

THE EFFECTIVENESS OF ART THERAPY ON THE SELF-ESTEEM OF ADOLESCENTS' WITH DEPRESSION

A Dissertation Submitted in Partial Fulfilment of the Requirements for the Award of the Degree of
Masters in Psychology (Clinical)

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Abstract

“Depression” is one of the neglected psychological disorders’ in the Adolescent Population. Immediate treatment options are available in the form of medication, individual psychotherapy and family therapy, yet the nature of such therapies as well as the stigma attached to mental illness, hinders the adolescents’ compliance to treatment. This study aimed to find if Art therapy (visual arts) could be used as an effective alternative intervention method to treat depression. A quasi experimental design was used. In the pre-test phase, Beck’s Depression inventory-II and Self-esteem questionnaire was administered to 30 participants (15 boys & 15 girls); out of which 22 participants (12 boys & 10 girls) who met the criteria for depression moved to the intervention phase, which included 10 sessions of varied art intervention techniques for a period of 2 weeks. The questionnaires were re-administered in the post-test phase. The following results were obtained after analysis using the “Paired sample t-test” & “Wilcoxon signed ranks test”; the self-esteem scores of the participants increased ($t = -7.907, p = .005$), the depression scores of the participants decreased ($z = -3.708, p = .005$) in the post test phase respectively. Repeated measures ANOVA revealed that 75 % changes in the self-esteem scores can be attributed to the intervention provided in the form of art therapy ($\eta^2 = 0.75$). Also 84% of changes in the depression scores can be attributed to the same ($\gamma = 0.84$). Based on the obtained results, “Art therapy” can be considered as an effective alternative to treat depression in Adolescents’.

Key words: Depression, adolescents’, self-esteem, art therapy.

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Department of Psychology, CHRIST UNIVERSITY BENGALURU, INDIA March 2015

Introduction

"We shall need art and the arts to help as long as we live, to make an art of living"

-Champernown, 1971

Approximately, 8-12% of the population have an episode of depression during their life time (WHO, 2010). It is found that an individual's chance of developing depression is related to the stage of puberty and not one's chronological age. Many studies identify that the stage of Adolescence tends to be a precipitator for behavioural symptoms and syndromes which broadly ranges from substance use to major mental illness (Walker & Romer, 2007; as cited by Haen & Weil 2010).

One of the psychological disorders that are generally overlooked in the adolescent population is "depression". About 20% of the adolescents experience depressive episodes before reaching adulthood and about 1-6% of the adolescent population go on to develop depressive disorder (Lamarine, 1995). The manifestation of symptoms in the adolescent population differs considerably when compared to adults with depression.

Adolescents' often "struggle to take in and understand the perspective of others" and often "find it hard to reflect on their own feelings and actions" (Moretti & Holland, 2003). David Elkind (1971) proposed a concept called "Adolescent Egocentrism", which is characterized by "imaginary audience" (adolescents believe that they are being monitored and are at the centre of attention all of the time) and "Personal Fable" (Uniqueness – no one really understands them; Invincibility – they are not subject to any risk). He notes that these beliefs' contribute to their altered concept of self-esteem or identity. The concept of "invincibility" explains why individuals engage in risky behaviours or conform to the peer norms. When adolescents' overemphasize the role of uniqueness in their life they often witness a perturbed development of self-esteem and identity. Adolescents failing to work on their self-esteem or identity often fall prey to the whims of depression as well as other behavioural problems.

An adolescent would be diagnosed with clinical depression, if they exhibit depressed or irritable mood along with anhedonia, which pervades all aspects of their life for two weeks or more along with the following symptoms. i.e. preoccupation with thoughts and feelings of worthlessness, inappropriate guilt or regret, psychomotor agitation or retardation, sleep disturbance, change in appetite, feelings of helplessness, hopelessness, and self-hatred (American Psychiatric Association, 2010). The depressive symptoms are quite prevalent during the early

and middle stages of pubertal development for both the gender. However, the manifestation of symptoms is noted to be high in females (Chicchetti&Toth, 1998; as cited by Evans.et.al., 2002).

Adolescents who visit the primary health care centres are often assessed and treated depending on the level of depression exhibited (AACAP, 2009). The two primary ways of treating depression in adolescents include pharmacotherapy and psychotherapy. Pharmacotherapy is often suggested to alter the neurotransmitters (brain chemicals) primarily associated with depression. Research has identified that Fluoxetine has a better efficacy rate when compared to Serotonin Specific Reuptake Inhibitors (SSRI's) in treating adolescents with depression. However, the side effects associated with these drugs make it a less preferred alternative.

Cognitive Behavioral therapy has been the most studied psychosocial methods of intervention and has been identified to have good success rate among this specific population (young. et al., 2010). It works well with adolescents' having mild to moderate depression. However, the nature of therapy involving elaborate talking makes it a less preferred method of treatment among the adolescent population.

In recent times research has identified "art therapy" to be of great use when working with children and adolescents. Adolescents experiencing depression find it hard to express themselves freely to adults and often restrict themselves from having a meaningful conversation with their family members either. "Art" provides adolescents a "non-judgmental way of self-expression." The use of art material enables to express freely not being bound by verbal directives. Art can tap into the unconscious and bring about the conflict on the paper through the medium of colors and art (Riley,2001).

"Art therapy" is considered to be a new development in the field of therapeutic intervention attributing it to the work of the school of "psychoanalysis. Carl Jung, believed that a "true symbol" often conveys a link between the "conscious and the unconscious". When something cannot be expressed clearly, the symbol form takes the role to express that which is unclear to the conscious. This process promotes self-understanding and self-knowledge eventually leading to positive growth of the individual

Art therapy was considered an independent modality of therapeutic intervention owing to the contributions of the following people. Namburg (1965) believed "art" to be an important source of information that reveals the unconscious fantasies, dreams and fears of the client which

are verbally suppressed. Packard (1977), on the other hand noted that art can be a creative process which can help reorganize and heal a disturbed individual.

Margaret Naumberg (1965) is considered the pioneer in art therapy. She used an analytical approach to look at the unconscious from a spontaneous expression of art. The second pioneer Edith Kramer (1958) placed the importance on the “healing aspect”, that is to re-experience the critical event and reorganize and eventually heal in this process.

The American association of art therapy (1960) defines it as follows a “mental health profession in which the clients who are facilitated by the therapists use art media, the creative process, and the resulting art work to explore feelings, reconcile emotional conflicts, foster self-awareness, manage behaviour and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem”.

Art therapy follows an eclectic approach and is employed in a wide variety of mental-health settings. It is found effective with people who have impairments in physical or medical development, education, social or psychological functioning. It has been found beneficial in the following psychological disorders, autism, dementia, depression, etc. It also helps reduce problematic behaviours, reduce stress levels and increase achievement (AAAT, 2014).

Art therapy helps adolescents cope with trauma, abuse, interpersonal and intrapersonal conflicts (Riley, 2001). Though the usefulness of art therapy has been documented by many research studies there is little evidence suggesting the usage of art therapy as a sole method of intervention for adolescents as well as children with clinical or psychological conditions.

Hence, this study aimed to understand if art therapy as a sole method of intervention is effective with adolescents with clinical depression. It also attempted to find if “art therapy” has the ability to increase self-esteem and decrease depression as experienced (mild-moderate) by adolescents. The following two hypotheses were stated for the study;

- Art therapy would increase the self-esteem among adolescents post intervention.
- Art therapy would decrease depression among adolescents post intervention.

Method

A Quasi-experimental design was chosen for the study. It had three levels to it namely pre-test phase, intervention phase and post-test phase. A sample of 30 adolescents’ (15 boys & 15 girls) between the ages of 13 to 19 was obtained from a private institution. Prior permission was

taken before administering the questionnaire. Confidentiality of the information given was assured. These adolescents' were never treated for depression. In the pre-test phase, 30 adolescents' were screened using the Beck's Depression Inventory –II; 22 adolescents' (12 boys & 10 girls) met the criteria for mild to moderate levels of depression and the Rosenberg Self-esteem scale was administered following that. The adolescents' who met the criteria for mild-moderate depression went on to the intervention phase where art therapy techniques were administered and facilitated by the researcher who has been trained in Clinical Art intervention. These techniques had been validated by Ms. Magdalene Jeyarathnam, an expert art therapist.

The intervention phase was divided into ten sessions for a period of 2 weeks. The ten sessions included both individual and group art activities. Each session had a warm up activity for 10 minutes that was in line with the actual session. The actual intervention sessions lasted for 50-60 minutes. This was followed by a cool down activity (10-15 mins) for each session. This was done to ensure that the participants' returned to their normal selves after the deep introspection. The cool down activity was a ritual that marked the termination of each session.

Art sessions were usually 60 - 90 minutes in duration, this was done for therapeutic benefits. In each session the participants reflected on their art product in the presence of the group members. If they weren't comfortable they were asked to reflect in their journals that they were asked to bring for every session.

Session 1 Introduction and Free drawing (1 hour).

Aim. To orient them to the free use of art materials

Procedure. The participants were given art materials (sketch pens, colour pencils, crayons and paints) and a paper. They engaged in free scribbles, and purposeful art. No directives were used. They drew for 30 minutes. The next task was to label emotions to specific colours and discuss it among the members of the group. Once they had finished discussing they were asked to write "how they were feeling at the moment since it was the first day". Before the session ended the members were instructed to maintain a personal journal. They were required to bring this journal for every session so that they get to document their feelings. After the instructions were given, the therapist asked the individuals to close their eyes, take 5 deep breaths, relax their muscles and open their eyes on the count of 10 before the session was terminated (This was the cool down activity that was continued for the rest of the sessions)

Session 2 Mask Making (1 hour).

Aim. To help the participants understand their self- image.

Procedure. The participants were asked to pair up with other members that they were comfortable with in the group. They were required to ask 5 questions to the other person. The questions included information about their name, age, favourite activity, what they liked and what they didn't like about themselves. Each person got 5 minutes and they had to switch roles.

The participants were later given chart paper and they were asked to cut out a mask. The shape and design could be of their own choice. On one side they had to present how they thought of themselves and on the other side they had to present how others think of them or perceive them. This needed to be conveyed using colours or symbols. This was followed by reflections in their personal journal about the day's activity. The therapist proceeded with the cool down activity to end the session.

Session 3 Free scribbles and Mandala Drawing (1 hour).

Aim. To make the participants aware of their self and their inner emotions

Procedure. The participants were given a sheet of paper, paints and colour pencils. They were to draw something abstract that did not involve any process of thinking. This was followed by an abstract drawing or a painting of an emotion. In the next task the participants were given an A4 sheet they are asked to fold the sheet and make free scribbles using color pencils or crayons. Based on the scribbles they were asked to interpret objects or designs that they saw on both the sides of the paper from all the angles and label them accordingly. They were allowed to discuss among the group members. If they were not comfortable with it they were allowed to reflect about the tasks in their personal diary.

The participants were then asked to draw a "Mandala" that represents their self. Here the individual had to draw a circle on a drawing sheet and fill the circle with anything that came to their mind it could be abstract or structured. The individuals were given the freedom to express whatever came to their mind. The final activity for the day was to use ink and make blot figures out of it. The individuals were allowed to make 2-5 blots with the given material. This was followed by the cool down activity.

Session 4 Magazine Collage (1 ½ hours).

Aim. To help participants become aware of how effectively they can use recycle materials to convey their feelings or emotions.

Procedure. The adolescents were given newspapers and they were asked to make anything constructive using the papers and once they were done they could add colours on it and make it as creative as possible. The participants were made to cut words or images from the old magazine and were asked to create a collage. The structure and design of their collage was of their choice. The participants were asked to make a collage of their family for the next one. This was followed by reflections and the cool down activity.

Session 5 Empty jar and story- telling through art (1hour).

Aim. To help individuals express the emotions.

Procedure. The first task for the participants was to draw a significant person in their life on the paper. It needed to have as many details as possible and a label for this person was to be included. In the next task the participants were given a paper with an empty jar printed on it. The individuals can choose any art modality and fill the jar. It can be either abstract or anything concrete. This was followed by another drawing task where the participants were asked to divide the drawing sheet into two halves. In one half they were to depict a critical incident in their life and in the other half they were required to depict the emotion associated with this incident with the help of colors. The individuals could reflect on the whole activity in their personal journal. If they wanted to share their feelings in the group they were welcomed to do so. The final task for the session required the participants to draw on sheets that had incomplete objects, fill them up with suitable drawings and come up with a relevant story. The individuals needed to share this story in the group. This was followed by the cool down activity.

Session 7 House-tree person and role play (2 hours).

Aim. To help gain a better picture of the individuals' relation to the family members and how they perceive themselves in the world.

Procedure. The participants were asked to draw a house, tree and a person. The drawings were to be very detailed. The participants were divided into pairs and they were asked to discuss their drawings taking turns. Once they were done discussing the drawings amongst themselves they were asked to present the other member's drawing in the group. The next task was to divide the group in equal numbers and ask them to enact a scenario given by the therapist. They could make use of papers or any other art material as props for the role play. Then all the group members were to take a role and enact the situation in front of the other group. The other group gave them feedback. The presenting group could also reflect on the entire experience. The participants made

a brief journal entry on the whole experience. This was followed by the cool down activity.

Session 7 Playing with clay and making it into a sculpture (1 hour).

Aim. To explore the spontaneous side of one's character by playing without the constraint of having to make an end product.

Procedure. The participants were given a ball of clay they are made to sit comfortably with their eyes closed and handle the clay without thinking about anything or having to make it into an object. They were asked to enjoy the process of manipulating the clay. After a while if the participants wanted to make an end product out of it, they were given the freedom to do so. The individuals were given ten minutes to record their feelings in their personal diary. The individuals who made an end product were allowed to display their work for the other group members to view it. This was followed by the cool down activity.

Session 8 Large Mandala (1 hour).

Aim. To enable individuals to express themselves in a group

Procedure. Each of the participants was given a huge piece of chart paper and they were asked to draw whatever came to their mind. In the end all the member came together and placed their piece in the big mandala and tried fitting the pieces in the big mandala provided to them. Every individual had to reflect on the process of the mandala making. This was followed by the cool down activity.

Session 9 How I felt the first day Vs How I am feeling now (2 hours).

Aim. To understand if there have been any changes in the participants.

Procedure. The individuals were asked to draw a symbol that represents them. They were asked to explain why they chose that symbol and how it is metaphorically related to them. In the second session the therapist collected reflections from the participants. During this session the reflections were brought in by the therapist and the participants had to express how they felt now as the sessions were drawing to a close using symbols, words or images. Each individual got the opportunity to reflect their feelings in the group. Then the therapist compared these two reflections and gave a personal feedback on the progress of each of the client. This was done face-to face and not in the presence of other group members. Finally by the end of the session the participants were asked to close their eyes, relax themselves, take in 5 deep breaths and open their eyes on the count of ten.

Session 10 My wish for you (1 hour 30 minutes).

Aim. To enable participants to provide constructive feedback for the group members.

Procedure. The participants were asked to make a drawing of how they think of themselves in the present using symbols, words or images. They were asked to reflect in the group about their drawings. Later the individuals were given cardboard cut outs of star and they are provided with glitter and art supplies. The goal was to write "My wish for you" in the front side of the star and decorate it. After decorating the star the individuals are required to write something for the person sitting to their left side. Once they were done they gave the star to the other person. With this task the intervention sessions came to a close along with the group members' feedback and the feedback of the therapist. As usual the therapy session was terminated by asking the clients to close their eyes, relax their muscles, take in five deep breaths and open their eyes on the count of ten. The participants were encouraged to maintain the personal journal and continue making art as well as reflect on it often.

After the intervention phase, the adolescents were given the "Beck's Depression Inventory-II" and Rosenberg Self-esteem questionnaire again after a day and were asked to fill it up.

Results & Discussion

The scores were statistically analysed using, Paired sample t-test, Wilcoxon signed-ranks test and Repeated Measures ANOVA. The following tables represent the statistical values obtained on the tests used for analysis.

Table 1. *showing the significant difference between the pre-test and post-test scores for Self-esteem*

Variable	N	Mean	SD	t	Sig
self-esteem (pre)	22	18	2.690		
Self-esteem (post)	22	20.86	3.013	-7.907	.005

Results of Paired-sample t test presented in table 1 indicates that there was a significant difference in the self-esteem scores of the participants post art therapy ($M= 18, 20.86, SD= 2.690, 3.013$), $t(21)= -7.907, p= .005$. Therefore, hypothesis 1, stating art therapy would increase the self-esteem post intervention has been proved and it is accepted.

Table 2. *represents the estimate of effect size for the variable self-esteem.*

Variable	df	Mean Square	F	Sig.	Partial Eta Squared	Observed Power ^a
Self-esteem	21	90.205	62.527	.02	.749	1.000

Results of table 2 indicates that 75% of the change in scores from Pre- test to post-test is attributed to the intervention provided in the form of Art therapy, $\eta^2 = .75$, $p=.005$. Thus, Art therapy was effective in increasing the self-esteem scores of the participants.

Table 3. *showing the significant difference between pre-test and post-test scores for Depression*

Variable	N	Mean	SD	z	Sig
Depression (pre)	22	14.86	6.721	-3.708	.005
Depression (post)	22	8.5	6.530		

Results of Wilcoxon signed rank test presented in table 3 indicates that there is a significant difference in the depression scores of the participants post art therapy ($M=14.86, 8.5$, $SD=6.721, 6.530$) $z(21)=-3.708$, $p=.005$. Therefore, Hypothesis 2 stating art therapy would decrease the depression scores post intervention has been proved and hence it is accepted.

The above mentioned results suggest that the participants of the study benefitted from the intervention provided in the form of art therapy as both the hypotheses stated in the study were proved to be significant.

New York based Art therapist, Mallory Denison (2014) notes that art is therapeutic; it helps individuals become more sensitive towards self as well as others. She also notes that when an individual tries to connect inward through the process of art there is much awareness about the core aspects of the self, this awareness challenges the individual to work on the respective aspects of the self. This process thereby increases the self-esteem, self-worth, confidence and happiness of the individual.

In the present study it was found that art therapy helped increase the self-esteem of participants with mild to moderate depression. Similar findings have been noticed in few other research studies conducted in the past. A research study that explored the impact of art therapy on the anger and self-esteem of aggressive children documents that art therapy helped increase the self-esteem of the children (Alavinezha. R., Mousavi. M., &Sohrabi, N (2014). This study supports the present finding.

Garcia. S., & Sophia. S., (2012) aimed to study the effect of expressive arts group therapy process on the anxiety as well as the self-esteem of over sensitive adolescents'. This study also supports the present finding.

Mitchell (2012), notes that art therapy has evolved to become a resourceful treatment in helping, liberating and integrating the symptoms of depression through the mode of visual arts. It is considered effective as it not only uses the intellect but also the whole body experience while working with art.

Studies in the past have documented the impact of art therapy on depression along with different other variables. Bozcuk.et.al., (2014) attempted to find if painting art therapy would impact the quality of life, anxiety and the levels of depression in patients undergoing chemotherapy. The finding of this study supports the present finding that art therapy helps in reducing depression.

A single case design study that recognized the impact of art therapy on one African-American adolescent diagnosed with Bipolar disorder (Deborah, 2009) doesn't concur with findings of this research that art therapy would decrease depression. The reason as to why the scores in this particular study decreased could be attributed to the nature of the art intervention techniques, group interaction effect as well as the warm up and cool down activities given during each session.

The art intervention techniques that were employed in this study could be a distinct reason for the changes noticed in the scores of the 22 participants. The following observations were made during the intervention sessions and they are supported by literature and articles. "Mask Making" technique that was used in the second session enabled the adolescents' to understand their self-image. Mitchell (2013) notes that when engaging in the process of mask-making the individual integrates memories from the past and channelizes concealed thoughts, feelings and memories in the form of meaningful symbols. This results in a better understanding

of one-self.

“Free-Scribbles” in the third session helped the participants to connect with their unconscious. Cane (1914) notes that Free-scribbles stimulate creative process and helps connect with one’s soul. “Mandala Drawing” helped the adolescents’ become aware of their inner conflicts and emotions. Campbell (2011) noted that mandala making is a process where an individual unconsciously pulls all the shattered aspects of one’s life and tries to find a center to align those events. The individual can thereby co-ordinate their life circle with the universal circle.

“Magazine Collage” used in the fourth session, made adolescents explore feelings and emotions towards themselves and their families. Mehlomakulu (2012) notes that collage making helps individuals reflect on what they want to express, the images they choose represents symbols which are parts of themselves as well as others and they often have infinite levels of meaning attached to it. Through this process individuals can communicate feelings that were held back in the past.

“Empty-jar technique” given in the fifth session, encouraged adolescents’ to let out emotions that was found disturbing and to transfer those emotions in the empty jar. “Story telling through art” was another technique that was used to help adolescents use metaphors and imagery to relate to themselves and their surroundings. Stories that we convey through art change the perspectives of self and others; it is highly therapeutic in nature (Williams, 2010).

“House-tree person and role play” used in the sixth session helped in understanding the individual’s relationship with family members and how they perceived themselves in the world. These three objects symbolize aspects of the individual. “House” represents the subject’s home life as well as the intra-familial relationships, the tree represents the subject’s interaction with the environment and the “person” reflects the subject’s “Interpersonal relationships (Buck, 1975).

“Playing with clay and making it into sculpture” this technique that was used in the seventh session helped participants’ reflect the spontaneous side of their character. Clay helps create something out of nothing and model it into different forms. The client when working with clay leave the mark of their fingers, this process helps the client experience themselves in the present and be aware and transformed in the process of working with clay (Heimlich & Mark, 1990).

“Large Mandala” technique used in the eighth session motivated the adolescents to work

in a group and place each of their respective Mandala's in the large circle. They were able to connect with each other through the process of making the large mandala.

The process of creating art can increase the individuals' understanding of the self, it transforms the mood from being dull to exuberant, from a state turmoil to a state of stillness, from being shattered to being unified in the soul (Gabriel, 2001), it helps convey emotions that are not available to the conscious (Gussak,2004). it decreases the feelings of solitude when facilitated in a group (Gabriel, 2001; Gussak, 2004).

Summary & Conclusion

Art therapy is a newer form of therapy that utilizes visual art forms such as drawing, painting, sculpting, etc, to create a process of therapeutic healing and thereby enhance the emotional well-being of individuals. Depression is by far considered the most neglected disorder in the adolescent population. The lower compliance rate with medications, individual psychotherapy and family therapy is due to the side effects associated with the medications, intense talking sessions and the inability to verbalise emotions effectively. .

Major Findings

Art therapy helped increase the self-esteem scores of the 22 adolescents' who received intervention. Art therapy also helped in reducing the depression scores of the participants. According to the results obtained on Repeated Measures ANOVA, 75% change in the variable self-esteem and 84% change in the variable depression can be attributed to the intervention provided in the form of art therapy.

Implications

Schools can incorporate art-intervention classes so that adolescents' who are not open about their emotional problems may benefit from such intervention programs. Parents can perceive Art therapy to be an immediate as well as a holistic treatment plan to help adolescents' combat depression. This study will add to the literature on the effectiveness of art therapy in clinical Depression. Mental Health Profession can consider Art therapy to be an alternative treatment for "Depression" in Adolescents inferring from the findings of this research study.

Suggestion for future research

The environmental triggers can be taken into account and an intervention plan can be tailor-made accordingly. A longer duration of intervention can be given to see more effective results. The effectiveness of art therapy in adolescents receiving other treatments for depression

can also be explored.

Limitations

This study did not take into consideration the environmental settings of the individual or the trigger of the depressive episode, which is an essential predictor of the disorder. The protecting environment and family support are also not taken into account. This proves to be a limitation for the study considering the importance of environmental factors in relation to depression.

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