Lesley University

# DigitalCommons@Lesley

2014

# Examining the Identity of the Art Therapist: The Voice of Practice and Relational Care

Denise Malis
*Lesley University*, dmalis@lesley.edu

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_dissertations

 Part of the Art Therapy Commons

Examining the Identity of the Art Therapist:

The Voice of Practice and Relational Care.

A DISSERTATION

(submitted by)

Denise Malis

In partial fulfillment of the requirements

for the degree of

Doctor of Philosophy

LESLEY UNIVERSITY

May 2014

**Lesley** UNIVERSITY

Lesley University
Graduate School of Arts & Social Sciences
Ph.D. in Expressive Therapies Program

## DISSERTATION APPROVAL FORM

Student's Name: _____Denise Malis_____

Dissertation Title:

Examining the Identity of the Art Therapist: The Voice of Practice and Relational Care

### Approvals

*In the judgment of the following signatories, this Dissertation meets the academic standards that have been established for the Doctor of Philosophy degree.*

Dissertation Committee Chairperson: _____ 4/15/14
(date)

Internal Committee Member: _____ 5/16/14
(date)

External Committee Member: _____ 4/18/2014
(date)

Director of the Ph.D. Program/External Examiner: _____ 4/15/14
(date)

Final approval and acceptance of this dissertation is contingent upon the candidate's submission of the final copy of the dissertation to the Graduate School of Arts and Social Sciences.

I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

_____
Dissertation Director

I hereby accept the recommendation of the Dissertation Committee and its Chairperson.

_____ 4/28/14
Dean, Graduate School of Arts and Social Sciences

STATEMENT BY THE AUTHOR

This dissertation has been submitted in partial fulfillment of requirements for an advanced degree at Lesley University and is deposited in the University Library to be made available to borrowers under rules of the Library.

Brief quotations from this dissertation are allowable without special permission, provided that accurate acknowledgement of source is made. Requests for permission for extended quotation from or reproduction of this manuscript in whole or in part may be granted by the head of the major department or the Dean of the Graduate School when in his or her judgment the proposed use of the material is in the interests of scholarship. In all other instances, however, permission must be obtained from the author

SIGNED:   Denise Malis

ACKNOWLEDGEMENTS

Undertaking the completion of this dissertation necessitated a narrowing of my life which required shutting my door to the outside world.  Although my existence seemed to shrink to the confines of my small office and the final aspects of completion were long and lonely, I was constantly reminded of the support of others. The following acknowledgements are important and remind me that it takes a village to write a dissertation.

 I would like to thank the six art therapists who permitted me into their lives and allowed me to dive deep into the truths of their experiences.  It is through their voices that I found the hope and uniqueness of the profession that I hold dear.  Through their experiences I learned that professional identity is a fluctuating subjective experience and was reminded of the courage entailed in the practice of art therapy.

I want to thank my committee, who were always generous and gracious with their time and level of commitment.  To Robyn Cruz, a wonder-woman in deed and thought – thank you for the space you gave me to figure things out coupled with the diligence of keeping track of due dates; to Mariagnese Cattaneo, a mentor who was never shy to challenge me and always spoke the truth and brought me back to the basics; and to Linny Wix, who despite being on sabbatical and completing her own research provided me with thoughtful and succinct feedback.  Each was caring and considerate with their advice, allowing me to build and develop my voice.

I also wish to thank my husband Shaun, who witnessed the numerous spurts, stalls, and the final sprint to completion.  His humor and encouragement reminded me that I had the capacity to complete what I set out to do and to laugh along the way.  To

my daughter, Mekkin, who has been my guiding light and inspirational source since her birth.  Although many miles have separated us, I have felt the warmth and support of my parents, Ron and Helga, my sisters Vivian, Maureen, and Marilyn, and my 'adopted sister' Coreen Gilligan.

I began this doctoral journey in the circle of three women, each very special to me:  Lourdes, Hyejin, and Amy. I value all of the creative play in our initial bonding and I thank them for their warm support over the years.  Thank you to Michaela Kirby who was there for me in the many lows I experienced, and to Julie Battisti, who has always championed my cause and provided me with enthusiastic feedback for my first deadline, and then followed me each step of the way.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

The purpose of this study was to investigate the impact of personal art making on the identity and practice of the professional art therapist. This qualitative study explored the subjective experience of six female professional art therapists. Interviews were conducted and participants were asked about their personal art-making, art therapy practice, and the meaning of their professional identity. A narrative methodology, the *Listening Guide*, was applied to the interview data and emphasized each participant's voice and use of expressive language.

Data from this study established a three-fold identity for the professional art therapist: counselor, artist, and art therapist. Confidence in and validation surrounding each identity varied. The counselor identity included two themes: (1) attitudes towards art therapy and (2) challenges of multirole positions. The artist identity was linked to the art therapy identity through art making. In the art therapy identity three categories were found: (1) employment experiences, (2) art-making, and (3) the practice of art therapy. The four themes in the practice of art therapy theme were: (1) materials, (2) connection, (3) appreciation, and (4) awareness. Specific aspects of care and visual embellishment emerged that were particular to the field of art therapy. The themes and sub-themes in the artist and art therapist identities link aesthetic sensitivities and art therapy practice with relational care. This study's findings established the aesthetics of care in practice: a model of relational, empathetic care that is based in aesthetic sensibilities.

The significance of this research differentiates art therapy as a unique practice of therapeutic care situated within the threefold identity of counselor, artist, and art therapist. Findings suggest that the lived experience of professional identity for the

novice art therapist is significant and challenging.  Results from this research provide

recommendations for educators, supervisors and art therapists in the field.

**CHAPTER 1**

**INTRODUCTION**

**Origins of the Study**

The journey of this dissertation began in the studio, amid the grit of charcoal on paper, fingers sore from rubbing and blending, eyes strained from perceiving and discerning the emergence of images.  Creativity and curiosity dwelled in the space of the studio, as parts of a language of self-knowing, in which heart, mind, body, and the quest have converged. The studio is where I have lived my relationship with self and other; where the creative act has led to images embedded with meaning. As the location of art-making, the studio has allowed for different voices to converge and for a dialogue to begin between the personal and professional. These engagements in ongoing, meaningful expression have become linked with aspects of my identity of being an art therapist.

Entering my art studio was like coming home – entering a place of eminent comfort, where I could exhale and find pause in the purpose of pursuit.  Entering the studio, I sloughed off the vestiges of the outer world and breathed in the smells of paint and paper. The aromas, mixed with the familiar setting of table, stool, and chairs call for a response, to touch first and think later.  This ground reflects decades of art-making, but for many years this was not my experience of engagement.  Years of art training did little to allow me to find solace, bliss, or focus during the creative process. While art school allowed me to acquire hours of experience in drawing, painting, sculpting, and printmaking I grappled throughout with feeling like a fraud. Although this feeling dissipated in the years following my degree, a realization emerged: fraudulence was replaced with the sense that there was a missing element.  This missing piece dwelled in

my desire to create authentic images that derived from a union between what I was creating and how I was creating. Discovering art therapy allowed me to reestablish that link, and render the creative flow a source of authentic engagement: my visual voice became a sounding stone and platform to dive into uncharted waters.

Art therapy allowed me to experience the engagement of materials from the inside out, evaluate rather than judge, and see and receive the visible and invisible. From this new ground, visual sources took shape by covering paper with chalk pastels and applying pigmented wax to surfaces that called to be covered. As I settled into this new practice, images arrived and became vehicles to chart a path of understanding.

The route for this dissertation began with the persistent image of the volcano. For five years and countless configurations, I learned from the concealed magma chambers the importance of being held, and from the flowing lava and flying embers, the value of release. Through the metaphors of volcanic holding and liberation, I was led through the connected corridors of generational patterns and relational dynamics. Being transfixed by these images, I learned that to hold is to be held, to discover is to recover, and to embrace is to embark. The studio became my ring of commitment, allowing me to persevere, understand my capacity to experience through image, and claim my own humanity through the energy of fire, cooled with the balm of tears.

Witnessing myself through an immersive art process and establishing the connections between images and relationships opened a door, and further meaning emerged. I learned that witnessing extends beyond the present moment of creating and includes the reencounter of images made by others. Prior to embarking on doctoral work, I experienced myself through my daughter's art. Chancing upon a ceramic artwork years

after it had been created, I was reminded of how I had slowly recognized her hands as I had unwrapped it as a packaged gift. The gradual realization that between her palms was the image of an erupting volcano, allowed me to see myself with her eyes and feel myself through her hands. For years, as a child, she had witnessed the nuances of the volcano in my studio. While I had never explicitly told her about the deep and varied connections this image held for me, she had felt its engagement and sensed its meaningfulness. Such a profound experience of being visually mirrored by another has allowed me to recognize the depth and richness of visual creating. Not only do artworks lead us to personal connections, they are witnessed and have the potential to be perceived through images of others. This personal experience allowed me to connect the witnessing of personal art-making with aspects of the practice of working and watching others as an art therapist.

**Purpose of the Study and Research Questions**

The practice of art therapy is established in the world beyond the private art-making studio. While paper and canvas have been a ways and means to channel and integrate experience, the acclimation of art therapy experience has been garnered by working with others. Clinical experience, teaching, and supervising have provided a rich ground to establish a growing awareness of the field. These strands of experience – studio, art therapy provider, educator, and supervisor – have become a base of understanding the broader scope of the profession. These strings of experience have been influenced by notable changes in the mental health field that have affected the terrain of art therapy.

Over the past 30 years, issues of practice have become intrinsically connected to managed care, evidenced-based treatment, competition with other human service

providers and state licensure (Feen-Calligan, 2005; Wadeson, 2004). This has resulted in the growing focus of clinical practice, intervention strategies, and the ongoing development of art-based assessments. "Clinification" has become the seminal term representing the perception of a dualistic track in art therapy: clinical versus art-based (Allen, 1992). Allen's call to reorient the field was joined by others in the profession. Notably McNiff (1995, 1998), B. L. Moon (2002, 2003), and Lachman-Chapin (2000) declared the centrality of art-making as the essential core of practice. Additionally the call to an art-based orientation included the re-establishment of the studio as the focus of practice.

The studio provided a distinct environment for the practice of art therapy (Allen, 1992, 1995; Henley 1992, 1995; McNiff, 1998; Wadeson, 2002). As an environment, it offered a distinct framework of practice, which involved the orientation of the art therapist, the structure of the therapy, the approach to art-making and methods involving the processing of the artwork. As a form of practice, studio art therapy typically includes the art therapist's connection to their own art-making practices, in that the art therapist modeled various ways of engaging with art-making. The studio represented the return to art-based practice that reestablished the roots of the profession.

The dualistic nature of art therapy placed one foot in art and the other in psychology. Franklin & Politsky (1992) presented an overview of theoretical orientations that impact practice, while Lachman-Chapin et al. (1998) established a varied view of art that extends through art therapy. The discourse on theoretical orientation simultaneously occurred with a growing awareness in the literature of issues that impact the ability to practice, provide services, and be compensated for the services rendered (Feen-Calligan,

2004; Wadeson, 2004). State licensing issues became a national focus, resulting in the American Art Therapy Association (AATA) initiative to pursue state licensure requirements in approved graduate schools. The inclusion of counseling courses, according to Wadeson (2002), marked of loss of art-based courses. Citing this as a potential root for "losing of art in art therapy" (p. 77) Wadeson identified conflict and polarization in the field between clinical and studio approaches.

Wadeson (2004) noted that the result of a negated art-based focus additionally implicated a distance between art therapists and making personal art. The art therapy intervention became one of the focal points that constituted the divide between an aesthetic experience and a clinical moment. McNiff (1995) stated that interventions halt both the creative process and the flow for the client and the art therapist. Art therapy as an explicit verbal directive was seen as controlling and as imposing a structure on an open process (Allen, 1995; Feen-Calligan, 2000; Lachman-Chapin, Jones, Sweig, Cohen, Wemekoski, & Flemming, 1998; McNiff, 1992, Wadeson, 2002; Young, 1995). By comparison, Wadeson (2002) attempted to counter this stance by referencing the art therapy intervention as an aspect of the practitioner's creativity, which received little to no response. Additionally, Wadeson (2004) equated the lost connection of art in the professional identity of art therapists with the substitution of an art intervention for an art process. This stance was similar to that of Allen (1992, 1995), who also implied the loss of professional identity and art would lead to a lack of differentiation with other mental health practitioners who utilized art exercises in their counseling approaches. Allen further noted the trend for art therapy services to become embedded in intervention based treatment models.

While it has not been uncommon for art therapists to reference their own art making as central for their orientation and purpose in the field (Allen, 1992; McNiff, 1992; Wadeson, 2002), there has been no research on personal art-making and the practice of the art therapist. Limited research exists on the identity of the professional art therapist (Feen-Calligan, 2012; Gonzalez-Dolginko, 2000), and the primary focus has been oriented to graduate studies (Wix, 1995; Feen-Calligan, 2005; Orkibi, 2010, 2012). This study addressed the gap in research that exists between artistic and clinical practices in art therapy and the professional identity of the art therapist. The lived experiences of the art therapist are addressed through two questions: (1) How does personal art-making impact the professional identity and practice of an art therapist? and (2) how has art-making in graduate studio art therapy courses affected the self-perception, identity, and practice of art therapists?

Six professional art therapists were interviewed about their personal art-making and art therapy practice experiences. Investigating subjective meaning-making was central to this study and best addressed through qualitative methodologies (Creswell, 2007; Denzin & Lincoln, 2005; Reinhartz, 1992). The *Listening Guide,* a voice centered method was chosen (Gilligan, Spencer, Weinberg, & Bertsch, 2003). This methodology evolved from Carol Gilligan's research on women's and girls' development of selfhood, where the voice of the participant is viewed as a narrative and expressive means of establishing meaning and identity. Not only is the participants' voice central in the data analysis, but also the researcher is considered a key component in each of its four steps.

In this narrative-voice study, I wished to not only address the gap in the literature regarding personal art-making and the professional persona of the art therapist, but to

present a deep inquiry into the voice of practice of the art therapist. A review of the

literature in Chapter 2 establishes the parameters of this study in the field of art therapy

and links the discourse of visual aesthetics and studio art therapy with professional

identity formation and artistic venues of the art therapist.  Relational empathy is

considered as a component of aesthetics, practice, and identity-formation. Chapter 3

describes details of the study and further considerations of the *Listening Guide*

methodology.  It is followed by the results chapter, in which details of the voice analysis

are provided.  The discussion in Chapter 5 links the outcome of the data analysis with the

literature regarding aesthetics, empathy, and professional identity.

**CHAPTER 2**

**LITERATURE REVIEW**

This literature review explores the role of visual aesthetics in art therapy, studio

art therapy, and the intersection of personal art and the professional identity of the art

therapist.  To best orient the review to the creative orientation of art therapy, visual

aesthetics are examined.  Art therapy, as a practice, involves the process of creating

visual products coupled with psychological inquiry (Malchiodi, 2012; C. H. Moon,

2002).  Art-making employs the senses within the creative process and results in visual

phenomena (Erikson, 1988). Considerations of visual aesthetics can be traced to the early

pioneers of art therapy.  Kramer established the process of making art in art therapy as a

thoughtful process that includes the art therapist's orientation as an interactive

intervention with the client (Henley, 1992, 2004). Unique to the field of art therapy is the

connection between visual aesthetics, the creative process, and empathy (Franklin, 1990,

2010; Wix, 2010). The notion of empathy and care is discussed as a link between

aesthetics, empathy, and visual phenomena.

A triangular relationship exists between art therapy, visual phenomena, and

psychological theory.  That relationship constitutes the approach art therapists use to

comprehend the process of art-making and the art product (Henley 1992, 2004;

Maclagan, 2001; McNiff, 1992, 1995; C. H. Moon, 2002; Robbins, 1988). The practice

of making art in the art therapy studio setting includes visual aesthetics via art-making,

psychology and the art of the art therapist (Allen, 1992; McNiff, 1992). Art therapy views

the visual form of expression in an artwork as a reflection of the artist's internal sense of

self; this involves psychological theory.  The practice of the art therapist begins in

graduate studies (Orkibi, 2012). Professional identity evolves over time and can be impacted by a number of different factors (Rønnestad and Skovholt, 2003). Overall identity formation has been approached through an Eriksonian lens (Struder, 2007). An alternative perspective to identity is provided through a relational perspective that re-establishes the challenges of identity as based upon issues of gender and culture (Gilligan, 1982; Jordan & Hartling, 2002; Miller, 1984). A review of the professional identity for the art therapist includes the notion of dual identity and the challenges that the profession faces in the mental health field. The final segment of this review examines the art of the art therapist. The way in which an art therapist experiences the visual arts is central to his or her understanding of self as a therapist (Lachman-Chapin et al., 1998; C. H. Moon, 2002; Robbins, 1988; Wolf, 1990). Understandings of self through art provide the profession with a unique window into its' history and the role that art has on professional identity development.

**Visual Aesthetics and Art Therapy**

In the field of visual arts, aesthetics are used to comprehend, evaluate, and, in some cases, define specific artwork and art movements. Defined as the study and evaluation of fine arts, aesthetics stems from philosophical concepts of beauty and taste (American Heritage Dictionary, 2009) that include criteria involving formal aspects of art-making, judgment, and perception (Feagin & Maynard, 1997; Rothenberg & Hausman, 1976). Visual aesthetics have reflected Western history and values, especially pertaining to beauty and taste, since the 18th century when the pivotal essays by Immanuel Kant titled *The Critique of Judgment* and *Art and Genius* were published (Feagin & Maynard, 1790/1997). While this study did not focus on aesthetics, per se, it

is important to present a summary of dominant factors embedded in visual aesthetics that can be linked to psychology and art therapy. Aesthetics wields a considerable impact on the field of art therapy, since the field is related to the visual arts (Cattaneo & Malchiodi, 1988; Moon, 2002).

Kant's canon on aesthetics focused on the reason and rationale of perceptual experiences of the world by establishing a standard of evaluation (Kant, 1997). Establishing aesthetics as this standard involved the delineation of nature from art. These standards allowed the viewer to judge and evaluate beauty and taste, and distinguish art/pleasure from craft/purpose (Maclagan, 2001; Ehrenzweig, 1971). Dewey (1934) countered the Kantian fragmentation with an approach that involves perceptual experience, which challenged the belief of hierarchical standards (Feagin & Maynard, 1997; M. Johnson, 2007; Maclagan, 2001). By expanding aesthetics to include many types of experiences, Dewey sought to underscore the importance of a subjective relationship in the art encounter. He posited that aesthetics is a subjective experience where meaning replaces value.

Art and psychology were intrinsically interconnected throughout the 20th century. Freud's introduction of the unconscious in the late 19th century brought a new perspective, a bridge between these two disciplines. Psychology allowed aesthetics to be reevaluated: according to psychoanalysis, art revealed a hidden component stemming from the unconscious, an extension of underlying feelings, perceptions, thoughts, and desires. The visual imagery emerging from the creative process became a fusion for inner and outer realities (Maclagan, 2001). The interactive play of art materials, the

emergent imagery from the creative process, and psychological meaning all came to be valued in the field of art therapy.

**The Aesthetic Roots of Art Therapy.**

Intellectual connections between aesthetics and art therapy span from the beginning of the profession to current practitioners. Literature that appeared between the late 1980s and early 1990s contained a robust discourse, and Maclagan (2001, 2002), C. H. Moon (2002), and Franklin (2010) have discussed aesthetics more recently. The literature suggested that art therapists were primarily focused on the art-making process as a means of manifesting a client's inner reality (C. H. Moon, 2002). Overall, in the field, there is distance between evaluative methods of fine arts aesthetic criteria based in beauty (McNiff, 1998; C. H. Moon, 2002). Art therapists have, however, used the aesthetic lens as a fusion for art and psychological theory, resulting in distinct orientations of practice. The reevaluation of art-making, formal qualities of the artwork, and psychological theory linked to aesthetic regard have shaped such practices. Each perspective established a distinct theoretical orientation of practice based on the facilitation of creative engagement in art therapy sessions and the encounter of the art. Franklin and Moon identified empathy as an essential element in viewing and facilitating the making of artwork (Franklin, 1990; C. H. Moon, 2002).

Kramer (1986, 2000) established art therapy based in artistic practice. Art viewed as expression and communication is embedded in the Freudian process of sublimating or redirecting energy. Kramer also cited inner consistency and economy of means as important aspects of practice (Henley, 1992). Inner consistency disclosed the creator's authenticity of expression, while economy of means underscored the quality of the art,

denoted by the use of media. Both the process and product are considered essential elements of the art experience. As an integrative process, Kramer posited that the aesthetic development and formation of an image can be intentionally and directly intervened upon by the art therapist. She contributed that the idea of "third hand" was established as a direct and sensitive intervention of the therapeutic practice of art therapy (Kramer, 1986, p. 71). As a psychodynamic and therapeutic intervention, the third hand values art as sublimated expression and has become a hallmark of art as therapy (Kramer, 2006, p. 20).

Visual and formal qualities of art, the art encounter, and the art-making process have continued to be addressed since Kramer (Franklin & Politsky, 1992; Henley, 1992; Robbins, 1988). While different aspects of the aesthetic experience have influenced a variety of approaches, visual awareness and sensitivities in art-making are viewed as a factor that distinguishes art therapy from other practices of psychology (Franklin, 1990; Landy, 1992; Robbins, 1988). Arnheim (1992) acknowledged that art therapy's unique approach is fostered in qualities of aesthetic expression. Art therapists have utilized Arnheim's psychology of art as a way in which to comprehend the artist or maker.

Arnheim's (1992) view of aesthetic qualities as an authentic mirror of an individual's characteristics provided a specific means of analyzing art. Art which is embedded in the structure of expression, reflects emotions and psychological meaning (Arnheim, 1966, 1974). Arnheim's isomorphics established that the analysis of art is the pairing of visual markings with emotional qualities. Contrary to a symbolic examination of art, viewing the expressive markings or patterns of an image constituted a new approach to art of particular interest for art therapists. Since expression reflects the

physical interaction with the media, isomorphics additionally shared the tenets of body-oriented psychotherapies, such as Gestalt psychology (M. Johnson, 2007).

Similar to Arnheim, Maclagan (2001) identifies the physicality of media as a key element in bridging art with expression. "Facture," or interactive handling of the media, provided the communicative path from which expression is experienced in the viewing of the art (p. 8). Coupled with the "'feeling' of making sense that it prompts in us," an artwork becomes a two-way nonverbal experience. Where Arnheim utilized the expressive structure as a means of comprehension, Maclagan used the notion of a feeling sense as a means of understanding the aesthetic experience in the art encounter. Making sense "has undertones both of an indirect or intuitive way of being in touch with feelings ('I sensed his fear') as well as of more rational constructions and the meanings they engender ('This makes no sense')" (p. 12). While the physical properties of the art were key in both, Maclagan differed from Arnheim by investigating the "psychological lining" of the aesthetic experience (p. 141). Although not solely prescribing to a psychoanalytic approach, Maclagan valued the importance of including the conscious and unconscious levels of psychological aesthetic experience, with a particular focus on undifferentiated states of consciousness.

Characteristics and qualities of art have established divergent orientations in art therapy. Franklin (1990) cited the unique qualities of the artwork as a path of contemplation, while Henley's (1992) focus lay in Kramer-based economy of means. Franklin's orientation stemmed from a phenomenological practice of art therapy, differing from Henley's inclination to analyze art from a psychoanalytic perspective. Phenomenological art therapy, similar to an isomorphic orientation, is rooted in visual

characteristics of the art and pays particular attention to the qualities and expression. Meaning and underlying intention in phenomenological art therapy use the client's perceptions of the art to lead and explore (Betensky, 1995; Franklin 2010).

The receptive act of perception in an aesthetic experience allow for further distinction in theoretical orientations of art therapy. The aesthetic encounter for Maclagan consists of breathing or taking in as a receptive means of encountering an artwork. Taking in an artwork provides the perceiver with a wider avenue to respond to the art (Maclagan, 2001). Franklin (2010) contemplated the qualities of the artwork. Franklin (1990, 2010) linked a phenomenological approach with contemplative tradition when used with the intuitive exploration of "feeling the way into the work" (Franklin & Politsky, 1992, p. 199). Franklin associated the act of feeling into art with the German notion of empathetic feeling "*einfuhlung*" (1990, 2010, p. 161). Regarding art from this perspective provided empathetic, nonjudgmental comprehension, and when applied in art therapy, a subjective path and therapeutic alliance are forged. This intuitively based approach to aesthetics offered a link to the intrapsychic world of the perceiver as a subjective experience.

Henley (1992, 2004) cited the formal qualities of art as essential for aesthetic comprehension. Straddling art education, art criticism, and art therapy, Henley questioned unconditional empathetic regard in the profession and cites Kramer's approach to quality as an alternative. The phrase "aesthetic sensibility" (Henley, 1992, p. 153) encompasses Kramer's continuum of aesthetics. Expression, motivation, and intension, coupled with exploring the quality of the formal aspects of the art, are included in this approach. Sensibility defined as "the ability to appreciate and respond to complex

emotional or aesthetic influences" bore direct connection to aesthetics (Oxford Dictionaries, 2014). Aesthetic sensibility allowed Henley to widen the parameters of aesthetics to include an intuitive approach. As in Franklin's approach, empathy plays an important role. Both the utilization of the third hand and critiquing the quality are considered an empathetic intervention used only when a strong therapeutic alliance has been formed. The inclusion of art criticism provided the client with a sense of direction for future endeavors and could provide motivation for future explorations.

Psychoaesthetics, a term coined by Robbins (1988, 1992), considered the complex nature of aesthetic layers that exist in the therapeutic process. While the structure of the artwork provides a meaningful and respectful base for empathetic regard, Robbins's focus lay in the therapeutic environment of therapy. Tying together the creative and therapeutic process, Robbins bridged the practice of art therapy while referencing the environment as a Winnicottian holding space. The psychology of environment as a holding space is a central consideration in psychoaesthetics. The environment as a transition space combined with art becomes a meeting ground for the therapist and client. Establishing a holding environment is dependent on empathetically attuning and responding to the client. Such environments allow the therapist to intuitively move with the client and titrate different affective states. The therapist utilized methods of distance and closeness for safe and meaningful explorations in therapy as a transformational process. "Empathetic and aesthetic relatedness" are based on artistic knowledge that provides the art therapist with the ability to intuit treatment. Robbins stressed that artistic knowledge is a key component and skill for art therapy practices (Robbins, 1988, p. 98).

Franklin (2010) and C. H. Moon (2002) both identified the notion of art-making as an activity of "making special" (Franklin, 2010, p. 161). The term "making special" originated with Dissanayake's (1992) "palaeoanthropsyhobiological" view, which defined artistic creation as a transformational form found in the creative shaping and embellishing to aesthetic works (p. 173). Aesthetic development is viewed as embedded in social connections and considered universal, inclusive, and essential to human evolution. Art-making as a making-special activity includes human history, culture, and psychology. In keeping with Dissanayake, Franklin furthered the social communal act involved in art-making via the empathetic connection within the therapeutic relationship (2010).

Franklin (2010) extended the theoretical premise of mirroring in aesthetics and art therapy, and updated Robbins's object relations rationale. Franklin drew upon neuroscience to understand the subjective states between therapist and client. Shared responsive states occur when "humans see or hear another person performing a specific action" (p. 163). Gallese (as quoted in Franklin, 2010) established that "implicit, automatic and unconscious process(es) of embodied simulation" known as mirror neurons, allow for intersubjective empathetic states (p.163). In keeping with attachment theory, Franklin asserted that the art therapist attunes and intuits through sensory-based art methods. Franklin's use of the third-hand is differentiated from Henley's, in that he references art-making as the therapist's response during the session. While Henley referred to responding and interceding with the client in their art-making endeavors Franklin creates his artwork to the client as a visual communication of his clinical response. Franklin's use of the third-hand differs from Henley's in that he referenced art-

making as a therapist's response during the session. This orientation can be considered more of a co-created approach than making art alongside a client. Co-created art, made when a therapist and client interact directly on the same artwork (Lachman-Chapin, 1983) or the art therapist makes an artwork alongside the client, is a sensitive endeavor based on the client's needs (C. H. Moon, 2002). Like Henley, Franklin approached such third-hand interventions with considerations based upon the client's needs, and not for gratification of the therapist.

C. H. Moon (2002) identified art therapy as based in transformational acts of creativity and beauty. Making special can include an integrated, focused way and means of ritualized release. Similar to Franklin, Moon was considerate of the social fabric of art-making; however, she reconsidered the context of relationships and the social environment involved in aesthetic creativity. Art-making is valued as a social act to "foster and deepen bonds with oneself, others, or the larger community" (C. H. Moon, 2002, p. 142). Considered a new approach to aesthetics, "relational aesthetics" connote the shared relationship between social relationship and aesthetics (p. 142). As such, making art within a healing context and social environment has had the potential to align art therapy to humanitarian and social concerns.

Wix (2010) introduced the phrase "aesthetic empathy" in relation to teaching, art therapy, and making art. Wix, like Franklin, took notice of aesthetic empathy as an especially important facet of one of Kramer's early teachers, Dicker-Brandeis. Tracing influences to early Bauhaus doctrine, which linked with methods of Dicker-Brandeis's teaching, Wix rooted art-making and foundations of art therapy practices in experiential teaching methods that allowed sensory explorations under the auspices of care. Care, art-

making, and aesthetics lay outside the typical engagement of the predominant concept of aesthetics, a concept which provides a particular guiding principle for art therapy.

Engagement and connection in relationship have expanded aesthetics in disciplines other than art therapy and psychology. Noddings (1984) considered reciprocity as a foundational aspect of relationship. Similar to the social process of making special in creating art, Noddings's theoretical view embedded care in a universal social process.  Caring for and about objects is differentiated from the human need to care and be cared-for.  While care consists of internal and external experiences, each stems from a different set of parameters.  The need to care is considered an internalized experience as compared to caring for, an externalized action.  Caring-for is both reactive and responsive.  In the context of relationship, the self is supplanted by the needs of the other.  Noddings posited that the receptivity in aesthetics is similar to that of empathetic care.

> Similarly, one who cares for another is seized by the other's projects or plight and often "hears" without words having been spoken by the other.  Further, the creative artist, in creating, is present to the work of art as it is forming: listening, watching, feeling, and contributing. (p. 22)

Like Franklin's notion of the emotional engagement involved in the aesthetic attitude, caring is composed of attentive engrossment and affective engagement with another. Franklin suspended judgment, allowing empathy to emerge in aesthetic regard, which pertained to the aesthetics of care Noddings posits as an empathic act made on behalf of another.

Hamington (2004) further investigated care, specifying its elements and aspects. Like Noddings, Hamington argued that care is centered in and committed to human connectedness; relationships are core and considered a central facet in the interconnections of life. Interrelated aspects of care are represented in caring knowledge, caring imagination, and caring habits. Knowledge is key and required in care: to care for someone, a specific understanding of his or her limitations, inner resources, and agency in the world is necessary in order to move past a more generalized view. The specificity in caring knowledge counters distance in relationship. Caring habits are based on everyday movements and actions. Specific habits of care, however, are as practices, inferred by "gentler tactile interactions, a soft tone of voice, or a nod of the head — teaching someone all exhibit care" (p. 57). Such movement brings meaning into the patterned actions of everyday life. Harrington cited imagination as an overlooked consideration of care and as imbedded in the integration of knowledge and embodied practices of habit. Caring imagination involves empathy, critical reflection, and knowledge of both the psychological and social context of the individual and the situation. Harrington considered imagination crucial for empathy, as it includes a subjective visualizing of the physical characteristics of a circumstance or an individual. As an integrative experience, care involves an emotional, empathetic response. Caring imagination is a transcendent function that "allows for self-reflection that can view caring in the context of a web of relationship, with objectivity and a healthy sense of ego and balance" (p. 68). Subjectivity in imagination includes an emotive aspect of caring. As a reflective response, care is reciprocated. Responses based in Noddings articulation of engrossment are considered an important characteristic of the physicalization of care.

Imagination is considered an intervention that lessens emotional distance. Caring for someone involves a lived attentiveness where knowledge of the person, the habits involved in caring-for, and the imagination of empathy and reflection, provides a path of emotive response.

In states of caring-for, sensory engagement is a factor involved in the experience of engrossment. In a recent study, Crigger (2001) interviewed student nurses, asking them to describe a clinical situation with a client in their care. In keeping with Noddings's theory of empathetic care, six categories were determined that characterized engrossment in caring: need, sensory cues, similarities, projections, emotions, and reciprocity. Sensory stimulation included visual, tactile, and olfactory cues. Such cues were points of engagement that were followed by engrossment and emotional response. Reciprocity in the data was found on sensory-based elements. One participant stated "(She) was very unhappy, very depressed, you could see it in her eyes, the sagging in her eyes. I built a bond with her. She became a friend" (p. 619). Another participant described, "I look into their eyes and ask, how hey feel. I ask, 'Is this painful to you?' and I make contact with them and receive something back" (p. 620). An additional comment on reciprocity was, "When I first went in, of course, she just cracked her eyes (open); later, she would open her eyes. She knew me" (p. 620). Findings suggested that affective response coupled with mental choices support and extend Noddings's theory of care. Likewise, Ozean, Bilgin, and Eracar (2011) investigated empathetic and creative experience. Using expressive arts experiences, 48 nursing students were given the Empathetic Skill Scale before and after the expressive arts group experiences. Findings indicated empathic skills increased following creative activities ($3 = 3.996$, $p = .000$).

While both studies indicated sensory-based experiences are linked to empathy, the former study suggested the inclusion of creativity can impact the capacity for empathetic reciprocity. Both studies reinforced the potential embedded in empathy and sensory experience. Such potential bolstered the use of aesthetic experience in art therapy as a useful and meaningful engagement for both therapist and client.

**Studio Art Therapy**

Studio art therapy is a unique practice within the field of art therapy. Historically, the art studio has referenced the workplace of the artist and can be traced back to the European apprentice tradition of master painter and craftsman. The studio, as a concept, is connected to art being made in a specific, allocated environment. In studio art therapy, the environment in which the art-making takes place is a central component. The environment each practitioner shapes is unique to the individual art therapist (C. H. Moon, 2002). Just as the shaped environment reflecting the art therapist, the approach to the art-making process is a reflective framework of practice for the art therapist. Studio art therapy can, therefore, be defined as an art-based approach in which the art-making is the primary entry-point into the therapeutic aspects of treatment.

The focus of an art therapy studio differs from traditional fine art studios in terms of technique, criticism, and competition. Participants in an art therapy studio setting focus on developing personal art-making in a nonjudgmental and inclusive atmosphere (Allen, 1995; Henley, 1992, 1995; McGraw, 1995; McNiff, 1995, C. H. Moon, 1997, 2002; Wood, 2000). Like the traditional art studio, the art therapy studio exists as an interactive social system, where participants are able to witness the development of technique and expression in themselves and others. However, group learning in the art

therapy studio is not based on criticism. Instead the focus is on meaning making and exploration. Rather than specifically engaging the participant in a technique-based learning environment, the art therapy studio setting is adapted into a therapeutically-shaped environment (Wood, 2000). The therapeutic environment is a base element for creative engagement, and reflects the personality of the art therapist; one could call it an extension of her or his creative expression.

As a contemporary approach, studio art therapy has roots in the grandmothers of the profession, Margaret Naumburg, Edith Kramer, Elinor Ulman, and Hanna Kwiatkowska who all practiced in large hospital or institutional settings (McNiff, 1995; Vick, 2012). Wood (2000) pointed to a similar history of the art therapy in England where the open-studio model grew from hospital settings. Overall, environment and the connection it has to the art therapist are based on the fine arts model. The historic roots of studio practice in the United States are clearly set amongst the early practitioners, such as Naumburg and Kramer, and their approaches to the fine art tradition of art-making in their practice as art therapists. Wix (2010) extended the history of studio art therapy to include (less) recognized influences and practitioners in the field, pointing to the early work of Mary Huntoon. Like Kramer, Huntoon, whom some described as an "artist-teacher," (p. 180) valued a teaching approach in her studio practices. The studio model carries special implications for practice that include the role of facilitator, the environment, and the social interconnections that occur in the space.

The contemporary studio framework offers the art therapist a different perception of professional identity and self-care, and has the potential for creative innovation and integration of evolving theoretical orientations (C. H. Moon, 2002). The framework

further delineates issues of inclusion, hierarchical structure of therapy, approach to art-making, and methods with which to process the artwork.  These issues reflect the connection that art therapists have to their own artwork and the potential that modeling art-making has in the therapeutic studio setting. A review of the literature points to the wide spectrum of practice possibilities within studio-based art therapy.

**Frameworks of studio art therapy**

For many art therapists, the studio approach is the heart and soul of the profession and is based on making art with others (Allen, 1995; McNiff, 1995; Wix, 2010).  Studio-based art therapy reflects a spectrum of theoretical orientations primarily based on the aesthetic practice of the practitioners.  Practitioners tend to represent a heuristic path, which emanates from their experience of creating their own artwork and their experiences within the facilitated studio environment.  Wix (2010) contended that gaps between theory and practice in the field are a result of under addressed aspects of its history.  Wix also noted an overall bias and orientation in the field towards preferences of psychologically based theory, as opposed to artistic foundations of theoretical approach (Gilroy, 2004; Wood, 2000). While the literature in the field posits variations, little actual research into studio has occurred outside of a pilot study (Wix, 1995).  While results of this study supported the importance of studio art experience in graduate training and in shared art-making activities, a gap in research exists in the field.  Since each studio is unique in terms of the space, time, duration, materials, and personality of the art therapist, attempting to find standards in the environment is problematic (Malchiodi, 1995).  The majority of literature on studio art is nonspecific and does not address issues such as structure, group dynamics, roles, boundaries, gender issues, and power differentials.

Kramer (1986, 2000) established that the therapeutic stance of the art therapist is guided by her or his ability to interpret the embedded messages in the artwork, allowing physical interactions or the "third hand" role to be the basis of a psychodynamic intervention (Kramer, 1986, p. 71). Franklin, (1990), Henley (1992, 1995, 1997), McGraw (1995), C. H. Moon (2002), and Wix (2010), all proponents of Kramer's approach to visual aesthetics have frequently referenced the significance of the third-hand intervention. Additionally Kramer's emphasis of the therapeutic value of making art and her emphasis of knowledge of materials are equally referred to. Furthermore, Kramer's orientation to art education as a foundation of practice is important. Her perspective on the art therapist as artist-teacher is linked to practice using the third hand.

Henley (1992) directly integrates third-hand intervention into a studio approach. As with many studio-based proponents, (Franklin, 1995; Thompson, 2009), studio-based approaches are founded on aesthetics, sensibilities, and considerations. Henley viewed the studio as an aesthetic environment in which the third hand intercedes with the creative process. While specifics of the environment tend to be overlooked, Wood detailed and compared traditional studio model environments with contemporary practice (2000). An older model, describes studio space: "There are a lot of different places where it is possible to work, whether seated or standing, at a shared table, at an individual table or in a slightly concealed place. There is a wealth of materials to work with" (p. 46). By comparison, contemporary studio is "sparse by choice. There is a cool, uncluttered ambiance to the room that has been thoughtfully put together. Also, there is a lot of light that is filtered only by muslin blinds" (p. 46). Both environments lend themselves to different approaches. An older model allows the participant to become absorbed in the

artwork being created, while the experience of the contemporary model is more direct and focused.  The former lends itself to group work, where the space has a shared sense of ownership, and allows for experimental and exploratory practice, while the latter tends to be best suited for individual work, with participants who are clear about therapy as a focus.

*Studio Art Therapy*, a seminal publication, reviews multiple aspects of studio orientation and practice (C. H. Moon, 2002).  Of particular note are references to the studio environment.  Besides the nuts and bolts aspects of creating the space of the studio, Moon posited the interconnection between psychological and social factors. Citing the historic threads of studio practice, she proposed that the studio not only be acknowledged as a holding environment, but as a relational space.

Allen (1992), McNiff (1995), and Franklin et al. (2000) identified the studio experience as a transformative interactive field of creativity. While McNiff talked about the soul of visual art-making, Franklin and Allen extended the creative process to a spiritual experience by identifying the process as transpersonal.  Transpersonal psychology is based on human growth and development as well as on the call to the spiritual dimensions of consciousness (Franklin et al., 2000).  Depth and transpersonal art therapy view creativity as a continuum of consciousness in which contemplation as a psychic activity has the potential to transform. Wix (1995) aligned the studio experience in the context of archetypal psychological exploration in which images reflect an archetypal presence. Thinking archetypally, images are seen and understood just as they present themselves, and therapist and client work with the image, explore metaphor as being based in its own language. Exploring images from an archetypical psychological

perspective provides an approach that allows the participant to become conscious of connections to universal states of awareness. The studio process for Wix allows participants to create a series of artworks in which "each art image emerges from the heart of another image" (p. 176). Wix, Allen, and McNiff often utilized metaphors such as birth, psychic energy, and web, which create an additional metaphorical or archetypal dimension of the studio experience.

Dialoguing with images, (McNiff, 1992), intension based art-making, and witnessing, (Allen, 1995, 2005) are methods that stem from transpersonal image explorations of studio practice. Dialoguing with the image is not an interpretive method, but rather a discourse through imagination, where the image remains autonomous and the artist explores meaning. Allen's method of intention asks participants to identify an intension prior to their pursuit of art-making. Witnessing is a self-reflective and nonjudgmental stance based on written conversional dialogue between the artist and the artwork. This, in turn, leads to a written dialogue between the artist and the artwork. These creative methodologies linked to studio-based practice allow participants to explore their art images through imaginative interaction as compared to psychodynamic approaches.

Aside from the orientation of the studio as a transpersonal, interconnected field, Wix (1995, 1996, 2010), Franklin (2006), and C. H. Moon (2002) address the social and relational elements of the field. Though all three offer different perspectives on the social field involved in studio practice, viewing the studio as a social relational field provides an alternative approach to group art therapy. While Wix (1995) considered the "web-like structure of connectedness" (p. 175), Franklin (2006) cited the neurological

interconnections, and Moon cited (2002) a potential social milieu-based environment, which remains open and flexible.

Wix (1995) identified the studio as an interactive, relational space as well as a counterbalance for a clinical focus in art therapy. The structure of a studio process allows the art to become the lead in the discussion and integration of potential problems. The studio as a container becomes the way in which "the art process and product are central to the image of the art therapy process" (p. 176). As such, art remains central and the studio setting is implicit in the process. The creative action allows for self-direction as well as self-creation. "As the interns make their art, their art makes them, and when they look at their art, then they have a new way of seeing their own process" (p. 177). Wix (2010) furthered the notion of studio and social engagement as an intersection of ideas where thought and practice converge. Wix viewed the studio as an environment where art-making is an aesthetic response via engaging with materials. This allows the art therapist to become located in the focus of the task and within the making of images. As such, Wix articulated that the visual imagery in studio art-making has a different language as compared to the language of outcomes and psychology.

Franklin (2006) identified the studio as a "social nervous system," linking neurological trends and attachment theory through this social system. The art therapy studio exists in relational coexistence, in that it connects the neurological wiring of participants. The polyvagal system consists of regulatory-affective systems found in neurological development. Developments in attachment theory and the Porges integrated model of development allow Franklin to extend his earlier writings on contemplation and

empathy.  By viewing the studio as a social, neurological network, he interconnects personal expression, interpersonal interactions and the importance of witnessing.

Making art is based upon sensory, body-based expressions (Franklin, 2006). These visual expressions are embedded in the artwork and when perceived phenomenologically an artwork is understood empathetically.  Franklin viewed the interconnection between the motion found in art-making as important; the emotion or affective expression as communication is central in his approach in studio art-making. The studio as a field of interconnections allows for an empathic aesthetic approach (Franklin, 2010).

Like Wix, C. H. Moon (2002) regarded the studio through a base of relationship; for C. H. Moon, however, "relational aesthetics" guide the direction of practice (p. 142). Included in relational aesthetics are the aesthetic side of the therapist, the innate sense of the participants' aesthetics, and the social relationships that extends the social environment of the space. Two other aspects are considered important: the studio as an environment which enhances or encourages therapeutic work, and the space as a flexible working space that is co-created by the group members and the art therapist.

Franklin (2010) and C. H. Moon (2002) both identified art-making as an activity of "making special" which is embedded in social connections (Franklin, 2010, p. 161). Art-making as a universal, inclusive language includes culture, history, and psychology includes the social parameters of art as social engagement that lie outside the parameters of traditional fine arts.  Gilroy (2004) acknowledges art-making and its social base, which is neglected in theory and practice.  Moon (2002) extended relational aesthetics to the practice of the therapist creating aesthetically based artwork in studio art practice.  She

noted the pro and con discourse in the field regarding art therapists in-session art making.

Similarly, Franklin (2010) linked empathy and art-making in a group therapy

environment, citing that visual responses of the therapist hold the potential of empathetic

connection within the therapeutic relationship.

**Further Extensions of Practice**

Waller (1993) focused on group art therapy and addressed many issues that arise

in interactive art therapy groups.  Of note are specific considerations and challenges

present when working with various populations, as well as the variations found in

different settings and environments where groups are held.   Waller did not specifically

identify the subject of the art therapy studio in *Group Interactive Art Therapy.*  However,

the group art therapy experience can be translated into the studio art therapy practice

allowing the neophyte art therapist an opportunity to expand the broad focus of literature

on studio art therapy.

McGraw (1995) described a specific studio-based program.  In this program,

services were provided for individuals with special medical disabilities.  She described

the environment and the therapeutic gains of the population that attended the program.

McGraw viewed the studio-based program as an opportunity for participants to address

their psychological and social challenges within the context of nonverbal art-making.

The studio model, "of these programs has been *studio art* which emphasizes the

nonverbal, image-producing qualities of art-making as central to therapeutic gain.  Even

when the goal is to increase cognitive skills or encourage discussion of feelings, the art

process and its product are integral to the experience" (p.174). McGraw is unique in

describing a studio-based approach because she includes specifics, not only of the

artwork produced, but also of psychosocial needs which are identified and then met through the art program. This is an important distinction in her approach.

B. L. Moon's (2012) discourse on art therapy with adolescents delineated tenants of studio art therapy. Central to the application of art therapy are his considerations of establishing relationships in the physical environment, art-making activity, and the use of metaphor. He specified that the studio environment is a place of "artistic experiences" that occur in a clinical context, established in safety, predictability, and relationship (p. 16). The environment as a reflection of the practitioner who offers a place of physical and psychological warmth established in visual and tactile aspects of art-making. The therapeutic studio invites relationship, for both the practitioner and the participants. Art-making is enhanced through skills and the discovery of meaning based actions. Creating visual images is viewed as a process concerned with community and with deepening relationships. Mastering materials is a central consideration and developing skill-sets promotes self-esteem. B. L. Moon's approach to images is metaphoric as opposed to interpretive. Metaphor is an inclusive experience which involves not only language based referencing as well as visual, kinetic movement, and environmental sources (B. L. Moon, 2007). He viewed metaphor as an accessible path to safely explore self, relationships, and define aspects of the creator to self and others. B. L. Moon additionally addressed the commitment to aesthetic quality as an important consideration for art therapists citing it as a central ingredient in expression and investment for the participants (2012). Aesthetic quality fosters self-regard, authenticity in self, and sharing the process and outcome with others. B. L. Moon (2007) considered art-making a shared experience; the process of creating with others establishes a ground of relationship. The studio promotes

relationship as a place that fosters the goals and objectives of self-exploration through a committed approach to art-making.

Thompson (2009) recognized studio art therapy as a therapeutic container for self-discovery and interconnection among group members. He stressed the active element of artistic sensibility, which "embodies the awareness of the self as an artist through the integration of artistic and aesthetic attributes toward self and other" (p. 160). Thompson extended the studio by including the gallery as an extended space. This aligns with and furthers Kramer's recognition of the final art product as a reflection of the therapeutic value of sublimated expression. The gallery has the potential of extending the studio group process and being an intermediate and transitional space for self-realization. By reframing the gallery space as a relational (as opposed to neutral) space of interconnection, Thompson extended what he terms as aesthetic action, which "refers to a subversive agenda that redefines the meaning of the gallery and its participants as beyond the reach of institutional forces from within its own walls" (p. 165). The gallery becomes an integral part of the creative process that impacts the artists within the context of an extended audience.

Allen (2008) extends studio art therapy into social action by likening the studio based practice as a political act, where creating aligns with health and wellness versus pathology. The group, viewed as a community, partakes in the act of witnessing the shared engagement of individuals whose imagery is based on the artist's truth. As a postmodern approach to studio art therapy, the act of witnessing allows for multiple truths and shared dialogue. Art therapy based in social construction goes beyond personal healing to a collective or community-based expression, which is considered

social action art therapy (Kaplan, 2006; C. H. Moon, 2005). Kapitan (2008) viewed the studio approach as community-based, which shifts the concept of art therapy from an individual or group-based practice to a community focus. "When a whole community embraces the idea of art as a healing technology and applies it to suit its own particular needs, a thousand permutations become possible on how art therapy may be defined." "Something happens when the narrative of the profession shifts from the individual expert to the living reality and power of the collective" (p. 2). Considering the traditional roots and the broadening of definition, the art therapy studio continues to offer alternatives in the practice of art therapy.

**The Development of Identity**

A central concept in professional identity is the formation of self – how the self forms and how a sense of self develops. Of particular importance to this study is how a subjective sense of the world is shaped. While the tenets of traditional psychology have laid the groundwork for identity development, central facets of Erikson's developmental model have been viewed as problematic, since the model has been broadly applied (Gilligan, 1982; Miller, 1984).

Erikson (1950/1963, 1974, 1959/1980), the preeminent identity theorist, viewed the shaping of the individual as a vital component of the self. Developmental identity theory introduced to Freudian ego psychology a social matrix; as an individual develops, the social landscape shifts dependent on age groupings.

> A sense of identity means a sense of being at one with oneself as one grows and
>
> develops; and it means, at the same time, a sense of affinity with a community's
>
> sense of being at one with its future as well as its history. (Erikson, 1974, p. 27)

Identity theory was constructed as eight stages of the evolving self, beginning at infancy to mature age (trust versus mistrust, autonomy versus shame or doubt, initiative versus guilt, industry versus inferiority, identity versus identity diffusion, intimacy versus isolation, generativity versus self-absorption, integrity versus disgust or despair) (Erikson, 1950, 1963). The integration and formation of ego identity hinged on accruing successive stages (1959/1980). Each stage is considered important, however for the ego development identity versus identity diffusion (stage 5) is considered pivotal. Considered the final stage of identity formation, identity versus identity diffusion (initially identified as identity confusion) hinges on adolescence, seen as the preemptive step towards adulthood (Erikson, 1959/1980). The adolescent's growth can easily remain stagnant dependent on their peer group. Ultimately, the adolescent must transition from social play into a work or career mode that Erikson considered to be between the "individual and society" (Erikson, 1959/1980, p. 126). The sense of identity that emerges from adolescence is based in being "at home in one's body, a sense "knowing where one is going," and an inner assuredness of anticipated recognition from those who count" (Erikson, 1959/1980, p. 127-128).

Assumptions of traditional psychology and human development were questioned in the 1970s - in particular that female maturation was considered analogous to male development (Belenky, Clinchy, Goldberger, & Tarule, 1986; Jordan, 2004; Jordan & Hartling, 2002; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Gilligan, 1982; Miller, 1984). Feminist theorists brought into question notions of identity formation that surround the role of relationship. The revised framework has broadened considerations in the field of psychology and allowed for the inclusion of gender and culture.

Central to traditional psychological theory is the notion that the major goal of development is autonomy. While Erikson's model acknowledges relationship and community as factors in identity, relatedness is not given enough merit within the overall context of human developmental (Blatt & Blass, 1996). Gilligan (1982) and Miller (1984) both used relationship as a thread to evaluate and distinguish women's development from the standard, which had been based in male development. Relevancy of independence and autonomy as the endpoints of development were at issue. Miller (1984) established a woman's sense of self as developed and enhanced through relationships, while Gilligan (Brown & Gilligan, 1992) focused on specifics aspects of autonomy as measured through the voice.

Miller's (1986) seminal publication *What Do We Mean by Relationship?* re-examined the themes of relatedness in women's lives. Like Gilligan, Miller did not view a separate sense of self as pertaining to women's self-understanding. Identifying five good things (increased zest or vitality, empowerment, clarity, self-worth and desire for expanding relationships) as the bases for fostering growth in relationship, Miller proposed a new perspective in understanding and valuing women. As a basis for sustaining well-being and growth, relationship mutual empathy, empowerment, and relational competence are considered core experiences of self. Mutual connectivity defined as "growth fostering relationships" (Jordan & Harlting, 2002, p. 49) leads to a sense of relational competence. The striving for connection in relationship is viewed as a direction in development that reflects ongoing growth; connected relationship enhances life in genuine mutuality.

Gilligan (1982) questioned the results in developmental research which questioned women's maturity and moral judgment. While women were included in studies their development was interpreted through the standards of male behavior.

> since it is difficult to say "different" without saying "better" or "worse," since there is a tendency to construct a single scale of measurement, and since that scale has generally been derived from and standardized on the basis of men's interpretations of research data drawn predominantly or exclusively from studies of males, psychologists "have tended to regard male behavior as the 'norm' and female behavior as some kind of deviation from the norm" (McClelland, 1975, p. 81). Thus, when women do not conform to the standards of psychological expectation, the conclusion has generally been that something is wrong with the women. (Gilligan, 1992, p. 14)

Problematic areas for women in these studies were identified as competition, moral decision-making, and relationship conflict, resulting in women often being viewed as inferior, less developed, and immature (Brown & Gilligan, 1992; Gilligan, 1992; Gilligan, 1996). Gilligan's seminal work, *In a Different Voice,* established a relational theory through the investigation of female identity in the context of relationship. Additionally, Gilligan investigated facets of voice as an instrument in researching and establishing identity in a relational context (Brown & Gilligan, 1992).

Studies of mutuality and empathy in relationship have stemmed from Miller's relational-cultural based theory (RCT) (Jordan, 2008) and from Gilligan's theory of female identity and method of voice analysis (Gilligan,1982; Gilligan et.al, 2003). In both, the social conditions that impact the voice of the individual are a central focus.

RCT has been used to investigate how "People are silenced, isolated and shamed as a way of exercising power over them and weakening the representation of their reality in the dominant discourse. People are politically and personally injured by these dynamics" Jordan, 2008, p. 3). Studies have included aspects of relationships such as relational aggression (Cannon, Hammer, Reicherzer, & Filliam, 2012) and relational dynamics in adolescent girls (Sassen, Spencer, & Curtin, 2005), relationship dynamics between youth and adults (Spencer, Jordan, & Sazama, 2004), and relational processes in career transition (Motulsky, 2010). Gilligan's research studies, similarly focused on mutual relationship, have however specifically focused on speech as containing facets of identity voiced in narrative (Bryne, Canavan, & Millar, 2009). Gilligan's studies into women's identity issues have hinged on researching adolescent girls.

> Girls' voices, carrying the sounds of an inner world that had become dissociated, opened a vast storehouse of recollection for women, encouraging memory and leading to the  discovery of what many women had forgotten: their clear voices, their resilience, their strength, their courage. (Gilligan, 1996, p. 242)

Divergent studies that have stemmed from voice centered methodology (VCM), which include friendship of adolescent boys (Way, 1997), the working world of nursing unit managers (Paliadelis & Cruickshank, 2001), the experience of older nurses (Letvak, 2003), and subjective experiences of dietitians in their practice (Gingras, 2010). Both RTC and VMC are considered feminist theory; the former is significant since the *Listening Guide* is the methodology of this study.

Research into a women's concept of self has been focused on the impact that social hierarchy has on a sense of authority. Brown and Gilligan (1992), Belenky, et al.

(1986), and Josselson (1987, 1996) presented a span of research studies inclusive of adolescent, college-aged, and middle-aged women.   Brown and Gilligan (1993), and Belenky et al. (1986) analyzed the voice of the participants, while Josselson's (1987, 1996) analysis was based on relational interviews.  Each has contributed to a deeper understanding of identity and mutual relationship.

The complex nature of power and authority in girls and women are two aspects of identity which feminist researchers questioned.   Brown and Gilligan (1993) and Belenky et al. (1986) addressed the unique relationship that women have with self-authority. Brown and Gilligan's (1992) longitudinal study investigation of authority with 100 adolescent girls investigated issues of self-identity, power, and authority.  Findings support that the established model of separation and autonomy cannot be used in evaluating the complex nature of female reasoning as well as the voice of adolescent girls is disallowed and constricted.  While Gilligan views voice as a means of decision making and constructing meaning, Belenky et al. approaches voice as expressive and metaphorical (Gamel, 2006).  Voice is viewed as a

> metaphor that can apply to many aspects of women's experience and
> development.  In describing their lives, women commonly talked about
> voice and silence: 'speaking up,' 'speaking out,' 'being silenced,' 'not
> being heard,' really listening,' 'really talking,' words as 'weapons,'
> 'feeling deaf and dumb,' 'having no words,' 'saying what you mean,'
> 'listening to be heard'. (Belenky et al., 1986, p. 18)

Belenky et al. (1986) interviewed 725 women and established that a women's concept of self is being constructed at different stages in life, often marked by the shift in their

caregiving status. Findings established that women are constricted by social hierarchy conscripting them as caregivers. Participants identified aspects of disempowerment through relationships which resulted in an identity based on negation or "a definition of yourself primarily in terms of opposition to others or what you are not" (Belenky et al., 1986, p. 78). Investigating women's experiences from self-descriptions determined that women who had little voice were impacted and dominated by societal authority, correlating a sense of agency and power to the construction of self-identity. Conceiving the self through others disallowed an independent voice outside of the expectations of others.

Josselson (1992) cited Miller as underscoring the importance of responsiveness and mutuality and Gilligan as contributing to establishing the dilemmas of care and connection as related to identity. Josselson's (1987, 1992) 22-year longitudinal study of 30 women followed the development of identity from age 22. Similar to Gilligan and Belenky et al, Josselson identified the discord in a women's internal sense of self with the outer self. Gilligan cited this distinct conflict in women and the basis for the vulnerability that women face in relationships.

> They are losing connection, they cannot say what they are feeling and thinking, and they are losing relationship and finding themselves psychologically alone. The division between inner and outer worlds creates a psychological instability and heightens the risk of being thrown off balance in times of stress. The desire for relationship creates vulnerability and signals vitality, but it also leads directly into the relational impasse. (Gilligan, 2003, p. 250)

Josselson (1987) determined that women experience identity crisis both through a sense of social dislocation (social positions shift) and aspects of inner change (gratification is lessened). Like Belenky et al. noted, shifts of identity can result from relational position in a societal context.  Each study emphasized that the interface with the world impacts the way in which a women views herself.  Additionally, while relationally based conflicts are a source of vulnerability for women, relational empathy is equally restorative and transformational.

In the relational model, empathy is viewed as a strength that establishes a way in which actions are based in an ability to care for others.  Shifting self-knowledge to inner authority is considered a developmental task (Erikson,1968; Piaget, 1952; Kurtines, Gewirtz, & Lamb, (2014). Gilligan found that empathy is carried into the decisions that adolescent girls make and resolving conflict is often determined by the wish not to hurt others (Brown & Gilligan, 1992). A relational orientation coupled with a women's conventional role as caregiver typically disallows a sense of inner authority to be established during adolescence.  Belenky et al., (1986) and Josselson (1992) established that developmental progression for women is often determined at a time in a women's life, typically in later life, when she experiences more freedom from social conventions. Women are then better able to shift from silence and external conformity to an inner sense of knowing.

Connected knowing builds on the subjectivists' conviction that the most trustworthy knowledge comes from personal experience rather than pronouncements of authorities. Connected knowers develop procedures for

gaining access to other people's knowledge. At the heart of the procedure is the

capacity for empathy. (Belenky et al., 1986, p. 112-113)

The shift into subjective knowledge is based on a sense of constructed knowledge freeing

the individual from passively accepting who they are from an outer authority to a

knowledge process based on their empathetic subjective experiences. Self-knowledge

from an inner source of self is less constricted and often breaks from polarized beliefs;

the self as knowing contrasts with the self as known (Suyemoto, 2002).

**The Professional Identity and the Art Therapist**

The development of a profession informs society that there is a generated

collection of individuals with a commonality of identification and of acquired skill

(Salling Olesen, 2006). Professional identity provides the practitioner with a stabilizing

framework and a reference point in which the professional can understand their work. A

sense of belonging can result and the unique contributions of the profession are

established (Pistole & Roberts, 2002). Professional identity is a developed sense of a

professional self that occurs over time and involves the practitioner's integration of skill

sets coupled with acquired knowledge; for an art therapist this involves an integration of

two knowledge areas: art and psychology (Feen-Calligan, 2005; Gibson, Dooley,

Kelchner, Moss, & Vecchio, 2012; Kapitan, 2010; Moss, Gibson, & Dollarhide, 2014;

Myers, Sweeney, & White, 2002). The pairing of art and psychology in art therapy

constitutes two specific areas of skill, however it is servicing others through art that

distinguishes art therapists from other counseling professionals. It is through this

distinction that the issue of dual identity emerges; for the art therapy profession, dual

identity issues can be traced back to the early years of its development (Agell & McNiff,

1982; Ault, 1977; Flemming, 1993; Lachman-Chapin, 1993). Understanding the distinctions and connections between art and therapy as well as the impact of education and practical experience in the literature provides a lens to understand issues pertaining to professional development and identity. These contributing factors have impacted the opinions voiced in the literature over the past 30 years.

Early founders of the profession have articulated the significance of art, which was the draw that pulled many into the profession. Kramer placed art as the first essential in art therapy (Feen-Calligan & Sands-Goldstein, 1996). The continued practice of art has been noted as providing and reminding the practitioner that the creative process involves catharsis, developing strengths, developing problem solving skills, integrating self-knowledge, and providing restoration and nurturance (Feen-Calligan & Sands-Goldstein, 1996; Wadeson, 2010). While art is the connecting action to therapy in the practice of art therapy, a divide has been noted between the identities of artist and clinician (Allen, 1992; Lachman-Chapin, 2000; B. L. Moon, 2003; C.H. Moon, 2002; Orkibi, 2010).

**Professional Identity in Counseling.**

Identity issues are not singular to art therapy and can be found in the related fields of counseling and art education. Within the counseling field, there are two distinct branches that have been surmised as creating confusion and division detracting from an integrated and unified sense of professional identity (Burkholder, 2012; Myers, 1995). Identity issues in this field stem from an inability of counselors to distinguish themselves from other mental health professions, which is rooted between two models of psychology — a dominant medical model based in pathology, and the philosophical roots of a

humanistic approach coupled with a focus on wellness and prevention (Burkholder, 2012; Myers, Sweeney, & White, 2002). This disunity supersedes the ability of the professional counseling field to reflect what is considered to be a "unified determination" of the discipline (Myers, Sweeney, & White, 2002, p. 396).

Dual identity issues have arisen in the counseling field. Studer (2007) asserted that role confusion stems from an uncertainty of self and purpose. Self-reflection, knowledge, and skill allow for building an integrated sense of identity are important aspects of developing identity. Gibson et al. (2012) cited issues of conflicted identity, which stemmed from two arms of counseling: school counseling and counseling. The differentiation between a holistic versus pathology model allows practitioners to clarify role and responsibility, resolve potential conflicts related to power and status, establish effective collaboration with other professionals, and impact the counselor's ability to practice in an ethical and professional manner (Gale & Austin, 2003; Sweeney & White, 2002). Leaving these issues unaddressed disallows contingencies to be effectively addressed in the seasoned professional.

Studies on dual identity in counseling have primarily focused on graduate studies. Gibson et al. (2012) conducted a qualitative study of 43 graduate counseling students that examined aspects of validation, motivation, and self-perception related to developmental aspects of professional identity. Four groups of participants represented the stages of emergent professional identity: (1) students accepted into programs but who had not taken classes; (2) students who completed coursework but not yet had practicum experience; (3) those between practicum and internship experience; and (4) pre-graduate students. Participants were asked to complete tasks that addressed transformational tasks

that define developmental aspects of professional identity and define counseling, and aspects of professional growth. Findings suggested a fluid process of identity formation, with a strong theme of pre-practicum students needing additional support that included the need to learn more from course work and more reassurance and opportunities to learn from colleagues. Transformational tasks established that students' professional sense of self-progress from a focus of individual skills and awareness of self-authorizing, self-motivating, and self-locating within a professional community.

Professional identity occurs in varied stages of growth and development. While Studer (2007) established professional identity in correlated Eriksonian stages, Hogan (1964) viewed the acquiring of identity as a process of transformation. Pivotal in both perspectives is the acknowledgement that the acquisition of professional identity occurs over the span of several years (Gibson et al., 2012). Rønnestad and Skovholt (2003) asserted that professional identity is an evolving, never-ending process. Such phases differentiate the beginning identity, middle phase and final phase of an integrated sense of professional self. Additionally, the acquisition of professional identity has been viewed as established in aspects of self-awareness and self-identity (Gibson et al., 2012). This broader sense of professional identity bridges the personal with the professional; as an inclusive model, self-awareness becomes the basis for grounding professional identity with meaningful aspects of self. Additionally Lewis, Hatch, and Trish (2008) establish professional identity in constructed stories of interactions with the environment through internalized stories of both an internal and external self. Spurgeon (2012) furthers this as viewing the professional self in self-understanding within the therapeutic community, which serves as a broad based practice guide.

While graduate studies provide the initial and significant establishment of professional identity, fewer studies have addressed the issues of dual identity that professionals face as they acquire skills and mature (Brott & Myers, 1999). Gibson et al. (2012) identified the concerns of neophyte counselors as focused on concerns with employment and obtaining certification or licensure in order to work within their profession. Resources, such as mentoring, supervision, and professional organization help new professionals to better establish themselves in the field. Two studies have further established the parameters of phases of professional identity (Moss et al., 2014; Rønnestad & Skovholt, 2003). Each provides outcomes that illuminate aspects of continued identity in the professional counselor and underscore pertinent issues relating to dual identity.

Moss et al. (2014) investigated nodal points in a qualitative grounded theory study on professional identity during designated years of experience. Data was collected from 26 participants who had five, 15, and 25 years of professional postgraduate experience. Fifteen were school counselors and 11 were community-based counselors. The majority of the participants were female ($N$=21) and five were male. Twenty-two participants identified as White and four participants identified as African American. Results established the following themes: (a) an increasing higher order integration of professional and personal selves, (b) the continuous reflection needed for optimal learning, (c) an intense commitment to learning, which drives development, (d) professional development as continuous, lifelong, and erratic, (e) clients influence counselor development, (f) personal life experiences are influential to counselor development, (g) interpersonal sources (i.e., mentors, supervisors, counselors, peers,

family) are influential to identity development, and (h) thinking and feeling about the profession and clients change over time.  Six themes were developed from results that supported the process of developments: (a) adjustment to expectations, (b) confidence and freedom, (c) separation versus integration, (d) experienced guide, (e) continuous learning, and (f) work with clients.  Additionally adjustments to times of transition were developed through three tasks: idealism toward realism, burnout toward rejuvenation, and compartmentalization toward congruency.  These tasks allowed counselors to adjust expectations and better integrate challenges inherent in change.  This study corroborated with other studies that, as counselors gained experience, their confidence grew, and that their successes and respect from others provided the ground to integrate challenges of professional identity.

Rønnestad and Skovholt (2003) conducted a longitudinal study that analyzed six phases of counselor development: the lay helper, beginning student, advanced student, the novice professional, experienced professional, and the seasoned professional.  One hundred participants (*N*=100) were interviewed about their work and development as counselors and therapists.  Specifically relevant are the findings of novice professionals, since experienced professionals had garnered experience over five years of experience through working in a variety of settings, and senior were viewed as having over 20 years of experience. Novice professionals had up to the first five years of postgraduate work experience. The first years after graduation were described as intense, often anxiety provoking, and engaging because of the challenges and choices presented in practice. Overall, participants established a continual process of managing autonomy by reformulating, eliminating and adding concepts, and behaviors established from graduate

studies. Initially however, novice counselors and therapists sought to conform to the validity of their training. Further confrontation with professional challenges, were typically followed by a period of personal and professional transitions. Additionally there was a period of intense "exploration into self and the professional environment" (p. 17). Unfortunately, there is little preparation for disillusion at this phase of professional development, since graduation was anticipated to end anxiety and concerns for employment. Beginning practitioners must master anxiety and meet unrealistic expectations set in academia about the working professional. Essentially, young practitioners come to understand that they emerge through cycles of challenges, self-doubt, dejection, anxiety, exploration, and processing new learning to establish an integration of self-understanding. Additionally novices come to realize that professional identity is a life-long process that includes personal aspects of life, including experiences of childhood and adolescence that impact professional functioning. Although mentors continue to be important, clients further establish growth. Self-evaluation, respect for complexity, and self-acceptance contribute to the acquisition of wisdom which bridges to aspects of senior practice. This study concluded that the relationship between the counselor and the nature of the challenge impacts the practitioner's attitude and emotionality. Emotional states allow for the level of mastery and allow for an emergent optimal experience from the challenges that are met.

**Professional Identity in Art Therapy.**

B. L. Moon (2002) asserted that the direction towards counseling in the art therapy profession was a desire to be recognized as professional by other human service disciplines, as well as resisting a closer identification with the art world. This coupled

with the economic realities of practice dependent on third-party reimbursement, have led the field towards the alignment of counseling psychology.

Dual identity issues originate in the field of art therapy between the pull between the artist and clinician. Junge, Finn Alvarez, Kellogg, and Volker (1993) likened the difference by deferring to the artist as being outside of the norm of society and likely to take the role of observer or critic (Hatfiled & Montana, 2006). Contrasted to this is the role of the therapist, whose domain exists essentially within the context of therapy. While the artist can be seen as a rebel or provocateur the therapist needs to maintain a contained and holding presence (Junge, et al., 1993); this distinction identifies the tension involved when maintaining a foothold in each identity. Rubin (1999) identified this tension as a "tug of war" (p. 129), aligning with Junge, et al. (1993) whose sense of this conflict as being based in an "impossible double bind" (p. 108). Lachman-Chapman (2000) approached professional dual identity by positing that the tension inherent in this duality is dependent on the proportional use of the artist self by the art therapist. Others agree (Allen, 1992; Malchiodi, 1999; B. L. Moon, 2003, 2007; Thompson, 2009; Wix, 2010) but cite the artistic identity as dependent on the amount and role of art used while practicing. B. L. Moon (2003) cited Don Jones, an early pioneer of being unequivocally self identifying as an artist versus a therapist. Kramer (Feen-Calligan & Sands-Goldstein, 1996) and B. L. Moon (2003) both opined that placing art in the forefront maintains the centrality of art in the practice, where art defines the therapy.

The role of art is central to the definition of art therapy and encompasses both the practice and the practitioner. Maintaining the centrality of art-making in the therapy session allows art therapists to remain confident in the role of creativity in the therapeutic

process.  The orientation of creative engagement, coupled with confidence in the process, provides art therapists with internal and external means of differentiating themselves from other mental health providers (Feen-Calligan & Sands-Goldstein, 1996; B. L. Moon, 1994, 2003).  This is especially important when considering the number of mental health professionals who use activity-based approaches in their practices.  The orientation to art-making provides art therapists with means to validate and distinguish the services they provide.

Similar dual identity issues are found in the field of art education where the role of teacher or educator is activated through the practice of art (Coldron & Smith, 1999; Edwards, 2010).  Although art education is a distinct field, it shares with art therapy the centrality of art being brought to others (Lachman-Chapman, 2000).  An art teacher's dual identity rests between the practice of making art and teaching.  The conflict in art education lies between the artistic freedom of the artist and the tenants and responsibilities of the application of educational standards (Thorton, 2011).  Self-belief is identified as an important component in being an effective artist/teacher, which directly connects to the proficiency of active practice.  Making art allows art teachers to practice self-reflection, and build grounded knowledge and skill sets (Hatfield, Montana, & Deffenbaug, 2006).  Day (1986) identified an artist-teacher model that emphasizes the artistic performance and practice, as well as the educational production of the art product.  This model is part of an approach that embraces an expressive way of teaching, encouraging the development of creative, subjective learning, and integration.  To avoid stagnation, develop professional identity, and practice in this model, making art for the professional is stressed.  Informed approaches to teaching correlated with an active art

practice were identified by Edwards (2010) in a study that interviewed five (*N*=5) art teachers. One participant stated that the process in the studio was later related to the way in which they approached their teaching. Although Edwards's thesis study provides vignettes, there is no detailed explanation of data collection and analysis.

An art teacher's personal pursuit of art-making provides a counterbalance to a conflicted artist identity as well as positive self-esteem (Hatfield et al., 2006). Day (1986) noted that the source of conflicted dual identity is primarily rooted in the activation of the artist image via art-making. Similar to art therapy's dual identity issues, art teachers distinguish themselves from other educators through art, and firsthand practice is seen as a primary factor in the practitioners' identification with the profession.

**Counseling versus Artist in Art Therapy Identity**

The overall practice in the field of art therapy takes place within the broader field of human services, and particularly in the mental health field, which has greatly impacted the practice of art therapy (Kapitan, 2010). Since the 1990s, the issue of state licensure has been a major focus in the practice of art therapy (Feen-Calligan, 2005, 2012; Wadeson, 2004). Inclusion in state licensure allowed for a broader accessibility of practice, however in order for graduate studies to meet state licensure eligibility criteria, art therapy programs have had to increase the credits of specific mental health counseling courses. Within the profession this trend has been met over the past 30 years with opinions and concerns such as being absorbed into the mental health field, being overrun, the devaluation of art therapy, and the loss of an aesthetic orientation (Allen, 1992, 2005; Feen-Calligan, 2005; Kapitan, 2010; B. L. Moon, 2003; Robbins, 1988). Kapitan (2010) noted that in an ATTA membership study there was little demographic changes in the

overall profession except for the increased number of professional art therapists who were licensed mental health professionals, indicating that art therapists are invested in both certification and licensure.  Complications of professional identity have similarly been noted in the counseling field where practitioners typically have areas of overlap with other professional groups and can have memberships in several professional organizations (Myers, Sweeney, & White, 2002).  The complication due to such overlap impacts the core identity of counselors. B. L. Moon (2002) asserted that the direction towards counseling in the art therapy profession was a desire to be recognized as professional by other human service disciplines, as well as resisting a closer identification with the art world.  This and the economic realities of practice dependent on third-party reimbursement have led the field towards the alignment of counseling psychology.

Discussion on practice and professional identity in the literature stems from art therapists who draw a connection between licensure, educational, and practice issues coupled with the role that art-making plays in graduate studies.   Since professional identity begins in graduate studies, practice issues include the initial educational and training steps that are taken into the profession as well as what lies beyond graduation. While education is the first foundational base of professional identity, over time, practice supersedes in importance (Orkibi, 2010).  Educational issues however examine the foundational groundwork of identity for an art therapist.

### Education and Art Therapy Identity

An art therapist's journey begins in graduate school, where training and education are integrated with practicum and internship experiences.  Graduate school brings students together with mature and credentialed practitioners.  It also marks the beginning

of professionalization – acquiring knowledge alongside practical skills (Salling Olesen, 2006; Hatfield. et al., 2006). Ongoing development in education involves mentorship and supervision (Elkis-Abuhoff, Gaydos, Rose, & Goldblatt, 2010; Hatfield et al., 2006; Kapitan, 2010; Orkibi, 2010). Relationships with professionals in the field typically begin in graduate studies and often follow the student's development and growth as they create their own practice and expertise. Graduate school enables a sense of motivation, purpose, and meaning to emerge.

Graduate studies are the initiatory step before entering the gateway of professional practice. As a starting point, studies bring together the divergent backgrounds of beginning art therapists (Feen-Calligan, 2005; Orkibi, 2010). While specific requirements exist for entry into graduate school, students can enter the profession from contrasting bachelor degrees, which are then directed and integrated with art therapy, psychological theory, and practice (Cahn, 2000). The translation of the language and perception of the visual senses to the language of mental health is key to the orientation of art therapy. Professionals have debated considerably regarding issues of cross training and the shift, and orientation from art-making toward clinical applications (Cahn, 2000; B. L. Moon, 2003; Wadeson, 2004). With the push towards increased mental health courses, the central focus and primary language has become based in mental health versus the primary language of art (Allen, 1992; Cahn, 2000; Robbins, 1988). Noted in this shift in orientation is the diminished role that art-making has in graduate school. The amount of reading in graduate studies coupled with internship hours relegates studio time to a low priority (Seiden, Callisch, & Henley, 1989). This disallows art as the primary language of art therapy students. By keeping art in the

background and secondary, the primary language of mental health verbiage becomes the central locator of studies, further distancing aesthetic language.

Research studies reflect the importance of education in entering the profession. Besides Wix's study there are two additional studies whose participants were solely in art therapy graduate studies: Orkibi's (2010) study in creative arts therapy modalities and Feen-Calligan's (2005) qualitative study of graduate students and practicum issues.

Orkibi's (2010) empirically based study is the largest study to date ($N=51$), involving three creative arts therapy modalities: art ($N=29$), dance ($N=12$), and drama ($N=10$). The survey, conducted at an Israeli university in two chronological periods, measured scores in career commitment, professional identity, need for occupational and training information, and perceived environmental and personal barriers to career decision-making. Professional identity and career commitment are of interest to the present literature review; professional identity is linked to adult developmental formation and the acquisition of skills, knowledge and standards of the profession, while the latter is viewed as the motivation of the career path over the years (Orkibi, 2012). Overall results indicated a moderately positive correlation between students' professional identity and career commitment. Scores for professional identity and career commitment were interesting for those in art therapy; they indicated an increase in professional identity and career commitment during training that was significantly higher ($p<.05$) than for drama therapy students ($N=10$), but lower than for dance therapists ($N=12$; $p<0.01$). The researcher concluded that a possible explanation for these differences lies in the degree of body-orientation coupled with sensorium utilized in each modality.

Orkibi (2010) studied the use and degree of artistic engagement during graduate school.  A small number of participants (13.2%) indicated in the demographic portion of the survey no engagement in artistic endeavors.  The study identified a connection with some art therapy students experiencing difficulties creating art with the demands of academic and theoretical studies.  A larger number of students (86.7%) reported an engagement in art-making, qualifying this to the exposure to materials, methods, and techniques. This, however, was not translated into the pursuit of personal art-making outside of the school setting.  While students increasingly valued their personal art-making as well as finding their expression more courageous and less restrictive, this was not translated to engaging in the process independently.  Orkibi found that art was produced only in relation to course work, attributing this to time and financial constraints.

Some have expressed concern about integrating artistic exploration and art processes into the course of studies, linking professional identity with studio based art therapy. Wix's (1995, 1996) pilot study was conducted in a studio setting with graduate art therapy students in internships ($N$=10) over three semesters.  Wix concluded that trust embedded in making art was central to the students' facilitation of the patients' art-making process, further indicating that making art in the educational setting is essential since it contributes to the well-being, attitude, and performance of the student's practical training (Wix, 1996).

In keeping with this work, Feen-Calligan (2005) conducted a qualitative study that investigated the formation of professional identity with a sample of graduate art therapy students ($N$=11).  Professional identity included key elements of counseling and human service work such as compassion, empathy, and patience, coupled with personal

inner development. This study incorporated various kinds of data: observation and written and visual self-assessments. The author concludes that "an environment that does not seem to value art therapy may become internalized, negatively affecting an art therapist's professional identity" (Feen-Calligan, 2005, p.129). Service learning was found to emphasize altruistic aspects of art therapy, where the environment enhanced the vocational call to the profession with the relationship of caring for self and others. Identifying the environment as a factor in self-esteem impacts both self-perception and perception of the field. These entry-level experiences of graduate school are the building blocks of professional identity and can further reflect aspects in the working field of the seasoned art therapist.

Within arts education, Hatfield et al. (2006) investigated the professional identity of art teachers as teachers and artists. The participants (*N*=11) were interviewed as well as asked to write related journal entries; recordings were based on the experiences of their professional identity during pre-service preparation, which included specifics on their studio course work, art education programs, art teacher mentors, work at school, the role of art-making, and the perception of their role. They found that a lack of adequate educational preparation in art educators was influential in developing a weak or conflicted artist and art educator identities. The flexibility to move between dual identities without conflict was identified as being based in simultaneous preparation in art and art education. Technical knowledge, practice, and creative philosophy as the ground for an artist identity negatively and positively impacted art teachers. Those with a positive artist identity viewed the classroom as an extension of their creativity, while those with underdeveloped artist identity often felt unprepared to teach courses because

of a lack of depth in art-making. The researchers recognized that both identities interacted

and therefore reassured the other; both were important and influential. The researchers

found that broadening the definition of artist from value-based to a sense of calling was

considered the way in which the participants self-defined their professional identities.

This is in keeping with Day (1986), who identified the goal of an expressive-creative

approach in art education is based in the development of creativity, self-expression, and

personality integration. Art-making is seen as engaging in growth and expressing one's

self aesthetically.

**Practice Issues in Art Therapy.**

Scholars attribute shifts in professional identity and self-awareness to the direct

service work provided by the practitioner (Burkholder, 2012; Feen-Calligan, 2005; Elkis-

Abuhoff et al., 2010; B. L. Moon, 2002; Myers et al., 2002). Robbins (1988) identified

the intersection of artist and therapist as central to the perspective offered in art therapy.

The three-fold interconnected strands of art therapy (cognitive, emotional, and aesthetic)

are termed as psychoaesthetic. While embedding education in each of these strands is

necessary for professional identity, embarking into practice further impacts an art

therapist's sense of self. Lusebrink (1989) claimed that an art therapist's self-esteem is

affected by a lack of role definition and isolation in the work place. Since art therapists

are educated and trained in mental health counseling as well, it is not uncommon for their

employment to be a mixture of art and counseling. It is also not uncommon for the art

therapist to be the sole art therapy practitioner in the workplace. Job requirements rarely

include a background in art therapy or an aesthetic orientation, leaving little to no room

for a creative perspective (Orkibi, 2010). M. Johnson (2007) noted that the language of

the aesthetic approach becomes marginalized and absorbed into the mental health profession.

Professional identity involves a conscious understanding of practical interaction, which incorporates meanings, emotions, and the perceptions of self. Mastery is a cornerstone in establishing self-esteem and self-knowing; a professional sense of self is based in the combined integration of learning processes, which are based in meeting specific demands of a task (Salling Olesen, 2006). From the process of being in the world, a sense of purpose or mission emerges. When finishing graduate school and entering a workplace, the young professional often has idealized ideas of the mission of the work, which for art therapists would be to practice art therapy in a variety of settings. Levick (2009) stressed the importance of role definition stating the lack of solid practice causes "ambivalence, confusion and disappointment that surrounds the art therapy education and practice" (Levick, 1995, p.139). Kapitan (2010) stated that the decision to enter a career is both pragmatic and identity-forming. Art therapists appear committed to a belief system grounded in the intuitive knowledge that art heals, despite the call to evidence-based practice. Ault (1977) noted that professional identity is based on an internalized sense of self, stemming from the positive changes in clients, not on notions of competencies. Considering that day-to-day practice illuminates issues of professional identity, the inability to practice aesthetically and creatively corrodes self-esteem by stripping away the sense of mastery and meaning, which in turn impact the self-perception of an art therapist.

Feen-Calligan (2012) investigated dual identity issues of counseling and art therapy. Feen-Calligan posited that while the focus of artist/art therapist has been the

basis for dual identity, identity as a counselor had been understated and ignored in the field.  Although this study focused on graduate studies, the participants, when interviewed, had graduated and reflected on graduate school and early professional experiences.  This study included 20 participants (*N*=20) from a university that offered two distinct master's degree programs. Two groups of students were interviewed: art therapists (*N*=9), and art therapists combined with counseling (*N*=11). Specific to this study was the link between professional and personal aspects of identity formation. Participants described a variable and dynamic emphasis on either an identity as counselor or art therapist that was dependent of client based experience as well as job responsibility. Feen-Calligan additionally established the importance of interprofessional collaboration and Orkibi's (2010) findings on career commitment and motivation. Participants were interviewed after they had graduated and had initial professional experience.  Obstacles to professional identity were based on mixed messages from graduate school, professional licensure, and securing employment.  By contrast, support for identity was established in personal and childhood experiences that influenced many of the participants.  In particular, memories of nurturing based on related acts of creativity were found relevant.  Furthermore, participants who were able to meet and surpass "comfort zones" and establish positions that valued art therapy identified elevated feelings of confidence (p. 154).  This study corroborated aspects of Rønnestad and Skovholt (2003) study of novice practitioners, which established the anxiety and challenges of establishing autonomy and striking new paths from graduate school. Although Feen-Calligan directed recommendations towards educators, she identified art

therapy supervision as a supportive relationship that has the potential to nurture professional identity.

Gonzalez-Dolginko (2000) investigated the link between professional identity and education in which professional art therapists (*N*=25) were surveyed about their knowledge base and professional experience. To date this is the only study completed on identity with art therapy professionals. Two separate groups completed surveys, Group 1 (*N*=9) were primarily art therapy educators and Group 2 (*N*=16) were professionals with fewer than five years of experience. Results from the questionnaire showed distinctions between the two groups; Group 1 identified issues pertaining to the support of the national organization AATA, the Art Therapy Credentialing Board (ATBC), as well as support for their specific program of study, while Group 2 identified issues of knowledge and regulations. Both groups shared similar opinions regarding the history of art therapy theory, technique and pioneers, multicultural and legal or ethical issues, however the practitioners wished for increased studio experiences to further develop their internalized sense of studio artist. Group 1 reflected that art-making was integrated into their teaching of theory and practice. Regarding the development of professional identity, less experienced professionals connected their identity with the attended and affiliated training institution. Group 2 also affirmed that there was a lack of identity as an art therapist identifying too many distinctions in training programs. The distinctions between the two groups, one academic, the other practitioners, establish a different orientation in professional identity despite shared opinions, specifically in the practitioner's wish for increased studio experience. Similarly, Pistole, & Roberts (2002) found a split in the counseling field's literature, where the majority of identity-related issues in the literature

stemmed from academics as compared to mental health practitioners.  Further, the authors (who identified this as a split between theory and practice) posited that tension can stem between these viewpoints.

Dual identity issues, while a contributing factor in professional identity issues are further complicated by the diversity in theoretical orientations. Levick (1995) stressed that the heterogeneity in graduate programs is a contributing factor and stressed that there is a lack of cohesion in approaching clinical applications. Feen-Calligan (2012) identified the theoretical base of education as a factor in the identity of an art therapist/counselor. Recommendations for educators include art-based experiences of reflection and self-awareness as establishing benefits of nurturing professional identity. Role confusion regarding the wide range of work responsibilities in positions where art therapy is not fully integrated nor acknowledged creates ambivalence and disappointment in the field (Feen-Calligan, 2012; Levick, 1995).

**Art therapists' art: a bridge between practice and self-awareness.**

Continued engagement in the practice of one's art-making provides a visceral, in-depth understanding of the creative process (Brown, 2008; Malchiodi 1999; Wolf, 1990). Facilitating and understanding the engagement of art materials in the creative process is key to both understanding the art therapist's self and the art-making experiences he or she provides for others (C. H. Moon, 2010).  Continued engagement in the creative process through art-making by the art therapist is viewed as a basis for continued development in self-awareness as well as being a reminder of its therapeutic benefits.  Practice of one's art-making provides a visceral, in-depth understanding of the creative process (Brown, 2008; Malchiodi 1999; Wolf, 1990).  Facilitating and understanding the engagement of

art materials within the creative process is key in understanding the art therapist's self and the art-making experiences that are thus provided for others. While many art therapists connect the lack of art-making by art therapists as undermining the profession (Allen, 1992; Feen-Calligan, 2000; Malchiodi, 1994, 1999; Young, 1995), others approach the scope of art-making as strengthening of the self and of the practice of art therapy (Malchiodi, 1999; Lachman-Chapin et al., 1998; McNiff, 1992; Robbins, 1988; Wix, 1996; Wolf, 1990).

Art therapists who continue to create art actively engage in their unique, individual expressions (Lachman-Chapin, et al., 1998; C. H. Moon, 2002; Robbins, 1988; Wolf, 1990). Art-making potentially builds a visual and tacit knowledge, which can aid the art therapist in working with others. By actively engaging in art-making, the art therapist continues to encounter and respond kinesthetically, imagistically, and imaginatively to the self and to the world around him or her (McNiff, 1992). This in turn supports the aesthetic or visual voice in creativity development for the self and for others. Art therapists who continue to create have the potential to integrate creativity in their clinical approach (Allen, 1992). The role of perception and the relationship that exists between the client and his or her artwork is a relational experience that has the potential to inform treatment (Henley, 2004). Understanding the role of aesthetics in a visual statement allows for the visual voice to emerge.

Art-making is a risk-based activity (Bayles & Orland, 1993; May, 1975) that references the stages of the creative process. Apart from risk-taking, the continual practice of interacting with material allows the art therapist to maintain a visceral and instinctive perspective regarding the vital connection between discovery and meaning-

making when working with others (Cattaneo & Malchiodi, 1988; Wolf, 1990).

Imagination and the flow of visual imagery are key factors in balancing one's own

creative needs and nurturance issues and, moreover, remind the art therapist of the power

and benefits of nonverbal expression (McNiff, 1992; Allen, 1992; 1995). Creative

imagination through imagistic exploration provides a different doorway to meaning-

making, in which verbal dialoguing is not simply a limited intellectual conversation.

Infusing imagination into meaning-making expands the image past symbolic

representation, where images have the potential to poetically respond to themselves

(Maclagan, 2001; McNiff, 1992; B. L. Moon, 2002). The art therapist who embraces the

creative process through continuous art-making practice embeds artistic expression in a

normative experience.

      Central to the identity of an art therapist is the role of creating one's own artwork

(B. L. Moon, 2002). Kramer (1998) advocated attention to the practitioner's art-making.

      I see my tasks as an artist of our time to be twofold and interwoven: to

      celebrate that which is perishable and endangered, and to nourish and

      cultivate the capacity for experiencing. This faculty is imperiled, as our

      perceptual apparatus, programmed to distill meaning from the complexity

      of the natural environment, is bombarded by the cacophony of

      meaningless auditory, visual, and kinetic noises of the industrial

      environment. (para. 1)

For Kramer, art and art therapy were kept separate, while Landgarten (1989) stated:

      My life as an artist and art therapist are so fully interwoven that it is

      difficult to separate one form the other; indeed, one nourishes, guides, and

informs the other.  Art taught me, from my earliest exploration, to

appreciate that which is non-verbal and grounded in affective experience

(p. 15).

Pioneers in the field have claimed that creating art has enabled them to use art in a

number of ways: personal meaning making, documented their personal and emotional life

(Campbell, 2002; Lachman-Chapin, 1993); maintaining and nourishing their identity as

artists; creating a sense of restoration; reinforcing the visceral proponents of the art-

making experience (Feen-Calligan & Sands-Goldstein, 1996); integrating their identity as

artist-healers (McNiff, 2000); and bridging art and clinical practice (Fleming, 1993).

Engaging in the personal process of art-making is theorized to contribute to the well-

being of the art therapist (Allen, 1992; Brown, 2008), in addition to providing a vehicle

for her or his continued personal development (Flemming, 1993; McNiff, 1992; C. H.

Moon; 2002).  Identifying the strength-based impact of art-making for art therapists has

the potential to reinforce the benefits of art therapy.  This spectrum of applicability of art-

making embraces the notion that exploring and investing in personal art-making creates a

visual language of depth that counteracts clinification (Allen, 1992, 1995).

 A specific focus on art-making and the art therapist is found in the role that art

has as a visual reference and as a consideration point in the self-reflection of clinical

work.  Post-session art-making has been used in supervision and professional

development, and has become an integrative tool for clinical practice (Wadeson, 2003;

Wix, 1995; Feen-Calligan, & Gonzalez-Dolginko, 1996). Creating art as a response to

casework and clinical issues is specific to this practice and is particularly relevant with

issues of transference/countertransference (Fish, 2012; Franklin, 2010; Kielo, 1991).  Art

has the ability to not only bring to consciousness an awareness regarding less realized aspects of the work with clients, but it also builds a vehicle of self-care and soothing (Wadeson, 2003). This has become the hallmark of specific graduate programs (i.e. The University of Illinois at Chicago). When considering the split in the field between an art-based studio approach and a clinical approach, Wadeson (2003) pointed out that despite the orientation of a program, art therapy trainees are taught to work with a variety of populations and settings. Central to the training is the need to learn about the creative and adaptable approaches in the practice and application of art therapy. Integrating personal and post-session artwork allows for personal and professional depth grounded in visual and aesthetic language.

**Summary of Literature**

Studio art therapy is an important topic in the field of art therapy (Allen, 1992; McNiff, 1992; Wix, 1995, 1996; Cahn, 2000). While there is a plethora of literature on this topic in the field, the focus has been broad-based, except for citing specific programming and case studies. The literature links aesthetic considerations to art-based approaches (Franklin, 2010; C. H. Moon, 2002; Thompson 2009; Wix, 2010). With the exception of three research studies (Wix, 1995; Feen-Calligan, 2005; Orkibi, 2010) based on graduate studies, one study that bridges graduate and early novice professionals (Feen-Calligan, 2012), and one study with professional art therapists (Gonzalez-Dolginko, 2000), there has been no linking between professional practitioners and their art-making with regards to studio orientation. As such, this literature review encompasses the study of various orientations of studio art therapy, as well as the professional identity and art-making of the art therapy practitioner. Overall there is a continued interest in the field

with aesthetics, art-based studio approaches, and professional identity; however, there is

no research linking these aspects of the profession.

**CHAPTER 3**

**METHOD**

**Overview**

This study investigates how personal art-making impacts the professional identity and practice of art therapists. In interviewing six art therapists, I was able to investigate the intersection between personal art-making and professional identity. Curious about the lived experience, I questioned if and how art-making practices stemming from graduate art therapy studio courses affect self-perception and practice. The overarching question for this study was how does personal art-making impact the professional identity and practice of an art therapist? Additionally, I wondered, how has art-making in graduate studio art therapy courses affected the self-perception, identity, and practice of art therapists? The intent of the first question focused the study on the impact of art-making on the professional aspect of the art therapist, while the second allowed for the inquiry to include aspects of studio art therapy during identity formation.

**Research Design**

Art-making was the central focus of the interviews I conducted. With the intent of investigating the subjective nature of art practices, the *Listening Guide* methodology was applied after each interview had been tape-recorded and transcribed (Gilligan et al., 2003). Through the application of the *Listening Guide*'s methods, I was able to examine the subjective nature of each participant's professional identity. This proved to be a particularly engaging and rich experience that yielded significant data, through detailed thick description.

**Research Recruitment**

Six professional art therapists were interviewed, each for one hour. The geographic proximity of each participant was an important criterion in selecting the sample (each participant lived outside an 80-mile radius of the researcher). None of the participants had a previous relationship with the researcher. Two strategies were employed to recruit research participants. The first was an invitation to participate in a research study was posted on LinkedIn, a professional social networking website; the second was based on chain-referral sampling or snowballing through contacts with professional art therapists. The first strategy, through the LinkedIn posting, targeted professional art therapists who had taken a graduate art therapy studio course during their graduate studies. Inclusion criteria included graduating from an AATA-approved art therapy program, practicing no more than five years post-graduation, and having taken a studio art therapy course while in graduate school (Appendix A). The listing on LinkedIn yielded a total of 16 responses. Of those respondents who actually met all three criteria, two were subsequently interviewed for the study.

Two snowballing techniques were employed in the second strategy. First, letters were sent to seven United States AATA-approved graduate art therapy program faculty requesting assistance in outreaching to alumni and informing them of the call to participate in the study. This mailing included a letter of invitation (Appendix B) describing both the study and participant criteria. This technique yielded several responses, including one that resulted in an interview. Secondly, while networking with professional peers at the 2012 National American Art Therapy Association conference, seven potential candidates were identified. Three of the seven potentials did not respond to initial outreach and one, although initially enthusiastic, was not able to follow through

with answering the demographic questions or setting up an interview time. Of the initial seven potential candidates, three participants were interviewed.

Once six research participants were identified, each was sent the letter of invitation (Appendix B) and a consent form. The consent form was returned via email and the participant was then sent a series of 18 demographic questions (Appendix C) as well as the Interview Guide (Appendix D) to prepare for the interview. At the beginning of each interview, the informed consent was reviewed, as well as the confidentiality and anonymity of the participant. Each participant confirmed receipt of the interview guide and granted permission for the interview to be taped. The researcher inquired about specifics in the demographic sheet and then proceeded with the actual interview.

**Research Sample**

All participants were Caucasian female. At the time of the interview, each lived in a different state in the U.S. (Table 1). Three continued to reside in the general area where they had obtained their graduate degrees, while three had relocated to different states since graduation. All participants had taken art classes while completing their undergraduate degrees. Four graduated with Bachelors of Fine Arts, while two graduated with Bachelors of Science, with a minor or major in art. Years of practice after graduate school ranged from two and five years. Five had obtained both a state counseling license and an art therapy registered (ATR) certification; one intended to take the board certification (BC) exam in pursuit of the ATR-BC credential. One participant was engaged in doctoral studies.

Table 1

*Demographic Data for Participants.*

| Pseudonym | Age | Undergraduate Art Degree and Specialty | Graduate School Completion | Credentials | Licensure |
|---|---|---|---|---|---|
| Ginny | 29 | BFA — Printmaking | 2010 | ATR-BC (pending) | Yes |
| Dani | 49 | BFA — Painting and Graphic Design | 2008 | ATR | Yes |
| Nancy | 30 | BS — Minor in Art | 2008 | ATR | Yes |
| Elyse | 29 | BS — Double Major in Art and Psychology | 2008 | ATR | Yes |
| Trish | 32 | BFA —Painting and Drawing | 2007 | ATR | Yes |
| Jan | 31 | BFA — Sculpture | 2010 | ATR | No |

**Interview Format**

The interview format consisted of five open-ended questions that focused on the

subjective experiences of both becoming and being a professional art therapist.  The

design of open-ended questions encouraged the participants to explore and reconstruct

their first-hand experiences.  Overall, the questions allowed participants to explore the

link between the personal and the professional via art-making experiences, exploring the

ways in which participants' graduate studio art-making classes affected their perspective

or orientation as an art therapist.  Interview questions were as follows:  (1) How do your

graduate school experiences in studio art therapy classes link to your present day

experiences?  (2) How has your art-making evolved through the years? (3) How do you

define your aesthetic sensibilities and how does this inform your work with clients?  (4)

What does it mean to you to be an art therapist and/or an artist?  (5) How has your personal art-making influenced your professional identity as an art therapist?

**Data Collection**

All interviews took place between July 2, 2012, and November 11, 2012, and were conducted and recorded by the researcher, and later transcribed.  As recommended by Seidman (2013), the interviews remained within the predetermined amount of time (approximately 60 minutes).  Each participant determined when the interview would take place and whether it would be via Skype or telephone.  Four of the one-hour interviews took place via Skype, and two participants requested telephone interviews.  Participants chose their preferred location from which to be interviewed. The researcher conducted all six interviews, whether via Skype or telephone, from the same location. Interviews were recorded using two different devices, an Olympus WS-311M digital recorder and an iPhone. This proved to be beneficial in that, for two of the six interviews, one of the two devices failed.  Using two different devices prevented the need for redoing either interview.   Both the digital recorder copy and iPhone copy of each interview were then transferred to a third data device.  The data device and the digital recorder were then kept in a locked drawer, as well as the three copies of each interview, the original digital recordings on the iPhone were deleted after successful data transfer.  Each of the six interviews were then transcribed by an outside transcriber.

**Member Check**

Each participant was emailed the transcribed interview and asked to make corrections and comments.  Four confirmed that the information provided in the interview was accurate; one participant indicated that after checking her graduate school

syllabi she had not taken a studio art therapy course.  Two participants did not respond to the request to confirm the accuracy of the transcripts.

**Data Analysis**

The *Listening Guide* was chosen for a number of reasons.  This methodology has a creative approach and the implementation of the four steps of analysis stem from considerations of music, visual art, and literature, all considered creative modalities.  Overall, this method was appropriate for this study because of its relational approach to narrative.  The researcher's active engaged focus throughout the data analysis is based upon a relational understanding of the participant. The *Listening Guide* was developed over a 10-year period beginning in 1984, and stemmed from the research of Carol Gilligan (1982) and Lyn Mikel Brown (Brown & Gilligan, 1992) into women's and girls' identities and moral development.  Considered a narrative method of qualitative research, the authors of the *Listening Guide* became dissatisfied with the coding schemes that "disallowed for multiple coding of the same text" (Gilligan et al., 2003, p. 158).  Coding methods prior to the establishment of the *Listening Guide* were considered reductionist and disallowed for the complexity of the participants to be acknowledged.  While the guide provides the basic frame of the steps involved, the researcher does not apply the four steps as a set of rules.  Rather, it's incumbent upon the researcher to make decisions regarding the implementation of the steps, based on the specifics of the study.  The *Listening Guide* is considered a path instead of a fixed method of interpretation.

The flexibility of the guide further reflects the creative base and underpinnings of the methodology, primarily established in the considerations of voice.  The voice of the participant is viewed as multidimensional, complex, and inclusive of social and cultural

aspects. "Each person's voice is distinct – a footprint of the psyche, hearing the persons history, the culture that shaped the use of language and the ways human society and history have shaped made and imprinted on the voice" (Gilligan et al., 2003, p. 157). The four steps of the guide follow the participant's voice in the initial auditory listening, followed by visual tracking to establish the plot and then employ the participant's unique use of language to established voice poems. The final step considers the researcher's reflexive remarks as a component in the final synthesis of the data. The guide is explicit in identifying each review of the data as a "listening" as opposed to a reading; the researcher is identified as the "listener" (p. 159) and the participant as the "teller" (Gilligan et al., 2003, p. 159).

The inclusion of subjectivity and personal experience as alternatives to the positivistic paradigm allow for the inclusion of the researcher (Chase, 2005, Fontana & Frey, 2005; Kulpinski, 2006; Reinharz, 1992). The researcher's considerations are crucial to the four steps of analysis. In each step, the researcher is active in his or her listening and not considered a detached entity, but rather an integral part of the interpretive process (Gilligan et al., 2003). Additionally, the guide's motivation for the active presence of the researcher supports the premise that to pursue research using this methodology, there must be a strong inclination to engage in the subjectivity of each participant. The focused practice of reflexivity by the researcher entails "a detailed and time-consuming analysis of each transcript that requires each story to be considered from a number of different perspectives" (Paliadelis & Crickshank, 2008, p. 1446). The methodology, viewed as a psychological means of analysis, likens the researcher's reflexive responses to those of a clinician "who identifies her countertransference"

(Gilligan et al., 2003, p. 161). The associations, responses, and reflections of the listener are similar to how the therapist responds to their client. Listening is considered an active and engaged process that allows the researcher to develop a relational base from which to understand the participant. Identified as "relational acoustics," this reflective process establishes the impact that the speaker has on the listener (Brown & Gilligan, 1993, p. 15).

In this study, professional identity is not approached as compartmentalized and bracketed from other aspects of the participant. Rather, professional identity is based within a social, relational environment that includes both the personal and professional. As a researcher, I have a deep belief in and appreciation for the combined application of psychological and creative approaches in understanding the human psyche. Establishing voice poems through the unique use of language held a particular appeal as a researcher and as an art therapist. Additionally, the steps of analysis allow the data to be addressed from a bottom-up approach and to arrive at interpretations by gauging aspects of closeness or distance via the voice of the speaker. Furthermore approaching professional practice through voice analysis rendered the complex multiplicity of professional experience as a lived subjective state (Gingras, 2010).

An additional reason for selecting voice-centered analysis is that the *Listening Guide* is considered a relational methodology particularly sensitive to women's identity and development. The method of analysis is concerned not only with what is said and but also what is not said. Silences, inflections, false starts, unfinished sentences, overlapping speech, and changes are all important facets of voice. This is relevant for issues regarding women's identity (Belenky et al., 1986; Brown & Gilligan, 1992;

Josselson, 1987, 1996). This method is appropriate for the study of the field of art

therapy, which is a predominantly female field (Elkins & Deaver, 2010; D. R. Johnson,

1989; C. H. Moon, 2002; Davis Halifax, 2003; Tavani, 2007). The *Listening Guide* is

considered a feminist methodology; voice as the central focus reflects an awareness of

the unique social path of women's development. Furthermore, the methodology reflects

the "premise that women's development endows them with relational and expressive

skills and the need for compassion and care" (Letvak, 2003, p. 46). Letvak's study into

the nature of subjectivity of care in nursing practices reinforced the choice of the

*Listening Guide* to explore the practice of female art therapists.

The *Listening Guide* analysis requires reviewing each interview four times:

1.      The initial listen notes pauses, silences, and/or stresses in the voice of the

participant. Step one involves focusing on the cadence of the participant and the

establishing the "plot" or story.  This session asks the listener to note the

landscape of the story and the researcher garners a sense of "what is happening,

when, where, with whom, and why" (Gilligan et al., 2003, p. 160).  The

researcher actively focuses on responses to the speaker and in particular to the

"social location in relation to the participant" (Gilligan et al., 2003, p. 161).

2.      The second listen involves the construction of the "I poem."  This is a

unique analytical tool developed to focus on the voice of the narrator.  Each

question of the transcript was reviewed for the use of the first person pronoun, I.

The creation of I poems serves two purposes.  First, it allows the researcher to

listen to the "distinctive cadences and rhythms" of the narrator, and the second is

to hear how the narrator speaks about themselves (Gilligan et al., 2003, p.162).

Two rules are established in the creation of voice poems: (1) that the select "I"

passage is followed by a verb and accompanying words and (2) that the sequence

that appears in the transcript is maintained. Rather than statements of explicit

meaning, voice poems allow the researcher to derive meaning from the "free-fall

of association" of which the poems consist (Gilligan et al., 2003, p. 162). I poems

move the subjectivity of the speaker to the foreground. Listening to first person

statements in relation to one another establishes the voice through a range of

themes and captures the shifts, harmonies, and dissonances of the speaker.

3.      Step three involves listening for the contrapuntal voice of the participant

identified through the use of "you." "You" is considered an important

counterpoint to the "I" voice, which is the voice of control. In the analysis, "you"

can reveal aspects of the participants' life, which they are not consciously aware

of. The contrapuntal voice of the speaker often reflects an expressed distance or

resistance in directly referencing the self. For the researcher this voice offers "a

way of hearing and developing an understanding of several different layers" of the

speaker (Gilligan et al., 2003, p. 164). While the first two steps are considered

prescribed, the third and fourth steps are shaped by the overarching research

question. This step allows the researcher to return to the research question and

begin to identify and sort the established strands of the interview. Gilligan et al.

(2003) note that the contrapuntal voice can greatly vary and often a speaker can

have more than one within their narrative. The researcher focuses on the

relationship that these voices have with one another that in turn define the

relevance of a new voice.

4.      The final step of the *Listening Guide* is a synthesis of the previous steps. The inclusion of notes, summaries, and underlined notations, which reflects the active engagement of the researcher, is combined with a review of the transcripts. This step illuminates the relationship that the interviews have to one another. The researcher pays particular attention to the contradictions and similarities in the themes; interpretation is based on the researcher being in the "privileged position of interpreting the life events of another and to consider the implications of this act" (Brown & Gilligan, 1993, p. 15). Respect for the social, cultural, and economic sensitivity of the narrator is carried through to this final step of the *Listening Guide.*

Data were analyzed using these four steps. While each step of the *Listening Guide* was followed, the data analysis was amplified with extensive reading of the transcripts, elaborations of plot development, word counts, and the creation of additional voice poems. After the first listening, each transcript was read through two consecutive times. This process generated significant reflective comments, as well as extensive visual tracking through highlighting passages. For each question in the interview, the "plot" or story was identified as well as: the characters, high point, low point, setting, and action. A separate word count was conducted prior to creating the I-Poems, with the inclusion of other references to self and others, such as I, you, me, myself, and we. This was used to determine a metaphor and theme of each question. Additionally in the analysis three I-Poems were created for each participant that originated from the original root I-Poem of each participant. Besides the voice poems created through I-statements, "you poems" were created for each participant.

This study was designed with multiple sets of data. Before analysis of the voice data, each participant's answer to the interview questions was reviewed. Responses were gathered and themes were identified. Accumulating and sorting the data prior to analyzing the voice poems allowed the researcher to approach the I-statements in an organized manner. Consultation was sought for establishing themes, and during the writing up of the analysis, two professionals reviewed discussions of the themes presented in the data.  Both were mental health practitioners of doctoral standing; one was a board certified art therapist and a licensed psychologist.

The creation of voice poems, field observations and notes, and expanded steps created methods of cross checking and provided thick description in the data.  The results of the data analysis in Chapter 4 will be highlighted through the participants' I-statements.  These statements establish themes that relate to the meaning of practice and identity of professional art therapists, as well portray the unique voice of each participant.

# CHAPTER 4

# RESULTS

The first section of this chapter describes each participant of the study. Descriptions of the participants are based on specific aspects of undergraduate experiences, graduate school experiences of art-making, and essentials of postgraduate work experience. The composite descriptions are followed by a textural description of themes established in the data. The analyses of voice results were developed from I-Poems. These results are considered with the final section of analysis that integrate the intonation and voice counterpoint with the participants' use of language. The summary consists of the overall integration of established themes that are integrated with the interpretive findings of the study.

## The Participants

The researcher asked all six participants in this study to reflect on their graduate studio art therapy courses, art-making practices, and aspects of their professional identity. All of the participants were Caucasian and had graduated from an AATA-approved art therapy program. Each participant determined a timeline for talking about her art-making history; some participants recollected experiences of art-making in undergraduate school that continued to be woven into aspects of their art therapy identity. Three of the six participants had obtained Bachelors of Fine Arts degrees (BFA) and three had minored in art. Half of the participants had negative associations (Ginny, Dani, and Elyse) with fine arts classes in undergraduate school, and three held neutral connections (Nancy, Trish, and Jan). Each participant gave specific descriptions of art-making in graduate school. Each of the first three participants in the textural description identified taking a studio art

therapy course in graduate studies, while the final three participants referred primarily to art-based learning in graduate school in lieu of taking a specific studio art therapy course.

### *Ginny*

The interview took place outdoors during her lunch break. Ginny was articulate about her art-making and practice experiences, and curious at the beginning and at the end of the interview about the nature of the study. The interview concluded with her talking about future aspirations of contributing to the field.

She has had two art therapy positions since graduation. While ambivalent about her past position, she voiced being extremely satisfied with her current position. Ginny took two graduate studio art therapy classes; one was required and the second was optional. Ginny said she was shocked to learn that studio art therapy classes are not a required class in every graduate program. The second studio art therapy class was differentiated from the required materials-based course by being based on personal art exploration.

Ginny's timeline began with childhood. Her early accomplishments were based in dexterity and tactile materials, such as tying her shoes at an early age, braiding her Barbie's hair, and knitting. Ginny derived self-esteem and was recognized for her art in high school; through positive feedback she solidified her artistic identity. In pursuing a Bachelor of Fine Arts degree, she transferred twice in order to find the right fit. Her sense of being artistic was challenged in college when she found herself "surrounded by people who seemed to be taking art-making much more serious[ly]." Her peers' motivation to be professional artists impacted her self-perception, which resulted in her questioning her ability to feel creative and make art, as well as her identity as an artist.

Ginny also found the pressure to be unique and "blow people away" caused self-doubt and she did not feel her "art was good enough." She recovered her creative sense of self in senior year by being exposed to art therapy and art as a therapeutic process. Art became an avenue with which she could explore and express "difficult things in my life." She described regaining what she had lost and recovered from insecurities and self-judgments.

In art therapy graduate school, being exposed to new materials and techniques allowed Ginny to explore and expand her notion of working creatively with others, and realigned her sense of art and craft through combining different materials. Ginny described the materials-based studio class as connecting materials, directives, and populations, directly linking the course to the practice of art therapy. She had been dissatisfied with the "quick draw" art experientials in classes. The studio art therapy course allowed her to explore personal themes in her art and develop her identity as an artist. The studio course reminded Ginny that art-making was important and meaningful and "an ingrained part of me, and I just have to make time for it." Finally Ginny found this course helpful because it provided her with "a little more self-confidence" before graduating.

### *Dani*

Dani's interview took place during her summer holidays and in a casual environment with family members sporadically breaking in, which had little to no effect on Dani. During the 20-year gap between earning a BFA and entering graduate studies in art therapy, Dani had worked as a graphic designer and started a family. Now 49 years old, she had had one previous position doing inpatient care with the elderly; her current

position was in an outpatient agency.  Although Dani was highly dissatisfied with her current outpatient agency, she spoke warmly of her work with children.  Since graduating four years ago, she had acquired her state license and ATR certification.  Dani frequently hesitated when answering questions and displayed self-doubt.  She questioned whether she should participate in the study and felt the need to reference her graduate school syllabi.  She voiced concern about being "a good candidate" and needed reassurance to continue the interview.

While Dani did not go into detail regarding her undergraduate studies, her reflections were negative.  She described being "put off" fine arts because her professors were "narrow-minded about what art was and what making fine art was."  Dani described segments of time when she was not painting, and her tendency to "pick it up again in the summertime when I was a little bit more — a little more relaxed."  Prior to graduate school, she and an artist friend engaged in an alternative to her undergraduate experience by designing a workshop that would help to relax and inspire others who were not comfortable painting.  This ultimately led Dani into wanting to pursue becoming an art therapist, "'cause I kind of liked the process of doing art with people."

In graduate school, Dani described creating a series of paintings based on the image of a nest, which was symbolically meaningful.  Dani's graduate studies were characterized as learning about different art therapy approaches through directives and hands on experiences of "practicing."  Similarly to others, Dani described a class that prepared students via materials and methods, to produce a book at the end of the course, which was like "a traveling supply kit of art therapy materials."

*Elyse*

At 29, Elyse voiced her excitement and passion for art therapy throughout telephone interview. She spoke rapidly and was filled with high energy for the duration of the interview. After working for approximately two years following graduation, Elyse had relocated to another state with her husband and child. She was highly dissatisfied with her first post-graduate position and described it as a "soul sucking" job based primarily on paperwork as opposed to direct client contact. Elyse was very satisfied in her current art therapy position and had acquired her state license and ATR.

Elyse double-majored in art and psychology and acquired a Bachelor of Science. Elyse's positive memories of making collages in middle school contrasted with dissatisfied comments of undergraduate fine arts courses. Complaints of professors who kicked her "in the behind, metaphorically" were based on a dissatisfaction with subjective grading, the focus on technical application, and expectations of assignments. Additionally, Elyse found the pressure of having to be in juried art shows stressful. Overall, Elyse described struggling in undergraduate school and having an overall feeling of disconnection.

Elyse began graduate school immediately following undergraduate studies. While she had initially planned on becoming an art teacher, she ultimately decided on art therapy because of negative experiences with art professors. She found graduate school to be a positive, intense, and altering experience. She contrasted her undergraduate experience by comparing the time and energy she put into graduate school homework. She also spoke enthusiastically of being exposed to art processes and materials and equated graduate school with a sense of connection. Graduate school changed her perspective on art, and she described making art in "every single class." She described

art as "not capital-A art, it's just, you know, a–art," and equated it with "oneness." Her

sense of connection was palpable when Elyse talked about one of her graduate school

professors who supported and challenged her. Connection was also evident in the

feelings she had about her artwork. Undergraduate artwork was considered "all separate

from myself," while artwork from graduate school was personal. Elyse had given away

all of her undergraduate art but kept all the art she created in graduate school.

### *Trish*

Trish, an articulate 32-year-old woman, had acquired five years of postgraduate

experience as an art therapist. For the interview, Trish was situated in a study in her

home with artwork displayed in the background and her dogs barking in the distance.

Trish gave thoughtful responses and mentioned having read the interview guide to

prepare. At the end of the interview, she acknowledged that she had prior knowledge of

the researcher, having attended a presentation given at a conference. Before her current

job, Trish had worked in three former positions. She described being dissatisfied with all

three, but said she was very satisfied in her current job, where she has worked as a full-

time art therapist providing group art therapy.

Trish received a BFA in painting and drawing. During the interview she spent

little time reflecting on her undergraduate experiences and tended to focus on her current

artwork. The sole reference to undergraduate fine arts studies was of professors giving

direct advice on what was needed to refine and strengthen the artwork. Trish became

interested in and excited about art therapy because of taking a college course on art in

prisons. In between undergraduate and graduate school, she did commissioned portraits

that were emotional.  She described her artwork during graduate school as expressive and "strange" and described some of her painting as containing juxtaposed animal groups.

The studio art therapy course at Trish's graduate program was required.  Students developed a body of work based on a loose goal; artwork was created through the exploration of self-selected materials.  Trish talked about the bond established from creating art in a group and remembered a "sense of community" that developed despite others being quiet and absorbed in their own art-making.  Sharing art verbally and visually was a positive experience.  Exploration and discovery were stressed, and both the students and the professor supported the artwork through feedback.  Discovering, exploring, experimenting, and processing with feedback allowed her to uncover the meaning of the artwork.  Witnessing each other and the responsive feedback served as an extension of the group based art-making experience.  All of these aspects of the studio art therapy contributed to the overall sense of community that was the dominant element for Trish.

### *Jan*

Jan acquired a BFA and majored in sculpture and psychology.  At 31 years of age, she had two years of postgraduate experience.  Jan had established a private practice within six months of graduating because of difficulty obtaining work through an agency.  She had acquired individual clients as well as short-term contracts, and offered art-based art therapy workshops.  While her work had been satisfying, she found private practice to be isolating and had been unable to expand her practice.  The interview took place during a time when Jan was transitioning from her private practice and seeking employment with mental health agencies.  Jan remarked that she found the interview satisfying and

helpful to reflect about her work.  While she appeared confident and was articulate in her answers, she raised doubts about her professional trajectory since completing graduate school, and wondered if her experiences were normal.

References to Jan's undergraduate school experiences were based on the materials used and the sculptures she had made.  After undergraduate school, Jan shifted her focus in art away from large-scale artworks seeking to "the value in things that were small and intricate".  She referenced graduate art therapy classes throughout the interview.

Creating exploratory art as a graduate student opened an alternative doorway for Jan.  She described "always touching materials and working with materials." Exploring with materials led her away from concept-driven artwork to creating without a plan.  Open exploration and play allowed Jan to discover meaning.  Jan spoke of the studio art therapy class throughout the interview and described the course as a series of small explorations of themes using materials that gradually provided students a sense of direction.  She described this in phases, "this is our play time, this is when we started to get concise, this is where we're headed."  She connected the studio class to being based in "our artists' selves" and distinguished this from fine arts stating, "it was something between allowing myself to just create and see what happened into moving back into, like, 'I have a set plan for a sculpture'."  For Jan, creating through exploration and reflective engagement contrasted with her undergraduate studies, where concept drove the sculptures she created.

### *Nancy*

At age 31, Nancy had held three positions in her four years since graduating.  She had acquired both her ATR and state license.  She is currently employed as a counselor

and art therapist and is a doctoral candidate. Nancy rarely hesitated with her answers during the telephone interview and did not hesitate in openly responding to interview questions and providing individual stances on art and art therapy. Nancy holds a Bachelor of Science in philosophy and a minor in art. A focus of study while acquiring her undergraduate degree was on the philosophy of beauty and art. She spoke highly of both undergraduate and graduate professors, who were a source of encouragement and who provided mentorship throughout her studies. One particular professor encouraged her to weave together multiple disciplines, and she credited him as "the seed for my interest in art therapy." Although not describing any specific undergraduate art courses, Nancy's only reference to an art class was a traditional Chinese watercolor class that she took prior to graduate school. She humorously described the teacher as saying that she was not using the "watercolors the way you were supposed to." Nancy later implied that she did not like to follow the rules when making art.

The graduate school Nancy attended was a "very art-based program," where she was exposed to materials and experienced reflective art-making, which was directly related to the practice of art therapy. The program stressed that art had its own presence and how to use it as "an element of therapy." Learning "how to respect that and how to use it as a therapeutic tool – I think that was, like, the overreaching message in the classes." The combination of trying new materials and experimenting with them allowed Nancy to "get over my own perfectionism."

**Data Themes**

The initial analysis consisted of establishing themes from the interview data. This researcher approached the data initially as an exploratory emergent process and organized

data into units of information based upon a group of repeated patterns identified in the context of the interviews (Creswell, 2007). Saldana (2009) suggested "theming the data" is "appropriate for all qualitative studies" (p. 140). The researcher reviewed and categorized transcripts, identifying emergent themes. These themes were tied to the experience of the participants. The initial gathering and theming of the data was done prior to the voice analysis and aided this researcher in establishing provisional coding. The researcher set aside preconceptions of the practice of art therapy and art-making; bracketing these experiences allowed the data to be discerned into descriptive units of the participants' experience.

The data helped establish the major themes and sub-themes that were factors in the self-perception of the participants were. The overarching themes were (1) relationship references, (2) discovering visual art, and (3) clinical practice. Relationship references consisted of (a) positive and (b) challenging relationships that occurred throughout the timeline of each participant. Discovering visual art consisted of (a) art as self-reflection, (b) sensibilities of expression/exploration, and (c) affinity/connection to materials. Practice was composed of three sub-themes: (a) art as self-reflection, (b) sensibilities of expression/exploration, and (c) affinity/connection to materials. The final theme of clinical practice comprised two sub-themes: (a) obstacles of growth, and (b) work with clients.

**Relationship References.**

Relationship references consisted of important connections and interactions that each participant experienced during her timeline. Overall, these interpersonal connections were positive and supportive and included individual relationships as well as

peer and professional affiliations.  Two participants identified conflicts with undergraduate fine arts professors and one participant spoke of challenging aspects with her art therapy supervisor.  Family members, teachers, undergraduate and graduate school professors, supervisors, co-workers, peers, and professional organizations all acted as individual supports. Participants most frequently referred to relationships with family members, graduate school professors, art therapy supervisors, and professional affiliations were the relationships most frequently referenced by participants.

Family references included partners, sisters, brothers, fathers, and mothers.  Five participants recognized family members as important supports throughout their career as art therapists.  Four participants named partners; all were validating and encouraging during certain circumstances in the development of each art therapist.  Although not as significantly mentioned as partners, Nancy and Trish were both encouraged and supported in their career choices by their parents.  Trish was especially influenced by her mother, who had suggested art therapy as a potential career.  Throughout the interview, Trish discussed how her mother's well-being had been an important influence in her art-making.

Graduate school professors were important factors during graduate education and beyond.  Each participant positively mentioned professors as supportive and inspirational. Additionally, graduate school professors provided mentorship and motivation for their practice.  Three participants continued to tie specific orientations of their practice to graduate professors and course work.  The most notable were Elyse and Jan.  Elyse made direct reference to an art therapy directive she continues to use with her clients and Jan referenced one of her groups as being based on her professor's method.  Three of the six

participants mentioned art therapy supervisors; the most notable was Elyse. Like Dani and Jan had, Elyse referenced her supervisor as supportive and encouraging several times during the interview. She, however, noted that her style and approach were distinct from her supervisor's way of practicing art therapy.

Three participants referenced the local professional organization community. Elyse, Trish, and Jan each mentioned their roles in their local AATA chapters and identified significant events in which they were active. Jan referenced her role several times in the interview and provided the most detailed description of the outreach work in which she was involved. All valued the community and described it as an important social connection in their art therapy practice.

**Discovering Visual Art**.

The theme of discovering visual art stems from references that emerged from descriptions of the participants' art and art-making process. Three sub-themes were established: (a) art as self-reflection, (b) sensibilities of expression/exploration, and (c) affinity/connection to materials. Each participant identified her use of art as a means of reflection. Dani, Nancy, Trish, and Jan indicated that their art-making is a reflection of an experience, the subconscious, mirroring life's changes, and meaningful messages. Ginny and Elyse said art helps to manifest and explore feelings.

All participants showed an affinity for specific materials in their art-making: Three participants used predominantly collage, two used paint, and one used fabric, both in two and three-dimensional works. The overall orientation of all participants was two-dimensional. Five participants mentioned the link between meaning and materials in their art-making; four dated back to childhood memories and one was linked to adult-

based memories.  Two participants identified collecting objects as important; one of these participants used these found objects as images in her paintings.  Jan specifically described the storied meaning embedded in the fabric that she used in her early sculptures.

While all participants had their preferred materials, linking materials to different sensibilities of expression/exploration in their artwork varied.  Four out of six participants mentioned specific artwork and art processes.  Two participants identified open-ended media exploration as central to their art-making.  Nancy described how she makes "a horrible mess" making art and called herself a "slapdash kind of artist".  Jan stated that she allows the materials to influence her personal process in art-making.  Two participants identified images as a central aspect of their art-making; Dani had a specific affinity to nests, and Trish used photographs of family memories and horse images as a means of personal exploration.

**Clinical Practice.**

Clinical practice is composed of two sub-themes: (a) obstacles of growth, and (b) work with clients.  Practice issues include references to past and current positions.  Five participants spoke of a minimum of one past position; four of these five referenced positions mixed responsibilities or roles that included art therapy.  Three of these participants currently were employed in positions designated "art therapist".  Two of the five participants had, at one point in their careers, sought positions that did not include art therapy.  Jan differed from the other five participants, since she had immediately established a private practice upon graduating from her art therapy program.  Unlike other participants she sought clinical, mixed-role positions in order to round out her

experience. While she valued her art therapy practice, she felt unable to gain access to agency work.

Four participants identified obstacles regarding the ability to practice art therapy while working in multirole positions. Obstacles were based on art therapy being marginalized by workload, job stress, and devaluation of art therapy. Burnout was also a factor indicated by three participants; Nancy and Elyse described burnout from graduate school. Additionally Trish, Nancy, and Elyse all described burnout from early positions in their career. The degree of Trish's job stress led her to "quit being an art therapist," and Nancy stated, "It was really hard to be an art therapist"

All participants referenced their work as art therapists with clients. Aspects of clinical practice referred to the specific use of materials, the use of directives in art engagement, and observations of client artwork. Five participants mentioned art mediums they used in their practices, and four identified specific and specialized materials that were linked to direct client practice. Ginny, one the five participants, identified provided art materials in her program, but did not relate these media to a specific project or art-making experience. Three of the five participants provided detailed descriptions of projects that involved specific applications of provided materials. Three participants indicated ranges of directives; two art therapists included open-ended art explorations as well as longer time-based projects. The other art therapist tended to focus on specific and involved projects.

**Results From I-Poems**

In the *Listening Guide* methodology, I-Poems are created from the participants the use of "I". As a self-reference, I-statements are underlined as well as the verb important

accompanying words (Gilligan et al., 2003). The sequence in which the statements are made in the transcript is not altered when establishing the voice. Referencing the self through "I" established the first-person voice of each art therapist; self-referencing through I-usage provided the basis of self-knowing. Furthermore, creating I-Poems allowed the researcher to establish a relationship with the participant that is not distanced nor objectified.

An I-Poem was created for each participant in keeping with the *Listening Guide* (Gilligan et al., 2003). Statements that used "I think" in a repetitive and habitual manner were removed; typically these statements made no direct reference to a specific subject. After establishing a lengthy I-Poem for each participant three additional poems were created (Appendix E). The additional I-Poems were built with I-statements that were associated with either counseling, art therapy, or visual art (Figure 1).

Figure 1. Establishment of Counselor, Artist, and Art Therapist I-Poems
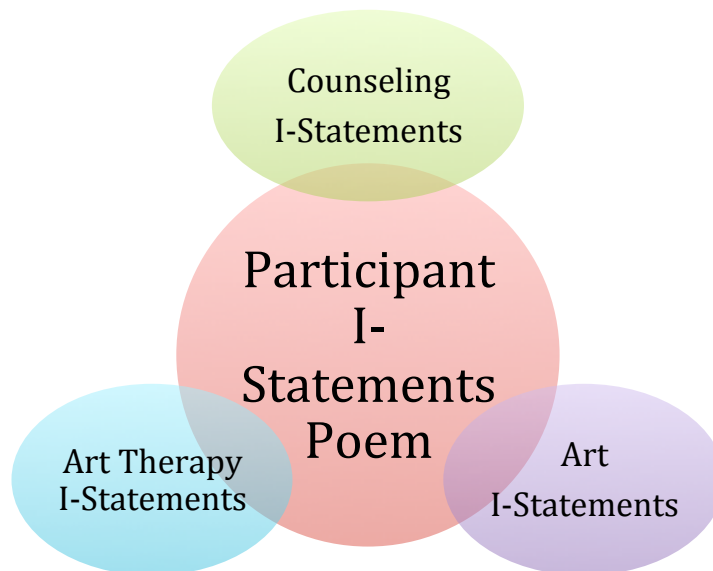
Voice poems are recognized as being established in the participant's identity (Gilligan et al., 2003). Each voice poem consisted of categories: (1) the counselor established two categories: (a) attitudes toward art therapy, and (b) challenges that art therapists face in mixed-role positions; (2) the artist identity established two categories: (a) artwork, and (b) intrinsic benefits of art-making; and (3) the art therapist identity comprised three categories: (a) employment and professional experiences; (b) art-making; and (c) art therapy practice with clients (Figure 2). The analyses of these voice poems additionally established themes and sub-themes of each category. These will be reviewed in detail when specific data from the voice poems is discussed.

Figure 2. Categories of Counselor, Artist, and Art Therapist I-Poems.

| Counseling I-Poems | • 1) attitudes toward art therapy<br>• 2) challenges that art therapists face in mixed role positions |
|---|---|
| Artist I-Poems | • 1) validation<br>• 2) art-making |
| Art Therapist I-Poems | • 1) employment and professional experiences<br>• 2) art making<br>• 3) art therapy practice |
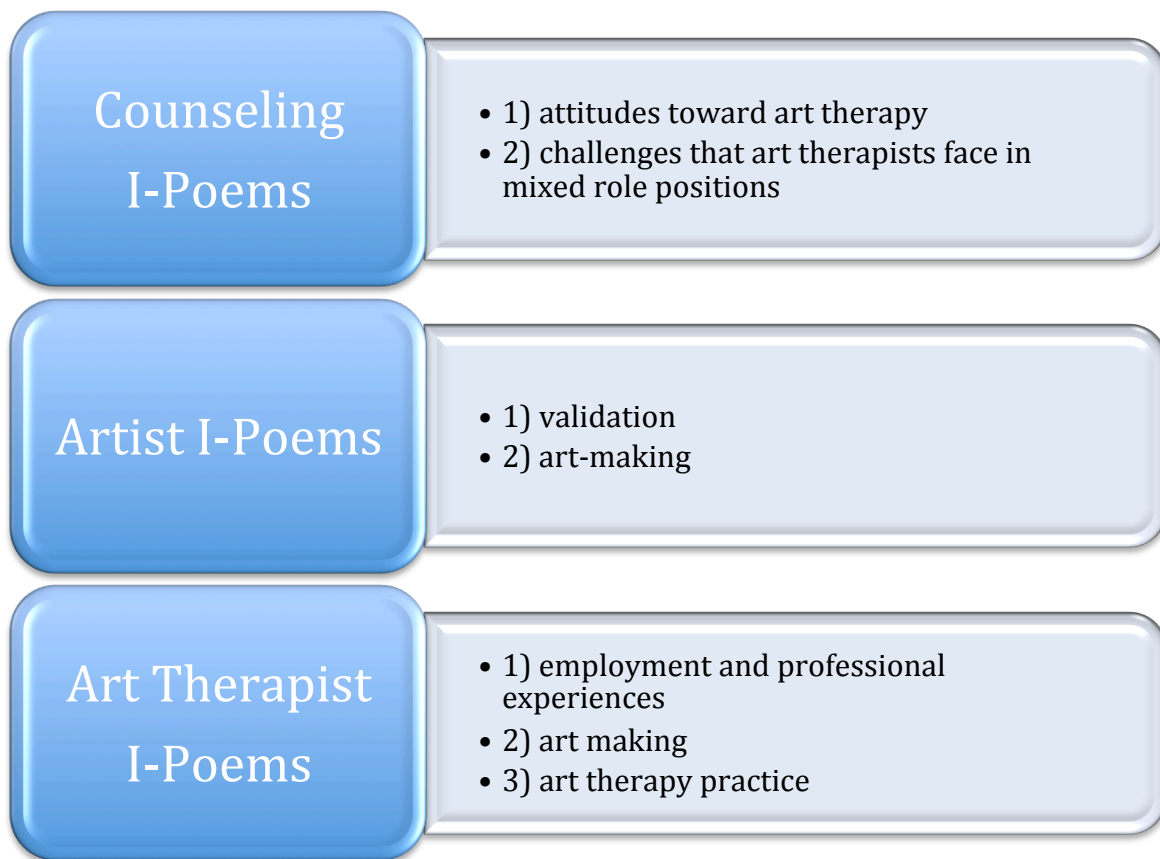
**Professional Identity: Art Therapy**

Three of the participants acknowledged an overall sense of professional identity was acknowledged by three of the participants.  Nancy, Elyse, and Ginny made I-statements that link professional identity with personal and professional growth.  They described professional identity as fluid and ongoing.  Nancy stated "I feel like that's at a very middle place of evolving right now" ; Elyse and Ginny referenced different experiences as contibuting to their sense of professional identity.  Ginny, in particular, made statements highlighting the challenges from the beginning of her career and the importance of acquired experience.  She concluded that, "it definitely takes – takes a couple of years to get there I think."  These I-statements reference professional identity as a process that evolves over time.

Besides these three participants describing their overall professional self, five participants identified themselves as art therapists through I-statements.  Ginny referenced herself as an art therapist six times during the interview, Nancy and Elyse five times, and Trish and Jan three times.  Table 2 exhibits the strongest I-statement of each participant.

Table 2

*Participants Art Therapist I-Statements.*

| Participants | I-statements |
| --- | --- |
| Ginny | I feel like I can say that I'm an art therapist without any doubt in my mind |
| Nancy | I was really working as an art therapist |

| Elyse | I really own the fact that I'm an art therapist |
| Trish | I do believe in what I do – I do believe in the fact that I'm an art therapist |
| Jan | Every time I download I'd be like "oh do I – I'm an art therapist" |

Dani stands out in contrast; she did not reference herself as an art therapist. All

statements of claiming or negating an art therapist identity were embedded in practice

experiences.

While Dani referenced the degree she acquired, the accompanying words provide

a description of her professional experience.

> I have this degree as an art therapist
> I was hired by this agency as a clinician
> I feel as though I'm kind of just dabbling in that

Referring to her degree distances her claim as an art therapist in the present moment.

Other I-statements refer to dissatisfaction at her place of work, as well as the sacrifices

that she made to obtain a graduate degree.

> I mean I — it was a big thing for me to go back to school
> I did and I basically
> I sold my house
> I am
> I had to take a job doing fee-for-service
> I think to myself 'How did I get here?'
> I didn't  — I didn't think I would be doing this
> This is not what I thought I'd be doing
> I try to fit it in
> this is not what I — what I went through this for
> I was really, really excited
> I have the — an office the size of a bathroom

The combination of Dani's sacrifice, place of employment, and inability to practice contribute to disallowing her to claim the identity of an art therapist. Dani's I-statements provide a window into her dissatisfaction and her mixed-role employment as an art therapist.

### The Voice of the Counselor

Examining both the counselor I-Poems and the art therapist poems further elaborated the practice-based experiences of the other participants. Four participants indicated counseling through I-statements. Nancy and Trish made inclusive statements of being therapists, while Ginny referred to herself as a mental health professional (Table 3). In contrast, Jan's statement indicated a wish to include counseling in her professional identity. All of these statements infer that a counseling identity is an element of an art therapy identity.

Table 3

*References to Counselor Self.*

| Participants | I-statements |
| --- | --- |
| Ginny | I think of myself as a mental health professional, who is specially able to use art materials to help people |
| Nancy | I really love my work as a therapist |
| Trish | I – I think – I know I was a good therapist. |
| Jan | I just want to get that learning and be a part of that |

The overlap between the counselor and art therapist poems established a relationship between these two disciplines that existed for each participant. Participants referred to

counseling in the context of their art therapy practice experiences, and references tended to be based in degrees of ambivalence.  The data established two themes: (1) attitudes toward art therapy, and (2) challenges that art therapists face in multirole positions (Figure 3).  I-statements established a mixed relationship between art therapy and counseling, and there were positive or negative associations in both themes.  Negative associations were based on practicing art therapy and of being devalued, misunderstood, unacknowledged, and excluded.  Positive associations featured aspects of inclusion, support, and value.  Five participants made statements that referenced negative associations toward art therapy; two made positive associated statements.

Ginny's poem contains both positive and negative associations that span her professional timeline.

> I kind of just did my own thing
> I really valued what was happening
> I'd – I'd pull out a piece of artwork to try or to show, you know, what happened
>      and it just didn't seem like anyone really cared
>
> I was never really asked – I was never asked for my opinion in a – based on my
>      role as an art therapist

Although Ginny valued the art therapy work that she did with clients, others showed no interest.  This resulted in Ginny having no voice as an art therapist.  This contrasts with her current job experiences.

> I do – I do also teach yoga therapy groups and I, occasionally do like skills
>      groups but I'm introduced as an art therapist and – and people really
>      seem to be interested and want to learn
> I think it's, it's made me feel a lot more confident, I guess, and just grateful sort
>      of to have found a place where it is valued
> I'm not just this adjunct, you know, sort of artsy person on the side

Ginny referenced her involvement in other roles, however the inclusion and attention of other professionals allowed her to feel valued as an art therapist.  She also cited that there

was genuine interest in her work.  Additionally, it was important to her to be identified as

an art therapist.  These statements acknowledge her presence and provide her with a

voice as an art therapist.

Specific statements of dissatisfaction from three other participants describe

degrees of dissatisfaction that echo aspects of Ginny's experience.  These participants

also had mixed-role positions.  Dani's I-statements include: "I was hired by this agency

as a clinician; I feel as though I'm kind of just dabbling in that too" and "the type of work

of I do is; I – I'm in this tiny office".  Since Dani was not hired as an art therapist, she has

a diminished capacity in that position that is extended to the office that she is provided

with.  Like Dani and Ginny, Nancy had multiple responsibilities in her first position.  "I

was doing psychiatric case management, social work, and counseling; I was hired there; I

felt kind of lost in that job".  Trish's statements contrast with the others and describe the

toll of stress experienced in mixed-role positions.

> I just I didn't really feel like it was the right thing for me
> I was also – because I had two jobs
> I was going all over the place
> I was having to piece together, you know, an income.  It wasn't steady work;
>     people canceled all the time – there's a lot of stress
> I just never just never felt really secure
> I don't have to worry about my clients when I leave.

Nancy and Trish described the results of stressful work situations.  Nancy recounted

feeling lost, while Trish expressed an overall lack of security.  Besides workload

statements, Nancy's other relevant I-statements relate additional stress from the

surrounding environment and the agency's devaluing of art therapy.  The voice of all four

art therapists is diminished in their capacity to provide art therapy services.

Of the three identities, the counselor identity was the least cited identity; references to counseling were overall negative and frame the experience of practicing in the mental health world.  Figure 3 establishes the counseling identity as being based on contrasted experiences that oppose how the art therapists experience the counseling profession (Figure 3).

Figure 3.  Voice of Counselor
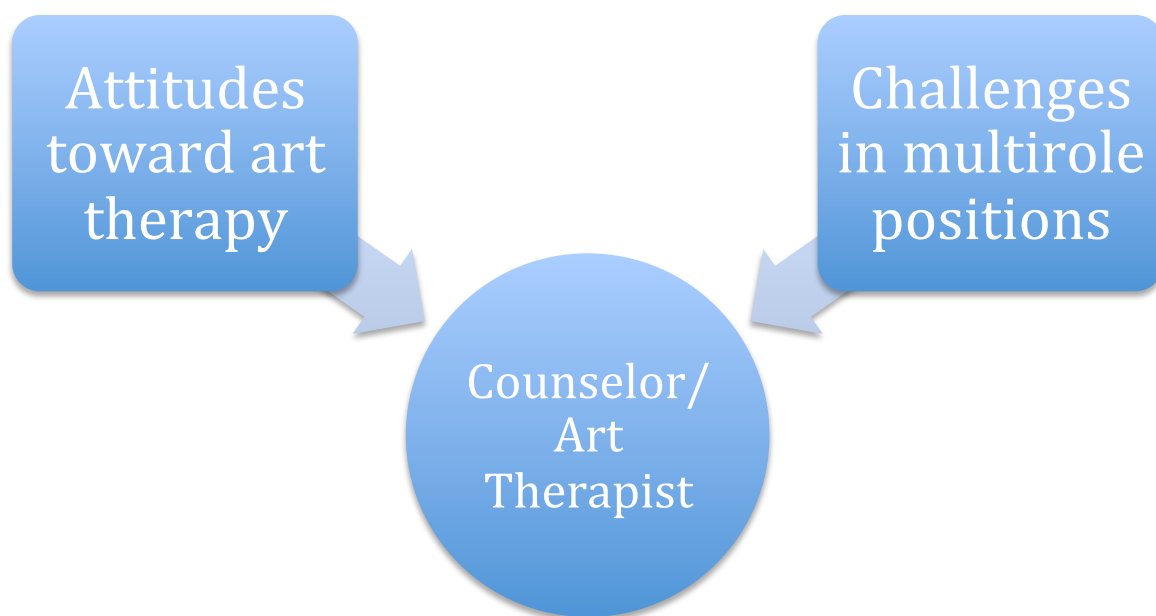


While therapist was included in identity statements by half of the participants overall the work experiences referred to conflicted areas of access, value, and dissatisfaction. Specific work experiences also indicated employment in specific positions as overwhelming, stressful, isolated, and insecure.  Although many of these experiences occurred in the beginning of the art therapists' professional paths, the impact occurred in early professional life, shaping each participant's lived experience of identity formation.

**Artist Identity**

The researcher established two categories in the artist voice poems: (1) validation, and (2) art-making (Figure 4). Validation included two themes: (1) productivity issues, and (2) self-confidence. Data from both themes of the validation category include factors in the claim of an artist's identity that rely on the participants' current art-making and the confidence they identified that related to art-making statements. The art-making category consisted of two themes: (1) artwork, and (2) intrinsic benefits of art-making. Artwork data related to the description of artwork, processes, and/or techniques of art-making. Associations to artwork also established the benefits and meaning that stemmed from art-making practices. The art-making category data overlapped with data from the art therapy voice poems; results from the data created a link between the artist and art therapist identity.

Figure 4. Artist Identity
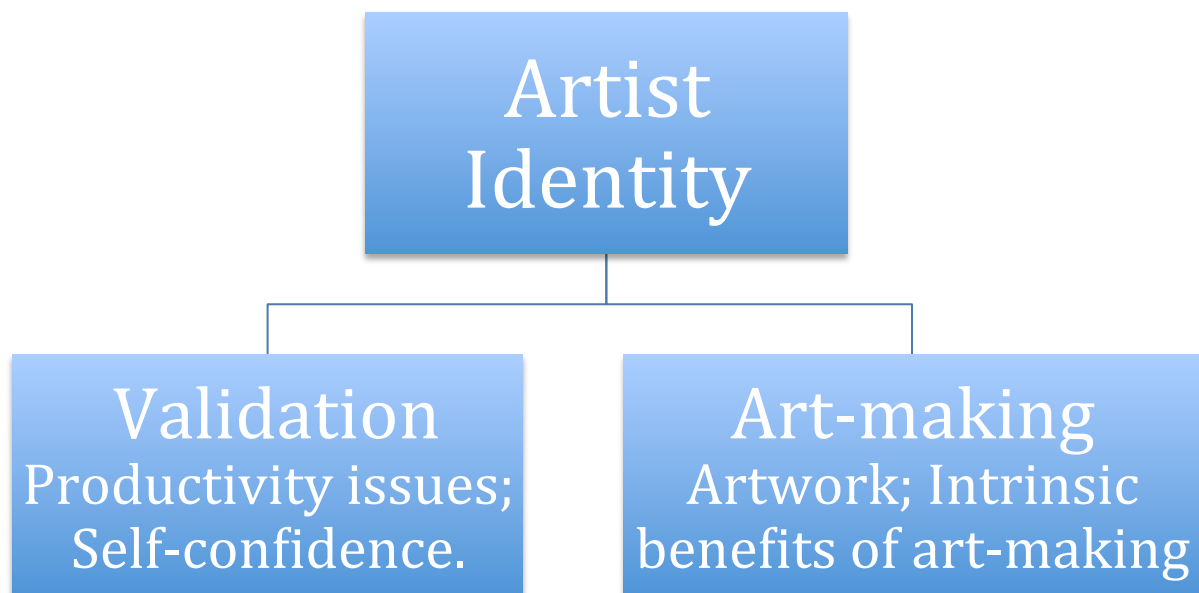
Each participant identified varying degrees of claiming an artist identity; four participants claimed being artists and two referenced the inclusion of their art therapist identities. Table 4 presents the strongest I-statement each participant made regarding their artist identities.

Table 4

*Claim of Artist Identity.*

| *Participants* | *I-statements* |
| --- | --- |
| Ginny | I think I struggled with a lot of self-doubt<br>I'm not a real artist<br>I think one way it's evolved is I've let go of a lot of those insecurities and self-judgments<br><br>I guess my identity as an artist is kind of wrapped up in my identity as an art therapist |
| Dani | I don't call myself an artist<br>I feel like, you know, I'm much more of a dabbler<br>I can't – I can't legitimately hold claim to being an artist<br>I don't –<br>I probably got one of those classic, um, fear of being a fraud |
| Nancy | I have that other side of me that's always wanted to be an artist; it's like the perfect juxtaposition of two things<br><br>I am kind of like a slapdash kind of artist |
| Elyse | I always say "well yeah, you know, yeah of course I'm an artist"<br>I think my philosophy is that everyone is an artist in their own way<br>I am – I am a practicing artist<br>I try really hard to be |

| | |
|---|---|
| Trish | that's where I am as an artist<br>if I can figure it all out |
| Jan | I think it's – really that was me just trying to say "okay, where's my artist identity<br>and I'm not sure how it fits in here yet" |

The number of times the art therapists identified themselves in their voice poem as artists varied. Table 4 I-statements show a varied degree of claiming an artist identity. Elyse, Trish, and Jan called themselves artists three times; Ginny, Dani, and Nancy used artist twice; Ginny and Jan both called themselves artistic. Although Ginny and Dani both made three self-references of artists in their I-statements, both stated that they themselves were not artists. Statements in Table 4 reflect a varied relationship that each art therapist had in seeing themselves as an artist and all contain a degree of hesitancy. Besides Ginny and Dani disclaiming an artist identity, Nancy considered herself a slapdash artist, and Trish and Jan followed their claims with a question. Elyse's hesitancy was voiced in the global inclusion of everyone being an artist followed by how she tries "really hard" to practice as an artist.

Both Ginny and Dani described struggling with self-doubts and lack of self-confidence. Furthermore, Dani considered herself a dabbler and a fraud. Other clusters of their poems include comparisons to others as well as statements that relate to being creative. Ginny claimed being artistic and "always just been sort of a crafty person". Dani's references to "creative things" included creating handmade and "holiday kind of things". Dani specified that, "I didn't make things that were considered, you know, fine arts." Both art therapists valued creativity in their lives, but Dani's statements suggest that these creative endeavors are of a lesser value.

**Validation of Artist Identity.**

Claims of an artist identity were closely tied to the production of art and the focus

of participants' current art-making endeavors. Three participants identified additional

factors that define an artist, such as exhibiting and having a dedicated studio space.

Table 5 shows I-statements that reflect current art-making practices of five participants.

Table 5

*Participant Current Art-making Practices.*

| Participants | I-statements |
| --- | --- |
| Ginny | I have a, a couple of friends who are art therapists and we'll have art dates I'm just making time to be creative without the pressure of producing |
| Dani | I'm painting a little bit |
| Nancy | I am working on right now that's very planned is, um, a series of three images |
| Trish | I created a whole series of work about that |
| Jan | I always make art on Thursdays |

Ginny and Jan both mentioned making art with others, while Dani, Nancy and Trish's

statements identified only themselves involved in their creative acts. All of the I-

statements refer to concrete externalized factors related to validation. Each of the voice

poems indicated other factors that impact the perception of an artist identity. Four

participants talked about exhibiting as a factor. Ginny was not currently "showing" her

work, Nancy had started producing focused paintings for an exhibition, Trish had an artwork website, and Jan, at one point, exhibited her artwork in order to keep her artist identity intact.  Both Ginny and Trish mentioned having a studio or dedicated place to make art as having an impact on their sense of artist self.  Elyse was the participant who did not reference current art-making.  Instead she described the obstacles she faced.

> I try really hard to make art
> I have a toddler, so, and a husband
> I have a crazy life right now
> I try really hard
> I try to do it as much as possible

Elyse's I-statements refer to the impact that daily life has on practicing art therapists.  Similar to Elyse, Ginny and Dani mentioned their productivity being impacted by life events, family, and/or work.  All of the art therapists' statements demonstrate that art-making happens in personal time.  Personal art-making for these art therapists is dependent on factors at home and not directly tied to work.  Considering the hesitancy to claim an artist identity in each of the art therapist's I-statements, and the external factors of validation, the claim of an artist identity involves internal perceptions of self and external factors of validation.  Claiming artist identities for these art therapists is complex and problematic.  While the title of artist may be elusive for some participants, an analysis of the second category of the artist identity shows that art-making shines a light on the connection and meaning that art therapists have to their creativity.

**Art-making: Artwork and Intrinsic Benefits of Art-making.**

Art-making, the second category of the artist identity, and a shared category of the art therapist identity consisted of two themes: (1) artwork, and (2) intrinsic benefits of art-making.  The artwork theme established the identity of the artist in three sub-themes:

(a) materials; (b) technique; and (c) meaningful associations of specific processes and artworks. These themes stem from references of aesthetic preferences and sensibilities. The second theme, benefits of art-making established five sub-themes: (a) confidence, (b) connection, (c) self-care, (d) self-awareness, and (e) confirmation of art-making (Figure 5).

**Artworks: Materials and Process.**

Participants all spoke of experiences with art materials and art processes. Some talked about materials by describing artworks or the technique in which the materials were used. Since art is manifested through a process that makes use of materials in specific ways, all six participants referenced materials and/or techniques for making art. For each participant meaning was derived from these two aspects of the creative act (Table 6).

Table 6

Statements Related to Meaning and Artwork.

| *Participants* | *I-statements* |
| --- | --- |
| Ginny | I think I – that shows up in the materials I choose to use of combining things that are, you know, fine art materials with more just everyday objects and found objects and stuff like that<br>I'm trying to think<br>I mean, I can – I can think of specific things that I tend to be drawn towards<br>I mean, I definitely am drawn towards<br>I think it's really interesting to see how my – like I truly believe that what you're attracted to, in sort of a broad sense is a reflection of what's going on inside |
| Dani | I painted a bunch of nests<br>I like the symbol of the – the container of a nest |

| Nancy | I make a horrible mess<br>I definitely don't like something I can it<br>I am becoming more interested in the final product<br>I wanted to further develop that side of myself |
|---|---|
| Elyse | I had an extra canvas<br>I just wanted to mess around with some paint so I started doing something<br>I create for myself and it's about myself<br><br>I was in my kitchen and there was this little baby canvas and I found my oil sticks<br>why don't I just feed you<br>I kept working on it |
| Trish | I have shied away from, I guess, the fun things I used to do<br>I don't know if it's – has to do with how my life has changed with my Mom cause I'm – I'm her primary care taker so things got very serious very quickly.<br>I haven't really processed –<br><br>I, I – I've been taking photographs of horses – my mom's favorite animal is a horse<br>I take photographs of horses and blowing them up and then doing transfers and then these patterns<br>I feel I – it's one of those things where it's very structured<br>I take a photo, and then I have to blow it up, and then I have to transfer it<br>I create these patterns<br>the only thing I can figure is that I'm really needing some – I'm really needing some structure |
| Jan | I had sewn many layers together and then cut into it so you can see all the depth of it<br>I make it to reflect back to things that I need to remember |

The accompanying words that follow the use of I in statements show the way in which meaning is derived from creating artwork in Table 6. Five of the six art therapists linked the materials to meaning. For Ginny, materials reflected internal experiences, and

for Jan the layers embed reflection and knowing. Both Elyse's and Trish's use of materials are linked to implied meaning: Elyse used paint as a metaphor that feeds her, while Trish's use of patterns suggest to her the need for structure. Dani identified using paint that, in turn, created symbolic images of a nest. Dani, Trish, and Jan identified imagery that is linked to meaning. Nancy is the participant who derived meaning from her art-making process. Her current focus of the product is related to developing a new aspect of self.

The additional analysis of each art-making voice poem showed that five of the participants derived meaning through an interwoven combination of process, technique, and materials. Three of the participants referenced art therapy and linked this to art-making and meaning-making. Therapeutic meaning and art as self-care was included in art-making voice statements of four participants. Trish stated "I really do my own art therapy for myself," and Dani related to art-making as relaxing and based in self-care. Elyse implied self-care through the metaphor of feeding her painting. Additionally, Ginny and Nancy referred to art therapy in close association with aesthetic preferences or sensibilities. Ginny's material preferences were linked to aesthetic attraction that she additionally connected to internal feeling states. In one statement, Nancy included the words "aesthetics" and "therapeutic." "I look at it as aesthetically not pleasing, I guess, but it serves a point in the therapeutic sense". I-statements that stem from materials, process, meaning and technique established a connection between the voices of the artists with the art therapists. Additionally, statements further indicated that there is a link between aesthetic sensibilities, art-making, and therapeutic processes, and professional

identity and practice.  Such considerations in linkage are further indicated in the benefits

of art-making theme of the artist and art therapist voice poems.

**Intrinsic Benefits of Art-making**

The benefits of the art-making theme consists of I-statements of the artist poems

and statements from the art-therapist poems.  The establishment of the value of art-

making theme was based upon the personal connection and meaning that creativity held

for each participant.  I-statements show both personal and professional connections to

creativity, and the type and measure of satisfaction participants derived from their

creative endeavors.  The five sub-themes confidence, connection, self-care, self-

awareness, and confirmation are established in statements that referenced how meaning

and caring are extended to the practice (Figure 5).  A sample of coding in Ginny's I-

Poem shows the interwoven nature of the sub-themes and how one sub-theme often leads

immediately to the next.   A cluster of Ginny's voice poem illustrates the establishment of

this interconnection.

> I think it would be really hard to sit with them through that and to be – be a
> witness
>  to whatever it is that they're creating
> I think it helps me to be sort of on – to be on an equal ground with them
> I, you know, I can say
> I know – I know what it's like to, to try to you know, painful things through art
> I think if that was – if I didn't have that firsthand experience it might be more
>  scary or just unsettling to be with someone else who's doing that
> I think it just, it makes me more able to – to be, you know, be that presence for
>  them

Although Ginny began her poem with witnessing as a point of connection, the

next I-statement moved into self-awareness, and then she returned to a point of

connection.  In this cluster, Ginny talked about connection via witnessing twice and self-

awareness once.  Each participant had varied degrees of sub-themes in their voice poems

and each showed prevalent sub-themes.

Figure 5.  Intrinsic benefits of Art-making Sub-Themes
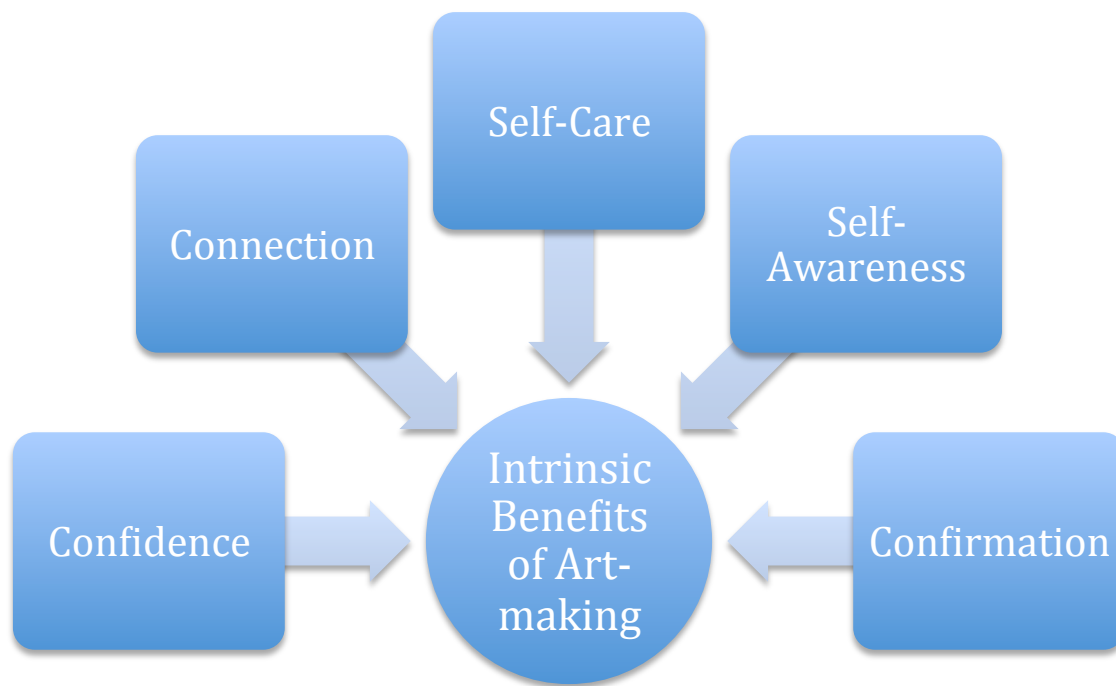


**Sub-themes of Intrinsic Benefits of Art-making**

Summaries of each sub-theme establish the link between the art-making and

practice of the participants.  The summary of each sub-theme highlights of particular

clusters will be included.  These highlights establish the parameters of each sub-theme.

*Connection*

Connection was the most predominant sub-theme, followed by self-awareness and

self-care.  Participants' discussion of art-making with others indicated connection.  In

their art-making statements, all participants referred to a connection with clients.  Two

participants established aspects of empathy and witnessing, which are facets of

relationships.  Two clusters from Elyse and Trish's I-Poems show two aspects of

connection.  Elyse directly referenced the connection between doing her own art-making

and connections with clients in a cluster of her I-Poem.

> I try to talk about my art-making
> I strive to do it at home
>
> I get asked that – it's usually like once a week
> "this is how I do it"
> I want it to be a part of my life
> I kind of keep that in the back of my mind
> I try to – to do that in my own life

This passage does not shift from the connection sub-theme and, indeed, indicates

Elyse's commitment to personal art-making as interconnected with her practice with

clients.  Connection and empathy are also referenced in Trish's I-statement when she

said, "I can feel more; I guess, what perhaps is going on with my clients when they're

making art."  Making art is valued as an important aspect in life, which is then reflected

to the client, and then, in Trish's statement, aids in providing an emotional link to the

clients while they are making art.

### *Self-awareness*

Five participants made references to being self-aware during their art practice.

This sub-theme is indicated when a participant's I-statement indicates a level of

consciousness or knowingness pertaining of the art-making process.  Knowingness can

stem from a general awareness that refers to clinical practice as well as personal insights

that refer to making art.  Two voice poem clusters show different experiences of self-

awareness.  Nancy's statements related art-making to her practice as an art therapist.

> I think being connected your – what you like and then translating it into your
> practice I think is huge

I think it's difficult
I can say it was difficult when I was doing that to really be a present art therapist

Nancy's statement is similar to Ginny's statement "I know – I know what it's like to, to try to you know, painful things through art."  Nancy, however, credited personal art-making to contributing to her overall abilities to practice, while Ginny referenced personal emotional experiences related to making art.  Jan's I-statements describe how process-based art-making in art therapy opened a new path of self-reflection.

noticing the difference between how I am when I am making process art

I can allow the materials to influence when I stop and how I engage and what I
 get – and sort of seeing like something and just letting it ripple out

Allowing materials to influence the outcome of an artwork was a difficult learning process for Jan.  As she stated later, "I typically let all of that play out in my mind," and "I made an architectural drawing of exactly what I was going to build."  Jan named following the materials as the "sketchbook phase of creation."  The sketchbook phase allowed her to be curious about whether, "I really love something about it or I really dislike something about it."  Self-awareness for Jan was established through expanding how she experienced her art-making process.

### Self-care

Self-care as a sub-theme is derived from statements that are based in art-making as providing sustenance or as self-soothing.  Four participants made art through self-care statements.  Dani's and Nancy's I-poems reflect the connection between practice and art as self-care, while Trish's poem reflected art a nutrient.  Dani's poem referred to her lack of self-care.

     When I make art, it makes me feel better
     I would encourage clients to make art
     I often do, and then I think to myself
     I date it for them, and I send it home with them, and I think to myself am I doing
          that myself – no, so

Nancy's poem also refers to her ability to utilize self-care as an important aid

recovering from burnout.

     I think at one point, when I was leaving the agency, I thought, "I need to take
          care of myself"
     What else do I have –
     I feel horrible,
     I haven't exercised regularly for two years,
     I need to reclaim myself as a counselor, as an art therapist, as a person
     I think getting back into my own art-making process was a huge part of that

Trish's poem also speaks to the experience of replenishment through art-making.

     I feel like I'm myself again
     I haven't had that in so long that "ah, here I am" – this is – this is like I'm
          feeding that part of me that I haven't done in a while, and it's a good –
          it's freedom and it's – it's, like, honesty.
     that part of me that I haven't done in a while

In these poems, art-making is referred to as a feel-good experience. Imbedded in

each poem is art as a returning point that is, at times, difficult or problematic to engage

in. Dani envisioned herself providing her clients with sustenance, taking care of her

clients' art, but unable to do so herself. Likewise, Nancy recognized that art-making

could aid her and, at some point in her burnout, was able to reclaim herself. Trish

inferred that after a time of not making art, returning to it can provide her with an "ah"

moment to reconnect with a part of herself.

     ***Confirmation and Confidence***

Confirmation and confidence were the least referred-to sub-themes; four

participants mentioned associations of confirmation, and three referenced issues of

confidence. Participants indicated feeling confirmation when an aspect of art-making

was identified as significant; confidence was established when art-making provided self-

assurance. Three of these statements connect with practice. The most significant is

Ginny's reference to knowing how to use art materials and working with clients.

> I would say it gives me a lot more credibility and confidence when I am
> introducing new materials or just in every aspect of – of my interactions
> with the patients as an art therapist

Similarly, other art therapists' I-Poems referred to their art-making as having

provided them with a sense of confidence. Elyse stated she developed self-assurance in

her practice, and Trish mentioned that her experience "informs where I go with my

clients a lot of times." An I-statement of Nancy's referenced art-making as

"empowering." All of these statements recognized the experience of making art as

building self-confidence.

Three participants related that art-making allowed for a sense of confirmation. A

cluster of Nancy's poem described providing an art experience as a pivotal moment.

> I did quite a few paintings like that
> I had kind of a phase, and we ended up, when I had that ABC art therapy group,
> doing a – a huge tree that way, and a huge canvas and we called it the
> ABC family tree
> I think it was a formative moment
> I really saw the connection between my own art-making and how that can really
> impact professional identity and the identity of my clients too
> I think they got a sense of themselves as artists through that project

Linking art-making practice with her practice, Nancy recognized the positive

experience she provided for her clients stemmed from her own art explorations.

Additionally, in another part of her poem, she stated, "I think whenever you look at your own art it's – it reminds you again and again how meaningful it is." Trish and Jan also made statements relating art as meaningful. Both make I-statements that recognized the experience of art-making as an essential aspect of self; the act of creating reconfirmed art as a necessary part of their lives. Jan stated, "Okay, God, this is that – that thing I love so much". While Trish's statement of confirmation is extended into art-making as feeding herself (mentioned in self-care), Jan's statement remains based in art as an act of significance. All statements identified art-making as a vital experience related to self. Confirmation in these statements also relates to self-care and practice.

These five sub-themes establish the link between personal art-making and practice. The establishment of themes and sub-themes in the art-making category links aesthetics to personal art-making and practice. Artworks, processes and techniques, preferences, and sensibilities acknowledge that the art therapist's identity includes the artist self. The practice of art relates to the practice of art therapy.

### Art Therapy Identity: The Voice of Art Therapy Practice

I-statements for the art therapist referenced the participants' experiences of the professional field, contact with clients, and art-making. The art therapist identity consisted of three categories: (1) employment and professional experiences; (2) art therapy practice with clients; and (3) art making (Figure 6). The first category, employment and professional experiences, is indicated by the nuts and bolts of work and consist of three themes: (a) validation as a professional; (b) employment and specific job related experiences; and (c) degree of satisfaction.

Figure 6.  Categories and Themes for the Art Therapist Identity
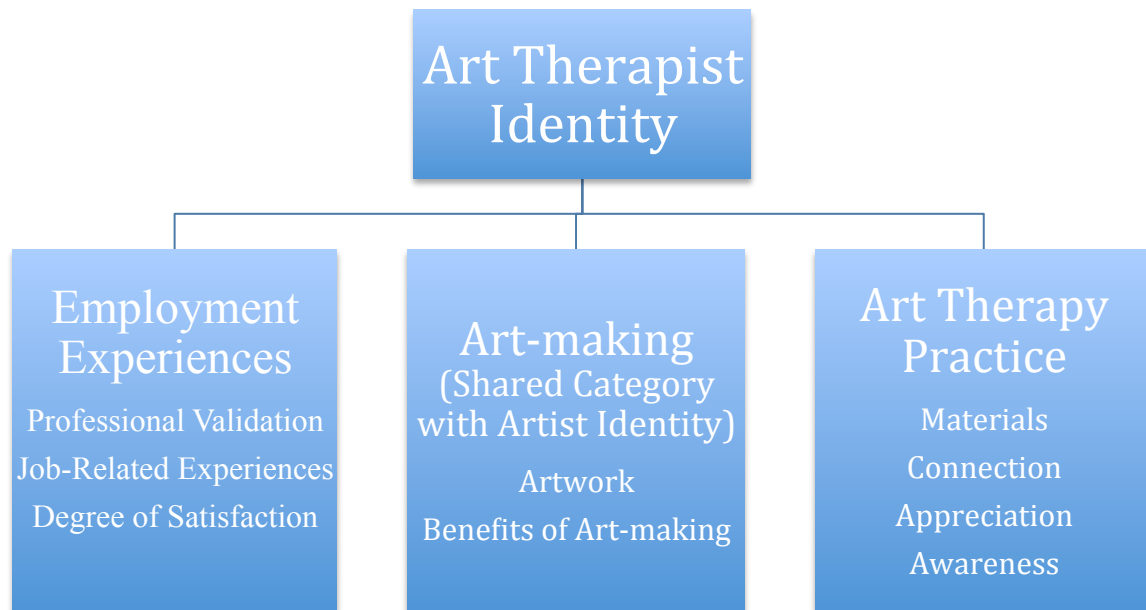


Data for the practice category established four themes: (1) materials, with sub-themes of (a) providing materials, and (b) worth of materials; (2) connection, with sub-themes of (a) shared experience, and (b) witnessing and empathy; (3) appreciation, with sub-themes of (a) regard and appreciation, and (b) of taking stock or account of the situation; and (4) awareness, with the sub-theme of (a) self-knowing (Figure 7).  The themes and sub-themes were significant as each exhibited the deep meaning that practice holds for each participant.

Figure 7.  Four Themes and Sub-themes of Art Therapy of Practice
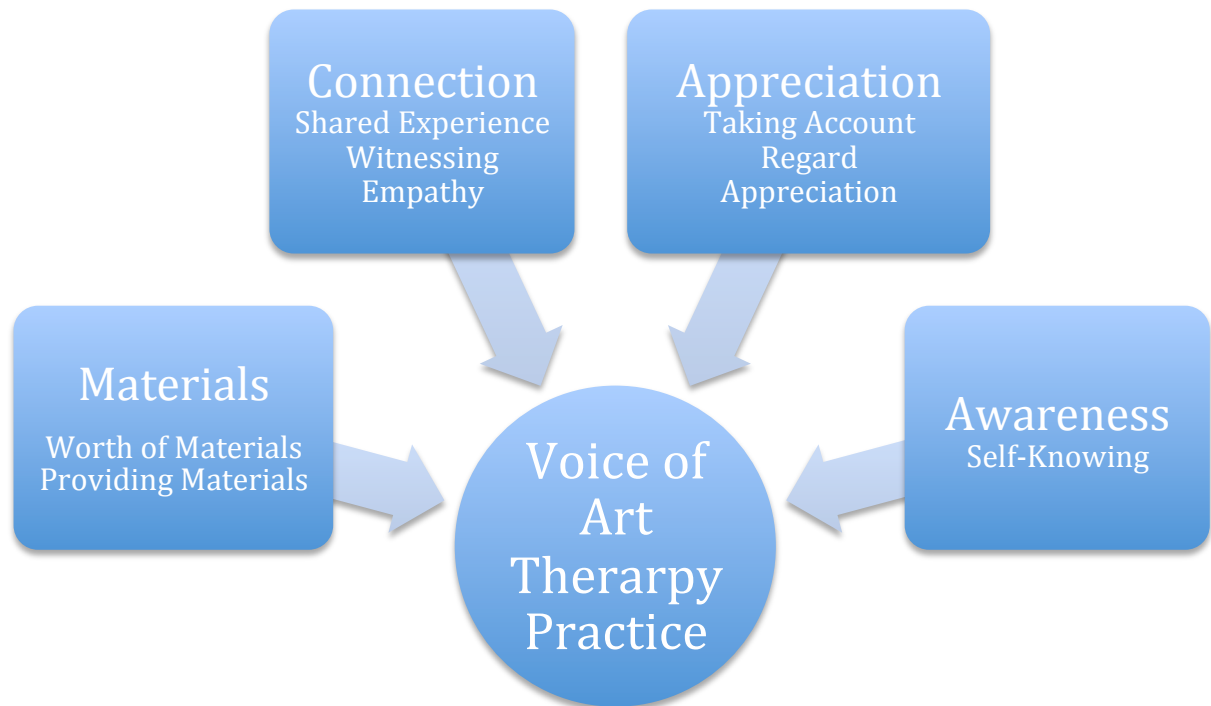


*Materials* (M), the first theme refers to the use of art materials as a base of practice; the

first sub-theme, *worth of materials* (WM), indicates the participants' value of art

materials used in the process of creating, and the second sub-theme *providing materials*

(PM) references the art therapists' personal preferences regarding materials or process,

which is extended to the use of art therapy practice with clients.  *Connection* (C), the

second theme, is about relationships with clients.  There are three sub-themes in

connection: (a) *shared experience* (SE) is indicated by the inclusion of the client in a joint

or shared state of creative experience; (b) *witnessing* (W) references the act of

observation in making art; and (c) *empathy* (E) denotes an empathetic observation that

sometimes can be an extension of witnessing.  The third theme, *appreciation* (A) is based

on an observed valued appraisal that is connected to a situation. Appreciation has two sub-themes: the first *taking account* (TA) references knowledge that stems from the apprizing of the situation or experience, and the second sub-theme *regarding appreciation* (RA) was established by regarding and appreciating the artwork and process of another. *Awareness* (A), the fourth theme, refers to the participant having knowledge related to the field of art therapy. There is one sub-theme for the awareness theme; *self-knowing* (SK) which is indicated when there is a specified or differentiated state of awareness that pertains to insight and awareness of self. There are two additional factors that were identified in practice of art therapy: *care* (c) and *making-special* (MS). Neither is considered a sub-theme because each appeared as an extension of the art therapist and in several sub-themes. Care denotes an emotional extension of the therapist, and making-special is a specific reference to an art product that is special or treasured. Definitions of each theme were important in establishing coding and allowed for the differentiation between sub-themes. The themes, sub-themes, and factors from each voice poem were tabulated for each participant. Similar to the art-making voice poems, I-statements in the practice poems themes were interwoven.

Additionally, some data from the practice voice poem included aspects of art-making (references to materials and art processes). These overlapped clusters provided a different context for the I-statement, which was used to establish factors in the practice sub-theme. For example, a cluster of Dani's benefits of art-making poem appeared in her practice poem: "When I make art it makes me feel better, I would encourage clients to make art, I often do, and then I think to myself". In the value poem, this referenced self-care; in the practice poem, the coding for this cluster shifted from self-care and

connection with clients to an awareness of self and connection with clients.  The overall the sub-themes of each participants' practice poem uniquely flowed from one sub-theme to the next, similar to each of the art-making voice poems.

**Art Therapy Practice Themes and Factors**

The themes and factors from each voice poem were tabulated for each participant; tabulations established which sub-themes participants most referred to as well as which were most utilized (Table 7).

Table 7

*Tabulation of Frequencies of Themes, Sub-themes, and Factors in Art Therapy Practice.*

*\* indicates Care*

*+ indicates Making-Special*

| Themes/ Sub-themes | Ginny | Dani | Nancy | Elyse | Trish | Jan |
|---|---|---|---|---|---|---|
| Materials | 5* | | 1 | 1 | 1 | 2 |
| Worth of Materials | 2 | 1 | | 1* | | 2 |
| Providing Materials | 1 | 2 | 1 | 1 | | 3+ |
| Connection | 3* | 8**++ | 1 | 4** | 2** | 6*+ |
| Shared Experience | | 2* | 2+ | 7 | 4* | 8* |
| Witnessing | 3* | | | 3 | | 2 |
| Empathy | 2 | 2+ | | 1 | 3 | |
| Appreciation | | | | | 1 | 1 |
| Taking Account | | | | 4 | 3 | 3 |
| Regard Appreciation | 2 | 1 | 3 | 2 | 7 | |
| Awareness | 1 | 2 | | | 2 | 2 |
| Special Knowing | | | 1 | 2 | | 2 |

Table 8

*Distribution of Frequencies of Themes and Factors in Art Therapy Practice.*

*\* indicates Care*

*6.indicates Making-Special*

| Participant | Predominantly Referenced Theme | Secondary Referenced Theme | Thirdly Referenced Theme |
|---|---|---|---|
| Ginny | Materials*/ Connection** | Awareness/ Awareness | |
| Dani | Connection***+++ | Materials | Awareness |
| Nancy | Appreciation/ Connection+ | Materials | Awareness |
| Elyse | Connection** | Appreciation | Materials* |
| Trish | Connection*** | Appreciation | Awareness |
| Jan | Connection**+ | Materials+ | Appreciation/ Awareness |

### *Materials*

Five participants referenced the materials used in practice; five specified providing materials as an extension of self; and four denoted the value of materials in the art-making process.  Ginny and Jan made associations to all three; Ginny and Elyse had aspects of care that emerged through materials, and Jan had one instance of making-special.  Two clusters of Ginny's poem show the varied links of materials and practice (Table 9).

Table 9

*Materials Theme in Voice of Art Therapy Practice I-Poem - Ginny.*

| Sub-theme and Factor | I-Poem |
| --- | --- |
| Materials (PM)(WM)/ Appreciation (RA)/ Connection (W) | I had a kind of an unlimited budget, and I bought whatever I wanted<br>I would bring a lot of stuff from home too, so it was sort of endless<br>I really — I got such joy from being able to provide a wide variety and just seeing what other people were drawn to |
| Connection (E)/ Materials (c)/ Connection (c) | I guess, when someone's struggling with something, I can draw on my own experience<br>when I've, you know, and I mean struggling either with a painful emotion or literally struggling with the materials<br>I can be of assistance and that's — that comes from — from doing it my own |

Ginny's voice poem indicated an important connection to materials that she has used in her practice. She was the participant who most prominently described basic materials. Ginny brought materials "from home" (PM), despite having an unlimited budget, and acknowledged empathetic engagement when witnessing a client emotionally and physically struggling with materials. Ginny's response of "assistance" emerged from recognizing and relating to this struggle from personal experience. In her entire practice statements, she identified materials twice through value (WM); most notable is the sense of joy she experienced when viewing clients interact and create with media. Elyse also referred to the use of materials and one instance that emerged as she extended care by trusting her clients to use materials to explore. "I – I really feel that it's kind of like, um, I'm teaching non-product make art, kind of; I just kind of trust if I'm there that it's going to play, and just kind of see what happens." Elyse's statement differentiated the use of

materials in art therapy as different from teaching art. Elyse also provided materials to her clients by buying books to alter, and she referred to materials as an element of therapeutic exploration in art-making.

Jan, like Ginny, referred to materials in a high degree and predominantly mentioned providing materials in her practice statements. Clusters of her voice poem indicate the use of materials in her voice of practice (Table 10).

Table 10

*Materials Theme in Voice of Art Therapy Practice I-Poem - Jan.*

| Sub-theme and Factor | I-Poem |
| --- | --- |
| Materials (WM) (PM)/ Connection | I was able to start a volunteer open art studio two years ago<br>I set up a space where there were just materials sort of out like candy<br>I would really inform them this is about process, it's about play,<br> experiments.<br>"Well I haven't made art since I was in, you know, fifth grade."<br>I would say "that's okay, do you have a favorite material?" or "Do you have a<br> picture you're curious about?" |
| Materials | I did a lot of things where I would tape a giant piece of blue butcher paper<br> to the floor<br>I mean, I<br>I bring in – I –<br>I put Plexiglass on the walls |
| Connection/ Materials (PM) | I mean even the – the creativity in daily life workshops<br>I was also a landscaper at the time<br>I showed up with pieces of cattail – the long green pieces of iris that<br> I'd cut<br>I just had bags of these just nature materials and seeds and pods |

Materials are central to many of Jan's clustering I-statements. Referring to materials as "candy" referenced valuing (WM) and providing them (PM). She described learning the value of process in personal art-making by exploring media, and how she then learned to extend this to practice. Additionally, Jan provided nature-based materials for one group (PM) and then created a sanctuary (SE) with the materials. Many I-statements indicated self-knowing (SK) that emerged from a deep value that Jan expressed when describing materials.

### *Connection*

All of the participants indicated connection in their practice I-statements: five had aspects of care (c) that emerged from connection, and two participants had instances of MS. Additionally, five art therapists indicated shared experience (SE), four indicated connection through empathy, and three referenced witnessing. Overall, this sub-theme was the most predominant compared to the materials, appreciation, and awareness sub-themes. Dani, Elyse, and Jan had the highest references to connection and Elyse and Jan had the highest references to SE and W. All three had care (c) that emerged from connection (C), and Dani and Jan established links with MS. Elyse was the participant who referenced each of the sub-themes of connection and the care factor. The cluster of I-statements show the interconnection between these aspects of care and reflect a reference to each (Table 11).

Table 11

*Connection Theme in Voice of Art Therapy Practice I-Poem — Elyse.*

| Sub-theme and Factor | I-Poem |
|---|---|
| Connection (SE) Connection (E) | I think that feeling really resonates with me<br>I see that look of fear in my clients eyes before I'm asking them to do something like that like<br>I get it – I totally get you, and I know that you're freaking out right now<br>     but |
| Materials (VM)/ Connection (C) | I don't judge<br>I say that to my clients every day all day<br>I don't judge you, and I don't judge the art<br>All I care about is your process and what you're putting into it<br>I want you to create, I don't want you to produce<br>I just slide back down<br>"I want to kind of go" |
| Connection (SE) (W) (C) | I make art alongside my clients<br>I don't stare<br>I don't, yeah, I don't sit and stare at them |

In these clusters, Elyse voices a central focus of her practice – to witness, but not judge. Her strong feelings toward judging are established in "I totally get you." Additionally this statement reflects empathetic understanding (E). SE was the most referenced factor and denoted three links to W. She furthered her connection to clients through witnessing with care (c) that stemmed from making art alongside them. Sharing the art experience for Elyse is pivotal and is viewed as providing comfort and support.

Dani had the highest degree of connection and established both (c) and MS (Table 12).

Table 12

*Connection Themes in Voice of Art Therapy Practice I-Poem — Dani.*

| Sub-theme and Factor | I-Poem |
| --- | --- |
| Materials (PM)/ Connection (E), (MS) | I do a lot of containers<br>I might bring in an oatmeal carton<br>I talk to them about it being, you know, something<br>I went out and got from a store<br>I often save those for, you know, a termination<br>I've had a lot of children who have had a death<br>I save those for kids like that who really want to make something special<br>I kind of try to help them |
| Awareness (SK)/ Connection | I think that's my aesthetic sensibility<br>I sometimes worry that, you know, when<br>I'm working with kids doing art that – that<br>I'm maybe a little too exacting<br>I have to keep that in check<br>That's who I am –<br>Like I said I'm, kind of precise |
| Awareness (SK)/ Connection (MS) | I work with<br>I – but I also feel –<br>I justify that by thinking to myself that – that's – that's worth something too for them<br>I do<br>I would say<br>I do hear about it later that this is a box that they absolutely treasure<br>I think<br>I'm not sure why she chose a lion – |
| Connection (C) (MS) | I do that sometimes<br>I do that<br>I will make things to take home and remember<br>I, like<br>I forgot about that |

Dani exhibited a high level of connection through I-statements, and, through these

clusters, she also reflected elements of care (C) and making-special (MS).  While she is

aware of the potential limitations of her aesthetic sensibilities, she forges connections through art-making with the children she works with. She channels empathy for their circumstances into both materials and the process. From this sense of connection, treasured objects are embedded with care. Dani also brings in materials from home, which she gathers and saves (PM). Additionally, I-statements from another cluster of her poem voice her wish to make more art alongside the children. Her choice not to do so is based on noticing how this affects their self-esteem. While there are notable clusters that relate to low points of practice in Dani's practice poem, they contrast with the treasured objects she creates with children. Both provide a picture of the emotional struggles that Dani wrestles with in her practice as an art therapist.

Jan, like Elyse, has a high degree of connection, shared experience, and witnessing. In both connection and shared experience she creates care (c) and refers to a making-special (MS) experience (Table 13).

Table 13

*Connection Themes in Voice of Art Therapy Practice I-Poem — Jan.*

| Sub-theme and Factor | I-Poem |
|---|---|
| Connection (SE) | I think I've – I've really modeled my teacher's method<br>I, I'm not sure if I've done that nearly as structured as my teacher did<br>I, I do mention as soon as the art show starts to come up<br>I – everyone reflects on their artwork and they pick their five favorite pieces<br>I, you know, I've really invited in the – like a non-, non-judgmental language |
| Connection (W) | "Yes, this is the one I like, I know you guys like that one but something about this…" |
| Connection (MS) (W)/ Appreciation (TA)/ Connection (C) | I think I've done more one-on-one.<br>"Well I made the treasure chest and I made…"<br>I found that to me some of the most powerful times during the group is when one little boy didn't follow all the other boys<br>I mean just those pieces were so – those were all the ones I made vignettes about because those were the ones I saw art therapy really working<br>I would say the movement art group<br>"I have re-birthed for it<br>I typically walk around to each person<br>if I sense negativity like in their language or in, you know, the way that they're seeing their image<br>I will say, you know, "is it ok for me to hold it up and for you to see it with some distance."<br>I do feel like a lot – a lot of times lifting it up they have a slightly different experience of it |

Jan had the highest degree of statements that refer to a shared experience (SE) with clients (Table 7). The I-statements she made were based on providing materials (PM) for her clients and groups. These shared experiences include reciprocal feelings of care and "love" with group members, providing open studio experiences and materials, and exhibiting or curating opportunities. Additionally, she displayed in her language a reverence and inclusion in her practice and used words such as "invited," "liveliness,"

"encourage," and "reflects." Jan's I-statements, like Elyse's, reflect an awareness of nonjudgment and the role of witnessing. Care (c) resulted twice, both times out of connection (C): first from connecting with clients as a way to negotiate judgment of their artwork, and second through the shared experience (SE) of making art to take home (c). Jan also referenced a treasure as a suggested directive (MS).

### *Appreciation*

Two art therapists pointed out appreciation as observant appreciation, and taking account is linked to three participants. Trish utilized each factor of appreciation and had the highest number of references to appreciative regard. Trish's I-statements primarily stemmed from appreciation of her clients' artworks (RA). "I love things like that, I love my clients' work; I – I mean even, like, kids drawing, I mean, anything – any – kind of like mark-making." Trish used the word love seven times in her practice poem; love is primarily used in reference to the aesthetic appreciation of clients' artwork. One I-statement using love reflected her direct communication with clients, "I love your – the quality of your lines" (RA). This is linked to positive connections, encouragement, and care that she extends in her art therapy practice with clients. Trish further extended her RA when she extended her regard of client's artwork and attempted to "incorporate some of their techniques." Although she is cautious about her open regard or "love" with clients about their artwork, she later stated, "I do do that, and – and I think that – I think part of my artist-self wants to hear that too." These appreciative statements become based on a shared experience (SE) that relate from her artist identity and the empathetic need that others have to be seen and recognized for their art endeavors (E).

Nancy was the second art therapist with a high degree of RA, best reflected in an I-statement that was discussed earlier in data results of the art-making category. This instance referred to a meaningful and "formative moment" with clients, when the experience of creating and exhibiting a giant tree provided them with a different sense of self. Ginny, Elyse, and Jan all had high levels of regard embedded in their practice statements, although these were not the predominant themes in their poems. Ginny indicated appreciation in her voice poems, although her references to regard were not related through specific interactions with individual clients. Instead she appreciated through a general assessment (TA) that was linked to feelings of connection.

### *Awareness*

Awareness was the least referenced sub-theme – four art therapists identified in their practice poems generalized cognizance of the art therapy field, and four identified aspects of special knowing. All I-statements of special knowing were related to personal experiences of exploring with art materials. Jan's statements referenced experiences with materials, however she exhibited awareness regarding how her artist self implied expectations to clients. Ginny's personal use of materials as an expression of internal feeling states allowed her to better understand her clients' expressions of emotional struggle and make "ugly" art. Elyse related that her personal experiences with destruction and construction processes have provided her with general empathetic understanding that has influenced how she utilizes this process in her practice.

### *Care and Making-Special*

Both care and making-special are extensions of the art therapist. As factors in practice, they are predominately referenced in the connection theme and sub-themes;

making-special is mentioned solely in the connection theme (Table 8). The highest

numbers of references to care are through relational connection, with links to shared

experience second. Ginny's care can best be defined as a witnessed-based extension of

materials. Dani's care is best described as a relational base for how she provides

materials and conducts art projects. Elyse extends care through her practice of witnessing

and stance of nonjudgment. Trish's sense of care is reflected through the relational

exchange of appreciation with her clients over their artwork, and Jan through the support

that she provides to clients in how they perceive their artwork.

Making-special is not as extensively referenced in the participants' art therapy

voice poems; all instances of MS stem from the connection theme and refer to specific

artwork. Predominantly, references to MS stemmed from the therapeutic relationship and

can be seen as specific art-based acts of concrete care. Dani makes empathy-based

treasured boxes, while Nancy facilitated a huge tree that became a conduit for client's

self-esteem. Jan referenced an aspect of a group project where a treasure chest was

identified and claimed as a self-act by one the participants. As in Nancy's project, the

claim of making an object appeared based on the pride involved in creating a unique

image that has specific characteristics.

**The use of "You"**

Reviewing transcripts for contrapuntal voices takes into account the multiple

voices that are embedded in the expression of the experience (Gilligan et al., 2003). The

use of "you" in an I-statement provides an opposing voice that can indicate a harmonious

voice or a voice in opposition. Each participant made contrapuntal statements, many of

which reflected contradictions and struggles with self-doubt.

Overall, many of Ginny's contrapuntal statements referred to experiences of exclusion.

> I mean it – it felt like you were kind of outside
> > I mean, I think it's taken, like, up until now because, you know, it's like you get out of grad school and you feel like a fraud
> I mean it's like trying to sell yourself, you try to get a job and you're like – I don't know what I'm doing

These statements ranged from undergraduate school to experiences of initial professional practice. She expressed feeling like an outsider in college and while beginning postgraduate work. The use of "you" in Ginny's statements amplifies the emotional distance she experiences between feeling like a fraud and attempting to be confident. These statements of having to sell herself yet not knowing what she was doing become expressions of self-doubt. Post-graduate school experiences are transitional states of mind based on separation from the learning institution. Ginny's statements reflect that although she had a professional position she did not feel a part of the professional field.

Like Ginny, Dani's significant contrapuntal statements referenced the time following the completion of her fine arts degree. These statements are based on views of creativity.

> I kind of came around to feeling like – you can live your life as a kind of, with an artistic perspective and that art can be – can kind of find its way into lots of different things that you do from the way you might arrange a bouquet of flowers to how you put together a meal

Dani's use of "you" creates a distance, and although she talks about creativity in everyday life, she does not claim it with the use of "I." Dani's voice of self-doubt shifted however when she spoke with her art therapist voice.

> I talk to them about how the paint brushes have, like, real – real, animal hair bristles and that if you – if you want the paint brushes to work well for you, you have to be kind to them and you have to wash them

Words of care and encouragement in this statement reflect how she builds connection with art-making in her practice. Dani's shift in voice indicates the care and empathy she establishes with clients, as well as the imagination that she utilizes to engage the children in caring for materials.

Nancy's you-statements stem from strongly worded references to personal experience. All of her contrapuntal statements begin with "I think" and shift to "you" when referencing personal connections.

> I think it – that having that class cemented how you wanted to use art in your practice
>
> I think being an art therapist pulls you – gets pulled into your personal life and I'm not sure you can totally separate it ever
> I think whenever you look at your own art, it's – it reminds you again and again how meaningful it is

Nancy references how art is used in practice, as well as the demand of professional practice. These statements are compelling references to the profession. Her use of "you" does not necessarily reflect self-doubt, but an objective stance that points to her ability to observe herself and reflect on the broader meaning that applies to the art therapy field.

Like Dani's, Elyse's use of "you" has elements of imaginative conversation. Elyse established a tone that communicates how she supports clients in their art-making endeavors, as well as how she advocates for art therapy with new clients and other professionals. She often established beliefs and parameters of practice in the shifts between you and I.

> What I loved about art therapy was that it can be whatever you want and it's okay and it's what you make it and there's no real aesthetic besides your own cause it's not – anything else doesn't matter

> I don't judge you, and I don't judge the art that you make, and all I care about is your process and what you're putting into it and how it's going for you and what do you need around that and I want you to create. I don't want you to produce, you know, art in this way.

These statements reflect Elyse's beliefs and values as an art therapist: that art is based on each individual's unique sense of expression, and that art is to be valued and not judged. In additional comments, Elyse established her supervisor's voice and how she extends this voice to clients.

> "You have the education, you have one of the best educations". It's like "You know what you're doing, and you know that you can do it" and just any kind of fear I was able to kind of work through.

> No, I think I was just talking about confidence and, like, that I – I didn't really have a lot, and I think, making art again, I think – over and over telling my clients all of my mantras and actually like the more intelligible the more you believe them yourself kind of a thing, even more than you did before.

Elyse's inclusion of her supervisor's voice suggests her need to internalize voices that counter self-doubt. In the second you-statement, Elyse established how she shares mantras or her internalized voices of confidence with the hope of supporting and encouraging her clients.

Trish also established various voices through you-statements. Her mother: "I did portraits for a while because my mom was like, 'You need to make money if you're going to be an artist, and that's what you're going to do'"; fine arts teachers: "If you did this line here, this would look better"; and the voice of her supervisors: "You can't be doing this." Trish's use of "you" when referencing her artist and art therapist identities elicits a complex relationship, in which there is distinct back and forth between the use of "I" and the use of "you."

> I guess, I mean, I guess I go back to, I do think – I do think that, that being an artist – you do need to be an artist to be an art therapist – I do believe that. I –

and what does that mean – I guess that means that you are – you are active in your art-making – whatever that means.  I mean, I guess that doesn't mean you have to make paintings or pictures, but you are engaged in something, like writing or even like singing or performance art or something where you're — so for me it's – it just it keeps me focused on the process – it keeps me – it keeps me – it keeps me focused on why I do it

Trish's use of voice shifts between I-statements of self-confidence and you-statements that question the validity of her statements.  Throughout the interview, there are significant pauses as she considers the questions, and repeatedly, "What else — I don't know?" can be heard softly in the background.  Her voice is strongest when advocating for how she works with clients and describing the mission in her art project, while you-statements reveal doubt.

They look at you like you're an absolute idiot and you've just created this whole new field like that day – that you're an art therapist, you know, like it doesn't really exist and so you're, like – definitely led to a lot of self-doubt

Trish is cognizant of self-doubt.  She often uses multiple internalized voices to counterbalance self-doubts and build her sense of self as an art therapist.

Like other participants Jan's you-statements describe her practice voice.  She established a complex conversation when she described informing the open studio group that she needs to leave.

And so, they're really coming at it from a space of "You don't look really happy about this" or they'll make like a parental place, you know, "Are you sure you want to leave?" "Are you sure we can't convince you?" and I'm just honest and brief, like "Yes, you could probably convince me to stay."

This comment contrasts with you-statements Jan made based on state licensing practices, "So you could start private practice, you could do certain positions in agencies that required you to have – to have that."  When referring to state licensing practices, Jan established a more distanced professional voice that contrasted with the warm interactive

use of "you" in the earlier segment of the interview.  Considering the struggle that Jan

has experienced with obtaining a clinical position and you-statements regarding

licensing, Jan's use of "you" suggests that she faces the agency as a detached authority

that continues to reject any and all if her wishes to gain entry.

**The Use of Metaphor in Language**

Many participants used unique phrasing and words that were often connected to

aspects of art-making and art therapy practice.  Many of the words were established in

metaphor or reflected an expressive style.  Ginny used the word "drawn to," which was

often connected to art-making or related to artistic pleasure.  This phrase infers a warmth

and closeness, suggesting that she is taking an internal step in establishing a relationship.

Additionally, at the end of the interview Ginny added how important it was for her to

make art with others and called this "communion with other people."  Art-making as

communion elevates the creative activity from a profane activity to a unique, reverential

experience.  Jan repeatedly said "invite" or "invited" when she talked about either her

own art process or working with others, such as "I would invite a theme."  Jan also used

unique phrases when referring to her art process.  "I was already thinking about, like,

how can I value, like, tiny intricate you know, can I bring the – all of that but into a

smaller space and still let it have the presence that my other work did."  Her expressive

language also appeared when she described the studios and workshops she facilitated,

using words and phrases including "re-birthed," "womb-wisdom," and "sanctuary."  Like

Ginny's, Jan's words and phrase reflect a reverence for art-making that extends into art

therapy practice.

Metaphor and imagination was also embedded in Dani's and Elyse's uses of language.  Dani used the word "nest" throughout the interview.  Nests during graduate school became equated to mothering and a symbol of care and nurturing.  An image of a nest is used on her business card and pictures of nest are on the walls of her office.  She referred to her office as a nest that metaphorically expressed her diminished self-esteem.  Describing it as a closet, and finally a bathroom followed the initial reference to "The Nest" as office.  Coupled with the frequent use of the words "little" and "tiny," this suggested a devalued sense of self at her work place.  These references contrast with the imaginative, caring voice Dani used to teach the children about materials.  While she indicated a struggle in self-confidence, she continued to utilize metaphoric and imaginative care in practice.

Elyse also used metaphor and imagination when referencing art-making.  Similar to Dani's, her words and imagery connote mothering.

> I was in my kitchen and there was this little baby canvas and, I found my oil sticks and I was just like oh why don't we just – why don't I just feed you and – and then it kind of stayed in the kitchen and I kept working on it

Elyse referred directly to metaphor in her interview when talking about clinical practice, "I talk about metaphor all the time as a language," and "I create, you know, art as metaphor all day every day."  Elyse also referred to her previous job as "soul-sucking," and, when describing her undergraduate fine art experience, she stated she was "kicked in the behind, metaphorically," by all of her professors.  Elyse shows that she consciously utilizes metaphor in her practice, alongside an imaginative means of self-expression.

**Synthesis of Voice Results**

For the final analysis the data results from the counselor, artist, and art therapist I-Poems were taken into consideration, as was the contrapuntal voice, and the expressive use of language. Data results from the counselor I-Poems established a connection between the art therapy voice poems. A strong link, however, was established in the artist and art therapist I-Poems as seen in the shared art-making category. In both themes, artwork and benefits of art-making, connections were with aesthetic sensibilities. Participants related their art material preferences, techniques, and meaning of artworks to therapeutic considerations. The link between the therapeutic aspects of making art and aesthetics sensitivities were further substantiated in the benefits of art-making theme. The five sub-themes of confidence, connection, self-care, self-awareness, and confirmation show the interconnection between aesthetics and art therapy practice. The results from the voice of art therapy practice further secures the interconnectedness of aesthetics and practice based in this theme's four sub-themes: materials, connection, appreciation, and awareness. Of note is the establishment of care and making-special that emerges from the aesthetic sensibilities and practice of the participants. These two factors link specific aspects of empathy unique to art therapy.

The expressive qualities of word choice established unique aspects of each participant. Additionally, these phrases and imaginative use of metaphorical expression reflect an extension of aesthetic sensibilities into the aspects of the language of the professional, as well as how each art therapist uses her voice when relating to clients when providing art therapy services. Aesthetic sensibilities contribute to aspects of professional identity and the relational knowing of each participant. (Figure 8).
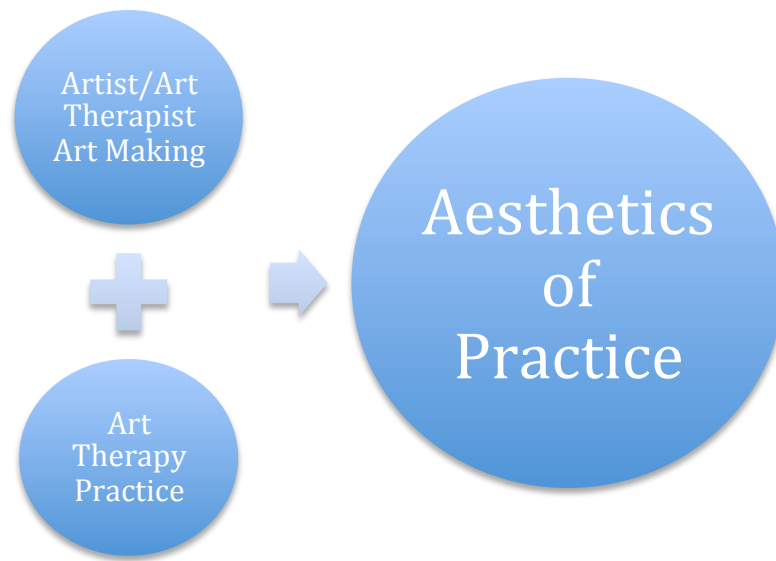
Figure 8.  Aesthetics of Practice



Figure 8 exhibits the inclusion of aesthetics in the practice of art therapy: art-making and

the practice of art therapy constitute the aesthetics of practice of the art therapist. The

results of art therapy practice and art-making themes and sub-themes, and additional

considerations of the participant's expressive use of language established the link

between aesthetic sensibilities, relational care, and art therapy practice.  The voice of the

participants establishes aesthetics to include qualities of materials, appreciation of

process and outcome, and relational care and embedded engrossment.  These elements of

practice link aesthetics with relational caring and visual sensitivity.  Aesthetic

sensitivities for art therapy can therefore be defined as a visual sensory based orientation

of empathetic and relational care. Professional identity becomes based in the aesthetic

practice of the art therapist.  The ingredients of professional identity, the aesthetics of

practice, and the outcome of the results will be further contextualized when discussed in

Chapter 5 with specific aspects of the literature.

## Chapter 5

## DISCUSSION

**Summary of the Study**

This study set about to examine the following research questions: (1) How does personal art-making impact the professional identity and practice of an art therapist?; (2) How has art-making in graduate studio art therapy courses affected the self-perception, identity, and practice of art therapists? The interviews of six professional art therapists provided the data for this study. Using the *Listening Guide*, a relational voice–centered methodology, the researcher established themes on the triple identity of the professional art therapist: counselor, artist, and art therapist.

**Summary of Findings**

Findings showed that the art therapist's identities are comprised of three aspects – that of counselor, artist, and art therapist. Counseling was included in the professional identity of art therapists, but the analysis established a contrasted and conflicted relationship that exists between art therapy and counseling. Two themes that emerged from the data were (1) mixed attitudes toward art therapy from other professionals, and (2) challenges that art therapists face in multirole positions. Negative associations were based on the participants' experiences of being devalued, misunderstood, unacknowledged, and excluded, while positive associations featured aspects of inclusion, support, and value. This affected each participant's sense of self and left each with a diminished sense of professional identity.

Claims of an artist identity were tied to each participant's current art-making and results reflected a varied degree of claiming an artist identity. Two categories were

established for the artist's identity: (1) validation, and (2) art-making. Besides current art-making endeavors the validation category included a second theme: self-confidence. Each participant identified varying degrees of claiming an artist identity, and two participants did not differentiate between their counselor and art therapy identities. The second category, art-making, was also a shared category with the art therapist identity. This shared category established a link between these two identities. The art-making category consisted of two themes: (1) artwork, and (2) intrinsic benefits of art-making. The artwork theme established the identity of the artist in three sub-themes: (a) materials, (b) technique, and (c) meaningful associations of specific processes and artworks; the second theme, benefits of art-making, established five sub-themes: (a) confidence, (b) connection, (c) self-care, (d) self-awareness, and (e) confirmation of art-making. The participants' identification of aesthetic sensibilities utilized in making art and in art therapy practice, established a link between aesthetics sensibilities, meaning-making, and the relationship to each participant's art therapy practice.

The data reflect a fluctuating degree of professional art therapy identity of each participant. The degree to which each claimed a substantive identity as an art therapist was dependent upon practice issues influenced by work environment, and opportunity and ability to practice art therapy. The data established in the art therapy practice voice bore important considerations for each art therapist's subjective experience of professional identity. The art therapist's identity consisted of three categories: (1) employment and professional experiences, (2) art therapy practice with clients, and (3) art making, the shared category with the artist category. The first category, employment and professional experiences, is indicated by the nuts-and-bolts of work and consists of three

themes: (a) validation as a professional, (b) employment and specific job related experiences, and (c) degree of satisfaction. Findings for the art therapy practice category established four themes, each with connected sub-themes: (1) materials, which included sub-themes of (a) providing materials, and (b) worth of materials; (2) connection, which included sub-themes of (a) shared experience, and (b) witnessing and empathy; (3) appreciation, which involved sub-themes of (a) regard and appreciation, and (b) of taking stock or account of the situation; and (4) awareness, which included the sub-theme of (a) self-knowing. Two additional factors were identified in art therapy practice: care and making-special. Findings for this category further linked aspects of practice with relational care, aesthetic sensibilities, and art-making.

The results of art therapy practice and art-making themes and sub-themes, and additional considerations of the participant's expressive use of language established the link between aesthetic sensibilities, relational care, and art therapy practice. The aesthetics of practice establishes the base of art therapy practice in relational caring and visual sensitivity. Of note were the findings of care based on relational connection and empathy, and the visual sensitivity of making art embedded with specialness.

The considerations of aesthetics of care in practice provide a model of relational, empathetic, and aesthetic care in the practice of art therapy (Figure 8). The aesthetics of care consists of three elements of care: aesthetic appreciation, aesthetic regard and shared experience. Aesthetic appreciation is composed of (a) valuing (and care of) the product and process, and (b) the language or phrasing of the art therapist. Aesthetic regard includes (a) the presence of the art therapist as a social base for art therapy, who provides relational and therapeutic care through empathetic witnessing and care, and (b) artwork

that is embedded with sensorial engrossment and meaning through care and attention.

Shared experience, the third element, consists of one factor — (a) considerations of art-

making experiences as an extension of the art therapist.  This model of caring in art

therapy reflects an inclusive practice in which the art therapist relates to clients and their

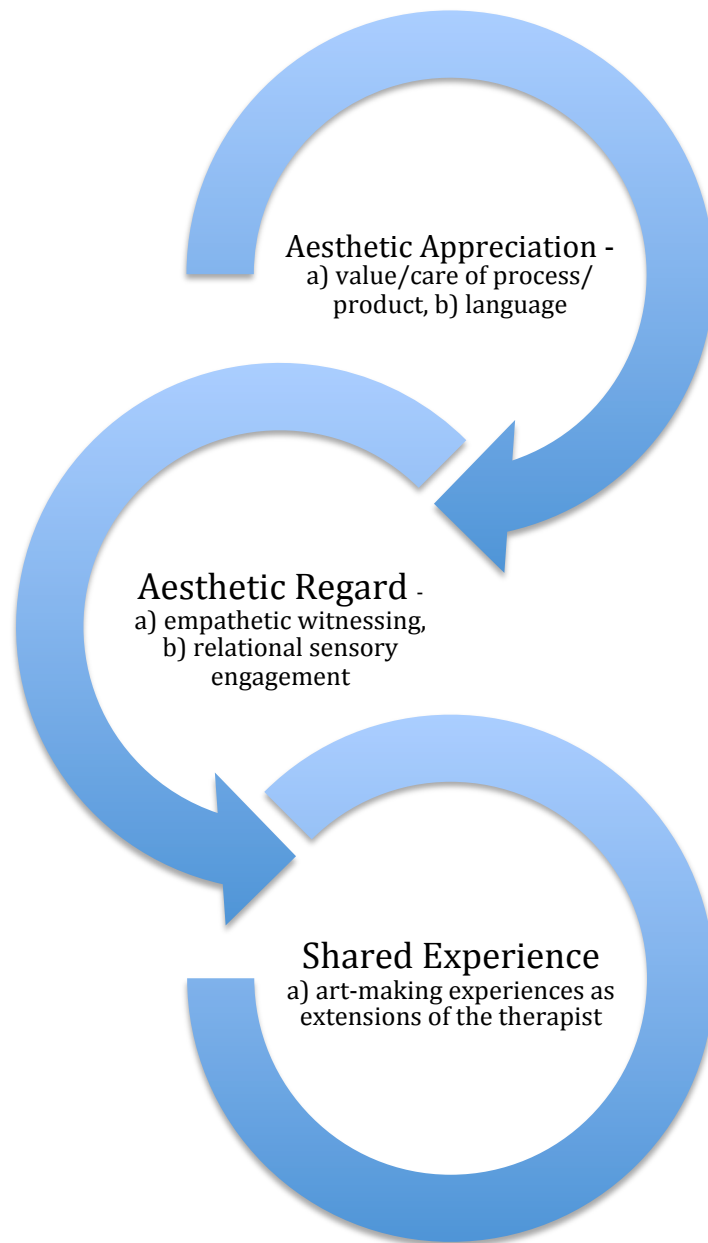art-making with creative imagination and self-knowing.

### Aesthetics of Care in the Practice of Art Therapy

The results of voice analysis stem from the unique blend of empathetic and

relational care, which for the art therapist is blended into the materials they practice with,

the manner in which they relate to clients, and the regard with which they have for their

own art-making and the process and artwork of their clients. Henley (1992) established

aesthetic sensibility as an intuitive approach comprising of expression, motivation,

intension, and the formal aspects of visual art.  Franklin (2010) and Wix (2010) both

identified empathy as a central ingredient of aesthetics in art therapy.  Franklin (2010)

asserted that empathy is an inter-subjective state that allows the art therapist to practice

intuitive, sensory-based art methods.  Wix (2010) echoed the notion that aesthetic

empathy is a foundational principle found in Edith Kramer's approach to teaching,

making art, and art therapy. Such sensory-based engagement, empathy, and therapeutic

practice become the foundational base of aesthetic sensibilities in the practice of art

therapy. Noddings (2003) and Hamington (2004) addressed the concept of aesthetics as

an element in reciprocal caring relationships. Both link reciprocity of a caring, relational

connection that is based in sensory communication.  Furthermore, the notion of sensory

engrossment is a key element in Noddings's aesthetics of relational care (2003).  Linked

with Hamington's (2004) claim that relational care rests on practices of sensory based

interactions, imagination, and knowledge, the aesthetics of relational care establish the sensory engagement of making-special as a key aspect of relational care in art therapy.

Data results from this study demonstrate that considerations of personal art-making along with the art therapist's aesthetic sensibilities and care in the practice of art therapy. Each participant shaped and practiced art therapy through a unique combination of relational care, empathy, and imagination. Data from this study identified that care for the art therapist is an internal state of awareness and imagination, coupled with considerations for their clients and the utilization of visual aesthetic sensibilities. Integrating the aesthetics of art therapy practice with relational caring established three components, which constitute the model the aesthetics of care in practice (Figure 9).

Figure 9. Aesthetics of Care in Practice



Aesthetic Appreciation -
a) value/care of process/
product, b) language

Aesthetic Regard -
a) empathetic witnessing,
b) relational sensory
engagement

Shared Experience
a) art-making experiences as
extensions of the therapist

This model is built from the aesthetics of art therapy practice and Noddings (1983/2003) and Hamington's (2004) concepts of relational care. The inclusion of visual aesthetic sensibilities practice with the language of the aesthetic care locates art therapy as a specialized practice of visual relational care.  The three central components of this model are (1) aesthetic appreciation, (2) aesthetic regard, and (3) shared experience.  The inclusion of aesthetics in the appreciation and regard category reflects the orientation of this model in the visual sensitivities specific to the practice of art therapy.

Aesthetic appreciation stems from considerations of art materials, techniques, and processes, and the art therapists' communication of these considerations.  There are two aspects of aesthetic appreciation: (1) valuing (care) the product/process, and (2) the language/phrasing of the art therapist.  Valuing the product, process, and materials of making art reflects how the art therapist cares about these essential elements of practice, as well as how these are present in a wide range of care.  For Dani, the way she extended imagination and care was evident in way she looked after and cleaned the paint brushes; for Ginny, it was the joy she experienced providing clients with materials to create with; and for Elyse, struggling with one of her clients about the authenticity of a visual metaphor.  These examples reflect the range of an art therapists' appreciation of the quality, expression, and process of practice.  The second aspect of appreciation considers the language of relational connection, established in the degree of relatedness voiced by the art therapist. Also, the use of unique and subjective words and phrases provide both the therapist and client with an aesthetic thread to differentiate aspects unique to the client's art process.  For Elyse, this is apparent in her approach to and communication with clients about witnessing, judging, and use of metaphor; for Jan the way she develops

a camaraderie in her groups, as well as the words she chooses to develop themes, such as sanctuary.  Finally, the way in which Trish shares her appreciation with clients of their visual creativity communicates her aesthetic appreciation.  These aspects of aesthetic appreciation reference the care of process, product, and language of making art, and the art therapist.

The second component of aesthetics of care in practice is established in the art-making process and considered an extension of witnessing. Aesthetic regard includes (1) the presence of the art therapist as a social base for art therapy who provides relational and therapeutic care through empathetic connection and witnessing, and (2) artwork that is embedded with sensorial engrossment and meaning through embellished attention. Witnessing in this model is considered an extension of empathy and allows the client to experience the process within a circle of connected, relational care.  Relational witnessing is highlighted in several participants' practice statements.  Ginny spoke with compassion about witnessing a client grappling with materials, knowing that the struggle is reflective of other inner struggles.  Jan's instances of witnessing included a young boy choosing to remain in group, and a group's response to a shy member's contribution of a hand and heart in a group mural.  Elyse's statement to herself, "I get it — I totally get you, and I know that you're freaking out right now, but just go with it," shows how she witnesses her clients' fear when practicing.  The second aspect of sensorial engrossment, care, and attention includes the artwork that is extended through empathetic care.  Data show that objects that are imbued with care emerge in the practice of art therapy from connected witnessing.  Dani described the treasured boxes she and the children with whom she works make; for Jan making-special was established in group energy and connectedness

when making a sanctuary from landscaping materials she provided; and for Nancy the large family tree that a group created glowed with communal pride and provided them with a new sense of identity.  These instances of making-special reflect not only empathetic witnessing, but also the investment of connected care between the client and the therapist.

The third component of the aesthetics of care is shared experience, which is based on the art therapist providing a relational shared experience.  These occurrences are often based in intersubjective experiences in therapy.  Shared experiences consist of (1) providing art-making experiences as an extension of the therapist.   Providing such experiences includes creating art side-by-side with the client, or co-creating artwork, where the art therapist joins the client in embellishing a project or artwork.  An important consideration for this component of care is that it includes the care involved when the art therapist makes the decision not to directly join making art with the client.  Doing and not doing are conditions of thoughtfulness, knowledge, and empathetic care. Doing and not doing reflect the genuine concern for the client's well-being.  Several participants' statements reflected shared experience and the thoughtfulness of their decision to do or not do.  While Dani wanted to do more art with her clients, she chose not to because of how this would impact them.  Although Trish also chose not to make art alongside her clients, she shared her appreciation of the artwork.  This decision was based on the appreciative value she has for authentic regard for her artwork as well as her clients' artwork.  These instances serve as examples of how an art therapist extends care and consideration of practice.  Shared experience is established in teaching a technique, providing a specific art process that extends from the art therapists experience, and the

consideration of the art-making conditions. Elyse described that she practices in an established studio space and also wheels an art cart into a client's room. She can "create in a space when I need to." Dani extended herself in her office and recreates "the nest." This image holds personal resonance and therapeutic meaning and is connected to both mothering and therapeutic containment. Jan and Nancy extended themselves through providing exhibition opportunities for clients. Nancy's shared "formative moment" of identity stemmed from providing an art technique with a group that led to an exhibition. Such examples underscored the intersubjectivity of reciprocal relational rapport in art therapy practice.

The model of aesthetics of care in practice is a moving, interconnected model that is uniquely woven into each art therapists practice. As a kinetic framework of practice, the components overlap and reference one another. Dani taught imaginative care of materials (aesthetic appreciation) that models a sensory-based valuing of materials. She extended herself (shared experience) through relational language and observance (aesthetic regard). Similarly Trish's passion for mark-making was extended to the appreciation of her clients' artwork (aesthetic regard). Her decision to directly comment on her appreciation stems from her personal experiences as an artist (shared experience), and her aesthetic appreciation was furthered when she attempts to recreate a client's art process at home. As a kinetic model, the aesthetics of care includes making and not making art, and the personal and the professional aspects of art-making and art therapy practice contained in a relational base of interconnection. Although participants identified experiences of self-doubt and low self-esteem, the voice of each art therapist's practice stemmed from the tenets of relational care.

**Discussion of Research Questions**

The overarching question of "How does personal art making impact the professional identity and practice of an art therapist?" aimed to make implicit the impact that art-making has on the professional practice in the under-examined topic of professional identity. The second question, "Has art making in graduate studio art therapy courses affected the self-perception, identity, and practice of art therapists, and if so, how?" allowed the researcher to recruit participants who had experience and interest in studio art therapy and to investigate art-making as a thread of experience developed prior to graduate training. The focus of art-making as an experience remains vital to graduate education and is used to integrate clinical experiences (Cahn, 2000; Deaver, 2012; B. L. Moon, 2003; Fish, 2012; Wadeson, 2004). Therefore, experiences of making art hold important aspects of self-perception at the earliest stage of professional development for the art therapist.

Voice-centered methodology seemed appropriate for this investigation since it is based on the narrative analysis of identity. Listening and analyzing with a "narrative ear" (Gamel, 2006, p. 240) are inherent to this method. By following the flow and passage of "I" in the participants' statements, the researcher follows the story and implicit meaning through the shifts in voice; the flow of voice dips and rises and reveals different subjective states of experience. Furthermore, the *Listening Guide's* examination of voice allowed the meaning of the triple identity of the art therapists to emerge (Gilligan et al., 2003). Data analysis of voice statements identified categories, themes, sub-themes, and factors in the counselor, artist, and art therapist identities. The themes issued from voice analysis provided compelling data that addressed the gap in the literature regarding both

practice and professional identity. The themes of triple identity (counselor, artist, and art therapist identities) and their impact on practice will be discussed in the following section.

### Art-making

The two questions that guided this study both refer to art-making as the central probe in investigating practice and professional identity in art therapy.  All participants valued the art-making process, despite challenges in making art. Demands of employment, family, and life transitions impacted participants' ability to create. These challenges not only impacted the ability to produce art, but the participants' self-esteem. Art is recognized in the field for its therapeutic benefits for clients and therapists alike (Brown, 2008; Malchiodi, 1999; Wolf, 1990). Participants identified that the process of making personal art held restorative qualities and therapeutic value, which were furthered to their practice with clients. The challenges in administering art as self-care made it difficult for participants to apply to their own care of self.  Gilroy (2004) recognized that, while making art increased the self-awareness and reflection of the art therapist, the demands of practice often impede.  Additionally, she noted that the relationship that art therapists have with making art is emotionally complex often accompanied with feelings of loss and guilt over their inability to produce artwork.  These are important considerations when taking into account that art therapists have a lived relationship with their client's creativity by serving as a conduit in providing art therapy services.

Participants referenced making art as a way to develop self-awareness, enabling a capacity to tolerate the painful emotional states of others. Allen (1995, 2005) established the witness as a central element of the creative process that leads to an awareness of self.

Data support the role of the witness as an important approach that bridges personal art-making with the practice of art therapy. Furthermore, Cattaneo and Malchiodi (1988), McNiff (1992), Robbins (1988), and Wolf (1990) cited the capacity to develop self-awareness through art-making is essential to art therapists' capacity to work with others. All participants recognized the value of awareness and appreciation of materials and processes as ways to replicate aspects of meaning-making in their art therapy practices. Additionally, differentiating personal art-making data from the art therapy practice data proved difficult; for several participants there was little to no distinction. This merger established the distinct approach of art therapy to visual creativity discrete from a traditional fine arts orientation; art therapy becomes established in the consideration of others and not necessarily in the formal qualities of the artwork.

**Practice**

Themes from this study indicate the unique blend of empathetic and relational care in each participant's art therapy practice. Each art therapist had individual associations to the materials that they used in their own art-making; these preferences of materials and art processes were extended to their practice in ways that were relational and caring. Appreciation of the creativity of others included the regard and care for clients' circumstances, their art-making processes, and the created artworks. Data findings confirm the notion that aesthetic empathy is a central component in art therapy (Franklin, 1990, 2010; Wix, 2010). Additionally, findings support Franklin's assertion that intersubjectivity, relational aesthetics, and empathy are evident in the practice of art therapy. Aspects of relational care and aesthetics were apparent when participants embellished objects through engrossed, sensory-based art activity. The data results

establish that making-special is an extension of relational care and empathy. Such sensorial engagement supports the claims of Noddings (1984) and Hamington (2004) in the authentic engagement of relational care.

Participants identified self-awareness as important in clinical practice and art-making: Both provide a ground for imagination to be established in relationship and empathy. Johnson (2007) posited that we limit meaning-making verbally and that the arts open meaning and self-awareness through the sensorial components of creativity. Hamington (2004) noted that self-awareness and knowledge are central in establishing relational imagination. The considerations of personal art-making and practice in this study establish how the language of aesthetic sensibilities is utilized and shaped by each art therapist. Data additionally identified that care for the art therapist is both an internal and external state; the merger of the two is evidenced in the specifics of each art therapists' practice. Researching voice in this study has provided a missing element in art therapy literature that links aesthetic sensibilities with empathy in art therapy (Henley, 1992; Franklin 1990, 2010; Wix, 2010). Additionally, research into the voice of art-making contributes to an understanding of personal meaning-making and subjective feeling states that are involved in the practice of art therapy. Synthesizing the data results with the literature established three components of relational care in the practice of art therapy based on aesthetic sensibilities: aesthetic appreciation, aesthetic regard, and shared experience. Integrating the three predominant themes evidenced in the data with the concepts of care and empathy constitute the aesthetics of practice and form three categories of care: appreciation, regard, and shared experience. The model of the

aesthetics of care is embedded in each art therapists' identity through their practice of art therapy and is linked to their professional identity.

### Professional Identity

Participants identified challenges in acquiring and maintaining their professional identity as art therapists. While these challenges were dependent on specific circumstances, the established themes centered on employment, isolation, and job stress. The first three years of practice were identified as particularly stressful for all participants. Feen-Calligan's (2005) study recognized professional identity as including key elements of counseling and human service work such as compassion, empathy, and patience coupled with personal inner development. Gibson et al. (2012) noted that neophyte counselors are initially concerned with employment, licensure, and certification. Rønnestad and Skovholt (2003) established the timeline for novice practitioners as the first five years of practice; such years are often intense, anxiety–provoking, and filled with disillusion. Participants in this study all cited experiences based in these emotional states and cited instances of self-doubt and dejection. Four participants had moved past negative setbacks and had emerged with an integrated sense of self-understanding. Moss et al. (2014) posited that continuous self-reflection and a commitment to learning best allowed young professionals to move through these challenges. Feen-Calligan (2012) indicated levels of confidence occurred when challenges were overcome, as well as the practice of art therapy being valued in the employment setting. Participants who were positive about their identity did so from affirming, integrative experiences that allowed them to reestablish themselves in newly acquire knowledge.

Participants claimed the identities of counselor, artist, and art therapist in varying

degrees. Data findings were indicated in overlaps that existed between counseling and art

therapist identities, and artist and art therapist identities. There were no overlaps between

counseling and artist identities. Data established the triple identity of art therapy

(counselor, artist, and art therapist), as well as a split in the field between the counseling-

art therapist identity and the artist-art therapist identity. Allen (1990), Wadeson (2004),

and Feen-Calligan (2012) all note dual identity in the field and concerns for multirole

positions and cross-training issues (Lusebrink, 1989; Wadeson, 2004). As a reaction to

the shifting landscape of the mental health field B. L. Moon (2003) cited specific

concerns in the loss of artistic language and the diminished role of art therapy in the

counseling role. These concerns stemmed from the national thrust to pursue and equalize

the position of art therapists in the mental health field by seeking state licensure. More

than twenty years have passed since Allen (1990) established "clinification" as the split

in the field, and more than ten years have passed since art therapists sought state

licensure. Overall the data supports that art therapy as an adjunct service leaves the art

therapist with a diminished voice and sense of self. While participants acknowledged

multirole positions as problematic, the specifics that impacted the art therapist were

dependent on the relational environment of work, the support for well-being of the

therapist, and the developmental timeline of the participant. The complex nature of

current challenges in the mental health field are not indicated in the literature, nor is the

current split between professional school counselors and mental health counselors

recognized in the counseling field (Burkholder, 2012; Myers, 1995). While the dual

identity of the art therapist has been linked to the split between an art-based practice

versus an intervention-based practice (Wadeson, 2002, 2004), there is no recognition and research of the subjective lived experience of the art therapist regarding the dual identity in multirole positions.  Data in this study supports that tension implicit in the "tug of war" (Rubin, 1999, p. 129) and the double bind of that erodes the art therapist's self-confidence (Junge et al., 1993).

While some suggest the artist identity as a remedy for dual identity issues (Allen, 1992; Lachman-Chapman, 2000; Malchiodi, 1999; B. L. Moon, 2003; Thompson, 2009), data from this study indicates that embracing this identity is a complex undertaking for art therapists. The complexities of claiming oneself as an artist are not discussed in the literature.  C. H. Moon (2002) noted the distinct approach between a fine arts and an art therapy approach towards visual art-making. As a distinct approach, identifying oneself as an artist becomes problematic for the art therapist.  Participants in this study struggled with productivity issues and many harbored conflicted feelings from undergraduate school where fine arts training had left them estranged from the artist identity. These factors impact the capacity of the art therapist to embrace the identity of artist.

While graduate school experiences are central components of an art therapists' development, the difficulty remains in maintaining distinct facets of art therapy practice taught in graduate school. Findings from this study amplified that art therapists are aware of what differentiates them in the mental health field. While memories of art-making and graduate school remained positive, many participants described the challenges of maintaining the teachings and orientations of graduate school. These challenges were often evident in burnout and a sense of disillusion that many of the participants faced in their careers thus far.  New and positive interactions with other professionals and ongoing

experiences with clients provided some of the participants with re-establishing methods of practice that are reminiscent of but different from their original graduate school orientation of practice. This study supports Rønnestad and Skovholt's (2003) claim of acquiring new knowledge regarding practice as an aspect of professional development. Participants who invested in widening, seeking, and gaining knowledge of their practice through supervision, new settings, and populations built a new sense of self based on experience.

**Studio Art Therapy**

While art-making was a central means of inquiry throughout this study, specifying the impact of studio art therapy remained problematic. This is apparent in this research study in several ways. Half of the participants did not take a studio course per say. According to two participants, the schools that they had attended had a studio approach interwoven in each course throughout the program, but not offered as a distinct course of study. Three participants' studio courses greatly varied in terms of structure, objectives, and approaches making comparisons problematic. Such comparisons lay outside the parameters of this study, however central characteristics of studio art therapy were named: open exploration of materials and imagery, and development of reflective inquiries of artwork.

All participants did identify making art in graduate school as a positive and enriching experience. All participants mentioned taking a materials and methods course. Two participants identified that they felt "burnt out" by the time and effort they had invested in their graduate studies; both were unable to make art after graduating. This is

an interesting finding when compared to results from Orkibi's (2010) findings, which indicated that many students would like more time to invest in making art.

The participants spoke enthusiastically about all aspects of their education and made it clear that educators and supervisors remained mentors and important influences in their ongoing development. They all derived a sense of confidence from these role models, and many participants continued to reference and use their teachings as guiding principles.

The art therapists either reclaimed their sense of artistry or confirmed what they valued in the creative process through art-making in graduate school. They associated revisiting and reclaiming aspects of their creative identities with providing creative experiences for their clients. These lived experiences with creativity were central and confirmed their decision to become art therapists. This was most apparent with Dani, who was dissatisfied with current workplace and questioned her decision to become an art therapist. Despite this, she spoke positively about her graduate experiences throughout the interview. Although many of these studio art-making findings are linked to the second question of this study, the results provide a base for understanding art-making as a motiving factor for entering the field of art therapy. Graduate school experiences have enduring meaning for professional art therapists and remain a pivotal experience in early professional development.

**Implications of Findings**

Findings for this study have implications in the field, both in graduate studies and in providing insight the postgraduate subjective experience of professional identity and practice. In establishing the triple identity of counselor, artist, and art therapist in art

therapy, the lived experience of the participants underscores the complex nature of integration. Professional identity as a subjective experience is often based on painful emotional states and in isolation. Acquiring identity is a slow process, and the need for understanding identity formation is essential for mentors, supervisors, educators, and young professionals.

The surprising finding of the role of aesthetic sensibilities established in art-making, identity, and practice render the inclusion of visual sensitivities as having an integrative factor for reconciling the split in the field. C. H. Moon (2002) called for a new understanding of aesthetics when considering the distinct orientation between fine arts and the process-based art-making of art therapy. For C. H. Moon, aesthetics in art therapy related to sensorial-based perception. Although relationship in studio practice are an integral element of C. H. Moon's relational aesthetics, there is no direct referencing or identification of relational psychology. The inclusion of Noddings's relational and aesthetic care, and the inclusion of self-knowing from a feminist perspective establish the aesthetics of art therapy in connection with empathetic care (Belenky et al., 1986; Hamington, 2004). Additionally, findings in aesthetic care broaden the act of witnessing as a subjective experience of appreciation, which extends to relational care, response, and regard. Franklin's (2012) claim of the intersubjective exchange, subjective appreciation involved in practice, is supported in this study. However, it is important to recognize that while these findings in aesthetics reflect the voice of the practitioner, they do not include the voice of the client. Furthermore, the findings in this study do not establish this approach as an effective means of practice. Although the assertion that a continued investment in one's own art-making cultivates a capacity of aesthetic empathy is

supported in the data findings (Lachman-Chapin, 1983; C. H. Moon, 2002, 2012), this study extends aesthetics to empathy and encompasses acts of the receptive valuing of artwork, materials, and metaphoric language used in practice.

Finally, besides the continued development of the artist self as essential for the professional identity of the art therapist, C. H. Moon (2002) stated that the claim to the artist self is an ethical responsibility. Such responsibility means that ongoing investment of the art therapist's artistic development constitutes an investment of continued ability of the practitioner to use their "artists' eyes, ears, hands, and hearts" to inform all aspects of art therapy practice (p. 48). While this study found the deep value that links art-making with practice, findings also underscore the conflict and struggles embedded in the artist identity. The challenges of self-care and creative productivity for Dani and Nancy coincided with burnout. Implied in these low points is that, while art-making provides solace and care, the expectation to not do so becomes a self-induced wound. While Dani could not find resolve in the actual making of art, her caring and imaginative engagement with children regarding the care of materials speaks to a dimension of aesthetic care that lies beyond actual art-making. Establishing aesthetic care in aspects of practice that lie outside the parameters of art-making can additionally heal the split in the field that continues to differentiate between a clinical practice and an art-based method of practice. Establishing the aesthetics of care in the practice of art therapy holds the potential that relational, empathetic care in practice is a reflection of the art therapist's creativity. The aesthetics of care can provide a guide for the heart and well-being of the art therapist, extending solace to the division inherent in the field.

**Recommendations**

The results from this research study have implications for educators, supervisors, and art therapists.

### Educators

Feen-Calligan (2012) acknowledged the degree of varied orientations that are stressed within graduate studies when citing her graduate program as offering either an art education and art therapy degree, or an art therapy and clinical counseling degree. Regardless of the orientation of the graduate program, practicum experience is a central component of earning a degree.  This study provides results that underscore that knowledge of professional identity–development is an important element for educators' consideration. Rønnestad and Skovholt (2003) established that the final integrative phase of professional identity begins with twenty years of experience.  Much of the first twenty years of practice have yet to be identified, however the vulnerability of neophyte professionals is evident in the challenges they face obtaining certification, licensure, experience, and confidence.  An increased awareness of the developmental arch of professional identity would enable educators to realistically present the graduate student with the potential impact of embarking on their professional journey.  Additionally educators who are aware of professional identity development would be able to locate themselves developmentally in their teaching.  As such, an educator with seven years of experience approaches modeling the profession with a distant perspective, when compared to a professional who has more than ten or twenty years of experience in the field.

Additionally, the researcher recommends the continued utilization of art-making practices in graduate studies. Not only do graduate students reclaim their creativity in graduate school through re-experiencing the use of materials and approaches from an art therapy approach, but art making from this perspective allows students to integrate states of awareness, and knowledge of self and other, and to better understand the unique therapeutic relationship established in the practice of art therapy.

A final recommendation for educators is to recognize the long-standing impact of their mentorship. Participants continued to cite their professors as considerable influences in their current approach to practice. Educators are the initial models of art therapy practice, and attempts by neophyte practitioners to maintain specific ideals can cause increased challenges that occur in isolation. Furthermore, ongoing changes in the mental health field often pose challenges to remain loyal to a mentor's approaches.

### Supervisors

Supervisors are also encouraged to become acquainted with aspects of professional identity and the subjective challenges of the triple identity of art therapy. In particular, postgraduate supervision poses multiple challenges for young professionals in facing the demands of multirole positions and the loss of community. Struggles in practice can also be understood as attempts to maintain initial mentoring and the modeling established in graduate school. An understanding of triple identity can allow the supervisor to empathetically understand the subjective experience of the supervisee, as well as the nature of relational aesthetic care they provide to their clients.

### Art Therapists

Art therapists are encouraged to better understand the nuances of their own professional development.  By better understanding professional identity–development, art therapists can understand the acquisition of identity, which is fraught with subjective nuances and is not a fixed state of attainment.  An understanding of the impact of practice on identity-formation and the relationship that exists between aesthetic sensibilities and relational care that art therapists provide can garner an appreciation for the varied approaches in the field of practice.  Aesthetic relational care can gather, rather than divide, the claim of identity for the art therapist and provide voice and stamina for the challenges present in practice.

**Limitations of the Study**

The researcher's assumptions about the links between art practice and therapy were bracketed for the duration of this voice-centered study.  In particular, the researcher's role explicitly stated in the *Listening Guide* allowed the researcher to recognize, reflect, and bracket how and when a participant's experience overlapped and related to the field of knowledge acquired over the past twenty years.

This study was limited to an all-female and all-white sample size.  Additionally, only a small handful of graduate schools were represented in the study. The scope of this study renders the findings specific to the group of participating art therapists. Although all participants responded to the call of the invitation being established in a studio art therapy course, this proved problematic.  In an initial pilot study, the researcher noted conflicts in dual relationships within the community of practice, which became the impetus for establishing a distance outside the researcher's parameter of familiarity.  The network in the field remains small and maintaining the integrity of confidentiality

remained a prominent focus. The interviews continued to reflect the close network between educators, supervisors, and peers, which disallowed specific references in the data.

While using voice as the instrument to analyze the subjective experience of the participants established rich data, other methods can be used to research the finding of aesthetics sensibilities. A mixed-method study could address these limitations, beginning with a larger sample size initially garnered through a survey. Specific questions that address personal art-making as a key component in the questions could be followed with individual interviews. Both survey and interviews could include the voice of art therapists who have additional years of experience. This would provide a base of better understanding professional developmental from two to twenty years of experience.

**Conclusion**

This study began was motivated by a desire to understand the relationship between art therapists' art and its potential impact on their practice. This inquiry stemmed from my entry to the art therapy field with a lived experience as an artist, who could not reconcile many aspects of the art world. The deep desire to connect with others in therapeutic creative endeavors has provided me with a rich career as an art therapist. While the origins of this study held interest in studio art therapy, the thick description in analysis between the interconnection of identity and practice was both surprising and profound.

The voices of the six art therapists who participated in this study established the practice of art therapy as being based in the aesthetic sensibilities of (1) using, providing, and valuing materials, (2) connecting with clients through shared experiences,

witnessing, and empathy, (3) appreciating creative endeavors through taking apprizing a situation and visual appreciation, and (4) an awareness of the field of practice and through self-knowing. Lastly, these findings established a model of aesthetic care unique to the field of art therapy, consisting of (1) aesthetic appreciation, (2) aesthetic regard, and (3) shared experience. These findings indicate the relational care that is intrinsic to the practice of art therapy. Such connected care established that engrossed sensory art making is the result of the aesthetic interconnection of therapeutic engagement between the client and the art therapist.

**APPENDIX A**

**INVITATION LETTER**



29 Everett St.
Cambridge, MA   02148

Invitation for Participation in Study of  "Experiences of the Art Therapist in the Art

Therapy Studio:  A Mixed-Method Study"

Dear Participant,

My name is Denise Malis and I am a doctoral student at Lesley University studying the experiences of graduate studio art therapy and the practice of art therapists.  For this study I am interviewing professional art therapists who have taken graduate art therapy courses.  The interview will explore the connections between art-making, studio art therapy and the practice of art therapy.

If you are interested in participating in this study please contact me at 617-216-8116 or email me at dmalis@lesley.edu to discuss your participation.  You may also contact Lesley University's Internal Review Board at irb@lesley.edu. If, after receiving this information, you would like to participate in this study, forms clearly explaining what you are agreeing to will be discussed with you. The study will take place at your convenience either in person, over the phone or through Skype.  Prior to the interview you will be given the outline of the questions for your consideration. I fully appreciate your time in reading and considering this invitation.

Sincerely,

Denise Malis, LMHC, ATR-BC
dmalis@lesley.edu
617-216-8116

# APPENDIX B

# DEMOGRAPHIC QUESTIONS

Name:

Address:

Phone:

Age:

Gender:

Certifications/Licenses:

    Educational Information:

    Please state your undergraduate degree?

    What was your major and did you have any minors?

    Year of graduation:

Graduate art therapy:

    Did you have to take art classes in preparation to apply for graduate art therapy studies after completing your undergraduate degree?

    Did you have more than 18 art credits when applying for graduate school?

    Name of Graduate Art Therapy School:

    Year of graduation:

    Practicum/Internship experience in school (please list population)

    Post graduate experience:

        Date(s) Agency or type of provider (i.e. hospital/clinic etc.) Position

    What was the name of the studio art therapy course that you completed?

    What year in your graduate education did you take this class?

    Was this a required or elective class at your school?

**APPENDIX C**

**INTERVIEW GUIDE**

1) How has the studio art making class affected your perspective or orientation as an art

      therapist?

2) How your art-making evolved through the years?

3) How do you define your aesthetic sensibilities and how does this inform your work

      with clients?

4) What does it mean to you to be an art therapist and/or an artist?

5)How has your personal art-making influenced your professional identity as an art

      therapist?

**APPENDIX D**

**I-POEM EXAMPLE – TRISH**

**Complete I-Poem**


I took – well I took the art therapy one
I did have an art therapy – art studio class
I do need to continue making my own art
I guess I can kind of put myself in their shoes sometimes
if I was doing that
I can't remember
I don't remember the length
I remember everyone invested in their own process
I so treasure that
I just remember loving that part of it
I remember what I was working on the whole time
I was working on a series of watercolors
I never really used watercolors before
I got to experiment
I was doing it and what it meant
I didn't have to worry about somebody coming around and saying, you know, "if you
          did this line here this would look better"
I guess the aesthetics or the – or the way I was doing it
I think part of the goal was to have actually a series of work
I could be wrong
I think we were supposed to have a goal
I guess that was my goal
I don't remember if we did a lot of processing
I, I can't say for sure,
I don't remember that part
I don't believe we did
I don't believe we did
I know that at the end we put our work together in a portfolio
I have experience

I started renting an art studio because I was so craving that space again
I do miss, I guess the feedback.
I don't know – I don't want to

I have a whole web site.
I don't know if you're interested in looking at.
I created a whole series of work about that
I really do my own art therapy for myself.
I guess it's not so much
I guess purposeful is what I call it
I do something with a purpose in mind that's contributing to this project that I created
I have shied away from that more which is what used to do before
I will doodle and just see what kind of strange drawings come about
I think for some reason I have pushed against that – I'm not sure why
I feel like almost – and I've – I've become very more aesthetic focused
I also don't know why that is
I want to create things really pretty not so much the strange or the ugly or whatever.
I – I don't know where that's coming from but that's okay.
I did a lot of very expressive work
I did portraiture but it was, um, very rough
I would take a figure but I'd also like push and pull
I just told a story in a way
that's what I was really interested in.
I guess figurative work was my, my thing during that time.
when I graduated I did portraits for a while because my mom was like "you need to
        make money if you're going to be an artist and that's what you're going to do" –
so I did that for a while
when I was in my BFA program I took an *Art in Prisons* course.
I loved it I hadn't really thought about it or heard of it
I got into the program I took some more, um, obviously some art courses
I was painting horses and fish together
I have shied away from that.
I have shied away from I guess the fun things I used to do
I don't know if it's – has to do with how my life has changed with my mom cause I'm
        – I'm her primary care taker so things got very serious very quickly.
I haven't  really processed–

I have my artwork in here
I didn't create as much as I had – or I had when I was in the program
I think that had a lot to do with living in a smaller apartment and not having space or
        money
I was really on my own at that point,
I – I remember wanting to work really big
I think I made one really big painting while I was in that apartment
I think that was it for like the whole year

I really don't know if I made much more
I think I moved a couple times
I think it wasn't until – it wasn't really until my mom got sick that I really started
        making art again

I really got back into it and I also was – I was working full-time
I just decided that was a good excuse not to spend time after work or on weekends
        doing that.
I took a – an art business class
I was – was teaching
I took it and it was like just one night I was just like "I should create a project about my
        mom".
I was going to create this project about my mom
I definitely wanted to get involved with my art again but I didn't know how
I guess that's why I took the class - to stretch and see
I mean, I – I have – I obviously can do it in paint but I just needed that push.
I wrote a proposal for the conference for next year about it so we'll see
I just haven't updated at all

I, I – I've been taking photographs of horses – my mom's favorite animal is a horse
 I take photographs of horses and blowing them up and then doing transfers and then
        these pattern
I feel I – it's one of those things where it's very structured
I take a photo and then I have to blow it up and then I have to transfer it
I create these patterns
the only thing I can figure is that I'm really needing some - I'm really needing some
        structure
I do – I'm – so I'm really focused I guess on how the horse looks
I – I probably subconsciously was doing with my work but now it's much more that's
        the focus
I know that one of your questions was how did that effect the aesthetics of your work
        effect your art therapy practice

I don't – I was like – I don't understand that question
What do I create?
What does it look like that I create – or what I like to look at?
I was talking about pattern, modern colors
I love things like that, I love my clients' work

I, um, I mean even like kids drawing, I mean, anything – any – kind of like mark
        making.
I find – it's just so strange to me – I don't know why that is

I appreciate that part of it
I get
I – I mean
I hate to say but, to me in some ways there's not as much thinking going on
I don't think I am giving that critical eye that I would be if I was really mark making and
        being more one with my work

I feel like I am when I painting

I guess analytical
I don't know what that – yeah, analytical
focusing on a different part of my brain when I'm making that.
I wish I knew more about why that is.

I – I'm always really amazed – when I have to let's say participate
I have to sing – and that is one of the more terrifying things for me
I guess in that perspectives that they are really taking a chance and that's really
   awesome.
like I said before definitely informs where I go with my clients a lot of times
I don't – I do sculpture but not as much as I I think – like a ceramicist might.
I don't know
I just I mean I guess – I guess any art therapist I'm hoping would pick up on things that
   their clients are drawing
like I said at the beginning practicing it makes me very aware what's there or possibly
   what's not there.
I don't know – and I got – I think even, you know, the physical act of doing something

I can definitely go to that because I do love that quality "
I love your – the quality of your lines"
what I have learned aesthetically
"I can't draw" phase
I don't know where I was going with that

I, I, I do really appreciate

I can't really share, I guess, my clients work
I get so inspired too.

the work I have is from a place I used to work where they would sell the work once a
   year
I bought a couple pieces cause I was just in love with the work that they did
I love – especially now I work in a, um, a hospital, uh, psychiatric residential hospital
   for adults and the – the freeness, the willingness to use colors that I would never
   put together fascinates me
I try to use that now in my work
I don't think I would have done that before being an art therapist.
I think even though I felt like I was freer I think I was so like very much trained and well
   this goes with this and um, so much more meaning.

I, I even tried to – to incorporate some of their techniques
there's a woman I worked with
I worked for a while
I would be like "ok I'm try that when I get home"
if I see somebody drawing I'll be "I used to like to draw"
I definitely think yeah – it's switched where I'm getting work from them maybe then

they are from me.

I didn't really know what to say
Getting to do what I love every day
what I have always gotten out of it
it's like so a part of who I am
I feel like I'm myself again
I haven't had that in so long that "ah, here I am"
that part of me that I haven't done in a while
that's where I am as an artist
if I can figure it all out
I think it's being in touch the authentic part of you – I think that's a part of being an art
        therapist too
I love it when they come and they're like "I haven't don't this since I was, you know, in
        sixth grade".

I hated my first three jobs.

I had three
I don't think I found my fit with the kind of clients that I wanted to like work with
I feel very blessed to be doing this
I worked at, um, residential treatment kid – facility for kids
I would go home crying almost every night
I don't care about art anymore and I'm done.
I – and I went into private practice with two, um, two companies
where I could do private practice work
I was doing only art therapy – I was doing art therapy and doing, um, counseling
 I got this job and it's – I hope I can be there forever
"what was I thinking"
I know it's – it was the right thing to do.
I didn't really know how much I enjoyed working with groups
I think that whatever reason one-on-one just – it was, um, I don't know it just didn't feel
        – it just didn't sit right
I – I think – I know I was a good therapist.
I just I didn't really feel like it was the right thing for me
I was also – because I had two jobs I was going all over the place
I was having to piece together, you know, an income – it wasn't steady work – people
        cancelled all the time – there's a lot of stress
I just never just never felt really secure
I don't have to worry about my clients when I leave.
have like a real schedule where I – that I can rely on
So I really feel like my life's coming together a little bit
I tend to take on too much –
I, I, I definitely, um, as you can see at the conference I do all this stuff
I hadn't thought about that

I do wish

I, sometimes I'll make art with my clients

I don't only because I'm hyper-aware that event if I try to make something ugly they're
        still like "that's beautiful"

I don't want you to

I, I do, I do totally


I – so, yes, I think that it – it think it makes me

I have that background, um, like I noted

I guess I feel like I – I can – I can – what the word is – it's empathize.

I can feel more, I guess, what perhaps is going on with my clients when they're making
        art.

I – I – I don't think you have to always make art to be an art therapist but I do think that I
        – don't quote me on this – I do, I guess, respect art.

I do respect art therapists more who do make their own art

I have a friend that – she's just fabulous and she just makes like funky little weird things
        and will mail them to people

I know that she's engaging that creative side of her

I think that's something else like being an art therapist you do need to be creative

I think art can bring also and help facilitate

I love and my clients will ask something and I'll – you know something about how to
        make something

I can give them advice on like oh why don't you try this

I don't how art – that art itself ties into my processing of the artwork unless I'm really
        trying to process my own artwork which I do sometimes

I go back to I do think –

I do think that that being an artist – you do need to be an artist to be an art therapist – I do
        believe that.

it keeps me focused on why I do it

I do believe in what I do – I do believe in the fact that I'm an art therapist

I do – sometimes I will get roped in at work

I know it works for me and for my clients

I am constantly reminded of how important and strong it can

I really do stress that

I know where I trained that's really "that's awesome"

I do do it – I know that – I know that my clients respond really well to it

I do do that and um, and I think that – it think part of my artist-self wants to hear that too.

So I have to be aware of that,  so that does influence how I interact with my clients also

I think a little bit of myself comes in with it that might not be, I guess, technically art
        therapy

I do – I do enjoy the group atmosphere,

"I want you to create artwork about living with that"

I tend to do that more – the independent.

I always get worried –

I enjoyed it – but I'm – I'm nervous because he does have to keep reminding people that
        this is not a therapy

I had actually a couple days where I had to like really process everything I did because it
        was so emotional
I loved my classmates but we had – I had a friend
I love it – I think it's very close – very performance arty
I guess everything gets kind of mushed in sometimes
I mean I – even like my project thing it's not really art therapy it's like my own
        processing of what's going on
I can present on it
I do miss school
I might write you
I loved your part
I really enjoyed that


**Counselor I-Poem**

I hated my first three jobs.
I had three
I don't think I found my fit with the kind of clients that I wanted to like work with I feel
very blessed to be doing this
I worked at, um, residential treatment kid – facility for kids
I would go home crying almost every night
I don't care about art anymore and I'm done.
I – and I went into private practice with two, um, two companies
where I could do private practice work
I was doing only art therapy – I was doing art therapy and doing, um, counseling

I – I think – I know I was a good therapist.
I just I didn't really feel like it was the right thing for me
I was also – because I had two jobs I was going all over the place
I was having to piece together, you know, an income – it wasn't steady work – people
cancelled all
the time – there's a lot of stress
I just never just never felt really secure
I don't have to worry about my clients when I leave.

**Artist I-Poem**

I started renting an art studio because I was so craving that space again
I do miss, I guess the feedback.
I don't know – I don't want to
I have a whole web site.
I don't know if you're interested in looking at
I created a whole series of work about that
I really do my own art therapy for myself.
I guess purposeful is what I call it

I do something with a purpose in mind that's contributing to this project that I created I
have shied away from that more
I will doodle and just see what kind of strange drawings come about
I think for some reason I have pushed against that – I'm not sure why
I feel like almost – and I've – I've become very more aesthetic focused
I also don't know why that is
I want to create things really pretty not so much the strange or the ugly or whatever.
I – I don't know where that's coming from but that's okay.
I did a lot of very expressive work
I did portraiture but it was very rough
I would take a figure but I'd also like push and pull
I just told a story in a way
that's what I was really interested in.
I guess figurative work was my, my thing during that time.
when I graduated I did portraits for a while
so I did that for a while
when I was in my BFA program I took an Art in Prisons course.
I loved it
I hadn't really thought about it or heard of it
I got into the program
I took some more obviously some art courses
I was painting horses and fish together
I have shied away from that.
I have shied away from I guess the fun things I used to do
I don't know if it's – has to do with how my life has changed
I haven't really processed – I

 have my artwork in here
I didn't create as much as I had – or I had when I was in the program
I think that had a lot to do with living in a smaller apartment and not having space or
money I was really on my own at that point
I – I remember wanting to work really big
I think I made one really big painting while I was in that apartment
I think that was it for like the whole year
I really don't know if I made much more
I think I moved a couple times
I think it wasn't until – it wasn't really until my mom got sick that I really started
        making art again
I really got back into it and I also was – I was working full-time
I just decided that was a good excuse
I took a – an art business class
I was – was teaching
I took it
I was just like "I should create a project about my mom".
I was going to create this project about my mom
I definitely wanted to get involved with my art again but I didn't know how

I guess that's why I took the class - to stretch and see
I mean, I – I have – I obviously can do it in paint but I just needed that push.

I, I – I've been taking photographs of horses – my mom's favorite animal is a horse
I take photographs of horses and blowing them up and then doing transfers and then
     these pattern
I feel I – it's one of those things where it's very structured
I take a photo and then I have to blow it up and then I have to transfer it
I create these patterns
the only thing I can figure is that I'm really needing some - I'm really needing some
     structure
I do – I'm – so I'm really focused I guess on how the horse looks
I – I probably subconsciously was doing with my work but now it's much more that's the
focus
I don't think I am giving that critical eye that I would be if I was really mark making
     and being more one with my work
I feel like I am when I painting
I guess analytical
I don't know what that – yeah, analytical focusing on a different part of my brain when
     I'm making that.

I didn't really know what to say
getting to do what I love every day
what I have always gotten out of it it's like so a part of who I am
I feel like I'm myself again
I haven't had that in so long that "ah, here I am"
that part of me that I haven't done in a while
that's where I am as an artist
if I can figure it all out
I think it's being in touch the authentic part of you – I think that's a part of being an
     art therapist too
I love it when they come and they're like "I haven't don't this since I was, you know,
     in sixth grade".
I do think that that being an artist – you do need to be an artist to be an art
    therapist – I do believe that.
I always get worried –
I enjoyed it – but I'm – I'm nervous because he does have to keep reminding people that
     this is not a therapy
I had actually a couple of days where I had to like really process everything I did because
     it was so

**Art Therapist I-Poem**

I did have an art therapy – art studio class
I do need to continue making my own art
I guess I can kind of put myself in their shoes sometimes

if I was doing that
I can't remember
I don't remember the length
I remember everyone invested in their own process
I so treasure that
I just remember loving that part of it
I remember what I was working on the whole time
I was working on a series of watercolors
I never really used watercolors before
I got to experiment
I was doing it and what it meant
I didn't have to worry about somebody coming around and saying, you know, "if you
        did this line here this would look better"
I guess the aesthetics
I think part of the goal was to have actually a series of work I could be wrong
I think we were supposed to have a goal
I guess that was my goal
I don't remember if we did a lot of processing I, I can't say for sure,
I don't remember that part
I don't believe we did
I don't believe we did
I know that at the end we put our work together in a portfolio I have experience

I do miss, I guess the feedback.
I don't know – I don't want to
I have a whole web site.
I don't know if you're interested in looking at. I created a whole series of work
        about that
I really do my own art therapy for myself.
I guess purposeful is what I call it
I do something with a purpose in mind that's contributing to this project that
        I created

I have my artwork in here
I didn't create as much as I had – or I had when I was in the program
I think that had a lot to do with living in a smaller apartment and not having space or
        money I was really on my own at that point

I love things like that, I love my clients' work
I, I mean even kids drawing,
I mean, anything – any – kind of mark making.
I appreciate that part of it

I can definitely go to that because I do love that quality " I love your – the quality of your
        lines"
what I have learned aesthetically

"I can't draw" phase

I, I, I do really appreciate
I can't really share, I guess, my clients work
I get so inspired too.

the work I have is from a place I used to work where they would sell the work once a
        year
I bought a couple pieces cause I was just in love with the work that they did
I love – especially now I work in a, um, a hospital, uh, psychiatric residential hospital
        l for adults and
the – the freeness, the willingness to use colors that I would never put together fascinates
        me I try to use that now in my work
I don't think I would have done that before being an art therapist.
I think even though I felt like I was freer I think I was so like very much trained and
        well this goes with this and um, so much more meaning.
I, I even tried to – to incorporate some of their techniques there's a woman I worked
        with
I worked for a while
I would be like "ok I'm try that when I get home"
if I see somebody drawing I'll be "I used to like to draw"
I definitely think yeah – it's switched where I'm getting work from them maybe then
        they are from me.

I didn't really know what to say
Getting to do what I love every day
what I have always gotten out of it it's like so a part of who I am
I feel like I'm myself again
I haven't had that in so long that "ah, here I am

that part of me that I haven't done in a while
that's where I am as an artist
if I can figure it all out
I think it's being in touch the authentic part of you – I think that's a part of being an
        art therapist too
I love it when they come and they're like "I haven't don't this since I was, you know,
        in sixth grade".

I hated my first three jobs.
I had three
I don't think I found my fit with the kind of clients that I wanted to like work with I feel
        very blessed to be doing this
I worked at, um, residential treatment kid – facility for kids
I would go home crying almost every night
I don't care about art anymore and I'm done.
I – and I went into private practice with two, um, two companies

where I could do private practice work
I was doing only art therapy – I was doing art therapy and doing, um, counseling
I got this job and it's – I hope I can be there forever
"what was I thinking"
I know it's – it was the right thing to do.
I didn't really know how much I enjoyed working with groups
I think that whatever reason one-on-one just – it was, um, I don't know it just didn't
      feel – it just didn't sit right
I – I think – I know I was a good therapist.
I just I didn't really feel like it was the right thing for me
I was also – because I had two jobs I was going all over the place
I was having to piece together, you know, an income – it wasn't steady work – people
      cancelled all
the time – there's a lot of stress
I just never just never felt really secure
I don't have to worry about my clients when I leave.
have like a real schedule where I – that I can rely on
So I really feel like my life's coming together a little bit
I tend to take on too much –

I, sometimes I'll make art with my clients
I don't only because I'm hyper-aware that event if I try to make something ugly they're
      still like "that's beautiful"
I don't want you to
It's being in touch with the authentic part of you

I – so, yes, I think that it – it think it makes me
I have that background, um, like I noted
I guess I feel like I – I can – I can – what the word is – it's empathize.
I can feel more, I guess, what perhaps is going on with my clients when they're making
      art.
I – I – I don't think you have to always make art to be an art therapist but I do think that I
      – don't quote me on this – I do, I guess, respect art.
I do respect art therapists more who do make their own art
I have a friend that – she's just fabulous and she just makes like funky little weird
      things and will mail them to people
I know that she's engaging that creative side of her
I think that's something else like being an art therapist you do need to be creative
I think art can bring also and help facilitate
I love and my clients will ask something and I'll – you know something about how to
      make something
I can give them advice on like oh why don't you try this
I don't how art – that art itself ties into my processing of the artwork unless I'm really
      trying to
process my own artwork which I do sometimes I go back to I do think –
I do think that that being an artist – you do need to be an artist to be an art
      therapist – I do believe that.

it keeps me focused on why I do it
it keeps me focused on why I do it
I do believe in what I do – I do believe in the fact that I'm an art therapist
I do – sometimes I will get roped in at work
I know it works for me and for my clients
I am constantly reminded of how important and strong it can
I really do stress that
I know where I trained that's really "that's awesome"
I do do it – I know that – I know that my clients respond really well to it
I do do that and um, and I think that – it think part of my artist-self wants to hear that too.
So I have to be aware of that, so that does influence how I interact with my clients also
I think a little bit of myself comes in with it that might not be, I guess, technically art
    therapy
I do – I do enjoy the group atmosphere,
"I want you to create artwork about living with that"
I tend to do that more – the independent.
I always get worried –
I enjoyed it – but I'm – I'm nervous because he does have to keep reminding people that
    this is not a therapy
I had actually a couple of days where I had to like really process everything I did because
    it was so emotional

**REFERENCES**

Agell, G., & McNiff, S. (1982). Great debate: The place of art in art therapy. *American Journal of Art Therapy, 21*, 121-123.

Allen, P. A. (1992). Artist-in-residence: An alternative to "clinification" for art therapists. *Art Therapy: Journal of the American Art Therapy Association, 9*(1), 22-29.

Allen, P. A. (1995). Coyote comes in from the cold: The evolution of the open studio model. *Art Therapy: Journal of the American Art Therapy Association, 12*(3), 161-166.

Allen, P. A. (2005). *Art as a spiritual path.* Boston, MA: Shambhala.

American Art Therapy Association. (2014). Retrieved from http://www.americanarttherapyassociation.org/

Arnheim, R. (1966). *Toward a psychology of art: Collected essays.* Berkeley and Los Angeles, CA: University of California Press.

Arnheim, R. (1974). *Art and visual perception: A psychology of the creative eye* (2nd ed.). Berkeley and Los Angeles, CA: University of California Press.

Arnheim, R. (1992). Why aesthetics is needed. *The Arts in Psychotherapy, 19*(3), 141-151. doi: http://dx.doi.org/10.1016/0197-4556(92)90014-F

Ault, R. (1977). Are you an artist or therapist: A professional dilemma of art therapists. In R. H. Shoemaker & S. E. Gonick-Barris (Eds.), *Creativity and the art therapist's identity: Proceedings of the 7th Annual AATA Conference 1976* (pp. 53-56). Baltimore, MD: AATA.

Bayles, D., & Orland, T. (1993). *Art and fear.* Santa Cruz, CA: Image Continuum Press.

Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1986). Women's ways of knowing. New York, NY: Basic Books.

Betensky, M. (1995). *What do you see: Phenomenology of therapeutic art expression*. Bristol, PA: Jessica Kingsley Publishers.

Blatt, S. J., & Blass, R. B. (1996). Relatedness and self-definition: A dialectic model of personality development. In G. G. Noam, & K. W. Fischer (Ed.), *Development and vulnerability in close relationships* (pp. 309-338). Nahwah, NJ: Lawrence Erlbaum Associates.

Brott, P. E., & Myers, J. E. (1999). Development of professional school counselor identity: A grounded theory. *Professional School Counseling, 2*(5), 339-348. Retrieved from http://web.a.ebscohost.com.ezproxyles.flo.org/ehost/detail?sid=6d8f1375-29b4-48ea-a45a-8491228d2d4d%40sessionmgr4002&vid=15&hid=4212&bdata=JnNpdGU9ZWh vc3QtbGl2ZSZzY29wZT1zaXRl#db=psyh&AN=1999-05701-002

Brown, C. (2008). The importance of making art for the creative arts therapist: An artistic inquiry. *The Arts in Psychotherapy, 35*(3), 201-208. doi:10.1016/j.aip.2008.04.002

Brown, L. M., & Gilligan, C. (1992). *Meeting at the crossroads: Women's psychology and girl's development.* Cambridge, MA: Harvard University Press.

Brown, L. M., & Gilligan, C. (1993). Meeting at the crossroads: Women's psychology and girl's development. *Feminism & Psychology, 3*(31), 11-35. doi: 10.1177/0959353593031002

Bryne, A., Canavan, J., & Millar, M. (2009). Participatory research and the voice-centered method of data analysis: is it worth it? *International Journal of Social Research, 12*(1), 67-77. doi: 10.1080/13645570701606044.

Burkholder, D. (2012). A model of professional identity expression for mental health counselors. *Journal of Mental Health Counseling, 34*(4), 295-307. Retrieved from http://ezproxyles.flo.org/login?url=http://search.proquest.com.ezproxyles.flo.org/docview/1114670341?accountid=12060

Cahn, E. (2000). Proposal for a studio-based art therapy education. *Art Therapy: Journal of the American Art Therapy Association, 17*(3), 177-182.

Campbell, G. (2002). Art by art therapists. *American Journal of Art Therapy, 40*(4), 280-289. Retrieved from http://web.b.ebscohost.com.ezproxyles.flo.org/ehost/pdfviewer/pdfviewer?sid=f2466557-a12b-4a71-8df9-e7d5bc5d901%40sessionmgr198&vid=16&hid=126

Cannon, K. B., Hammer, T. R., Reicherzer, S., & Filliam, B. J. (2012). Relational-Cultural Theory: A framework for relational competencies and movement in group work with female adolescents. *Journal of Creativity in Mental Health, 7*(1), 2-16. doi: 10.1080/15401383.2012.660118

Cattaneo, M., & Malchiodi, C. (1988). Creative process/therapeutic process: Parallels and interfaces. *Art Therapy: Journal of the American Art Therapy Association, 5*(2), 52-58.

Chase, S. E. (2005). Narrative inquiry: Multiple lenses, approaches, and voices. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd

ed.) (pp. 313-344). Thousand Oaks, CA: Sage.

Coldron, J., & Smith, R. (1999). Active location in teachers' construction of their

professional identities. *Curriculum Studies, 31*(6), 711-726.

Retrieved from

http://web.a.ebscohost.com.ezproxyles.flo.org/ehost/pdfviewer/pdfviewer?sid=6d

8f1375-29b4-48ea-a45a-8491228d2d4d%40sessionmgr4002&vid=11&hid=4212

Creswell, J. (2007). *Qualitative inquiry and research design: Choosing among five*

*traditions* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Crigger, N. (2001). Antecedents to engrossment in Noddings' theory of care. *Journal of*

*Advanced Nursing, 35*(4), 616-613.

Davis Halifax, N. V, (2003). Feminist art therapy: Contributions from feminist theory

and contemporary art practice. In S. Hogan (Ed.), in *Gender issues and art*

*therapy* (pp.31-45). Philadelphia, PA: Jessica Kingsley Publishers.

Day. M. D. (1986). Artist-teacher: A problematic model for art education.

*Journal of Aesthetic Education, 20*(4), 38-42. Retrieved from

http://www.jstor.org/stable/3332595

Deaver, S. P. (2012). Art-based learning strategies in art therapy graduate education.

*Art Therapy: Journal of the American Art Therapy Association, 29*(4), 158-165.

Denzin, N.K., & Lincoln Y.S. (2005). Introduction: The discipline and practice of

Qualitative research. In N.K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook*

*of qualitative research* (3rd ed.) (pp. 1-33). Thousand Oaks, CA: Sage.

Dewey, J. (1934). *Art as experience.* New York, NY: Perigee Books.

Dissanayake, E. (1992). Art for life's sake. *Art Therapy: Journal of the American Art*

*Therapy Association, 9*(4), 169-175.

Edwards, K. (2010). *The interrelationship of identities: How artistic practice informs teaching in the visual arts* (Unpublished Master's Thesis). University of New Mexico, Albuquerque, NM. Retrieved from http://hdl.handle.net/1928/10812

Elkins. D. E., & Deaver, S. P. (2010). American Art Therapy Association, Inc.: 2009 membership survey report. *Art Therapy: Journal of the American Art Therapy Association, 27*(3), 141-147.

Elkis-Abuhoff, D., Gaydos, M., Rose, S., & Goldblatt, R. (2010). The impact of education and exposure on art therapist identity and perception. *Art Therapy: Journal of the American Art Therapy Association, 27(*3), 119-126.

Erikson, E. H. (1950/1963). *Childhood and society.* New York, NY: W. W. Norton & Company.

Erikson, E. H. (1959/1980). *Identity and the life cycle: Selected papers*. New York, NY: W. W. Norton & Company.

Erikson, E. H. (1968). *Identity: Youth and crisis*. New York, NY: W. W. Norton & Company.

Erikson, E. H. (1974). *Dimension of a new identity: The 1973 Jefferson lectures in the humanities*. New York, NY: W. W. Norton & Company.

Erikson, J. M. (1988). *Wisdom and the senses: The way of creativity*. New York, NY: W.W. Norton & Company.

Feagin, S., & Maynard, P. (Eds.). *Aesthetics*. New York, NY: Oxford University Press.

Feen-Calligan, H. & Sands-Goldstein, M. (1996). A picture of our beginnings: The artwork of art therapy pioneers. *American Journal of Art Therapy. 35*, 43-59.

Retrieved from
http://web.b.ebscohost.com.ezproxyles.flo.org/ehost/detail?sid=f2466557-a12b-
4a71-8df9-e7d5bc5d901
%40sessionmgr198&vid=19&hid=126&bdata=JnNpdGU9ZWhvc3QtbGl2ZSSZz
Y29wZT1zaXRl##db=aft&AN=505819483

Feen-Calligan, H. (2000). Professing the creative process while striving to maintain
ideals. *Art Therapy: Journal of the American Art Therapy Association, 17*(2),
82-85.

Feen-Calligan, H. (2005). Constructing professional identity in art therapy through
service-learning and practica. *Art Therapy: Journal of the American Art Therapy
Association*, *22*(3), 122–131.

Feen-Calligan, H. (2012). Professional identity perceptions of dual-prepared art therapy
graduates. *Art Therapy: Journal of the American Art Therapy Association, 29*(4),
150-157.

Fish, B. (2012). Response art: The art of the art therapist. *Art Therapy: Journal of the
American Art Therapy Association*, *29*(3), 138-143.

Fleming, M.M. (1993). From clinician to artist: From artist to clinician, part 1: A
personal account. *American Journal of Art Therapy, 31*(3), 70-75. Retrieved from
http://web.b.ebscohost.com.ezproxyles.flo.org/ehost/detail?vid=25&sid=f2466557-
a12b-4a71-8df9-
e7d5bc5d901a%40sessionmgr198&hid=126&bdata=JnNpdGU9ZWhvc3QtbGl2ZS
ZzY29wZT1zaXRl#db=aft
&AN=505657538

Franklin, M.  (1990). The esthetic attitude and empathy: A point of convergence.

   *American Journal of Art Therapy, 29*, 42-48.  Retrieved from

   http://web.a.ebscohost.com.ezproxyles.flo.org/ehost/detail?vid=21&sid=6309ee2

   5-

Franklin, M., & Politsky, R.  (1992).  The problem of interpretation: Implications and

   strategies for the field of art therapy. *The Arts in Psychotherapy, 19*(3), 163-175.

   doi: http://dx.doi.org/10.1016/0197-4556(92)90016-H 4(3)

Franklin, M.  (2006, November). *The social nervous system: Art and attachment.*  Paper

   at the 37th National Art Therapy Association conference, New Orleans, LA.

Franklin, M., Farrelly-Hansen, M., Marek, B., Swan-Foster, N., & Wallingford, S.

   (2000).  Transpersonal art therapy education.  *Art Therapy: Journal of the*

   *American Art Therapy Association, 17*(3), 101-110.

Franklin, M.  (2010).  Affect regulation, mirror neurons, and the third hand:

   Formulating mindful empathic art interventions.  *Art Therapy: Journal of the*

   *American Art Therapy Association, 27*(4), 160-167.

Fontana, A., & Frey, J.H.  (2005) The interview: From neutral stance to political

   involvement. In N.K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of*

   *qualitative research* (3rd ed.) (pp. 1-33). Thousand Oaks, CA: Sage.

Gale, U. A., & Austin, B. A. (2003).  Professionalism's challenges to professional

   counselors' collective identity.  *Journal of Counseling & Development, 81*(1),

   3-10. Retrieved from

   http://web.a.ebscohost.com.ezproxyles.flo.org/ehost/pdfviewer/pdfviewer?sid=87

   87461d-5ae6-4c36-ab2a-84a8020859c5%40sessionmgr4005&vid=4&hid=4212

Gamel, J. (2006). *Women doctoral students: Examining changes in voice and meaning-making in a learning community of practice.* (Unpublished Doctoral Dissertation). Columbia University, New York, NY.

Gibson, D. M., Dooley, B. A., Kelchner, V. P., Moss, J. M., & Vecchio, C. B. (2012). From counselor-in-training to professional school counselor: Understanding professional identity development. *Journal of Professional Counseling: Practice, Theory, and Research, 39*(1), 17-25. Retrieved from http://web.b.ebscohost.com.ezproxyles.flo.org/ehost/pdfviewer/pdfviewer?sid=c7 f485c5-6c67-45bd-830b-f95d72ab1e58%40sessionmgr110&vid=4&hid=127

Gilligan, C. (1982). *In a different voice.* Cambridge, MA: Harvard University Press.

Gilligan, C., Spencer, R., Weinberg, M. K., & Bertsch, T. (2003). On the Listening Guide: A voice-centered relational model. In P.M. Camic, J. E. Rhodes & L. Yardley (Eds.), *Qualitative Research in Psychology: Expanding perspectives in methodology and design* (pp. 157-172). Washington, DC: APA.

Gilligan, C. (1996). The centrality of relationship in human development: A puzzle, some evidence, and a theory. In G.G. Noam, & K. W. Fischer (Ed.), *Development and vulnerability in close relationships* (pp. 237-262). Nahwah, NJ: Lawrence Erlbaum Associates.

Gilroy, A. (2004). On occasionally being able to paint. *Inscape, 9*(2), 72-78.

Gingras, J. (2010). The passion and melancholia of performing dietitian. *Journal of Sociology, 46*(4), 437-453. doi: 10.1177/1440783310384450

Gonzalez-Dolginko, B. (2000). Shaping our future: What are our professional responsibilities to art therapy students? *Art Therapy: Journal of the American Art*

*Therapy Association, 17*(2), 90-100.

Hamington, M.  (2004).  *Embodied care: Jane Addams, Maurice Merleau-Ponty and feminist ethics*.  Chicago, Illinois: University of Illinois Press.

Hatfield, C., Montana, V., & Deffenbaugh, C.  (2006). Artist/art educator: Making sense of identity issues. *Art Education, 59*(3), 42-47. Retrieved from http://web.a.ebscohost.com.ezproxyles.flo.org/ehost/pdfviewer/pdfviewer?sid=6d 8f1375-29b4-48ea-a45a-8491228d2d4d%40sessionmgr4002&vid=18&hid=4212

Henley, D.  (1992).  Aesthetics in art therapy: Theory into practice.  *The Arts in Psychotherapy, 19*(3), 53-161. doi: http://dx.doi.org/10.1016/0197-4556(92)90015-G

Henley, D.  (1995).  A consideration of the studio as therapeutic intervention. *Art Therapy: Journal of the American Art Therapy Association, 12*(3), 175-178.

Henley, D.  (2004).  The meaningful critique: Responding to art from preschool to postmodernism.  *Art Therapy: Journal of the American Art Therapy Association, 21*(2), 79-87.

Hogan, R. A.  (1964).  Issues and approaches in supervision.  *Psychotherapy: Theory, Research & Practice, 1*(3), 139-141. doi: 10.1037/h0088589

Johnson, D. R.  (1989).   Introduction to the special issue on women and the creative arts therapies. *The Arts in Psychotherapy, 16*(4), 335-238. doi: http://dx.doi.org/10.1016/0197-4556(89)90045-2

Johnson, M. (2007).  *The meaning of the body: Aesthetics of human understanding*. Chicago, IL: The University of Chicago Press.

Jordan, J.V., Kaplan, A.G., Miller, J.B., Stiver, I.P., & Surrey, J.L.  (1991).  *Women's*

*growth in connection: writings from the Stone Center.* Stone Center for

Developmental Services and Studies.

Jordan, J., & Hartling, L. (2002). New developments in relational-cultural theory. In M.

Ballou, & L. Brown (Eds.), *Rethinking mental health and disorder: Feminist*

*perspectives* (pp. 48-69). New York, NY: Guilford Press.

Jordan, J.V., Walker, M., & Hartling, L.M. (2004). *The complexity of connection:*

*Writings from the Stone Center*. New York, NY: The Guildford Press.

Jordan, J.V. (2004). Toward competence and connection. In J.V. Jordan, M. Walker,

L.M. Hartling (Ed.), *The complexity of connection: Writings from the Stone Center*

(pp. 22-27). New York, NY: The Guildford Press.

Jordan, J.V. (2008). Recent developments in Relational-Cultural theory, women and

therapy, *31*(2-4), 1-4. Retrieved from

http://dx.doi.org/10.1080/02703140802145540

Josselson, R. (1987). *Finding herself: Pathways to identity in women.* San Francisco,

CA: Jossey-Bass Publishers.

Josselson, R. (1992). *The space between us: Exploring the dimensions of human*

*relationships* (1st ed.). San Francisco, CA: Jossey-Bass Publishers.

Junge, M. B., Alvarez, J. F., Kellogg, A., & Volker, C. (1993). The art therapist as

social activist: Reflections and visions. *Art Therapy: Journal of the American Art*

*Therapy Association, 10*(3), 148–155.

Kant, I. (1790/1997). Art and genius. In S. Feagin & P. Maynard (Eds.), *Aesthetics*

(pp. 180-192). New York, NY: Oxford University Press.

Kapitan, L. (2008). "Not art therapy": Revisiting the therapeutic studio in the narrative

of the profession.  *Art Therapy: Journal of the American Art Therapy Association,*

    *25*(1), 2-3.

Kapitan, L. (2010a). Art therapists within borders: Grappling with the collective "we" of

    identity.  *Art Therapy: Journal of the American Art Therapy Association, 27*(3),

    106-107.

Kaplan, F.  (2006).  *Art therapy and social action.*  Philadelphia, PA: Jessica Kingsley

    Publishers.

Kielo, J. B.  (1991).  Art therapists' countertransference and post-session art therapy

    imagery.  *Art Therapy: Journal of the American Art Therapy Association*, *8*(2),

    14-19.

Kramer, E.  (1986).  The art therapist's third hand: reflections on art, art therapy

    and society at large.  *Art Therapy: Journal of the American Art Therapy*

    *Association, 24*(3), 71-86.  Retrieved from

    http://web.a.ebscohost.com.ezproxyles.flo.org/ehost/detail?vid=23&sid=6309ee25-

    fda7-45f8-80fe-7131914cc356%40sessionmgrl#

Kramer, E. (1998).  Art therapists who are artists.  *American Journal of Art Therapy,*

    *36*(4), 100-106. Retrieved from

    http://web.b.ebscohost.com.ezproxyles.flo.org/ehost/detail?vid=21&sid=f246655

    7-a12b-4a71-8df9-

    e7d5bc5d901a%40sessionmgr198&hid=126&bdata=JnNpdGU9ZWhvc3QtbGl2Z

    SZzY29wZT1zaXRl#db=aft&AN=505743670

Kramer, E.  (2006).  Art as therapy.  In M. B. Junge & H. Wadeson (Ed.), *Architects of*

    *art therapy* (pp. 10 -28).  Springfield, IL: Charles C. Thomas.

Kramer, E.  (2000).  A history and lineage of art therapy as practiced by Edith Kramer. In

 L.A. Gerity (Ed.), *Art as therapy: Collected papers* (pp. 20-25). Philadelphia, PA:

 Jessica Kingsley Publishers.

Kulpinski, L.M.  (2006). *The conceptualization and practice of feminist psychotherapy*

 *supervision: A qualitative study*.  (Unpublished Doctoral Dissertation), University

 of Utah, Salt Lake City, UT.

Kurtines, W. M., Gewirtz, J., & Lamb, J. L. (2014). *Handbook of moral behavior and*

 *development: Volume 1: Theory*. Retrieved from http://www.eblib.com

Lachman-Chapin, M.  (1983).  The artist as clinician: An interactive technique in art

 therapy.  *American Journal of Art Therapy. 23*(1), 13-25. Retrieved from

 http://web.b.ebscohost.com.ezproxyles.flo.org/ehost/detail?vid=23&sid=f246655

 7a12b4a718df9e7d5bc5d901a%40sessionmgr198&hid=126&bdata=JnNpdGU9Z

 Whvc3QtbGl2ZSZzY29wZT1zaXRl#db=awh&AN=9307235640

Lachman-Chapin, M., Jones, D., Swieg, T., Cohen, B., Semekoski, S., & Fleming, M.

 (1998).  Connecting with the art world: Expanding beyond the mental health world.

 *Art Therapy: Journal of the American Art Therapy Association, 15*(4), 233-244.

Lachman-Chapin, M.   (1993).  The art therapist as exhibiting artist: Messages from

 Joseph Beuys, Suzi Gablik, and Donald Kuspit.  *Art Therapy: Journal of the*

 *American Art Therapy Association, 10*(3), 141-147.

Lachman-Chapin, M. (2000). Is art therapy a profession or an idea? *Art Therapy: Journal*

 *of the American Art Therapy Association, 17*(1), 11-13.

Landgarten, H,  (1989).  Art therapy's influence on my artistic and personal development.

 *American Journal of Art Therapy, 27*(4), 108.

Landy, R. (1992) Introduction. *The Arts in Psychotherapy, 19*(3), 145-148.

    doi: http://dx.doi.org/10.1016/0197-4556(92)90013-E

Letvak, S. (2003). The experience of being an older staff nurse. *Western Journal of*

    *Nursing Research, 25*(1), 45-56. doi: 10.1177/0193949022838835

Levick, M. F. (1995). The identity of creative arts therapist: Guided by ethics. *The Arts in*

    *Psychotherapy, 22*(4), 283-295. doi:10.1016/0197-4556(95)0004-4

Levick, M. F. (2009). Commentary. *Art Therapy: Journal of the American Art Therapy*

    *Association, 26*(3), 139-139.

Lewis, R. E., & Hatch, T. (2008). Cultivating strengths-based professional identities.

    *Professional School Counseling, 12*(2), 1185-118. Retrieved from

    http://web.b.ebscohost.com.ezproxyles.flo.org/ehost/detail?vid=3&sid=efbaab34-

    7f1e-4de7-81d3-

    25b3f0903724%40sessionmgr111&hid=127&bdata=JnNpdGU9ZWhvc3QtbGl2Z

    SZzY29wZT1zaXRl#db=aph&AN=35895621

Lusebrink, V. B. (1989). Education in creative arts therapies: Accomplishments and

    challenges. *The Arts in Psychotherapy*,16(1), 5-10.

    doi: 10.1016/0197-4556(89)90031-2

Maclagan, D. (2001). *Psychological Aesthetics: Painting, feeling and making sense*.

    Philadelphia, PA: Jessica Kingsley.

Malchiodi, C. A. (1994). "How will the profession of art therapy change in the next 25

    years? Responses by past award winners: Looking ahead." *Art Therapy: Journal*

    *of the American Art Therapy Association, 1*(4), 257-9.

Malchiodi, C. A. (1995). Studio approaches to art therapy. *Art Therapy: Journal of the American Art Therapy Association, 1*(3), 154-156.

Malchiodi, C. A. (1999). The artist's way: Is it the art therapists way? *Art Therapy: Journal of the American Art Therapy Association, 16*(1), 2-3.

Malchiodi, C. A. (2012). *The handbook of art therapy* (2nd ed.). New York, N.Y.: The Guilford Press.

May, R. (1975). *The courage to create.* New York, NY: W. W. Norton & Company.

Motulsky, S. L. (2010). Relational processes in career transition: extending theory, research, and practice. *The Counseling Psychologist, 38*(8), 1078-1114. doi:10.1177/0011000010376415

McGraw, M.K. (1995). The art studio: A studio based art therapy program. *Art Therapy: Journal of the American Art Therapy Association, 12*(3), 167-174.

McNiff, S. (1992). *Art as medicine: Creating a therapy of the imagination.* Boston, MA: Shambhala.

McNiff, S. (1993). The authority of experience. *The Arts in Psychotherapy, 20*(1), 3-9. doi: http://dx.doi.org/10.1016/0197-4556(93)90028-Z

McNiff, S. (1995). Keeping the studio. *Art Therapy: Journal of the American Art Therapy Association, 12*(3), 179-183.

McNiff, S. (1998). *Trust the process: An artist's guide to letting go.* Boston, MA: Shambhala.

McNiff, S. (2000). Feature: Art therapists who are artists. *American Journal of Art Therapy, 39*(2), p. 42. Retrieved from

http://web.a.ebscohost.com.ezproxyles.flo.org/ehost/pdfviewer?vid=6&sid=6309e

e25 fda7-45f8-80fe-7131914cc356%40sessionmgr4003&hid=4204

Miller, J. B. (1984).  The development of women's sense of self.  In J.V. Jordan, A.

Kaplan, J.B. Miller, I. Stiver, and J. Surry (Eds.), *Women's Growth in Connection*

(pp. 11-26).  New York, NY: The Guilford Press.

Miller, J. B. (1986).  *What do we mean by relationship?* Stone Center for Developmental

Services and Studies.  Retrieved from

http://www.womenscentury.org/pdf/previews/preview_22sc.pdf

Moon, B. L.  (1994).  Process and product.  In *Introduction to art therapy: Faith in the

product*  (pp. 103-114). Springfield, IL: Charles C. Thomas.

Moon, B. L.  (2002).  Introduction.  In *Working with images: The art of art therapists*

(pp. xi - xxi). *Springfield, IL: Charles C. Thomas.*

*Moon, B. L. (2003). Essentials of art therapy education and practice* (2nd ed.).

Springfield, IL: Charles C. Thomas.

Moon, B. L.  (2007). *The role of metaphor in art therapy: Theory, method, and

experience.*  Springfield, IL:  Charles C. Thomas.

Moon, B. L.  (2012). *The dynamics of art as therapy with adolescents* (2nd ed.).

Springfield, IL:  Charles C. Thomas.

Moon, C. H.  (1997).  Art therapy: Creating the space we live in. *The Arts in

Psychotherapy, 24*(1), 45-50.

doi: http://dx.doi.org/10.1016/S0197-4556(97)00003-8

Moon, C. H. (2002).  *Studio art therapy*. Philadelphia, PA: Jessica Kingsley.

Moon, C. H.  (2005).  Call and response: Exploring diverse artistic vocabularies.  *The*

*Canadian Art Therapy Association Journal, 18*(2), 2-8.

Moon, C. H. (2010). Theorizing materiality in art therapy. In C.H. Moon (Ed.),

   *Materials and media in art therapy* (pp. 49-88). New York, N.Y.: Routledge

Moss, J. M., Gibson, D. M., & Dollarhide, C. T. (2014). Professional identity

   development: A grounded theory of transformational tasks of counselors. *Journal*

   *of Counseling and Development, 92*, 3-13. doi: 10.1002/j.1556-6676.2014.00124.x

Myers, J. E. (1995). Specialties in counseling: Rich heritage or force for fragmentation?

   *Journal of Counseling and Development, 74*, 115-116. Retrieved from

   http://content.ebscohost.com.ezproxyles.flo.org

Myers, J. E., Sweeney, T. J., & White, V. E. (2002). Advocacy for counseling and

   counselors: A professional imperative. *Journal of Counseling and Development,*

   *80*, 394-402. Retrieved from http://content.ebscohost.com.ezproxyles.flo.org

Noddings, N. (1984). *Caring: A feminine approach to ethics and moral education.*

   Berkeley, CA: University of California Press.

Orkibi, H. (2010). *Creative arts therapies students' professional development: Mixed*

   *methods longitudinal research* (Unpublished Doctoral Dissertation). Lesley

   University, Cambridge, MA.

Orkibi, H. (2012). Arts therapies students' scores in profession related variables:

   Quantitative results of a longitudinal study, body, movement, and dance in

   psychotherapy. *International Journal for Theory, Research, and Practice, 7*(2),

   129-144. Retrieved from http://dx.doi.org/10.1080/17432979.2012.659678

Oxford Dictionaries. (2014). Retrieved from: http://www.oxforddictionaries.

Ozean, N. H., Bilgin, H., & Eracar, N. (2011). The use of expressive methods for

developing empathic skills. *Issues in Mental Health Nursing, 32*(2),131-136. doi: 10.3109/01612840.2010.534575

Paliadelis, P., & Cruickshank, M. (2001). Using a voice-centered method of data analysis in a feminist study exploring the working world of nursing unit managers. *Qualitative Health Research, 18*(10), 1444-1453. doi 10.1177/104973208322606

Pistole, C. M. & Roberts, A. (2002). Mental health counseling: Toward resolving identity confusions. *Journal of Mental Health Counseling, 24*(1), 1-19. Retrieved from http://ezproxyles.flo.org/login?url=http://search.proquest.com.ezproxyles.flo.org/docview/198701207?accountid=12060

Piaget, J. (1952). *The origins of intelligence in children*. New York, NY: W.W. Norton & Co. Available from: http://web.b.ebscohost.com.ezproxyles.flo.org/ehost/pdfviewer/pdfviewer?vid=3 &sid=b7c3f261-b267-4e50-9123-42646ed88498%40sessionmgr111&hid=126

Spurgeon, S. L. (2012). Counselor identity - a national imperative. *Journal of Professional Counseling: Practice, Theory, and Research, 39*(1), 3-16. Retrieved from http://web.a.ebscohost.com.ezproxyles.flo.org/ehost/pdfviewer/pdfviewer?sid=6d 8f1375-29b4-48ea-a45a-8491228d2d4d%40sessionmgr4002&vid=8&hid=4212

Reinharz, S. (1992). *Feminist methods in social research*. New York, NY: Oxford University Press.

Robbins, A. (1988). A psychoaesthetic perspective on creative arts therapy and training. *The Arts in Psychotherapy, 14*(1), 95-100.

doi: http://dx.doi.org/10.1016/0197-4556(92)90020-O

Robbins, A. (1989). *The psychoaesthetic experience: An approach to depth oriented treatment*. New York, NY: Human Sciences Press.

Robbins, A. (1988). Creativity development. In Robbins, A (Ed.), *A multi-model approach to creative art therapy* (pp. 30-36). Philadelphia: Jessica Kingsley Publishers Ltd.

Robbins, A. (1992). The play of psychotherapeutic artistry and psychoaesthetics. *The Arts in Psychotherapy,19*(3), 153-161.

doi: http://dx.doi.org/10.1016/0197-4556(92)90017-I

Rønnestad, M. H., & Skovholt, T. M. (2003). Struggles of the novice counselor and therapist. *Journal of Career Development, 30*(5), 45–58.

doi: 10.1177/089484530303000102

Rothenberg, A., & Hausman, C. R. (Eds.). (1976). *The creativity question*. Durham, NC: Duke University Press.

Rubin, J. A. (1999). Education. In *Art therapy: An introduction* (pp. 107-130). Philadelphia, PA: Brunner/Mazel.

Saldana, J. (2009). *The coding manual for qualitative researchers*. Thousand Oaks, CA: Sage Publications.

Salling Olesen, H. (2006). Becoming a general practitioner. In L. West, P. Alheit, A. Siig Anderson, & B. Merrill (Eds.), *Using biographical and life history approaches in the study of adult and lifelong learning: European perspectives* (pp. 125-141). New York, NY: Lang Publishing Group. Retrieved from http://www.leeds.ac.uk/medicine/meu/lifelong07/Henning_1.pdf

Sassen, G., Spencer, R.,  & Curtin, P.  (2005).  Art from the heart: A Relational-Cultural approach to using art therapy in a group for urban middle school girls.  *Journal of Creativity in Mental Health, 1*(2), 67-79  doi:10.1300/J456v01n02_07

Seiden, D., Callisch, A., & Henley, D. (1989). Graduate art therapy training within a school of professional art. *The Arts in Psychotherapy, 16*(1), 21-27. doi: http://dx.doi.org/10.1016/0197-4556(89)90034-8

Spencer, R., Jordan, J., & Sazama, J.  (2004). Growth-promoting relationships between youth and adults: A focus group.  *Families in Society, 85*(3), 354-362. Retrieved from http://ezproxyles.flo.org/login?url=http://search.proquest.com.ezproxyles.flo.org/docview/230160740?accountid=12060

Studer, J. R. (2007).  Erik Erikson's psychosocial stages applied to supervision. *Guidance & Counseling, 21*(3), 168-173.  Retrieved from http://web.a.ebscohost.com.ezproxyles.flo.org/ehost/detail?sid=6d8f1375-29b4-48ea-a45a-8491228d2d4d%40sessionmgr4002&vid=5&hid=4212&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#db=aph&AN=24649148

Suyemoto, K. L. (2002). Constructing identities: A feminist, culturally contextualized alternative to "personality." In M. Ballou & L. S. Brown (Eds.), *Rethinking mental health and disorder: Feminist perspectives* (pp. 71-98). New York, NY: Guilford.

Tavani, R.  (2007).  Male mail: A survey of mean in the field of art therapy. *Art Therapy: Journal of the American Art Therapy Association, 24*(1), 22-28.

Thompson, G. (2009). Artistic sensibility in the studio and gallery model: Revisiting process and product. *Art Therapy: Journal of the American Art Therapy Association, 26*(4), 159-166.

Thornton, A. (2011). Being an artist teacher: A liberating identity? *International Journal of Art & Design Education, 30*(1), 31-36. doi: 10.1111/j.1476-8070.2011.01684.x.

Vick, R. (2012) A brief history of art therapy. In C. Malchiodi (Ed.), *Handbook of art therapy* (2nd ed.) (pp. 5-16). New York, NY: The Guildford Press.

Viva Davis Halifax, N. (2003). Feminist art therapy: Contributions from feminist theory and contemporary art practice. In Hogan, S. (Ed.), *Gender issues in art therapy* (pp. 31-45). Philadelphia, PQ: Jessica Kingsley Publishers.

Wadeson, H. (2002). Confronting polarization in art therapy. *Art Therapy: Journal of the American Art Therapy Association, 19*(2), 77-84.

Wadeson, H. (2004). To be licensed: Is that the question? *Art Therapy: Journal of the American Art Therapy Association, 21*(4), 182.

Wadeson, H. (2010). *Art psychotherapy* (2nd ed.). Hoboken, NJ: John Wiley & Son.

Way, N. (1997). Using feminist research methods to understand the friendships of adolescent boys. *Journal of Social Issues, 53*(4), 703-723. Retrieved from http://web.b.ebscohost.com.ezproxyles.flo.org/ehost/pdfviewer/pdfviewer?sid=3e 9cc388-acba-48e9-b2e5-3ea00cf58ef8%40sessionmgr114&vid=4&hid=127

Waller, D. (1993). *Group interactive art therapy*. New York, NY: Routledge.

Wix, L. (1995). The intern studio: A pilot study. *Art Therapy: Journal of the American Art Therapy Association, 12*(3), 175-178.

Wix, L.  (1996).  The art in art therapy education: Where is it?  *Art Therapy: Journal of the American Art Therapy Association, 13*(3), 174-180.

Wix, L.  (2010).  Studios as locations of possibility.  *Art Therapy: Journal of the American Art Therapy Association, 27*(4), 178-183.

Wolf, R. (1990).  Visceral learning: The integration of aesthetic and creative process in education and psychotherapy.  *Art Therapy: Journal of the American Art Therapy Association, 13*(2), 60-69.

Wood, C.  (2000).  The significance of studios.  *Inscape, 5*(2), 40-53.

Young, J.  (1995)  The reenchantment of art therapy.  *Art Therapy: Journal of the American Art Therapy Association, 12*(3), 193-196.