardman, J. (ed.). *Child and Adolescent Development. A South African Socio-cultural Perspective*. Cape Town: Oxford University Press:203-244.
- Wilkinson, RA & Chilton, G. 2014. Positive ART Therapy: Linking positive psychology to art therapy theory, practice, and research. *Art Therapy* 30(1):4-11. <https://doi.org/10.1080/07421656.2013.757513>
- Wilkinson, RA & Chilton, G. 2018. *Positive art therapy theory and practice integrating positive psychology with art therapy*. London: Routledge.
- Wilson, L. 2001. 'Symbolism and art therapy', in Rubin, JA (ed.). *Approaches to art therapy: Theory and Technique*. 3rd edition. London & New York: Routledge Taylor & Francis Group:33-35.

- Wilson, M. 2018. 'Creativity and healing: Art therapy with sex addicts', in Birchard, T & Benfield, J (eds.), *The Routledge international handbook of sexual addiction*. London: Routledge/Taylor & Francis Group.
- Wilson, RL. & Wilson, R. 2015. *understanding emotional development. Providing insight into human lives*. London: Routledge.
- Wodarski J & Frimpong J. 2013. Application of e-therapy programs to the social work practice. *Journal of Human Behavior in the Social Environment* 23(1):29–36. <https://doi.org/10.1080/10911359.2013.737290>
- World Health Organization (WHO). 2020. Coronavirus disease (COVID-19) pandemic. Available: https://www.who.int/health-topics/coronavirus#tab=tab_1
- Worrall, L & Jerry, P. 2007. Resiliency and its relationship to art therapy. *Canadian Art Therapy Association Journal*, 20(2):35-53. <https://doi.org/10.1080/08322473.2007.11434772>
- Wu, Y, Yu, W, Wu, X, Wan, H, Wang, I & Lu, G. 2020. Psychological resilience and positive coping styles among Chinese undergraduate students: a cross-sectional study. *BMC Psychology* 8(79):1-13. <https://doi.org/10.1186/s40359-020-00444-y>
- Yin, RK. 2003. 'A Review of Case Study Research: Design and Methods', in Gustafsson, J. (ed.). *Single case studies vs. multiple case studies: A comparative study (Literature review)*. Available: <https://www.diva-portal.org/smash/get/diva2:1064378/FULLTEXT01.pdf>
- Yin, RK. 2011. *Qualitative research from start to finish*. New York: Guilford.
- Yin, RK. 2014. *Case study research design and methods*. 5th edition. Thousand Oaks, CA: Sage.

- Zeevi, SL. 2021. Making art therapy virtual: integrating virtual reality into art therapy with adolescents. *Frontiers in Psychology* 12(584943):1-12. <https://doi.org/10.3389/fpsyg.2021.584943>
- Zeki, S. 2001. Essays on science and society: Artistic creativity and the brain. *Science Direct* 293(5527):51-2. <https://doi.org/10.1126/science.1062331>
- Zoom. 2021. *Zoom for healthcare and Zoom help centre*. Available: <https://zoom.us/healthcare> and <https://support.zoom.us/hc/en-us>
- Zubala, A & Hackett, S. 2020. Online art therapy practice and client safety: a UK-wide survey in times of COVID-19. *International Journal of Art Therapy* 25(4):161-171. <https://doi.org/10.1080/17454832.2020.1845221>
- Zubala A, Kennell N & Hackett, S. 2021. Art therapy in the digital world: An integrative review of current practice and future directions. *Frontiers in Psychology* 12(595536):1-20. <https://doi.org/10.3389/fpsyg.2021.600070>

ADDENDA

Addendum A: Ethical letter of clearance from the University of South Africa



UNISA COLLEGE OF EDUCATION ETHICS REVIEW COMMITTEE

Date: 2021/06/09

Ref: **2021/06/09/40993647/31/AM**

Dear Mrs M Saunders

Name: Mrs M Saunders

Student No.: 4099 3647

Decision: Ethics Approval from
2021/06/09 to 2026/06/09

Researcher(s): Name: Mrs M Saunders
E-mail address: 4099 3647@mylife.unisa.ac.za
Telephone: 082 508 4916

Supervisor(s): Name: Dr H Olivier
E-mail address: olivih@unisa.ac.za
Telephone: 012 429 6753

Title of research:

Investigating how art therapy delivered through e-therapy influences the resilience in adolescents experiencing high psychological stress.

Qualification: PhD Psychology Education

Thank you for the application for research ethics clearance by the UNISA College of Education Ethics Review Committee for the above mentioned research. Ethics approval is granted for the period 2021/06/09 to 2026/06/09.

*The **medium risk** application was reviewed by the Ethics Review Committee on 2021/06/09 in compliance with the UNISA Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.*

The proposed research may now commence with the provisions that:

1. The researcher will ensure that the research project adheres to the relevant guidelines set out in the Unisa Covid-19 position statement on research ethics attached.
2. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.



University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

Addendum B: Information letter pertaining to the research study

MARNA SAUNDERS
Educational psychologist

Reg. No: PS0125210
Tel: 082 508 4916

Pr. No: 0583316
marnasaunders@gmail.com

INFORMATION ABOUT THE STUDY

My name is Marna Saunders, and I am currently enrolled in the Doctoral Degree (PHD Psychology of Education) at the University of South Africa (UNISA). As a requirement of my studies, I am engaged in an empirical research study entitled “Investigating how art therapy delivered through e-therapy influences the resilience in adolescents experiencing high psychological stress”. This study aims to gain an in-depth understanding of how online (e-therapy), as art therapy can be utilised as a therapeutic tool, specifically with adolescents who have high levels of psychological stress to improve their levels of resilience. I am a Health Professions Council of South Africa (HPCSA) registered educational psychologist and experienced with working with adolescents.

Stress can be roughly defined as an individual’s personal and internal response to an external factor, the stressor, which places a physical and/or psychological burden on the person. This study will mainly focus on psychological stress due to social connections, family relationships, school and/or academic performance related factors or future expectations. One of the essential skills which adolescents needs to develop is the ability to cope with difficulties and stressors and grow from it, can be referred to as resilience – the ability to overcome negative life events and adapt accordingly. This study will therefore focus on improving the levels of resilience in adolescents to equip them to cope adequately with psychological stress.

Art therapy encourages people to express and understand emotions, thoughts, and behaviour through artistic expression and through the creative process, which has proven to be a successful therapeutic method especially with adolescents. With guidance and support, art therapy can help adolescents to make sense of their experiences, emotions, and become active participants in their own process fostering self-worth and resilience. Considering the integral part that technology and digital media plays in the average adolescents’ life it is essential to investigate its potential usage in the therapeutic setting especially in the form of e-therapy.

With permission from the principal of the school and the board of ISASA, I will contact the High School parents via an information letter detailing the study. Interested parents can then contact me via email and I would talk to the parents about the selection criteria set for the study. If I deem the adolescent as a possible participant, I will contact them and send all the Cpossible participant will complete *The Perceived Stress Scale (PSS)* to access their levels of psychological stress. If they meet the requirements of the study and agree to participate, I will conduct a semi-structured, open-ended interview with the participant (through an online videoconferencing platform), and they will complete the *Resiliency Scales for Children and Adolescents (RSCA)* which will focus determining their current levels of resilience. Other parents who contacted me will be referred to the school-based support system if they require academic or emotional support.

Thereafter, I will meet weekly with each adolescent/participant online platform for the span

of six to seven sessions, depending on the individual needs of each adolescent. After the e-therapy, art therapy sessions have been completed, another open-ended interview will be held to assess each adolescents' perception of the sessions, their possible changes in functioning, stress levels and overall well-being. The study will be conducted from June throughout July 2022, depending on the pace of the process.

The sharing of some personal and confidential information may let the participants feel uncomfortable and/or exposed. It is important to know that the participants only have to share information that they feel comfortable with. As a HPSCA registered Educational Psychologist, I will be able to support each individual girl to debrief and to handle threatening feelings.

Research will be conducted with the ethical approval of the University of South Africa (UNISA) under the supervision of Doctor Hermina Olivier. My final report on this data will be submitted as a thesis for my Phd in Psychology of Education.

I hereby confirm that I will adhere to the following conditions:

- In case of contact with the participant is required all COVID guidelines as stipulated by UNISA for researchers will be adhered to.
- The information collected will be handled with confidentiality, the participants' real names will not be used at any point during information collection or data presentation.
- Only I, as the researcher, and my supervisor will have access to the raw data. In exceptional situations, however, legal or professional rules may force me to disclose information about a client. This will include emergency situations, statutory duty or court orders.
- The participants' interviews and sessions will be recorded for research purposes only.
- The participants' involvement in this research is voluntary. He/she has the right to withdraw at any point during the study, for any reason, and without any prejudice.
- No reimbursements or gifts will be presented to the participants.

With regards to online therapy (e-therapy) the following guidelines will be followed:

- The standard of care provided by the researcher/educational psychologist will be of the same standard than in-person sessions. HPCSA guidelines for the provision of tele-therapy will be adhered to.
- All information will be password protected and stored securely online following the POPI Act of compliance.
- The participants will be informed of the potential risks of e-therapy for instance breaches of security of technological glitches. A plan of action will be put into place for such instances.
- The equipment required and space required for therapeutic sessions will be discussed and decided on before commencement of the sessions.
- The best interest of the client will also be the foremost concern.

You are welcome to ask questions at any time about the nature of the study and the methods that will be used.

Addendum C: Permission letter to Association of Independent Schools (ISASA)

MARNA SAUNDERS
Educational psychologist

Reg. No: PS0125210
Tel: 082 508 4916

Pr. No: 0583316
marnasaunders@gmail.com

Request for Permission to Conduct Research at an ISASA registered independent school

Dear ISASA Regional Director

Hereby attached is the information letter detailing my PHd study from the University of South Africa. Please read the above document preceding the following consent request.

I hereby ask your permission to perform the research at the ISASA registered School.

Research will be conducted with the ethical approval of the University of South Africa (UNISA) under the supervision of Doctor Hermina Olivier. My final report on this data will be submitted as a thesis for my PhD in Psychology of Education.

You are welcome to ask questions at any time about the nature of the study and the methods that will be used.

CERTIFICATE OF CONSENT

I (name and surname) _____ herewith give consent that Marna Saunders may conduct her studies at School, Cape Town, Western Cape.

I have read through the information given and I was given the opportunity to ask questions which were answered adequately when necessary.

Signature: _____

Date (day / month/ year): _____

Name and surname of researcher: _____

Signature of researcher: _____

Date (day / month / year): _____

Thank you very much. I appreciate your support in this regard.

Kind regards

Marna Saunders

Addendum D: Permission letter to the principal of the independent school



REQUEST FOR PERMISSION TO CONDUCT PHD RESEARCH STUDY AT THE SCHOOL

Dear Headmaster and Members of the School Governing Body

Hereby attached is the information letter detailing my PhD study from the University of South Africa. Please read the above document preceding the following consent request.

I hereby ask your permission to perform the research at this ISASA registered School. Research will be conducted with the ethical approval of the University of South Africa (UNISA) under the supervision of Doctor Hermina Olivier. My final report on this data will be submitted as a thesis for my PhD in Psychology of Education.

CERTIFICATE OF CONSENT

I (name and surname) _____ herewith give consent that Marna Saunders may conduct her studies at School _____, Cape Town.

I have read through the information given and I was given the opportunity to ask questions which were answered adequately when necessary.

Signature of principal: _____

Date (day / month/ year): _____

Thank you very much. I appreciate your support in this regard.

Kind regards

Marna Saunders

Addendum E: Consent letter to parent or guardian



INFORMED CONSENT FOR ADOLESCENT TO PERFORM IN RESEARCH STUDY

Dear Parent/Guardian

Please read through the attached information document detailing my PhD research study from the University of South Africa. Following is more information specific to the adolescent's participant including your consent agreement.

PRACTICAL INFORMATION

As you are aware I sent out an email to all grade 8 – grade 12 parents at the school, to outline the aim of my study. If you contacted me to consider your adolescent for participation, I emailed or phoned you to discuss the process of the research and then sent you this document which include the information document mentioned above. If we decided that your teen meet the criteria for this study and will benefit from participation, I will send you the self-report *Self Perceived Stress Scale* to complete with your adolescent.

Otherwise, with consent, I will contact your adolescent, and they can complete the scale at their own time. This will determine whether they fall into the high stress category. If they indicate high psychological stress levels and we decide if your adolescent will participate in my study, you will complete this written consent form and your adolescent will complete the written assent form.

I will then have an online videoconferencing session via Zoom with your adolescent at a convenient time. The first session will be approximately 45-60 minutes and will be used to get to know each other. I will ask your child to answer a few questions from a semi-structured interview to get some more information about their well-being and functioning. I will also then complete the *Resiliency Scales for Children and Adolescents (RSCA)* to determine your adolescent's current resilience. Files stored on my personal computer and external hard drive will be password protected to optimise confidentiality. Although the sessions will be recorded for data analysis your adolescents' face will be blurred and all other identifiable information will be concealed to protect their confidentiality and anonymity. Your child will require a computer, wireless internet connectivity and certain art software (if such creativity software is not on the computer already, we will make use of free-trial art-making software which will be at no additional financial cost). Some traditional art materials might be necessary if your adolescent prefer to work with physical/traditional art media. This will be discussed with you and your adolescent prior to the study.

Each art therapy, e-therapy session will provide your child with the opportunity to participate in activities and discuss their emotions and thoughts in a safe, therapeutic environment. Goals of the treatment include: to increase resilience generate confidence and control and to increase positive life experiences and well-being to lessen their psychological stress levels. The benefits include empowering your child, to assist him/her

in coping better with life's stressors and make use of resilience in their daily functioning. It will also attempt to expose your child to new techniques of expression through artmaking.

The sharing of some personal and confidential information with me may let your adolescent to feel distressed, shy and/or may trigger uncomfortable feelings at some point during the therapeutic process. Therefore, all possible measures will be taken to ensure that your adolescent receives the necessary psychological assistance if required. If emergency psychological care is needed the process/steps to take will be discussed with yourself and your adolescent prior to the study. Your adolescents' participation in this research study is completely voluntary. You are free to withdraw your consent at any time and for any reason without penalty. There are no costs involved and no compensation will be given to participating individuals in this research study.

All personal and private information, which may be regarded as sensitive, including but not limited to names and locations will be treated with the utmost confidentiality and anonymity throughout and subsequent to the study.

Please note of the guidelines for online therapy (e-therapy) outlined in the information document.

You are encouraged to ask questions at any time about the nature of the study and the methods that will be used. Your suggestions and concerns are important to me; please contact me at any time at the telephone number listed below. Thank you for granting consent for your child to participate in this research study.

CONSENT FROM PARENT/GUARDIAN

I (name and surname) _____ parent/guardian of
_____ herewith give consent that Marna Saunders may conduct
her studies with my child.

I have read through the information given in the PDF document and I was given the opportunity to ask questions which was answered adequately when necessary.

Signature of Parent/guardian: _____

Date (day / month/ year): _____

Kind regards

Marna Saunders

marnasaunders@gmail.com

Cell: 0825084916

Addendum F: Assent letter to participant



INFORMED ASSENT FORM FOR THE PARTICIPANT

Dear _____

Thank you for agreeing to participate in this study which will take place in May and June 202e. The purpose of this study is to gain understanding of how online/e-therapy can be used as an art therapeutic tool, specifically with adolescents with high psychological stress levels to improve their resilience. I will give you access to the information sheet about the study which will be read and signed by your parents/guardian. This form outlines the description of your involvement and rights as a participant.

If you agree to be part of the study, I will meet with you online to get to know you and ask you a few questions about things that is stressful to you and how you cope with it currently. I will then ask you to complete a questionnaire in which you have to answer questions about your thoughts, feelings which is used to determine your resilience to stressful events. After this we will meet for about six to eight, 30–60-minute sessions in which we are going to do art activities (several of them on the computer or if you prefer with real art materials), and we will chat informally before, during and after the artmaking.

At the end of all the sessions I will meet with you again to conclude our sessions. I will ask you a few questions and ask you to complete a questionnaire again followed. It is important to know that during this process there are not right, or wrong answers and I will only use the information to assist you optimally.

During the online sessions you will share some personal and confidential information with me which might let you feel uncomfortable, anxious, or distressed. It is important to know that you only have to share information you feel comfortable with. If you start experiencing upsetting emotions, I will be able to support you and help you handle the threatening feelings. We will also discuss what to do if you feel distress and need help at other times than our sessions. At the end of the sessions, I hope that you will feel better equipped to cope with stress and feel more resilient. You hope you will also gain new ways of expression and obtain new skills by working with certain computer programmes, technological tools as well as various art making processes.

You are encouraged to ask questions at any time about the nature of the study and the methods that I am using.

Your real name will not be used at any point during information collection, or in the final write up of the data. All information that you tell me will be treated with confidentiality except in cases where you want to harm yourself or somebody else. I may also request you to include some of your artworks in my final report. I will record our online sessions, but I will ensure that your face is blurred, and that all identifying information is concealed in order to protect your privacy.

Your participation in this research is voluntary. You have the right to withdraw at any point of the study, for any reason, and without any prejudice – nobody will be angry or blame you.

You will receive no gifts or money for your participation in this study.

You will need some equipment such as a computer or tablet, a proper Wi-Fi connection and some free art-making software or art materials for the sessions. I will discuss this with you and your parents beforehand and ensure you have a safe, secure place to partake in our sessions. Make sure to discuss your participation in this study with your parents or guardian before signing this form. You will be given a copy of this form that you can keep with you. Your parents/guardian will also be asked to sign and keep a copy of a form granting consent that you may participate in this study.

Please do not sign this form if you do not understand the scope and nature of the research study. Please ask me any questions you have.

Researcher obtaining assent:

Marna Saunders

Reg. No: PS0125210
Tel: 082 508 4916

Date

Pr. No: 0583316
marnasaunders@gmail.com

**

I hereby agree to the above terms and confirm that this research project has been explained to me. I also understand what is going to be done, and why.

Name and surname of participant _____

Signature of participant _____

Date _____

Addendum G:

Before-intervention semi-structured interview

To be completed by the researcher with each participant before the individual art e-therapy sessions

Name of participant: _____ **Date:** _____

1) Why did you want to take part in this study?

2) Describe why you feel/think you are stressed?

3) How are you currently trying to cope with your stress?

4) How is it affecting your life? (Emotions/thoughts/behaviour/relationships)

5) What do you know about resilience? (Explain the concept if necessary)

6) How resilient do you think you are?

7) What do you think will help you become more resilient?

8) What do you expect from our online art psychotherapeutic sessions?

9) Have you ever received some support from a professional person?

10) How would you describe your support system at the moment?

11) How do you see yourself (self-esteem/concept)?

12) What bad qualities do you think you have?

13) What good qualities do you think you have?

14) How do you experience school at the moment and what do you expect from the future?

Addendum H:

After-intervention semi-structured interview

To be completed by the researcher with each participant after the individual art e-therapy sessions

Name of participant: _____ **Date:** _____

1) How did you find the sessions?

2) How is your stress level now/currently?

3) Do you feel you can cope better with stressors now?

4) How would you describe your life now (Emotions/thoughts/behaviour/relationships)

6) How did your concept of resilience change?

7) Do you think you are more resilient now?

8) Do you feel you can cope better with stressors and be more resilient overall or not really?

9) How did your expectations from the sessions differ from the reality?

10) Do you feel more empowered, or would you say the same amount?

11) How is your support system now?

12) How do you see yourself now (self-esteem/concept and good/bad qualities)?

13) How do you experience school now and what do you expect from the future?

Addendum I:

Example of completed Perceived Stress Scale (PSS)

ADDENDUM F: PERCEIVED STRESS SCALE (USED FOR QUALITATIVE PURPOSES)

To be completed to determine stress levels of adolescent for possible participation in research study of Marina Saunders.

Name of adolescent: [Redacted] Date: 8/4/2022
 Age: [Redacted] Gender: F

Please fill out the following form by circling the number as accurately as you can:

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

1. In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2. In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3. In the last month, how often have you felt nervous and "stressed"?	0	1	2	3	4
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5. In the last month, how often have you felt that things were going your way?	0	1	2	3	4
6. In the last month, how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
7. In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4
8. In the last month, how often have you felt that you were on top of things?	0	1	2	3	4

9. In the last month, how often have you been angered because of things that were outside of your control?	0	1	2	3	4
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

Signed by parent/guardian: [Redacted] Date: _____
 Signed by potential participant: [Redacted] Date: 7 APRIL

Scoring for the Perceived Stress Scale (I can help you if you need assistance in working out the scores:

You can determine the PSS score by following these directions:

- First, reverse the scores for questions 4, 5, 7, and 8. On these 4 questions, change the scores like this:
 0 = 4, 1 = 3, 2 = 2, 3 = 1, 4 = 0.
- Now add up your scores for each item to get a total. The total score is 33.

Individual scores on the PSS can range from 0 to 40 with higher scores indicating higher perceived stress.

- ▶ Scores ranging from 0-13 would be considered low stress.
- ▶ Scores ranging from 14-26 would be considered moderate stress.
- ▶ Scores ranging from 27-40 would be considered high perceived stress.

Addendum J: Example answers to the before intervention semi-structured interview

ADDENDUM H: SEMI-STRUCTURED QUESTIONNAIRE

To be completed by the researcher with each participant before the individual e-therapy art sessions

Name of participant: [redacted]

Date: 8/4/2022

1) Why did you want to take part in this study?
 - I feel I struggle with coping skills
 - Help to introduce to new techniques to cope with

2) Describe why you feel/think you are stressed?
 - GCSE is VERY stressful. FUTURE expectations very anxious → war, out of school, real-world, teachers are putting A LOT of pressure
 * Real-world freaking & bit out. / Don't like change.
 - Really good support systems - Don't cope well.
 - Ask family & friend
 - Tell self to calm down - Remind all the good things. * Panic attacks (3 past week) → Triggers (Emotions/thoughts/behaviour/relationships) → Mares + Unit + Future.

3) How are you currently trying to cope with your stress? - Need to plan things.
 - Really good support systems - Don't cope well.
 - Ask family & friend
 - Tell self to calm down - Remind all the good things. * Panic attacks (3 past week) → Triggers (Emotions/thoughts/behaviour/relationships) → Mares + Unit + Future.

4) How is it affecting your life? (Emotions/thoughts/behaviour/relationships)
 * Frustrating → Panic attacks
 * EXAM → line just go blank
 * Environment → Just freaked out
 * Covid = was okay. Liked online school. → In-learned
 6) What do you know about resilience? (Explain if necessary) w. gr. 11 mark
 - So many diff. → Not really sure. → Covid → missed sports.
 * WP colours
 * Strain → missed out
 * Burnout during lockdown
 * exercise → coping skills.

7) How resilient do you think you are?
 - Decent. - Could be better
 - I do eventually cope (But 4st have breakdown) →
 * WP colours
 * Strain → missed out
 * Burnout during lockdown
 * exercise → coping skills.

8) What do you think will help you become more resilient?
 * Would like to avoid being overwhelmed & panic attacks → core control
 * Last year this time = Anxiety also escalated
 * Covid - picked up weight when I'm feeling good
 9) What do you expect from our online art psychotherapeutic sessions? * Coaches put pressure on me → help
 - Not good @ art.
 - Can't draw.

- Photos. - Reading }

9) Have you ever received some support from a professional person?
 - Play Therapist for anxiety
 - 2 sessions for PTSD
 - Help 2 talk → objective

10) How would you describe your support system at the moment?
 Good. → Good w family & friends

11) How do you see yourself (self-esteem/concept)?
 - Have insecurities & flaws
 * Body image → can be very negative
 - struggle w eating → made anxiety worse
 * Thighs. → Body image
 * Food → Don't eat (stressed).
 Impatience
 Always worry → little things → Social Media → more insecure.

12) What good qualities do you think you have?
 - Nice caring helpful.
 - Avoid conflict → Don't
 always have backbone
 - Good w ppl. - welcoming - Sense of humour w. Food
 * Guilt about food.
 * Main lost weight (strand)
 * Parents → influenced
 * Positive relationship

13) How do you experience school at the moment and what do you expect from the future?
 Discussed during interview.
 - School okay → pressure about marks & uni & where world is going.

* me.com
 * Going to email, resilience scales.

* Next meeting: Wednesday: 16:00-17:00
 , Zoom link.

ADDENDUM H: SEMI-STRUCTURED QUESTIONNAIRE

To be completed by the researcher with each participant before the individual e-therapy art therapy sessions

Name of participant: [redacted]

Date: 29/4/2022

- 1) Why did you want to take part in this study?
 - Sounded interesting → Art therapy worked to explore
 - Used to do regular therapy (money issue & time)
 ↳ Social worker - Psychiatrist → Dr. Verreck
- 2) Describe why you feel/think you are stressed?
 - A lot of diff. → Fluoxetine & natural
 - University & future
 - Exam + school
 - Relationship w. dad. Pelican

- 3) How are you currently trying to cope with your stress?
 - Fake it till you make up - procrastinate
 - Talk at bed → work = talk a lot
 - Emotion → I don't talk & avoid conflict

- 4) How is it affecting your life? (Emotions/thoughts/behaviour/relationships)
 - Just agree w. stuff (emotions) - avoidance
 → lead to frustration & frustration
 - Work → can be assertive
 → Very stressed → Go swimming - Read a lot

- 6) What do you know about resilience? (Explain the concept if necessary)
 → How well u can keep going

- 7) How resilient do you think you are?
 - Average
 - Family says I am brave
 → Imposter syndrome → breakdown points

- 8) What do you think will help you become more resilient?
 If I need - knew I would be on it

- 9) What do you expect from our online art psychotherapeutic sessions?
 Healthy sort of coping mechanism

- 9) Have you ever received some support from a professional person?
 - Social worker
 - Psychiatrist
 - Gender specialist/sister - Pitcher → Care out
 - Endocrineologist

- 10) How would you describe your support system at the moment?
 Okay. Can talk to mom and friends.
 → Can share

- 11) How do you see yourself (self-esteem/concept)?
 Pretty confident in who am I
 - Okay @ moments, but comments get to u

- 12) What bad qualities do you think you have?
 - Tendency to not know how to read
 - Frustrated & Angry

- 13) What good qualities do you think you have?
 Can focus
 - Patient. → Good listener → Good voice

- 14) How do you experience school at the moment and what do you expect from the future?
 - Okay
 - Bit stressful → Exams
 - Try to keep on top of things

* Hormones: 250 mg.
 - Side effects: Skill experience menubulion.
 - Mood swings.

Addendum K: Examples of responses to before intervention RSCA

RESILIENCY Scales

FOR CHILDREN & ADOLESCENTS™

A Profile of Personal Strengths

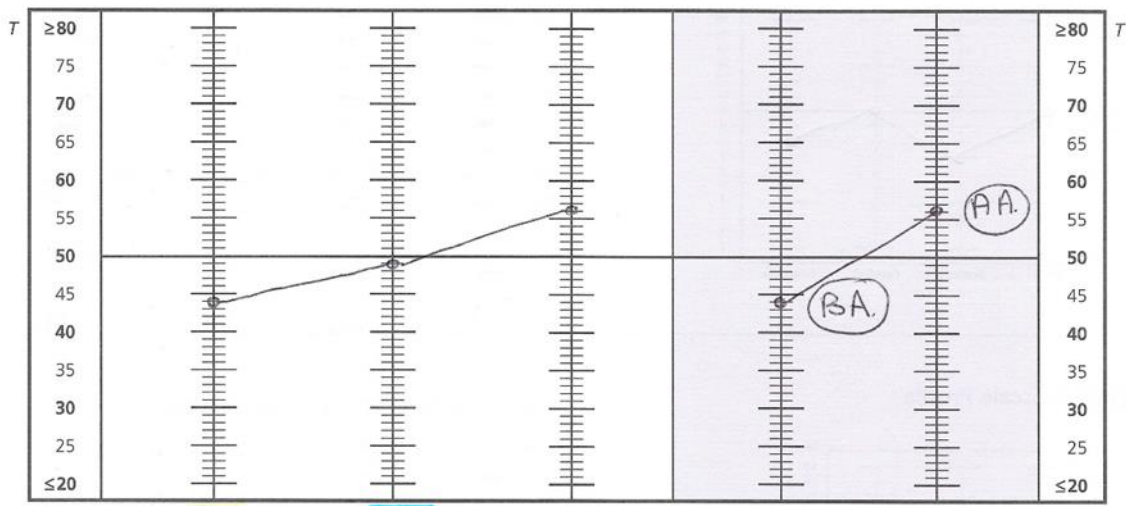
Combination Booklet

Detach this page before administration.

Name: [REDACTED] Sex: Male Female
 Date: 10/4/2022 Age: 14 Grade: 9
 Referral Question: _____
 Academic Status: _____ Disability Status: _____ Classification Status: _____
 Placement Status: _____ Diagnostic Status: _____

Resiliency Profile

Index Scores



$RES \text{ Raw Score} = (MAS T + REL T) / 2$
 For RES T scores, see **Table C.1.**

$VUL = REA T - RES T$
 For VUL T scores, see **Table D.1.**

$\rightarrow MAS T (44) + REL T (49) \div 2$
 $= 44$

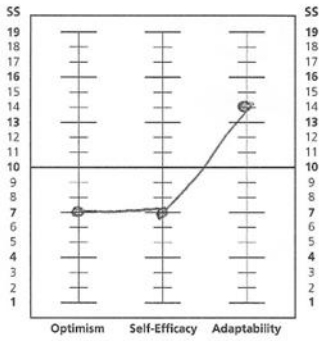
$REA T - RES T$
 $= 56 - 44$
 $12 = 58$

PEARSON
 To reorder, call 1-800-211-8378

Copyright © 2007 NCS Pearson, Inc. All rights reserved.
 21 ABCDE

Product Number: 0154234648

MAS Subscale Profile



Sense of Mastery Subscale Scoring

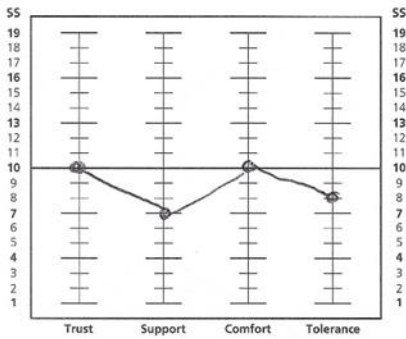
	Optimism	Self-Efficacy	Adaptability
1	2	5	4
2	4	6	0
3	2	7	4
4	2	8	3
18	2	9	2
19	1	10	0
20	3	11	0
		12	4
		13	4
		14	2
Total	19	Total 23	Total 12
SS	7	SS 7	SS 14

For scaled scores, see Table A.2.

↓ BA ↓ BA ↓ AA

PAGE 31

REL Subscale Profile



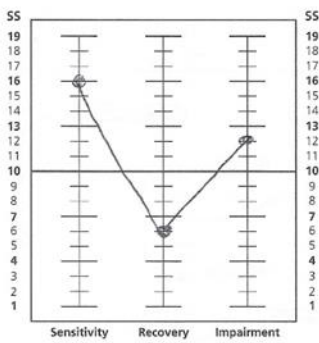
Sense of Relatedness Subscale Scoring

	Trust	Support	Comfort	Tolerance
6	4	5	2	1
7	4	18	4	2
8	2	19	4	3
9	2	20	2	4
10	2	21	2	4
23	4	22	4	4
24	4			2
Total	22	Total 18	Total 13	Total 18
SS	10	SS 7	SS 10	SS 8

For scaled scores, see Table A.3.

↓ A ↓ BA ↓ A ↓ A

REA Subscale Profile



Emotional Reactivity Subscale Scoring

	Sensitivity	Recovery	Impairment
1	4	10	0
2	4	11	0
3	2	12	0
4	2	13	0
5	4		2
6	2		2
			16
			17
			18
			19
			20
Total	18	Total 0	Total 16
SS	16	SS 0	SS 12

For scaled scores, see Table A.4.

2 High ↓ BA ↓ A

MAS

Circle your answer.

Here is a list of things that happen to people and that people think, feel, or do. Read each sentence carefully, and circle the one answer (Never, Rarely, Sometimes, Often, or Almost Always) that tells about you best. THERE ARE NO RIGHT OR WRONG ANSWERS.

	0	1	2	3	4	
1. Life is fair.	Never	Rarely	Sometimes	Often	Almost Always	2
2. I can make good things happen.	Never	Rarely	Sometimes	Often	Almost Always	4
3. I can get the things I need.	Never	Rarely	Sometimes	Often	Almost Always	2
4. I can control what happens to me.	Never	Rarely	Sometimes	Often	Almost Always	2
5. I do things well.	Never	Rarely	Sometimes	Often	Almost Always	4
6. I am good at fixing things.	Never	Rarely	Sometimes	Often	Almost Always	0
7. I am good at figuring things out.	Never	Rarely	Sometimes	Often	Almost Always	4
8. I make good decisions.	Never	Rarely	Sometimes	Often	Almost Always	3
9. I can adjust when plans change.	Never	Rarely	Sometimes	Often	Almost Always	2
10. I can get past problems in my way.	Never	Rarely	Sometimes	Often	Almost Always	0
11. If I have a problem, I can solve it.	Never	Rarely	Sometimes	Often	Almost Always	0
12. If I try hard, it makes a difference.	Never	Rarely	Sometimes	Often	Almost Always	4
13. If at first I don't succeed, I will keep on trying.	Never	Rarely	Sometimes	Often	Almost Always	4
14. I can think of more than one way to solve a problem.	Never	Rarely	Sometimes	Often	Almost Always	2
15. I can learn from my mistakes.	Never	Rarely	Sometimes	Often	Almost Always	4
16. I can ask for help when I need to.	Never	Rarely	Sometimes	Often	Almost Always	4
17. I can let others help me when I need to.	Never	Rarely	Sometimes	Often	Almost Always	4
18. Good things will happen to me.	Never	Rarely	Sometimes	Often	Almost Always	2
19. My life will be happy.	Never	Rarely	Sometimes	Often	Almost Always	1
20. No matter what happens, things will be all right.	Never	Rarely	Sometimes	Often	Almost Always	3

For T scores, see Table A.1.

TS 44 RS 51

↓
T-Score Raw Score

REL

Here is a list of things that happen to people and that people think, feel, or do. Read each sentence carefully, and circle the one answer (Never, Rarely, Sometimes, Often, or Almost Always) that tells about you best. THERE ARE NO RIGHT OR WRONG ANSWERS.

	0	1	2	3	4	
1. I can meet new people easily.	Never	Rarely	Sometimes	Often	Almost Always	2
2. I can make friends easily.	Never	Rarely	Sometimes	Often	Almost Always	4
3. People like me.	Never	Rarely	Sometimes	Often	Almost Always	4
4. I feel calm with people.	Never	Rarely	Sometimes	Often	Almost Always	4
5. I have a good friend.	Never	Rarely	Sometimes	Often	Almost Always	2
6. I like people.	Never	Rarely	Sometimes	Often	Almost Always	4
7. I spend time with my friends.	Never	Rarely	Sometimes	Often	Almost Always	4
8. Other people treat me well.	Never	Rarely	Sometimes	Often	Almost Always	2
9. I can trust others.	Never	Rarely	Sometimes	Often	Almost Always	2
10. I can let others see my real feelings.	Never	Rarely	Sometimes	Often	Almost Always	2
11. I can calmly tell others that I don't agree with them.	Never	Rarely	Sometimes	Often	Almost Always	2
12. I can make up with friends after a fight.	Never	Rarely	Sometimes	Often	Almost Always	4
13. I can forgive my parent(s) if they upset me.	Never	Rarely	Sometimes	Often	Almost Always	0
14. If people let me down, I can forgive them.	Never	Rarely	Sometimes	Often	Almost Always	2
15. I can depend on people to treat me fairly.	Never	Rarely	Sometimes	Often	Almost Always	4
16. I can depend on those closest to me to do the right thing.	Never	Rarely	Sometimes	Often	Almost Always	4
17. I can calmly tell a friend if he or she does something that hurts me.	Never	Rarely	Sometimes	Often	Almost Always	2
18. If something bad happens, I can ask my friends for help.	Never	Rarely	Sometimes	Often	Almost Always	4
19. If something bad happens, I can ask my parent(s) for help.	Never	Rarely	Sometimes	Often	Almost Always	4
20. There are people who will help me if something bad happens.	Never	Rarely	Sometimes	Often	Almost Always	2
21. If I get upset or angry, there is someone I can talk to.	Never	Rarely	Sometimes	Often	Almost Always	2
22. There are people who love and care about me.	Never	Rarely	Sometimes	Often	Almost Always	4
23. People know who I really am.	Never	Rarely	Sometimes	Often	Almost Always	4
24. People accept me for who I really am.	Never	Rarely	Sometimes	Often	Almost Always	4

For T scores, see Table A.1.

TS 49 RS 74

T-Score Raw

REA

Here is a list of things that happen to people and that people think, feel, or do. Read each sentence carefully, and circle the one answer (Never, Rarely, Sometimes, Often, or Almost Always) that tells about you best. THERE ARE NO RIGHT OR WRONG ANSWERS.

	0	1	2	3	4	
1. It is easy for me to get upset.	Never	Rarely	Sometimes	Often	Almost Always	4
2. People say that I am easy to upset.	Never	Rarely	Sometimes	Often	Almost Always	4
3. I strike back when someone upsets me.	Never	Rarely	Sometimes	Often	Almost Always	2
4. I get very upset when things don't go my way.	Never	Rarely	Sometimes	Often	Almost Always	2
5. I get very upset when people don't like me.	Never	Rarely	Sometimes	Often	Almost Always	4
6. I can get so upset that I can't stand how I feel.	Never	Rarely	Sometimes	Often	Almost Always	2
7. I get so upset that I lose control.	Never	Rarely	Sometimes	Often	Almost Always	0
8. When I get upset, I don't think clearly.	Never	Rarely	Sometimes	Often	Almost Always	4
9. When I get upset, I react without thinking.	Never	Rarely	Sometimes	Often	Almost Always	0
10. When I get upset, I stay upset for about one hour.	Never	Rarely	Sometimes	Often	Almost Always	0
11. When I get upset, I stay upset for several hours.	Never	Rarely	Sometimes	Often	Almost Always	0
12. When I get upset, I stay upset for the whole day.	Never	Rarely	Sometimes	Often	Almost Always	0
13. When I get upset, I stay upset for several days.	Never	Rarely	Sometimes	Often	Almost Always	2
14. When I am upset, I make mistakes.	Never	Rarely	Sometimes	Often	Almost Always	2
15. When I am upset, I do the wrong thing.	Never	Rarely	Sometimes	Often	Almost Always	2
16. When I am upset, I get into trouble.	Never	Rarely	Sometimes	Often	Almost Always	2
17. When I am upset, I do things that I later feel bad about.	Never	Rarely	Sometimes	Often	Almost Always	4
18. When I am upset, I hurt myself.	Never	Rarely	Sometimes	Often	Almost Always	0
19. When I am upset, I hurt someone.	Never	Rarely	Sometimes	Often	Almost Always	0
20. When I am upset, I get mixed-up.	Never	Rarely	Sometimes	Often	Almost Always	2

For T scores, see Table A.1.

TS 56 RS 34

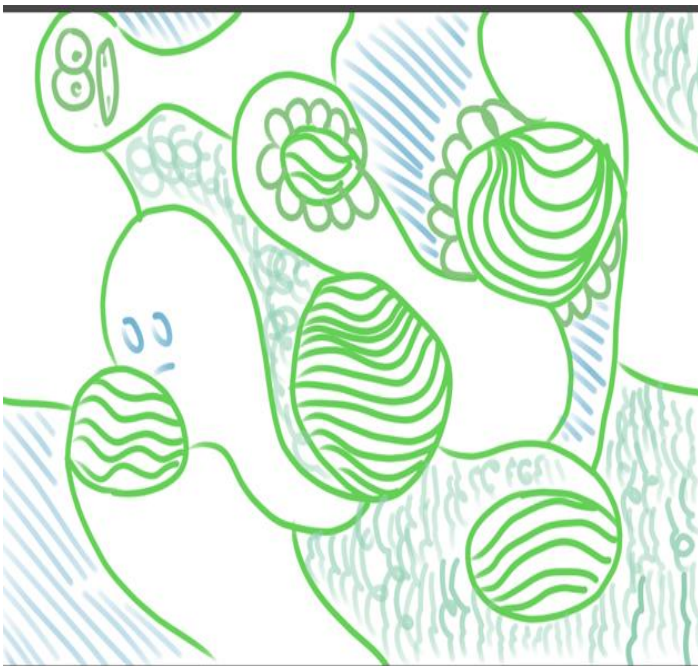
T-Score Raw

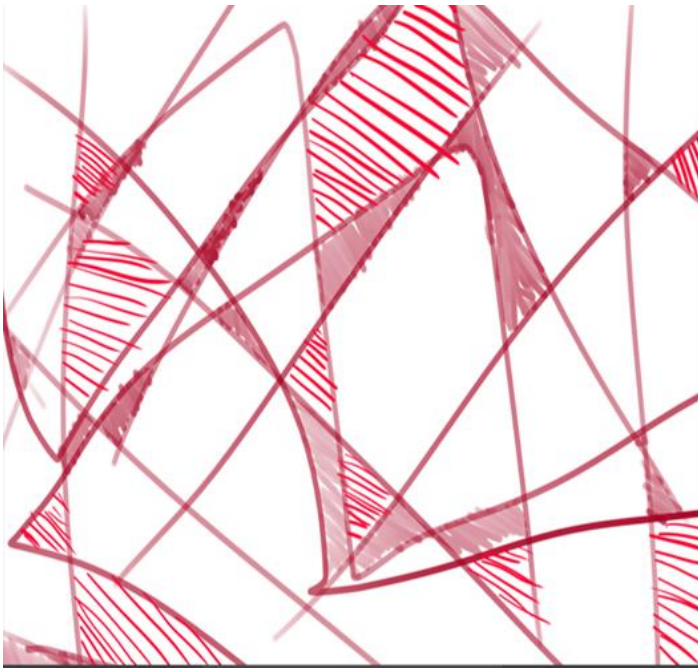
Addendum L: Participants A's artworks created during intervention sessions

SESSION 1: Stress

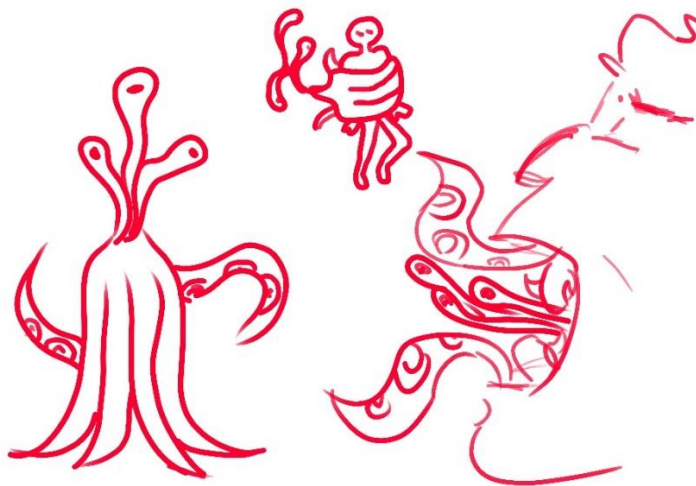


SESSION 2: Weaknesses & Strengths



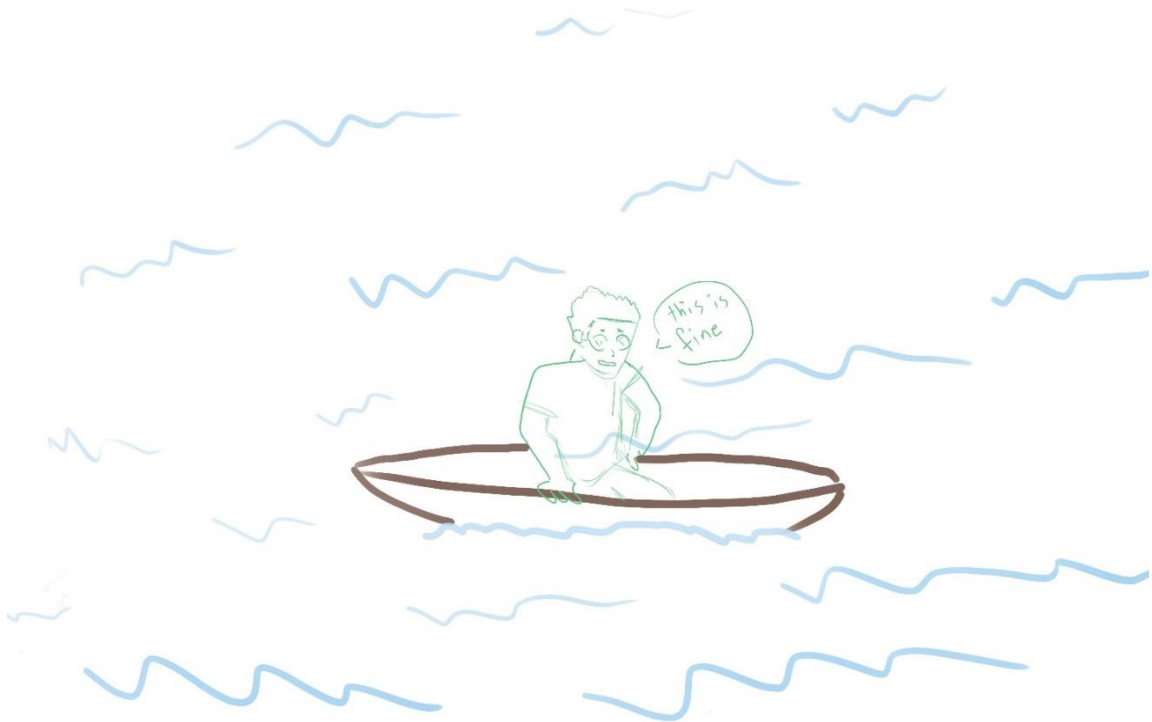


SESSION 3: Monster (Part 1 & 2)



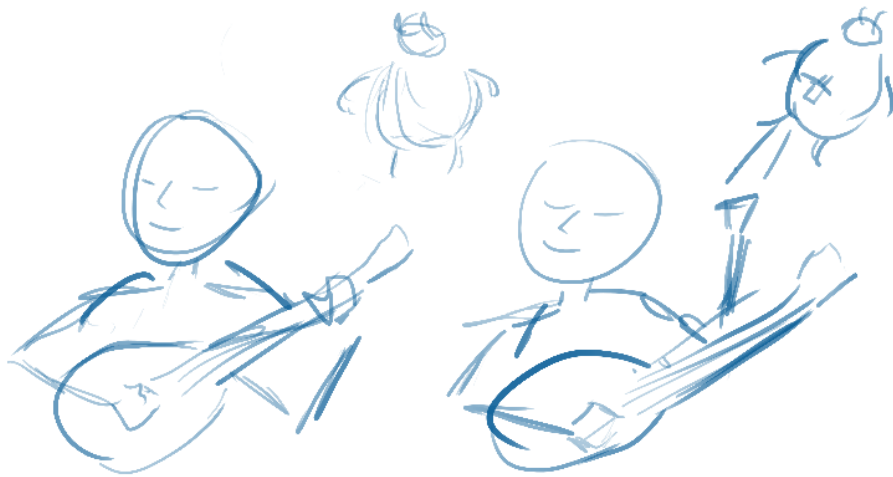


SESSION 4: Lighthouse (Part 1 & 2)





SESSION 5: Superhero/Warrior





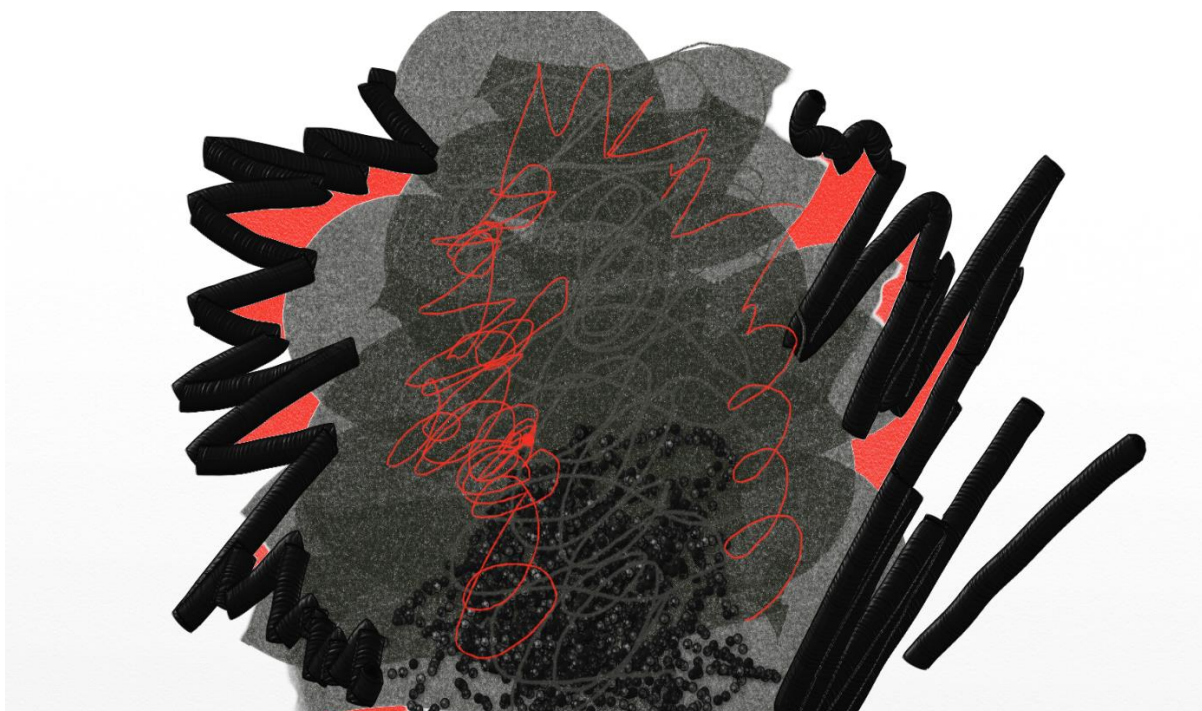
SESSION 6: Crystal ball and Words to live by

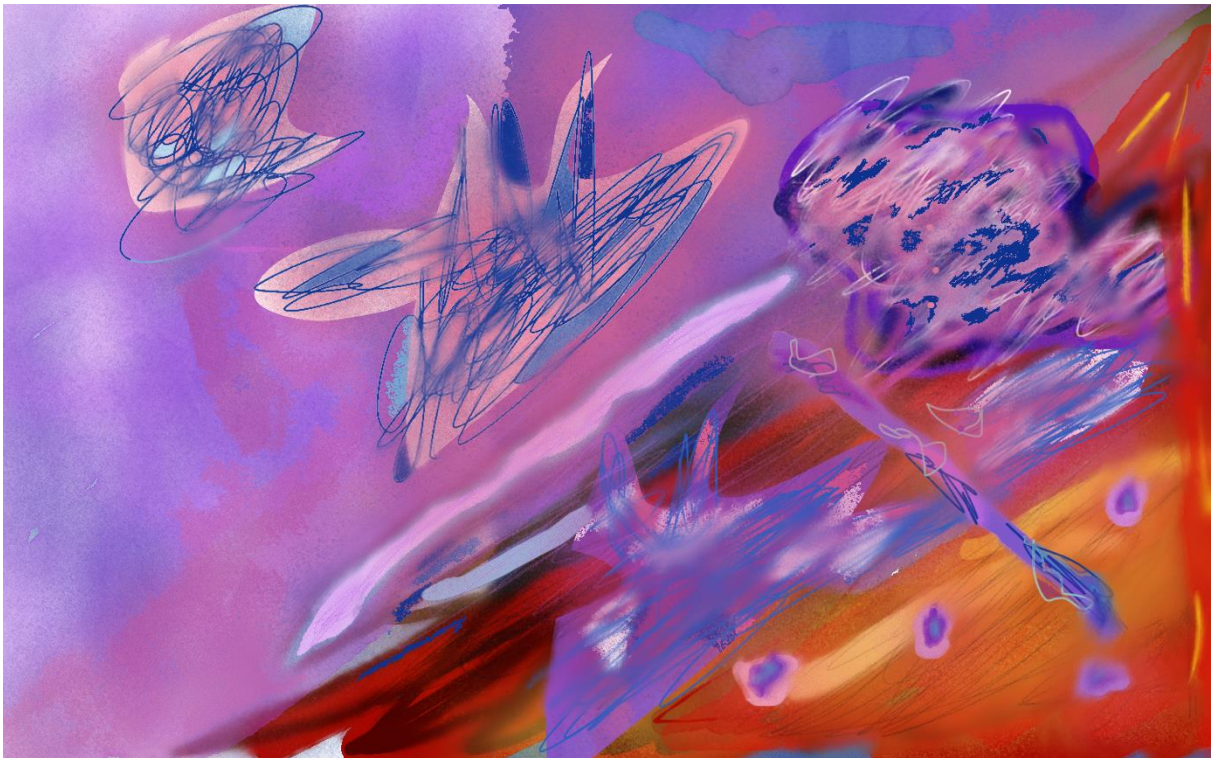


Addendum M: Participants B's artworks created during intervention sessions
SESSION 1: Stress



SESSION 2: Weaknesses & Strengths



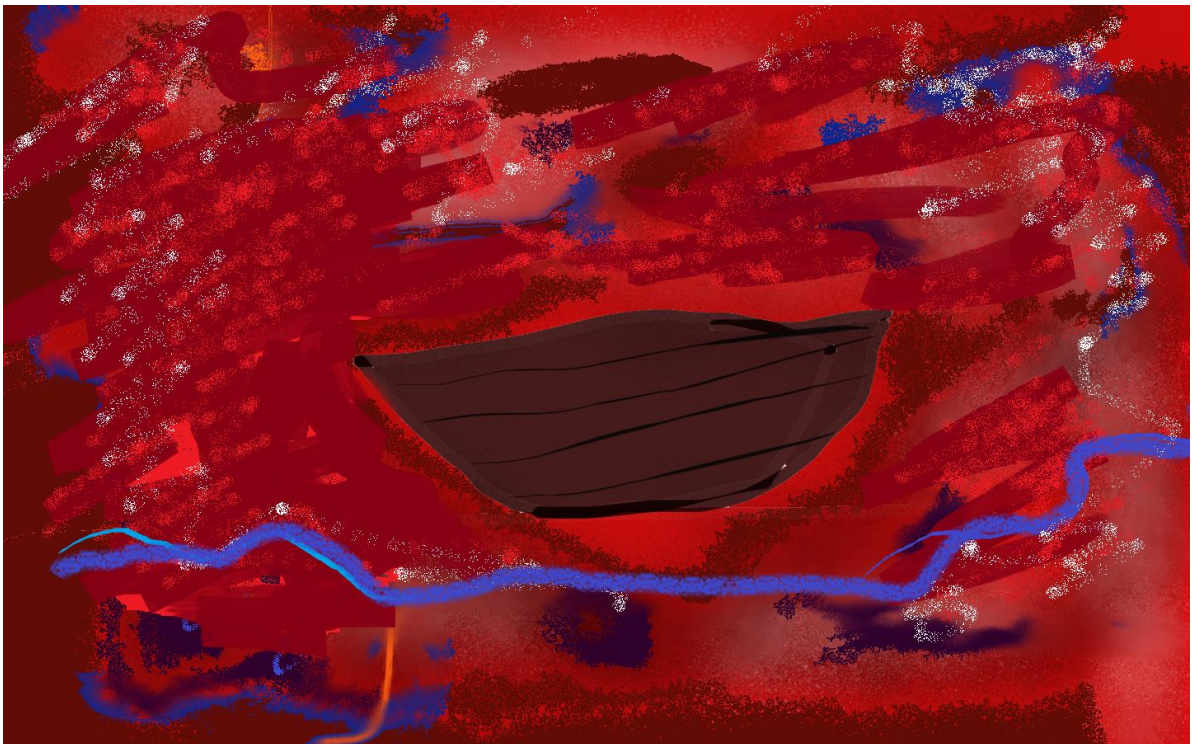


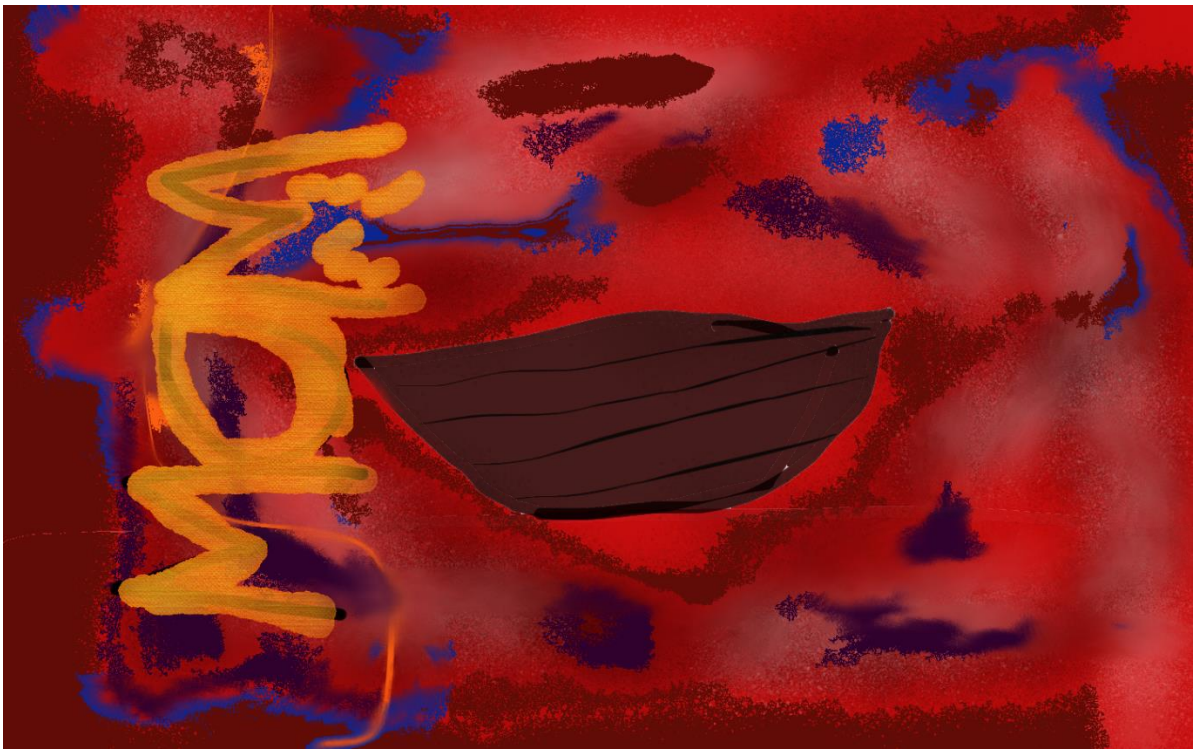
SESSION 3: Monster (Part 1 & 2)





SESSION 4: Lighthouse (Part 1 & 2)





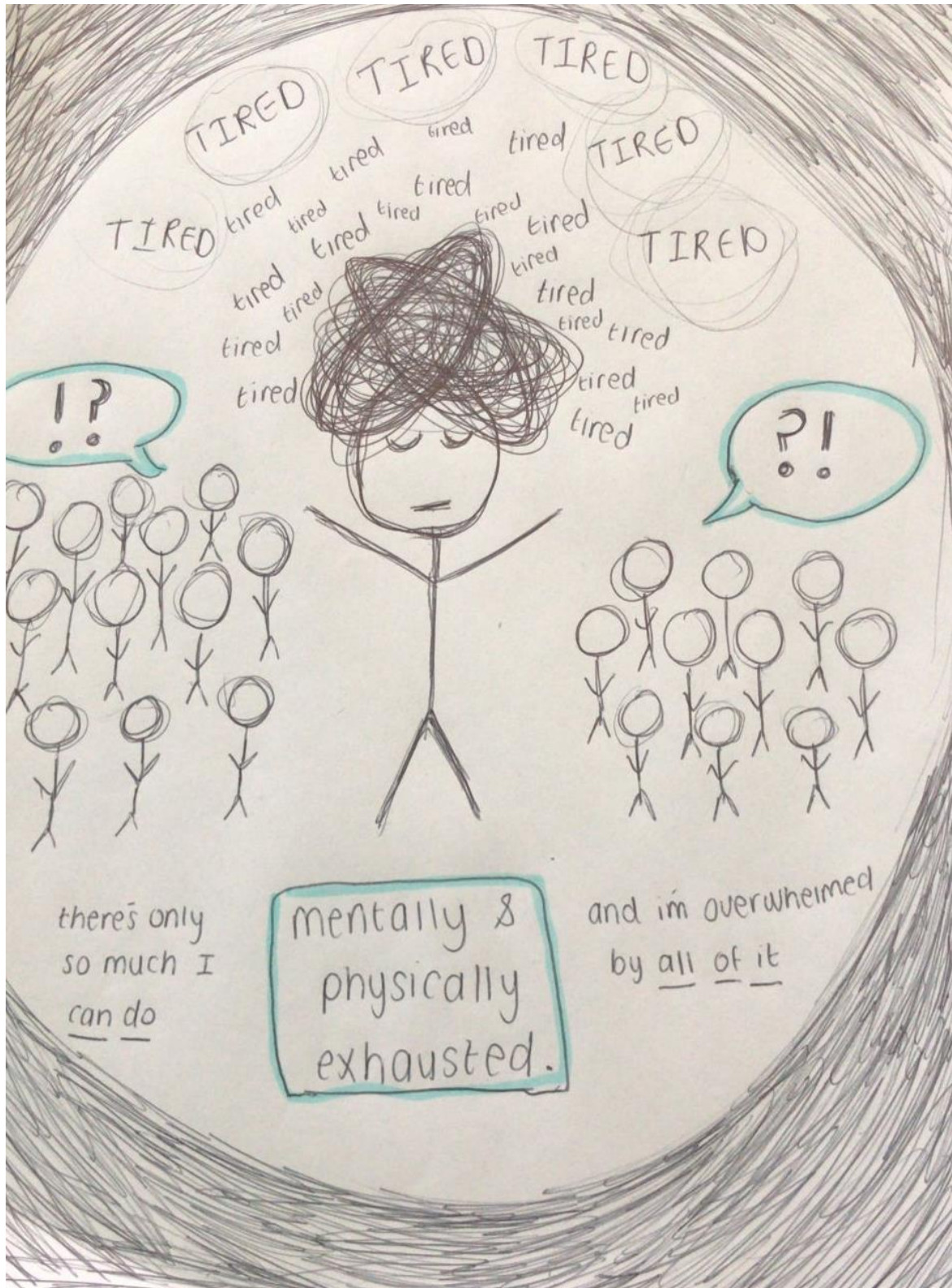
SESSION 5: Superhero/Warrior



SESSION 6: Crystal ball and Words to live by



Addendum N: Participants C's artworks created during intervention sessions
SESSION 1: Stress



SESSION 2: Weaknesses & Strengths

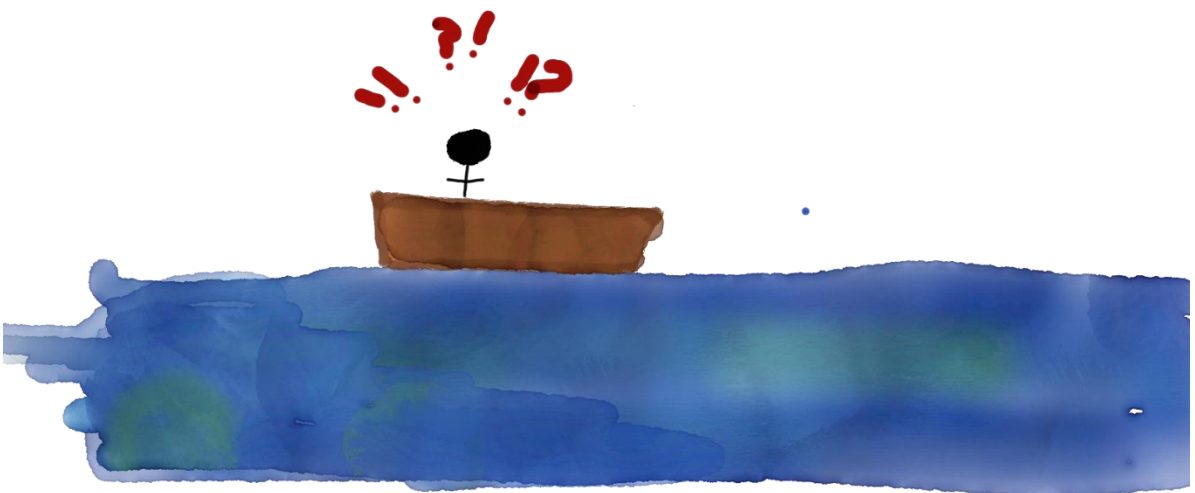


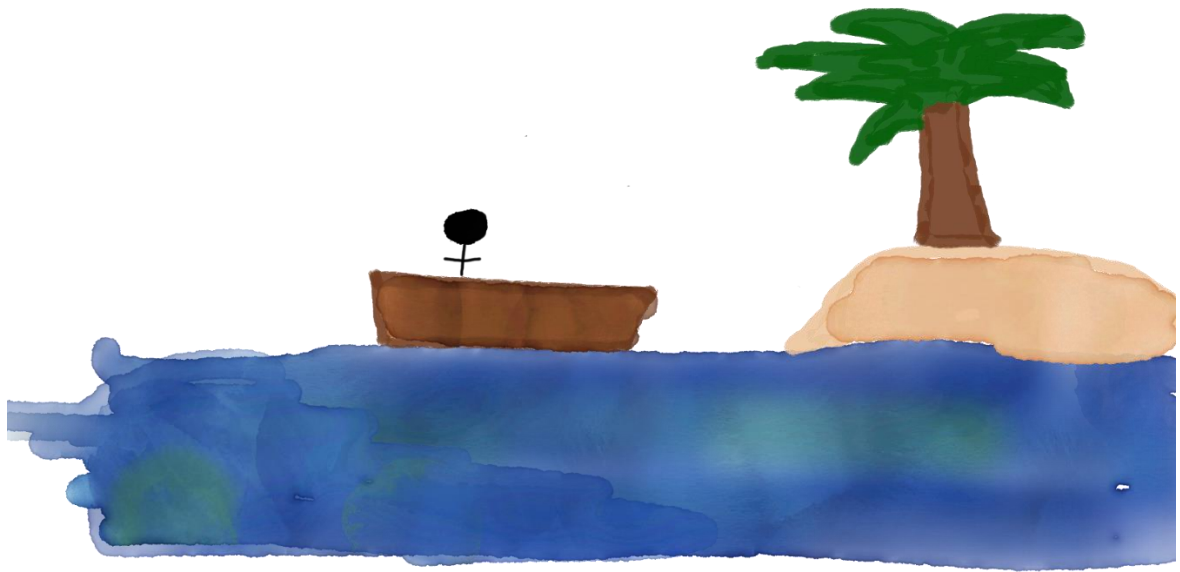
SESSION 3: Monster (Part 1 & 2)



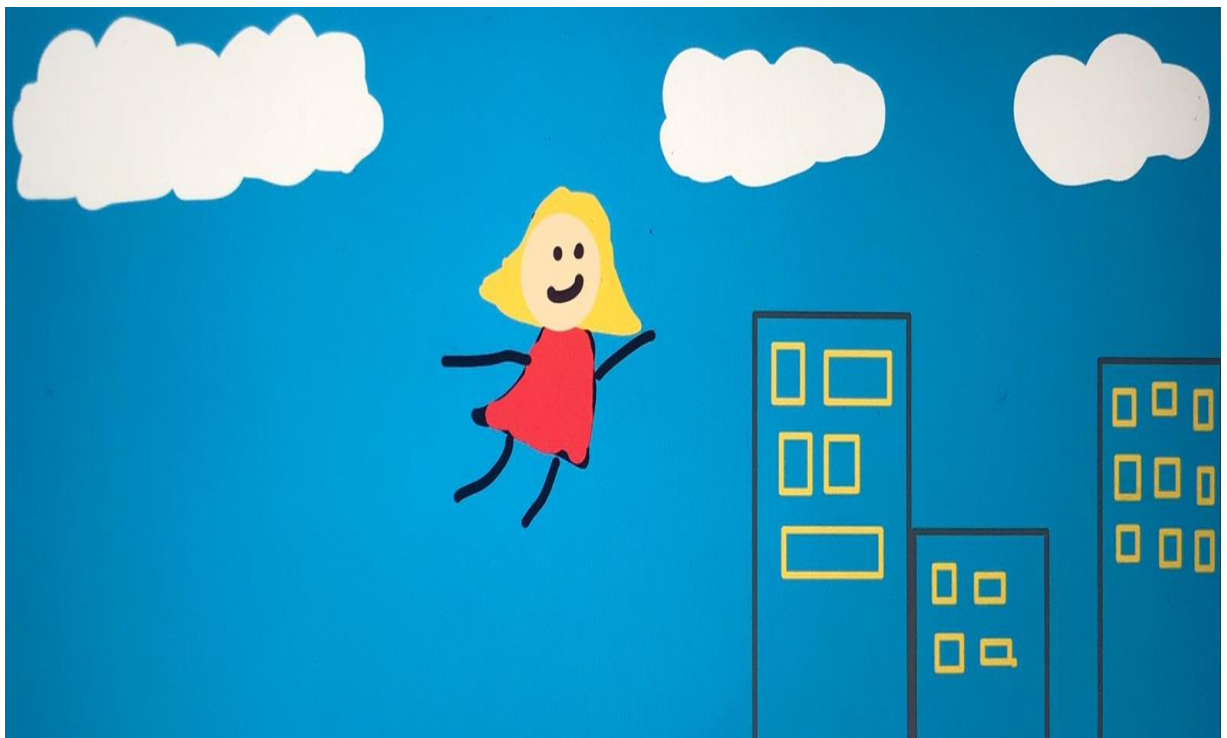


SESSION 4: Lighthouse (Part 1 & 2)

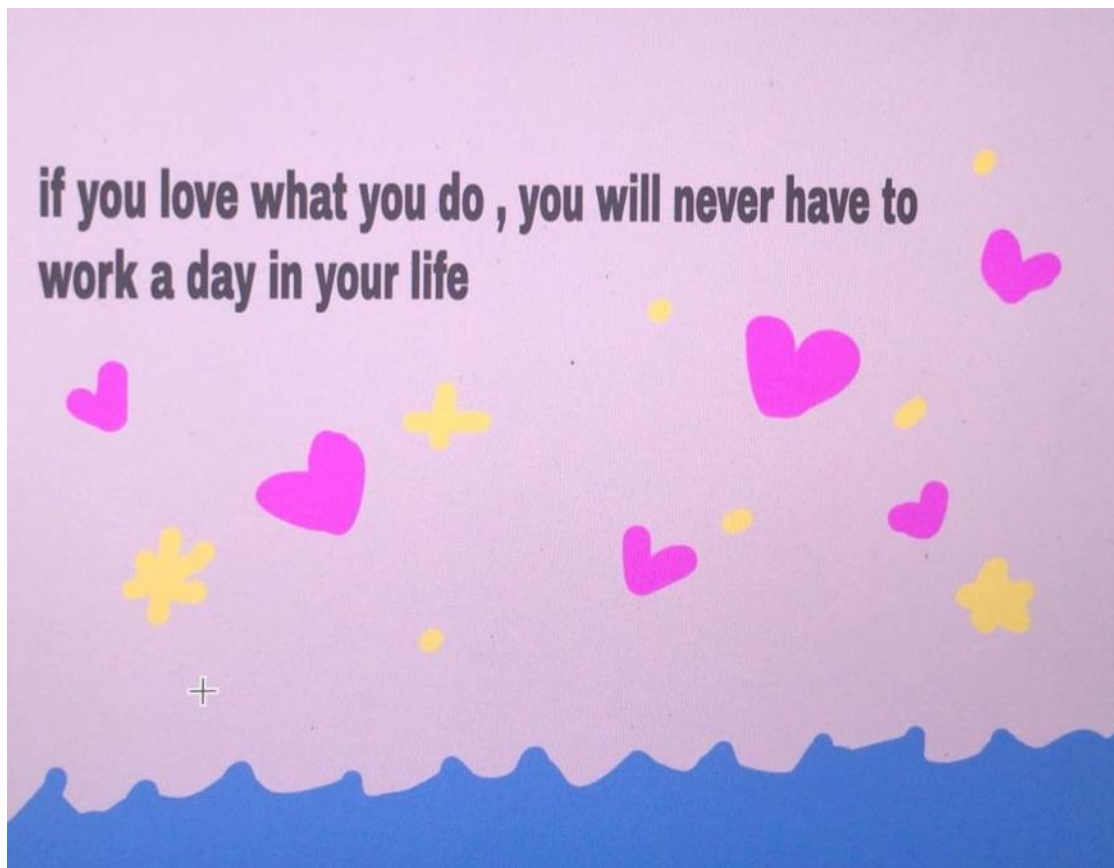




SESSION 5: Superhero/Warrior



SESSION 6: Crystal ball and Words to live by

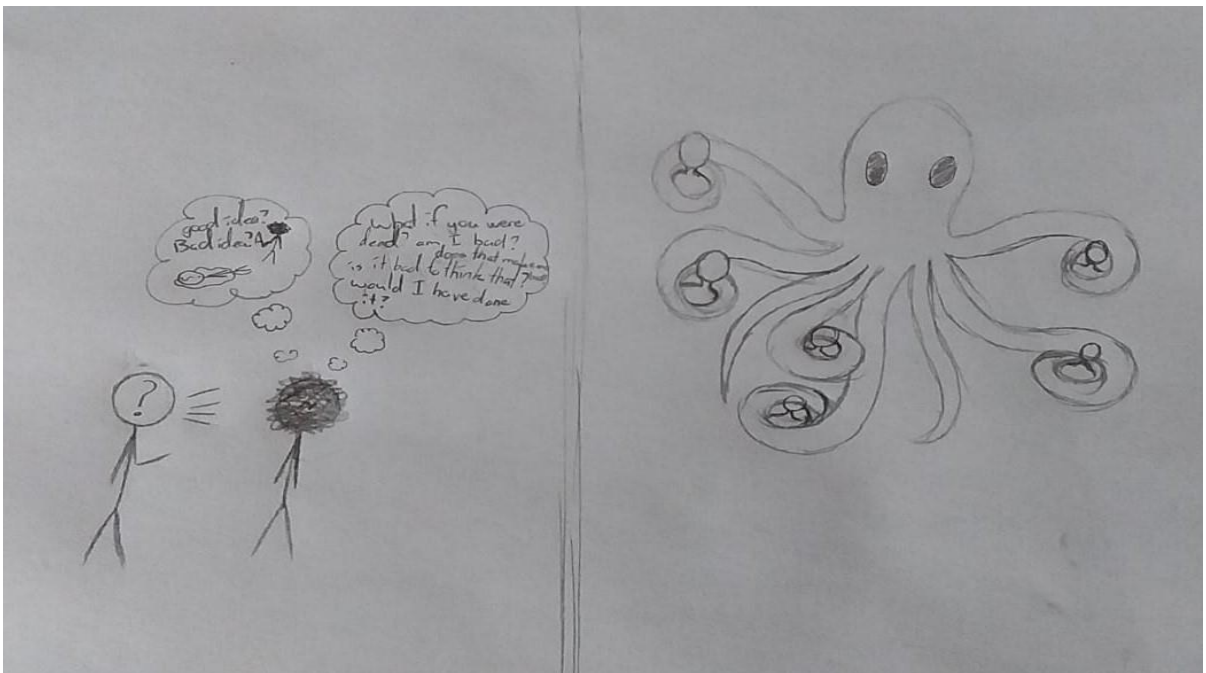


Addendum O: Participants D's artworks created during intervention sessions

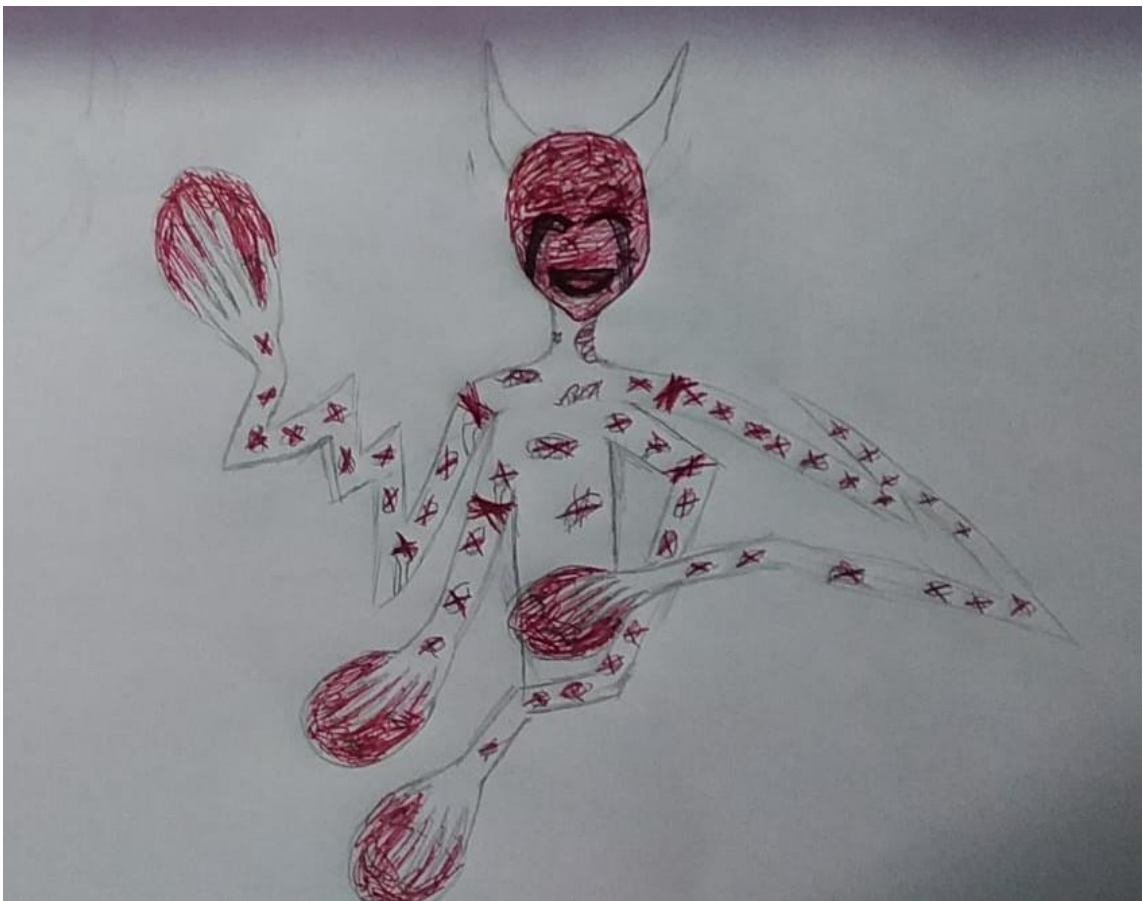
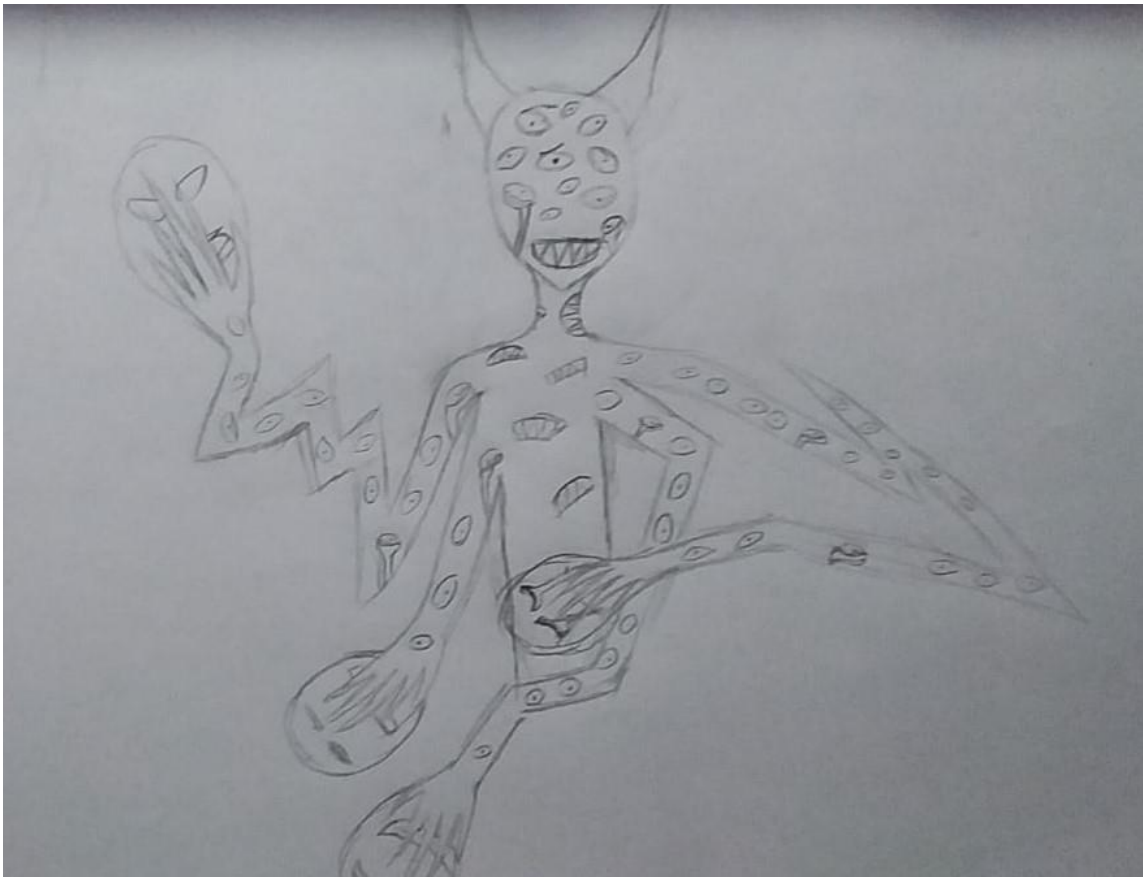
SESSION 1: Stress



SESSION 2: Weaknesses & Strengths



SESSION 3: Monster (Part 1 & 2)



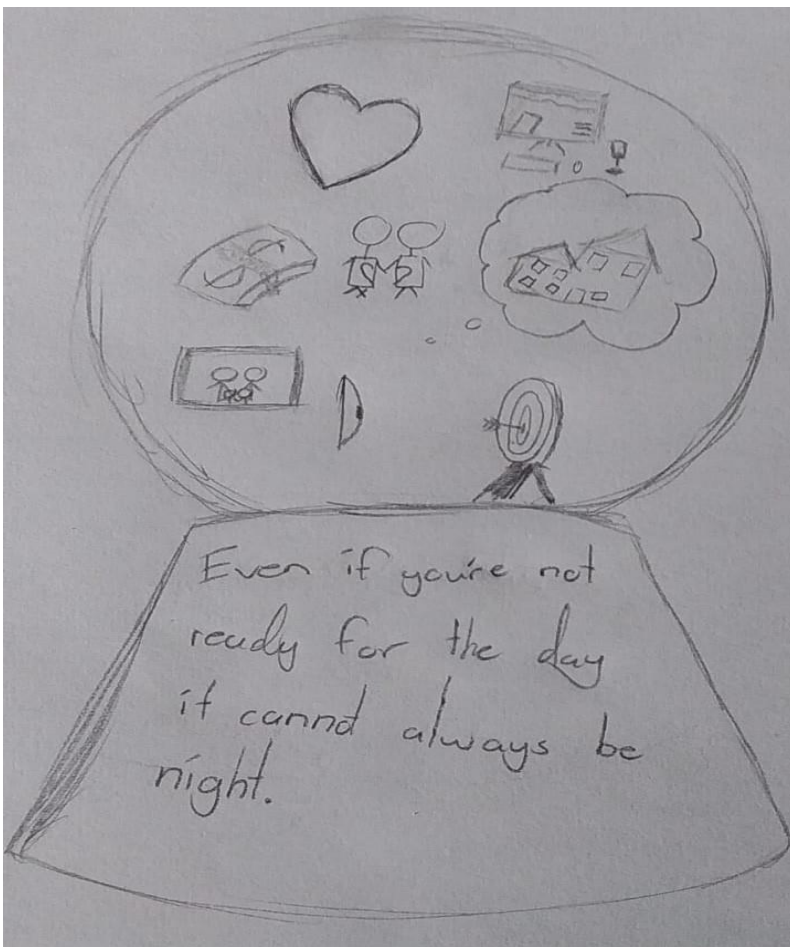
Session 4: Lighthouse (Part 1 & 2)



SESSION 5: Superhero/Warrior



SESSION 6: Crystal ball and Words to live by

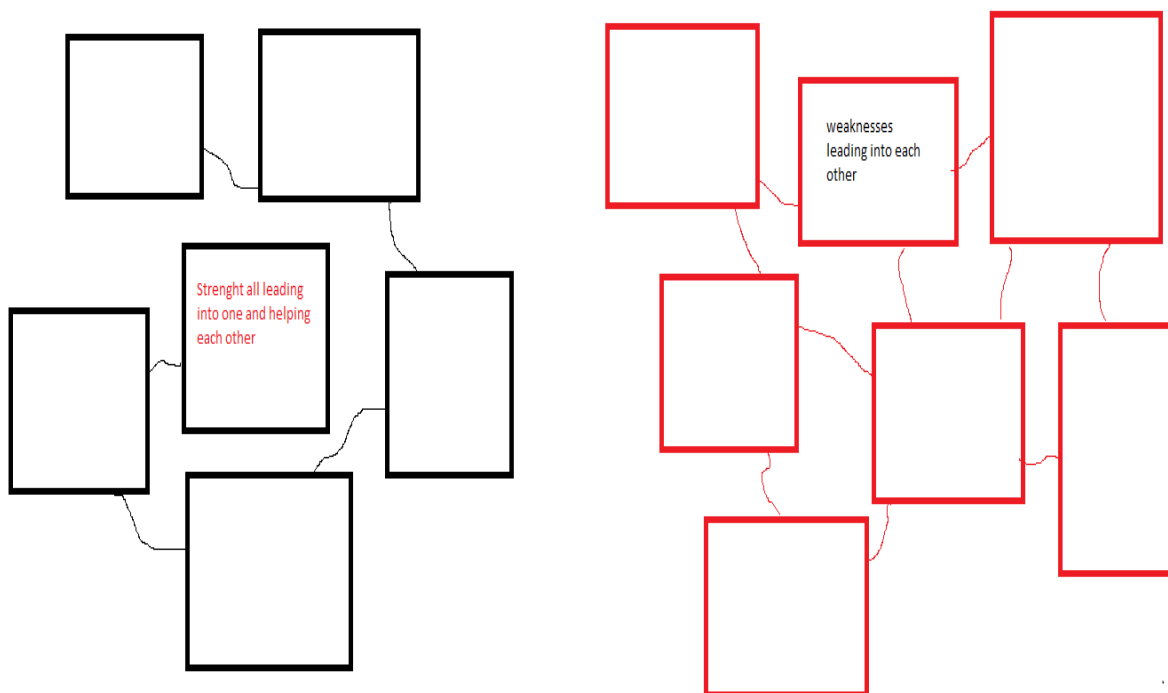


Addendum P: Participants E's artworks created during intervention sessions

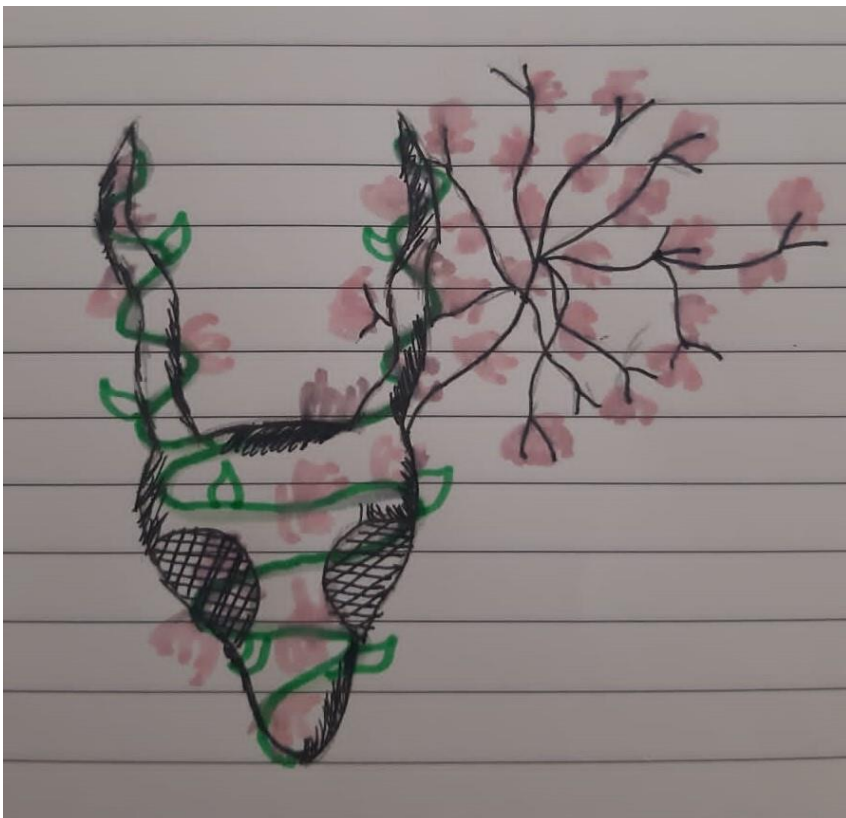
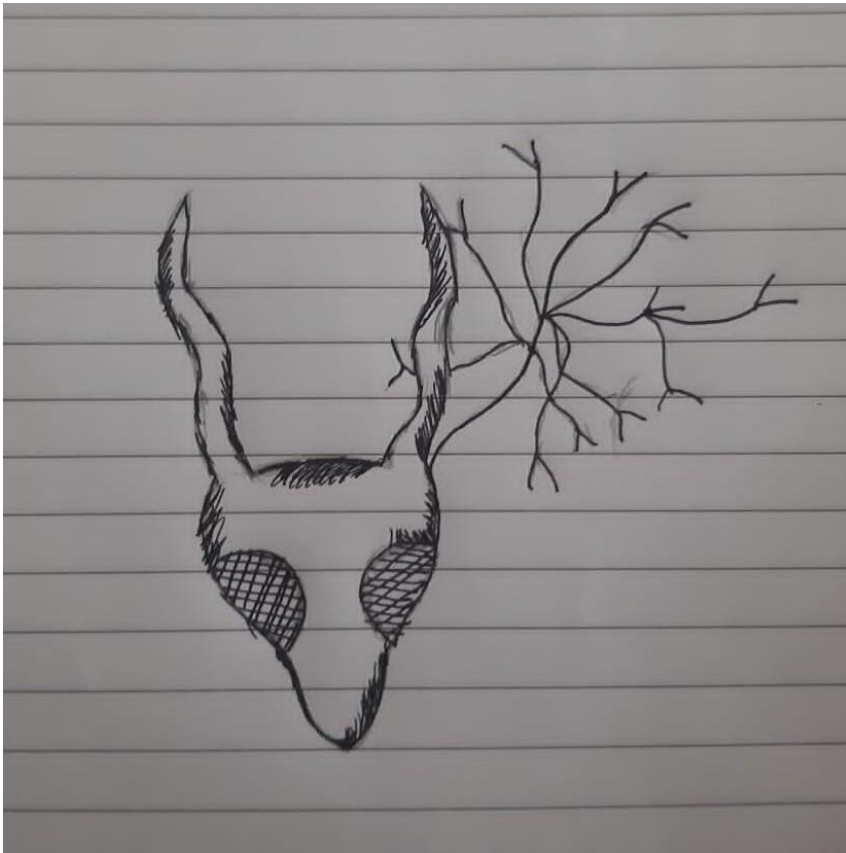
SESSION 1: Stress



SESSION 2: Weaknesses & Strengths



SESSION 3: Monster (Part 1 & 2)



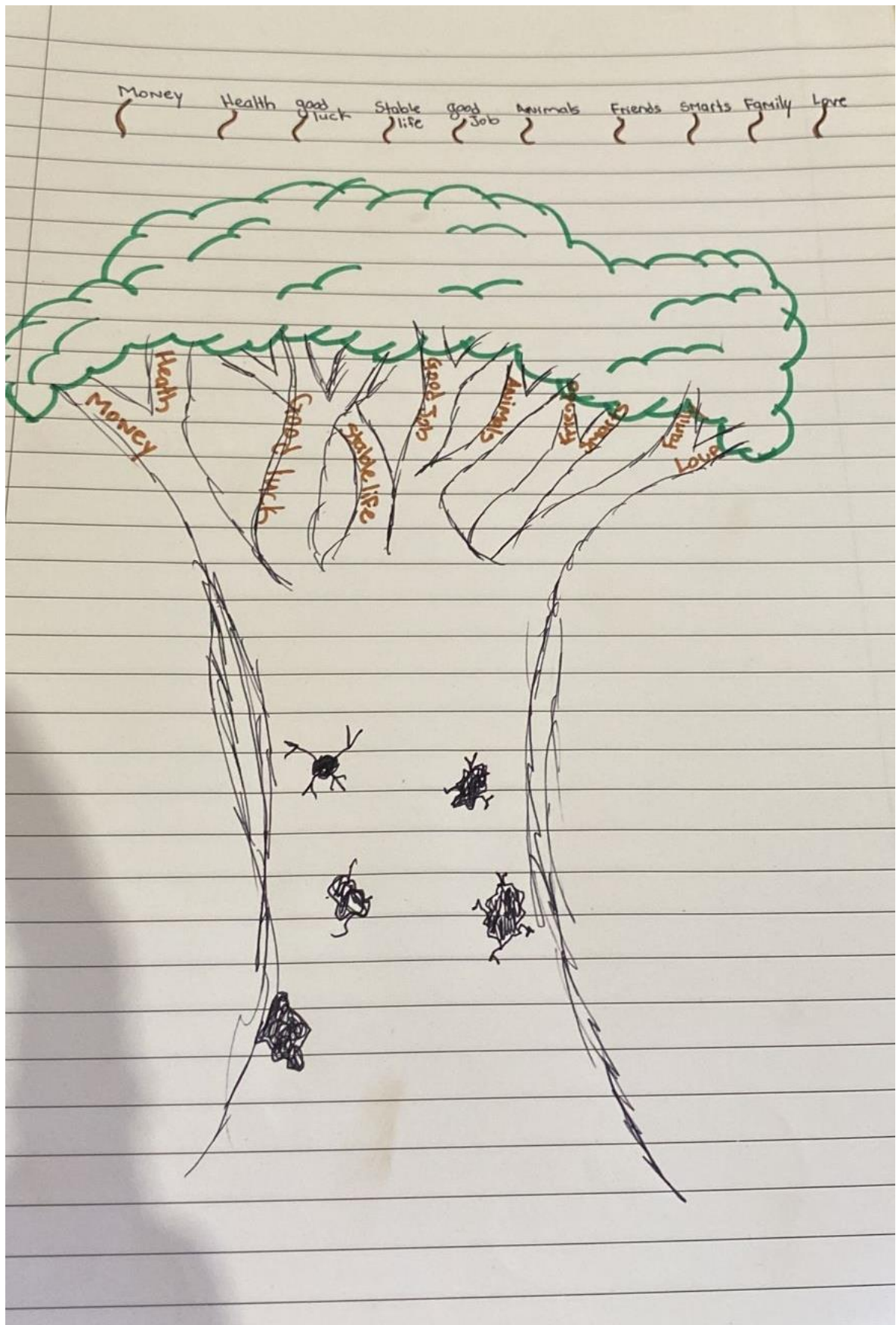
SESSION 4: Lighthouse (Part 1 & 2)



SESSION 5: Superhero/Warrior



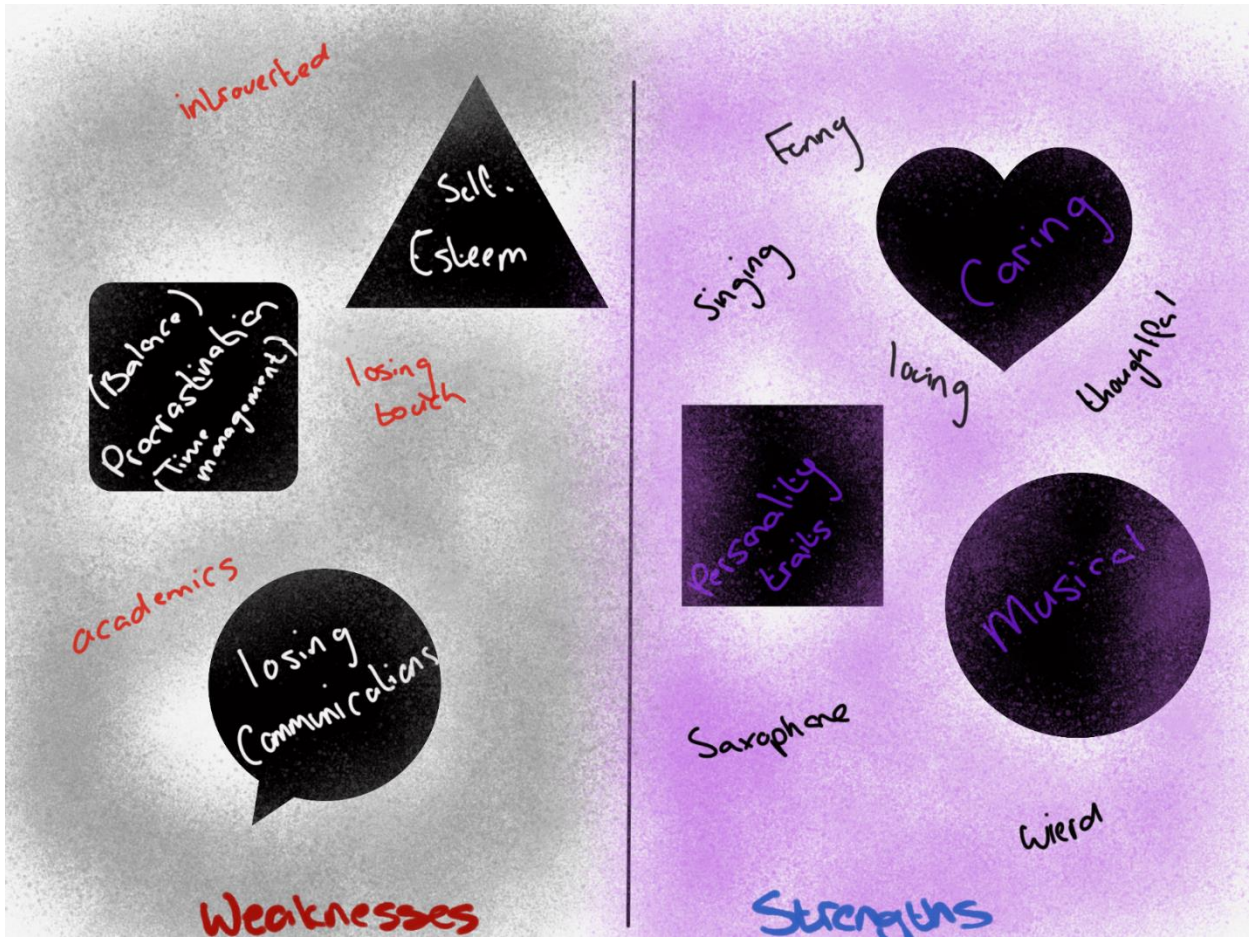
SESSION 6: Crystal ball and Words to live by



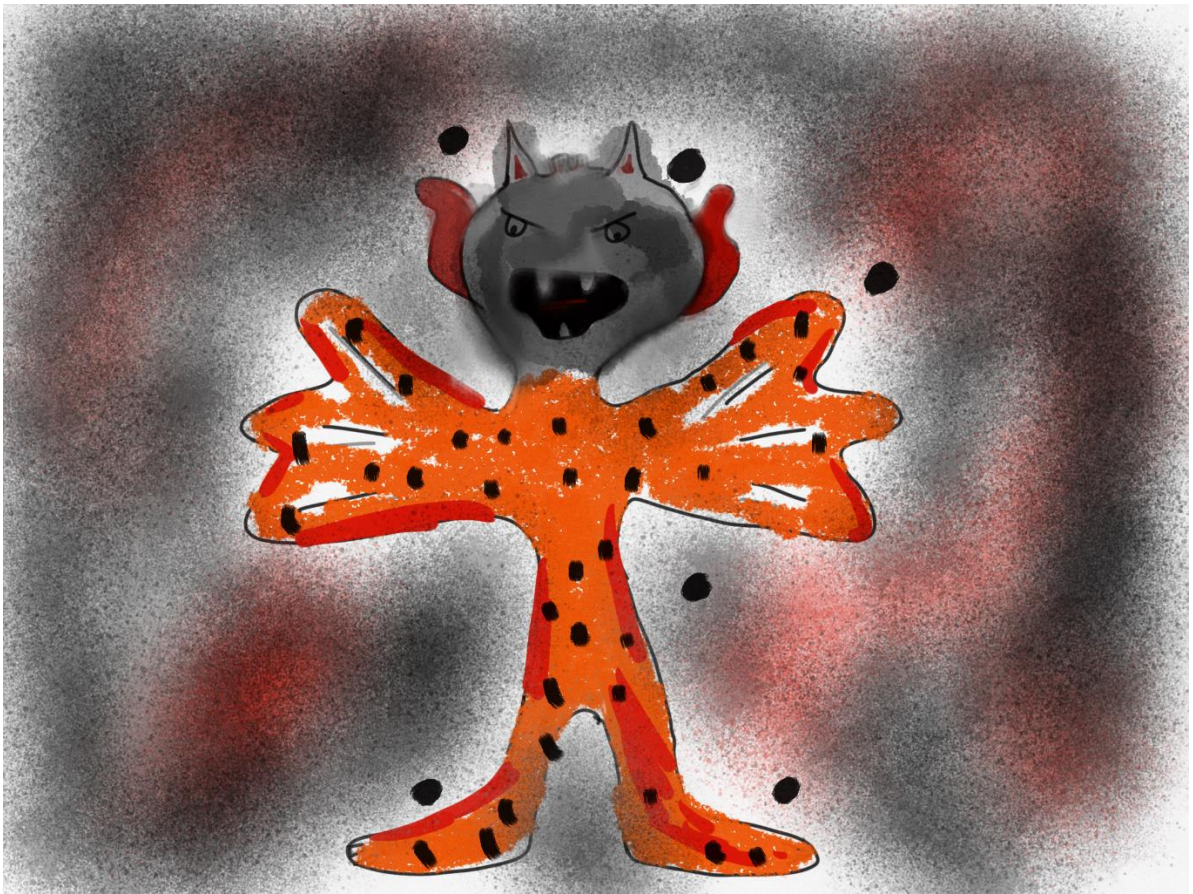
Addendum Q: Participants F's artworks created during intervention sessions
SESSION 1: Stress



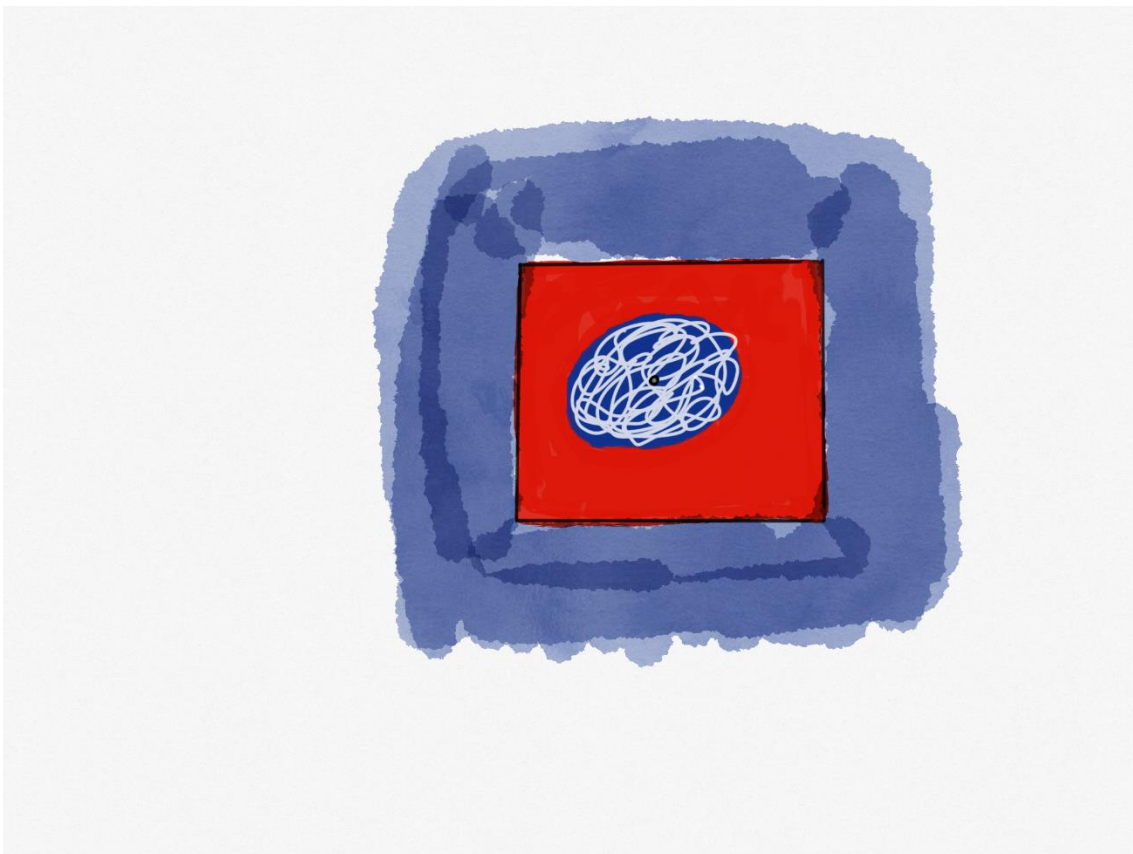
SESSION 2: Weaknesses & Strengths



SESSION 3: Monster (Part 1 & 2)



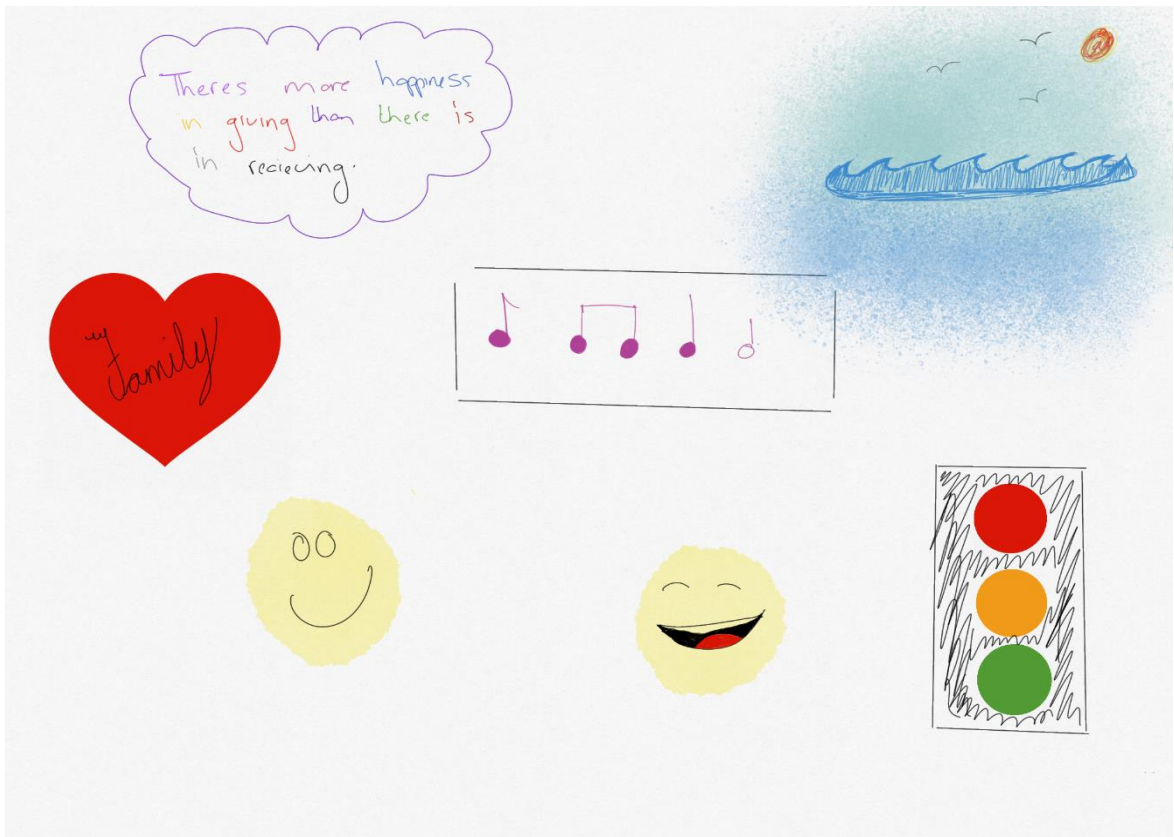
SESSION 4: Lighthouse (Part 1 & 2)



SESSION 5: Superhero/Warrior

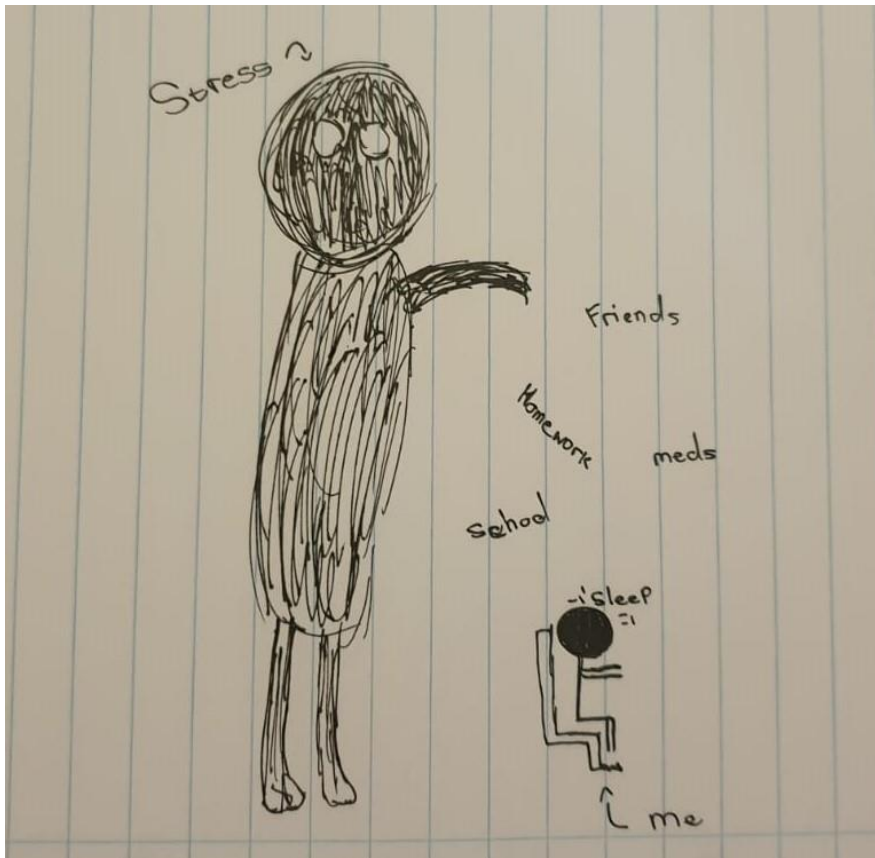


SESSION 6: Crystal ball and Words to live by



Addendum R: Participants G's artworks created during intervention sessions

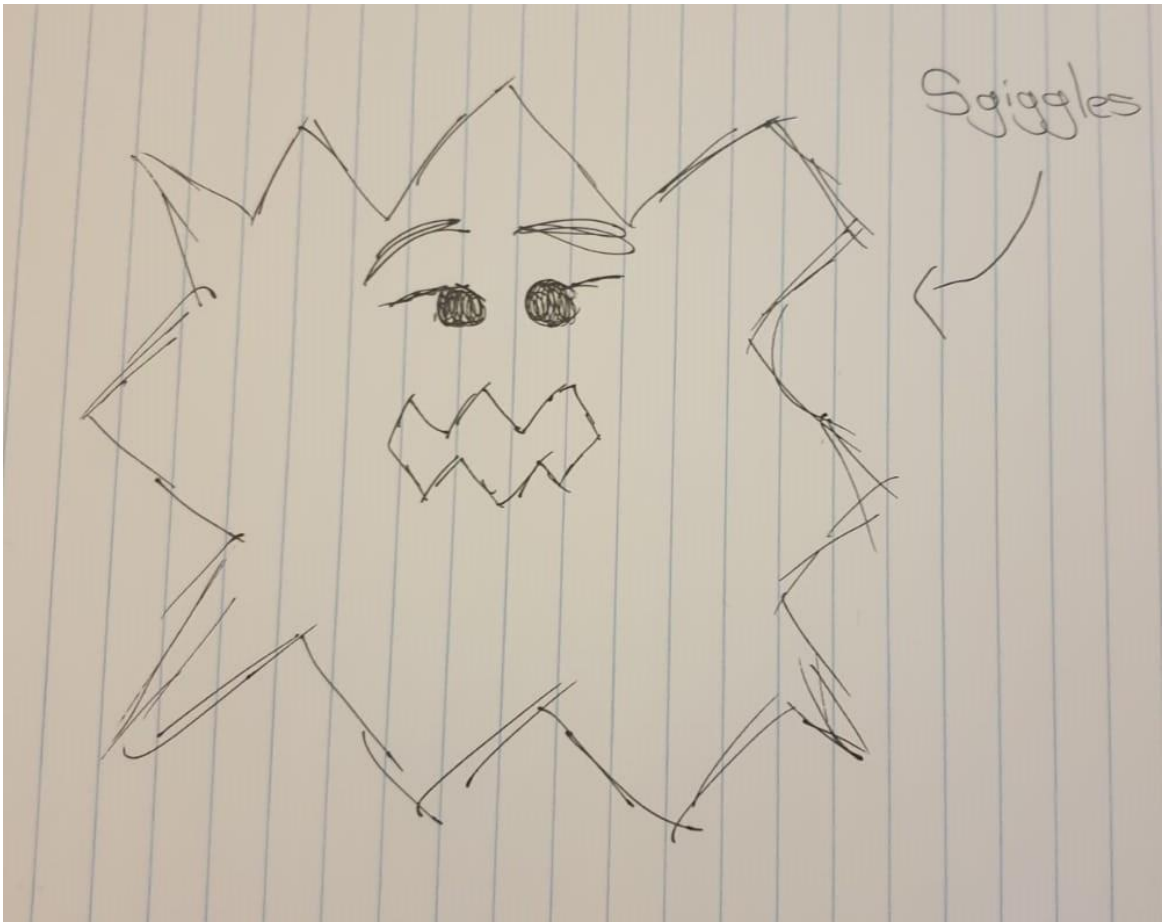
SESSION 1: Stress



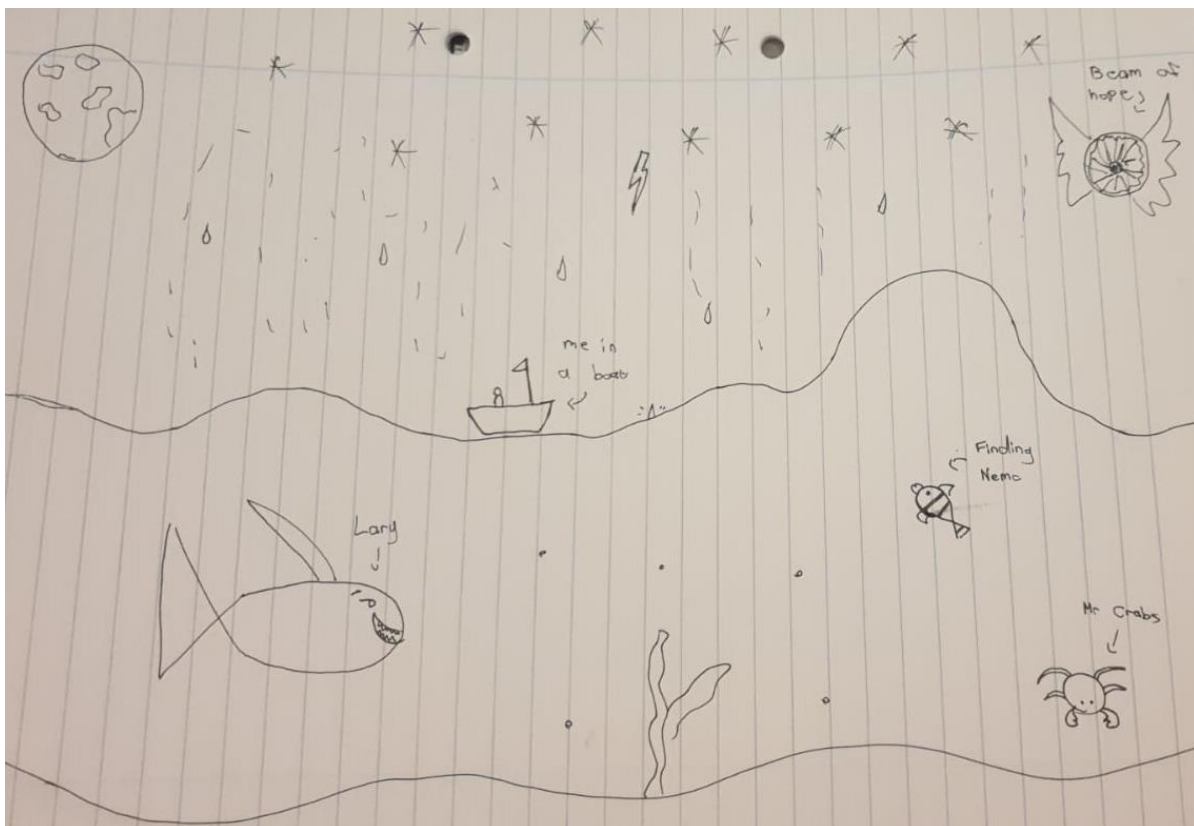
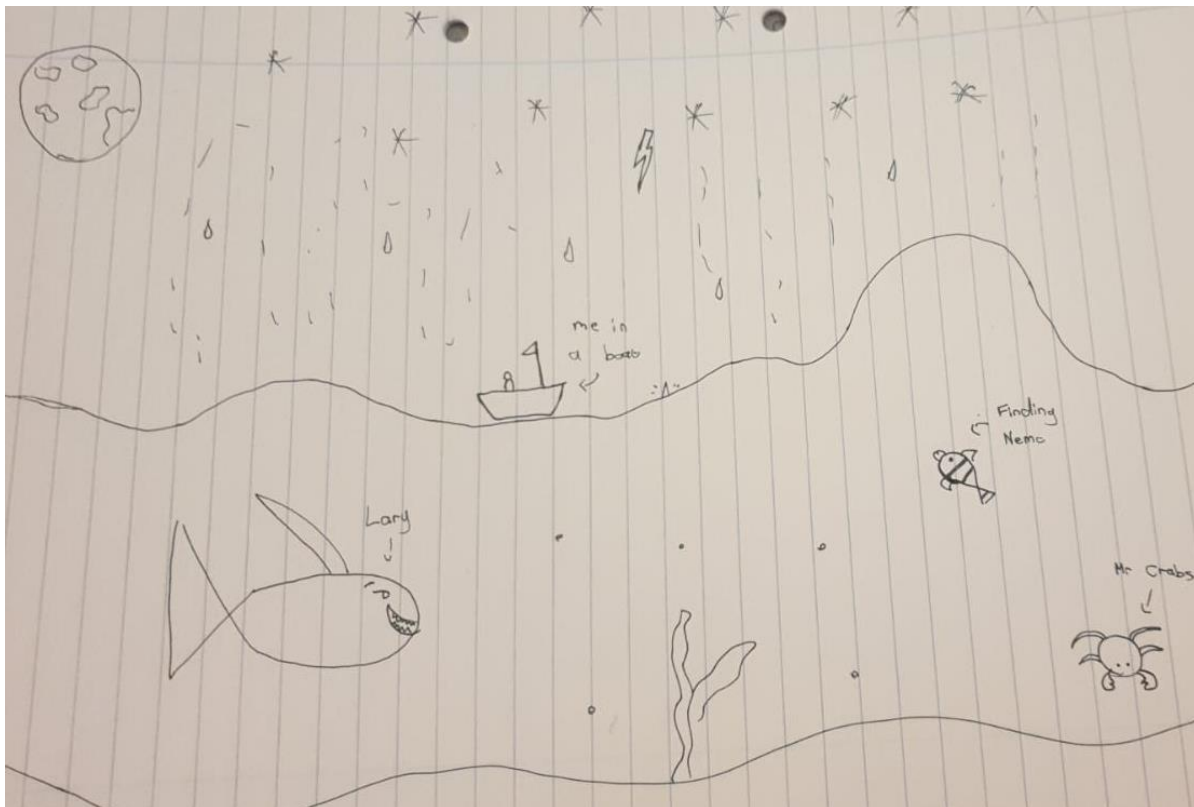
SESSION 2: Weaknesses & Strengths



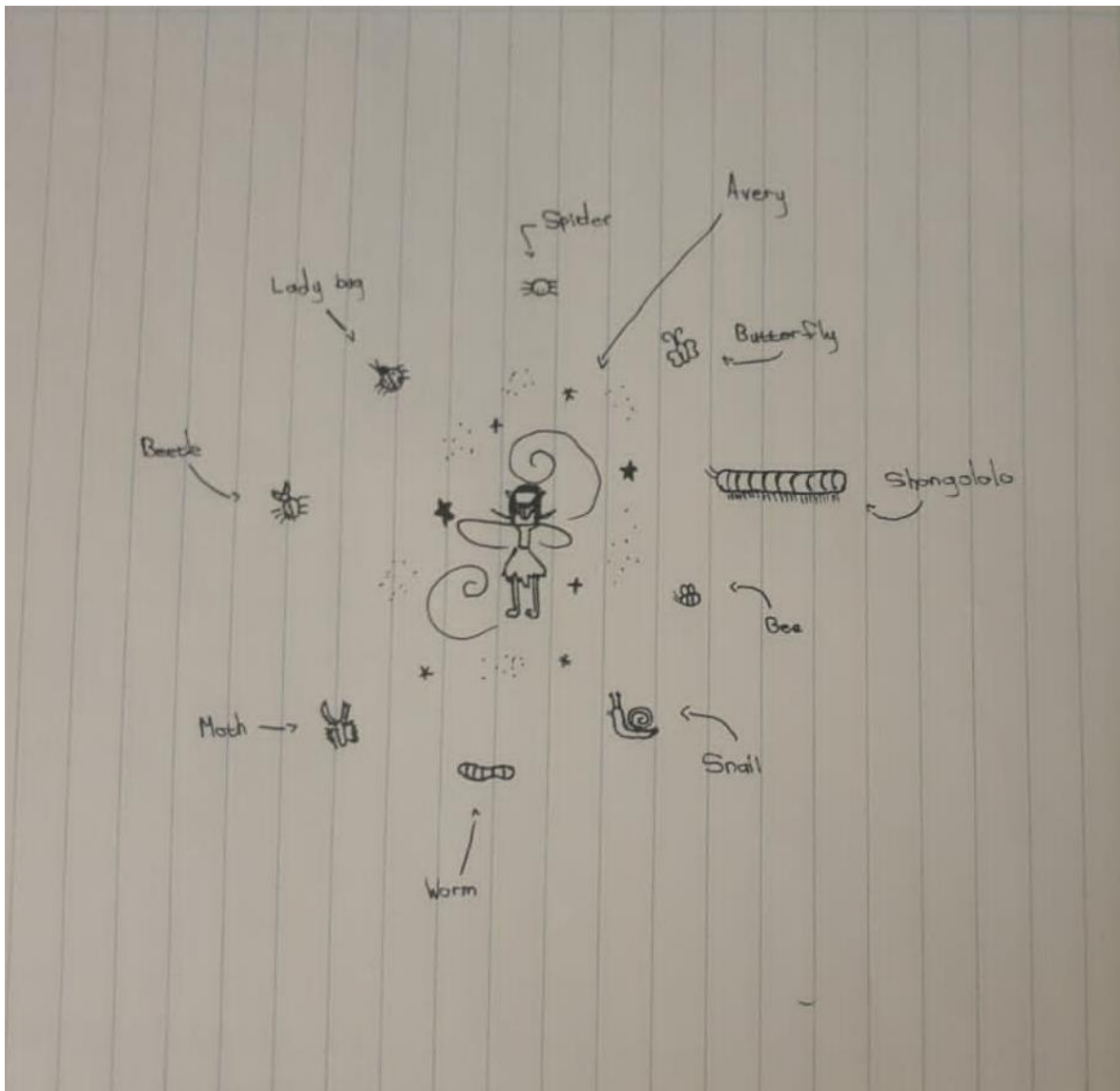
SESSION 3: Monster (Part 1 & 2)



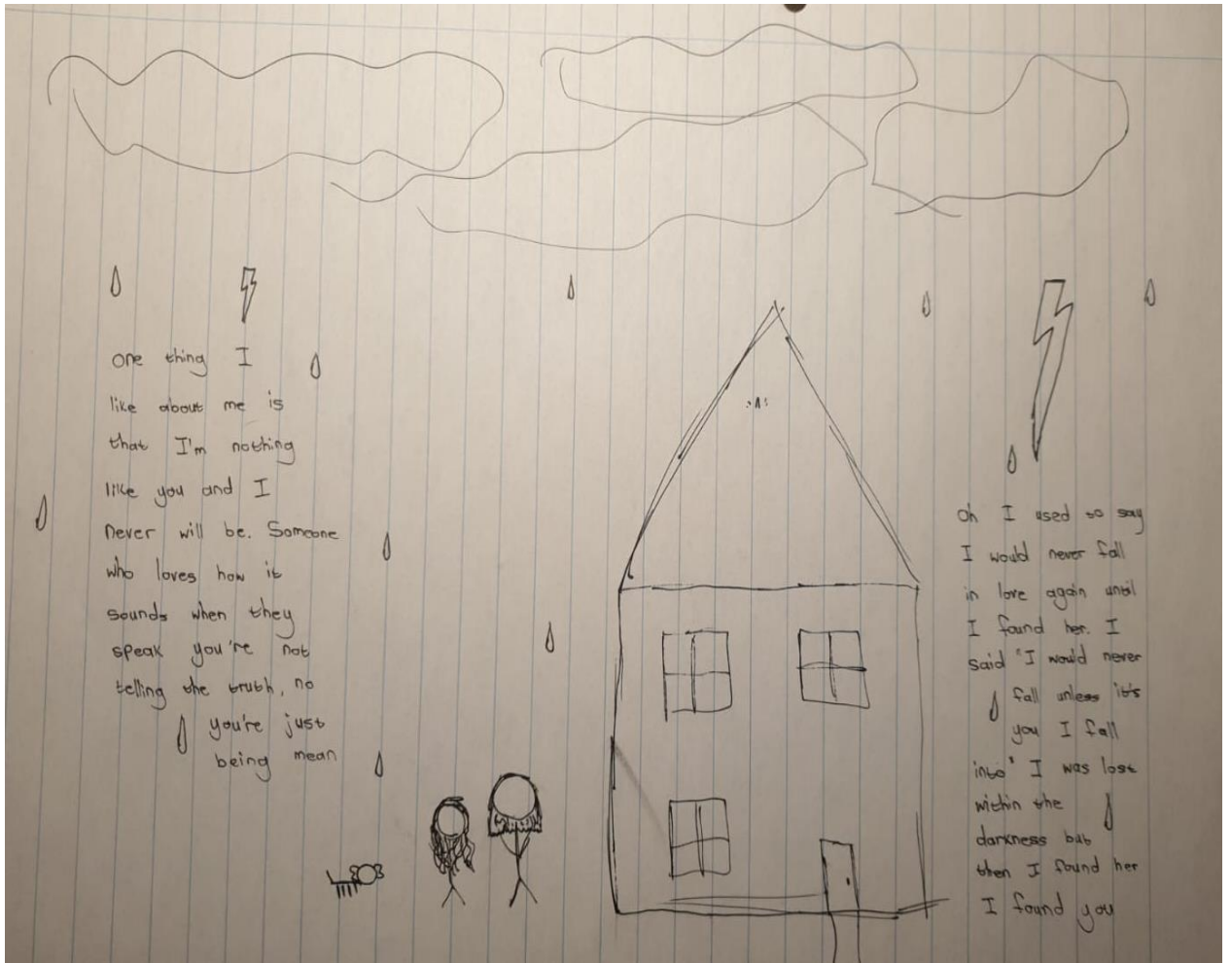
SESSION 4: Lighthouse (Part 1 & 2)



SESSION 5: Superhero/Warrior

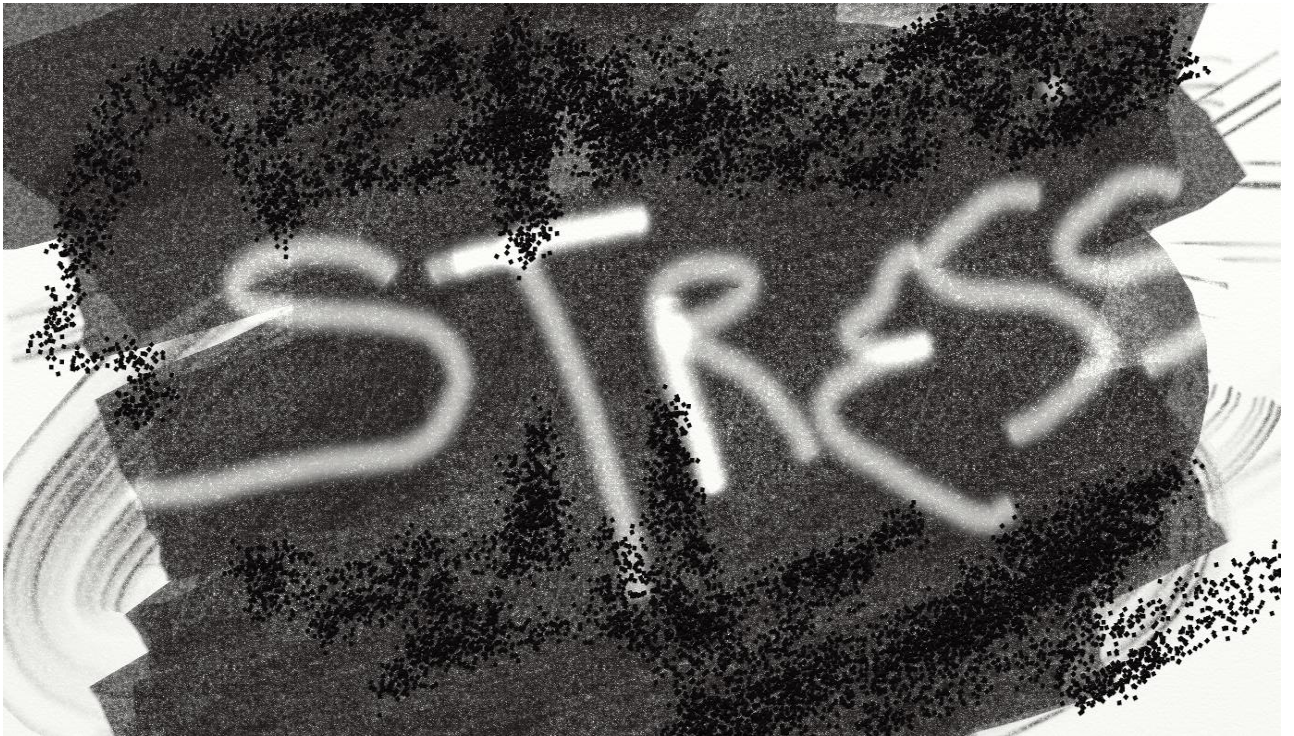


SESSION 6: Crystal ball and Words to live by



Addendum S: Participants H's artworks created during intervention sessions

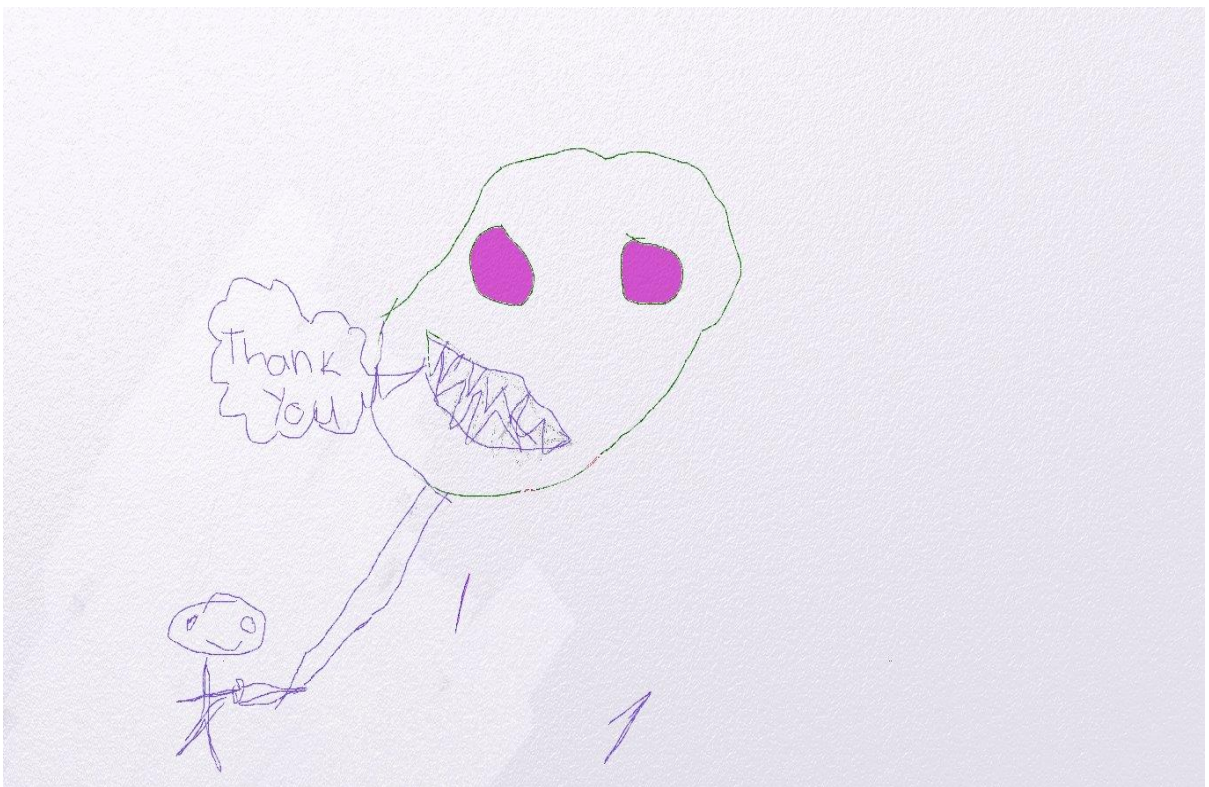
SESSION 1: Stress



SESSION 2: Weaknesses & Strengths



SESSION 3: Monster (Part 1 & 2)



SESSION 4: Lighthouse (Part 1 & 2)



SESSION 5: Superhero/Warrior



SESSION 6: Crystal ball and Words to live by



Addendum T: Example of answers to the after-intervention semi-structured interview

APPENDUM I: OPEN-ENDED, SEMI-STRUCTURED QUESTIONNAIRE

To be completed by the researcher with each participant after the individual e-therapy art psychotherapy sessions

Name of participant: [REDACTED]
Date: 21/6

- 1) How did you find the sessions?
"Surprisingly relaxing" Didn't feel like a chore or draining. Enjoyed it. → taking break from everything
- 2) How is your stress level now/currently?
When started → Very busy & stressed 9/10
- Now feel better 4.5/10.
- Both sessions & circumstantial. Feel better
- 3) Do you feel you can cope better with stressors now?
The exercises helped a lot. Also talked & process better. Take time out.
- 4) How would you describe your life now (Emotions/thoughts/behaviour/relationships)
Pretty good.
- Take mental breaks. Take a bit more time to be by myself → making time & enjoying things more. Got a sister.
- Good relationship - Friends & Family. Got lucky w. friends. Went through friend group → taught myself to let ppl esp when toxic.
- 5) How did your concept of resilience change?
- Got lucky w. friends. Went through friend group → taught myself to let ppl esp when toxic.
- 6) Do you think you are more resilient now?
- Think so. - Feel better able to cope with new skills
- 7) Do you feel you can cope better with stressors and be more resilient overall or not really?
I think so. Learned how to make time & pause & relax techniques. Tried just to sit and breath and process.
"Forgive myself" for days/times when I take time out.

- 8) How did your expectations from the sessions differ from the reality?
Was very nervous. Was scared to talk to someone & open up. Expected it to be more uncomfortable. It was easy & not scary.
- 9) Do you feel more empowered or would you say the same amount?
A lot more. Feel more capable
- Look after self physically & mentally → learned to focus on myself.
- 10) How is your support system at the moment?
Good. Friends and Family.
- 11) How do you see yourself now (self-esteem/concept and good/bad qualities)?
It's gotten better. Feel like on a more positive course. → ppl in my life & taking care of self better.
* Some days still feels overwhelming → feeling less negative.
→ Recognising and utilizing strengths.
- 12) How do you experience school at the moment and what do you expect from the future?
Exams @ moment.
- Exams for first time is not feeling very stressful → Much more on top of it.
* Feel hopeful & positive. Puzzle pieces are coming together. → More realistic.

9) How did your expectations from the sessions differ from the reality?
 Very Diff to use ART. -> Different as I was drawing emotions. -> Good Diff.
 - A bad I was introduced and can use it when feeling bad. -> Help w. self-control
 I do. Feel a lot stronger -> Did reap benefits of trying hard.

10) How is your support system at the moment?
 - Very Good. Family + Friends + BF.
 -> Arguments helped to understand each other.
 -> Mature & nursing.
 11) How do you see yourself now (self-esteem/concept and good/bad qualities)?
 Got confidence back.
 - Felt bad & skin was bad & weight.
 - Felt proud of hard work & progress.
 -> Felt a lot better & stronger.
 * Everything has improved -> Didn't wanna go out & do anything shut down.
 -> Supportive system (Hospital)

14) How do you experience school at the moment and what do you expect from the future?
 Very Good. Got results back. Did really well in exams.
 - Glad school almost finished.
 -> Hope for success love family independence.
 -> Feel VERY POSITIVE. -> Going to uni.

* "Quote: If you can't love yourself, how in the hell are you gonna love yourself" RuPaul.
 Crystal Ball: Success, Love, Family.
 - want to have husband & kids, close to our family.
 - Don't want toxicity. - want a calm.
 - Success -> Independence. Not worry about money.
 -> Want a loving, safe, entertainment.
 -> Just feel secure & able to give charity -> Charity.
 -> Dad gives a lot to charity. -> Inspires.

APPENDUM I: OPEN-ENDED, SEMI-STRUCTURED QUESTIONNAIRE

To be completed by the researcher with each participant after the individual e-therapy art psychotherapy sessions

Name of participant: [redacted]
 Date: 27/6

1) How did you find the sessions?
 Sessions -> Introduced me to something new
 New tool for coping -> will doable now
 to very useful

2) How is your stress level now/currently?
 Much more relief & not so worried. stress levels less feel

3) Do you feel you can cope better with stressors now?
 - I think so still have times with breakdowns
 - Rituals (Did take apphensive away)
 - Feel calmer & better. -> can overcome this

4) How would you describe your life now (Emotions/thoughts/behaviour/relationships)
 - A 100% better. Just feel more stable.
 - Mental health is calmer, stable
 - More motivation.
 - Up & down. But feel good.

6) How did your concept of resilience change?
 Understand the concept now.

7) Do you think you are more resilient now?
 Yes defo. Try to keep myself grounded.
 Breath. Connected to concrete -> what is feel.
 Haven't felt like that in long way

8) Do you feel you can cope better with stressors and be more resilient overall or not really?
 A

Addendum U:

Examples of responses to after-intervention RSCA

RESILIENCE SCALES
FOR CHILDREN & ADOLESCENTS™
A Profile of Personal Strengths

Combination Booklet
Detach this page before administration.

Name: [Redacted] Sex: Male Female
 Date: [Redacted] Age: [Redacted] Grade: [Redacted]

Referral Question: _____ Classification Status: _____
 Academic Status: _____ Disability Status: _____
 Placement Status: _____ Diagnostic Status: _____

MAS	REL	REA	RES	VUL
62	61	52	61	46

RES Raw Score = (MAS T + REL T)/2
 For RES T scores, see Table C.1.

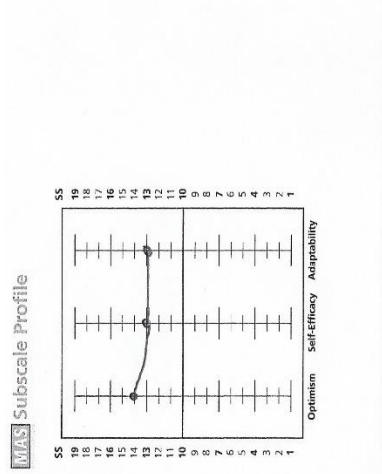
VUL = REA T - RES T
 For VUL T scores, see Table D.1.

61. 52 - 61 = -9.

MAS Sense of Mastery Subscale Scoring

Optimism	Self-Efficacy	Adaptability
1	4	15
2	4	4
3	4	3
4	3	4
5	4	4
6	4	4
7	4	4
8	4	4
9	3	4
10	4	4
11	4	4
12	4	4
13	4	4
14	3	4
Total	27	36
SS	14	13
SS	13	13

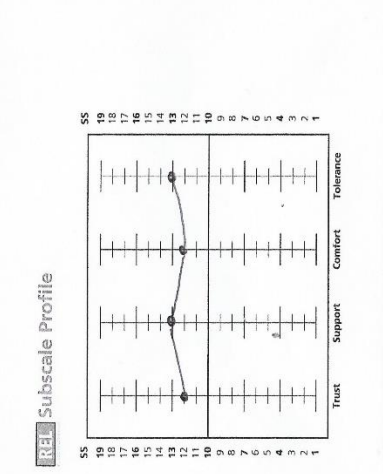
For scaled scores, see Table A.2.



REL Sense of Relatedness Subscale Scoring

Trust	Support	Comfort	Tolerance
6	4	1	3
7	3	4	2
8	3	4	4
9	3	4	3
10	4	4	4
11	4	4	4
12	4	4	4
13	4	4	4
14	4	4	4
15	4	4	4
16	4	4	4
17	4	4	4
Total	26	15	26
SS	12	13	13

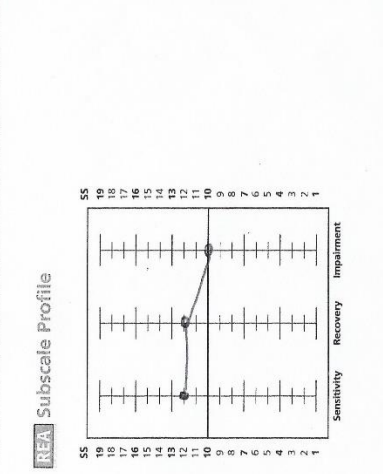
For scaled scores, see Table A.3.



REA Emotional Reactivity Subscale Scoring

Sensitivity	Recovery	Impairment
1	3	10
2	2	2
3	2	2
4	2	2
5	1	0
6	1	0
7	1	0
8	1	0
9	1	0
10	1	0
11	1	0
12	1	0
13	1	0
14	1	0
15	1	0
16	0	0
17	0	0
18	0	0
19	0	0
20	0	0
Total	11	6
SS	12	13

For scaled scores, see Table A.4.



MAS

Here is a list of things that happen to people and that people think, feel, or do. Read each sentence carefully, and circle the one answer (Never, Rarely, Sometimes, Often, or Almost Always) that tells about you best. THERE ARE NO RIGHT OR WRONG ANSWERS.

	0	1	2	3	4
1. Life is fair.	Never	Rarely	Sometimes	Often	Almost Always
2. I can make good things happen.	Never	Rarely	Sometimes	Often	Almost Always
3. I can get the things I need.	Never	Rarely	Sometimes	Often	Almost Always
4. I can control what happens to me.	Never	Rarely	Sometimes	Often	Almost Always
5. I do things well.	Never	Rarely	Sometimes	Often	Almost Always
6. I am good at fixing things.	Never	Rarely	Sometimes	Often	Almost Always
7. I am good at fixing things out.	Never	Rarely	Sometimes	Often	Almost Always
8. I make good decisions.	Never	Rarely	Sometimes	Often	Almost Always
9. I can adjust when plans change.	Never	Rarely	Sometimes	Often	Almost Always
10. I can get past problems in my way.	Never	Rarely	Sometimes	Often	Almost Always
11. If I have a problem, I can solve it.	Never	Rarely	Sometimes	Often	Almost Always
12. If I try hard, it makes a difference.	Never	Rarely	Sometimes	Often	Almost Always
13. If at first I don't succeed, I will keep on trying.	Never	Rarely	Sometimes	Often	Almost Always
14. I can think of more than one way to solve a problem.	Never	Rarely	Sometimes	Often	Almost Always
15. I can learn from my mistakes.	Never	Rarely	Sometimes	Often	Almost Always
16. I can ask for help when I need it.	Never	Rarely	Sometimes	Often	Almost Always
17. I can let others help me when I need it.	Never	Rarely	Sometimes	Often	Almost Always
18. Good things will happen to me.	Never	Rarely	Sometimes	Often	Almost Always
19. My life will be happy.	Never	Rarely	Sometimes	Often	Almost Always
20. No matter what happens, things will be all right.	Never	Rarely	Sometimes	Often	Almost Always

For T scores, see Table A.1.

TS

RS

REL

Here is a list of things that happen to people and that people think, feel, or do. Read each sentence carefully, and circle the one answer (Never, Rarely, Sometimes, Often, or Almost Always) that tells about you best. THERE ARE NO RIGHT OR WRONG ANSWERS.

	0	1	2	3	4
1. I can meet new people easily.	Never	Rarely	Sometimes	Often	Almost Always
2. I can make friends easily.	Never	Rarely	Sometimes	Often	Almost Always
3. People like me.	Never	Rarely	Sometimes	Often	Almost Always
4. I feel calm with people.	Never	Rarely	Sometimes	Often	Almost Always
5. I have a good friend.	Never	Rarely	Sometimes	Often	Almost Always
6. I like people.	Never	Rarely	Sometimes	Often	Almost Always
7. I spend time with my friends.	Never	Rarely	Sometimes	Often	Almost Always
8. Other people treat me well.	Never	Rarely	Sometimes	Often	Almost Always
9. I can trust others.	Never	Rarely	Sometimes	Often	Almost Always
10. I can let others see my real feelings.	Never	Rarely	Sometimes	Often	Almost Always
11. I can calmly tell others that I don't agree with them.	Never	Rarely	Sometimes	Often	Almost Always
12. I can make up with friends after a fight.	Never	Rarely	Sometimes	Often	Almost Always
13. I can forgive my parents if they upset me.	Never	Rarely	Sometimes	Often	Almost Always
14. If people let me down, I can forgive them.	Never	Rarely	Sometimes	Often	Almost Always
15. I can depend on people to treat me fairly.	Never	Rarely	Sometimes	Often	Almost Always
16. I can depend on those closest to me to do the right thing.	Never	Rarely	Sometimes	Often	Almost Always
17. I can calmly tell a friend if he or she does something that hurts me.	Never	Rarely	Sometimes	Often	Almost Always
18. If something bad happens, I can ask my friends for help.	Never	Rarely	Sometimes	Often	Almost Always
19. If something bad happens, I can ask my parents for help.	Never	Rarely	Sometimes	Often	Almost Always
20. There are people who will help me if something bad happens.	Never	Rarely	Sometimes	Often	Almost Always
21. If I get upset or angry, there is someone I can talk to.	Never	Rarely	Sometimes	Often	Almost Always
22. There are people who love and care about me.	Never	Rarely	Sometimes	Often	Almost Always
23. People know who I really am.	Never	Rarely	Sometimes	Often	Almost Always
24. People accept me for who I really am.	Never	Rarely	Sometimes	Often	Almost Always

For T scores, see Table A.1.

TS

RS

REA

Here is a list of things that happen to people and that people think, feel, or do. Read each sentence carefully, and circle the one answer (Never, Rarely, Sometimes, Often, or Almost Always) that tells about you best. THERE ARE NO RIGHT OR WRONG ANSWERS.


	0	1	2	3	4
1. It is easy for me to get upset.	Never	Rarely	Sometimes	Often	Almost Always
2. People say that I am easy to upset.	Never	Rarely	Sometimes	Often	Almost Always
3. I strike back when someone upsets me.	Never	Rarely	Sometimes	Often	Almost Always
4. I get very upset when things don't go my way.	Never	Rarely	Sometimes	Often	Almost Always
5. I get very upset when people don't like me.	Never	Rarely	Sometimes	Often	Almost Always
6. I can get so upset that I can't stand how I feel.	Never	Rarely	Sometimes	Often	Almost Always
7. I get so upset that I lose control.	Never	Rarely	Sometimes	Often	Almost Always
8. When I get upset, I don't think clearly.	Never	Rarely	Sometimes	Often	Almost Always
9. When I get upset, I react without thinking.	Never	Rarely	Sometimes	Often	Almost Always
10. When I get upset, I stay upset for about one hour.	Never	Rarely	Sometimes	Often	Almost Always
11. When I get upset, I stay upset for several hours.	Never	Rarely	Sometimes	Often	Almost Always
12. When I get upset, I stay upset for the whole day.	Never	Rarely	Sometimes	Often	Almost Always
13. When I get upset, I stay upset for several days.	Never	Rarely	Sometimes	Often	Almost Always
14. When I am upset, I make mistakes.	Never	Rarely	Sometimes	Often	Almost Always
15. When I am upset, I do the wrong thing.	Never	Rarely	Sometimes	Often	Almost Always
16. When I am upset, I get into trouble.	Never	Rarely	Sometimes	Often	Almost Always
17. When I am upset, I feel bad about.	Never	Rarely	Sometimes	Often	Almost Always
18. When I am upset, I hurt myself.	Never	Rarely	Sometimes	Often	Almost Always
19. When I am upset, I start sweating.	Never	Rarely	Sometimes	Often	Almost Always
20. When I am upset, I get mixed-up.	Never	Rarely	Sometimes	Often	Almost Always

For T scores, see Table A.1.

TS

RS

Addendum V: Editor's Letter



PROOF-READING

DR LEE-ANNE ROUX
EDITOR | PROOFREADER

- +27 82 825 7325
- leeanne@proof-reading.co.za
- www.proof-reading.co.za

PROFESSIONAL EDITING SERVICES

PHD PRACTICAL THEOLOGY (SU) • MTH PRACTICAL THEOLOGY (SU) • BA (HONS) PSYCHOLOGY (UNISA)
BTH (HONS) PRACTICAL THEOLOGY (UNISA) • BTH PASTORAL COUNSELLING (UNISA)

13 November 2022

TO WHOM IT MAY CONCERN

RE: LANGUAGE EDITING

This letter serves to confirm that I have edited the thesis titled:

**Investigating how art therapy delivered through e-therapy
influences the resilience in adolescents experiencing high
psychological stress**

By

MARNA SAUNDERS

Please feel free to contact me if you need any further information.

Yours sincerely,

Dr Lee-Anne Roux