Personal Theory Paper

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Abstract

Person-centered therapy is a humanistic theory that can easily be applied to and used with expressive art therapy. Person-centered therapy can be well integrated with solution-focused brief therapy. The combination of person-centered theory’s here and now approach to awareness of self, and solution-focused theory’s future-oriented techniques to facilitate the journey of becoming self aware work well together to help an individual move towards self-actualization. Both theories have a positive view of human nature, and emphasize the whole person. The therapist’s role in both of these theories is similar as well; they both place the primary responsibility on the client. Both of these approaches work well with many populations. In my experience, this client expert approach works extremely well with adolescents, partly because it is in their nature to be their own expert on everything, and partly because adolescents strive to be understood.

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This paper will focus on one main theory, person-centered therapy, and one secondary theory, solution-focused brief therapy, which could be used as a helping hand with specific clients in search of short-term solutions to problems. Person-centered therapy in relation to art therapy will be discussed, and the population that this approach works well with will be addressed. Last, the author’s personal reasons for choosing this theory will be revealed.

**Personal Theory**

The main theory I chose for my personal theory is person-centered therapy. Person-centered therapy focuses on the here and now of the client’s awareness of self (Cepeda & Davenport, 2006). Carl Rogers was the father of this type of approach, which is based on the assumption that the practicing therapist can help clients overcome the negative effects that some past experiences have had on their attitudes, feelings, and behaviors, and they can do this by building a therapeutic relationship with the client (Cepeda & Davenport, 2006). This focus on the here and now helps de-emphasize the past and allows clients to become aware and to fully accept themselves as they are, including their imperfections (Cepeda & Davenport, 2006). In this type of therapy, the client is the expert, and the role of the therapist is to be supportive, accepting, and listen empathically. The therapist’s role is also to create conditions that will encourage clients towards self-actualization, by being genuine, empathic, and creating unconditional positive regard (Cepeda & Davenport, 2006). As the client progresses through this type of therapy, they begin to be able to see reality without distorting it to fit a preconceived, defensive structure of themselves they may have had before (Cepeda & Davenport, 2006). Person-centered therapists emphasize the importance of becoming aware of feelings and emotional information in order to learn how to label and understand these emotions (Watson, 2006). Through this process, people become more hypothetical in their thinking and less fixed on rigid ways of perceiving themselves, others, and the world in general (Watson, 2006). This approach is interesting because the idea that *acceptance* brings about *change* sounds like a paradox, but Rogers believed that if the therapist, instead of trying to change the client, strives to accept them, change will follow (Elliott & Freire, 2007). This approach also doesn’t have any specific techniques or treatment that is required for addressing the client’s problems (Elliott & Freire, 2007). One practicing art therapist, Sunhee Kim, described this theory extremely well in one sentence; “It is crucial to have a creative connection, not only between the self and inner world but also between the client and the therapist for the healing process to unfold” (2010).

The secondary, or supporting theory, I chose for this analysis is solution-focused brief therapy. Solution-focused therapy is future-oriented, and uses techniques that raise awareness of the client’s potentials (Cepeda & Davenport, 2006). This type of therapy facilitates the journey of becoming self-aware within the person-centered tradition (Cepeda & Davenport, 2006). Solution-focused therapy promotes the attainment of the person’s wants and goals, and increases the client’s hope, and fosters the expectancy of change (Cepeda & Davenport, 2006). Focus is put on the future instead of the past, and on solutions rather than problems, and on the client’s strengths, not deficiencies (Cepeda & Davenport, 2006). Solution-focused therapists believe that, “if it doesn’t work, do something different, and if it works, do more of it” (Cepeda & Davenport, 2006). Also in this type of therapy, clients are the experts of their own lives and guide treatment and goals.

These two types of therapy work well together for a few different reasons. Both approaches are humanistic in the nature that they both emphasize the whole person, and share the belief that people can make constructive changes and live productive lives (Cepeda & Davenport, 2006). Also, therapists in both approaches place primary responsibility on the client, ad they share the belief that people have the resources they need to solve their own problems (Cepeda & Davenport, 2006). Person-centered therapy and solution-focused therapy also both take a phenomenological approach, and attempt to understand the client’s internal frame of reference, which is extremely important (Cepeda & Davenport, 2006). Both approaches also focus on validating the client’s experiences and knowledge of self (Watson, 2006). These two approaches could be integrated when the client is insistent on using some problem solving, where person-centered therapy usually doesn’t utilize problem solving in its practice (Knight, 2007). Some clients, at least at first, are focused on solving their specific problems, which would bring in solution-focused therapy, because it is based on a lot of the same things that person-centered is (Knight, 2007). In other words, solution-focused therapy could be used to fill in where person-centered therapy may fall short.

**Main Theory in Relation to Art Therapy**

Carl Rogers is renowned for embodying his theory in everyday life (Sommers‐Flanagan, 2007). Rogers wrote, “The mainspring of creativity appears to be the same tendency which we discover so deeply as the creative force in psychotherapy – man’s tendency to actualize himself, to become his potentialities” (1961). Carl Rogers’ daughter, Natalie Rogers, actually extended her father’s work into the expressive arts. Natalie Rogers used the person-centered approach to facilitate therapeutic growth through art, movement, writing, and music modalities (Sommers‐Flanagan, 2007). This therapeutic integration is now known as person-centered expressive art therapy.

Person-centered expressive art therapy is a powerful tool that can be used with many different populations. As stated above, the client is viewed as the expert, so it is the client’s responsibility to explain to the therapist what is in their artwork, or what they feel or felt while they were making the artwork. The therapist does not make any assumptions or diagnoses from their art, they let the client tell them what they see. This is important because it lets the client become aware of their own self without someone else interpreting it for them. The therapist must create a safe environment where the client can explore their internal process and come to conclusions about their work (Abrams, 1997). The integration of person-centered therapy and art therapy is explained perfectly by Liesl Silverstone, the author of *Art Therapy the Person-Centered Way;* as shewrites, “At every level of development, person-centered art therapy releases and enables shifts in awareness and integration” (Conger, 1999).

Carl Rogers believed deeply in the client’s ability to know “what hurts, what directions to go in, and what problems are crucial,” by placing emphasis on trusting the client and their direction (Sommers‐Flanagan, 2007). This is extremely relatable to art therapy, because it lets the client look at their own artwork and then tell the therapist what they see/what is wrong. Art is used as a language of self-expression. In this approach to art therapy, the therapist is concerned about the process as well as the product (which is just whatever the client creates) (Sommers‐Flanagan, 2007). Using art is sometimes much more effective than words to deal with very difficult emotions, such as pain, rage, and grief (Sommers‐Flanagan, 2007). Natalie Rogers wrote, “By moving from art form to art form, we release the layers of inhibition that have covered our originality, discovering our uniqueness and special beauty” (1993) (Kim, 2010). I think this is such an important part of person-centered expressive art therapy. The client is able, through this process, to find their self and then decide how they feel about that.

I found a particularly interesting study that was done using person-centered art therapy with an adolescent with Asperger’s syndrome in the Arts in Psychotherapy journal. This girl, Emma, was diagnosed with Asperger’s at 18 years old, and was having a lot of social problems when she began treatment. Over a 7-month period, Emma became increasingly more communicative and comfortable in social interactions due to her art therapy sessions. Person-centered art therapy proved to be the best approach for her, because the goal is for clients to become more autonomous, spontaneous, and confident (Elkis-Abuhoff, 2008). Person-centered therapy is appropriate here because it uses active empathic listening to create a safe space and to help the client feel fully heard and deeply understood, which is hard for a person with Asperger’s syndrome (Elkis-Abuhoff, 2008). Art expression becomes a tangible outlet that can be incorporated into positive, successful life changes (Elkis-Abuhoff, 2008).

**Population**

The population I chose for this theory is children and adolescents, with a focus on adolescents. I have worked with adolescents for the past year and a half, working in two different youth placements (one lock-down facility for abuse and neglect youth, usually in the foster care system, and one homeless shelter for at-risk, homeless, and runaway youth) and adolescents are my population of choice. I really enjoy group art therapy with this population as well. Sometimes just being heard at this level by a group is very powerful, and deep sharing creates a release (Sommers‐Flanagan, 2007). Corey and Corey (2013) describe the advantages for people participating in group therapy, including increase in self-awareness and opportunity for people to make changes in their beliefs about not only themselves, but others as well. Corey and Corey (2013) also believe that group therapy provides an opportunity for participants to explore the ways they relate to others in a safe environment, which helps them learn and develop social skills. This falls hand in hand with person-centered therapy. Person-centered group art therapy is an area that I believe should be utilized with adolescents more often. Understanding an adolescent in itself is challenging, let alone understanding an adolescent who is ill or suffering from psychological stress, which is why I think this is such a rewarding population to work with. In one article I found about identity formation and art therapy, there was a quote from the author that I particularly liked, “given opportunities to create, they [adolescents] make marks, erase, smear, and brush as the intricacies of being real, of being different, of being human are rendered in their works of art” (Parisian, 2015). I liked this thought because it shows how teenagers think and how they can express these thoughts through art therapy. Parisian (2015) goes on to say that their creations reveal the internal and external forces at play, their experiences related to family and peers, ethnicity, race, gender, sexuality, and media, and their influences. These, along with traumatic life events and psychological conditions, sometimes disorient adolescent development, creating challenges, and leading them to get help (Parisian, 2015). Going along with the identity formation theme, Tyson and Baffour (2004) suggested that the use of expressive art therapy with teens affirmed the value and self worth of clients, which is another factor of finding one’s identity. Making things in art therapy also gives adolescents a sense of accomplishment and pride, which enhances their self-confidence and self-esteem (Perryman, Moss, & Cochran, 2015). This, along with a sense of elevated self-awareness, is another way that person-centered art therapy helps adolescents find themselves.

Art therapy and adolescents is such a natural pair. 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 (Riley, 2001). I believe adolescence is a very hard time, and a lot of teens may not know how to describe how they are feeling or what they are going through. It is still a time of learning, so they may not even know the words to describe their feelings. This in itself could be frustrating for a teenager. According to Riley (2001), often teens have no words available to express their deep feelings, and in many cases, the image comes first and the understanding of the visualization comes after. This is why I think art therapy is such an amazing tool for them.

Also, teenagers are sometimes sensitive about their image, particularly with their peers, and often put themselves at emotional risk rather than confess that they need help from a “shrink” (Riley, 2001). Which is another reason why I think that group art therapy works so well with this population, because it puts them in a group with their peers and helps them realize that they aren’t the only ones going through what they’re going through, and that it is okay to go through it. Using art therapy with this population also provides a pleasure factor that is not what teenagers expect to encounter, and it stimulates their desire to be expressive (Riley, 2001).

The artistic expression of an adolescent can also convey messages to the therapist that the youth (or child) has been forbidden to verbalize, which happens too often in families with secrets, such as abuse (Riley, 2001). Artistic expression is just an overall safe place for children and adolescents to explore things and feelings that they may not have explored on their own. Another example of this may be something that is too embarrassing to talk about, which is a big issue with adolescents as well. No adolescent wants to physically talk about something that they are really embarrassed about, at least none that I’ve ever met. Art therapy is a non-threatening form of treatment that may be more accepted by children and adolescents, as opposed to the structure of talk therapy.

Art therapy can also be helpful with this population in the form of family therapy. Art therapy can help families who are in the middle of adjusting to a new phase of their relationships with their children, once one of them reaches adolescence (Riley, 2001). This can be a particularly stressful time because attitude and behavior changes usually occur rapidly, and parents are usually not prepared for this emotional shift in their relationships (Riley, 2001). Family therapy offers a way for members to explore these new feelings and the tension that arises between members in a safe environment. Family art therapy is particularly nonthreatening because it is not confrontational at all (Riley, 2001). Art therapy gives he family an opportunity to express their perceptions on how the family members “should” behave and relate to each other (Riley, 2001). This is important with adolescents because it presents possible changes in an equal “discussion”, and a lot of the time adolescents just want to be heard (Riley, 2001). This is one tool that families with adolescents can use during these chaotic years.

**Personal Reasons for Theory Choice**

I chose this theory because I feel that this approach could have really helped me when I was a teenager, and eventually it did. It started in about tenth grade, the bullying. I didn’t know how to handle it, and I didn’t know who to talk to. I was close with my mom, but not that close, and a lot of the reasons I was being bullied I didn’t feel like I could tell my mom. It had to do with boys, and one thing led to a lot of rumors that I didn’t want my parents to know were being said about me. They knew something was going on, but they didn’t know the extent of it. I felt like I had it under control for the most part, but I needed some sort of outlet. I just immersed myself in everything I could participate in in school. This included sports, student council, journalism/yearbook, choir, band, theatre, photography, and probably a few other things. The problem was I needed to explain what was going on to someone.

Finally, when I was a senior in high school, I broke down before a family Christmas that we were having at our house, and I couldn’t stop crying in the bathroom. My mom contacted a therapist for me. She became my lifesaver, and I still thank her to this day. I didn’t want anyone to tell me what was wrong or tell me what to do. I wanted to try to explain and figure it out on my own. This was partially because at the time, I already knew that I was interested in psychology and I knew that it was something that I wanted to do. But, like most teenagers, I didn’t want someone to tell me what to do, and I am so glad that she didn’t. All she did was empathically listen, create a safe space for me to talk about what was going on, and actually care about what was going on. I just needed someone to *care*. And that is what I want to be for other people. I want to be that person that I needed for two years before I finally got help. And I want to be my therapist that I had at 17 years old who made me feel safe. I didn’t feel safe talking to anyone else, but I felt safe talking to her. I could only imagine how I would have felt if I would have had person-centered, or any kind for that matter, art therapy at that age. I would have probably made so many breakthroughs and sent my depression away even faster than I did.

I believe in this approach because a lot of people just need to be in a safe environment where they can explore their feelings. Adolescents in particular can benefit from this artistic expression because they may not feel safe with their parents for a variety of reasons. They may just not be close, or their parents may not be around, or they may be abusive. Their parents may be part of or the whole problem. But if someone makes them feel understood, and listened to, it can change their lives for the better.

After I wrote this section of the paper, I came across a section of an article about child-centered expressive arts and at-risk adolescent girls, where it talks about how adolescents tend to naturally turn to arts-based methods of coping, such as playing musical instruments, writing in a journal, or painting (Perryman, Moss, & Cochran, 2015). I thought this was interesting because this is exactly what I did, and I was definitely at-risk at this age. This article goes on to discuss how being in a group setting can facilitate the adolescents developmental need for belonging and awareness of how they are perceived by others, and I definitely relate to this (Perryman, Moss, & Cochran, 2015). I needed to be safe, heard, and belong with someone/to something. This is why I believe this type of art therapy is again so important.

**Conclusion**

In conclusion, person-centered theory is a very beneficial tool when paired with art therapy, or even on its own. Solution-focused brief art therapy is one approach that could be used alongside person-centered therapy to help with clients who are looking for immediate solutions to their problems. Person-centered expressive art therapy, as developed by Natalie Rogers, is very beneficial with adolescents, along with may other populations. Adolescents are a tricky group to work with sometimes, which is why art therapy is effective in instances where talk therapy may not be. And while all of this is extremely important information, and there are many different studies and papers that back up these facts, the main reason that I chose this theory is because it is the approach that worked for me.

References

Abrams, V. H. (1997). *Art Therapy—The person-centered way: Art and the development of the person* Elsevier Ltd.

Cepeda, L. M., & Davenport, D. S. (2006). Person-centered therapy and solution-focused brief therapy: An integration of present and future awareness. *Psychotherapy: Theory, Research, Practice, Training. 43*(1), 1-12.

Conger, D. K. (1999). Art therapy the person-centered way.*American Journal of Art Therapy, 38*(1), 30.

Corey, M. S., & Corey, G. (2013). *Groups: Process and practice* (9th ed.). Pacific Grove, CA: Brooks/ Cole.

Elkis-Abuhoff, D. L. (2008). Art therapy applied to an adolescent with asperger's syndrome. *The Arts in Psychotherapy, 35*(4), 262-270.

Elliott, R., & Freire, E. (2007). Classical person-centered and experiential perspectives on Rogers (1957), *Psychotherapy: Theory, Research, Practice, Training, 44*(3), 285-288.

Kim, S. (2010). A story of a healing relationship: The person-centered approach in expressive arts therapy.*Journal of Creativity in Mental Health, 5*(1), 93-98.

Knight, T. A. (2007). Showing clients the doors: Active problem-solving in person-centered psychotherapy. *Journal Of Psychotherapy Integration. 17*(1). 111-124.

Parisian, K. (2015). Identity formation: Art therapy and an adolescent's search for self and belonging.*Art Therapy, 32*(3), 130-135.

Perryman, K. L., Moss, R., & Cochran, K. (2015). Child-centered expressive arts and play therapy: School groups for at-risk adolescent girls.*International Journal of Play Therapy, 24*(4), 205-220.

Riley, S. (2001). Art therapy with adolescents.*Western Journal of Medicine, 175*(1), 54-57.

Rogers, C. (1961). On becoming a person; a therapist’s view of psychotherapy. *Boston: Houghton Mifflin.* 350-351.

Sommers‐Flanagan, J. (2007). The development and evolution of Person‐Centered expressive art therapy: A conversation with natalie rogers.*Journal of Counseling & Development, 85*(1), 120-125.

Tyson, E., & Baffour, T. (2004). Arts-based strengths: A solution-focused intervention with adolescents in an acute-care psychiatric setting. *The Arts in Psychotherapy, 31,* 213–227.

Watson, J. C. (2006). A reflection on the blending of person-centered therapy and solution-focused therapy. *Psychotherapy: Theory, Research, Practice, Training. 43*(1). 13-15.