

Art Therapy in Educational Settings: A Confluence of Practices

By: Nicole Gnezda

School art assignments often result in disturbing images. A student who had recently run away from home drew a self-portrait surrounded by scattered puzzle pieces and screaming faces. Another student drew a vividly colored collage of drug paraphernalia, burning police car, bloody razor blade, noose, swastika, anarchy symbol, and American flag on fire. In the center was a figure whose head was being torn open by two green men. A glowing hand was reaching in to free a white, spirit-like figure from the exposed brain. The artist, a successful student and athlete, wrote that his artwork represented the madness in the world and the glowing hand was the only hope.

As an art educator deeply affected by these and other students' impressions of their worlds, I wanted help to understand and address the strong emotions and troubling images that are not uncommon in student art. I registered for a "Clinical Art Therapy Graduate Intensive" at Harding Hospital in Worthington, Ohio, one of the sites where the field of art therapy had its genesis. Thus began an integration of art education and art therapy that informed my teaching for the rest of my career and into my retirement.

This article will explain principles of existential art therapy, bases for its efficacy, and examples of *art-therapy-style* expressive arts interventions in two educational settings: a suburban high school and a center for homeless and low-income children.

EXISTENTIAL ART THERAPY: DESCRIPTION

Art therapy employs art-making and aesthetic-response processes to facilitate improvement in individuals' mental, emotional and, sometimes, physical states of well-being, (American Art Therapy Association, 2015). Many variations of art therapy are in use. For the purposes of this paper, focus is directed to a form of humanistic art therapy known as "Existential Art Therapy," (Malchiodi, 2012, Moon, 1998).

Existential Art Therapy is based on theories of Existential Psychology (Lantz and Harper, 1991, Feder and Feder, 1981) that originated in response to the writings of Frankl (1963). Frankl was a psychiatrist and concentration camp survivor who believed that even during inhumane circumstances a person can and should create a meaning for his/her life. In fact, survival depends on it. Existential psychologists maintain that turmoil and struggle are essential elements of life and that people unconsciously choose one of two paths for dealing with their troubles - either a flight from self-knowledge that results in the deterioration of self (Lantz and Harper, 1991) or a growth-producing search for self-understanding and personal meaning (Frankl, 1963). Lantz believed that psychological entropy results from repression of emotional pain and vulnerability. A sense of emptiness develops, one that often leads to self-destructive or instinct-motivated behaviors such as substance abuse, violence toward self or others, careless sex, anxiety, emotional numbness, avoidance behaviors, and work or relationship failures. The antidote proposed by existential psychologists is to help clients increase their understanding of their internal worlds, then work toward developing personal meanings that facilitate acceptance and sometimes appreciation for their pain, conflicts and struggles. (Frankl, 1963, Wadson, 1980).

Existential art therapy is existential psychology in practice. Image-making is a means by which repressed suffering can be illuminated. Moon described images as messengers (2004, p.6) from the interior self, revealing the information that a person most needs to encounter.

Art therapy is sometimes mistakenly assumed to consist of assigning a targeted topic to a client then applying standardized interpretations to the client's images, i.e. deciding for the client what his/her personal expression is all about. While this approach is limited in its effectiveness, it is used occasionally to help a therapist hypothesize a client's psychological state or underlying issues. I witnessed an example during an in-take interview. An adolescent client was asked to make a drawing of a bridge. The strength or weakness of the bridge was considered to indicate the client's unconscious sense of stability and family support.

Many art therapists, especially existential art therapists, resist this approach. They believe that a client is the expert storyteller of the meaning in his/her images (Malchiodi, 1998), and they prefer to wait for a client to grow able to verbalize a response to his/her self-generated art (Case and Dalley, 1990). One reason for having clients assign meaning to their own works is that, while a particular symbol may have a commonly accepted meaning, a client's use of that symbol may instead signify a very different meaning that developed from the client's own context and world-view (Malchiodi, 1998). The color red, for instance, is often used to represent blood, anger, or violence. But it is also the color of a poppy, which might be a client's mother's favorite flower.

An additional concern with interpretations assigned by therapists to clients' art is that the onus of meaning-making and self-exploration is moved from the hurting individual to the authority of his/her therapist. The client, therefore, remains disengaged in the process and disconnected from the messages coming from his/her own interior self.

Existential art therapy is open-ended, encouraging clients to generate their own images and to talk about what they are creating. In a group studio space, an art therapist may paint or sculpt her/his own art, modeling the desired behavior and enticing clients to begin making their own art. The art therapist uses this opportunity to encourage engagement in an activity, support a work ethic, guide self-discipline, teach art techniques (as needed), and talk with clients about the content of their art as well as the struggles of trying to create it. Art-making functions as a parallel process to the psychological growth process on which the client is simultaneously working.

In a small group setting, an existential art therapist may ask participants to make artistic reactions to a prompt. Examples of prompts might be a theme such as "nightmares" or guided imagery such as waking up in a strange house and exploring the basement (Moon 1998).

Discussion of each work of art occurs after the art-making is finished. A participant will show her/his images, describe them and talk about what they mean. Other participants will be asked to react to the art, bringing their own experiences, interpretations, empathy, and praise into the conversation. The art therapist may ask targeted questions to expand the breadth or depth of the talk about the art or to follow up on potent issues that may have been raised. Within the group setting, the artist-clients experience self-revelation, purposeful listening, acceptance from peers, validation of the emotions expressed, and compassionate guidance from the therapist.

EFFICACY OF EXISTENTIAL ART THERAPY: WHY IT WORKS

Art therapy is effective in helping an individual develop self-awareness that can lead to changes in behavior and well-being because expressive art activities are engaging, revelatory, and transformative (Wadson, 1980).

Art-making is active, pleasurable, and requires "disciplined engagement" (Moon, 2004, p.56), experiences that are often missing for those who are struggling with life. Art is expression, the opposite of repression, and can lessen emotional numbness and feelings of emptiness. Arguile states "For some children who have grown dull through circumstances, the language of art allows them to emotionally grow anew" (2000, p. 148). Art therapy pioneer, Edith Kramer, believed that the creative

process, itself, is the healing agent in art therapy work (American Art Therapy Association Archives, 2015).

Art reveals (Moon, 2004). It makes internal material visible - memories, experiences, sensations, dreams, emotions, anxieties, conflicts, struggles, and pain. Art acts as a bridge between the unconscious and conscious. Metaphorical in nature, art portrays ideas holistically and symbolically, as they exist in the unconscious. Artistic symbols are stand-ins for the self that can be analyzed from an objective distance (Wadeson, 1980). Because art is permanent, it can be revisited and reanalyzed to mine it for more insight, reexamine ideas, or assess a client's growth over time (Wadeson, 1980).

People who may be reluctant to speak directly to a therapist about their problems are often more willing to make images. Conversation with a psychotherapist may seem blatantly confessional and threatening, but art-making discloses internal information in a masked form that can be approached gradually. Malchiodi (2012) believes that **art enables** the expression of sensory memory in ways that verbalization cannot. Also, words require a lengthy, linear explanation and can be manipulated to alter or hide information (Wadeson, 1980). Therefore, images may often be more honest than words, as they escape from places often hidden even to the artist him/herself. With regard to art that flows freely from an individual's own thought processes, Moon said, "the image never lies" (personal communication, June, 1993).

After making art, art therapy clients examine their art, identifying or questioning the images they made. Themes, experiences, and emotions are portrayed in symbols, colors, abstractions, scale, and use of background space. Discussion occurs between the artist and group members, who notice and analyze the significance and meanings of elements in the art. Peers often see meanings in art that the artist her/himself does not recognize at first. With guidance from the therapist, these meanings are explored. Dialogic response to art by artist, peers, and therapist is an important part of the art therapy process. It is through the revelation of unexpected images and the reflection on the meaning of those images that clients work toward transformation.

Art therapy facilitates transformation in several ways. First, it helps alleviate isolation and alienation (Wadeson, 1980). When an individual makes her/his feelings visible to others who accept those feelings, the individual experiences a sense of unity with other people, need for affiliation and love (1962). Both Moon (2006) and McNiff (2004) recognize the healing effects of communities, and Arguile defines the role of the art therapist as that of developing an relationship with a client (2000).

Wadeson (1980) credits art potential to bring about major life changes by guiding clients to confront their experiences; restructure their tangled thoughts and emotions into an organized, tangible form; integrate the new way of thinking about their lives and internalize it as new understanding; then alter their ways of living. Moon (2004), McNiff (2006), and Wadeson (1980) refer to this process of therapy with the changes by guiding clients to confront their experiences; restructure their tangled thoughts and emotions into an organized, tangible form; integrate the new way of thinking about their lives and internalize it as new understanding; then alter their ways of living. Moon (2004), McNiff (2006), and Wadeson (1980) refer to this process of change as transformation. By facing one's suffering, Moon believes, a person is able to transform the painful and ugly into something meaningful and, perhaps, beautiful. Via the art therapy process, one faces his/her vulnerability but also realizes that he/she has survived. In this way, a person learns to own her/his suffering and recognize her/his ability to persevere despite it. McNiff states succinctly, "**Art heals** by accepting the pain and doing something with it" (2006, frontispiece).

“ Art reveals.”

THE ART THERAPY MODEL IN EDUCATIONAL SETTINGS: TYPICAL TEENS, TROUBLED TEENS, AND HOMELESS CHILDREN

I proposed and piloted expressive art programs called “Creative Mondays” and “Arts Intervention” in the suburban high school where I was teaching. Later, after my retirement from teaching, I established an expressive arts program at an after-school educational center for homeless and low-income children. Both followed the style of existential art therapy. I am a certified art teacher with art therapy training, not a credentialed art therapist (though there is no legislated standard for art therapists in the State of Ohio), therefore, it is important to note that at no time did I engage in any diagnosis or treatment of student’s mental health issues. Instead, I designed and led art activities that encouraged young people to reflect on themselves, think about their behaviors, and express out loud their emotions and challenges, all under the guidance of a caring adult educator.

CREATIVE MONDAYS

After training with Bruce Moon at Harding Hospital, I felt motivated to bring my new knowledge about art therapy into the public high school where I was teaching. I wanted to pay attention to and respond appropriately to the images created by my students.

I started an extra-curricular, art-therapy-style group that met after school on Mondays and was, thus, called “Creative Mondays.” It was advertised at school as a place to make art and talk about life. Attendance was voluntary, and therefore, fluid, although some students attended regularly. Each week’s meeting started with topics/issues that were on a topic (sometimes topics) of the art supplies in my the students, so they could as well as the content of their beginning of each session, (unless a student was at risk risk), respect for all emphasis on technical skills - able to draw,” and a will talk about the art when it given approximately forty-in response to the day’s topic. art-making were led by vent or to process their school and life struggles. Over a period of years, Creative Mondays students explored myriad ideas that ranged from prom dates to the traumatic events of September 11, 2001.

“ Art
heals ...

student input regarding their minds. The group chose for that week’s art. A variety classroom were available to make choices about materials art. Guidelines, stated at the included confidentiality or putting someone else at participants and their art, de- i.e. “you do not have to be reminder that participants is finished. Students were five minutes to create images Discussions that followed the students, some very eager to

Creative Mondays offered a relaxed atmosphere, empathy, and a sounding board for students, both those who succeeded at and those who were challenged by their adolescent lives. Further interventions were sometimes sought for a particular student’s distress, but the facilitator’s role was primarily that of a teacher who cared and spent time being creative and talking with students about their experiences and concerns.

ARTS INTERVENTION

After some lobbying and a stroke of luck, I was able to pilot a high school program called “Arts Intervention.” The purpose was to provide expressive activities to students being restricted to what was then called “in-school suspension.” These students were often repeat offenders with transgressions that ranged from frequent tardiness to insubordination to bullying.

It was customary for my school to deal with inappropriate behaviors through a system of clearly laid out punishments, one of which was removing a student from all classes and segregating him/her with other students who had broken rules. The room where the students stayed was labeled the “In-School Suspension Room” and later by the euphemism, “Alternate Learning Site” (ALS). As evidenced by the large number of referrals and repeat referrals to this disciplinary setting, the behaviorist approach did not seem to deter many students from acting disruptively; it neither addressed the root causes of behavior nor taught students how to respond differently to triggering stimuli (Kohn, 1993).

In an attempt to help students discover underlying issues and develop solutions, Arts Intervention was implemented in a part of the Alternate Learning Site, a room I called “The Creativity Room.” I, the teacher-facilitator, was referred to as “The Expressive Arts Specialist.”

Arts Intervention was proposed as an attempt to better understand our young people and, as a result, to identify and better meet their affective needs. An important link exists between affective well-being and school success. Maslow (1962) explained that a human being can only engage in self-actualization when his/her more fundamental needs for physical safety, psychological safety, love, affiliation, and self-esteem have been met. Becoming educated is an act of self-actualization. High school students struggle daily in their pursuit of basic need satisfaction as they deal with the complexity of relationships, psychological affronts from peers and adults, self-denigration, and issues of safety in school and the larger world. Those students least equipped to cope with these emotional demands and those students who are presented with greater than normal emotional challenges are often the ones who are, time and again, faced with disciplinary action. Helping these adolescents to understand and deal with their affective difficulties, it was proposed, would also enable them to grow toward self-actualization, thereby becoming more engaged in their educations.

Arts Intervention met during a one hundred minute period every other day. In the Creativity Room were posters of adages, insightful statements, and self-help ideas. Chart paper was hung on the walls waiting for potential artists, and paints, markers, oil pastels, pencils, colored pencils, and collage materials were available. A plastic file-crate held handouts for students, including learning-styles assessment packets, anger-management strategies, and articles about child abuse, substance abuse, depression, etc.

At the beginning of the period, I would invite ALS students to participate in art activities, explaining to them that this program had three purposes: to offer them something productive to do with their time, to give them a chance to develop some self-knowledge, and to get to know me as a resource person. I said they would be making art about topics that have to do with life, that they did not have to be able to draw, and that they would also talk about the meanings in their art. Though participation was strictly voluntary, many students gave it a try.

Once in the Creativity Room, students were presented a question, such as: “If you could be anywhere in the world, where would you want to be?” “Who is the person most loyal to you?” “When did you feel most alone?” For about forty minutes students made art with their choice of media in response to the specific question. I assured them that they did not have to draw realistically, that “There is no bad art, only dishonest and honest art.” I stayed carefully out of the way, making my own images on one of the pieces of chart paper. By doing so, I was modeling art-making behavior, working parallel to them as a co-searcher of life meaning, and disclosing some honest information about my life to build trust.

“ ... art
enables ...

After everyone finished, we discussed each other's images. When appropriate, I asked insight-producing questions or guided the discussions toward underlying issues. For example, a student who had recently been released from a drug treatment facility and admitted being treated for depression drew a person injecting drugs. I commented on the beautiful flowers in the ballooned area above the person's head and was told the flowers represented what the student experienced when he was high. I then asked him what were the real (non-drugged) feelings of the person in the drawing. The student replied, "nothing." I suggested that sometimes depression can feel like emotional numbness. Another student in the room was also being treated for depression, so there ensued a discussion in which the students shared their experiences related to the illness. The student-artist was no longer alone at school as he was dealing with his problem. Instead, he experienced support from peers and a caring adult for his efforts at changing his life. Days later at a meeting with the student, his parents, and teachers, I was able to advocate for the student by cautioning those teachers expecting a quick academic turn-around to be sensitive to the student's emotional vulnerability and his need for teachers to be patient and supportive in his efforts to improve his school performance.

Many topics and emotional issues arose in Arts Intervention: bullying, relationships with parents, talents and interests, racial/ethnic/gender discrimination, need for academic help and learning style assessments, violence, philosophies of life, anger management, self-esteem, life dreams and goals, injustice, values, love, domestic abuse, reproductive choices/safe-sex, living mindfully, and other topics. In addition to interacting with students about these issues, I was prepared with (or sought out) educational materials to help students understand and deal with their underlying motivators and behavior responses to them. I also suggested interventions (when appropriate) and referred students to their guidance counselors.

At the end of the period, the students returned to the disciplinary area of ALS and I returned to my classroom to teach my classes. However, there were many follow-up activities that I tried to accomplish: record-keeping; consultation with a Licensed Social Worker; contacts with guidance counselors, teachers of vocational, special education, gifted, and English-language support classes; conversations with parents; attendance at parent-teacher conferences; reading and researching issues raised during the arts intervention period; follow-up appointments with students, including learning-style assessments; and communications with county children's services personnel to report suspected child abuse.

Arts Intervention attempted to facilitate changes in student behavior by helping students develop self-knowledge and learn new coping mechanisms. It reached a number of students and offered ways of identifying and ameliorating problems that students brought into their classrooms. For students with problems outside the scope of this educator's training, conferences were held with guidance counselors in hopes that students would be referred to mental health professionals for further help. In this public high school, as in many Ohio schools, neither social workers nor psychotherapists were available on site. During the existence of Arts Intervention, plans were being discussed, however, to connect with a local counseling service that would oversee the Arts Intervention program and provide students who needed it a direct line to psychotherapy.

Despite a lack of interest by district leadership that caused Arts Intervention to be discontinued after only one semester, the potential for its effectiveness was expressed clearly by students in a small follow-up survey. Half of Arts Intervention participants who completed the survey said they had made changes in their day-to-day lives because of Arts Intervention. Students wrote, "I am working to make my learning more hands-on," "I have been staying in school and have gone to all my classes the last two weeks," "I am making better decisions and now I think before I do anything," and the Expressive Arts Specialist "made me believe in myself and she also made me realize I don't have to keep things inside forever. As a result, I have begun to talk to a therapist." Other comments included: "She should keep doing this for other kids," "[She] really took her time and listened," "I would really like to see her continue with the ALS art program, because if she was able to reach and teach me, she certainly can touch other teenagers." Other students asked me to "Keep in contact...have a little

conversation once in a while,” “Just be there if I need her.” For many students, Arts Intervention helped school become a place to heal, grow, and be accepted, rather than an additional stressor that further complicated already complicated lives.

EXPRESSIVE ARTS INTERVENTION AT AN AFTER-SCHOOL CENTER FOR HOMELESS AND LOW-INCOME CHILDREN

Since 2009, I have directed a small expressive arts program at an after-school center for homeless and low-income children. The goal is to provide opportunities for the children to address their experiences and feelings about those experiences in a safe environment with compassionate response from an adult. During sessions, the children and I think about day-to-day life, school, family, peer relationships, and world events. I start each session with a prompt and provide carefully selected art supplies. Conversations veer in directions determined by the children. Sometimes they ask direct questions about or seek help for specific events that are troubling them. A psychotherapist visits the center and often sits in our sessions and/or I refer children to her for further intervention. Sometimes I seek resources outside of the center that may be of help to a child and his/her family.

Expressive arts sessions meet for one ninety-minute period a week. Students are selected each week by teachers and each group usually consists of no more than six students. Grade levels rotate throughout a month. Idea-prompts and projects are adjusted to relate appropriately to children's age differences.

I begin a session by introducing an evocative topic related to a life issue or experience. I then explain the art-making process to be used to explore the idea. Among the variety of projects and ideas that have been explored by the children are:

- Children made wooden amulets colored with African symbols, selected by the children to represent their own character traits. Discussion was related to character, life choices, behavior, and personal strengths.
- Children constructed houses out of boxes and papers patterned like bricks, stone, gold, wood, etc. to represent safe places for the children to live. Discussion unveiled many issues relating to neighborhood violence, family interactions, insect infestations, home invasions, pets, and outdoor play areas.
- A Halloween project was based on the book, *Where the Wild Things Are* by Maurice Sendak. Students drew chalk pictures of things that scared them. Children discussed frightening experiences and also displayed bravado or numbness to such stressors.
- Children made “Best and Worst” posters of the worst things that happened either in the last couple of days or in their whole lives and then the best things that had happened to them. Children discussed separation of family members (by death, divorce, loss of parental rights, or jail); bullying; the stress of moves into shelters; the love of family; joys in life; the importance of friends.
- Children illustrated blank puzzles with images that raised the “big questions” (or puzzles) of their lives. Among other ideas, children's puzzles asked, “Why do some people have mansions?” and “Why do people act the way they do?”
- Children were given small canvas boards and acrylic paint with which to freely create expressions of strong feelings via use of color and brushstrokes. Chaos and anger were common emotions in the paintings, although children also painted happy or loving images.

When all of the art projects have been completed, the children take turns talking about their art. At this time, stories of life events are told and feelings are revealed. The children offer each other support, relate similar stories, show empathy, or make suggestions for dealing with the situations. I ask questions, empathize, advise the children, and, when appropriate, offer to do further research or seek intervention to help children with their problems. Follow-ups in response to issues raised at our sessions have included: providing information about diet and strategies to supplement medical treatment for a boy with encopresis; acquiring a work permit application for a middle school student wanting to earn money for a laptop computer; making journals for a student with anger-management problems and offering suggestions for using the journals to help him diffuse his anger; locating a specialized counseling program for a victim of sexual abuse and meeting with her weekly to offer additional support.

Expressive art activities at the center have been effective means for children in stressful, unstable environments to address their emotions, circumstances, and questions about their lives. The children have learned to trust in me as a caring professional who, like the other educators at the center, is dedicated to the children's growth and well-being. For the most part, the children are enthusiastic about being chosen for the day's art therapy group. Often a child will run up to me with a hug, asking if she/he can be picked to go to that day's session. The administrator will sometimes approach me with reports about problems that a child or a group of children are having, guiding me to adapt the art therapy session to address current issues. I learn to know the children as human beings with philosophies, beliefs, feelings, expectations, disappointments, fears, regrets, dreams and wishes. Thus, I am enabled to recognize their challenges and help support them as they work their way through their difficult lives. Specific benefits of this expressive arts program include:

- A psychologically safe, non-judgmental environment for children to talk about their experiences, constructively release anger, and express their feelings.
- *Development of supportive peer relationships.*
- Empathetic adult supervision while children discuss emotionally charged information.
- *Nurturing and guidance of at-risk young people toward better self-understanding and meaningful self-exploration.*
- The expressive art teacher/facilitator learns information about her students' problems, concerns, and situations that may be underlying their behaviors. She can then seek interventions tailored to the specific needs of individual children and their families.
- *Children are taught to be self-reflective, to ask questions about life circumstances, to consider a variety of choices about how to live their lives, and to be proactive in planning for their futures. They are treated as valuable human beings with potential for success in their adult lives.*

A significant example of the positive impact of expressive art activities at the center occurred during a session with fifth graders. After explaining the expression "Walking on Cloud Nine," I gave the students stationery that looked like a summer sky with puffy white clouds and some cotton balls to make their own clouds. The prompt for drawing was, "What would make you feel like you were walking on Cloud Nine?" A rather disengaged boy drew a picture of a flashy car, money, and a person walking in the street. His effort seemed to be without much thinking or attention to the quality of his drawing. During the discussion he said that a lot of money and a Cadillac would make him happy. I responded to the money issue. Then another student remarked that the car looked as if it was going to run into the person in the picture. The artist, who had seemed like he couldn't care less about our session, began to talk. He said the person in front of the car was him (suggesting he deserved to be hit) and revealed that he believed had caused someone's death. Then came a poignant account of an event that happened when the boy was five years old. He and a twelve year-old friend were walking in their neighborhood when someone appeared with a gun. The older friend stepped in front of the boy and was hit by a fatal bullet. For half of his young life, the boy in my group blamed himself for his friend being killed. It became clear, that my student associated himself with death and killing and was carrying guilt with him into adolescence.

The artist claimed that no other adult knew how he felt and that no one had ever helped him deal with the incident. This was a courageous, revelatory moment in this child's life. It needed a response that was empathetic and that provided a change of perspective. I suggested that my student did not cause his friend's death, that, in fact, his friend was a hero for saving the boy's life. I further explained that the friend must have loved the boy very much to have chosen to protect him in this way. Later, I informed the administrator of the center so that she could follow up by arranging appropriate counseling for the boy.

Because of the expressive arts program, a child who identified himself with violence and was on the brink of critical pre-adult choices made a major revelation that resulted in emotional relief, re-consideration of his identity, and the possibility of therapeutic intervention.

Though this expressive arts program at the after-school center offers a variety of benefits for the children, perhaps the most important of all is that which people need most to thrive in the world: someone who cares enough to ask about their lives and to listen compassionately. The expressive arts program at the center sets aside time specifically designed for that purpose, a time when the individual importance of each child is acknowledged, each child's world-view is heard and understood, and the pain, needs, loves, and self-images of each child are honored.

CONCLUSION

As a life-long educator, I believe that many students who struggle with school, fail, or drop out, do so not because of the rigors of academics but because of personal challenges that interfere with their ability to focus on learning. Art teachers are witnesses of their students' "troubling images that want empathy" (McNiff, p. 98), images that communicate underlying pain and perhaps hint at remedies. By merging the disciplines of art education and art therapy, an observant, sensitive, teacher trained in art therapy can guide a student to grow in self-understanding and to seek help in alleviating their stressors.

It is important to restate that educators are not therapists and should not engage in diagnosis or treatment of serious mental health disorders. But an art educator with concomitant training in art therapy can design assignments and settings where students are free to make art based on their own free-flowing ideas and engage in conversations that address the meanings in those images. At the least, art educators can teach young people to live mindfully and to reflect on their experiences. However, bringing an existential-art-therapy-styled approach into schools has the even greater potential to begin a process of major life change for students secretly in distress. Case and Dalley (1990) acknowledge that though school-based art therapy activities are uncommon, there is growing recognition that they have the potential to help students with educational challenges and unruly behavior (2014). Early on, Kramer argued that an art therapist was not a psychotherapist, but "more like a psychologically informed art teacher" (in American Art Therapy Association, Archives, 2015).

Art and art therapy are both processes of exploring, creating, and expressing meaning. Art teachers are the school professionals best equipped to guide creative processes. Are we not also professionals who, with proper training, can help students use their creative processes for personal growth via the engagement, revelation and transformation Wadeson (1981) described?

References

- American Art Therapy Association. *What is art therapy*. Retrieved June 6, 2015 from http://www.arttherapy.org/upload/what_is_art_therapy.pdf.
- American Art Therapy Association (n.d.). The Modern History of Art Therapy in the US Ch. 05-06 Retrieved June 20, 2015 from <http://www.arttherapy.org/ARCHIVES/FormationoftheAssociation.KeyFiguresFMMaxineBorowskyJungeFTheModernHistoryofArtTherapyintheUSCh.05-06.pdf>.
- Arguile, R. (2000). Art therapy with children and adolescents. In D. Waller & A. Gilroy, (Eds.), *Art Therapy, a Handbook*. Philadelphia: Open University Press.
- Case, C. and Dalley, T. (2014). *The handbook of art therapy*. New York: Routledge.
- Case, C. and Dalley, T. (1990). *Working with children in art therapy*. London: Routledge.
- Feder, E., & Feder, B. (1981). *The expressive therapies*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
- Frankl, V. (2006) *Man's search for meaning*. Boston, MA: Beacon Press.
- Gnezda, N.M. (2004). *Teaching difficult students: Blue jays in the classroom*. Lanham, MD: Rowman & Littlefield.
- ___ (2009). The potential for meaning in student art. *Art Education*, 62(4), 48-52.
- Hillman, J. (1991). *A blue fire*. New York, NY: Harper Perennial.
- Jones, D. L. Harding Hospital, Worthington, Ohio. 9 July, 1992. Lecture.
- Kohn, A. (1993). *Punished by rewards*. New York, NY: Houghton Mifflin.
- Kramer, E. (1993). *Art in therapy with children*, Chicago: Magnolia Street Publishers, 2nd ed.
- Lantz, J. Harding Hospital, Worthington, Ohio. 17 June, 1992. Lecture.
- Lantz, J. & Harper, K. (1991). Using poetry in logotherapy. *The Arts in Psychotherapy*, 18(4), 342-345.
- Malchiodi, C. (1998). *Understanding children's drawings*. New York: Guilford Press.
- ___ (2012). *Handbook of art therapy*, New York: Guilford Press, 2nd ed.
- Maslow, A. H. (1962). *Toward a psychology of being*. Princeton, NJ: Van Nostrand Company, Inc.
- McNiff, S. (2004). *Art heals*. Boston, MA: Shambhala.
- Moon, B. L. Harding Hospital, Worthington, Ohio. 17 June, 1992. Lecture.
- ___ (1998). *Existential art therapy: The canvas mirror*. Springfield, Illinois: Charles C. Thomas.
- ___ (2004). *Art and soul: Reflections on an artistic psychology*. Springfield, Illinois: Charles C. Thomas.
- Wadeson, H. (1980). *Art psychotherapy*. New York, NY: John Wiley and Sons.

Nico Gnezda is retired from the Worthington City School District. Her contact email is: nicolegnezda@gmail.com

