

Controlling the Present, Reframing the Future: Chronic Illness, Adolescent Art, and an Integrated

Approach to Therapy

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Author's Note

This paper was inspired by my own experience with chronic illness and art-making. At the age of two, I was diagnosed with a rare genetic disorder called Primary Ciliary Dyskinesia (PCD). People with PCD have defective cilia, causing a variety of symptoms including chronic bronchitis and sinusitis. My symptoms mainly affect my lungs, sinuses, and ears: I have had hearing aids implanted four times and serious sinus surgery when I was fifteen, and am due for another one in the next couple of years. My whole life, I have made art, and when I was an adolescent that art took on a more important role in my life. It had always been hard for me to talk about my illness. Art as a communicative process helped me talk about my illness; art as a meditative process helped me deal with my emotions and the despair of being inescapably ill. As a child, and especially as a young adolescent, I could never find the words to explain my constant coughing, my frequent sickness, my fatigue. I didn't want to shoulder the burden of explaining myself repeatedly, a burden I now realize is unavoidable and—in realizing its inevitability—have accepted it.

Visual art was the catalyst that began the process of my reconciliation with my illness and my ability to talk freely about the way PCD affects my everyday life. In senior year of high school, I did a series of pieces about my relationship with my illness, visually represented by self portraits of me and my chest therapy machine. (I use my chest therapy machine, called an Air Vest, to help clear out my congested lungs. I put on an inflatable vest every morning and evening, and attach it to a machine that creates percussive waves to emulate manual chest physical therapy.) I was so nervous for the first class critique. I thought my illness would stand out and felt anxious about disclosing my illness for the first time to a large group of people. Everyone else, however, had chosen to tackle equally personal topics, making my illness just one of many things we all had to deal with, to talk about together. It only became easier for me to talk about PCD. As I began to talk about it, I began to think deeply about and reconcile my illness with my identity I had begun to form for myself. I realized that I had separated my self and my

illness, using that detachment to deal with my dysfunctional body. But my illness is not something that will be cured, and realistically will get worse throughout my adult life. I used visual art to express my frustration as I began the work to figure out who I wanted to become and how my illness added to and limited my vision of the future.

So I began to wonder- as I now move into adulthood and reach out to explore perspectives other than my own- what art has done for other adolescents who struggle with chronic physical illness. This paper was inspired by my own experiences, and I hope it can inspire others to place value in art.

Introduction

Art making has been acknowledged as a therapeutic process for people undergoing emotional or mental hardship. The briskly expanding field of art therapy serves a wide variety of clients, from those with developmental disabilities to those who are depressed. Several models exist of art therapy, and practitioners have written and spoken, often powerfully, about their own experiences (Lugenbuehl-Oelhafen, 2009; Hammal, 2015). Like any field, however, there are ways to expand the literature and knowledge of art therapy in order to improve the practice. Because the field of art therapy encompasses so many experiences, this paper will focus on medical art therapy specifically with adolescents who have a chronic illness. Currently, robust bodies of literature on medical art therapy for children and adults exist, but there is less research on adolescent art therapy. There is even less on adolescents who have chronic illness and use art as a coping mechanism but who are not enrolled in a formal art therapy program. This paper first defines the different dominant models of art therapy and the other ways in which chronically ill adolescents may use art to cope with illness. The literature and theories on coping itself will be reviewed, and the rationale for art as an appropriate tool for adolescents will be explained. Because of the insufficient data on art making outside of an art therapy setting, original qualitative research will be presented, with suggestions for further research. The demand for art therapy is great. In order to effectively expand the practice with adolescents, it's important to understand the way

adolescents make art and how they use it to cope—or rather, how they may use it to live fully—with chronic illness.

I will argue for a radical reframing of coping mechanisms and the use of art as a primary treatment to be recommended by healthcare providers. I will also suggest a model of art therapy that integrates aesthetic appreciation, art making, and a regard for adolescent autonomy to create a developmentally appropriate intervention.

Distinctions in Art Therapy and Art Making

Many different kinds of creative expression have been studied for therapeutic use, but this paper will explore specifically visual art. Two types of visual art making will be discussed in this paper. “Art therapy” is the purposeful practice of art guided by a skilled professional within defined sessions. Therapeutic art is the unguided, personal practice of art in which an adolescent engages. Within these two larger frameworks exist smaller distinctions in the types of therapy and artistic expression. In the art therapy field, therapists use a combination of psychoanalytical approaches and “art as therapy” approaches. Naumburg defines a model of therapy in which the therapist uses the art as a communication tool and encourages the patient to “free associate” in a verbal exchange about the artwork. It is based on the theory that the unconscious mind manifests itself in the images and symbols of drawing. (Naumburg, 1966). In this model, the therapist views art as a tool to examine and talk about deeper feelings within the therapeutic session, and that healing occurs when the patient is able to discuss and analyze those feelings. The idea of “art as therapy” was pioneered by Edith Kramer who believed that the process of art is powerful enough to serve as a therapeutic process (Kramer, 1971). In this model, the art itself catalyzes the healing of the patient, whether or not they choose to discuss their work. The therapist who aims to engage in this mode of therapy may identify as an artist as well as a therapist. The aim of art as therapy is to provide space for the client to engage in the creative process and heal through it.

While some therapists do identify more strongly with one approach, others choose to use a combination of both approaches. Art therapist Bruce Moon, who pulls concepts from both schools of thought, asserts that, “The art psychotherapy-art-as-therapy continuum is an artifact of the Western scientific tradition that rests upon the binary assumption that all things (art therapy included) must be either this or that” (Moon, 2012). The framework that this paper leans towards for use with adolescents is a more “art as therapy” approach because it allows an atmosphere of unhindered exploration in which adolescents can express themselves.

Despite the recent expansion of the field of art therapy, many adolescents with chronic illness never see an art therapist or participate in an art therapy program but still engage in art as a way to cope with their illness. There are several different ways an adolescent may use art as a therapeutic tool: some may use art as a visual language to communicate about their illness, while others may use it for a relaxation or meditation tool. Because there is so little written about art as a therapeutic process outside of the art therapy field, this paper will present original qualitative research in a later section.

Reframing Coping

Before the argument can be made for art as a coping mechanism, it’s important to clarify what coping actually *is* and the ways coping mechanisms have been explored. A widely used article by Skinner and Wellborn defines coping as “action regulation under stress”, referring to “how people mobilize, guide, manage, energize, and direct behavior, emotion, and orientation, or how they fail to do so”. (Skinner and Wellborn, 1994) Most other definitions of coping use a similar framework, viewing coping as a regulatory tool (Skinner and Zimmer-Gembeck, 2007). The study of actual coping mechanisms, however, have much more variation in the way researchers frame and define the actions people take to cope with their situations. Some definitions of coping mechanisms frame them as weaknesses of character, while others frame coping mechanisms as actions used to gain control of a situation. All

definitions of coping and coping mechanisms listed seem to be limiting in their scope, however. What if coping mechanisms are not just a way to get by, or to “manage and adapt to stress”? (Compas, Dunn, Jaser, Rodriguez, 2012). We need to redefine coping as a way for people to not only deal with their reality, but as a way for people to reimagine and create a more positive reality for themselves. First, though, I turn to two frameworks of coping mechanisms to better understand the theories critiqued. One way coping mechanisms have been described is through the equation of coping with control. Primary control, or active coping, is the attempt to manipulate one’s surroundings or situation; secondary control, or accommodative coping, is the adaptation to a condition and making the best of a situation; relinquished control is the lack of any coping effort or denial (Rudolph et.al., 1995). An extensive literature review of coping mechanisms in children and adolescents with chronic illness found that most studies showed a positive correlation between secondary control and emotional stability: “there is considerable evidence that secondary control or accommodative coping is related to better adjustment to chronic illness” (Compas et.al., 2012). Comas et.al. pulled from studies done specifically on cancer, chronic pain, and diabetes that used a control-based model of coping measured by the Response to Stress Questionnaire (Conor-Smith et.al. 2000) and the Pain Response Inventory (Walker et.al. 1997).

Another way coping mechanisms are defined is through a more psychoanalytic framework. Hofmann set out six different coping mechanisms. Intellectualization is the separation of the factual reality of disease from the emotional effects of the disease; compensation substitutes lost qualities with other activities; displacement substitutes concern for self with concern for others; projection involves guilt or negative feelings put on another rather than the self; regression involves moving into dependence to avoid reality; denial involves the ignorance of the disease (Hofmann, 1997). A major qualitative research study on art therapy with adolescents by Ruth R. Lugenbuehl-Oelhafen uses this framework and refers to the coping strategies as “defense mechanisms”. She argues that these coping strategies can lead to “secondary gain” for an adolescent with chronic illness, and that “secondary gain from illness can be a

very powerful phenomenon and it can be a major obstacle to adaptive or positive life change” (Lugenbuehl-Oelhafen, 2009).

Both of these models of coping frames illness as something to keep under control, to deal with. It seems that the assumption of researchers and society as a whole is that a reality lived with illness is inherently a less fulfilling reality. What if coping mechanisms were reframed as a positive exercise of the imagination for people with illness and disability to look at their reality in a different way? Why is it viewed as such a negative thing for adolescents with chronic illness to ask for more, for “secondary gains”, from the people around them? By pushing for an independent control of illness, by viewing dependence as “regression” and primary control efforts as “manipulation”, are we ignoring the potential benefits of positive interdependence?

Defining Adolescence

For the purposes of this paper, adolescence is regarded as a transitional period of development, of “cognitive advancements as well as changing societal expectations” (Whitmire, 2000). This paper works with a theory of development based on Erikson’s psychosocial stages in adolescence. Adolescence is defined as age 11-21, with approximate early, middle, and late stages. Of course, not every adolescent will develop in the same way, and many of the psychosocial changes in adolescence are complicated by the presence of chronic physical illness. Early adolescence is defined as the stage spanning from 11-13 years of age, characterized as a period of boundary testing, insecurity about bodily changes, and a strong desire for peer approval. Middle adolescence is defined as approximately 14-16/17 years of age and is a period in which thought becomes more abstract and the yearning for independence and fitting in with a peer group becomes stronger. Late adolescence happens between approximately the ages of 17 and 21, and comes with an increased sense of identity, increased emotional stability, and ability to make mature judgments (Whitmire, 2000) (American Academy of Child and Adolescent’s Facts for Families, 2008).

Art as a Developmentally Appropriate Therapy

With these developmental frameworks in mind, art therapy and art creation makes sense for adolescents. Renee Emunah, a drama therapist who has written extensively about the benefits of art therapy, discusses the adolescent's ability to envision a future self, and the implications for art therapy if the therapist decides to engage this imaginative process.

“One of the significant cognitive developments in adolescence is the ability to think beyond the present, to envision possibilities for the future (Inhelder & Piaget, 1958). In imagining the future, one also achieves perspective on the present, and thereby strengthens the capacity to tolerate and cope with current difficulties. In the creative arts therapies, this adolescent development is capitalized on: the adolescent's visions are externalized and concretized via the artwork, and the therapist uses the creative process to broaden and expand the client's range of possibilities” (Emunah, 1990).

Emunah envisions and encourages a model of creative arts therapies that is customized to the development of adolescence. Whether art making happens in an art therapy setting or a casual setting, the power of art to facilitate imagination and meditation can serve as a means of coping for an adolescent with a chronic illness. The process of art making gives control to a young person who may not have control over his or her own body, but longs for autonomy. Riley (2001) argues that “Adolescents, in particular, are attracted to making symbols and graphic depictions; therefore, they are more attracted to using art as language than to verbal questioning.” Whereas verbal therapy may be difficult with an avoidant adolescent, art therapy allows adolescents to control their own situation and production of an art piece. A sense of control and power over a situation has incredible implications. Empowerment of an individual at a crucial period of identity development can lead to better communication about an illness, a higher level of emotional development, and potentially better compliance with care routine (Adams, Pill, Jones, 1997).

Engaging in the practice of art also has certain effects on the brain that can be beneficial for adolescents. Within the past 20 years, neurobiologists have become fascinated with the ways art making affects processes in the human brain. Art as a tool of relaxation, as a therapeutic process itself, has been linked to the ability to imagine positive situations: “Simple art activities such as drawing a pleasant time appear to be effective because of the sensory capacity of image making to more deeply recall actual memories and details of positive moments” (Malchiodi et. al, 2001) (Malchiodi, 2003). A recent EEG study found that the art making process activates the right medial parietal lobe associated with sensory and spatial information. The study also found an increase in theta and delta brain waves, the slowest brain waves associated with deep relaxation, imagination, and dreaming. Interestingly, the study also found a concurrent decrease in alpha brain waves, which are associated with resting, and an increase in gamma waves, which are associated with high cognitive processing (Aravich, deBeus, Deaver, Kruk, 2014). These findings were consistent with another study done in 2002 that found an activation of theta and delta waves in viewing artistic imagery (Bhattacharya & Petsche, 2002, p. 185).

Although these results are interesting, they are not yet conclusive because there is much more research to be done. These findings, however, illuminate some biological processes of art making and can help art therapists understand why art is a good choice for adolescents who are going through an emotionally turbulent period of development. Reaching this deep level of relaxation and allowing the imaginative waves of the brain to be engaged can be important for adolescents who have the added stress of dealing with chronic physical illness.

Illness and Identity in Adolescence

Anyone—not just adolescents—with chronic illness must continually engage in the process of identity work surrounding their illness: “People with serious chronic illnesses must repeatedly rethink how they live and who they are becoming” (Charmaz 1995). Adolescents with chronic illness, however,

have the challenge of constructing their own identity while figuring out how exactly their illness will fit into that identity. Even for non-ill adolescents, a duality of identity emerges in during this period of development: a creation of self emerges in tandem and tension with the creation of social identity. This means that identity creation of chronically ill adolescents is further fragmented by the need to incorporate illness into both the self and social identity. They need to navigate the social pressures of being a teenager with the routine of having a chronic illness. For example, treatment regimens that happen during school or social time may be seen as “unacceptable for reasons of “fitting in” or because they prioritize social time over disease control” (Michaud, Suris, Viner, 2007). Illness treatments or symptoms may make it more difficult to consistently build this social identity when chronic illness routines do not align with non-ill routines of other adolescents—adolescents with chronic illness miss significantly more school than their non-ill peers, which has an effect on their creation of social identity (Michaud et al., 2007).

Within this process of identity building, art can serve as an important outlet for experimentation with different ideas: “Art making allows an individual to actively try out, experiment with, or rehearse a desired change through a drawing, painting, or collage; that is, it involves a tangible object that can be physically altered” (Malchiodi, 2013). Even if an adolescent does not directly address illness within their art making practice, art still allows them to experiment with different aesthetics, colors, and styles, and to use those different techniques as an outlet to express feelings or emotions. A big part of adolescent identity and development is peer acceptance, and through art, adolescents can work through and explore different visual representations of themselves and have control over they reveal those explorations to their friends and family.

The importance of this identity work is not to be underestimated. A study of asthmatics found that “ Identity work, i.e. the way the respondents interpreted the social identity of asthma sufferers and managed to reconcile it with other social identities, is proposed as the most useful way of understanding the observed variation in the way people diagnosed as asthmatic conceptualise and use their medication”

(Adams, Pill, Jones, 1997). The fact that this study found a link between identity work and medication use has major implications and warrants further research. If there is truly a link between a person's conception of identity and their medication compliance, can art as a tool of building identity actually increase adherence to medication and care routines?

Beyond Therapy Sessions: Narratives of Art Making

“The analysis of illness or disease from the perspective of the less powerful through an examination of a patients' lived experience of their illness (Sweeney et al. 2001) is as necessary as it is valuable” (Karnilowicz, 2011).

Because no significant literature exists on art-making and chronic illness outside of art therapy settings, original qualitative research was conducted through interviews. The purpose of these interviews was to evaluate if and when adolescents with chronic illness use art as a coping tool outside of an art therapy settings.

To gather participants, I posted on two Facebook support groups for people with PCD (Primary Ciliary Dyskinesia) because I am already a member of those groups and communities. The groups are called “PCD Adult Care” and “PCD- good, bad, and everything in between”. The post was in an informal style similar to other communication on the group and read “Hello all PCD parents and PCDers! I'm a PCD student at Tufts University and for one of my senior research classes I am writing a paper on the way adolescents use art to cope with and talk about chronic illness. I was inspired by my own past- I began doing visual art about my experience with PCD when I was a teenager and it really helped me to come to terms with the disorder. If any of you know a teenager with PCD who does any kind of art (music or visual), I would love to interview them! I would also be interested to talk to anyone in general, children or adults, who does art and has PCD. Thanks everyone!” There were seven responses to the post, and interviews took place either over the phone (3), through Facebook (2) or email (2) depending on the

participant preference. One participant with another chronic illness, Crohn’s disease, was found through word of mouth and interviewed by email. Before any interview questions were asked, the purpose of the paper (an exploration of art and adolescents with chronic illness) was clarified and consent to be included in the paper was granted.

The interview consisted of three main questions. Additional prompts were made to expand participant responses. First, participants were asked general questions about their experience with illness and their artwork to gauge their level of involvement with art and to hear about their experience in their own words. Then, participants were asked about their relationship between art making and their illness experience.

The qualitative analysis of interviews aimed to discern themes in the use of art making as a coping tool. Two main themes emerged: some respondents utilized the process of art as a meditation and relaxation tool, while others used the art itself as a way to communicate feelings or experience of illness. There were also respondents who used art to do a combination of both things- to express feelings or thoughts on illness while using the process of art to relax. The respondents engaged in a variety of different art forms. When asked about the relationship between art and illness, all respondents used language that spoke about the therapeutic process of artistic creation. Table 1 shows the age of the participants, the way they engaged in art (to demonstrate the wide variety of art making among participants) and the language they used to describe art in relation to illness.

Table 1

Age of respondents	13, 15, 16, 17, 20, 32, 32, 45
Respondents’ description of art-making	drawing, ceramics, photography, singing, acting, theatre, painting, pointillism, watercolor, embroidery, mixed-media
Words or	forget; cope; distraction; calming; relaxation tool; reflecting; outlet; like

phrases about art in relation to illness	therapy; express myself; expressing how I am feeling; re-engage myself; take my mind off [of illness]; get out of [illness] mode
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In the table, one may notice that three respondents are above the age of twenty. Including these adults made sense: one adult was diagnosed with a chronic illness at a young age and spoke about her experience growing up with the illness, and the other two adults are recently diagnosed and therefore have gone through an identity shift similar to the kind of identity formation that happens through adolescence. Their narratives were thematically similar to those of the adolescents’.

Examining the language provided in the table, the use of art as a form of therapy but also a form of expression becomes evident. The narrative arc of the responses were remarkably similar, regardless of age. Respondents spoke about their illness identity, their love for art, and the way art helped cope with illness. One young adolescent, age 13, talked about art as a “distraction”:

“I use the vest and acapella [treatments] to help stay healthy and I also take medications and go to doctors a lot. I try to stay active too...It is hard to always have to do extra stuff for my health but I know it is important. I have always been interested in art and I consider myself very creative...I also like doing ceramics. I make clay, place it in a mold and then paint it when it dries. For my bat mitzvah, I made art themed centerpieces out of paint cans and filled them with art supplies that I later donated to a children's hospital. I think art helps me cope with my PCD because it is a good distraction from all the medical stuff.”

The decision to take on a project related to art and illness was particularly striking in this narrative. The fact that this participant went out of her way to bring art into a children’s hospital may be a testament to the powerful role art plays in her life. A slightly older respondent, a girl in middle adolescence, uses art not only as a creative therapy, but as an activity to get her through her treatments.

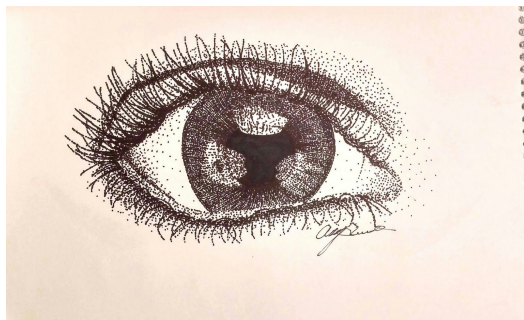
“It took me a while to accept the fact that I have PCD because I had just spent most of my life thinking I had asthma and allergies and constant pneumonia. Now I am 16 and try to not let PCD stop me from doing what I enjoy. I believe [art] gives me a creative outlet where I can express myself and forget about my PCD for a while. I also like to do art while I do my treatments. Sometimes I’ll edit pictures or videos I have taken while doing treatments, or review lines for plays.”

Another respondent talked about the stresses of growing into a young adult (respondent’s age is 20) with a chronic illness, having to accept her diagnosis, and the way she uses art to cope with these stressors.

“I felt relieved that I finally knew what was wrong with me, and that I can get better treatment knowing what it was. It was also a loss for me knowing that I would never get rid of this disease and that the chances of me getting sicker later in life were greater than me getting better...I was in a bad spot after my diagnosis, but... I went back to art and it has helped me so much. It’s mostly a relaxation tool.”

She cites pointillism as one of her new favorite art forms. Pointillism is type of art that is made from repetitive, controlled spots of pigment on a paper, making it appealing to someone who uses art as a controlled, meditative process. Figure one is an example that the respondent provided me, demonstrating the detail and precision of her work.

Figure 1



As respondents grow with chronic illness, they have had to shape the way they look at themselves around their illness and decide what role their illness is going to play in their conceptions of self. When a diagnosis is provided late, the person has to undergo the work of restructuring identity

and dealing with the concrete knowledge of illness. Many respondents were not diagnosed until they had begun to form their identities, and it's clear that diagnosis—while it can be a relief—is an emotional burden. One respondent said in regards to her illness, “I've identified it as a part of myself but not a part of myself that I like at all.”

It's also clear that, through all of these stressors and identity shifts, respondents viewed art as a constant support system that engages their imaginations, allowing the burden of illness to be lifted and control of a situation placed into their own hands. An adult respondent who was not diagnosed until the age of 37 talked about the frustration that came with diagnosis and the way art helps her through it. She has recently had to go on disability leave from work and stated that art gives her a purpose: “I mean I go stir crazy...You can just look away and get out of PCD [illness] mode and ...you can concentrate on something else for once. It's just a neat way of doing something personalized.” It also gives respondents an outlet for emotions. One woman—another adult respondent who did not get diagnosed until her late twenties—uses art to explicitly address illness. Figure two is an example of her work during one of her hospital stints. “The only element of control I had was to make sure the bed looks neat,” she said, “and the sheets were driving me crazy.” She took something that felt frustrating, the bed sheets, and put them on a canvas as a way to reclaim her own sense of control over the situation.

Figure 2



Although the research provided here is an informal study on the topic, there are several limitations that need to be addressed. It was difficult to find participants because of time limitations (research was conducted in approximately two months) and because the question addressed is quite specific. There are several adult respondents, which was rationalized in

this particular preliminary study, but may be avoided in the future by having more time to recruit a higher number of adolescent participants. There were also only female participants, the reason for which is unclear.

As one can see from the collected narratives, adolescents and people with chronic illness use art to relax, to express themselves, and as a tool of resilience. The observable narrative patterns even from such a small study are extremely interesting and warrant further research. The participants had a wide variety of artistic interests, and it would be rewarding to question whether adolescents with chronic illness use different art forms in specific ways, and whether a difference in art form affect the way adolescents use it as a coping tool. How do narratives of illness and coping differ, for example, between an adolescent who engages with theatre and an adolescent who paints? Does one art form help an adolescent to actively use fantasy as a coping tool while the other has meditative properties? Is there any difference? Does art affect the creation of self in regards to chronic illness? Are adolescents who engage in artistic endeavors more likely to incorporate illness into their conceptions of self?

The answer to these questions are as yet unknown. Answering these questions, however, by studying adolescents outside of an art therapy setting may have important implications for the art therapy field itself. Many therapists already use a variety of art forms and media in different settings, but it would be extremely helpful for those practices to be evidence-based. Having data on the effect of different art forms in adolescence could help art therapists better support their patients and guide them towards art-making practices that may be most helpful. Either way, having more information on these issues could help to broaden the way art therapists think about art as a therapeutic method, about art as a coping mechanism, and about the nature of coping itself.

Conclusion: Towards a Comprehensive Therapeutic Approach

It's clear that art therapy is a developmentally appropriate form of therapy for adolescents, and that adolescents are drawn to art as a tool of expression. Current models of art therapy, however, don't sufficiently take into account the adolescent need for autonomy and identity exploration, which are important things to consider when working with adolescents. First, we need to redefine coping as a way for people to not only deal with their reality, but as a way for people to reimagine and create a more positive reality for themselves. Art therapy, or other creative therapies, should be recommended as a primary treatment for chronically ill adolescents. Recent neurobiological research about art coupled with well-documented knowledge about adolescent development make art therapy a clear choice of treatment that can empower patients and may even help with medical adherence.

Instead of making art in isolated therapy sessions, chronically ill adolescents should be given the tools and aesthetic knowledge to make their own art, outside of therapy sessions, with an expanded consciousness. By utilizing interests of the adolescents themselves, therapists can better empower the adolescent, which has important implications for care routine compliance and long-term coping. This means asking the adolescent about what they want to create and giving them a wide range of media instead of asking them to use certain media or express certain things. It would be helpful for therapists working with adolescents to use the art-as-therapy attitude towards the therapist client relationship: identifying themselves as fellow artists rather than a therapist with their client might empower the adolescent to more fully express themselves rather than feeling obliged to perform for a more powerful adult.

I acknowledge that visual art will not be the best medium of expression for everyone, but a similar kind of attitude and framework for therapy can be applied to music, dance, and other creative arts therapies. It is important to gauge the interests of the adolescent and to recommend media that would align best with that adolescent's personality. Ultimately, though, art therapy as a field should be

prioritized by caregivers, expanded, and reshaped for adolescents. All adolescents with chronic illness should have the opportunity to create and use art as a therapeutic tool in their own way, allowing them to control their present identity and engage in an imaginative reframing of their future.

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