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Articles

Art Therapy Strategies to Raise Self-Esteem in Female Juvenile Offenders: A Comparison of Art Psychotherapy and Art as Therapy Approaches

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Abstract

This exploratory, quasi-experimental study compared the impact of 2 art therapy approaches on the self-esteem of 27 female juvenile offenders. Participants took part in an art psychotherapy or an art as therapy group intervention. Self-esteem was measured with a questionnaire designed by the authors and the Harter Adolescent Self-Perception Profile. There were no significant differences on the questionnaire postintervention, with both groups reporting increased feelings of mastery, connection, and self-approval. On Harter's Profile, administered pre and post, both showed an increase in global self-worth. However, the art psychotherapy group showed a significant increase in domains of close friendship and behavioral conduct whereas the art as therapy group did so in the domain of social acceptance. This implies an approach can be selected to build greater trust and self-disclosure or to foster general group cohesion, based on client needs.

Introduction

Female juvenile delinquency is a serious problem in our society. A joint study by the American Bar Association (ABA) and the National Bar Association (NBA) (2001) reports, "Girls are the fastest growing segment of the juvenile justice population, despite the overall drop in juvenile crime" (p. 1). Growth was present in all racial groups and there was a trend towards more violent offenses as well. There were over 670,800 arrests of girls under 18 in 1999, and 27% of all juvenile arrests were females.

To address this growing problem, Congress mandated in 1992 that states study the needs of this population and design programs to provide gender-relevant rehabilitation services. In response, a Status of the States Report (Office of Juvenile Justice Delinquency Prevention [OJJDP], 1998) found the typical female adolescent offender has a history of violent victimization, is from a fragmented family, and deals with multiple and serious stressors. The ABA-NBA analysis (2001) concurred, finding, "Girls in the delinquency system have a history of physical, emotional, and sexual abuse, have family problems, suffer from physical and mental disorders, have experienced academic failure, and succumb more easily to the pressures of dominant older males" (p. 3).

Juvenile justice practitioners recognize that the impact of cultural influences upon the developmental needs of young women puts girls at risk for low self-esteem (Debold, Wilson, & Malave, 1992). Low self-esteem is widely documented as a correlative factor in criminal behavior, drug and alcohol abuse, and teen pregnancy (Reasoner, 2002). There is general agreement in emerging models of gender-specific programming for adolescent female offenders that treatment needs to address the problem of low self-esteem by developing interventions that foster strengths. These strengths include individual development in emotional, academic, spiritual, and physical areas, along with interpersonal strengths such as social skills, utilization of social support, and involvement in the community (Maniglia, 1996; Ravoira, 2001).

To augment gender-specific services at a Michigan juvenile residential treatment facility, an art therapy treatment component was implemented in 1998, becoming one of several support components to a core treatment program. Whereas the core program directly addresses historical trauma and criminal offenses, the weekly art therapy interventions have evolved to support the development of the emerging positive identity of clients. A qualitative research study of this program (Goodkind & Miller, 2000) found that art therapy supported the self-esteem of most participants. To refine an understanding of this process and increase the effectiveness of art therapy interventions, we

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developed this study to explore the differential effects of an art psychotherapy approach versus an art as therapy approach in raising self-esteem.

Art psychotherapy and art as therapy are recognized as two of the primary approaches in the field of art therapy. Art psychotherapy is a cognitively based approach that emphasizes insight and involves some verbal processing of the art products; art as therapy focuses on developing mastery, creating structure, and sublimating conflicts to strengthen the ego (Ulman, 1986). Controversy regarding these strategies is longstanding, although many art therapists use them eclectically (Wadeson, 2002). Despite controversy over the effectiveness of these approaches, little empirical research has been done comparing them (Reynolds, Nabors, & Quinlan, 2000). The one known study to do so (Rosal, 1993) did not find any difference in treatment outcomes for the self-esteem of behavior-disordered children. Our study seeks to contribute knowledge about the differential utility of these two forms of art therapy in improving self-esteem.

Literature Review

Self-esteem is defined in *Webster's New Collegiate Dictionary* as "a confidence and satisfaction in oneself" (Woolf et al., 1976, p. 1046). Self-esteem is believed to be comprised of both global and domain-specific evaluations (Santrock, 1994). Berk (1996) noted patterns of global self-worth and self-judgments in social, academic, and athletic domains are evident as early as preschool. She observed self-evaluations further differentiate in school-age children to include peer and parental relationships, mathematical and reading abilities, physical appearance, and athletic ability. Harter (1990) documented expansion on these areas in adolescence and identified eight separate domains of self-esteem: scholastic competence, social acceptance, behavioral conduct, close friendship, athletic ability, physical appearance, romantic appeal, and job competence. Harter also found that global self-worth was not simply a combination of the separate domains, but that domains of subjective significance have a greater influence on global self-esteem. Another factor which she found notably impacting global self-esteem was the esteem given by significant others. Similarly, identification with a reference group, either through pride or prejudice, also affected global self-esteem (Santrock, 1994; Tajfel, 1978).

Significance of Self-Esteem

Self-esteem provides a sense of competence and resiliency to undertake and successfully respond to life's challenges: "Self-esteem ranks among the most important aspects of self-development since evaluations of our own competencies affect emotional experiences, future behavior and long-term psychological adjustments" (Berk, 1996, p. 357). High self-esteem involves the sense that one is worthy of happiness (Branden, 1994), whereas low self-esteem increases vulnerability to depression and suicide (Harter, 2002). Lack of self-esteem is closely associated with many serious problems facing adolescent girls, including poor academic performance, dropping out of school, substance abuse, teen pregnancy, and criminal behavior (Reasoner, 2002).

Developmental Considerations

In general, self-esteem develops out of a sense of competence and positive social interactions. Establishing a sense of mastery is an essential factor in the creation of self-esteem, and even the awareness that it is possible to become more capable promotes self-esteem (Berk, 1996). Internal attributions to ability and effort were shown to be a necessary condition for the development of a sense of mastery (Dweck, 1975). Positive social interactions also play a crucial role in the formation of self-esteem. The role of the family is critical, especially in formative years (Harter, 1990). Affection, emotional support, and verbal approval are widely documented factors (Canfield, 1989; Sanford & Donovan, 1984). Both authoritative parenting and positive role models (Berk, 1996), along with the presentation of a consistent set of values (Sanford & Donovan, 1984), are recognized as cultivating influences. Even one relationship with a nonexploitative adult provides a measure of self-esteem that translates into significant resiliency against risk factors (OJJDP, 1998). The positive impact of encouragement from teachers on self-esteem is documented (Simmons & Blyth, 1987), as is the role of connection to the community (Rosenberg, 1979). Positive peer relationships have been widely recognized as significant, especially for adolescents (Harter, 1990). Spiritual connection is acknowledged as another important source of self-esteem, whether found in traditional religions or more personal expressions (OJJDP, 1998; Pryor, 2002).

In adolescence, formation of an identity is a key task (Erikson, 1968). Research by Sanford and Donovan (1984) confirmed the obvious: Establishing an identity is essential for the development of self-esteem. Adolescents who achieve their identities, or are actively seeking them, have higher self-worth (Berk, 1996; Santrock, 1994). Those who acquire identity through foreclosure, simply conforming with the values of significant others and adopting societal roles, have lower self-esteem (Berk, 1996). Adolescents with diffused identity have the lowest self-value and the most adjustment problems (Archer & Waterman, 1998; Erikson, 1968; Marcia, 1988).

Gender significantly influences the development of self-esteem in adolescence. In general, girls were found to have lower self-worth than boys and to experience a greater drop in self-esteem during their teen years (Block & Robbins, 1994). Pipher (1994) observed that as gender-role expectations intensify at adolescence, they impose limits on the development of selfhood for females. As a result, more adolescent girls have greater identity diffusion or foreclosure as a result of societal expectations and pressures to accept the limited traditional roles of wife and mother and to have a self-concept that is flexible in response to the identities of husbands' and children's needs (Nielsen, 1996). Furthermore, Nielsen explained, "Many of the

teen-age girls who strove to establish identities of their own encountered considerable disapproval," a finding echoed by researchers Gilligan (1991), Kaschak (1992), and Richards (1991).

At puberty girls are more directly confronted with the sexism in our society, and they become vulnerable to internalizing the societal and mass media messages devaluing women (Kilbourne, 1999; Pipher, 1994). Lookism (evaluating a person's worth based on stereotypical models of beauty) affects females much more than males (Nielsen, 1996). More females hold negative feelings about their appearance and place greater importance on this quality as well (Adams, 1991; Koff, Rierdan, & Stobbs 1990; Wolf, 1992). The OJJDP report (1998) explained the impact of this perspective: "Less attractive young women often judge themselves as not worthy of positive relationships and friends. They make poor decisions, sometimes in an attempt to feel wanted" (p. 17). Additionally, girls in general experience decreased academic success during adolescence; this is especially true of the brightest students (American Association of University Women & the National Educational Association, 1992). Furthermore, unlike boys, girls generally internalize academic failures, attributing difficulties to personal inadequacy rather than lack of knowledge or problem-solving skills (Pipher, 1994).

Abuse, trauma, and loss can all interfere with the normal development of self-esteem. Researchers (Berk, 1996; Hotaling, Finkelhor, Kirkpatrick, & Strauss, 1988) identified chronic low self-esteem as a consequence of child abuse, which results in "serious learning and adjustment problems, including difficulty with peers, academic failure, severe depression, substance abuse and delinquency" (Berk, p. 387). The impact of sexual abuse is especially severe, producing sequelae such as constant feelings of worthlessness, self-hate, and suicidality, and internalized beliefs that the abuse was deserved (Bass & Davis, 1988). Trauma of any kind can result in loss of meaning and identity with an accompanying loss of self-esteem. Cohen, Barnes, and Rankin (1995) elaborated on this process, explaining that a traumatized person's sense of self may become eclipsed by the trauma, causing a strong identification with posttraumatic feelings of shame, guilt, helplessness, hopelessness, abnormality, and worthlessness. Similarly, Grollman (1977) explained that loss of self-esteem is often a response to loss of a loved one, which is relevant to female juvenile offenders given the high incidence of family fragmentation in at-risk girls.

Clinical Interventions

Factors found to improve self-esteem include cognitive interventions, development of problem-solving and life skills, and utilization of social support. McKay and Fanning (1987) emphasized a cognitive approach in identifying causes of low self-esteem and then correcting misinformation and cognitive distortions. Similarly, as part of raising self-esteem, Sanford and Donovan (1984) highlighted the need to recognize sexism, racism, and other forms of discrimination as causative factors and, ultimately, to become involved in social change. On an individual level, Johnson and Ferguson (1990) advised increasing self-awareness to identify personal preferences, values, and life purpose and creating a realistic appreciation of personal strengths and weaknesses. Developing general life skills provides opportunities to take pride in accomplishments (Johnson & Ferguson), and setting realistic goals and taking steps to achieve them is another well-recognized method (Canfield, 1989). Increasing abilities in domains of importance to clients is another key intervention strategy (Harter, 1990). Affirmations and visualizations are also recognized as powerful tools to improve self-esteem (Bass & Davis, 1988; Canfield, 1989; McKay & Fanning, 1987).

Cultivating and accessing a variety of social supports is the other main area of intervention essential to raising self-esteem. Important sources of support include family, informal networks of friends, formal support groups, and therapists (Johnson & Ferguson, 1990; Sanford & Donovan, 1984). The significance of mentors and role models in building self-worth has also been noted (Canfield, 1989). Shared spiritual practice is another contributing factor for many people, providing a sense of belonging and identification with the divine (Pryor, 2002).

Art Therapy Interventions

In their survey of published empirical research evaluating the effectiveness of art therapy, Reynolds, Nabors, and Quinlan (2000) reviewed six studies that document a significant increase in self-esteem (Chin et al., 1980; Green et al., 1987; Omizo & Omizo, 1989; Springer et al., 1992; Tibbets & Stone, 1990; White & Allen, 1971). In addition to this empirical research, many clinical articles and case studies describe clients' improvements in self-esteem as the result of art therapy interventions. For example, Sweig (2000) commented on her extensive work with survivors of childhood sexual abuse. She emphasized that feelings of unworthiness, shame, and low self-esteem were core issues for her clients, and she credited art therapy with contributing to "altering…prior total identification with abuse and shift from 'I am bad' to 'something bad happened to me'" (p. 263). Backos and Pagon (1999) also documented improved self-esteem in clients coming to understand that they did not deserve abuse but instead deserved recovery and a positive future.

Franklin (1992) examined the mechanisms within art therapy that promote the development of self-esteem. He credits Landgarten (1981) with first identifying the creative process as inherently empowering in its acts of self-assertion. Moon (1998) elaborated on developing personal power through creating. He describes "artistic acts transforming [a person]…from victim to hero/survivor" (p. 183). Franklin also recognized Rhyne (1973) for documenting the role of artmaking in discovery of one's uniqueness and catalyzing greater awareness and appreciation of the self. Franklin further explained that the art process and art product allowed clients to confront their self-esteem issues as repressed or hidden shame became visible. These issues could then be transformed in a dis-

placed way, and improved self-concepts rehearsed in a nonthreatening manner.

Moon (1998) and Riley (1999) described art therapy as an especially suitable therapeutic modality for adolescents. Moon called it "the natural language of adolescents" (p. 175) and detailed its value in assisting troubled teenagers:

> In my work…with adolescents…who have been hurt, betrayed, rejected, failed, disappointed, cast out and abused …most of them were not especially interested in, or capable of, engaging in insight-oriented verbal psychotherapy with an adult authority figure, but nearly all of them were willing to make art. The great majority who did experienced the …process as a potent and healthy means of self-expression, self-exploration, and self-revelation. (p. 5)

Riley (1999a) articulated several developmental factors that make art therapy an especially useful modality in treating adolescents. She acknowledged the strong creative drive of adolescents in general and the compatibility of utilizing artmaking to express and experiment with the central developmental process of creating an identity. She observed that the common teenage desire to create an individual personality easily finds form in the unique character of each piece of art. She further noted that the adolescent process of separating from parents and establishing more self-authority is honored by the personal choices and control inherent in artmaking. She asserted that this empowering structure often decreases adolescent resistance to therapy, promoting collaboration and avoiding power struggles. Writing specifically about art therapy with female adolescents, Riley (1999b) stated:

> For the most part, young women respond very favorably to the use of art as therapy…. I have observed that the young women I see are often cued from an early age not to trust their own opinions, to dislike themselves…. The influence is more profound if a cultural component is added which views women as stereotypically in a demeaning role. The art modality has attractions for female clients because it honors the inner voice by offering a personal avenue of reporting which does not clash with the messages of their environment. It fosters and encourages the expression of self. (p. 159)

It has also been our clinical experience that art therapy is well suited to the population of adolescent females in that it both minimizes resistance and offers many avenues for positive identity development. We have seen young women develop physical and psychological mastery during art therapy interventions. Most participants enthusiastically engaged in artmaking to express their uniqueness. Many expanded self-awareness and validated themselves. The inner lives of young women, not just their appearances, were taken seriously. Social skills developed and relationships deepened.

We reasoned that cultivating mastery, individuation, and positive social interactions through art therapy would raise self-esteem, and we sought to quantitatively measure this change. We questioned whether emphasizing either of the two main art therapy approaches, art psychotherapy or art as therapy, would raise self-esteem more effectively in female juvenile offenders. We varied these treatment approaches for participating art therapy groups to identify any differing results. We recognized the value of both treatment styles but wondered if a shift in emphasis would benefit young women offenders in the crucial area of self-esteem.

Method

Participants

Thirty-one adolescent females, ranging from 13 to 18 years old, participated in the study. There were 18 Caucasian, 10 African-American, and 3 Hispanic clients. Most of the girls were behind their cohort grade level, and most came from economically disadvantaged homes. All of the participants were adjudicated for residential treatment as a result of committing felony-level crimes. Our particular agency treats only young women who have committed serious crimes or those who have not successfully completed programs at lower-level placements. Common events in the personal histories of the participants included some combination of the following: severe physical, emotional, or sexual abuse; parental neglect or abandonment (through parental choice, addiction, imprisonment, or death); PTSD; mood disorders; substance abuse problems; teen pregnancies; prostitution; gang involvement; and incorrigibility (truancy from home, school, or placement). All participants received group therapy with their core group 5 days a week as their primary treatment and participated in several adjunctive therapies weekly (including art therapy). A majority also had monthly family therapy sessions, facilitated by their core-group leader. Participants were at different stages of the program, which usually lasts for 1 to 1-1/2 years, depending on individual progress. Four participants were released from the agency during the study and thus did not contribute to the final results.

Study Design

The juvenile facility where this research took place is the highest security facility for young women in the state. It is unique due to its long-term residential character, comprehensive treatment program, and distinctive population. It is also the only state correctional facility providing art therapy services. Therefore, no equivalent control group was available within the state. Further, upon arrival at the facility, clients are assigned to one of six groups consisting of approximately 10 clients with the goal of establishing diverse composition. Although core-group assignment precluded true randomization of participants, this procedure is intended to create equivalent diversity across groups, similar to the goal of randomization. For these reasons, we undertook an outcome study using a quasi-experimental design, comparing art psychotherapy to art as therapy in order to measure the differential impact of these two approaches on participants' self-esteem.

Group Selection

All 60 female residents at the facility were asked to participate in a 10-week study with the understanding that involvement was voluntary and the choice not to participate would neither deprive them of art therapy treatment nor impact their treatment standing within the facility. Therefore, both study participants and nonparticipants attended art therapy sessions as part of their usual core group. The six core groups were randomly divided so that half of them would receive one type of art therapy and half would receive the other. This ultimately resulted in a sample of 27 young women, 12 from the art psychotherapy and 15 from the art as therapy intervention for this study's analysis.

Self-Esteem Measurement

Participants filled out a pre- and postintervention self-esteem measure. The Self-Perception Profile for Adolescents (SPPA) (Harter, 1988) was selected based on its high reliability and widespread use. The measure assesses eight domains of self-esteem: Scholastic Competence, Social Acceptance, Athletic Competence, Physical Appearance, Job Competence, Romantic Appeal, Behavioral Conduct, and Close Friendship. It also assesses Global Self-Worth as a separate domain. The measure employs a structured-alternative format, presenting all responses as legitimate options to avoid inaccurate self-reports based on social desirability. The format provides for qualifying responses ("like me" versus "really like me"), which more accurately describes the respondent's sense of self-worth. The participants' answers to 45 questions were averaged to create a score from 1 to 4 for each domain. A score of 1 indicated the least favorable self-perception; a score of 2 also reflected self-devaluation, but to a less severe degree; a score of 3 indicated a somewhat favorable self-assessment; and a 4 indicated a highly favorable self-perception.

In addition to Harter's profile, we created a 20-question posttreatment questionnaire designed to understand how specific aspects of art therapy treatment affect self-esteem. The Hartz Art Therapy Self-Esteem Questionnaire (Hartz AT-SEQ) (see Appendix) gathers information on the development of mastery, social connection, and self-approval through the art therapy process. We employed a 5-point Likert scale, ranging from "strongly disagree" to "strongly agree," to gather clients' perceptions about the effects of their art therapy experience. These scores were averaged to quantify the perceived general impact on each participant. In addition to responding to the quantitative inquiries, clients were invited to write any additional comments at the end of the survey.

Art Therapy Interventions

Ten 1-1/2-hour art therapy sessions were conducted with each group during a 12-week period. A master's level art therapist, the first author, led the groups and was assisted by an art and psychology student, the second author, during one of the art as therapy groups. The specific art

Figure 1

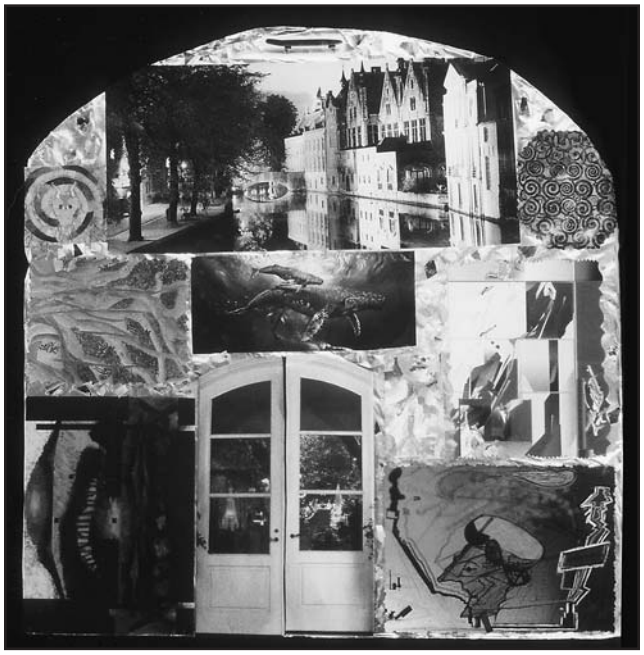

Figure 2

therapy interventions used during the study included magazine collage and yarn basket-making. The same projects and an identical selection of materials were provided to all participants, regardless of intervention approach. The distinction between intervention approaches involved tailoring introductions, warm-ups, and closures for each type of group to reflect the different approaches. The art psychotherapy approach employed a brief psychoeducational presentation and encouraged abstraction, symbolization, and verbalization. The art as therapy approach highlighted design potentials, technique, and the creative problem-solving process. Similarly, during facilitation, personal awareness and insight were emphasized in the art psychotherapy approach, whereas artistic experimentation and accomplishment were emphasized in the art as therapy approach.

For example, to begin the collage project, the participants in the art psychotherapy intervention were given a

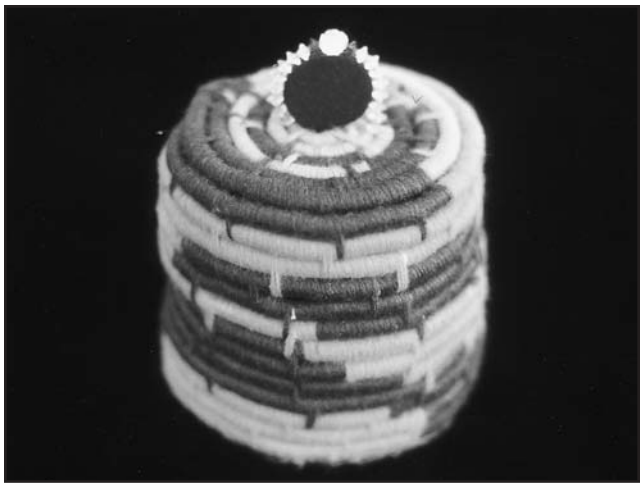

Figure 3

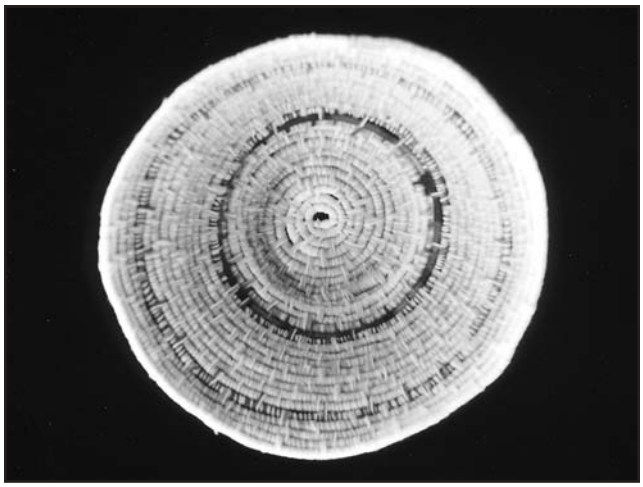

Figure 4

checklist of personal strengths and asked to identify those that applied to them. Then they selected collage pictures to represent one or more of these strengths, making a composition that told a story about who they were or were becoming (Figure 1). There was both structured and informal sharing about the meanings clients attributed to their work. Alternatively, the introduction to groups in the art as therapy intervention involved presenting samples of various collage techniques and giving examples of both visual and content themes, none of which had any specific therapeutic connotations. Participants made collages utilizing whatever techniques appealed to them while developing a theme of their own choosing (Figure 2).

The yarn basket-making project was also framed differently, depending on the intervention type. The art psychotherapy approach recognized basket-making as traditionally a women's art, handed down from one woman to another. Participants identified a woman who taught them something, what that something was, and envisioned something they would like to teach other women. The demonstration was presented in terms of a woman teaching other women. Clients also imagined what abstract quality or thing they would contain in their basket. In contrast, the art as therapy participants were guided to focus on color choices, basket shapes, and patterns. The demonstration emphasized proper technique. Group discussion included how artistic choices were successful, how they had improved their skills, what other skills they might like to learn, and what literally could be put in their baskets. Figures 3 and 4 show art psychotherapy and art as therapy samples, respectively.

Results

Hartz AT-SEQ Data

The overall 20-question mean was 4.24 for the cognitive (art psychotherapy) group and 4.33 for the process (art as therapy) group. These means are not significantly different from each other and show participants generally "strongly agree" or "agree" that the art therapy intervention was helpful in supporting self-esteem. In response to our survey questions concerning mastery, social connection, and self-approval; answers to individual questions from the art psychotherapy group were 55% "strongly agree," 23% "agree,"14% "somewhat," 6% "disagree," and 2% "strongly disagree." In the art as therapy group, 54% of the questions were answered "strongly agree," 24% "agree," 17% "somewhat," 3% "disagree," and 1% "strongly disagree." Overall, three quarters of all questions were answered with at least full agreement, and the majority of the questions received emphatic agreement. These results show a widespread positive perception of the effects of art therapy concerning the above-noted factors relevant to self-esteem.

Eight out of 12 participants in the art psychotherapy intervention and 9 out of 15 in the art as therapy intervention chose to write in comments at the end of the questionnaire. Among those providing these written responses, their comments were unanimously positive. Participants articulated benefits they experienced from being a recipient of art therapy and communicated enthusiasm for this intervention modality. Gains that were mentioned from participants of both groups included "expressing feelings," "learning how to express feelings," "releasing anger," "relieving stress," "helping with treatment," "learning better ways to cope," and "building self-esteem."

Although the art therapy self-esteem questionnaire we developed gave highly favorable feedback about the art therapy interventions in general, it did not reveal any significant differences between the art psychotherapy and art as therapy groups. We continued to look for differences using the SPPA, a validated measure of self-esteem that was administered both pre- and postintervention in this study.

SPPA Data

Data from the SPPA profiles were analyzed to discover any differences between intervention types. Fisher's *t*, a highly sensitive statistic designed to test the difference between means for small samples, was employed. Using this statistic, standard error and degrees of freedom are adjusted

Table 1
Fisher's *t* Test for Differences Between Means of Pre- and Posttest Scores on the Harter Profile for Participants with Low Pretest Self-Esteem Scores (<=2.0)

Domain	*n*	Pretest *M (SD)*	Posttest *M (SD)*	*df*	*t*	*p* (2-tailed)
Art psychotherapy						
Scholastic	2	1.40 (.28)	1.60 (.56)	1	.33	.795
Social Acceptance	3	1.53 (.50)	2.13 (.70)	2	1.44	.286
Athletics	4	1.45 (.30)	2.35 (1.07)	7	2.18	.776
Appearance	5	2.00 (.81)	2.60 (.88)	4	2.63	.058*
Behavioral Conduct	6	1.57 (.43)	2.90 (.75)	5	3.43	.019**
Close Friendship	3	1.67 (.31)	2.47 (.50)	2	6.93	.020**
Global Self-Worth	4	1.45 (.41)	3.05 (.55)	3	5.44	.012**
Art as therapy						
Scholastic	6	1.77 (.37)	2.03 (.45)	5	1.04	.346
Social Acceptance	4	1.80 (.40)	2.85 (.50)	3	8.35	.004**
Athletics	5	1.64 (.26)	1.92 (.36)	4	1.72	.160
Appearance	7	1.40 (.33)	1.97 (.79)	6	2.03	.088*
Behavioral Conduct	7	1.71 (.23)	2.00 (.45)	6	1.99	.094*
Close Friendship	4	1.75 (.50)	1.80 (.43)	3	.15	.889
Global Self-Worth	6	1.63 (.23)	2.30 (.41)	5	4.66	.006**

Note. No participants reported low self-esteem in the domains of Romantic Appeal or Job Competence.

*p < = .10. **p < = .05.

based on sample size, allowing statistical significance to be accurately detected for samples that might not "be large enough to be convincing to laypersons or others relatively unsophisticated in research methods" (Krathwohl, 1993, p. 426). This is notable in light of our findings.

Calculations of *SD,* Fisher's *t*, and *p* (2-tailed) showed no significant differences between the two groups when all participants were included. However, we reasoned that those who initially reported high self-esteem would not be likely to show significant change using these computations. Therefore, we selectively analyzed participants who showed low self-esteem in their self-perceptions in various domains on their initial SPPA profile. All participants with scores of <= 2.0 in a given domain were designated as showing low self-esteem in that area. Equivalency between the intervention groups was assumed based on our random assignment of the two art therapy interventions to the agency core groups, which were originally composed to be diverse.

Table 1 summarizes pre- and posttest scores by intervention type in the specific domains for which pretest scores indicated low self-esteem. These scores yielded several statistically significant values for Fisher's *t* test with p <= .05 considered significant and p <= .10 considered approaching significance. For the art psychotherapy participants, three domains showed statistical significance (Behavioral Conduct, Close Friendship, and Global Self-Worth) in their positive improvement from pre- to postmeasurement. The domain of Appearance increased to a level that approached significance. For the art as therapy participants, two domains showed statistical significance (Social Acceptance and Global Self-Worth). In the domains of Behavioral Conduct and Appearance, the art as therapy results approached significance. Because both groups had significant gains in the domain of Global Self-Worth and because the difference between groups in Behavioral Conduct is marginal, the main difference is that the art psychotherapy group showed significant change in the domain of Close Friendship, whereas the art as therapy group showed significant change in the domain of Social Acceptance.

Discussion

Although showing no significant difference between art psychotherapy and art as therapy groups and limited by its administration solely postintervention, the Hartz ATSEQ clearly revealed that the majority of participants found art therapy helpful or very helpful in developing mastery, connections to others, and increased self-approval.

These findings lend empirical support to the clinical observations of Franklin (1992), Landgarten (1981), Moon (1998), and Rhyne (1973) concerning mastery, empowerment, and increased self-knowledge.

The Hartz AT-SEQ comments section further confirms the link between art therapy and factors widely recognized in the development of self-esteem. Themes of identifying feelings and experiencing safety and comfort in self-expression are important treatment gains reflecting greater self-awareness and self-approval. The confidence and authenticity that participants reported suggest the development of meaningful and supportive relationships. Experiencing growth and mastery in art therapy provided participants with an experience of success and pride transferable to other areas of their lives. The responses showing enthusiasm for participating in art therapy concur with Riley (1999b) and Moon (1998) in that art therapy is a modality that commonly diminishes adolescent resistance.

Using Harter's SPPA, significantly different results between the two intervention types were found in the self-esteem domains of Social Acceptance and Close Friendship. There was an increase in general acceptance from the art as therapy intervention in contrast to an increase in more personal connections—characterized by trust, closeness, and comfort in self-disclosure—from the art psychotherapy intervention. Whereas both experiences of general acceptance and true friendship are important for high self-esteem, emphasis on one or the other may facilitate different therapeutic gains based on clients' needs.

We postulate that the psychoeducational component of the art psychotherapy approach, along with themes that validate positive social norms, encourages clients to express more personal material. Art psychotherapy interventions can contribute to an environment of emotional safety in which clients risk more self-disclosure in their art and verbalizations about it. This expression facilitates friendships, which are critical to adolescent self-esteem, and strengthens relationships with treatment providers.

Although fostering self-disclosure is usually desirable, using an art as therapy approach could be more appropriate with a newly formed group where trust is low, a group with poor social skills, or one in a phase of conflict—all frequent descriptors of groups in correctional facilities. In these situations, art as therapy may develop group cohesion through the more general social interaction of shared materials, techniques, and observation of peers' art. Such an approach can produce a general sense of belonging and sublimation of aggression through manipulation of art materials. Selectively using the art as therapy approach could help establish group dynamics that later lead the group to be more receptive to meaningful self-disclosure and supportive relationships.

The key finding that there was a different impact on social connection when the different art therapy approaches were used shows each approach fosters specific types of social connection. The discovery that an art psychotherapy approach led to closer relationships, more trust, and greater self-disclosure is particularly relevant in addressing the sequelae of abuse and trauma endemic to this population, facilitating their experience of personal support and investment in their treatment in general.

The difference between groups in the domain of Behavioral Conduct is less distinct but remains important to the population of juvenile offenders. That the art psychotherapy group showed significance—in contrast to the art as therapy group approaching significance—may be the result of using prosocial themes as part of the art psychotherapy intervention. It is likely that these norms, articulated verbally and embodied artistically, provided reinforcement for improved behavior.

Although our propositions concerning the selective application of these two approaches will, we hope, prove useful to other art therapists, the differences between them merit further study. It is important to acknowledge that these approaches are not exclusive but can be used in combination; nevertheless, at times an emphasis on one or the other may be advantageous (Ulman, 1986). Recognition of these distinctions and further exploration of their effects may provide a valuable tool in treatment planning for clients similar to those we have studied and for broader populations as well.

Limitations

Despite the statistical sensitivity of the Fisher *t* test, a major limitation of our findings is small sample size. However, the results contribute to a very limited body of quantitative research about the influence of art therapy on self-esteem. Another obstacle in our research design was the confounding effect of the participants' concurrent participation in several therapeutic interventions within their residential program. Although this made it difficult to precisely isolate the contribution of art therapy to treatment, investigating the differing effects of two art therapy approaches partly circumvented this difficulty. The nature of this population must also be considered a relevant factor because serious or repeat female juvenile offenders with extensive histories of trauma and abuse typically do not have high rates of treatment success. It is also very unusual for them to make treatment gains quickly. We analyzed groups, and this did not necessarily reveal the therapeutic gains of individual participants, many of whom demonstrated notable increases in their self-esteem. Similarly, because this study was only 12 weeks in duration, there may not have been enough art therapy treatment to show general significant gains. The fact that we identified significant changes and notable trends in the direction of change may be considered even more compelling in light of the obstacles inherent in our research.

Conclusions

Despite their limitations, these findings strongly indicate that art therapy is an effective intervention for raising the self-esteem of female juvenile offenders, a population characterized not only by criminal behavior but also by extensive histories of trauma and childhood maltreatment. These findings also support common clinical observations

that art therapy develops mastery, builds social connection, and evokes greater self-awareness. Art therapy cultivates these factors, crucial in raising self-esteem, in a way that engages most of this characteristically resistant population. This identifies art therapy as a valuable treatment modality for female juvenile offenders who struggle with pervasive issues of low self-esteem and for whom the development of greater self-esteem is pivotal for healing and rehabilitation. These results indicate that art psychotherapy and art as therapy address different components of self-esteem. These differences have implications for effective treatment planning and deserve further study.

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Appendix
Hartz Art Therapy Self-Esteem Questionnaire (HARTZ AT-SEQ)

Please respond to the statements below according to the following scale of agreement to disagreement:

1=strongly disagree; 2=disagree; 3=somewhat agree; 4=agree; 5=strongly agree.

Circle only one number per question.

1. I am comfortable trying new things in art therapy sessions
   1 2 3 4 5
2. I trust I can work through frustrations that may come up in the art process
   1 2 3 4 5
3. Using symbols and metaphors helps me to understand myself
   1 2 3 4 5
4. I am confident I can find solutions to artistic problems by trying new approaches
   1 2 3 4 5
5. I feel proud of the art I have created in art therapy
   1 2 3 4 5
6. I can express my real self through my artwork
   1 2 3 4 5
7. It is okay to make mistakes
   1 2 3 4 5
8. I have found new ways to connect with peers in art therapy
   1 2 3 4 5
9. Symbols and metaphors help others understand me
   1 2 3 4 5
10. Colors, shapes and textures help me communicate with other people
    1 2 3 4 5
11. Through art making I have become a better learner
    1 2 3 4 5
12. I have found ways to start projects
    1 2 3 4 5
13. I express my uniqueness through my art
    1 2 3 4 5
14. I have found ways to be a positive leader in art therapy
    1 2 3 4 5
15. Art therapy is a place that I can fit in
    1 2 3 4 5
16. I have found that I am capable of being more artistic and creative than I previously thought myself to be
    1 2 3 4 5
17. I see that I have things in common with others when we make art projects together
    1 2 3 4 5
18. I feel people accept my art
    1 2 3 4 5
19. I feel others care about what I have to express
    1 2 3 4 5
20. Being creative helps me feel good about myself
    1 2 3 4 5

Additional Comments (Optional)