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Original article

The house as symbolic representation of the self: Drawings and paintings from an art therapy fieldwork study of a closed inpatient adolescents' focus group

La maison comme représentation symbolique du moi : dessins et peintures d'un travail de terrain en art-thérapie avec un groupe focus dans une unité fermée pour adolescents

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ABSTRACT

Background. – Among many other areas of application, art therapy is also an adjuvant component used in adolescent inpatient psychiatric treatments. Here, we aim to investigate how the house, as representation, could be used as a metaphor of the self in art-therapeutic treatments for this population.
Method. – We used a qualitative approach to investigate the outcome of a 3-month period of fieldwork focusing on art therapy in a psychiatric inpatient unit for adolescents aged 15 to 18 years. The art therapy sessions utilized a single specific theme, the house, to investigate whether such a topic would lend itself to express past and current painful experiences and to help the adolescents reconstruct themselves.
Results. – Based on the regular participation of 9 adolescents (3 males and 6 females), we detail 5 vignettes to illustrate the findings. In sum, patients' house drawings and paintings: (1) represent a means of expressing current mental states (e.g. to convey confinement, transition, movement); (2) point to past painful experiences (e.g. broken, abandoned, porous, burning houses); (3) allow sensual and physical contact with art materials. Finally, over time, via the art therapeutic process and by focusing on the house by re-building and re-defining the interior and exterior spheres, better mental health may be achieved through topic-related aesthetic and inner transformations.
Discussion. – The results suggest that this topic might also be more generally applicable to art therapy in other psychiatric clinics and settings.

Mots clés :
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RÉSUMÉ

Contexte. – L'art-thérapie est un traitement adjuvant participant à la prise en charge institutionnelle dans de nombreuses unités de soins pour adolescents hospitalisés. Ici, nous cherchons à déterminer comment la maison en tant que représentation pourrait être utilisée comme une métaphore du soi pour cette population.
Méthodes. – Nous avons utilisé une approche qualitative pour rendre compte d'un travail de terrain d'une période de trois mois axée sur l'art-thérapie dans une unité d'hospitalisation psychiatrique pour adolescents âgés de 15 à 18 ans. Les séances d'art-thérapie ont utilisé un seul thème spécifique, la maison, pour déterminer si un tel sujet se prêterait à exprimer des expériences douloureuses passées et actuelles et à aider les adolescents à se reconstruire.
Résultats. – Sur la base de la participation régulière de 9 adolescents (3 garçons et 6 filles), nous détaillons 5 vignettes pour illustrer les résultats. En résumé, les dessins et peintures de maison: (1) représentent un moyen d'exprimer les états mentaux actuels (par exemple, pour exprimer l'isolement, la transition, le mouvement); (2) peuvent signaler des expériences douloureuses passées (par exemple, des maisons en ruine, abandonnées, poreuses, en flammes); (3) permettre un contact sensuel et physique avec du

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matériel artistique. Enfin, au fil du temps, via le processus thérapeutique artistique et en se concentrant sur la maison en reconstruisant et en redéfinissant les sphères intérieure et extérieure, une meilleure santé mentale peut être obtenue par le biais de transformations esthétiques et internes liées à un sujet approprié.
Discussion. – Les résultats indiquent que ce sujet pourrait également être plus généralement applicable à l'art-thérapie dans les cliniques psychiatriques.

1. Introduction

How the self is symbolically constructed and aesthetically represented can be expected to depend on a wide range of parameters: individual, societal, cultural [1]. To investigate this question, I have focused on a specific concept, that of the house as used amongst art therapy patients, architects, and artists across multiple cultures (within Europe and in Japan). The latter have often incorporated the theme of the house in their artworks as a means of expressing very personal life experiences, while architects express themselves through constructed material form [2]. An important subsidiary question in my study is, if and how symptoms of Posttraumatic Stress Disorder (PTSD) can become apparent via participants' drawings and paintings, a topic that had been touched upon also in an earlier study at the same clinic [3]. The theme of the house is both emotionally charged and universal, and should thus be appropriate for cross-cultural studies.

This paper's findings and discussion are based on a three-months' period of fieldwork during which art therapy based on the topic of the house was carried out at the Pitié-Salpêtrière's hospital in Paris within an inpatient adolescents' closed unit. Weekly sessions allowed adolescents to give form to house paintings in aesthetically individual ways, which, in my view, point to their lives' underlying sufferings as well as joys. Adopting the topic of the house as starting point of the art therapy process can mean not only addressing past, or current painful experiences, but also allows personal reconstruction.

1.1. Art therapy

The adopted art therapy approach is linked to what Hogan [5] writes regarding group interactive art therapy, which 'proposes that we are continuously shaped and reshaped, and that, to some extent, our identities are in a state of continual flux and reconstruction'. Further, Waller (1993) says (in Hogan): 'The image-(or object-) making is an important aspect of the human learning process; that image making [all art forms included] in the presence of a therapist may enable a client to get in touch with early, repressed feelings as well as with feelings related to the here-and-now; that the ensuing art object may act as a container for powerful emotions that cannot be easily expressed; and that the object provides a means of communication between the therapist and patient'. Also, in this study, an emphasis is put on possibly occurring symbolic content (via the artworks and participants' utterances). Art therapy is well-suited to the present study: in the context of both outpatient and inpatient units, this form of therapy (as well as therapy using cultural mediation) has been proposed in child and adolescent psychiatry for a number of years [4].

Further, a fundamental characteristic of embodied art making [and art therapy] is pointed out by Hogan [5] by citing Schaverien [6]: 'No other mode of [aesthetic] expression can be substituted for it', and 'in the process of its creation, feeling becomes "live", [or perhaps alive through the process] in the present'. For Boehm, powerful images are characterized by the fact that they 'engage in a metabolic process with reality' [7] and 'because they make us aware of a reality, make something visible without which we could have never learned of it' [otherwise] [8].

Within art therapy, aesthetic representations are potentially a means of addressing human suffering in a non-verbal way, whilst jointly taking participants' narratives into account. Specifically, working on the theme of the house could be a way of aesthetically addressing participants' past or present preoccupations, of giving form to various inner states that is joyful or painful experiences. The topic of the house invites participants to express themselves though house-related forms whose shapes can be as diverse as, for example, 'broken houses', 'snail houses', 'horse-houses', 'brick houses', walls, windows, doors, and so forth. Eventually, the topic of the house can serve patients in reconstructing, re-building, and re-defining a suffering self through art making [9].

Further, Huss & Samson [10] state: 'Art therapy can be a suitable method for enhancing embodied management elements; manageability as a type of embodied aesthetics can thus include elements beyond abstract conceptualisations, as in verbal therapy'. Further, Huss & Cwikel [11] write: 'Art provides a concrete and spatial interactive gestalt that can incorporate multiple elements of coping, as compared to the more linear verbal analysis. This enables valuing pictures of coping that have internal compositional coherence in a complex gestalt that incorporates both the stressor, but also the context of the stress, in the relationship between figure and background. This facilitates new, integrative solutions that can include moving closer or farther away, merging, separating, or changing the size and contours of shapes, and centralizing or decentralizing the overall gestalts of the system as a way to manage them'.

2. Method

2.1. Context

The overarching methodological approach to my research is mixed-methods, which combines qualitative phenomenological material with quantitative data. Yet, my methodology is mostly grounded in phenomenological qualitative approaches following Carel's [12] approach, who suggests: 'Studying lived experience is not a variant form of scientific enquiry, but a method for examining pre-reflective, subjective human experience as it is lived prior to its theorization by science'.

The quantitative element comprises a psychometric test measuring Posttraumatic Stress Disorder (PTSD) symptoms: the Impact of Event Scale-Revised (IES-R) by Weiss & Marmar [13]. According to the IES-R 'score consequences', for scores of 24 or more, PTSD is a clinical concern. Those with scores this high who do not have full PTSD will have partial PTSD or at least some of the symptoms. 33 and above: This represents the best cut-off for a probable diagnosis of PTSD. 37 or more: This is high enough to suppress your immune system's functioning (even 10 years after an impact event).

Following my approach of encountering patients as 'neutrally' as possible, psychiatric diagnoses were provided to me by the psychiatrist in charge of the patients only upon completion of my fieldwork.

2.2. Design

Fieldwork procedures consisted of art therapy focus group workshops (weekly, 90 min, split into two temporal blocks), which took place within a closed inpatient adolescents' unit. The unit can receive 15 adolescents from the ages 15 to 18 years who present various psychiatric disorders, including cognitive deficits. Participants of the present study consisted of a total of nine female and male adolescents aged between 15 and 17 years. The sessions were held in a space, which serves as educator's office, art studio, and kitchen. The number of attending patients was on average three to four persons, with a total of six young women, and three young men. The mean age was 16 years. During the first block of the fieldwork, Ms E. Simon, educator, was present during the art therapy sessions. Her role was to be rather in the 'background'. During the second block of the fieldwork, I worked alone with the youngsters.

2.3. Protocol

I gave a short introduction to the theme of the house by displaying 31 postcards showing houses in various countries and cultures, which can serve as a springboard to inspire participants (or not), or to 'break the ice'. There was, however, no obligation to follow the theme of the house. No formal artistic teaching was involved in the workshops; technical advice was provided by me, but only in case the participants required it.

The modalities were painting and drawing. The art material consisted of acrylic colours, gouache, pencils, colours, graphite, coloured markers, rulers, erasers, graphite sticks, brushes, Chinese ink, ink stone, and two sizes of paper A3 and 50×70 cm. Patients freely chose the artistic media. These were spread out in the same way during every art therapy session. The repetition of the art materials' presence at the same location (table and kitchen furniture) may unconsciously help patients to feel safe, and can provide a sense of continuity.

The artworks remained in the studio space's drawer within a folder for the duration of the fieldwork period. During the beginning of each session they were pulled out for each adolescent to decide whether she/he wanted to continue to work on it or not. The artworks are the patients' property.

Sessions' closure usually involved verbal exchanges and cleaning of the art materials and table. After each art therapy session the patients' artworks were photographed for my fieldwork documentation, consent for this being part of the ethical approval process.

Observational field notes based on participants utterances in regard to their artworks, or additional content, were written down after each session outside the clinic. I jotted down my observations regarding e.g. patients' ways of being, how they used the art material, how they aesthetically visualised the topic, how they adopted their space, and my own self-reflections.

Lastly, I conducted a 29-item semi-structured interview questionnaire [14] (recorded) via individual discussions with each participant based on their drawings and paintings at the end of the adolescents' clinical stay, the end of the workshops, or upon my departure.

2.4. Ethical approval

The use of cultural mediation is consubstantial of the milieu therapy provided for the inpatients. Specific ethical approval was not required for participation in the study. Patients' selection was provided by the psychiatrists in charge and in agreement with participants' parents. However, participating patients of my art therapy focus group workshops have signed a written informed consent sheet, which also informed them e.g. about their right to withdraw at any time during, and after the study, as well as agreeing to the anonymous use of photographic documentation of their work, of the recordings of their narratives and of my observations in publications and in my thesis.

2.5. Focus Group

The focus group method relies on small sample sizes, allowing for rich and in-depth qualitative material to occur. As Evans [15] points out it permits 'open investigation procedures as well as the use of projective methods', or in the present study, suggesting a symbolising topic, the house. Participant 'selection' has been carried out by the clinic's psychiatrists, Dr J. Brunelle and Dr C. Cravero, as well as the section's educator, Ms E. Simon, based on the adolescents' own expressed interests, and in compliance with the health worker's judgment related to youngsters' fitness or potential beneficial impact the art therapy sessions might have.

2.6. Patients

The patients in the focus group are adolescents (six females, three males). They generally spend their weekdays within the closed ward and may leave on weekends to go to their parent(s), or other carers' homes. Depending on the individual's mental state, the adolescents either share rather spartan hospital rooms with three other young persons, or may occupy individual rooms. Male and female genders are separated; existing homosexuality did not seem to interfere with gender-stereotyping attribution of space. Based on the clinic's psychiatrists' diagnosis, health issues and symptoms include depression (e.g. loss of a parent), drug addiction, bipolarity and borderline disorders, autistic spectrum disorder, self-harm, obesity, and cognitive impairment. The length of a clinical stay is usually between three and seven months, according to the section's psychiatrist's information.

2.7. Analysis

First analysis consists of taking all the elements into account that form the material of this study. This includes addressing and describing the produced artworks, participants' narratives concerning their artworks, meaning-making of their artworks (with the author and among themselves), interactive group dynamics, participants' mental and/or physical states, use of space and selected art materials.

This first step delineated the appearance of four axes of analysis (plus appearance of a fifth theme):

- a first axis: notions of outside and inside of the house;
- a second axis: refers to the degree of maturity and introspection of participants;
- a third axis: the degree of variability of the aesthetic representations of the house;
- a fourth axis: participants' and author's meaning-making of house representations;
- a fifth theme: evolution related to the behaviour of a single adolescent linked to specificities (autistic spectrum disorder and intellectual deficiency).

The overall final analysis will be performed according to phenomenological 'coding' [16] based on the totality of the gathered material and data of my PhD research, that is, drawings, paintings, participants' narratives, my observations, the aforementioned psychometric test data including cultural specificities, the findings from the semi-structured registered and transcribed interview questionnaire, and by addressing psychiatric diagnoses. Ultimately, my analytical strategy comprises of 'the identification of topics,

Fig. 1. Examples of *house* drawings by patient O.

issues, similarities, and differences that are revealed through the participants' narratives and interpreted by the researcher. This process enables the researcher to begin to understand the world from each participant's perspective [16]. For this paper, notions of interiority and exteriority and the space in between are investigated.

3. Results

3.1. Patients' vignettes

Out of the nine participating adolescents of this study, only five will be discussed in more detail within this paper as their work is exemplary of the whole cohort. Of the remaining four other participating adolescents, the duration of the presence of two was too short to provide meaningful material, while the data from the other two participants are consistent with that of the selected cases. The rationale for this selection is thus related to the length of their workshop participation, the pertinence or distinction of/or between their artworks, and the specificity of a mental state (autistic spectrum disorder and intellectual deficiency). Of the selected group, only a sub-set completed the IES-R test.

3.1.1. O., 16 years

O. was a girl who had suffered from a depressive episode and a precarious social-affective environment (separated parents). Her IES-R score was 44.

3.1.1.1. Drawings. O. used the theme of the house by representing the external situations of her house. Her access to speech and thinking did not seem to be obvious; she was not very accessible during the workshops, nor during the final semi-structured interview questionnaire.

However, O.'s drawings seem to illustrate an internal and psychological evolution (including her physical posture) as she became more affirmative, and less tense over time. Her drawings seem to demonstrate a transformation from an architectural situation that seemed to be hopeless (Fig. 1a) via a stone house whose entrance is partly walled-up and broken, the window barred, by passing through a 'period' linked to perhaps the world of childhood (mushroom) (Fig. 1b), into a direction of a more positive, open perspective (Paris' city [Fig. 1c]) and individual house situations, (Fig. 1d), even if the last pencil-drawn house still expresses some fragility, in my view.

3.1.2. M., 16 years

M. was a girl who suffered from depressive episodes, borderline personality traits and self-mutilation. She did not fill out the IES-R test. The length of her clinical stay was of seven and a half months. Weekends were spent sometimes with the grandmother or an aunt. The family background is of divorced parents who have experienced major conflicts and M. experienced abandonment as a consequence. The mother was also in psychiatric care suffering from depression whilst M. was hospitalised. She was placed in a home and received childhood social assistance. After the end of M.'s clinical stay, she was sent to Auvergne in order to stay with two couples who have horses, and where she will be starting in a new high school. Depending on the judges' decision, M. may return to live with her mother.

3.1.2.1. Drawings. Generally speaking, M. uses the house theme for interior and exterior spaces. Her drawings show the clinic's community space in a rather realistic way (Fig. 2a). Her second drawing

Fig. 2. Examples of *house* drawings by patient M.

is a house made of flower petals (fig. 2b). This depiction is on the one hand poetic, on the other hand the walls are 'perforated', 'porous'; there is sense of movement via the flower petals under a black tree; self-protection seems hence impossible.

The 'horse-house' (Fig. 2c) where the interior space is located in the horse's belly is accessible by a ladder through the horse's mouth. The horse is walking and not standing still. Herzog writes: 'the Trojan horse comes to mind. The cunning hero Odysseus finally puts his soldiers in the imaginary horse, seems to be beaten and wins rather by the powers of imagination than solely through physical combat…' [17]. M. said that she likes horses a lot. Whilst M. was finishing her drawing, she carried out an affirmative gesture by imprinting her hand (in pink) next to the horse. This act could be seen as a manifestation and as an affirmation of her existence. Referring to the stark presence of her pink hand's imprint, one might refer to the 'prehistoric artists' hands propped against the walls of the Pech-Merle Cave 'that are still visible after 25,000 years. The hands seem to guide the horses' energy across the wall, evoking a sort of shamanic permeability between humans', animals' and spirits' worlds. Hands symbolize the sovereign, world-creating range of consciousness; they embody effectiveness, diligence, adaptation, invention, self-expression and possessing a will that can pursue creative and destructive goals. Hands are lightning rods of psychic energy… For example, 'The Girl Without Hands' in Grimm's fairy tale can be understood as a female being-in-the-world that is so psychologically tormented by the patriarchal attitude that the emblematic hands of self-expression are condemned to passivity. On the other hand, this history, more than active engagement with the world, also points to the necessity for internal reflection' [18].

The fourth drawing (Fig. 2d) illustrates the precariousness of a young man's (a beggar) existence. He is situated practically in the middle of the scene, sitting on the edge of a fence perhaps similar to M.'s personal situation, where she was 'closed in' but is now

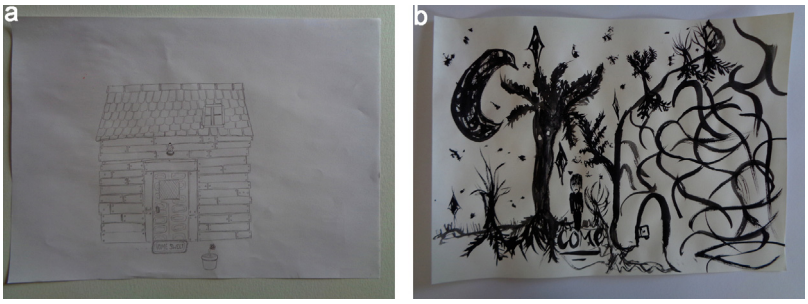

Fig. 3. Examples of *house* drawings by patient C.

Fig. 4. Examples of *house* drawings by patient I.

leaving that space-time. The drawing shows a tree, again with petals of flowers, but is expressed in a fashion that seems to me more harmonious. Does this drawing indicate a transition period?

The last drawing (Fig. 2e) is a brick house, whose roof and facade are partially damaged, showing an open door and a well defined, rather hermetic fence, hence there are no more 'porous' walls, even though the "Baukörper", the physical built body, remains damaged, and there are no windows. However, at some point during the workshop she exclaimed: "*Ah, putain, j'ai oublié les fenêtres*!" I was surprised that she would have intended to draw windows at all, as the walls seem to be built out of solid bricks. Consequently, the house is better delimitated than M.'s previous structures, even though the front door remains open.

3.1.3. C., 17 years

C. was born in Paris, then lived in a rustic house in the forest, and thereafter in a more classical house in the city. His father had suffered from a severe autoimmune illness and passed away as a consequence. He subsequently lived with his mother and elder brother. C. presented with a depressive episode and a cannabis addiction. Additional psychological distress was caused due to mobbing at his school and partner separation. He had started jewellery studies in Paris, which he abandoned, causing him to suffer. He said that he missed his country home, and nature. He also presented self-harm on the arm, which was very 'structured', showing a graphic, almost 'orderly' form, hence it was not 'chaotic' (as it was e.g. in I.'s case).

During the first two workshops (of a total of three workshops before the end of my fieldwork) he made a very 'normal' impression on me. His speech was very sophisticated, similar to that of an adult. His previous quiet mood was in contrast to the last workshop where he seemed depressed and said that this was "because of my fluctuating moods". His high IES-R test score (56) seems to indicate possible presence of trauma, and/or PTSD. However, according to psychiatrist's information he "does not have a clinical PTSD".

3.1.3.1. Drawings. As a starting point, or perhaps as an inspiration, he chose a black and white postcard of a painting showing a heavily cluttered, longish, poor-looking hut. It has many windows and a roof with irregular tiles. His (second) delicate pencil drawing "Home sweet" (Fig. 3a), where the second word "home" "had no room", and where "the nails of the house are not well hammered" (C. during the interview with the researcher, June 2018) seems very delicate.

According to C., the form on the right in the Chinese ink drawing (Fig. 3b) refers to a "house in a rock, with an open door and furniture

Fig. 5. Examples of *house* drawings by patient S.

inside". He indicated that the rendering of the rock designates the brain and its neurological connections. He added: "the moon almost seems to eat the tree". It was his last drawing during the art therapy workshops. C. said to like Tim Burton's artworks.

3.1.4. I. 16, years

I. was a girl who presented a bipolar disorder. The parents were divorced; the mother was hospitalized with mental issues, during which time I. was placed at a public home (ESA), which she subsequently left again once her mother's state improved. Further, she demonstrated a rather affirmative and 'pouting' behaviour of a teenager. Rather strong self-harming scars were visible on her forearms. Later, I. developed also physical problems, and she was overweight. She did not fill out the IES-R test, as she underwent an operation in the course of the study, and did not return before its end.

3.1.4.1. Drawings. The outer forms of her houses are always very similar, that is rectangular (fig. 4a). What happens inside is in most cases inaccessible except the house containing a piano, and the house on fire, "cramée", (Fig. 4b). She says to "love this form [of her houses] with a flat roof", and also "nature". Her drawings give me a feeling of 'floating in space' (Fig. 4c), rudderless, of precariousness, lack of internal and external orientation (disoriented), presenting a fragile and relatively permeable membrane, as is shown in the rather transparent expression of her watercolour paintings.

The drawing in Fig. 4d shows the interior view of her hospital room but "more tidy" as she said [than in reality], with clothes spread out on the ground, drawings on the walls, the window a bit open, padlocks on both sides, and a view on a tree. She wanted the room to be drawn in central perspective, and proudly said that she had learned that before. The initials 'AP–HP' (Assistance Publique–Hôpitaux de Paris) on the blanket are those of the group of hospitals of the city of Paris.

3.1.5. S. 16, years

S. was a boy exhibiting some degree of moderate intellectual disability, making it impossible for him to fill out the IES-R test. Further, he had a depressive episode and had troubles expressing himself verbally. Additionally, he demonstrated traits related to the autistic spectrum. Initially, he sought eye contact in an almost seductive, repetitive manner. A rapprochement between him and myself seemed to establish itself during his attendance of my workshops. Initially, he did not talk, neither to me nor to the other participants. With time, however, he started speaking with a soft voice, asking for things, and explaining to me how he was drawing his "cubes". He tried to insist on sitting always at the same spot. During the last session, however, he changed 'his' place in order to sit next to me (usually opposite from me).

3.1.5.1. Drawings. S. seems to have a developed a vocabulary of forms, an aesthetic language that seems to belong only to him and that reoccurred throughout the art therapy sessions. He often used

two or up to four colours to create his drawn shapes, with the exception of the 'smeared' paintings, where the emphasis seemed to be rather on the physical, material experience and consistency of the humid paints (Fig. 5d), in contrast to creating a painting per se.

Fig. 5a, and part of Fig. 5c were the only drawings where he directly addressed the topic of the house (Fig. 5c green "window"). The repetitive use of forms e.g. "clouds" and "cubes" (Fig. 5b), meandering lines, 'smearing' of humid colours, use of water, seem to also to point to a confinement, or a restriction in his ways of being, which became manifest through his iterated use of similar shapes. On the other hand, perhaps it is precisely the recreation of resembling forms that might be reassuring and structuring to him.

He started a bodily and material contact during the last big paintings (Fig. 5d) or drawings, whilst applying the pencils on his fingers and entire hands by painting with them directly on the paper. While carrying out these gestures, he was looking at me a lot. We came to name this mix of colours "chocolate mousse", which made him laugh a lot. He seemed to like having wet or humid hands; he took a lot of joy whilst washing the brushes, the palette, to be 'in the water' with his hands and entire forearms.

3.2. General findings

The findings of this period of fieldwork are manifold, albeit indicative. While not systematically expressed in all patients' house drawings and paintings, several elements appearing in individual cases indicate that house drawings and paintings may:

- represent a means of expressing current mental states, as it allows an exteriorisation of inner sufferings via the arts, the house (e.g. to convey confinement, transition, movement);
- point to past painful experiences (e.g. broken, abandoned, porous, burning houses) (exemplified by patient M., Fig. 2b or 2e, or patient I., Fig. 4b);
- allow sensual and physical contact with art materials (e.g. paint, crayons, water), an interaction that is impossible to experience when relying solely on words (exemplified by patient S., Fig. 5d).

Observational documentation of the body language and behaviour of the patients over time, as well as the interviews and my fieldwork observations with other groups (in clinics in Switzerland and Japan) with the same topic corroborate the observed (positive) evolution of well-being for some participants. In parallel, for a number of the patients, the produced artworks equally are characterized by an evolution. For the two patients (M. and O.) with the longest participation in the sessions, this trend is strongest: the positive evolution that is apparent in M.'s drawings is corroborated by a positive self-evaluation in the final interview and the fact that shortly after the end of the sessions, she was able to leave the clinic. In O.'s case, both increasingly stronger verbalisations and a 'coming out' (with regards to her sexual orientation) in the course of the sessions also underline a personal evolution.

However, given that the art therapy sessions were embedded in a larger context of other forms of therapy as well as perhaps medication, it is not possible to claim a causal connection between the observed positive evolution (in well-being as well as in the produced drawings) solely with my interventions, nor with the specific topic.

Moreover, it should also be noted that all sessions were group sessions. What generally happens during group art therapy sessions (even though each person works on his/her own artwork) can be related to McNeilly [19] and Roberts' [20] "concept of 'resonance'"(in Waller [21]). The latter writes: "The term is used to describe a group process which appears to be determined by two factors: the interactions between people and the reactions of individual people to the current theme of the group." This togetherness and shared narratives with the other patients and the art therapist was observably facilitated via a common symbolising topic, in this case, the house.

4. Discussion

The present fieldwork's situation was particular in respect to the topic of the house as it took place in an architecturally enclosed space of an inpatient clinical environment. This experience was in stark contrast to previous fieldwork locations where, (a) the clinical setting was of an open space studio structures, and an outpatients' situation, plus, (b) within the Architecture Department of a University. Regarding the closed space Mayer [22] writes: 'In the safety of foreclosure, it is possible for oneself to explore one's past, browsing through more or less useful patterns and formulating a goal according to true needs'.

Being secluded (in a closed clinical unit) may comprise certain challenges due to the omnipresence of various persons, including the lack of access to a private, open space and it raises the question of re-adaptation once being 'outside' again, especially after an extended length of hospitalisation. In his reflections on space Thoma [23] refers to notions of intimacy, closeness, and openness. 'Another aspect is the experience of experienced closeness and distance of other people in spaces. How close people are to us in certain spaces depends on the order that exists between us. This [the order] regulates how we connect with each other and how much we open up our private space for each other'. He continues his reflection: 'The more openness is allowed, the more resonance can be experienced by those present in a room; on the other hand, the more they can also be injured by the possibly overwhelming or even violent closeness of the other'.

Thus, the notion of space, how one can define and embody (or not) one's house (symbolically in the sense of self) is of crucial importance. Participants' painful experiences and damaged, suffering selves became manifest, in my view, through aesthetic representations of e.g. damaged roofs or broken or porous walls, where the self may not find a secure space or where one is not able to construct oneself.

If one would extend the notion of physicality of houses' walls to human skin, several of the study's adolescents displayed self-harm, which could be considered as an act of self-destruction similar to degrading house facades that would be in need of care and repair. According to Hawton's, Saunders', and O'Connor's [24] writing: 'Self-harm refers to intentional self-poisoning or self-injury, irrespective of type of motive or the extent of suicidal intent'. They continue to elaborate: 'although international variation exists, findings from many community-based studies show that around 10% of adolescents report having self-harmed, of whom some will report some extent of suicidal intent underpinning their self-harm'. More specifically, they point out that 'self-harm presentations become increasingly common from age 12 years onwards, particularly in girls, such that between ages 12 years and 15 years the girl-to-boy ratio is as high as five or six to one'. Additionally, self-harm rates are higher in adolescents from lower socio-economic groups. Regarding adolescents' possible background they find that child and family adversity, maladaptive parenting, and parental divorce are associated with self-harm [24].

The art therapeutic process and accompaniment can, however, also be a means to not merely express and externalise such painful experiences, but may also be an occasion to artistically address current situations, to daydream and to have the possibility to project oneself into the future.

Further, a containing topic (such as that of the house) offers artistically the possibility of change and evolution, in whatever direction. That is, patients' potential inner changes can be

expressed via their house paintings, which are an occasion to give form to the possibly occurring process of transformation that is under way perhaps without even realising it yet oneself on a cognitive level. As Mayer [22] states: 'If one paints a picture at different times of the therapy and then reads these pictures in their entirety as history, then this view has something documentary in itself: it actually documents the wandering through spaces and thus makes precisely that general map with its typical stations visible'. For example, this notion became apparent in I.'s drawings where, with time, her box-like houses disappeared at some point in order to deal with the space of her clinic room. She had moved from the exterior to the interior, which may be a reflection of her months' long inner and exterior reality.

Indeed, art can allow the experience of alternative ways of being. Authors from several fields, such as for example Kant ("Erste Kritik", 1781) and Vaihinger's "Als-Ob" (conceptualized in 1877; both in Bouriau [25]), later Helene Deutsch [26], and of course D. W. Winnicott [27] have theorized the "as-if" function (AIF) based on their individual perspectives. Bringing this concept into the realm of the arts and of art therapy, Fuchs [28] writes: 'Being able to distinguish between the factual and the fictional, or between the real and the virtual' (which Fuchs defines as 'the character of an object, image, or impression, which only appears, pretends, or simulates to be something else') 'is a fundamental capacity of the human mind. It allows us to take things to mean or represent something other than themselves. 'It enables us to put our own body-centred position into brackets and to take the perspective of the other person (or a self-object becoming subject, that is, the house), 'as-if' (AIF) we were in their place. This function is arguably one of the highest of the human mind, and it seems not overstated to say that it is the foundation of the cultural development of humankind as the "symbolic species" (Fuchs [28], quoting Deacon [29]). Hence, choices of how to aesthetically represent the house (e.g. in form of a horse, a mushroom, cubes, or a brain), or if one extends, the self, are opportunities offered within the realm of the arts, which might be difficult to achieve if relying only on verbal means.

To illustrate this point, the topic of the house seems to lend itself to various applications and contexts, as was e.g. the case for the young man presenting cognitive limitation and autistic spectrum symptoms. Interestingly, based on his answer to my question, his "cubes" were "cubes" to him and not houses. Yet, would he also have drawn "cubes" without the topic of the house? What seemed clear was that it permitted S. ways of expressing himself artistically, to feel shared joy, within a safe space, which perhaps also provided him with some structuring stability thanks to his geometrical forms. Klein [30] quotes Darrault-Harris [31] who writes: '. . .we advocate other ways of progress: working with "the detour strategy", with the symbolic, the metaphor. When playing with the autistic child we palpate all the walls of the room, we know that it is a way of delimiting one's own body too open sensitively to the quickly hurtful contact. When the child models clay in art therapy, it is both discharging aggression by beating and crushing it and building houses to rebuild oneself' (in Klein [30]).

The results should be interpreted in the context of its limitations. The three functions I constantly occupy – that of researcher, that of the patients' art therapist, and that of self-observer – introduce a first limitation to this study, since exercising several roles simultaneously represents a challenge to continuously being able to carry out all the activities at the same level. These multiple and partly contradictory roles limit the quality of the data, which is however unobtainable without the co-activity of the other roles. In addition, some biases may occur due to the fact that the study takes place with patients from several cultural backgrounds, which can lead to personal perceptive tensions or perceptions based on different (or similar) socio-cultural experiences and contexts [32]. One often insists on the difficulty of such a position, which requires a kind of dual consciousness. As Bourdieu [33] critically questions: 'How can one be both subject and object, the one who acts and the one who, in a certain sense, sees himself acting?'

I conclude that the study's findings are supportive of the usefulness of the topic of the house in an adolescent clinical population. It allowed the studied population to aesthetically express present and past hurtful experiences. Furthermore, based e.g. on the work of O. and M., and observation of the patients' body language, narratives and interviews, there are indications that the patients underwent transitions towards better well-being. In contrast to art facilitators, the role of the art therapist is to psychologically accompany the patients, to use the artworks to go through a process of change and to help them make sense of their suffering within a safe space. In this ongoing art therapy process and accompaniment, the topic of the house may be helpful in re-building persons' suffering selves. The combination of resulting artworks, of participants' narratives together with artists' and architects' findings can provide further insights into the subject, and provide novel knowledge for related health professionals. Hence, from a scientific viewpoint, following Huss & Hafford-Letchfield [34] 'art-based research may provide a means of accessing practice knowledge within complex social (and cultural) realities'.

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The author declares that she has no competing interest.

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