Art Therapy can provide troubled adolescents with a necessary outlet for the image and emotion charged fantasy world which develops during those most creative years. With a quarter of a century’s experience in the field Patricia Isis describes the bridge that can be built by the artmaking process; a bridge as valuable for the Therapist as for the adolescent. Artmaking is a source of self-empowerment, validation and hope.

It was the Fall of 1979, in a suburb outside of Boston, Massachusetts. I walked onto a locked psychiatric unit for the first time. Immediately taking in the pungent odors, drab colors, and dingy quality of the environment, I began my initial Art Therapy internship. My first patient, a 17-year-old Caucasian male with acne-pitted skin, dirty uncombed hair, and nicotine-stained fingers, sat in the day room chain smoking. I introduced myself and offered him an individual Art Therapy session. He looked at me blankly and explained that he wasn’t who I thought he was. This young man, diagnosed with paranoid schizophrenia, believed that he was really a very famous rock and roll star. He simply wanted to tell me his delusional story of fame and fortune. I felt like a failure, particularly because it was evident that he was not interested in any kind of artmaking.

Following this experience, I consulted both the nursing staff and my immediate supervisor. I was encouraged to continue to meet with him weekly, even with his ongoing resistance, and he did eventually choose to illustrate with primitive images his belief that he was a superstar. Upon termination of therapy, he insisted on keeping all of his artwork.

As I recall this case, I realize how much this patient taught me. In fact, I believe that every patient has a lesson to bring to the therapist. This young man inadvertently assisted me in separating my own needs for his immediate participation in artmaking, from his desire to verbally tell his story. As a result, rapport was established through my ongoing recognition of his active fantasy life.

Often in adolescence, fantasy is a primary theme of both storytelling and imagery. Malinquist (1978), in the Handbook of Adolescence, described the importance of fantasy and creativity as critical tools for increased ego strength during adolescence. Fantasy is required to aid in the delay of gratification when interfererences from reality conflict with what is desired and it can also be used for creative, academic or vocational pursuits. Without fantasy, enjoyment of the arts is impossible beyond a purely sensory level (p. 47).

The troubled adolescent is often alienated from family and peers. With this population, increased creativity and fantasy are particularly significant for personal expression and ventilation. Blois (1962) underscores the importance of the creative and fantasy life of the isolated adolescent in the following quote from his landmark book entitled On Adolescence:

The heightened introspection or psychological closeness to internal processes in conjunction with a distance from outer objects allow the adolescent a freedom of experience and an access to his feelings which promote a state of delicate sensitivity and perceptiveness. Adolescent artistic productions are often undisguisedly autobiographical and reach their height during phases of libidinal withdrawal from the object work...The creative productivity thus represents an effort to accomplish urgent tasks of internal transformations (p. 125).

Addressing the challenge of communication with this population through Art Therapy, Riley and Malchiodi (1994), describe an alternative story approach that allows for a positive relationship between therapist and patient where the narrative outcome inspires visual inspiration. Additionally, of utmost importance is the belief system of the therapist, and the ability to individualize treatment processes with each adolescent. As Riley notes in her book, Contemporary Art Therapy with Adolescents (1999), our task, as Art Therapists, is to do our best to confirm their inner strengths and search for outside support systems. The goal of therapy is to find ways that will assist them to compensate for their distress (p. 18).
The adolescents with whom I currently work—in both a public school and private practice setting—often use animated Japanese cartoon and superhero schemas to illustrate fantasy-based stories about their identity struggles and problem-solving approaches (see figure 1).

Regardless of whether the pathology emanates from a chronic condition (such as described with the patient on the locked psychiatric hospital unit), or a more acute disorder, such as those which affect individuals whom I treat in my private practice, the adolescent must be approached where they are at physically, emotionally, cognitively, and spiritually. The images that emerge in the narrative of the story and the artwork serve as a bridge to the perceptions of the adolescent. Access to these features allows the Art Therapist or art-sensitive therapist the opportunity to genuinely witness and accept the individual where they experience their self at this time in their life. In the therapeutic process, troubled teens often present with more reluctance, rejection, and guardedness. It is through (a) using engaging media, (b) in a safe confidential place while (c), building rapport that these individuals can begin to heal.

The Art Therapist works best collaboratively with a treatment team in settings such as hospitals, day treatment programs, prisons, and schools. In a private office, the therapist takes on a primary role and is responsible for all aspects of the case. All therapists have a responsibility to ask permission of the teenager in treatment if they are planning to share their artwork with others. However, if the patient demonstrates behavior that may be injurious to themselves or others, then the therapist must report these potential circumstances to higher authorities in an effort to protect both the adolescent and any potential victims.

When I am addressing exceptionally difficult adolescents, I find it most helpful in the beginning to create an image in my mind for them. This form gives me information about how I view this individual and how I relate to them through my own perceptions. This process clarifies my belief systems and judgments regarding the adolescent patient. For example, in the winter of 1999, in a public vocational high school, a 19-year-old African American woman entered my office for her first Art Therapy session. She presented with flat affect, and avoided eye contact and any conversation. Feeling frustrated, I noticed that she reminded me of a stray dog, limping and wounded. With this image, my frustration changed to an empathic understanding of her.

In an effort to create safety and a nurturing environment, I offered simple collage materials designed to engage her in telling her story visually. I invited her to introduce herself to me through selected magazine pictures.

As can be seen in Figure 2, she chose two images and placed them on opposite sides of the paper. Each one reflected her desire for a relationship with a man and with a child respectively.

In the second session (Figure 3), she repeated the theme of the first collage with two more pictures placed closer together, illustrating her desire to be
married. During these early sessions, she continued to present with a flat or sad affect, slumped posture, and a lack of eye contact and verbalisation. I noticed that it was painful for me to watch her. I later worked with my supervisor on those visceral reactions through my own artmaking using the wounded stray dog image.

Whenever I experience potent feelings in sessions, I know that something personal is being triggered in my self. In order to maintain effective boundaries within the therapeutic relationship and create a trusting relationship, I must process these feelings with another mental health professional. Otherwise, my issues could negatively affect the healing process. Consequently, this counter-transference dynamic is critical to treatment.

In the case of the young woman that I am describing, she was labeled educable mentally handicapped (EMH) and severely emotionally disturbed (SED). She had moved out of her parents’ house, and was living alone on her disability cheque. I knew that she had a traumatic past and endeavored to join with her grieving style despite the incongruence to my own. Realising that her cultural and spiritual background reinforced early motherhood, I was able to suspend any judgment for her values and beliefs in this area. When she began to make more eye contact, I felt that she was ready for a directive designed to build on her strengths and coping styles.

I tore out the center of a large piece of white paper and asked her to find a way to “take care of it” through line, shape, and color. In Figure 4, you can see how she chose to encapsulate the gap in the paper with red paint. This image evoked a strong feeling of sexual abuse due to the red paint appearing as blood around a shape that looked very much like a female genital part. I was careful to ask her about the image without probing. We had already begun to develop some rapport due to consistent session times and safe boundaries along with the invitation for her to create at her own pace with self-chosen media. With the help of this provocative image, this patient began to cry and revealed that she had recently miscarried a baby conceived with her boyfriend, who was now in jail. She later denied any sexual abuse in her past, saying that her father was an alcoholic who would come nightly into the bedroom which she shared with her sister to have sex only with her sister.

Whether this young woman was telling the truth or not, her artwork spoke for her. Following this breakthrough session where she disclosed some very
personal information and allowed herself to cry, she spontaneously drew a self-portrait. In this picture, (Figure 5) she utilised half the paper creating an impoverished yet richly symbolical composition. Drawing herself as a stick figure, she carefully insulated the body with layers of color and added a large broken heart looming high above the head. She would not comment on the piece. However, in the next several sessions, she completed four paintings each heavily layered with opaque colors in abstract form (see Figures 6-9). Little was said as she stood at the easel each week and used large strokes and movements to cover the canvas, first with fiery tones, and later with a top cover of white in her final painting.

Figure 6. Painting Exploration 1.

Figure 7. Painting Exploration 11.

Figure 8. Painting Exploration 111.

Figure 9. Painting Exploration 1V.

Through this process, this young woman discovered ways to cope with her past traumas and in turn prepare herself for her upcoming graduation and job search. The imagery served primarily as the narrative for her story of grief and hope. In her final illustration (Figure 10), she drew herself as a larger figure with more detail and investment, with a road leading to a job. Although monochromatic, the images reflect optimism and confidence.

Meeting the adolescent client exactly where they
are requires information regarding their cultural beliefs and world views. In the artwork, the true nature of the adolescent is available through concrete, individual forms. The art is not the pathology; rather it is a true expression of the self. The Art Therapist has access to this valuable information through the process of observation and guidance.

In the late spring of 2000, I worked with a 15-year-old Argentinean female who was raised in the United States. She came to my private office for Art Therapy due to a substance abuse problem and poor grades. She easily engaged in a self-directed painting process in response to an invitation to create a self object. She worked on this increasingly complicated and chaotic piece for several sessions (see Figure 11). Through this single composition, this higher functioning troubled adolescent girl was able to visually and verbally tell her story of confusion, fear, and conflict with herself, family, and peer group. Since her artistic talent was both her strength and survival tool, I was eventually able to assist her in getting a job teaching art to children in a homeless shelter, while attending a group for teenagers who were seeking recovery from substance abuse.

In each of the three cases mentioned here, developing trust was the critical first step toward treatment. In facilitating this process, I had to recognise my own biases and judgments toward the adolescent patient. I had to come to terms with my issues around appearances, and any client resistance to artmaking revealed through affect and behaviour. Additionally, I needed to invite visual and narrative story telling and accept their authentic belief systems about themselves internally and the external circumstances of their lives.

I have described here a continuum of case material with various mental and emotional disorders ranging from chronic to acute in settings as diverse as a psychiatric hospital, public school, and private practice. No matter what the functioning level or setting of the adolescent patient, the art serves as an empowerment tool both for the adolescent and the therapeutic relationship. Adolescence tends to be the most creative time of one’s life despite any pathology involved (Malmquist, 1978). Through the multiple struggles evident in adolescent development, the offer of a creative outlet is imperative on many levels. Consequently, Art Therapy with adolescents can be beneficial in many ways. First, the art production and outcome are both non-threatening and inspiring toward further expression. Contrary to the standard amount of rebellion expected with this population, artmaking allows for self empowerment, validation, and the opportunity for success. Second, the process of creation or invention requires individual thought and problem-solving that may or may not need a narrative. This quality parallels...
the adolescent need for identity clarification. Third, the art materials invite superficial or in depth self expression and discovery. With troubled adolescent populations, resistance and power struggles are typical in relating to adults. Therefore, it is particularly advantageous to offer Art Therapy as pleasurable and sustainable tool for expression and self exploration.

Finally, after twenty-five years of Art Therapy practice with this population, I have realized that working with a philosophy of finding strength and wellness as evident in their art and stories provides a positive environment for the patient and me. Ultimately, hope and self esteem dominate and prevail as the troubled adolescent navigates through this tumultuous time of their life.

REFERENCES


