

Person-Centered and Related Expressive Arts in School-Based Groups with Adolescents

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Author Note

The Authors would like to express our gratitude to Natalie Rogers, who died on October 17, 2015. Many students, clients, clinicians, and friends alike mourn her passing and celebrate the contributions that will live on in our hearts. We dedicate this modest review to her and those influenced by her. We encourage readers to see <http://www.legacy.com/obituaries/pressdemocrat/obituary.aspx?pid=176173816> for a formal obituary and information to contribute to a scholarship fund to more easily allow people to participate in expressive arts.

Abstract

Adolescence is a period of growth in which one aims for both individualization and group belonging. Counselors may face unique challenges when working with adolescents because they often have difficulty expressing themselves in traditional talk therapy and may be too old to respond freely in a traditional play therapy climate. Person-centered and related expressive arts therapies involve the use of the arts as a method for individuals to express their inner thoughts and emotions while gaining self-awareness in a non-threatening environment. Expressive arts therapy has been shown to have positive effects on adolescents in a variety of settings. This paper examines literature related to the use of expressive arts therapy with adolescents in both individual and group settings. Findings from the studies are integrated in a summary and a critique of the maturity of the empirical literature is included in the conclusion.

Keywords: expressive arts, person-centered, group, school, adolescents

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Adolescence is a time in which intense struggles may occur as people seek independence through the tension of self-discovery and a sense of belonging within groups of peers. This period is often distinguished by significant changes in interpersonal relationships, which may lead to difficulties and negative effects on the self and society (Inglés, Hidalgo, & Méndez, 2005). During this period, adolescents may feel a sense of isolation and are often self-absorbed. These feelings can lead to an inclination toward creativity (Linesch, 1988). Expressive arts therapy may aid in allowing the adolescent to express themselves as they look inward (Cochran, Fauth, Cochran, Spurgeon, & Pierce, 2010). Because they are bombarded with numerous images in their daily lives, adolescents are often more at ease when expressive arts therapy is used (Kahn, 1999). Moon (2003) suggests that even though the discussion of emotions remain difficult for the adolescent, the use of expressive art therapy may assist in solving problems, increasing self-esteem, enhancing social skills, and managing behaviors. Wadson (2010), Moustakas (2011), and others contend that the use of images, such as that in expressive arts therapy, usually increases client participation and therapeutic alliance.

As adolescents seek a sense of belonging within groups of peers, group counseling may help to foster that desire. Therapeutic group settings can help to foster communication and interactions amongst its members and provide a sense of universality (Malaciodi, 2005). Although creative expression can be seen as being an individual experience, within group settings, expressive arts therapy can help to bring about new perspectives and a sense of interconnectedness (Duffy, 2007). Schools offer a unique context to offer expressive arts groups. This review will introduce expressive arts therapies and modalities, especially person-centered expressive arts. Studies on expressive arts with adolescents will then be reviewed while focusing towards group therapies, particularly in school settings.

Expressive Arts Therapy

Natalie Rogers (1993) believes that which is creative is likely to also be therapeutic. Expressive Arts Therapy is a technique that integrates the use of artistic and creative measures into the therapeutic process as a basis for self-discovery and change. In its use with children, it is most commonly applied in Jungian Play Therapy, Gestalt Play Therapy, Adlerian Play Therapy, and Child-Centered Play Therapy (CCPT) and can utilize nearly all forms of expressive arts including visual arts, music, writing, dance/movement, drama/theatre and more (Sommers-Flanagan, 2007). Expressive Arts Therapy is an active therapy that involves the use of self-expression and imagination. Like the techniques used in Gestalt theory, it emphasizes the mind-body connection as well as the creativity of the client (Malichodi, 2005).

In a person-centered approach, expressive arts therapy does not seek to focus on an analysis or a diagnosis of the client and their art. It does not place emphasis on the artwork or the product, but instead places the focus more on the process. It is during the process that clients are able to release and express themselves (Rogers, 1993) using the universal language of art. It is in the art that we often express our inner thoughts, feelings, ideas, realities, and fantasies (Moschini, 2005).

The dynamics of what it means to be human cannot be expressed through merely symbols and words alone (Edwards, 2004). Through the expressive arts, a therapist is able to include a variety of modalities involving body and mind to bring about the individual's intuition and imagination, along with their more logical reasoning and thought (Rogers, 1993). These experiences help to bring about a different avenue for expression and communication to occur.

Person-Centered Therapy and Expressive Arts Therapy

In person-centered therapy, counselors are non-directive, believing that clients know or can subceive what direction they need to go. Person-centered therapists believe that clients are able to identify

problems and solutions in their own lives, particularly within a context of a facilitative relationship (Rogers, 1951). This theory focuses on trusting the client, which makes the theory stand out from the rest (Brodley, 1997; Sommers-Flanagan, 2007). Person-centered therapy is based on organismic psychology, which describes the process of human beings actualizing their full potential when given a favorable environment, including creative and artistic processes (Tudor & Worrall, 2006).

In person-centered therapy, the therapist or counselor may focus more on the value that the client has placed on a given emotion rather than emotion itself. When the therapist or counselor is primarily focused on what is important to the client, it helps the client to develop positive self-regard. According to Payne (2003), emotional resources are the most important of all resources because, when present, they allow students to avoid old habit patterns. Slocumb & Payne (2000) state that emotional resources are internal and are seen through stamina, perseverance, and choices. In turn, the individuals are able to acquire a sense of worth (Tudor & Worrall, 2006).

There are three conditions that are innate in person-centered therapy: (1) congruence, (2) unconditional positive regard, and (3) empathic understanding (Rogers, 1951). According to Tudor and Worrall (2006), there are multiple worlds within a person. Congruence is bringing those worlds together. Unconditional positive regard refers to a non-judgmental stance and a degree of caring. Finally, empathic understanding refers to the therapist's goal to seek to understand rather than to explain (Tudor & Worrall, 2006).

The daughter of Carl Rogers, Natalie Rogers, continued the work of her father by incorporating expressive arts therapy into a person-centered therapy. In *The Creative Connection: Expressive Arts in Healing*, Rogers (1993) reviews the important concepts of person-centered therapy, and mixes it with concepts found in art therapy to provide a foundation for person-centered expressive arts therapy. Rogers discovered personal healing for herself as she brought together her interests in psychotherapy, art, dance, writing, and music. Person-centered expressive arts therapy was born out of her personal integration of the arts and the philosophy she had inherited from her father (Rogers, 1993). Rogers quotes her father in her book to justify combining of creative arts in person-centered therapy:

Creativity may be fostered when a teacher, parent, therapist, or other facilitating person permits the individual a complete freedom of symbolic expression. The permissiveness gives the individual liberty to think, to feel, to be, whatever is most inward within himself. It fosters the openness and the playful and spontaneous juggling of precepts, concepts, and meanings, which is a part of creativity. The book comes with instructions on performing creative/expressive therapeutic techniques in clinical settings in the areas of music, dance and movement, imagery, visual art, literature, drama, and play and humor. Within the book, Rogers (1993) suggests nine person-centered arts principles:

1. Personal growth, higher states of consciousness, and a sense of wholeness are achieved through self-awareness, self-understanding, and insight.
2. Delving into our emotions attains self-awareness, self-understanding, and insight. The feelings of grief, anger, pain, fear, joy, and ecstasy are the tunnel through which we must pass to get to self-awareness, understanding and wholeness.
3. Our feelings and emotions (the grief, anger, pain, fear, joy, and ecstasy) are a source of energy, which can be channeled into the expressive arts to be released and transformed.
4. All people have an innate ability to be creative.
5. The creative process is healing in itself. Although the product of creative expression supplies important message to the individual for useful insights, the process of creation itself is profoundly transformative.
6. The expressive arts - including movement, art, writing, sound, music, and imagery - lead us into the unconscious and allow us to express previously unknown facts of ourselves, thus bringing to light new information and awareness. When we move, it affects how we write or paint. When we write or paint, it affects how we feel and think. During the creative connection process, one art form stimulates and nurtures the other, bringing us closer to our innermost core or essence, which is our life-force energy.
7. This creative arts process offers us the opportunity to be aware of, face, and accepts our shadow aspect - that part of the

self which we have repressed or denied - which in turn can brings us to a deeper self-acceptance. Self-acceptance and self-esteem are basic to becoming whole persons capable of caring for others and receiving love.

8. A connection exists between our life-force - our inner core, or soul - and the essences of all beings. (p. 130-131)

Other books related to expressive arts used in mental health settings have been published recently. One of the best examples includes *The Creative Arts in Counseling* published in 2001 by Samuel T. Gladding, a central feature of creativity asserting that divergent thinking, that is, thinking in a broad flexible, exploratory, tentative, inductive, and non-data based way this is oriented toward the development of possibilities (Gladding, 2011, p. 3), also a feature of the extensional elements of congruence (Cornelius-White, 2007). He goes on to explain that creativity and divergent thinking are associated with coping abilities, good mental health, resiliency, and couple/functionality and happiness. Gladding also provides creative/expressive therapeutic exercises that can be used in clinical mental health settings.

According to Malchiodi (2003), a person-centered approach to art therapy focuses on the individual's ability to find personal meaning. The process involved is not so much a process of reparation but of becoming. An important aspect of this approach is the belief that people are capable of expressing rather than repressing their own maladjustments and moving toward a more healthful way of life. The client-therapist relationship capitalizes on creative art expression as means of harnessing personal resources to change and grow, whether meaning is explicitly drawn, so to speak, or not (Malchiodi, 2003, p. 61).

Merrill and Andersen conducted a qualitative study in which they were interested in the effects of person-centered expressive arts therapy on counselors, educators, and graduate level students. The participants had attended the Person-Centered Therapy Institute to participate in a training program developed by Natalie Rogers called Person-Centered Expressive Therapy (Brazier, 1993). The participants were from the United States, as well as, countries in Europe, Asia, and South America and ranged from twenty-two to sixty-six years of age. They were asked two open-ended questions regarding their

experiences in the workshop. The first, asked them to reflect upon a situation from their experiences that was especially meaningful to them. The second, asked how their "way-of-being" might relate to their workshop experiences. Merrill and Andersen suggested that the results indicated that participating in person-centered expressive arts therapy may allow individuals to "express some unexplored aspect of him or herself through the art form without using the words" (Brazier, 1993, p. 119). The results also suggested that the creativity in expressive arts therapy helped the participants to feel better about themselves as they were able to express themselves in an open environment without fear of judgment.

Expressive Arts Modalities

Expressive arts therapy can involve a wide variety of artistic modalities, which include the visual arts, music, dance, play, and psychodrama (Frostig & Essex, 1998). Within these modalities, the client is able to express themselves in a new way that communicates to the client and the therapist (Rogers, 1993). Following are a few different types of expressive arts modalities.

Art Therapy involves the use of artistic mediums such as drawing, painting, clay and other media along with the creative process to aid in healing of the client. The process is beneficial in exploring feelings and emotions and to foster greater self-awareness for the client (American Art Therapy Association, 2015).

Drama Therapy is the intentional use of drama and theatre processes to achieve therapeutic goals (National Drama Therapy Association, 2015). This expressive therapy is active and includes a variety of techniques including role play, theatre games, puppetry, and improvisation games as a way for the client to express themselves and their story. Cinematherapy, like bibliotherapy, allows jumping off points through the use of the literary arts.

Sandtray Therapy involves the use of a sand tray and an array of miniatures in which the client uses to express themselves through the creation of pictures in the sand. The therapy has its beginnings in the theories of Carl Jung and is seen as a way of illustrating the client's perspective (Snyder, 1997).

Music Therapy involves the creation, performance or even listening and moving to music as a means to address the emotional,

cognitive, and physical needs of a the client (American Music Therapy Association, 2015). Since music is often associated with significant life moments, the interaction that occurs through expressive arts may help to elicit specific memories for the individual.

Play Therapy is based on the principle that play is the child's first language and toys are their words (Landreth, 2012). It involves the use of selected toys in which the children are able to work through psychosocial difficulties (Association for Play Therapy, 2015). Child-Centered Play Therapy (CCPT) is one specific approach to play that is based upon the person-centered approach to therapy given by Carl Rogers. In this approach, the therapist provides a safe environment in which the child is allowed choice in play and the therapist is there to reflect the child's meanings and set limits, as needed, with the underlined belief that the child will naturally move to a more healthier state and development without additional directivity seen in other play therapy approaches.

Studies on Expressive Arts Therapy with Adolescents

Expressive arts therapy has been found to be beneficial to clients of varying age groups. Younger children are more inclined to be imaginative and often use the arts as a creative form of play (Levine, 2003). However, expressive arts therapy may have many benefits for children as they emerge into the pre-adolescent years and develop further into adolescence. It is during these years that they begin to search for self and seek to try out new ideas and opinions without the chance of ridicule or judgment (Liebmann, 1986). Through the expressive arts that adolescents have the opportunity for self-discovery and a safe way to experience and accept the unknown parts of themselves (Rogers, 1993). It is for this reason, Liebmann suggests that adolescents are drawn to the dramatic themes in art therapy as a way for them to find a form of release (Liebmann, 1986).

Expressive arts has been found to have benefits on adolescent individuals. In a qualitative study involving an adolescent female with Asperger's Syndrome, a therapist used a variety of expressive art techniques in the treatment of the 18-year-old. These expressive arts techniques included painting, drawing, creating collages, and making masks (Elkis-Abuhoff, 2008). During each of the activities, the

therapist included a discussion on the process as it related to the girl's difficulties and goals. Elkis-Abuhoff reported that after seven months of therapy, the girl "gained insights into her diagnosis of Asperger's syndrome" and felt more able to communicate and feel comfortable in social situations (Elkis-Abuhoff, 2008).

Expressive arts therapy has been found to have benefits on self-esteem with adolescents. In a study involving female juvenile offenders, Hartz and Thick utilized both Art Psychotherapy and Art as Therapy approaches (2005), approaches similar to person-centered expressive arts therapy that may provide some additional empirical support. During a 12-week period, 27 females participated in one of the two approaches. Hartz and Thick reported a widespread positive perception as it related to self-esteem. The data collected using the Self-Perception Profile for Adolescents (SPPA) (Harter, 1988) indicated showed a statistically significant gain in Behavioral Conduct, Close Friendship, and Global Self-worth in the participants of the art psychotherapy, and a statistically significant increase in Social Acceptance and Global Self-Worth in the participants of Art Therapy

In another study, group cinematherapy was used as an intervention to determine if it enhanced the self-esteem of adolescents with serious emotional disturbances (Powell et al., 2006). The study consisted of seventeen children who participated in a 6-week coping skills group. Cinematherapy was added to the coping skills groups during the first three weeks in Group 1, and added to the second three weeks in Group 2, with Group 3 not receiving cinematherapy. The Rosenberg Self-Esteem Scale (RSES) (Rosenenberg, 1989) was used to measure changes in the participants' level of self-esteem. Although the study did not find that cinematherapy enhanced self-esteem significantly, the results did suggest that adding cinematherapy to the coping skills group may help to increase self-esteem in adolescents (Powell, et al., 2006).

Expressive Arts Therapy has also been found to be beneficial for a variety of behaviors in adolescents. In one such study, 94 clients were rated on 24 behaviors that were identified as a symptom of individual and family dysfunction (Saunders & Saunders, 2000). The behaviors included such issues as hyperactivity, fighting, defiance, manipulative behaviors, lying, and rapid mood swings. The clients attended on average 16.8 therapy sessions. At the end of the program, the frequency of the behaviors had decreased significantly. The

severity of the behaviors were also noted to decrease and found to be statistically significant (Saunders & Saunders, 2000).

Benefits of expressive arts therapy have also been noted for adolescents with trauma. Lyshak-Stelzer et al., (2007) found that art therapy intervention with a trauma focus reduced the severity of PTSD symptoms in adolescents. The researchers used the UCLA PTSD Reaction Index, Child Version (Rodriguez, Steniberg, & Pynoos, 1999) which assesses PTSD and traumatic stress in children. The scale consists of 22 self reported items in which the child rates the frequency of the items according to the DSM-IV. At the conclusion of their study, the trauma-focused art therapy was found to decrease the mean scores on the UCLA PTSD Reaction Index by 20.8 points compared to 2.5 points in the usual treatment group ($F(1,27) 7.1, p = .01$). It was noted that expressive arts therapy allowed the individuals to express themselves symbolically and opened up dialogue in a non-threatening environment.

In addition, expressive arts therapy has been found to be beneficial with grieving youth. Though different than non-directive expressive arts, Dalton & Krout (2005) utilized creative songwriting in conjunction with clinical musical therapy with bereaved adolescents and reported positive results. Consideration of such similar, though clearly different, approaches that have a creative, not only musical, element offer secondary support for person-centered expressive arts. This study consisted of 14 adolescent participants who had experienced the death of a loved one within three years of the study. The participants received seven weeks of music therapy with an emphasis on songwriting. The sessions were 60-90 minutes in length and were arranged around five grief process areas (understanding, feeling, remembering, integrating, and growing). A pre- and post- test was administered using the Grief Process Scale (Dalton and Krout). There were differences pre-post and between control and intervention groups, suggesting an improvement in grief processing using the music therapy treatment.

Studies on Expressive Arts Therapy in Group Settings

Group settings are often used in the treatment of children and adolescents (Holmes, Heckel, & Gordon, 1991). These settings provide an environment that engages in communication and

interactions amongst group members when expressive arts therapy is utilized. The group setting can facilitate a specific theme or need, or it can also take an informal approach. In group therapy, participants are surrounded by support in which they may experience qualities such as instilling hope, problem solving concepts, recovery, universality (in realizing they are not alone), and becoming unselfish (Malaciodi, 2005).

According to Duffy (2007), creativity is often considered a personal experience, but it often times can be collaborative, as well. The use of expressive arts therapy in group settings helps to utilize the creative process to aid in the transformation from an intrapersonal experience to an interpersonal experience. The Association for Creativity in Counseling (ACC) stresses the inherent value of relational connectedness in creativity which is evidence when expressive activities are undertaken in the presence of others.

Jang and Choi (2012) explored the use of group art therapy using clay on the ego-resilience of adolescents with low socioeconomic status (SES). The sixteen adolescents were part of an educational welfare program in South Korea. The participants were divided evenly into a control and experimental group, each consisting of equal numbers of male and females. The participants in the clay-based art therapy group received 18 weekly sessions that lasted 80 minutes each. A pre-post test, and follow up measurement of ego-resilience was made using Shin's Ego-Resilience scale. At the conclusion of the study, it was found that the participants of the clay-based art therapy group had significantly higher levels of ego-resilience ($F=22.99$, $p<.001$).

Wallace-DiGarbo & Hill (2006) conducted a study that utilized an art-based intervention program with at-risk youth. Twelve middle-school aged youth were involved in the program that emphasized making art as a way to encourage self-expression and the building of community. The participants completed an assessment and questionnaire during the six-week program, at the conclusion of the program, and at a six-month follow-up. The instruments used included the Adolescent Self-Assessment Profile (ASAP) and the Outcome Inventory (OI) developed by Wanbeg (1991). The results of the study indicated a positive growth in the areas of improved functioning, attitudes, and psychological adjustment. Although the findings were not statistically significant ($p = .078$), Wallace-DiGarbo & Hill

concluded that they were notable due to the small sample size and the statistical trend toward improved functioning and adjustment in the participants.

Expressive Arts Therapy in School Groups

Expressive arts therapy has also been utilized with adolescent groups in school settings. The purpose of small groups in school counseling is to allow students to acquire information and skills that will help them become more successful in the school setting. These areas can include personal/social, academic, and career development (Gysbers & Henderson, 2001; ASCA National Model). Participation in a group is not necessarily indicative of any sort of problem and are usually open to anyone.

Benefits of small counseling groups include meeting the needs of students outside of a large classroom setting. Students have the opportunity to learn and engage as a member of a small community, or group. Because groups often include role model students, it is an excellent way for students to learn from each other and grow together. It is also a great way to reach more students effectively than with numerous individual counseling sessions. With many schools looking to help learners succeed using Response to Intervention (RtI), small groups can be a targeted service for those 1-5% of students who may need a Tier 3 Intervention (Sink, et al.). The ultimate goal of counseling in small groups is to support students with increasing awareness of interpersonal issues and to help develop strategies and skills to help increase student achievement and success in the classroom and beyond (Missouri Comprehensive Guidance & Counseling Program).

Children and adolescents have been found to benefit from expressive arts activities in school group settings. The projection of thoughts and feelings through various artistic mediums and activities is deemed as a less threatening approach to addressing personal issues when compared to verbalization. Shen and Armstrong (2008) explored the effectiveness of using group sandtray therapy on self-esteem with young adolescent girls. In the study, 40 seventh-grade adolescent female students were identified by their school counselors as presenting characteristics of low self-esteem. The participants attended three different middle schools and participants were placed

into small groups of four students each. The group met twice weekly in 50-minute sessions and were led by therapists in the area of sandtray therapy. The sessions were arranged around structured topics which included physical appearance, relationships, and social acceptance. Participants were generally given around 15 minutes to create their scene in the sandtray and about 35 minutes for group processing. A pre- and post- test was given using the Self-Perception Profile for Children (SPPC) (Harter, 1985). At the conclusion of nine group sessions, it was found that the adolescent girls who participated in the sandtray therapy had significantly greater values of self-esteem in five of the six areas of the SPPC. This indicated that group sandtray therapy was an effective treatment in improving the self esteem of adolescent girls.

Finn (2003) explored the benefits of expressive arts therapy in a school bereavement group for young adolescents. The five participants of the group attended an alternative middle school setting for children with behavior difficulties and ranged in age from 11 through 13 years. The weekly group sessions consisted of various expressive arts activities that included drawing, painting, drama, and music. Finn reported that the participant's level of comfort grew during the course of the therapy and that they were able to more readily express their feelings of sadness and anger. When the group ended, the participants were asked to complete an evaluation using a four-point scale that addressed how they believed they had met the group goals which included areas pertaining to the understanding of their emotions and coping strategies to deal with loss. Overall, the student participants indicated that they believed the expressive arts therapy in the group setting was a strong benefit to them in dealing with their loss.

Group art therapy in schools has also been found to have positive effects on young adolescents who are transitioning to high school. In one such study, Spier (2010) worked with six 8th-grade students who were identified as exhibiting poor coping skills and other disruptive behaviors in the classroom setting. The students received eight sessions of art therapy over the course of four consecutive weeks. Each session lasted approximately 60 minutes and consisted of planned art therapy tasks and sharing/discussion. The Adolescent Coping Orientation for Problem Experiences (A-COPE) was administered prior to the first session and at the conclusion of the

study. Spier noted positive changes in the participants in the areas of “confidence, physical growth, social roles, understanding of peer groups, and involvement in school experience.” Spier also reported that most of the participants exhibited a positive increase in their individual A-COPE scores. Although not statistically significant, the scores and observable changes in student behaviors do indicate that art therapy may have a positive impact on adolescents in school-based groups.

Summary of Findings from Studies

Expressive arts therapy has been found to have positive treatment outcomes for adolescents. The literature revealed that expressive arts therapy when used alone or in combination with other treatments to be beneficial with clients of varying age groups, including pre-adolescent and adolescent children (Elkis-Abuhoff, 2008; Hartz & Thick, 2005; Powell, et al., 2006; Saunders & Saunders, 2000). As Rogers (1993) indicated, this may be in part due to the opportunities for self-discovery and safe environment to experience the unknown parts of themselves. Adolescents made therapeutic gains when expressive arts were used in the treatment of trauma and bereavement (Lyshak-Stelzer et al., 2007; Dalton & Krout, 2005). In addition, expressive arts therapy helped adolescents in areas of self-esteem, coping skills, and a variety of other behaviors.

Therapeutic gains using expressive arts therapy techniques were found in both individual and group settings. The group settings provide an environment in which the adolescent client may communicate and interact with other group members in a shared experience. Group therapy using expressive arts techniques improved the ego-resilience of adolescents (Jang & Choi, 2012; Shen & Armstrong, 2008). These findings were made in both mental health and school settings.

In the school setting, counseling groups that utilized expressive arts were found to be beneficial for adolescents. The literature demonstrated a variety of expressive techniques could be used to have positive effects on adolescent counseling. The therapeutic effects included increased self-esteem, better understanding of emotions, stronger coping skills, and increased involvement in school (Shen & Armstrong, 2008; Finn, 2003; Spier, 2010).

Conclusions about the Empirical Literature

From the literature, support is shown for the potential effectiveness of person-centered expressive arts therapy in the treatment of adolescents using both qualitative and quantitative methods. However, there were significant limitations to the research reviewed. Such limitations include the general paucity of direct studies of person-centered expressive arts in group settings within the schools, a sampling of related approaches, the relatively small sample sizes in many of the studies, and the sample populations in regards to gender. There needs to be further research that samples for larger populations, with samples across gender and racial groups within the school setting.

In comparing the various approaches to utilizing expressive arts therapy with adolescents, studies indicated positive therapeutic gains. In the area of self-esteem, Hartz and Thick (2005) and Powell, et al. (2006) both concluded positive gains were made in the self-esteem of the participants when expressive arts therapy was utilized. However, limitations existed. In both studies, the relatively small sample size was cited as a limitation (27 and 16 participants, respectively). Also, in the case of Hartz and Thick (2005), the study consisted entirely of female participants. These limitations should be addressed in further research. In addition, therapeutic gains were indicated in areas of trauma and bereavement. Lyshak-Stelzer, et al. (2007) found that participants in expressive arts therapy were found to have a decrease mean scores on the UCLA PTSD Reaction Index. Dalton and Krout (2005) found promising results that pointed toward positive growth for grieving adolescents utilizing songwriting as part of music therapy. Both sets of researchers indicated that while results were promising, the small sample sizes were listed as a limitation to their work.

When expressive arts therapy was used with adolescents in group settings, the results indicated positive therapeutic gains. Wallace-DeGarbo and Hill (2006) and Shen and Armstrong (2008) both found that techniques involving expressive arts therapy had positive results on self-esteem and expression. In both studies, limited sample size was again cited as a limitation. In the case of Wallace-DeGarbo and Hill, the brief nature of the intervention was also mentioned, while Shen and Armstrong's study consisted entirely of

adolescent females. Larger sample populations and samples across gender groups should be addressed. In addition, Finn (2003) discussed the benefits of group counseling utilizing the expressive arts with adolescents experiencing loss. Finn cited promising results, but again indicated that the relatively small sample size was a limitation.

In considering future research, it could be beneficial to look at populations that contain larger sample sizes and encompass samples across gender and racial groups. Studies might consider various outcome variables, such as examining potential changes to self-esteem, and resolution of trauma and grief, in addition to other concerns and behaviors. Additional research could encompass a variety of treatment modalities with the expressive arts and examine the results as part of many different treatments for adolescents and focus specifically on group modalities within school settings.

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