

International Research in the Arts Therapies

ARTS THERAPIES IN THE TREATMENT OF DEPRESSION

Edited by
Ania Zubala and Vicky Karkou

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Art therapy to address emotional wellbeing of children who have experienced stress and/or trauma

Unnur Ottarsdottir

Introduction

Prior to the research presented in this chapter I worked as a special education teacher at a secondary school in Iceland where art therapy methods and theories were integrated into educational work. During that time, I observed the children from both an art therapeutic and an educational point of view. Following that preliminary work, I conducted the research presented in this chapter, which focuses on an art therapeutic method where the two perspectives of art therapy and education meet. The children who took part in the research had experienced emotional trauma and/or stress and had specific learning difficulties.

As a result of the research, the Art Educational Therapy (AET) method was created, whereby coursework learning is integrated into art therapy with the aim of enhancing emotional wellbeing and facilitating coursework learning. Art therapy and educational psychotherapy theories (Best, 2014) contribute to the conceptual framework of AET. Emotional factors which may get in the way of learning are explored in educational psychotherapy and within that theoretical framework the term ‘symptomatic learning’, emerged in the present research, referring to specific learning difficulties as symptomatic of emotional difficulties. The clients are free to choose art material and/or coursework learning to work with in AET and integrated emotional and intellectual processes are worked with simultaneously (Ottarsdottir, 2005, 2010a, 2010b).

One individual case study from the research project will be presented in this chapter, concerning a boy, here called Oli, who was depressed and had a mother who had been depressed. Oli had experienced stress and trauma and he had a specific learning difficulty, which related partly to his difficulty with learning math. ‘Specific learning difficulty’, is a term used in this chapter as an umbrella term for difficulties with coursework learning in a variety of subjects including math.

Art-making, integrated with writing, was applied both in therapy with the children and in the researcher’s own process in terms of the research methodology. The ‘writing-image’ concept emerged through a grounded theory analysis

referring to integrated drawing and writing (Ottarsdottir, 2010b). Oli made some drawings in therapy and he also drew in relation to learning math which, in combination with the therapeutic relationship, appeared to help him connect with his feelings, processing them and talking about the trauma he had experienced. Subjects, concepts, connections, emotions and conflicts relating to the research were also processed and clarified through the writing-image processes of the researcher.

Literature review

Depression can be caused by stress and trauma among other reasons. Depression is one of the likely consequences of traumatic experiences and stressful events (La Greca et al., 2013). Terms applied to describe the effects of trauma can also describe a depressive state, such as helplessness, hopelessness, emptiness and the loss of an 'internal other' – which is a term referring to loss of internal communication with the 'other' within, as a consequence of trauma (Laub & Podell, 1995). In AET attention is paid to whether the children have experienced stress and/or trauma, which has not been integrated and worked through and consequently it may affect the child's emotional wellbeing and coursework learning.

Art therapy has been reported to bring positive effects for people who experience trauma or stress (i.e. Appleton, 2001; Eaton et al., 2007; Hass-Cohen et al., 2014; Kaimal et al., 2016; Rowe et al., 2017; van Westrhenen et al., 2017). However, the challenges of art-making in relation to traumatized clients are not widely discussed in the art therapy literature. One exception is Johnson's (2009) claim that many clinicians worry that art therapies can be: '... too "stimulating", "unstructured", or "re-traumatizing"' (p. 115) when working with clients who have experienced serious trauma.

The psychoanalysts Laub and Podell (1995) agreed with the general art therapeutic claim that artwork is an important medium for representations of trauma, but they also claimed that art-making can have a certain limitation. Laub and Podell (1995) claimed that a consequence of trauma can be a loss of the 'internal other'. Although artistic expression can repair the loss of the internal other, emptiness may also emerge. It is possible, they claimed, that trauma-related pain may become overwhelming if allowed to surface in excessive quantities through art-making within too short a period of time. Laub and Podell's (1995) caution may be especially important to keep in mind when working in a setting where the duration of therapy is limited, like in the case study presented in this chapter, because there may be insufficient time to integrate the trauma-related material brought to the surface through the art-making.

Johnson (2009) recommended that creative arts therapists explore hybridized methods when working with clients who have experienced trauma. Rankin (2003) discussed a task-oriented art therapy approach which increased both the traumatized client's and the therapist's sense of control. The educational psychotherapist Geddes (1999) also stated that learning tasks can help in alleviating

anxiety. Integrating the logical, cognitive function of coursework learning task as in AET may be an important approach when emptiness, feelings of hopelessness and helplessness become overwhelming, in order to increase a sense of control and facilitate feelings of hope.

The emptiness discussed by Laub and Podell (1995) may be linked to depression as in both cases there is often limited personal drive and motivation for continuing to create and live a meaningful life. When emptiness is too overwhelming, possibly resulting in a lack of motivation to draw, the dimension of coursework learning offers an additional therapeutic approach for clients to come to terms with and work with their emotions.

It is generally implied in the art therapy literature that specific learning difficulties can be caused by emotional conflict, although this is not explored in great depth (Dalley, 1987; Glassman & Prasad, 2013; Grossman, 1990). Partly, to compensate for the weakness of this general implication, educational psychotherapy theory was incorporated into the conceptual framework of AET because of its in-depth exploration of how emotional difficulties can affect coursework learning (Best, 2014).

Similarly to educational psychotherapy, direct teaching is incorporated into AET and everything the child says and does is considered as a form of symbolic communication. The children often choose to solely create art during the AET sessions. At times the therapist suggests ways of working with coursework material integrated with image-making. On many occasions the children spontaneously work with their coursework material while integrating image-making in their own creative way. In the same way as in art therapy and educational psychotherapy the therapeutic relationship is important in AET in terms of containing emotional and intellectual processes.

Research methodology

The participants in the research project were five children aged eleven to fourteen. The main body of the research data was derived from case notes from 123 individual therapy sessions. The data was collected and described in detail using the case-study method (Yin, 2014) in order to study in depth the complex therapeutic process of each individual child. Grounded theory (Óttarsdóttir, 2010, 2013; Strauss & Corbin, 1998) was applied in the research analysis in order to organize the data, draw up categories for investigation and create an initial theory of the therapeutic method.

In order to observe the emotional wellbeing of the participating children and the effect of therapy, a Child Behaviour Checklist (Achenback, 1991) was also completed by the children's parents before and after therapy. The scores indicated whether the children were anxious and depressed, among other difficulties they might have had. School grades from before and after therapy, in comparison to the average student, were compared in order to evaluate coursework learning progress.

Along with the above mentioned research methods, creative methods were also employed in the present research. Art therapists have applied art creation in relation to research in a variety of ways (Chilton & Scotti, 2014; Kapitan, 2010; McNiff, 1998; Moon & Hoffman, 2014). Drawn diagrams, one of the analytical tools used in grounded theory, were employed in the present study (Óttarsdóttir, 2010, 2013). Writing-images, which are a part of the AET method, were also adapted as a research methodology whereby the researcher's intellectual and emotional functions were integrated. The researcher made writing-images in the present study for: conceptualizing, knowledge forming, exploring subjects, investigating connections between concepts/categories/phenomena, coming to terms creatively with the research as well as for processing and reflecting on her emotions and conflicts. In that way, art-making served as a creative and self-reflective research methodology in a variety of ways and contexts at all stages of the research project.

As a researcher, I generally found conducting the research project interesting, especially when new insights emerged while discovering and understanding new perspectives. However, at certain stages in the research process feelings of hopelessness emerged due to being stuck or not knowing what to turn to next, not understanding the meanings of certain concepts and not knowing exactly what was taking place in the research. This sometimes led to decreased motivation to continue conducting the research, which felt like mild depression if it lasted for a long time. Throughout the research process I created a variety of images, often integrated with writing, which related to the topics of research and to my own often personal, associated emotions. During and following creation of these images, difficult emotions would often, to some degree, be replaced by increased curiosity, which fuelled a renewed motivation to continue conducting the research.

One way in which art-making was applied as a research methodology was when colors, brushes and paints were used, and I spontaneously worked with imagery relating to what was taking place and being studied, for example a specific concept. One example created at the beginning of the research process is shown in Figure 2.1.

When painting the letters shown in Figure 2.1, I somehow got into a space of understanding the phenomenon in question – in this case the phenomenon of 'research' – in a different dimension than when reading or writing about it. The kinesthetic of the fingers and the body through the application of brushstrokes, the use of color and the creation of forms in a large A1 format, created understanding and connection to the term and its application on a different level to writing about it in verbal concepts using pen or pencil. The painting process created an understanding where the emerging knowledge linked up with personal meaning. Consequently, understanding of the concept manifested in a wider and more meaningful dimension, in comparison to solely writing and reading about it, which tends to facilitate a more linear process and understanding.

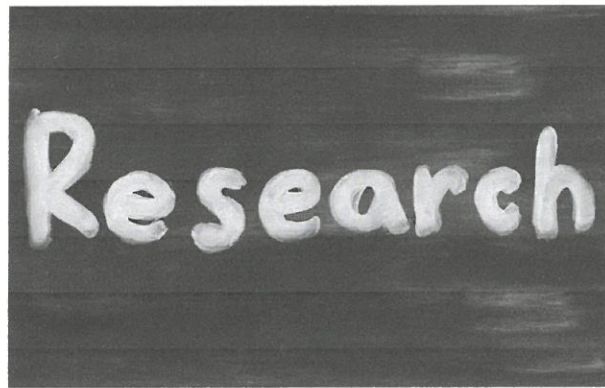


Figure 2.1

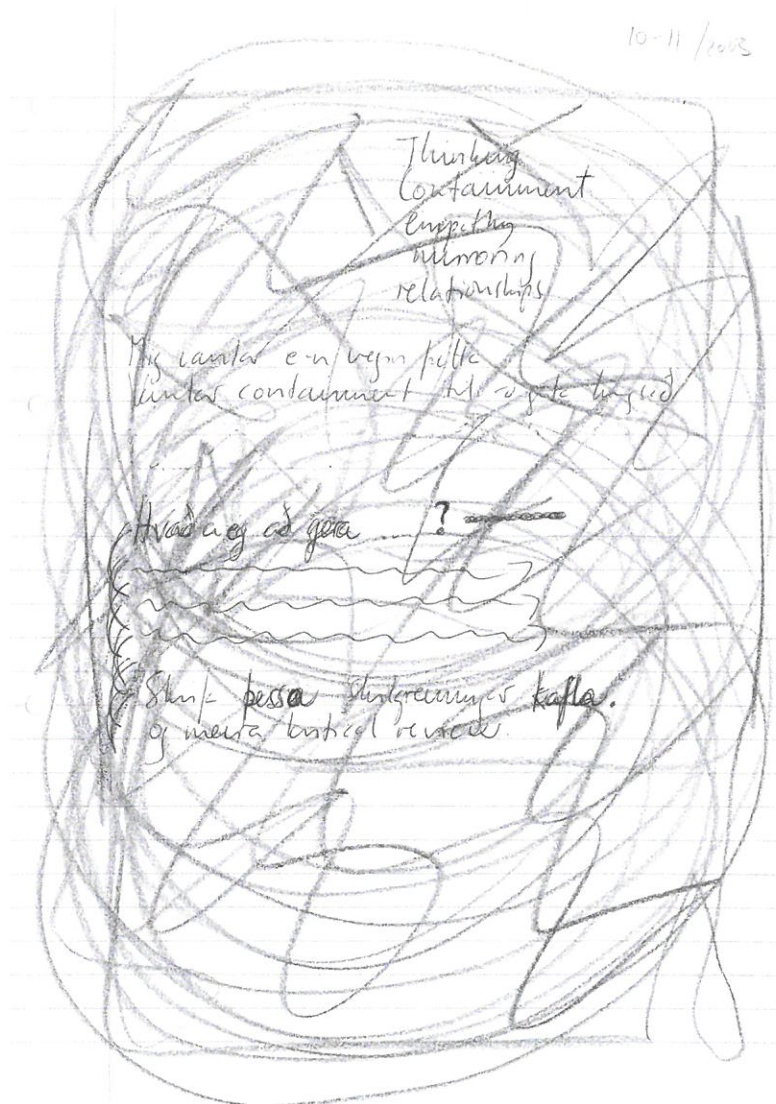


Figure 2.2

When being challenged by the unknown in the research, the feelings and thoughts evoked were in many cases brought into creative image-making, often integrated with writing. Throughout the whole research process countless images were created expressing such feelings and thoughts as exemplified in Figure 2.2.

Through making of such images, feelings and conflicts were to some degree expressed, processed and reflected on, and thereby energy to continue conducting the research was released. It was often found that the emerging emotions that had been evoked or tapped into by the subject of the research related to personal experiences. The visual expression helped them come to terms with those emotions, integrating, releasing and reflecting on them. The dual role of being both a therapist and researcher was at times challenging. Sorting out emotional responses through drawing and writing assisted the researcher in being reflexive and consequently increasingly subjective when conducting the therapy, gathering data, conducting the research analysis and creating the grounded theory.

The researcher's integrated drawing and writing process served as a creative and self-reflective research methodology in a variety of ways and contexts at all stages of the research project. The image-making provided a space for tolerating the unknown and clearing a pathway for new knowledge to emerge.

Findings

Oli's story

Oli attended therapy weekly for sixteen sessions at fourteen to fifteen years of age. He missed another two arranged sessions because of illness. Oli's mother was interviewed at the end of his therapy about Oli and his life, and his math teacher also reported on the boy's progress at the end of therapy. Oli's father was not interviewed, and no information was obtained directly from him.

Oli was referred to the school psychologist in the year prior to therapy because he was a victim of severe bullying, and he suffered from anxiety. The psychologist told me that when Oli was seven years old he preferred staying at school to going home. He also said he had some information on Oli that he could not tell me.

Oli's parents divorced when he was nine years old. His father was a recovering alcoholic who had been sober for a few years at the time of therapy. Oli's mother had been depressed but seemed able to provide support for the boy at the time of therapy. Oli himself was depressed at times. Other relatives also suffered from depression.

Oli's grades were low, especially in math. Psychological reports on Oli at the age of six showed that his drawings were like those of a younger child, and that he did not fully comprehend numerical values. Before therapy, he did not come across as a troublemaker; he was rather quiet, and he did not disrupt others in

his class. In therapy he showed willingness to work on his specific learning difficulties, and to some degree he was honest and open about his difficult experiences.

Oli initially told me that he did not like to draw. When I asked him what he would like to do, he tended to choose to study math. In some sessions he only talked. He spoke about the bullying, but rapidly dismissed it, saying that many of the boys who had bullied him were now his friends. He also mentioned that his father used to drink and that when he did he was moody. He also rapidly dismissed this topic by saying that his father had been sober for three years. Oli repeatedly told me he was doing well at school and had a lot of friends, which I later discovered was not altogether true.

Oli complained that he became depressed when he was ill. He also discussed being depressed when he was younger and said that his mother had also been depressed. When he was ten years old his mother isolated herself and did not go out due to depression.

Coursework learning

Oli began studying easy math exercises, such as drawing a number line, putting numbers on it (Figure 2.3a) and drawing percentage graphs (Figure 2.3b).

As time went on, Oli requested my assistance with more difficult coursework. I suggested that he include drawing as much as possible. When he struggled to understand the exercises, I realized how far away he was from mastering the material. Mastering the content of the math that was being taught in the classroom at that time appeared to be a hopeless task for Oli. Nevertheless, I let him choose what he wanted to study, which often was the math exercises presently worked with in his classroom. When he struggled to make sense of the math exercises, the atmosphere was heavy, and I found myself feeling hopeless and tired at the end of the sessions.

I questioned whether the hopelessness and helplessness I felt while assisting Oli with his math was a projection of his feelings or an echo of his helplessness in the wake of the trauma he had experienced, which I presumed at the time was the bullying, his mother's depression, his parents' divorce and his father's previous alcohol abuse. Oli's choice to study math that were too advanced for him and his failure to master the subject might have been a way of recreating the hopeless situation of the trauma, with the purpose of having me contain his feelings in order to help him integrate them.

As time went by, the situation seemed to grow more and more hopeless. Oli discussed the difficulties concerning his own depression and that of his mother, as well as the bullying. However, he did not work with the issues regarding his father, either through talking or drawing. Nevertheless, it seemed that an unexplained helplessness, had emerged through the coursework learning process and in the therapeutic relationship. This was manifested by his constant choice of

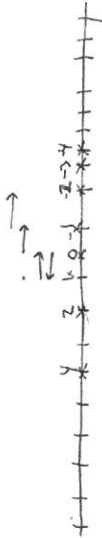
a

Hvað er?

1 Negatífar tölur:

Minustölur

Teiknaðu talnalinu og sýndu hvar
1, -1, 0, 2, -3, 4, -4, -2 er á linunni.



b

PRÓSENTUR

Teiknaðu mynd sem sýnir 50% af
einhverju



Teiknaðu mynd sem sýnir 10% af
einhverju



Teiknaðu mynd sem sýnir 25% af einhverju



Figure 2.3

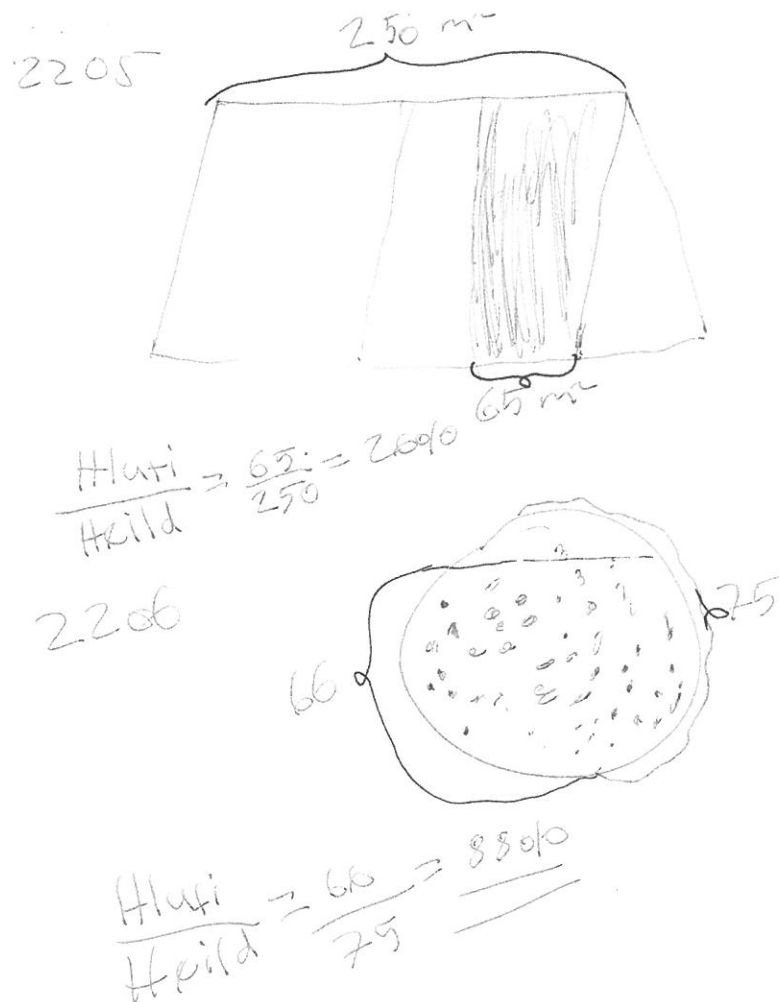


Figure 2.4

far too difficult math exercises to work with, which caused the atmosphere to become heavy.

After Oli had attended fourteen sessions, and I was still having difficulties understanding the cause of the heaviness I felt during the sessions, I dreamt that Oli fell into a sewer. In the dream I was desperately trying to call the emergency services, but their help came too late. I wondered whether I was unconsciously aware of something serious, symbolized by the fall into a sewer, but realized that it was too late in the course of therapy to work with this, symbolized by the emergency services arriving too late.

In the session after this dream, which was the penultimate one, I had the above speculation in mind as I listened to Oli describe a film he had seen about a violent man who nearly died and who then realized how violent he had been.

When the man recovered, he had no desire to be violent any more. After Oli had explained the film, he said with determination: 'I taped the movie and I'm going to let my mother watch it'.

I was not sure how best to approach this. There was only one session left: should I ask Oli about his childhood, which the film might have been symbolizing, or should I leave the topic alone because there was too little time left to process the available information? The fact that he had brought up the subject might have indicated that he was indeed ready to explore the issue to some degree. I therefore decided to ask him: 'Was your father ever violent when you were small?' Without hesitation he said: 'Yes, he hit my mother and my grandmother, but never me . . . I do not remember much of it, though'.

I attempted to show empathy by saying: 'It must have been difficult for a little boy to experience that'. He quickly closed the subject by saying: 'But my father is fine now. He is sober and has been through two treatments for alcoholism'.

After this session, I conjectured that the domestic violence, among other difficulties Oli had experienced as a young child, may have been interfering with his coursework learning. How could a child make sense of violence from a person he was supposed to trust? It similarly could have become impossible for Oli to make sense of mathematics.

Artwork

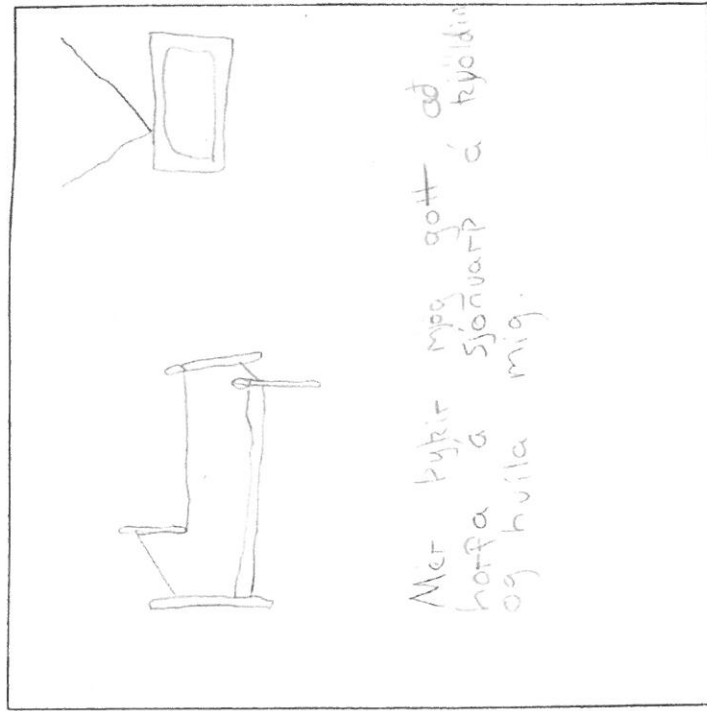
Oli made few drawings during therapy beyond the mathematical drawing exercises. He made two drawings at the beginning and end of therapy which were derived from a part of the Silver Drawing Test of Cognition and Emotion (SDT). The goals of SDT are partly to identify children who may be depressed and to provide a pre-post instrument for evaluating effectiveness of therapeutic and educational programs (Silver, 1996). At the beginning of therapy Oli chose to draw a bed and a television (Figure 2.5a). The image looks empty, as there is nothing on the television screen and no one in the bed. The bed and television seem to be floating because there is no ground line. The drawn lines seem fragile. There is a compositional balance between the text, the television, and the bed. The text Oli wrote says:

Mér þykir mjög gott að horfa á sjónvarp á kvöldin og hvíla mig.
[I really like to rest and watch television in the evenings.]

In a similar drawing made at the end of therapy (Figure 2.5b), Oli chose to draw a cat and a mouse. He chose a title and asked me to write it at the top of the page:

Köttur étur mús.
[A cat eats a mouse.]

a



b Kötur elur mús.

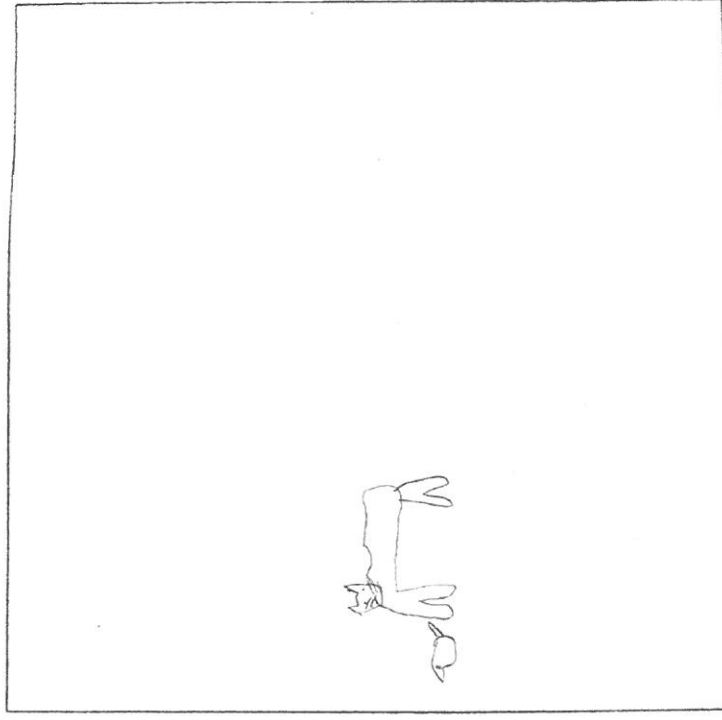


Figure 2.5

This drawing appears even emptier than the earlier one, with a lot of empty space. The drawn lines are fragile, as in the earlier image, but they appear slightly better defined.

The slight difference in how Oli drew the lines in the later drawing could symbolize that he felt a little more definite and determined at the end of therapy. The lack of a ground line in both drawings may be evidence of how 'floating' and insecure he felt. Both drawings are empty, but there is even more emptiness in the later one. However, there is more life in it, with the presence of two living creatures, a cat and mouse (Figure 2.7), instead of an inanimate bed and television (Figure 2.6). This development could indicate that he had regained some of his 'internal other' through therapy.

As discussed earlier, Laub and Podell (1995) explained that trauma can result in loss of the internal other and a feeling of emptiness. In their view, creating artwork may be the only way to repair the loss of the internal other and to represent the emptiness of trauma. However, they cautioned that artwork can sometimes reach too far in recalling trauma. Oli did not enjoy drawing much, which could have been partly because he was experiencing unbearable emptiness due to his trauma.

Final part of therapy

As the therapy was coming to an end, I was concerned about leaving Oli unsupported. Had the therapeutic relationship, conducting the drawings and the coursework learning brought up too much for him to handle on his own? Information provided by Oli's math teacher at the end of therapy increased my concern. The teacher reported that since Oli commenced therapy he had become more careless and more talkative. The reason that Oli acted out more in class as the therapy unfolded might have been that memories and emotions relating to his difficult experience, including the domestic violence, were emerging.

It is possible that Oli experienced more emptiness at the end of therapy than at the beginning, although there was some gain in the internal other, as symbolized by a living cat and mouse and the emptiness in the drawing (Figure 2.7). By bringing his problems to the surface in therapy, Oli might have felt emptier but nevertheless he seemed to be more able to connect with his internal other which may have provided greater possibility of facing and mastering his difficulties.

In an interview with Oli's mother at the end of therapy, she reported that Oli lived in insecure circumstances when he was a baby. According to her, the father drank a lot, sometimes for a week without stopping, and he was verbally and physically abusive to her when drinking. The mother said that she often left home with the boy for several days at a time while the father was drinking. When Oli was seven years old he became absolutely wild with terror when he twice witnessed domestic violence. The mother reported that Oli was not

doing any better in terms of coursework learning, but he appeared to be feeling better as a consequence of the therapy.

Grades and psychological testing

The scores on the Child Behaviour Checklist completed by Oli's mother indicated that, among other difficulties, he was severely anxious/depressed at the beginning of therapy. Scores on the four sub-scales on which Oli scored high before therapy – somatic complaints (SC), anxious/depressed (AD), attention problems (AP) and internal feelings (IF) – improved after therapy (Table 2.1). This indicated that Oli was feeling better at the end of therapy and that his anxious/depressed feelings and somatic complaints had diminished.

School grades from before and after therapy were observed in order to study Oli's progress in coursework learning. Oli's grades in math did not improve after therapy. All five children who participated in the study felt better following therapy, but for some of the children a larger number of sessions seemed to be needed in order to positively affect their coursework. It may have been that additional therapeutic sessions would have been needed for Oli in order to further integrate and process his emotions, which might in turn have had a positive effect on his math learning.

Symptomatic learning

Educational psychotherapy theories were found to be useful in contributing to explaining and working with the underlying emotional difficulties which were possibly causing specific learning difficulties (Best, 2014). 'Symptomatic learning' is a concept and a category which emerged through the grounded

Table 2.1 Child Behaviour Checklist for Oli. Scores over 70 indicate clinical significance.

| | <i>Before therapy</i> | <i>After therapy</i> |
|---------------------------|-----------------------|----------------------|
| Withdrawn (W) | 62 | 62 |
| Somatic complaints (SC) | 75 | 59 |
| Anxious/depressed (AD) | 76 | 70 |
| Social problems (SP) | 59 | 63 |
| Thought problems (TP) | 64 | 64 |
| Attention problems (AP) | 70 | 65 |
| Delinquent behaviour (DB) | 50 | 50 |
| Aggressive behaviour (AB) | 58 | 50 |
| Internal feelings (IF) | 74 | 68 |
| External behaviour (EB) | 56 | 49 |
| Total (T) | 67 | 60 |

theory analysis, referring to specific learning difficulties which are symptom of emotional difficulties as stated in the introduction of this chapter.

One of the principles of educational psychotherapy theory is that children need a secure attachment in order to feel safe enough to learn (Barrett & Trevitt, 1991; Bowlby, 1999). Oli had experienced depressed mother, alcoholic father, domestic violence and bullying, which were likely to have created insecurity in his attachments and consequently limited his safety to explore and learn.

The educational psychotherapist Beaumont (1991) proposed that some children who are put into the role of a partner to one parent adopt an infantile omnipotent defense. This may have been one of the reasons for Oli's specific learning difficulties, since he lived alone with a depressed mother, which may have resulted in Oli taking on a partner's role. In therapy Oli often gave the impression that his studies were going well, but when looking at this closely in one-to-one sessions he often did not know exactly how to approach the tasks. His unrealistic confidence about how to approach his coursework could have been an indicator of an omnipotent defense.

According to McKeever (1999), adolescents who have been treated badly may have difficulties with logical thinking and learning at school. If they think logically, they understand the reality of the abuse. Briere (1992) argued that abused children attempt to make sense of the abuse by blaming it on themselves. I argue that when a child illogically takes on responsibility for abuse or other traumatic events, the child's thinking may consequently become illogical in other areas, such as in relation to coursework learning, which may result in increased specific learning difficulties. It is possible that Oli's specific learning difficulties was partly due to illogical self-blame as a consequence of his stress and trauma.

Barrett and Trevitt (1991) suggested that children who do not experience predictability or containment in their lives feel as if they are in an 'impossible calculation'. This may have been the way Oli felt in relation to his life and mathematical study.

In therapy, Oli repeatedly chose to work on overly advanced mathematical exercises. Through being unable to master his math coursework, Oli may have come to terms with how he felt about the domestic violence and other difficult events in his life. His hopeless attempt to try to master the math was possibly partly his way of repeating emotions relating to trauma, in order to master them. While assisting Oli with his mathematics, I felt heavy and hopeless, as if I was containing his feelings. These emotions may have arisen from his trauma, regarding the bullying, the domestic violence, his mother's depression, his father's alcohol abuse and his parents' divorce, which he then projected onto his coursework learning. In a way, his hopeless attempts at learning mathematics, while being contained within the therapeutic relationship, may have served Oli well in coming to terms with his feelings and consequently moving toward mastering them. Through his hopeless math exercises, he may

have moved away from being depressed and out of touch with his emotions to connecting with his feelings and internal other, which appeared to facilitate his emotional wellbeing.

Oli seventeen years after therapy

At the time of writing this chapter, Oli is thirty-one years old and lives with his wife and son. He carries a lot of responsibility at work and is well known in his career field. Oli has also competed successfully in organized sports.

When I met Oli in order to obtain consent to discuss his case in this publication, I interviewed him informally, asking about his life and what he remembered about the therapy. He remembered the location in the school where the therapy took place and that he was happy to go to the sessions. Prior to our meeting, knowing he was going to meet me, he had asked his mother about her experience of him being in therapy. His mother told him that he had changed in a positive way following the sessions we had together.

Oli said that when he was seventeen years old he had made a conscious decision to change his life for the better. As we talked and he looked back in time, he speculated that the therapy may have set off those positive changes.

My impression in our conversation was that Oli had the willpower to face difficulties and improve his life. He told me that the bullying at school had stopped in the year following therapy. He completed three further years of education after therapy and then commenced working life. Oli told me that he enjoyed a good relationship with both his parents at the present time. He also told me that he is successful in his career and happily married and had a healthy social life. Although I was aware that he might not be telling me the whole story, like he did when he was a child in therapy, I nevertheless observed that Oli had grown into a successful, charming, energetic and outgoing man.

Oli completed the Adult Behavior Checklist (Achenback, 1991) again, seventeen years after therapy. The scores fell outside the clinical range in all areas except for problems of an intrusive nature which relate to, for example, bragging, teasing, being loud and showing off. The scores indicate that he is emotionally well and that he is not anxious or depressed. Although the Child Behavior Checklist that his mother completed after therapy did not indicate intrusive nature, the present scores are in line with what his mathematics teacher said about him being disruptive in class seventeen years earlier. The intrusive scores raised may indicate that although Oli has come a long way, he may still have some work to do in terms of integrating emotions relating to the difficulties he experienced as a child.

Conclusion

Different stages and degrees of depression appeared at various levels of this research project. Oli was depressed at the beginning of the study but became

less so following therapy. His mother had also been depressed as well as other relatives. As a therapist I sometimes felt hopeless, which to some degree felt like depression, during and after the therapy sessions, especially when Oli repeatedly requested help with mathematical exercises which were too advanced for him to master. As a researcher, I sometimes lacked motivation, which at times felt like mild depression, when faced with the unknown for too long and when I was not sure where to turn next in the research process.

I found image-making in combination with writing helpful in processing my own feelings and thoughts relating to the therapy and research as well as in coping with the uncertainty in the research process which lead to finding a way to move forward towards forming new knowledge. Oli made few drawings in therapy, some of which related to learning math, while others related more directly to his emotions. The math drawings (Figures 2.3–2.5) may have tapped into some of his feelings of hopelessness and helplessness toward his math learning, which could have helped him come to terms with his internal other and feelings relating to his stress and trauma. Also, Oli's artistic expression within the therapeutic relationship, including the emptiness and increased liveliness expressed in Figures 2.6 and 2.7, in combination with his verbal expression, seemed to have enhanced his emotional wellbeing.

Through the hopeless attempts to master too advanced mathematical coursework, Oli seemed to come to terms with and repeat emotions which appeared to relate to the stress and trauma he had experienced. Integrating the coursework material into therapy created a space where he was able to come to terms with and bring up such feelings of hopelessness and helplessness. Through working with difficult mathematical material and drawing within the therapeutic relationship seemed to eventually have led Oli to being able to talk about the context of some of those emotions which consequently appeared to facilitate his emotional wellbeing.

Emotional wellbeing is in the foreground in AET. In the case of Oli, his emotional difficulties were seen and approached through the lens of his specific learning difficulty. The shift between education and art therapy and the space between those two areas in AET offers an additional dimension to approach and work therapeutically with increased number of people.

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